

2026 U.S. Annual Benefits Enrollment Bulletin

Illinois

Annual Enrollment Period

Active employees: Oct. 7–24

Employees on a leave of absence as of Sept. 18: Oct. 29–Nov. 14

Benefits Period

Jan. 1, 2026–Dec. 31, 2026

2026 U.S. Annual Benefits Enrollment

Now is the time to review your JPMorganChase health care and insurance benefits to ensure you have the medical, dental, vision, life, accident insurance and disability coverage that meets your needs for 2026. During Annual Benefits Enrollment, you'll also have the opportunity to choose from additional options, including Health Care and Dependent Care Spending Accounts, Group Personal Excess Liability Insurance, Group Legal Services and the Employee Stock Purchase Plan. The coverage you elect during the Annual Benefits Enrollment period will take effect on Jan. 1, 2026, and will continue through Dec. 31, 2026, unless you experience a qualified status change during the year.

Going Beyond the Basics: Our Comprehensive Health and Wellness Benefits

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Changes starting January 1, 2026

The 2026 JPMorgan Chase U.S. Medical Plan will continue to offer the same health care companies — Aetna and Cigna — and same plan design. Over the past three years, we've invested more than \$200 million in our Medical Plan and Wellness Incentive Program to better meet your needs and improve affordability.

The 2026 JPMorgan Chase U.S. Medical Plan continues to offer you and your family accessible, comprehensive coverage with the following minimal changes:

- Effective Jan. 1, 2026, the prescription drug coverage for **GLP-1 anti-obesity medications for Plan Option 1 and Plan Option 2**, managed through CVS Caremark, will be updated to follow the plan design for Preferred Brand Name drugs. For Medical Plan Option 1, there will be a \$50 copay per month for GLP-1 anti-obesity medications, such as Wegovy. Medical Plan Option 2 will have a \$100 copay per month for these medications. Members should refer to the CVS Standard Drug List for all applicable anti-obesity medications. (Please note: Copays for GLP-1 medications FDA-indicated for diabetes will remain on the preventive drug list with a copay of \$0 under these plans.)
- **Reminder for those employees taking the GLP-1 anti-obesity drug Zepbound:** Effective Jan. 1, 2026, Zepbound is scheduled to be removed from the CVS covered drug list, with Wegovy designated as the preferred alternative. Patients taking Zepbound should work with their doctor to obtain a prescription for Wegovy prior to Jan. or for a clinical exception if Wegovy has been tried but not successful. Final determination of Zepbound's coverage status will be announced and shared with existing Zepbound users on or around Nov. 1, 2025.
- Starting Jan. 1, 2026, **employees living in Illinois and enrolled with Cigna** (Plan Options 1 and 2) can benefit from reduced copays when visiting designated quality providers. Primary care and specialist office visits with providers designated as Preferred Group on the [Embold Health Provider Guide](#) will feature a \$10 copay discount. By choosing a preferred provider, you can be confident you're receiving care from a provider identified as meeting quality standards and enjoy lower out-of-pocket costs. To take advantage of these benefits, including access to the Embold Health Provider Guide tool, you must be enrolled in Cigna (not available through Aetna).
- For 2026, saving is simpler — you only need to complete a wellness screening by Nov. 21, 2025, to **save \$500 on 2026 medical payroll contributions** (and an additional \$500 if your spouse/domestic partner completes a screening). The online wellness assessment is no longer required.

- **Dependent Care Spending Account (DCSA)** contribution limits for 2026 will be \$7,500 for those not classified as a highly-compensated employee and generally \$5,000 for those classified as a highly-compensated employee, as defined by the IRS. When you enroll on the Benefits Web Center during the 2026 Annual Enrollment period, you will see the contribution limit based on your current classification. **Note:** The Internal Revenue Code (IRC) rules impose limits on DCSA contributions in certain situations that involve highly-compensated employees to help ensure that the plan doesn't unfairly favor these employees. As a result, it may be necessary to reduce contributions for highly compensated employees (below the \$5,000 level) and you'll be notified if you're affected.
- Employee-paid **Group Long-Term Disability (LTD)** options to replace 50% or 60% of Total Annual Cash Compensation (TACC) rates will be ~5% lower than 2025 for employees who elect or continue Group LTD coverage effective Jan. 1, 2026 (assuming same coverage, TACC band and smoker/non-smoker status). Employer-paid Group LTD — 60% of TACC replacement — is provided to employees with TACC less than \$80,000.

