

Make the most of your benefits

Your 2027 benefits guide

United Healthcare | JPMorganChase



Welcome to UnitedHealthcare

With a nationwide network of over 1.8 million physicians and health care professionals* – plus helpful programs and tools – we're here to help you live your healthiest life.

Keep reading to learn how your health plan works and discover all that's available.

Need help?

Visit **myuhc.com®** or **the UnitedHealthcare® app.**
When you sign in, you'll get personalized access to your health plan details. See page 4 to learn more.

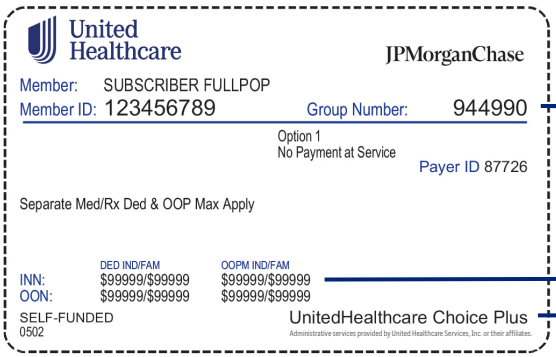
Or call an Advocate at **1-844-754-1267,** TTY 711, 8 a.m.–11 p.m. ET, Monday–Friday. Language assistance is available.

* As of June 2026



Your health plan ID card

Your health plan ID card has information about you and your coverage. Remember to carry it with you wherever you go. You can access a digital version through the **UnitedHealthcare app** or on **myuhc.com.** When you visit your doctor, show your physical or digital ID card so they know how to bill for their services.



Example only. Your costs may vary.

Member ID and group number

Use your member ID and group member when signing up on **myuhc.com** or calling with questions

Your deductible amounts (if applicable)

The amount you owe for health care services before your health plan begins to pay

Provider network

Choice Plus is the name of your provider network

How to get another ID card
If you need another physical ID card, visit **myuhc.com** to print one or request one be sent to you by mail. You can use your digital ID card in the **UnitedHealthcare app** or add it to your Apple® or Google® Wallet.

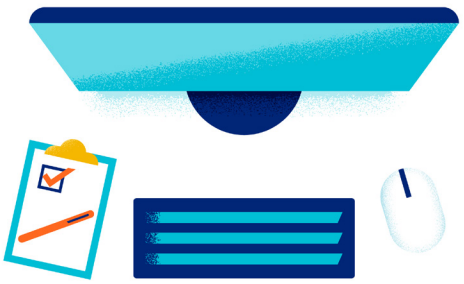
How to change ID card preferences
If you select the paperless communication preference in **myuhc.com** or the **UnitedHealthcare app,** you will receive a digital health plan ID card. If you prefer to receive a card in the mail, update your delivery method in ID Card Settings.

How to see what's covered by your plan
Go to **myuhc.com** to see your health plan documents and required notices as well as what is and is not covered. You can also request printed copies at no charge by calling **1-844-754-1267.**

Helpful digital tools

With myuhc.com and the UnitedHealthcare app, you can:

- View benefit info, claim details and account balances
- Search for network providers and facilities
- Quickly compare cost estimates before you get care
- Learn about covered preventive care
- Access your health plan ID card and add your plan details to your smartphone's digital wallet



Register once to access both tools

1. Tap **Register Now** on the app, or select **Register** on the website.
2. Fill in the required fields and create your username and password.
3. Enter your contact information and select SMS text or phone call for two-factor authentication. Then agree to the terms and conditions.

How your plan works

Save money by staying in our network

Our network is a group of health care providers and facilities that have a contract with UnitedHealthcare. You can receive care and services from anyone in our network. However, if you go out-of-network, you may have higher costs.

Find care and compare costs

There's no requirement to select a primary care provider (PCP) or get referrals to see a specialist. However, a PCP can play a key role in helping manage your care, avoiding duplicate tests and services, and connecting you to a specialist. Your PCP usually has easy access to your records and knows the bigger picture of your health, so they're a great place to start when you need care and it's not an emergency situation. For serious or life-threatening conditions, call 911 or go to an emergency room.

