Real support for real life.

Your 2027 Cigna Healthcare welcome guide.

JPMorganChase

cigna healthcare

Welcome to Cigna Healthcare.

At Cigna Healthcare®, we understand what you want and need from a benefits provider. Like real people to answer your questions, 24/7. Real care options that work around your schedule – not ours. And real tools and resources to help guide you along the way. All designed to support your whole health – physically, emotionally and financially.

Thank you for choosing Cigna Healthcare.

We've got your back.

Make myCigna yours.

myCigna.com® and the **myCigna**® **App** make it easy to manage your medical and dental plans (if elected), access your Medical Reimbursement Account (MRA), Health Care Spending Account (HCSA) and Dependent Care Spending Account (DCSA) balances, track your wellness activities, receive online or live support for body and mind, and even view your ID cards – all in one place.

Register today, if you haven't done so already, on **myCigna.com**,[1] or download the **myCigna App**[2] to get started.

MyCigna tools

On **myCigna.com** and the **myCigna App**:

Find care and costs

The online provider directory makes it easy to find in-network care near you; plus, get cost estimates for services based on the provider and your plan.

Choose with confidence

Look for our **Care Designation** and the **Center of Excellence** designation when searching the provider directory to quickly and easily identify cost-effective, quality providers in the Cigna Healthcare network.[3]

Track your funds

Keep track of your MRA, HCSA and DCSA, all in one place.

Access medical and behavioral virtual doctor visits

Connect with board-certified MDLIVE® doctors, pediatricians, psychiatrists and therapists via video or phone, wherever it's most convenient for you.[4] Providers can diagnose, treat and write prescriptions (when appropriate) for many routine medical issues and behavioral conditions.

Access JPMC Wellness Rewards

Employees and their covered spouses/domestic partners who complete an annual physical with a primary care provider (PCP) or Virtual Primary Care Provider (VPCP)* between January 1, 2026 and December 31, 2026 (11:59 PM ET) will pay a $750 lower rate, up to $1,500 total, on their JPMorganChase U.S. Medical Plan payroll contribution in 2027, compared to if they did not take this action.

Alternatively, if you or your covered spouse/domestic partner complete a biometric wellness screening in 2026 and meet all four healthy outcomes in a single screening, you will also qualify for the $750 lower rate on medical payroll contributions, even if you don't complete a physical.

You can check your completion status on **myCigna.com** or by visiting go/primarycare. from your intranet browser.

As a JPMorganChase employee, you also have the opportunity to earn up to $700 in your MRA by completing wellness activities between January 1, 2026 and December 31, 2026. 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. Please contact Cigna Healthcare, the Wellness Incentive Program administrator, at 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 & services

Health coaching

Our health coaches are dedicated to your overall health. Get support to:

- Cope with and reduce stress.
- Reach or maintain a healthy weight.
- Manage a chronic condition, and more.

Coaching services are available at no additional cost to you and are completely confidential.

To connect with a coach, call Cigna Healthcare at **800.790.3086** or log in to **myCigna.com**.

Employee Assistance Program (EAP) Powered by Spring Health

Get personalized behavioral health and well-being support at no cost to you, including:[7]

- 8 free counseling or therapy sessions with fast access to virtual and in-person appointments.
- 6 free coaching sessions for emotional strength and conditioning and dealing with life's daily challenges.

On-demand digital, self-guided exercises.

Get started on **jpmc.springhealth.com** or call **877.576.2007**.

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 in-network and out-of-network care provided by the Medical Plan. This limit increases to $35,000[5] for both in-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[5] lifetime prescription drug benefit.

- 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[6] nurses are available at **1.833.439.1517** (TTY: 711) Monday through Friday, from 9 AM to 9 PM ET, to assist you in selecting a high-quality provider, understanding your treatment options, and providing clinical and emotional support.

24/7 live support

Cigna One Guide

With Cigna One Guide® service, you can receive personalized guidance on all your health care needs. Your personal guide can help you:

- Make smart health care choices to get the most value from your plan.
- Take control of your whole health and your health spending.
- Build your own health team and keep all your health contacts in one place for easy access.

