Welcome

We put you first

At Aetna®, a CVS Health® company, our purpose is clear: helping people on their path to better health. We make quality care accessible and affordable, with programs and resources to help you live your healthy best.

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Support and service

How and when you want it

Whether you want to find the right care, manage your benefits, check on a claim or plan for an upcoming treatment, it's easy to get answers.

Aetna Concierge

Health care is personal and full of tough questions. Call one number for all of your needs, **1-800-468-1266 (TTY: 711)**, Monday through Friday, 8 AM to 8 PM local time.

Aetna and PayFlex® websites

Once you're a member, register on **Aetna.com** and **PayFlex.com** for instant access to your benefits details, digital tools, MRA and spending accounts, and more.

Aetna Health℠ and PayFlex apps

Download these for all the best features of your member website on the go, including instant access to your medical ID card and account balances, wherever you are.

We heard you — NEW THIS YEAR!
Auto Pay to Provider (Automatic Claim Payment) is now available for 2021. **Learn more** on page 5.

Get to know Aetna

See what our network has to offer

A network is a group of health care providers. It includes doctors, specialists, dentists, hospitals, surgical centers and other facilities. In-network providers charge lower rates.

The Aetna network is vast and growing and includes:[1]

	Health care providers	Primary care providers and specialists	Hospitals
Nationally[1]	**1.2 million**	**700,000+**	**5,700+**
Arizona[2]	4,788	23,033	83
Ohio[2]	12,316	57,756	265

Search for your doctors

Find doctors by name, specialty, location or even the languages they speak. You'll also find maps, directions and more. **Click** to find a provider or visit **Aetna-JPMC.com/Simplified**. If you can't find your provider online, **call** your Aetna Concierge to help you search.

Get care when you need it

Receive virtual or in-person health care with your local doctors. Or connect by phone or video with Teladoc® medical doctors 24/7, or by appointment with one of their mental health providers. Get the care you need, in the way that's most convenient for you.

Prevent health issues

You pay nothing for preventive care, including your annual checkup, if you stay in network. Catch problems early when they are easier to treat. **Learn more** about preventive care.

Continue your treatment

If you're new to Aetna and currently receiving care for a serious illness or condition with a provider that's out of network, you may be eligible to continue to receive care from them for a limited time period at the in-network rate. To learn more about Transition of Care or apply, **click here** or **call** your Aetna Concierge.

[1] Aetna Facts. Aetna.com/about-us/aetna-facts-and-subsidiaries/aetna-facts.html. Accessed September 2020.
[2] As of July 31, 2020.