When your PCP isn't available, consider virtual care (see page 6). You can browse all your network options, including virtual care, convenience care clinics and urgent care, and compare prices at **myuhc.com** or on the **UnitedHealthcare app.**

Preventive care is covered 100% in our network

Preventive care includes annual checkups, routine screenings and immunizations that may help prevent health problems before they start. Diagnostic care includes treatments for symptoms or existing health conditions, and any diagnostic treatments performed during a preventive exam may cost extra.

Track your spending accounts

If you have a spending account for health care or dependent care, you can track it on the **UnitedHealthcare app** or **myuhc.com.** Those accounts include:

- **Medical Reimbursement Account (MRA) –** An account that JPMorganChase contributes to when you complete certain wellness activities. Funds can be used for eligible medical and prescription drug expenses, and you can roll over your funds as long as you're still employed at JPMorganChase and enrolled in the plan.
- **Health Care Spending Account (HCSA) –** A pre-tax account you fund and use for eligible medical, prescription, dental and vision expenses.
- **Dependent Care Spending Account (DCSA) –** A pre-tax account you fund and use for eligible dependent care expenses such as daycare, preschool, summer day camps, before-/after-school care and adult daycare.

Virtual care

See a provider from the comfort of home for urgent care, primary care, mental health or your annual physical. The wait is typically shorter than in-person visits.* It's available for symptoms/conditions including:

24/7 Virtual Visits**	Virtual primary care	Virtual behavorial health
• Bronchitis • Coughs, colds and flu • Fevers • Headaches • Pinkeye • Rashes • Sinus problems • Stomach pain and urinary tract infections (UTIs)	• Annual wellness visits, covered 100%, just like in person • Lab orders • Non-urgent needs • Prescription refills*** • Specialist referrals	• ADD/ADHD • Addiction • Anxiety • Depression • Grief • Mental health disorders • Stress

Visit **myuhc.com/VirtualVisits** to get started.

* Data rates may apply.

** 24/7 Virtual Visits phone and video chat with a doctor are not an insurance product, a health care provider or a health plan. Unless otherwise required, benefits are available only when services are delivered through a Designated Virtual Network Provider. 24/7 Virtual Visits are not intended to address emergency or life-threatening medical conditions and should not be used in those circumstances. Services may not be available at all times, or in all locations, or for all members. Check your benefit plan to determine if these services are available.

*** Certain prescriptions may not be available, and other restrictions may apply.



JPMC Wellness Rewards

Employees and their covered spouses/domestic partners who complete an annual physical with a PCP between January 1, 2026, and December 31, 2026, will each qualify for a $750 lower rate on their 2027 medical payroll contributions (up to $1,500 total), compared to if they did not take this action.

Alternatively, if you complete a wellness screening in 2026 and meet all 4 healthy outcomes in a single screening, you will qualify for a lower 2027 payroll rate even if you do not complete a physical.

You can check your completion status on **myCigna.com** or by visiting **go/myhealth.** Check your Primary Care Incentive Status.

As a JPMorganChase employee, you also have the opportunity to earn up to $700 in your MRA by completing wellness activities between January 1, 2027, and December 31, 2027. Visit **My Health > Wellness Incentive Activities** for more details.

If you are unable to meet a wellness reward standard under the **JPMorganChase Wellness Incentive Program,** you may qualify for the same reward through an alternative program. Please call Cigna, the Wellness Incentive Program administrator, at **1-800-790-3086** and they will work with you (and, if you wish, with your doctor) to find an option suited for you in light of your health status.

Programs to support your health

Personal Health and UnitedHealthcare Support

Our goal is to help make it simpler to manage your health. That's why there's a team of people dedicated to supporting you. From understanding your claims to learning more about a new diagnosis, we're here to help when you want to know:

- Can you help me understand my doctor's treatment plan?
- Are there simpler ways I can start healthy new habits?
- How can I save more on my medications?
- Can you help me find a new doctor in my area?



To get started, go to **myuhc.phs.com** or call **1-844-754-1267.**

Connect with an Advocate to get the information you need, when you need it. Specially trained Advocates are here to help you:

- Understand your benefits
- Access the care that fits your needs
- Make more informed health care decisions, which may help save you money and lead to better health outcomes



Call **1-844-754-1267** or sign in to the **UnitedHealthcare app** or **myuhc.com.**

Wellness Coaching

You deserve a wellness program that adapts to your lifestyle and gives more than it takes. That's why Wellos uses smart coaching technology to personalize your health journey.