Your personal guide will also anticipate your personal health care needs and:

- Alert you to solutions and savings.
- Provide guidance based on your individual situation and health needs.

Call **800.790.3086**, or click-to-chat with your personal guide on **myCigna.com** or the **myCigna App**.

Health Information Line

Have questions about a specific health concern? Call our Health Information Line at **800.790.3086** to speak to a clinician, 24/7/365. They'll ask you a few questions about your symptoms and give you information to help you decide what to do or where to go for care.

To access podcasts on dozens of health and wellness topics, follow the voice prompts and ask for the Health Information Line. Then listen for your topic or **enter the topic code from the catalog** when prompted.

Virtual care with MD Live

Connect with a provider by video, phone or app for:

- Virtual Primary Care, for things like annual physicals, screening guidance, and ongoing condition management.
- Non-emergency medical care 24/7, for things like colds, flu, allergies and urinary tract infections.
- Mental health counseling by appointment, for things like addiction, depression, anxiety or family difficulties.

Transition of care

Undergoing treatment for a serious illness or condition and have to switch doctors? If you're new to Cigna Healthcare 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 in-network level under your plan's Transition of Care (TOC) benefit.

To learn more about TOC and/or apply for this benefit, complete the **TOC form** and contact Cigna Healthcare as soon as possible at **800.790.3086**.

It's easy to manage and pay claims.

- Opt in to **automatic claims** and have Cigna Healthcare 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.

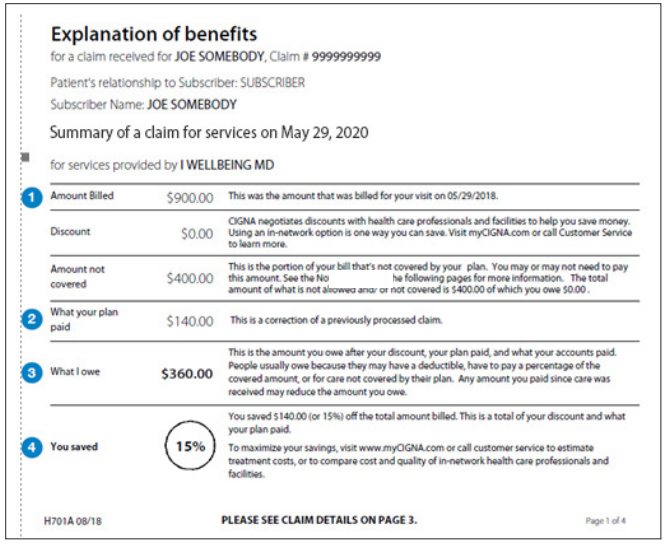
Understanding your EOB

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 **myCigna.com**. EOBs from Cigna Healthcare are easy to understand and summarize the costs associated with your medical care, so you can quickly see:

1. What 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 Cigna Healthcare 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 an in-network provider or facility.



Explanation of benefits

for a claim received for JOE SOMEBODY, Claim # 9999999999

Patient's relationship to Subscriber: SUBSCRIBER

Subscriber Name: JOE SOMEBODY

Summary of a claim for services on May 29, 2020

for services provided by I WELLBEING MD

1	Amount Billed	$900.00	This was the amount that was billed for your visit on 05/29/2018.
	Discount	$0.00	CIGNA negotiates discounts with health care professionals and facilities to help you save money. Using an in-network option is one way you can save. Visit myCIGNA.com or call Customer Service to learn more.
	Amount not covered	$400.00	This is the portion of your bill that's not covered by your plan. You may or may not need to pay this amount. See the No he following pages for more information. The total amount of what is not allowed and/ or not covered is $400.00 of which you owe $0.00 .
2	What your plan paid	$140.00	This is a correction of a previously processed claim.
3	What I owe	$360.00	This is the amount you owe after your discount, your plan paid, and what your accounts paid. People usually owe because they may have a deductible, have to pay a percentage of the covered amount, or for care not covered by their plan. Any amount you paid since care was received may reduce the amount you owe.
4	You saved	15%	You saved $140.00 (or 15%) off the total amount billed. This is a total of your discount and what your plan paid. To maximize your savings, visit www.myCIGNA.com or call customer service to estimate treatment costs, or to compare cost and quality of in-network health care professionals and facilities.