JPMC Simplified medical plans

	Option 1				Option 2			
	TACC[1]: <$60k		TACC: $60k+		TACC: <$60k		TACC: $60k+	
	In network	Out of network	In network	Out of network	In network	Out of network	In network	Out of network
Deductible								
Employee only coverage	None	$2,000	None	$2,000	None	$4,000	None	$4,000
Employee + 1 coverage (spouse/DP or children)		$3,000	None	$3,000		$6,000		$6,000
Family coverage (employee + spouse/DP + children)		$4,000	None	$4,000		$8,000		$8,000
Medical copays								
Preventive care	Free	$60	Free	$60	Free	$60	Free	$60
Primary care office visit (PCP, Pediatrician, OB/GYN)	$15	$60	$15	$60	$15	$60	$15	$60
Virtual doctor visit	$15	N/A	$15	N/A	$15	N/A	$15	N/A
Outpatient therapy for mental health and substance use	$15	$60	$15	$60	$15	$60	$15	$60
Lab	$20	$60	$20	$60	$35	$60	$35	$60
Physical therapy, speech therapy & occupational therapy	$25	$80	$25	$80	$35	$80	$35	$80
Chiropractic visit	$50	$100	$50	$100	$50	$100	$50	$100
Standard radiology (e.g., x-ray, ultrasound, sonograms)	$50	$200	$75	$200	$75	$200	$75	$200
Urgent care visit	$50	$200	$100	$200	$75	$200	$100	$200
Specialist office visit	$75	$350	$100	$350	$110	$350	$110	$350
Outpatient procedure/surgery	$300	$1,500	$500	$1,500	$600	$1,500	$800	$1,500
Durable medical equipment (DME)	$100	$300	$100	$300	$100	$300	$100	$300
Advanced imaging (CT/MRI) – per service	$250	$1,000	$250	$1,000	$350	$1,000	$350	$1,000
Ambulance — per ride	$250 no deductible				$250 no deductible			
Emergency room (ER) visit[2]	$500 no deductible		$800 no deductible		$750 no deductible		$900 no deductible	
Inpatient admission	$1,000/day	$3,000/day	$1,000/day	$3,000/day	$1,250/day	$3,000/day	$1,250/day	$3,000/day
Prescription drug copays[3]	**Traditional**		**Specialty[4]**		**Traditional**		**Specialty**	
Preventive generic drugs	Free	Contact CVS Caremark®	Free	Not Covered	Free	Contact CVS Caremark®	Free	Not Covered
Non-preventive generic	$10		$100		$15		$125	
Preferred brand name	$75		$150		$125		$200	
Non-preferred brand name	$150		$200		$250		$250	
Mail order 90-day supply	2x of retail copays above (out of network not covered)							
Out-of-pocket maximum (medical + prescription drug; includes deductible where appliacble)								
Employee only coverage[5]	$2,500	$10,000	$4,000 | $5,500[6]	$10,000	$5,500	$12,000	$7,500	$12,000
Employee + 1 coverage (spouse/DP or children)	$4,000	$16,000	$6,500 | $8,500[6]	$16,000	$8,500	$19,000	$11,500	$19,000
Family coverage (employee + spouse/DP + children)	$5,500	$22,000	$9,000 | $12,000[6]	$22,000	$11,500	$26,000	$16,000	$26,000

[1] TACC = Total Annual Cash Compensation
[2] For non-emergencies, higher copays apply
[3] Retail 30-day, unless otherwise indicated
[4] Specialty drugs are a smaller group of drugs that generally treat more complex medical conditions and are generally not available at the majority of pharmacies
[5] Also represents the out-of-pocket maximum for any individual covered member
[6] Corresponds to TACC of $60-150k | $150k+

Know the basics

Learn the definitions of any unfamiliar terms with the **glossary** on page 10.

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Plan, save and pay

We make it simple

Manage your accounts through PayFlex

PAYFLEX®

You'll manage your Medical Reimbursement Account (MRA) and spending accounts through PayFlex, an Aetna company. Log in to your Aetna website once you're a member and look for the PayFlex link.

Medical Reimbursement Account (MRA)

Your MRA is funded by JPMorgan Chase when you and your covered spouse/domestic partner complete wellness activities. You cannot contribute to the MRA. MRA funds can only be used to pay for eligible medical and prescription drug expenses and are used before the Health Care Spending Account (HCSA) for these expenses.

For details on how to earn MRA funds, visit MyHealth.

Two spending accounts

You can also sign up for one or both of these spending accounts that you contribute to and spend tax free:

Health Care Spending Account (HCSA) to pay for eligible health care expenses.

Dependent Care Spending Account (DCSA) to pay for eligible day care expenses.

You choose how to use your funds

During annual enrollment, you'll decide how you want to access the funds in your MRA and HCSA.

NEW FOR 2021!

Auto Pay to Provider — With Automatic Claim Payment, your portion of the costs for medical care and prescriptions are paid using funds from your MRA and then HCSA (if you have one) until the funds run out.

or

Debit card — Use your PayFlex Card® to pay for eligible expenses directly.