- Your goals, your way – Wellos responds to what you learn, what you eat, what you need and what you know.
- Tracking that teaches – Get a weekly Insights Report and recommendations based on your personal habits.
- Connect with a coach – Message our team to get answers, get over hurdles and get real about what you need.



Enroll at **myuhc.com.**

WINFertility

For all U.S. eligible employees and their dependents enrolled in the JPMC U.S. Medical Plan, there is a $10,000 lifetime maximum for family-building benefits for both network and out-of-network care provided by the medical plan. This limit increases to $35,000 for both network and out-of-network care if you and/or your covered dependent contact WINFertility and complete a nurse consultation. Additionally, there is a separate $15,000 lifetime prescription drug benefit.
This includes:

- Fertility treatments such as in vitro fertilization (IVF) and intrauterine insemination (IUI), regardless of whether you have a medical diagnosis of infertility
- Elective fertility preservation, including egg and sperm freezing with 12 months of storage
- Associated prescription medications



WINFertility nurses are available at **1-833-439-1517** (TTY: 711), 9 a.m.–9 p.m. ET, Monday–Friday, to assist you in selecting a high-quality provider and understanding your treatment options. They provide clinical and emotional support.

Employees Assistance Program (EAP) Powered by Spring Health

Get personalized behavioral health and well-being support at no cost to you, including:

- 8 free counseling or therapy sessions with fast access to virtual and in-person appointments
- 6 free coaching sessions for dealing with life's daily challenges and building emotional strength
- On-demand self-guided digital exercises

Get started on **jpmc.springhealth.com** or call **1-877-576-2007.**

Complex Health Advocacy

If you have a family member with complex health needs, get the most out of your health plan with your own compassionate advisor from the Advocate team. These advisors support every member of the family and their health care needs — not just the individual with complex needs. Available via phone or chat, they can help you:

- Resolve complex claim issues
- Coordinate care and schedule appointments
- Connect with mental health providers and programs

Family Engagement Center™

For families of children with special health care needs, UnitedHealthcare will assign a compassionate advisor from the Family Engagement Center. Your advisor can help you navigate the health system, find specialists and address claims.

Complex Care Concierge

For adults with complex health care needs, UnitedHealthcare will assign a dedicated care advocate. They'll provide personal support and be your single point of contact for all aspects of the health care system.

Connect with support today.

Call **1-844-754-1267** 8 a.m.–11 p.m. ET, Monday–Friday. Or chat with an Advocate via **myuhc.com** or the **UnitedHealthcare app.**

Transition of care

Undergoing treatment for a serious illness or condition and have to switch doctors? If you're new to UnitedHealthcare and your current provider is outside of our network, you may be eligible to continue seeing your doctor for a limited period of time and have your care covered at the network level under your plan's Transition of Care (TOC) benefit.

Conditions that qualify may include, but are not limited to:

- Pregnancy and related care
- Ongoing cancer treatments
- Active care for a heart attack or stroke
- Certain surgeries or transplants



Learn more at **www.exploreuhcplansjpmc.com** or by calling **1-844-754-1267.**

Manage and pay claims

To make the claim process easier, we've implemented:

- Online claim submission—simply upload a photo
- The ability to view, track, submit and pay your network claims via the **UnitedHealthcare app** and **myuhc.com**
- In-app notifications and communications —so you get real-time updates and cost information

It's easy to manage and pay claims

- During Annual Enrollment, opt in to **automatic claims** and have UnitedHealthcare automatically pay your portion of eligible medical and prescription drug expenses using your MRA and/or HCSA funds.
- Elect the **debit card** option during Annual Enrollment and use your MRA and/or HCSA debit card to make payments right at the provider's office.
- Check balances and pay claims online.

If you see an out-of-network doctor

If you choose to receive services from an out-of-network or non-network provider, you are responsible for all charges. Remember, discounted rates don't apply to out-of-network doctors, so you may pay more.

Understanding your EOBs

When a claim is filed for medical care you've received, an explanation of benefits (EOB) like the one shown below will be posted on **myuhc.com.** EOBs from UnitedHealthcare are easy to understand, and they summarize the costs associated with your medical care so you can quickly see:

1. Which expenses were submitted
2. What's been paid by your plan and how much was paid by your MRA or HCSA, if you have one
3. The balance you may still owe after UnitedHealthcare and your MRA/HCSA payments have been made

Quick tip: When you receive a bill from your doctor, you can check the amount you are being billed against the balance shown on your EOB.