H701A 08/18 PLEASE SEE CLAIM DETAILS ON PAGE 3. Page 1 of 4

For illustrative purposes only

Terms to know

Copay
A fixed amount that 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.

Coinsurance
After you've reached your deductible, you and your plan share some of your medical costs. The portion of covered expenses you are responsible for is called coinsurance.

Deductible
A flat dollar amount you must pay out of your own pocket before your plan begins to pay for certain covered services.

Out-of-pocket maximum
The total amount you will pay out of your own pocket, which includes deductible, copay, and coinsurance amounts before your plan's copay or coinsurance percentage no longer applies. Once you meet this maximum, your plan then pays 100% of the "Maximum Reimbursable Charges," or negotiated fees for covered services.

Place of service
Your plan pays based on where you receive services. For example, for hospital stays, your coverage is paid at the inpatient level.

Know before you go

Unless it's a life-threatening emergency, you have options when it comes to receiving care. When you can't get to your doctor, virtual doctor visits and convenience or urgent care centers are cost-saving alternatives.

Plans at a glance

	Plan Option 1		Plan Option 2	
	In-Network	Out-of-Network	In-Network	Out-of-Network
Preventive screenings[8]	You pay $0 (deductible does not apply)	You pay 50% after deductible	You pay $0 (deductible does not apply)	You pay 50% after deductible
PCP visit	You pay $15 (deductible does not apply)	You pay 50% after deductible	You pay $15 (deductible does not apply)	You pay 50% after deductible
Mental/behavioral health outpatient therapy visit, including psychiatry	You pay $15 (deductible does not apply)	You pay 50% after deductible	You pay $15 (deductible does not apply)	You pay 50% after deductible
Virtual medical visit with MDLIVE	**Medical visit:** You pay $15 (deductible does not apply) **Behavioral visit:** You pay $15 (deductible does not apply)	Not applicable	**Medical visit:** You pay $15 (deductible does not apply) **Behavioral visit:** You pay $15 (deductible does not apply)	Not applicable
Specialist visit	If your salary is less than $100,000: You pay $50 If your salary is $100,000 or greater: You pay $75	You pay 50% after deductible	If your salary is less than $100,000: You pay $75 If your salary is $100,000 or greater: You pay $100	You pay 50% after deductible
ER coverage	If your salary is less than $100,000: You pay $300 If your salary is $100,000 or greater: You pay $500 (deductible does not apply)	If your salary is less than $100,000: You pay $300 If your salary is $100,000 or greater: You pay $500 (deductible does not apply)	If your salary is less than $100,000: You pay $600 If your salary is $100,000 or greater: You pay $800 (deductible does not apply)	If your salary is less than $100,000: You pay $600 If your salary is $100,000 or greater: You pay $800 (deductible does not apply)
Other medical costs (hospitalizations, imaging, etc.)	You pay 20% after deductible	You pay 50% after deductible	You pay 20% after deductible	You pay 50% after deductible
Deductible	**Individual employee:** If your salary is less than $100,000: $250 If your salary is $100,000 or greater: $750 **Employee + Spouse/EE + Child(ren):** If your salary is less than $100,000: $400 If your salary is $100,000 or greater: $1,400 **Employee + Family:** If your salary is less than $100,000: $700 If your salary is $100,000 or greater: $1,800	**Individual employee:** $2,750 **Employee + Spouse/EE + Child(ren):** $4,125 **Employee + Family:** $5,500	**Individual employee:** If your salary is less than $100,000: $850 If your salary is $100,000 or greater: $1,750 **Employee + Spouse/EE + Child(ren):** If your salary is less than $100,000: $1,600 If your salary is $100,000 or greater: $2,800 **Employee + Family:** If your salary is less than $100,000: $2,300 If your salary is $100,000 or greater: $4,000	**Individual employee:** $4,750 **Employee + Spouse/EE + Child(ren):** $7,125 **Employee + Family:** $9,500
Out of Pocket Maximum (OOPM): includes deductible, coinsurance and copays; does not include prescription drugs	**Individual employee:** If your salary is less than $100,000: $1,250 If your salary is $100,000 or greater: $2,000 **Employee + Spouse/EE + Child(ren):** If your salary is less than $100,000: $2,500 If your salary is $100,000 or greater: $3,400 **Employee + Family:** If your salary is less than $100,000: $3,500 If your salary is $100,000 or greater: $5,100	**Individual employee:** $8,750 **Employee + Spouse/EE + Child(ren):** $12,125 **Employee + Family:** $17,500	**Individual employee:** If your salary is less than $100,000: $2,800 If your salary is $100,000 or greater: $4,000 **Employee + Spouse/EE + Child(ren):** If your salary is less than $100,000: $4,700 If your salary is $100,000 or greater: $5,900 **Employee + Family:** If your salary is less than $100,000: $6,600 If your salary is $100,000 or greater: $8,400	**Individual employee:** $10,750 **Employee + Spouse/EE + Child(ren):** $15,125 **Employee + Family:** $21,500

