COBRA Benefits Enrollment Guide

2026

For NonBargaining and Locals 50, 118, 126, 245, 304, 792, 1194 and 2357

WE ARE
THE FUTURE OF ENERGY

FirstEnergy®

Benefit Changes for 2026

HIGH-DEDUCTIBLE HEALTH PLAN (HDHP) DEDUCTIBLE INCREASES

Due to the IRS increasing the minimum deductible amounts for high-deductible plans, we are required to increase the deductibles as follows. The Consumer HDHP deductibles have not changed for 2026 and will remain the same.

Enhanced HDHP:

- In-network deductibles increase from $1,650/$3,300 to $1,700/$3,400
- Out-of-network deductibles increasing from $3,300/$6,600 to $3,400/$6,800

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

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

- Anthem/Caremark Consumer HDHP
- Anthem/Caremark Enhanced HDHP
- Anthem/Caremark Base PPO

The differences between the medical options are:

- The premiums you pay
- The annual deductible amounts
- The way the deductibles work
- The way the prescription drug deductibles are satisfied
- The annual out-of-pocket maximum amounts

Compare My Plans

An interactive online modeling tool is available to provide a cost comparison to help determine the best plan for you. Go to comparemyhsa.com/firstenergy to access this tool.

Review the Medical & Rx plan options chart for plan details. Contact Anthem with any questions about the medical plans.

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

Free Specialty Drug Copay Assistance Program for Base PPO Plan Members

CVS Caremark has a partnership with PrudentRx to offer a free copay assistance program that applies to specialty medications dispensed through the CVS Caremark Specialty Pharmacy for Base PPO members.

When a specialty medication is received for a Base PPO plan member, PrudentRx will contact the member for education on the program and to enroll with PrudentRx. After enrolling, PrudentRx will help the member locate and apply for copay assistance.

Plan members who enroll in the PrudentRx program will pay $0 out-of-pocket expenses for specialty medications—regardless of whether manufacturer copay assistance is available.

Specialty utilizers that enroll in the Base PPO plan that do **not** enroll in the PrudentRx Program will pay an annual deductible and 30% coinsurance with no maximum per specialty medication fill.

The PrudentRx program does not apply to the Consumer HDHP or Enhanced HDHP.

Medical & Rx Plan Options	Anthem/Caremark Consumer HDHP	Anthem/Caremark Enhanced HDHP	Anthem/Caremark Base PPO	
In-Network Care				
	Medical & Prescription	**Medical & Prescription**	**Medical**	**Prescription**
Annual Deductible **Type of Family Deductible**	$3,300 individual $6,600 family Embedded	$1,700 individual $3,400 family* Non-Embedded/True	$750 individual $1,500 family Embedded	**Retail**: $100/200 **Mail order**: $0 **Specialty**: $100/200**
Coinsurance	20% after deductible met	20% after deductible met	20% after deductible met	**RETAIL** (up to a 30-day supply with 1 refill) Generic: 30% with a $5 minimum Preferred: 30% with a $15 minimum Brand: 30% with a $30 minimum Maximum per retail Rx: $100 **MAIL ORDER** (up to a 90-day supply) Generic: 20% with a $12.50 minimum Preferred: 25% with a $37.50 minimum Brand: 25% with a $75 minimum Maximum per mail order Rx: $200 **SPECIALTY** (up to a 30-day supply) 30%** No minimum or maximum per Rx
Annual Out-of-Pocket Maximum (includes deductible and coinsurance)	$5,500 individual $11,000 family	$4,500 individual $9,000 family	$3,500 individual $7,000 family	$3,000 individual $6,000 family
Preventive www.anthem.com/preventive-care/	100% covered with no deductible	100% covered with no deductible	100% covered with no deductible	100% covered with no deductible
Emergency Room Visit	20% after deductible met; $250 copay if not true emergency	20% after deductible met; $250 copay if not true emergency	20% after deductible met; $250 copay if not true emergency	n/a
Savings and Spending Plans	Eligible for HSA and Limited Health Care FSA	Eligible for HSA and Limited Health Care FSA	Eligible for Health Care FSA	

*The entire non-embedded/true family deductible must be met (by any combination of family members) before the plan will begin paying coinsurance.

**Base PPO plan members that enroll with PrudentRx pay no deductible or copay for specialty medications.

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-network dentists by calling Delta Dental or visiting its website.

Delta Dental

1-800-524-0149

www.deltadentaloh.com

Delta Dental Mobile app

	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 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

	Basic Vision		Supplemental Vision*	
Plan Feature	**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.