4. Your savings – the amount you saved by visiting a network provider or facility



GREENSBORO SERVICE CENTER
P.O. BOX 740800
ATLANTA, GA 30374-0800
www.myuhc.com

Address change?
Please contact your employer's benefit department.

SUSAN TEST
123 MAIN ST.
ANYWHERE US 12345-6789

MEDICA SELF-INSURED – A THIRD PARTY ADMINISTRATOR FOR SELF-FUNDED GROUP MEDICAL PLANS

Health Statement

Member ID: 123456789
Statement for: 11/20/25 – 01/04/26
Group name: TEST CUSTOMER
Group number: 0123456

Hi, Susan.

THIS IS NOT A BILL. This statement is a summary of services received. You should hold off on making any payments until you receive a bill from your provider as this statement may not reflect payments made at the time of service.

Visit **www.myuhc.com** to see your most up-to-date claim information and amounts, find definitions of common health care terms, get answers to questions and more.

For your most recent plan details, go to www.myuhc.com

Medical claims with payment needed

Here's an overview of the claim(s) processed between 11/20/25 and 01/04/26.

			Your total amount owed*	<Amount applied to your deductible>
For BRADLEY **Provided by:** TEST PROVIDER on 11/21/25 **Provider status:** Network **Claim number: 1234567890123** **Processed on:** 11/30/25	1 **<Provider billed>:**	$303.00	3	
	2 **Payments applied:**	-$136.62	$150.00	**$150.00**

This is not a bill. Your provider will bill you directly unless you have already paid them. Please check your records. These charged represent your responsibility as defined by your health benefit plan. They may include your deductible, coinsurance, or a product or service that is not an eligible expense. If you have coverage with another insurance carrier or Medicare, these charges may not include any product or service in which the other insurance carrier or Medicare was primary. In addition, the amount in the "Pay your provider(s) when they bill you" area above may include payments made to the subscriber. Please see your coverage documents for more information.

*If you have a Health Reimbursement Account (HRA) or a Flexible Spending Account (FSA), that payment may have been made after this statement was created and will be reflected on your next statement.

Claims summary continued on next page

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01/05/26

United Healthcare



Health care terms to know

Coinsurance: Your share of the costs of a covered health care service, calculated as a percentage of the allowed amount for the service.

Copay: A fixed amount (for example, $15) you pay for a covered health care service, usually when you receive the service. The amount can vary by the type of covered health care service.

Deductible: The amount you owe for health care services before your health plan begins to pay.

Out-of-pocket maximum: The most money you have to pay for covered expenses in a plan year.

Place of service: The location where health services are provided.

For more health care term definitions, visit the Just Plain Clear® English and Spanish Glossary at **justplainclear.com**.

2027 medical benefits provisions (what you pay)

	U.S. Medical Option 1		U.S. Medical Option 2	
	Network	**Out of Network**	**Network**	**Out of Network**
What you pay for care				
Preventive care	No cost	50% after deductible	No cost	50% after deductible
Primary care office visit (PCP, pediatrician, Ob/Gyn)	$15, no deductible	Not applicable	$15, no deductible	Not applicable
Virtual care (general health and mental health)	$15, no deductible	50% after deductible	$15, no deductible	50% after deductible
Mental health/substance use outpatient therapy	$15, no deductible		$15, no deductible	
Specialist office visit **• Less than $100,000** **• $100,000 +**	$50, no deductible $75, no deductible		$75, no deductible $100, no deductible	
Therapy (physical, speech, occupational)	$25, no deductible		$35, no deductible	
Basic labs	$20, no deductible		$35, no deductible	
Urgent care **• Less than $100,000** **• $100,000 +**	$50, no deductible $75, no deductible		$75, no deductible $100, no deductible	
Other medical costs (X-rays, hospitalization, etc.)	20% after deductible		20% after deductible	
Emergency care **• Less than $100,000** **• $100,000 +**	$300, no deductible $500, no deductible		$600, no deductible $800, no deductible	
Annual deductible — employee/employee + spouse/or domestic partner or child(ren)/employee + family				
TACC: less than $100,000	$250/$400/$700	$2,750/$4,125/$5,500	$850/$1,600/$2,300	$4,750/$7,125/$9,500
TACC: $100,000+	$750/$1,400/$1,800		$1,750/$2,800/$4,000	
Annual out-of-pocket maximum (includes deductible, coinsurance and copays; does not include prescirption drugs) — employee/employee + spouse/or domestic partner or child(ren)/employee + family				
TACC: less than $100,000	$1,250/$2,500/$3,500	$8,750/$12,125/$17,500	$2,800/$4,700/$6,600	$10,750/$15,125/$21,500
TACC: $100,000+	$2,000/$3,400/$5,100		$4,000/$5,900/$8,400	