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.

Prescription drug coverage is offered through CVS Caremark. Visit My Health for additional information. Please refer to plan documents for additional plan benefits and a complete list of exclusions and limitations.

JPMorganChase

1. Customers under age 13 (and/or their parent/guardian) will not be able to register at myCigna.com.
2. The downloading and use of the myCigna App is subject to the terms and conditions of the App and the online stores from which it is downloaded. Standard mobile phone carrier and data usage charges apply.
3. The Cigna Center of Excellence designation is a partial assessment of quality and cost-efficiency and should not be the only basis for decision-making (as such measures have a risk of error). Individuals are encouraged to consider all relevant factors and talk with their physician about selecting a health care facility. Quality designations and ratings found in Cigna's online provider directories are not a guarantee of the quality of care that will be provided to individual patients. Providers are solely responsible for any treatment provided and are not agents of Cigna Healthcare.
4. Cigna Healthcare provides access to virtual doctor visits through national telehealth providers as part of your plan. Providers are solely responsible for any treatment provided to their patients. Video chat may not be available in all areas or with all providers. This service is separate from your health plan's network and may not be available in all areas. A primary care provider referral is not required for this service. Refer to plan documents for complete description of virtual care services and costs. Services may be available on an in-person basis or via telehealth from the enrollee's primary care provider, treating specialist, or from another contracting individual health professional, contracting clinic, or contracting health facility consistent with California law. Enrollees that have coverage for out-of-network benefits may receive services either via telehealth or on an in-person basis using the enrollee's out-of-network benefits. Note: out-of-network benefits, if available, will generally include higher out-of-pocket financial responsibility and no balance-billing protections. Please refer to your benefit plan documents for specific information about your benefit plan and out-of-network benefits.
5. The Lifetime (LTM) Increase for Fertility Medical Services and Prescription Drugs is Effective July 1, 2025.
6. WINFertility is an independent third-party service provider. Cigna Healthcare does not endorse or guarantee the products or services of any third parties and is not liable for any such products or services. WINFertility and its providers are solely responsible for any treatment provided to their patients. Benefits are subject to plan terms and conditions, including exclusions and limitations.
7. Employee assistance program services are in addition to, not instead of, your health plan benefits. These services are separate from your health plan benefits and do not provide reimbursement for financial losses.
8. Subject to age and frequency limits.

This information is for educational purposes only. It's not medical advice. Always ask your doctor for appropriate examinations, treatment, testing and care recommendations.

All Cigna Healthcare products and services are provided exclusively by or through operating subsidiaries of The Cigna Group. All pictures are used for illustrative purposes only.

980996 c 08/26 © 2026 Cigna Healthcare. Some content provided under license.