



COBRA Benefits Enrollment Guide

2026

For Employees of Local 140, 459, 777 and 777 Call Center

WE ARE
THE FUTURE OF ENERGY

FirstEnergy[®]

Benefit Changes for 2026



VISION ENHANCEMENT

- VSP will now offer the VSP Lightcare program effective January 1, 2026. Covered dependents will be eligible to use their frame/lens allowance for readymade non-prescription sunglasses or blue light filtering glasses, in lieu of prescription glasses or contacts.
- The allowance has also increased on frames/contacts from \$180/year to \$200/year.

Benefit Plans



Medical

You have the option to enroll in medical plans sponsored through your union in addition to the Consumer HDHP plan sponsored by FirstEnergy.

Information regarding choice of union-sponsored medical plans is not included in this guide but it will be provided to you directly by the plan administrator.

Anthem Blue Cross Blue Shield (Anthem) is the carrier for all FirstEnergy medical plans and Caremark is the carrier for all FirstEnergy Rx plans.

- The differences between the medical options are:
- The premiums you pay
- The annual deductible amounts
- The way the deductibles work
- The annual out-of-pocket maximum amounts

Anthem BlueCross BlueShield



1-866-236-4365



www.anthem.com



Sydney Health app

Anthem's Network

If you use physicians and medical facilities that are in the Anthem network, you will pay much less compared to accessing out-of-network care. You can find which doctors and medical facilities are in Anthem's network by visiting www.anthem.com or using the Sydney Health app – and entering the appropriate network name/prefix below. There are three different networks depending on where a plan member resides

State Where You Live	Network Name	Network Prefix
NJ	Horizon Managed Care Network	104
DC MD North VA	BlueChoice Advantage Open Access	110
All others	National PPO (BlueCard PPO)	901

Prescription Drug (Rx)

FirstEnergy's medical plans include prescription drug coverage through CVS Caremark. If you enroll in a HDHP, the prescription drug deductible, coinsurance and out-of-pocket maximum are combined with the medical plan. Prescription drug charges are applied to the combined deductible before benefits are paid. If you elect the Base PPO medical plan, your prescription drug expenses are subject to the deductible, coinsurance and out-of-pocket maximums of the prescription drug plan. Also, no coverage is provided for prescriptions when an over-the-counter medication is available.

Generic Drug Rule

All FirstEnergy prescription drug plans have a generic drug rule. If you choose a non-preferred brand-name drug and there is a generic available, you will pay the brand coinsurance and the difference in cost between the generic and brand-name drug. If a generic is not available, you will pay just the brand coinsurance.

Maintenance Choice Program

If you use maintenance prescription drugs, you have the option of obtaining up to a 90-day supply of maintenance drugs through Caremark mail order, a CVS retail pharmacy, Kroger-affiliated pharmacies and Costco pharmacies, at the same coinsurance charged for mail order prescriptions.

Check Drug Costs Tool

You can search generic, brand, specialty and alternative medications for retail and mail order options in the Check Drug Costs tool. You also can compare the options to get the best value, based on your medication dosage. To access this tool visit Caremark's site or app.

CVS Caremark

Advanced Choice network

Group Number: 7474



1-888-202-1654



www.caremark.com



CVS Caremark app

Medical & Rx Plan Options	
Anthem/Caremark Consumer HDHP	
	Medical & Prescription
Annual Deductible	\$3,300 individual \$6,600 family
Type of Family Deductible	Embedded
Coinsurance	20% after deductible met
Annual Out-of-Pocket Maximum (includes deductible and coinsurance)	\$5,500 individual \$11,000 family
Preventive www.anthem.com/preventive-care/	100% covered with no deductible
Emergency Room Visit	20% after deductible met; \$250 copay if not true emergency
Savings and Spending Plans	Eligible for HSA and Limited Health Care FSA

Contact Anthem or Caremark for all plan details.

Dental

You can choose from two dental options, the Basic Plan and the Plus Plan, administered through Delta Dental. You will be responsible for the full cost of coverage and contributions are deducted pre-tax.

Delta Dental offers two networks that you can use: PPO and Premier. You will receive the best discount if you use PPO dentists. You can search for in-

Delta Dental



1-800-524-0149



www.deltadentaloh.com



Delta Dental Mobile app

network dentists by calling Delta Dental or visiting its website

	Basic Plan		Plus Plan	
Plan Feature	In-Network	Out-of-Network	In-Network	Out-of-Network
Annual Deductible (Individual/Family)	\$100 / \$300	\$200 / \$600	\$50 / \$150	\$100 / \$300
Calendar Year Maximum Benefit (excludes orthodontics)	\$1,000 per person	\$1,000 per person	\$2,000 per person	\$2,000 per person
Orthodontics (up to age 19)	Not covered	Not covered	50% (\$1,500 lifetime max.)	50% (\$1,500 lifetime max.)
Diagnostic & Preventive Services (Your Coinsurance Only – Annual deductible does not apply)				
Dental Examination (Twice per calendar year)	0%	20%	0%	20%
Oral Prophylaxis (Twice per calendar year)				
Bitewing X-rays (Once per calendar year)				
Full-Mouth X-rays (Once every 60 months)				
Basic Restorative Services (Your Coinsurance after deductible)				
Amalgam Fillings (under local anesthesia)	50%	70%	20%	40%
Resin Fillings (under local anesthesia)				
Denture Reline and Repair				
Major Restorative Services (Your Coinsurance after deductible)				
Crowns*, Caps, Implants	75%	Not Covered	50%	70%
Fixed Bridgework				
Full or Partial Dentures				

* Porcelain crowns are not covered on posterior teeth.
Contact Delta Dental with any questions.

Vision

FirstEnergy offers two levels of vision coverage – Basic Vision and Supplemental Vision, provided by VSP.

You can find participating providers by calling VSP or visiting its website. Your provider will use your Person Number to verify eligibility. To register on [VSP.com](http://www.vsp.com) use your Person Number, preceded by zeros to make a 9-digit number.

VSP

Choice Network



1-800-877-7195



www.vsp.com



VSP.com mobile site

Plan Feature	Basic Vision		Supplemental Vision*	
	In-Network	Out-of-Network	In-Network	Out-of-Network
Eye Exam (per calendar year)	\$50 copay with purchase of complete pair of glasses or 20% savings without purchase	Not covered	\$10 copay	Reimbursed up to \$45
Prescription Lenses (per calendar year)	Single – \$40 copay Bifocal – \$60 copay Trifocal – \$75 copay Lenticular – \$75 copay With purchase of complete pair of glasses	Not covered	Standard progressive – \$0 copay; Premium and custom Progressive – \$25 copay; Anti-reflective – \$25 copay	Reimbursements: Single – up to \$30 Bifocal – up to \$50 Trifocal – up to \$65 Lenticular – up to \$100
Frame (per calendar year)	25% discount With purchase of complete pair of glasses	Not covered	\$200 retail frame allowance (all manufacturers)	Reimbursed up to \$70
Contacts (exam, fitting & materials) (per calendar year instead of glasses)	15% discount on exam; no discount on materials	Not covered	Elective – \$200 allowance; Medically necessary covered in full (must be pre-approved)	Reimbursements: Elective – up to \$105; Medically necessary – up to \$210
VSP LightCare	Not covered	Not covered	\$200 allowance for ready-made non-prescription sunglasses or ready-made non-prescription blue light filtering glasses, in lieu of prescription glasses or contacts. \$25 copay applies.	

*Under the Supplemental Vision Plan, a \$25 copay applies to prescription glasses or contacts. Contact VSP with any questions.