The JPMorgan Chase Prescription Drug Plan

► Effective January 1, 2010 (CVS Caremark web site version)

October 2009

OVERVIEW

This Bulletin provides an overview of, as well as detail on changes to, the JPMorgan Chase Prescription Drug Plan administered by CVS Caremark for participants enrolled in the Medical Plan's Point-of-Service (POS) or Exclusive Provider Organization (EPO) Options beginning January 1, 2010.

If you elect coverage in the JPMorgan Chase Medical Plan's Point-of-Service (POS) High or Low Option or the Exclusive Provider Organization (EPO) Option, your prescription drug coverage is provided through the Prescription Drug Plan, administered by CVS Caremark. This coverage gives you the option of having prescriptions filled at a retail pharmacy or through a convenient mail order program.

If you elect coverage under the Consumer Driven Health Option (CDHO) or a Health Maintenance Organization (HMO) Option*, your prescription drug coverage is provided directly through your Medical Plan option and the information included here **does not apply** to your prescription drug coverage benefits. Please refer to the Health Plan Comparison Charts on the Benefits Web Center (please see page 5 for access instructions) or Aetna's CDHO web site at www.MyAetnaBenefit.com for details about your coverage.

*HMOs under the JPMorgan Chase Medical Plan include: BCBS HMO IL, BCBS HMO Blue Advantage CO, and all Kaiser Permanente and Group Health plans.

This Bulletin describes certain plan changes and related transition issues that may impact your coverage if you or a covered dependent use the following medications:

- Long-term medications such as those used for asthma, contraception, depression, diabetes, high blood pressure, or cholesterol
- Proton pump inhibitors (PPIs) or H2 blockers such as Nexium, omeprazole, Aciphex, Prevacid, or Zantac used for acid reflux, ulcers, or GERD
- Specialty medications for conditions such as multiple sclerosis, rheumatoid arthritis, growth hormone deficiency, and other immune deficiencies

You should consider the impact of these changes to your out-of-pocket costs and plan your contributions to the Health Care Spending Account accordingly. Please see page 4 for more information about enrolling in the Health Care Spending Account.

These changes may help lower your out-of-pocket prescription costs and help you stay compliant with your maintenance medications, with the long-term goal of keeping coverage affordable for the future. You can also take part in reducing your prescription drug costs by:

☑ Choosing generic drugs over their more expensive, name-brand counterparts

ITrying effective, lower-cost drugs first

LONG-TERM (MAINTENANCE) MEDICATIONS

Long-term (or maintenance) medications are taken or prescribed on a regular, recurring basis, such as those taken for high blood pressure and those meant for lowering cholesterol. Examples of maintenance medications include Lipitor, Lexapro, and Nexium. To determine if the medication you are taking is considered a maintenance medication, please view the Maintenance Drug List on www.caremark.com/jpmc or contact CVS Caremark's customer care department (see page 5 for contact information). You will also be notified by CVS Caremark if you have recently taken a maintenance medication.

What's Changing?

One of the best features of the Prescription Drug Plan is the discount available for prescriptions purchased in bulk by CVS Caremark and fulfilled through the Mail Order Program. Using this program saves both you and JPMorgan Chase money. Beginning January 1, 2010, if you are taking a maintenance medication, you must obtain a 90-day supply by mail through CVS Caremark's Mail Order Program (or at a CVS/pharmacy). **Please Note:** The annual deductible applicable to retail prescriptions does not apply to a 90-day supply obtained at a CVS/pharmacy.

As part of this change, beginning in January 2010 you will be able to obtain two 30-day supplies at your current network pharmacy (by paying retail prescription rates). This will give you and your doctor the ability to confirm that the medication and dosage is right for you, prior to filling a long-term prescription. After that, you will no longer have coverage for those medications unless you obtain a 90-day supply via the Mail Order Program or at a CVS/pharmacy. This applies not only to drugs you are currently receiving, but also to future new prescriptions.

The table below provides examples of estimated cost savings when you obtain your maintenance medications via mail order instead of through a retail pharmacy.