Note: Total annual cash compensation (TACC) is defined as your annual rate of base TACC plus applicable job differential pay (for example, shift pay) as of each August 1, plus any cash earnings from any incentive plans that are paid to or deferred by you for the previous 12-month period ending each July 31.

Here's the fine print

We do not treat members differently because of sex, age, race, color, disability or national origin.

If you think you weren't treated fairly because of your sex, age, race, color, disability or national origin, you can send a complaint to the Civil Rights Coordinator:

Mail: UnitedHealthcare Civil Rights Grievance
P.O. Box 30608
Salt Lake City, UT 84130

Online: **UHC_Civil_Rights@uhc.com**

You must send the complaint within 60 days of when you found out about it. A decision will be sent to you within 30 days. If you disagree with the decision, you have 15 days to ask us to look at it again. If you need help with your complaint, please call the toll-free member phone number listed on your ID card.

You can also file a complaint with the U.S. Dept. of Health and Human Services:

Online: **https://ocrportal.hhs.gov/ocr/portal/lobby.jsf**

Phone: Toll-free **1-800-368-1019, 1-800-537-7697** (TDD)

Mail: U.S. Dept. of Health and Human Services
200 Independence Avenue SW, Room 509F
HHH Building
Washington, DC 20201

We provide free services to help you communicate with us such as letters in other languages or large print. You can also ask for an interpreter. To ask for help, please call the toll-free member phone number listed on your health plan ID card.

ATTENTION: If you speak English, language assistance services, free of charge, are available to you. Please call the toll-free phone number listed on your identification card.

ATENCIÓN: Si habla español (**Spanish**), hay servicios de asistencia de idiomas, sin cargo, a su disposición. Llame al número de teléfono gratuito que aparece en su tarjeta de identificación.

請注意：如果您說中文 (**Chinese**)，我們免費為您提供語言協助服務。請撥打會員卡所列的免付費會員電話號碼。

XIN LƯU Ý: Nếu quý vị nói tiếng Việt (**Vietnamese**), quý vị sẽ được cung cấp dịch vụ trợ giúp về ngôn ngữ miễn phí. Vui lòng gọi số điện thoại miễn phí ở mặt sau thẻ hội viên của quý vị.

알림: 한국어(**Korean**)를 사용하시는 경우 언어 지원 서비스를 무료로 이용하실 수 있습니다. 귀하의 신분증 카드에 기재된 무료 회원 전화번호로 문의하십시오.

PAALALA: Kung nagsasalita ka ng Tagalog (**Tagalog**), may makukuha kang mga libreng serbisyo ng tulong sa wika. Pakitawagan ang toll-free na numero ng telepono na nasa iyong identification card.

ВНИМАНИЕ: бесплатные услуги перевода доступны для людей, чей родной язык является русским (**Russian**). Позвоните по бесплатному номеру телефона, указанному на вашей идентификационной карте.

تنبيه: إذا كنت تتحدث العربية (**Arabic**)، فإن خدمات المساعدة اللغوية المجانية متاحة لك. يُرجى الاتصال برقم الهاتف المجاني المدرج على بطاقة التعريف الخاصة بك.

ATANSYON: Si w pale Kreyòl ayisyen (**Haitian Creole**), ou kapab benefisye sèvis ki gratis pou ede w nan lang pa w. Tanpri rele nimewo gratis ki sou kat idantifikasyon w.

ATTENTION : Si vous parlez français (**French**), des services d'aide linguistique vous sont proposés gratuitement. Veuillez appeler le numéro de téléphone gratuit figurant sur votre carte d'identification.

UWAGA: Jeżeli mówisz po polsku (**Polish**), udostępniliśmy darmowe usługi tłumacza. Prosimy zadzwonić pod bezpłatny numer telefonu podany na karcie identyfikacyjnej.