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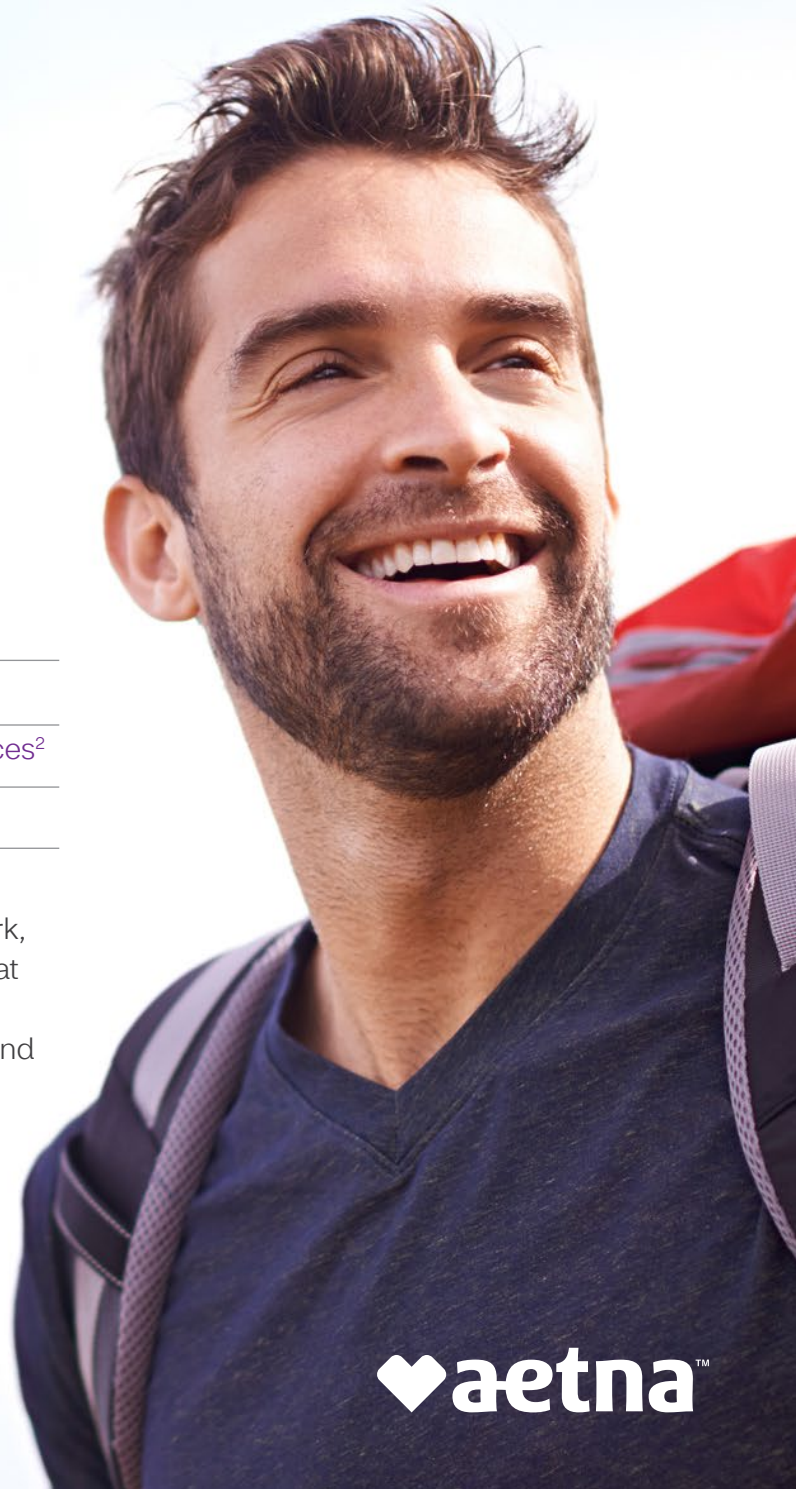
A reason to smile

During enrollment, you can also sign up for the Aetna Dental® DMO® plan, with access to over 300,000 network providers.

You don't need to have an Aetna medical plan to enroll in the Aetna dental plan, but combining both can lead to better health:

- Lower medical claims costs[1]
- Fewer hospital admissions[1]
- Less need for basic and major dental services[2]
- Better diabetes control[2]
- Fewer preterm childbirth deliveries[2]

To see if your current dentist is in our network, visit **Aetna-JPMC.com/Simplified** or log in at **Aetna.com** if you're already a member. You can also call **1-800-843-3661 (TTY: 711)** to find network dentists or for more information.