Medication	Estimated cost for a 30-day supply x 3 refills at a retail pharmacy (90-day supply)	Mail Order-CVS/pharmacy (90-day supply)	Annual Savings (for four 90-day supplies)
Lipitor (10 mg)	\$73	\$64	\$36
Advair (500/50)	\$221	\$192	\$116

Making the Transition: Long-Term (Maintenance) Medications

- If you are unsure if your medication is considered a maintenance drug, view the Maintenance Drug List on www.caremark.com/jpmc or contact CVS Caremark's customer care.
- You can determine the cost of any medication by going to CVS Caremark's web site www.caremark.com/jpmc and selecting "Check Drug Cost." Please Note: Costs may vary at different retail pharmacies.
- If you have recently taken a maintenance medication, CVS Caremark will send a letter to your home address later this year further introducing this program.
- CVS Caremark will also send reminders if you obtain a 30-day supply of medication subject to the 90-day requirement in 2010.

If Your Medication is Maintenance and You Are	You
Already using the Mail Order Program for your long-term/ maintenance medications	 Are using the most cost effective delivery method and no change is required Have the option to obtain the 90-day supply at a CVS/pharmacy at the same cost
Currently obtaining a 30-day supply at a CVS/pharmacy	 Can obtain up to two 30-day supplies from a CVS/pharmacy beginning in January 2010 Your CVS/pharmacy will contact your doctor to obtain a 90-day prescription which you can continue to pick up at that location You'll have the option to obtain the 90-day supply delivered to your home via mail order by calling CVS Caremark customer service
Currently obtaining a 30-day supply at another network pharmacy (i.e., not a CVS/ pharmacy)	 Can obtain up to two 30-day supplies from your current network pharmacy after January 1, 2010 Must obtain a 90-day supply from CVS Caremark's Mail Order Program or at a CVS/pharmacy in order to continue to have that medication covered after obtaining two 30-day supplies as mentioned above Call CVS Caremark customer service (see page 5 for contact information) or go to a CVS/pharmacy for assistance in obtaining a 90-day prescription from your doctor

PPIs AND H2 BLOCKERS (FOR STOMACH ACID-RELATED CONDITIONS)

Proton Pump Inhibitors (PPIs) and H2 blockers are used for the prevention and treatment of acid-related conditions such as heartburn, acid reflux, gastroesophageal reflux disease (GERD), or ulcers. If modifying your food choices or sleep habits, smoking cessation, and/or weight loss don't help, there are a variety of medication options, including non-prescription antacids (not covered under the Prescription Drug Plan), acid-reducing H2 blocker drugs, and PPI medications (please see page 3 for examples).

What's Changing?

Lower Cost for Generic PPI and H2 Blockers

Starting January 1, 2010, generic PPI and H2 blocker medications will be moved to the **generic copay** tier. Currently, they are included in the **non-preferred brand** tier. Brand name medications will remain in the **non-preferred brand** tier. Your cost each of these tiers is as follows:

- Generic Tier: You pay the lower of the actual cost, or \$10 for a 30-day supply/ \$20 for a 90-day supply.
- Non-Preferred Brand Tier: You pay 45% of the cost (up to a maximum of \$150 retail, \$375 mail order) per prescription.

Please Note: PPI and H2 blockers are also subject to the maintenance medications changes described on page 1.

The chart below shows the 2010 coverage for each category, as well as examples of each type of medication.

Category	Non-Prescription/ Over-the-Counter Medications	Generic Medications	Corresponding Brand Name Medications
2010 Prescription Drug Plan Coverage	Not covered	Generic Tier	Non-Preferred Brand Tier
Examples: Antacids	Maalox, Mylanta, Rolaids, Tums	N/A	N/A
Examples: H2 blockers	Tagamet HB, Pepcid AC, Axid AR, Zantac 75	cimetidine famotidine nizatidine ranitidine	Tagamet Pepcid Axid Zantac
Examples: PPIs	Prilosec OTC, OTC omeprazole	Prescription omeprazole pantoprazole lansoprazole* *expected to be available January 2010	Prilosec Protonix Prevacid

Increased Cost for Certain Brand Name PPIs in 2010

The various PPI medications are generally equivalent in effectiveness and safety, but vary greatly in cost. Manufacturer drug pricing can vary based on plan design. As a result, the cost for some brand name PPI drugs is anticipated to go up substantially in 2010. Please see the chart below.

Brand Name PPI	2009 estimated Member Cost (90-day supply)	2010 estimated Member Cost (90-day supply)
Kapidex	\$65	\$135
Nexium	\$130	\$191
Prevacid	\$100	\$194

Costs are estimates only and may vary

You may want to check with your doctor to see if a lower cost alternative is appropriate for your condition.