Your Medical Plan costs in 2026

Because health care can be expensive, the firm sets employee costs on a sliding scale — aligning what you pay for coverage to what you earn — and generally covers a larger proportion of plan costs for lower-paid employees. Your specific costs for medical coverage can be found on the [Benefits Web Center](#) when you enroll.

Total Annual Cash Compensation and other factors impacting payroll contributions

If your TACC has increased and caused you to move from one pay tier to another (e.g., from under \$100,000 to \$100,000 or more), you may see a larger increase in your employee payroll contributions. Other factors include the medical plan option you choose, the number of dependents you're covering, whether you or your covered spouse/domestic partner completes the wellness screening by Nov. 21, 2025, whether you or your covered spouse/domestic partner uses tobacco, and your regional cost category.

Total annual cash compensation levels that determine medical plan contributions

Pay tier	Total annual cash compensation (TACC)	How much employee pays for health care
1	<\$60,000	 <p>Least</p> <p>Most</p>
2	\$60,000 – \$79,999	
3	\$80,000 – \$99,999	
4	\$100,000 – \$149,999	
5	\$150,000 – \$249,999	
6	\$250,000 – \$349,999	
7	\$350,000 and above	

Total Annual Cash Compensation (TACC) is defined as your annual rate of base salary, 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 (for example, annual incentive compensation, commissions, draws, overrides and special recognition payments or incentives). Overtime is not included.

For purposes of determining the medical plan contribution pay tier that applies to you, your TACC is recalculated as of each August 1 to take effect the next Jan. 1 and will remain unchanged throughout the year. For most employees hired on or after August 1, TACC for the remainder of year and through the end of the following year will be equal to base salary plus job differentials as of the employee's hire date. You can find your TACC on the [Benefits Web Center](#) under My Profile > Personal Information > Personal Details.

Your to-do list

To get the most from your benefits, here's what you need to do to enroll for 2026:

1. Review this Annual Enrollment Bulletin.

This bulletin has details about the medical, dental, vision, life insurance and disability coverage options available for 2026. Also, consider using the [Health Care Plan Comparison Tool](#), which features interactive comparison charts on your medical, dental and vision options.

2. Visit the Benefits Web Center.

The [Benefits Web Center](#) has tools and resources to help you review your costs and make enrollment decisions. These include plan summaries, comparison charts and estimator tools, including the Medical Plan Cost Estimator.

3. Make your choices and enroll Oct. 7-24, 2025.

Enroll in your benefits from Tuesday, Oct. 7, through Friday, Oct. 24, 2025 (11:59 p.m. Eastern time), by accessing the [Benefits Web Center](#) via the Health Care Plan Comparison Tool or by visiting [My Health > ENROLL NOW](#). The coverage you elect will be effective Jan. 1, 2026, through Dec. 31, 2026, and may not be changed unless you experience a qualified status change during the year.

Note: If you're on an approved leave of absence as of Sept. 18, 2025, you have a later Annual Enrollment period, Oct. 29-Nov. 14, 2025. Communications will be mailed to your home address. Please review the Leave of Absence section of this bulletin for more information.

4. Review your eligible enrolled dependents.

Review the Dependent Eligibility Requirements when enrolling dependents. You'll need to certify online that your dependent meets these requirements. In addition, you'll be asked to provide proof (within 60 days of request) that the dependent is eligible for coverage if you're adding a new dependent or haven't provided this proof before. Request for verification will be mailed to your home address on file after Jan. 1, 2026.

5. Confirm your benefits elections.

After making your choices on the [Benefits Web Center](#), don't forget to "confirm" your elections. You'll then receive a summary of your benefits elections via your work email. If you enroll by calling Ask JPMC, the confirmation will be sent to both your work email and home address. Please review carefully to ensure your elections have been captured accurately. Also, complete any required actions, like providing Evidence of Insurability — or proof of good health — that is needed if you make a change to or newly elect Supplemental Term Life Insurance and/or employee-paid Group Long-Term Disability Insurance.

6. Complete your wellness screening by November 21, 2025 (11:59 p.m. Eastern time). Learn about your health, identify risks and save on your 2026 medical payroll contributions.

If you're enrolled in the U.S. Medical Plan, you can save \$500 (individuals) or \$1,000 (couples) on your 2026 medical payroll contributions if you and your covered spouse/domestic partner complete the wellness screening by the deadline.