[1] Ongoing, statistically valid analysis of Aetna Dental/Medical Integration℠ program customers. Aetna Informatics, 2010–2018.

[2] 2017 statistically valid study of Aetna clients with continuous dental coverage from 2013 through 2015 with and without dental care. Client demographics in age, geography, risk score, dental and medical plan design, and comorbidities were nearly identical.

Support to stay healthy

Your health plan isn't just about paying claims. It's also about your overall health and well-being.

24-Hour Nurse Line
Talk with a registered nurse about a health condition or an upcoming test or procedure.

Virtual doctor visits 24/7/365
Connect with a licensed doctor by phone, video or mobile app.

Behavioral and mental health support
Your medical plan includes care and resources for your emotional and mental well-being, in person or via phone or video.

Maternity support
Extra support to enjoy a healthy pregnancy right from the start.

Aetna In Touch Care℠ program
Personal attention for your chronic condition to stay healthy and achieve your goals.

Online cancer support center
Information on everything from routine screenings to resources for patients and families.

FACT (Family Advocacy Care Team)
Work with a personal advocate if your child has a special need, such as autism or a behavioral health issue.

Centers of Excellence
High-performing facilities for transplants, infertility, bariatric surgery, specialty surgery, transplants, rare diseases and substance abuse.

Health coaching
Work with a nurse, social worker or dietitian to make healthy lifestyle changes that last.

Call your Aetna Concierge from 8 AM to 8 PM local time to learn more about any of these resources.

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Aetna makes it easy

Enroll
Sign up with Aetna during your annual enrollment.

+

Receive
If you're new to Aetna or switched plans, look for your ID card in the mail shortly after you enroll.

=

Connect
Get the most from your plan and the programs and resources that come with it by following the steps below.

Steps for getting started with your plan

1 **Put your Aetna member ID card in your wallet, or store a digital copy in the mobile wallet on your smartphone.**

Your Aetna ID card was mailed shortly after you enrolled.

Get a digital copy of your ID card through the Aetna member website or Aetna Health app.

2 **Register for your member website at Aetna.com.**

It's your one-stop online resource to manage your benefits, find network doctors, look up costs, check on a claim, print an ID card and much more.

To register, visit **Aetna.com** and select "Login" to get started.

3 **Register your PayFlex account online.**

PayFlex, an Aetna company, helps manage your MRA and your HCSA and DCSA, if elected.

To access your PayFlex account, log in to your member website at **Aetna.com**. The first time you do, you'll create a profile and register your account using your JPMorgan Chase Standard ID (SID) and debit card number (if you have one). Once you're registered, access your account anytime by logging in to **PayFlex.com** or **Aetna.com**.

If you chose:

Auto Pay to Providers (Automatic Claim Payment): Pick this option during enrollment. There's nothing more you need to do.

Debit card: If you already have a PayFlex debit card continue to use it in 2021. If not, call the number on the sticker to activate your card. Enter your card number and PIN, which is the last four digits of your SID.

4 **Set up Teladoc — virtual doctor visits.**

Create an account now with your information and medical history, so you have quicker access to a doctor or mental health provider — by phone or video — when you need care.

Doctors are available 24/7/365 for non-emergency medical issues. Mental health providers, such as a counselor, therapist or psychiatrist, are available by appointment.

To register, go to **Teladoc.com/Aetna**, call **1-855-Teladoc (1-855-835-2362)** or download the **Teladoc app** on your mobile device.

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Once you use your plan

After you use your plan, you'll receive an Explanation of Benefits (EOB). It's a document that shows details of claims that are processed over a short span of time. These are typically sent on a monthly basis. We like to show claims that occur together to give a full view of charges and health plan payments. If there's a delay in receiving your EOB, it might be because of this.