PPI Step Therapy Program

Another change effective January 1, 2010 will be the introduction of a PPI Step Therapy Program to encourage the use of effective, lower-cost alternatives to brand name medications. To receive coverage for a newly-prescribed brand name PPI, your doctor will be consulted and you will be required to try a generic PPI first. If you do not do so, coverage for your brand name PPI may be denied and you will have to pay the full cost. **Please Note:** If you have previously tried a generic PPI, the review may indicate you will not be subject to the step therapy program. If you are already taking a brand name PPI as of December 31, 2009, you will not be required to obtain approval for your current medication.

Making the Transition: PPI Step Therapy Program

- If you are currently taking a brand name PPI as of December 31, 2009, you will not be required to obtain approval for your current medication, and your brand name PPI will continue to be covered according to the plan provisions. However, since the cost for some brand name PPIs will increase as described above, you may want to work with your provider to see if a lower cost alternative might be appropriate.
 - If your doctor later prescribes a different brand name PPI, the step therapy program must be used before that brand name medication will be covered.
- The first time you are prescribed a brand name PPI (or if you change to a different brand name PPI):
 - The Step Therapy Program will apply, and CVS Caremark will work with your physician to obtain the necessary information for their review to determine the need for a brand name PPI.

SPECIALTY GUIDELINE MANAGEMENT PROGRAM

Specialty drugs were originally developed for rare diseases such as hemophilia and Gaucher Disease; but they are now being used to treat complex but more common conditions such as asthma, infertility, psoriasis, rheumatoid arthritis, multiple sclerosis, growth hormone disorders, hepatitis C, pulmonary arterial hypertension (PAH), and respiratory syncytial virus (RSV). They are powerful biotech drugs that are high cost and often self-injected. They may require refrigeration or special handling, and are not generally dispensed through a retail pharmacy. A list of specialty medications is available on CVS Caremark's web site at www.caremark.com/jpmc.

(continued)

What's Changing?

A Specialty Guideline Management Program will be introduced to help ensure responsible utilization taking into account safety, efficacy, and appropriateness of the prescription medication. CVS Caremark will work with your physician to obtain the necessary clinical information for their review, which will ensure the medication is being prescribed in accordance with nationally recognized clinical guidelines before coverage is provided. This review may determine that other medications are more appropriate, and thus deny coverage for the specialty medication.

Making the Transition: Specialty Guideline Management Program

- If you are taking a specialty drug as of December 31, 2009, you will not be required to obtain approval for that drug.
- The first time your doctor prescribes a specialty drug (or a *different* specialty drug is prescribed), the program review and approval process must occur before the prescription is obtained.

YOUR 2010 PRESCRIPTION DRUG COVERAGE AT A GLANCE

Aside from the changes described in the previous pages of this Bulletin, the general design of the Prescription Drug Program will remain the same. The following table provides a summary of the provisions under the JPMorgan Chase Prescription Drug Plan effective January 1, 2010. Some medications are not covered, require prior authorization, or have quantity or lifetime limits. You can learn full details about the Prescription Drug Plan on the CVS Caremark web site. For a list of limitations and exclusions, please see the "Medical Plan" section of **Your Guide to Benefits at JPMorgan Chase**, available on the Benefits Web Center. Please see page 5 for access information.

	In-Network	
Retail (Limit of two fills for each maintenance medication)	 Annual Deductible: \$50 individual/\$100 individual + one adult / \$100 individual + child(ren)/\$150 family 	
	• Generic: 100% covered after deductible and \$10 copay ¹	
	 Preferred Brand Name: 70% covered (you pay 30%) after deductible (\$100 maximum copay) 	
	 Non-Preferred Brand Name: 55% covered (you pay 45%) after deductible (\$150 maximum copay) 	
	● Up to a 30-day supply	
Mail Order (or CVS/	No Deductible	
Pharmacy)	• Generic: 100% covered after \$20 copay ¹	
(Generally for a 90-day supply of long-term maintenance	• Preferred Brand Name: 70% covered (you pay 30%) (\$250 maximum copay)	
medications)	Non-Preferred Brand Name: 55% covered (you pay 45%) (\$375 maximum copay)	
	● Up to a 90-day supply	
Annual Out-of-Pocket Maximum ²	\$2,000 individual	
	\$4,000 individual + one adult	
(for Retail and Mail Order	\$4000 individual + child(ren)	
combined)	\$6,000 family	