As a reminder, the 2026 medical payroll contributions you'll see on the Benefits Web Center during Annual Benefits Enrollment assume that both you and your covered spouse/domestic partner have completed the wellness screening by the Nov. 21, 2025 deadline.

Enrollment support

Healthcare Plan Comparison Tool: Interactive [comparison charts](#) will show the plan options you are eligible for alongside their key highlights and features.

Visit the [Benefits Web Center](#) to review your costs and access tools and resources to help you make enrollment decisions. These include:

Medical Plan Cost Estimator: Estimate 2026 medical costs (payroll contributions plus out-of-pocket expenses) under each of the JPMorgan Chase Medical Plan Options available to you. You'll be able to enter medical services that you (and your covered dependents) anticipate using in 2026. You'll also answer preference-based questions to help determine which plan may best work for you.

Medical Reimbursement Account Value Estimator: Estimate how much money can be earned by completing wellness incentive activities.

Health Care Spending Account Estimator: Plan how much to put into a Health Care Spending Account to avoid contributing too much or too little and maximize tax savings.

Life Insurance Estimator (powered by MetLife): Estimate how much life insurance you should elect.

Health Plan Comparison Charts: Compare the details of the JPMorgan Chase Medical Plan Options.

Summaries of Benefits and Coverage: Use standardized summaries to compare JPMorgan Chase Medical Plan Options to external plans (e.g., a spouse's employer's plan).

If you take no action during Annual Enrollment

If you're currently enrolled in a JPMorgan Chase U.S. Medical Plan and other benefits and take no action during the enrollment period:

- You'll generally default to your current 2025 elections at 2026 rates. For example, if you're currently enrolled with Cigna Plan Option 1, you'll continue to be enrolled with Cigna Plan Option 1 in 2026.
- Your covered dependents will also automatically continue to be covered if they were covered in 2025.
- **IMPORTANT:** You will **not** be enrolled in the Health Care Spending Account (HCSA) or Dependent Care Spending Account (DCSA). Those elections must be made each year; prior year elections don't carry over automatically. Any unused balance up to \$660 will carryover even if you choose not to contribute to the HCSA in 2026; balances under \$25 will not carry over and will be forfeited.

If you're not currently enrolled in a JPMorgan Chase U.S. Medical Plan and take no action during Annual Enrollment, you will not have another opportunity to enroll in 2026 coverage unless you have a qualified status change (e.g., getting married).

Questions? Contact Ask JPMC.

If you have questions about your benefits coverage or the enrollment process, need more time to compare options with your spouse's/domestic partner's options, or don't have internet access from work or home, call 1-844-ASK-JPMC (1-844-275-5762) from 8 a.m. to 7 p.m. Eastern time, Monday through Friday.

The Medical Plan

JPMorganChase offers Medical Plan Options 1 and 2, available through Aetna or Cigna.

Plan Options Overview

- Plan Option 1: Has **higher payroll contributions with lower copays**, deductibles and out-of-pocket maximums.
- Plan Option 2: Has **lower payroll contributions, but higher copays**, deductibles and out-of-pocket maximums.

Coverage Details

- Both plan options **cover the same medical services and supplies**, including prescription drugs (prescription drug coverage is administered by CVS Caremark).
- You have the **flexibility to choose** whether your coverage is provided through Aetna or Cigna, both of which have broad networks of doctors and hospitals.

In-Network Benefits

- In-network routine, urgent and emergency care have fixed-dollar copayments, with no deductible. This means you'll know exactly what you need to pay before you visit. Both plans feature a copay of \$15 or less for primary care office visits and mental health sessions.
- Other medical services — including higher-cost medical services like radiology (e.g., MRI), outpatient surgery and inpatient hospitalization — will be subject to a deductible, then coinsurance. Deductibles and out-of-pocket maximums are tiered based on total annual cash compensation (TACC) to maintain affordability.

Out-of-Network Coverage

- While you're strongly encouraged to use in-network providers, you can use out-of-network providers. Out-of-network coverage has separate, higher deductibles, out-of-pocket maximums and coinsurance.
- Covered services performed by out-of-network providers will be reimbursed at the out-of-network level of benefits, subject to reasonable and customary charges. Charges in excess of reasonable and customary levels are not covered by the Plan. As a result, you could potentially be exposed to large bills for any amounts that exceed these reasonable and customary charges.