Look at your EOB carefully to make sure it is correct. If you do owe anything, you will receive a bill from your doctor or health care provider(s).

Your EOB will show:

The amount you saved by using a network provider

The amount you have left to meet your yearly plan limits

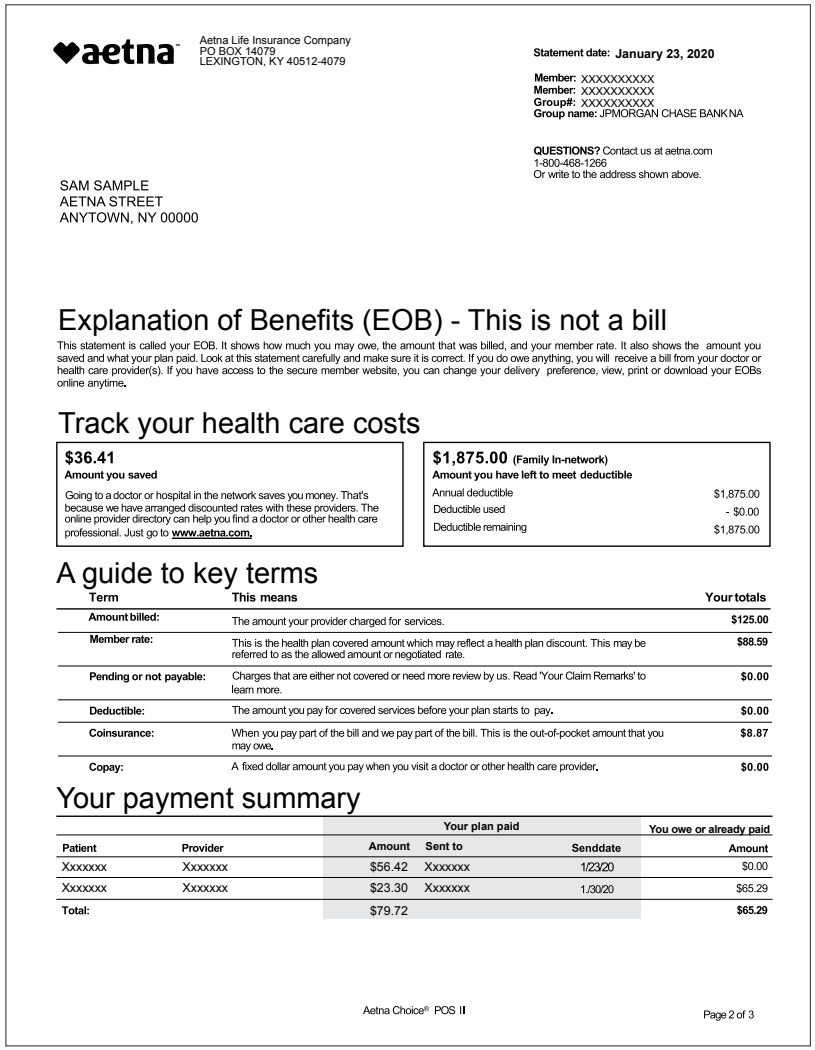
Definitions of commonly used terms

Detailed information about any payments made for the claims on the EOB

What you may owe or have already paid

Notes or details about your claims

A summary of your MRA and/or HCSA balances for the plan year



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Aetna Life Insurance Company
PO BOX 14079
LEXINGTON, KY 40512-4079

Statement date: January 23, 2020

Member: XXXXXXXXXX
Member: XXXXXXXXXX
Group#: XXXXXXXXXX
Group name: JPMORGAN CHASE BANK NA

QUESTIONS? Contact us at aetna.com
1-800-468-1266
Or write to the address shown above.

SAM SAMPLE
AETNA STREET
ANYTOWN, NY 00000

Explanation of Benefits (EOB) - This is not a bill

This statement is called your EOB. It shows how much you may owe, the amount that was billed, and your member rate. It also shows the amount you saved and what your plan paid. Look at this statement carefully and make sure it is correct. If you do owe anything, you will receive a bill from your doctor or health care provider(s). If you have access to the secure member website, you can change your delivery preference, view, print or download your EOBs online anytime.

