How the Cigna plan is changing

At Cigna, we care about your health and well-being. How can we keep you smiling? By offering a dental plan that's valuable and easy to use.

During this year's Annual Enrollment, JPMorgan Chase employees will be able to enroll in the Cigna Dental HMO (DHMO1) coinsurance plan, which is different than the Cigna DHMO copayment plan previously offered.

Here's the difference:

› With a copayment plan, you pay a fixed amount of the cost Cigna allows a network dentist to charge you for a specific service — and your plan pays the rest.

› With a coinsurance plan, you pay a percentage of the cost Cigna allows a network dentist to charge you for a specific service — and your plan pays the rest.

The new coinsurance model aligns with the other dental plans offered by JPMorgan Chase. If you are currently enrolled in the Cigna DHMO plan, the number of services covered under your plan won't change. In fact, you'll actually have more coverage since we've added dental implants to the list of covered services for 2016.

Remember, with a DHMO plan, you must choose a network general dentist who will coordinate your dental care.2

Estimating costs for 2016

Here's an example of how much you might pay for one covered procedure.3

› You need periodontal scaling and root planing.

› Your plan pays 90% of the cost.

› Your Cigna network dentist has agreed to charge a discounted fee of $151 for this service.

› Applying your Cigna benefit of 90%, your out-of-pocket cost would be $15.

› Last year, it would have cost you $50.

A quick look at common services3

<table>
<thead>
<tr>
<th>COVERED SERVICE</th>
<th>PLAN PAYS</th>
<th>YOU PAY</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cleaning</td>
<td>100%</td>
<td>$0</td>
</tr>
<tr>
<td>Composite filling (tooth–colored) – 1 surface, posterior</td>
<td>90%</td>
<td>$11</td>
</tr>
<tr>
<td>Crown – porcelain fused to high noble metal</td>
<td>60%</td>
<td>$295</td>
</tr>
<tr>
<td>Braces (child up to 19th birthday)</td>
<td>50%</td>
<td>$1,425</td>
</tr>
<tr>
<td>Braces (adult)</td>
<td>50%</td>
<td>$1,703</td>
</tr>
</tbody>
</table>

We can help estimate what you pay

Before you enroll in the Cigna DHMO plan, you can call us at 1.800.790.3086 and we'll help you estimate what you would pay for certain covered services.

After you enroll, register on myCigna.com and use the Treatment Cost Estimator to calculate your estimated out-of-pocket costs.
It pays to choose the Cigna DHMO

Here are some of the best reasons to choose the Cigna DHMO plan:

› No deductibles before your coverage kicks in.
› No dollar maximums.
› No claim forms or waiting periods.
› Coverage for braces (child and adult), teeth whitening (using take-home bleaching trays), TMJ and other popular services. ³
› New! Dental implants are now covered. ⁴
› Access to one of the largest DHMO networks in the nation. ⁶

And, at no additional cost, you get access to:

› Cigna Dental Oral Health Integration Program®. Enhanced dental coverage for enrolled Cigna dental plan participants with any of the following medical conditions: Diabetes, heart disease, stroke, maternity, head and neck cancer radiation, organ transplants and chronic kidney disease.

We’re here to help

For more detailed information about the Cigna DHMO plan, call 1.800.790.3086, or go to www.CignaforJPMC.com then click on the dental tab.

1. The term “DHMO” is used to refer to product designs that may differ by state of residence of enrollee including, but not limited to, prepaid plans, managed care plans, and plans with open access features. The Cigna DHMO is not available in the following states: AK, HI, ME, MT, NH, NM, ND, PR, RI, SD, VI, VT, WV, and WY.
2. Minnesota residents: If you enroll in the Cigna Dental Care (DHMO) plan, you must visit your selected network dentist in order for the charges on the Patient Charge Schedule to apply. You may also visit other dentists that participate in our network or you may visit dentists outside the Cigna Dental Care network. If you do, the fees listed on the Patient Charge Schedule will not apply. You will be responsible for the dentist’s usual fee. The cost of gold/high noble metal is an additional charge for any procedure and is the patient’s responsibility. See your plan documents for a complete list of costs and both covered and non-covered services.
3. This is an example used for illustrative purposes only. Actual costs may vary. These are only the highlights. Cleanings are limited to 2 per calendar year; up to 2 additional cleanings are available, subject to the charges set forth in your patient charge schedule. Replacement of crowns is limited to once every 5 years. Crowns used solely for splinting and completion of crowns already in progress on the effective date of coverage are not covered. The cost of gold/high noble metal is an additional charge for any procedure and is the patient’s responsibility. See your plan documents for a complete list of costs and both covered and non-covered services.
4. Oklahoma residents: DHMO for Oklahoma is an Employer Group Prepaid Dental Plan. You may also visit dentists outside the Cigna Dental Care network. If you do, the fees listed on the Patient Charge Schedule will not apply. You will be responsible for the dentist’s usual fee. We pay non-network dentists the same amount we’d pay network dentists for covered services. You’ll pay less if you visit a network dentist in the Cigna Dental Care network. Call customer service for more information.
5. This is an example used for illustrative purposes only. Actual costs may vary. These are only the highlights. Cleanings are limited to 2 per calendar year; up to 2 additional cleanings are available, subject to the charges set forth in your patient charge schedule. Replacement of crowns is limited to once every 5 years. Crowns used solely for splinting and completion of crowns already in progress on the effective date of coverage are not covered. The cost of gold/high noble metal is an additional charge for any procedure and is the patient’s responsibility. See your plan documents for a complete list of costs and both covered and non-covered services.
6. The following orthodontic services are generally not covered: incremental costs associated with optional/elective materials; orthognathic surgery appliances to guide minor tooth movement or correct harmful habits; and any services which are not typically included in orthodontic treatment. For a listing of TMJ-related covered services or devices and any applicable limitations, see your plan materials.
7. Services related to the surgical placement of a dental implant are limited to one per year with replacement of a surgical implant frequency limitation of one every 10 years. Implant supported prosthesis used solely for splinting is not covered.

Cigna dental and medical plans work together

When you enroll in both a Cigna dental plan and a Cigna medical plan, you’ll have the convenience and security of one company looking after your overall health. Key advantages include:

› myCigna.com. One place for all of your personalized plan information. Help finding a doctor or dentist, plus tools to help you compare costs.
› One number to call. Available 24/7/365 to answer all of your medical or dental questions. Plus a Health Information Line staffed by trained professionals to answer treatment and clinical questions.
› Identifying risks. Our integrated programs focus on medical conditions affected by poor oral health. We offer trained health advocates who can educate and help you improve your oral and total health.

Currently enrolled in the Cigna dental plan?

If you are currently enrolled and want to continue your coverage in the Cigna Dental plan, you do not need to take action. Your coverage will continue in the Cigna Dental plan.

Enhanced dental coverage for enrolled Cigna dental plan participants with any of the following medical conditions: Diabetes, heart disease, stroke, maternity, head and neck cancer radiation, organ transplants and chronic kidney disease.