Embold Health Provider Guide (through Cigna)

- Starting Jan. 1, 2026, employees living in Illinois and enrolled with Cigna (Plan Options 1 and 2), can benefit from reduced copays when visiting designated quality providers. Primary care and specialist office visits with providers designated as 'Preferred Group' on the [Embold Health Provider Guide](#) will feature a \$10 copay discount. By choosing a preferred provider, you can be confident you're receiving care from a provider identified as meeting quality standards and enjoy lower out-of-pocket costs. To take advantage of these benefits, including access to Embold Health Provider Guide tool, you must be enrolled in Cigna (not available through Aetna).

Example: The copay for a primary care office visit (under Cigna Plan Options 1 and 2) is normally \$15. For an office visit at a PCP with the 'Preferred Group' designation on the Embold Health Provider Guide, the copay will be \$5. For a specialist office visit, the same copay discount concept also applies.

Notes: (1) The Embold Health Provider Guide covers a wide range of medical specialties, but not all. For specialties that are not listed in the Embold tool, the copay discount does not apply. (2) Provider network status and quality rankings may change over time, although such changes are expected to be minimal and limited to the beginning of each calendar year. Please keep this in mind when you check the Embold tool during Annual Enrollment.

[Learn more](#) about the 2026 JPMorganChase U.S. Medical Plan for employees living in Illinois, including the available plan options, coverage details and costs.

The Wellness Incentive Program

Reminder: There's still time to earn 2025 incentives!

When you enroll in Medical Plan Option 1 or 2, you're eligible to receive funding in a Medical Reimbursement Account (MRA), which you can use to pay for eligible out-of-pocket medical and prescription drug expenses. You don't contribute to your own MRA; rather, it's funded by JPMorganChase when you participate in certain activities. Learn about ways to earn through the [2025 Wellness Incentive Program](#). Be on the lookout for any changes to the 2026 Wellness Incentive Program in early Jan.

Employees not enrolled in a JPMorgan Chase U.S. Medical Plan: You're eligible to earn wellness rewards that are payable through your payroll (and taxable) for all activities, except for activity tracking through Personify Health.

Save on 2026 Medical Plan Payroll Contributions

You still have time to complete a wellness screening by Nov. 21, 2025: Save \$500 on 2026 medical payroll contributions. Your savings double to \$1,000 when your covered spouse/domestic partner does the same. For more information on how to complete your annual wellness screening, go to:

- **Employees at work:** [Wellness Screening](#)
- **Employees at home:** myhealth.jpmorganchase.com
- **Spouses and domestic partners:** my.questforhealth.com

To track your wellness screening completion status, regardless of your health care company, visit myCigna.com.

For New Hires and Employees on Approved Leave of Absence

In some circumstances, employees and their covered spouse/domestic partner may automatically qualify for the payroll contribution savings (\$500 for individuals and \$1,000 for couples), even if they have not completed the wellness screening:

- **New hires:** Employees who become eligible for benefits coverage — and/or add a spouse/domestic partner to medical coverage — after Sept. 1, 2025.
- **Leaves of absence:** Employees who are on an approved leave of absence for 45 consecutive days between Sept. 1 and Nov. 22, 2025.

Benefit selections available during Annual Enrollment

The table below outlines the benefit options available to you during Annual Enrollment and where to go for help.

Program	Description	Where to go for help
<p>Medical Plan</p>	<p>You have a choice between plans:</p> <ul style="list-style-type: none"> • Plan Option 1 (Aetna or Cigna) • Plan Option 2 (Aetna or Cigna) <p>For Plan Option 1 or 2, you can choose which health care company (Aetna or Cigna) you would like to enroll with.</p> <p>Prescription drug coverage is part of the Medical Plan, and you won't need to make a separate election. CVS Caremark manages prescription drug coverage for Plan Option 1 or 2.</p> <p>You can also add dependents to coverage and change your spending account payment method (e.g., automatic claim payment or debit card, if available based on your Plan) during Annual Enrollment.</p>	<p>Plan design details:</p> <ul style="list-style-type: none"> • Benefits Web Center • Healthcare Plan Comparison Tool <p>Search for in-network providers:</p> <ul style="list-style-type: none"> • Aetna: jpmcbenefits.aetna.com • Cigna: welcome.cignahealthcare.com/jpmc/ <p>Search for a pharmacy or covered medication:</p> <ul style="list-style-type: none"> • Caremark: caremark.com/jpmc
<p>Dental</p>	<p>Most eligible participants have two to three options to choose from depending on your home ZIP code. All options provide coverage for preventive care, basic and major restorative care, and orthodontia.</p> <ul style="list-style-type: none"> • Preferred Dentist Program – PDP (MetLife) • Dental Maintenance Organization – DMO (Aetna*) • Dental Health Maintenance Organization – DHMO (Cigna*) 	<p>Search for providers for each of these options on the Benefits Web Center.</p>