You pay the lower of actual cost or generic copay

Important Reminder: If you enroll in the Health Care Spending Account, you can pay for out-of-pocket prescription drug expenses with before-tax dollars

You may want to consider enrolling in the JPMorgan Chase Health Care Spending Account during this benefits enrollment period. Health Care Spending Account contributions are taken on a before-tax basis, lowering your taxable income, and can be used to pay for eligible prescription drug expenses (including copayments, deductibles, and coinsurance for prescription drugs) as well as many over-the-counter medications. More information about the Health Care Spending Account is available in the "Participating in the Health Care and Child/Elder Care Spending Accounts" Bulletin on My Rewards @ Work, the Benefits Web Center, and HR & Personal > Benefits. Please see page 5 for access instructions.

Please Note: It is important that you plan your contributions carefully—any amounts not used by March 15 of the following year will be forfeited.

² Annual out-of-pocket maximum includes copayments and coinsurance for covered drugs but does not include the annual retail deductible or costs for non-covered or over-the-counter drugs. Also, it is not combined with the JPMorgan Chase Medical Plan out-of-pocket costs/limits.

Prescription Drug Information Online:

Visit the JPMorgan Chase, CVS Caremark web site at www.caremark.com/jpmc and:

- Read coverage provisions;
- View the JPMorgan Chase Drug List of Preferred Brand drugs;
- View a list of maintenance medications;
- View a list of specialty medications;

- Check the cost of retail and mail order medications;
- Locate CVS and network pharmacies in your area; and
- Find out how to obtain mail order and specialty medications.

Go to www.caremark.com and register for access to the member site, where you'll find helpful tips and information, such as a prescription history report for spending account reimbursement or tax purposes. (**Please Note:** Information listed on your CVS Caremark ID card is required in order to register for the site.) General information on a variety of health topics is also available at:

- The "Drug Information Center" to learn about various medications
- "Cool Tools" for interactive features, calculators, quizzes, and health diaries

After you start having prescriptions filled, you can access a personalized report based on your prescription usage history with CVS Caremark. The report tracks the prescriptions you have filled while a participant in the JPMorgan Chase Prescription Drug Plan. It identifies savings opportunities, such as the availability of lower cost generic drugs to be substituted for brand-name drugs. The information is available on the "Savings Center" section of the CVS Caremark web site. It will also be mailed to your home address on a quarterly basis and can be used to discuss cost-effective alternatives with your doctor

Prescription Drug Information By Phone:

You can reach a CVS Caremark Customer Service Representative 24 hours a day, seven days a week at 1-866-209-6093.

Additional Resources

Listed below are additional details about the other benefit resources mentioned in this Bulletin:

The Benefits Web Center is your source for enrollment information, including the Health Plan Comparison Charts. You can also view your health care options, make elections, or make changes to your assigned coverage for 2010. You can access the Benefits Web Center:

- From Work: Go to Company Home > My Rewards @ Work
- From Home: Go to www.MyRewardsAtWork.com

The Benefits Call Center is available if you do not have web access or if you have general questions about your medical or prescription drug coverage. Please Note: If you have specific questions about prescription drug coverage, please contact CVS Caremark (please see contact information above).

You can reach the Benefits Call Center at 1-877-JPMChase (1-877-576-2427). (*Quick Path*: Enter your Standard ID or Social Security number, Press 1, enter PIN, Press 1.) Representatives are available Monday through Friday, from 8 a.m. to 7 p.m. Eastern Time, except certain U.S. holidays. (The TDD number for individuals with a hearing impairment is 1-800-719-9980.)

The JPMorgan Chase U.S. Benefits Program is available to most full-time and part-time U.S. dollar-paid, salaried employees who are regularly scheduled to work 20 hours or more a week and who are employed by JPMorgan Chase & Co. or one of its subsidiaries to the extent that such subsidiary has adopted the JPMorgan Chase U.S. Benefits Program. This information does not include all of the details contained in the applicable insurance contracts, plan documents, and trust agreements. If there is any discrepancy between this information and the governing documents, the governing documents will control. JPMorgan Chase & Co. expressly reserves the right to amend, modify, reduce, change, or terminate its benefits and plans at any time. The JPMorgan Chase U.S. Benefits Program does not create a guarantee of employment between JPMorgan Chase and any individual. JPMorgan Chase or you may terminate the employment relationship at any time.

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