Track your health care costs

$36.41
Amount you saved

Going to a doctor or hospital in the network saves you money. That's because we have arranged discounted rates with these providers. The online provider directory can help you find a doctor or other health care professional. Just go to **www.aetna.com.**

$1,875.00 (Family In-network)
Amount you have left to meet deductible

Annual deductible	$1,875.00
Deductible used	- $0.00
Deductible remaining	$1,875.00

A guide to key terms

Term	This means	Your totals
Amount billed:	The amount your provider charged for services.	$125.00
Member rate:	This is the health plan covered amount which may reflect a health plan discount. This may be referred to as the allowed amount or negotiated rate.	$88.59
Pending or not payable:	Charges that are either not covered or need more review by us. Read 'Your Claim Remarks' to learn more.	$0.00
Deductible:	The amount you pay for covered services before your plan starts to pay.	$0.00
Coinsurance:	When you pay part of the bill and we pay part of the bill. This is the out-of-pocket amount that you may owe.	$8.87
Copay:	A fixed dollar amount you pay when you visit a doctor or other health care provider.	$0.00

Your payment summary

		Your plan paid			You owe or already paid
Patient	Provider	Amount	Sent to	Senddate	Amount
Xxxxxxx	Xxxxxxx	$56.42	Xxxxxxx	1/23/20	$0.00
Xxxxxxx	Xxxxxxx	$23.30	Xxxxxxx	1/30/20	$65.29
Total:		$79.72			$65.29

Aetna Choice® POS II

Page 2 of 3

Register on **Aetna.com** to receive your EOBs electronically and to access them anytime on the website or Aetna Health app.

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Terms to understand

Here are common health insurance terms you'll see throughout this guide. Knowing the differences between these can help you feel confident you're choosing the plan that's right for you and that your getting the most from it once you do.

Claim: A request from a provider to be paid by a health plan for health services given. An example would be the claim your doctor sends your health plan for an office visit.

Copay: The amount you pay for covered medical services or prescription drugs.

Covered: When a health care service is included in your plan benefits. Some services are covered before you meet your deductible, while others might be covered only after you've met your deductible. Check your plan documents for these details.

Explanation of Benefits (EOB): Similar to a credit card statement from your health plan. It highlights charges, payments and any balances that may be owed. EOBs are available when you log in at **Aetna.com** and can also be mailed to you. Learn more on page 9.

Network: The facilities, providers and suppliers your health insurer or plan has contracted with to provide health care services. To search the network, log in at **Aetna.com** if you're already a member, or visit **Aetna-JPMC.com/Simplified**.

Out of network: A provider or facility that doesn't have a contract with your health plan. If you choose a doctor or other health care provider that is out of network, your plan may or may not pay some of that bill. Choosing an out-of-network doctor or facility will cost you more.

Out-of-network deductible: The amount you pay out of pocket for covered services received out of network before your plan starts to pay.

Out-of-pocket maximum: The most you pay each year for covered medical and prescription drug expenses. Once you hit your limit, you are no longer responsible for copays.

For a full glossary of terms, visit **Aetna.com/glossary.html**.

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We're here for you

One number for all of your health care questions — call your Aetna Concierge at **1-800-468-1266 (TTY: 711)**, Monday through Friday, 8 AM to 8 PM local time.

Aetna is the brand name used for products and services provided by one or more of the Aetna group of companies, including Aetna Life Insurance Company (Aetna). Health benefits and health insurance plans contain exclusions and limitations. Not all health services are covered. See plan documents for a complete description of benefits, exclusions, limitations and conditions of coverage. Plan features and availability may vary by location and are subject to change. Health information programs provide general health information and are not a substitute for diagnosis or treatment by a dentist, doctor or other health care professional. Information is believed to be accurate as of the production date; however, it is subject to change. Refer to **Aetna.com** for more information about Aetna® plans.

Aetna complies with applicable federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability or sex.

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