Program	Description	Where to go for help
	<p>Before selecting the Aetna DMO or Cigna DHMO, please carefully review the network of dental providers available under these two options as out-of-network coverage is not available. If you cannot find a dentist near you under these two options you should select the MetLife PDP option which offers the choice between in-network and out-of-network dental care.</p> <p>*Independent of the health care company you choose for medical.</p>	
<p>Spending Accounts</p> <p>(These elections must be made each year; prior year elections don't automatically carry over.)</p>	<p>The Health Care Spending Account (HCSA) allows you to set aside pre-tax money to pay for eligible out-of-pocket health care expenses, including medical and prescription drug expenses once your MRA is depleted. You can also use your HCSA to pay for out-of-pocket dental and vision expenses.</p> <p>If you're on an approved Leave of Absence or plan to go on LOA in 2026, review the important information on page 23.</p> <p>The Dependent Care Spending Account (DCSA) allows you to set aside pre-tax money to cover eligible child care or adult care expenses, including:</p> <ul style="list-style-type: none"> • Child care expenses for dependent children under the age of 13 • Child care expenses for older children who are disabled • Adult care expenses for your tax-qualified adult dependents 	<p>Use the Health Care Spending Account Estimator on the Benefits Web Center.</p>
<p>Vision</p>	<p>The Vision Plan, administered by EyeMed, helps you and your family pay for covered vision expenses, such as eye exams, prescription glasses (lenses and frames) and contact lenses.</p>	<p>Search for providers on the Benefits Web Center.</p>
<p>Long-Term Disability</p>	<p>Long-Term Disability (LTD) coverage provides income replacement if you're unable to work for an extended period due to an illness or injury.</p>	<p>Visit the Benefits Web Center.</p>

Program	Description	Where to go for help
	<p>Employees who meet the LTD Plan's eligibility requirements and who have a TACC of less than \$80,000 in effect for the plan year are automatically enrolled in Group LTD coverage for that plan year at JPMorganChase's expense — no employee contributions are required. For all other employees, participation in Group LTD coverage is optional, and is available by making after-tax contributions for coverage.</p> <p>Reminder: Any election or increase made during Annual Benefits Enrollment will be subject to Evidence of Insurability or proof of good health.</p>	
<p>Life and Accident Insurance</p>	<p>You can elect to purchase Supplemental Term Life (STL) and Accidental Death and Dismemberment (AD&D) Insurance for yourself and/or your eligible dependents through MetLife, the insurance carrier. You pay the full cost of the STL and AD&D insurance you elect for yourself, your spouse/domestic partner, and your eligible dependents. You can choose your coverage level for yourself, your spouse/domestic partner, and your child(ren) when enrolling.</p> <p>Reminder: JPMorganChase automatically provides you with Basic Life Insurance equal to 1x your TACC up to a maximum of \$100,000.</p> <p>Any STL election or increase made during Annual Benefits Enrollment will be subject to Evidence of Insurability – or proof of good health.</p>	<p>Visit the Benefits Web Center.</p>
<p>Group Legal Services Plan</p>	<p>Our Group Legal Services Plan gives you and your family access to an affordable network of attorneys for routine legal services related to personal and family legal issues, such as wills and estate planning, real estate matters, family law, name changes, consumer protection, traffic matters and more.</p>	<p>Visit the Benefits Web Center.</p>