ATENÇÃO: Se você fala português (**Portuguese**), contate o serviço de assistência de idiomas gratuito. Ligue gratuitamente para o número encontrado no seu cartão de identificação.

ACHTUNG: Falls Sie Deutsch (**German**) sprechen, stehen Ihnen kostenlos sprachliche Hilfsdienstleistungen zur Verfügung. Bitte rufen Sie die gebührenfreie Rufnummer auf der Rückseite Ihres Mitgliedsausweises an.

توجه: اگر زبان شما فارسی (**Farsi**) است، خدمات امداد زبانی به طور رایگان در اختیار شما می باشد. لطفا با شماره تلفن رایگانی که روی کارت شناسایی شما قید شده تماس بگیرید.

ध्यान दें: यदि आप हिंदी (**Hindi**) बोलते है, आपको भाषा सहायता सेबाएं, निःशुल्क उपलब्ध हैं। कृपया अपने पहचान पत्र पर सूचीबद्ध टोल-फ्री फोन नंबर पर कॉल करें।

DÍÍ BAA'ÁKONÍNÍZIN: Diné (**Navajo**) bizaad bee yániłti'go, saad bee áka'anída'awo'ígíí, t'áá jíík'eh, bee ná'ahóót'i'. T'áá shǫǫdí ninaaltsoos nitł'izí bee nééhozinígíí bine'dę́ę́' t'áá jíík'ehgo béésh bee hane'í biká'ígíí bee hodíilnih.

Visit uhc.com/legal/required-state-notices to view important state-required notices.

The UnitedHealthcare® app is available for download for iPhone® or Android®. iPhone is a registered trademark of Apple, Inc. Android is a registered trademark of Google LLC.

The services described here are for informational purposes only. Nurse and coach services should not be used for emergency or urgent care situations. In an emergency, call 911 or go to the nearest emergency room. The nurse or coach service can't diagnose problems or recommend specific treatment. The information provided by the nurse and coach services is not a substitute for your doctor's care.

Preventive care: Certain preventive care items and services, including immunizations, are provided as specified by applicable law, including the Patient Protection and Affordable Care Act (ACA), with no cost-sharing to you. These services may be based on your age and other health factors. Other routine services may be covered under your plan, and some plans may require copayments, coinsurance or deductibles for these benefits. Always review your benefit plan documents to determine your specific coverage details.

All UnitedHealthcare members can access a cost estimator online tool. Depending on your specific benefit plan and the ZIP code that's entered, either the myHealthcare Cost Estimator or the Treatment Cost Estimator will be available. A mobile version of myHealthcare Cost Estimator is available, and additional ZIP codes and procedures will be added soon. This tool is not intended to be a guarantee of your costs or benefits. Your actual costs and/or benefits may vary. When accessing the tool, please refer to the Terms and Conditions of Use and Why Your Costs May Vary sections for further information regarding cost estimates. Refer to your health plan coverage document for information regarding your specific benefits.

Apple, App Store and the Apple logo are trademarks of Apple Inc., registered in the U.S. and other countries. Google Play and the Google Play logo are registered trademarks of Google LLC.

The information in this guide is a general description of your coverage. It is not a contract and does not replace the official benefit coverage documents which may include a Summary of Benefits and Coverage and Certificate of Coverage/Summary Plan Description. If descriptions, percentages and dollar amounts in this guide differ from what is in the official benefit coverage documents, the official benefit coverage documents prevail.

Personal Health Support should not be used for emergency or urgent care needs. In an emergency, call 911 or go to the nearest emergency room. The information provided through this program is for your information and education only. It is provided as part of your benefits in your health plan. Program care coordination nurses and other representatives cannot diagnose, give medical advice or give treatment options. This program is not a substitute for your doctor's care. Your health information is kept confidential in accordance with the law. This is not an insurance program and may be discontinued at any time.

Wellos is a voluntary wellness program. The information provided under this program is for general informational purposes only and is not intended to be nor should be construed as medical advice. You should consult with an appropriate health care professional to determine what may be right for you.

Key contact information

Member support: **1-844-754-1267,** 8 a.m.–11 p.m. ET, Monday–Friday
Pre-member website: **exploreuhcplansjpmc.com**
Member website: **myuhc.com**