Program	Description	Where to go for help
Group Personal Excess Liability Insurance Plan	<p>This coverage offers additional liability protection — sometimes referred to as umbrella coverage — for damages and costs arising from bodily injury or personal injury to others, or for damages to the property of others. This insurance covers what you or a covered family member may be liable for beyond the limits of liability provided by your primary auto, homeowners, renters, recreational vehicle, motorcycle and watercraft insurance policies.</p> <p>Reminder: Once enrolled, your policy will be sent to your work email address. You should review the policy each year for changes to coverage or policy provisions.</p>	Visit the Benefits Web Center .
Employee Stock Purchase Plan	<p>You're eligible to enroll in the Employee Stock Purchase Plan (ESPP) during each annual enrollment period if you're a U.S. benefits-eligible employee, you were hired on or before Sept. 30, and your Total Annual Cash Compensation (TACC) is less than \$250,000.</p> <p>This is an opportunity to become an owner of JPMorganChase and purchase the company's common stock through payroll contributions at a 5% discount and without paying a broker's fee. Stock purchases take place on the first day that trading is conducted on the NYSE in Jan., April, July and October.</p>	Learn more by reviewing the Employee Stock Purchase Plan Prospectus .
Tobacco Cessation Program	<p>When you enroll in the medical*, supplemental life insurance or long-term insurance benefit plans, you'll be asked to affirm your tobacco status or pay a premium surcharge. If you and/or your covered spouse/domestic partner completes the Quit for Life® Program by Friday, Dec. 5, 2025, you won't have to pay the tobacco-user surcharge for these benefits in 2026.</p> <p>* The recommendations of an individual's personal physician will be accommodated.</p>	Enroll at myquitforlife.com/jpmorganchase or call 1-866-QUIT-4-LIFE (1-866-784-8454) and schedule time to talk with a coach.

Information for employees on an approved Leave of Absence (LOA)

Important Annual Enrollment information for employees on an approved Leave of Absence as of Sept. 18, 2025 and those who go on leave in 2026:

- If you are on an approved Leave of Absence as of Sept. 18, 2025 (regardless of return to active employment status after this date), your Annual Enrollment period will begin Oct. 29, 2025, and end Nov. 14, 2025.

If you are on an approved Leave of Absence when you submit your 2026 Benefit Elections:

- For Supplemental Term Life Insurance and Accidental Death and Dismemberment Insurance, you can elect to decrease or waive coverage, but you will not have the option to increase your coverage while on leave.
- If you're on an unpaid leave at any time following the start of Annual Enrollment, you may not be given the option to elect a Health Care Spending Account as part of annual enrollment but may elect it within 31 days following the date you return to active employment.
- If you're currently enrolled in the Group Long-Term Disability (LTD) Plan, coverage under the Group LTD Plan automatically ends after 16 consecutive weeks of non-medical paid or unpaid Leave of Absence. Should you fall into this situation and want to continue coverage, you will need to re-elect Group LTD Plan coverage within 31 days of your return to active employment, and you must satisfy Evidence of Insurability (EOI) before coverage is effective. Please note: This only applies to you if you're enrolled in employee-paid Group LTD coverage.
- If you're enrolled in Company-paid Group LTD, your coverage will be automatically reinstated when you return to active employment, and no EOI will be required.
- Confirmation of your 2026 benefits elections will be mailed to your home address.

If you are on an approved Leave of Absence during 2026:

- While on leave, you're not eligible for the Dependent Care Spending Account (DCSA), and your participation ends. You'll have 31 days from the date you return to active employment to enroll in the Dependent Care Spending Account. Please be aware that you may not receive reimbursement for expenses incurred during any period that you are not eligible for the DCSA, such as during a LOA.
- Each period of participation in the account is an independent period of eligibility and funds are not cumulative. This means if you participate in the account Jan. 1-March 31 and have \$1,200 in contributions, you may receive up to \$1,200 in reimbursement for eligible expenses incurred Jan. 1-March 31. If following a leave of absence, you re-elect the account within 31 days starting August 1 and remain participating through December 31, contributing \$2,000, you may receive up to \$2,000 in reimbursement for eligible expenses

incurred August 1-December 31. Please note this can be especially important for employees taking a parental leave of absence.

Disclosures and disclaimers

This 2026 Annual U.S. Benefits Enrollment Bulletin (Bulletin) modifies the JPMC Benefits Guide (Guide) and component Summary Plan Description (SPD) and is intended to be a summary of material modifications (SMM) with respect to the applicable plans. It supplements, clarifies, and amends various sections of the Guide and should be referred to as part of the Guide and applicable component SPDs. You are encouraged to save or print this document and retain it for your records. If there is a discrepancy between the terms of the Guide or its applicable component plan(s), as amended, and this SMM, the terms of the Guide or the applicable component plan(s), as amended, will control.

This Bulletin is currently available on My Health > [2026 Benefits Resources](#) and on the [Benefits Web Center](#).

[Benefit reminders](#): Review several disclosures and annual notices that are required by law for companies that offer group health plans.

[Important disclaimers](#): Review important disclaimers regarding the JPMorganChase U.S. Benefits Program.