

# 2026 Benefits

## Enrollment Guide

*Benefits enrollment  
information for  
FirstEnergy plans*



Retiree RAEX AYE Executives Closed No Advocate

***FirstEnergy***<sup>®</sup>

## In This Guide:

This enrollment guide provides a summary of your 2026 benefit plan options along with the directions to make your benefit elections during the upcoming open enrollment period which is November 3-17 at 5 p.m. EST.

## Open Enrollment Period

This year the benefits open enrollment period will begin Monday, November 3 and end at 5 p.m. EST on Monday, November 17.

## Open Enrollment Information

The FirstEnergy plan(s) you are currently enrolled in will continue into 2026. No action is required if you do not need to make any changes to your current benefits. You do not need to call the HR Help Desk if you would like to remain in the plan(s) you are currently enrolled in. The 2026 premiums/contributions will be deducted from your monthly pension check or will be reflected on your monthly WageWorks statement.

**Note:** This guide is intended only as a general summary. It is not a contract or guarantee of any kind. The benefits and programs described are not vested and are subject to modification or termination by the company at any time without advance notice.

## Dependent Eligibility

You can enroll your eligible dependents for coverage.

Your dependents include:

- Legal spouse or domestic partner. You will be responsible for payment of applicable income taxes as a result of FirstEnergy providing health care benefits to your domestic partner.
- Your children up to age 26, including adopted children, foster children, stepchildren and children for which you have legal custody.
- Your unmarried children age 26 and older who are incapable of self-support due to a physical or mental disability. Proof of incapacitation must be provided to Anthem before the child becomes ineligible at age 26. If your dependent is incapable of self-support, contact Anthem to complete the necessary forms.

## Add a Dependent to Benefits

If you need to add a dependent to your benefit plans, click on the Help Center icon in Empower and type in **Add a Dependent** for step-by-step directions. You will need to add the name, date of birth and social security number into **People to Cover**. Then you will need to upload the required documentation proving the dependent is eligible as a Document Record. Marriage certificates are required for spouses. Birth certificates are required for children.

## Remove a Dependent from Benefits

If you need to remove a dependent from your benefits, uncheck the box beside their name when you make your benefit elections.

## Open Enrollment Steps

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Your 2025 benefits elections will carry over to 2026. If you do not need to make any changes, you do not need to call the HR Help Desk and you do not need to log into Empower.

### Step 1: Review Your Benefits Enrollment Guide

The rates for the 2026 plans can be found in the Empower system in Step 2.

### Step 2: Make Your Benefit Elections During Open Enrollment

#### **Nov. 3—17 at 5 p.m. EST**

Log into Empower during the open enrollment period to make any benefit changes needed for 2026. You can log into Empower:

1. By scanning the QR code below with the camera app on a mobile device
2. By visiting [www.FERetirees.com/resources](http://www.FERetirees.com/resources) then click the blue EMPOWER LOGIN button

*Contact the HR Help Desk at 1-800-543-4654 if you need assistance logging into Empower.*

Once you are in the Empower system, click the **Benefits** tile under the Me tab, then Click **Enroll Now to make open enrollment benefit elections**. For assistance with step-by-step directions regarding how to enroll, click on the Help Center icon (see below) inside the Empower system then type **Make and Submit Your Benefits Elections**. This will walk you step-by-step through the enrollment process in Empower.

### Step 3: View/Save/Print Your Benefits Confirmation Statement

You can view, save and print a benefits confirmation statement by clicking on the Help Center icon in Empower (see below) and typing **Review Benefits Enrollments**. Push down the CTRL and S key at the same time to save this information. Push down the CTRL and the P key to print this information.

#### **QR CODE TO LOG INTO EMPOWER**



#### **HELP CENTER IN EMPOWER**



## MEDICAL—2026 Changes for the Anthem/Caremark Plans

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Your 2025 benefits elections will carry over to 2026. If you do not need to make any changes, you do not need to call the HR Help Desk and you do not need to log into Empower.

Beginning in 2026, our medical plan will be updated to ensure it remains competitive and continues to provide strong support for employee health and well-being.

- Eliminating member cost share for telehealth visits
- Implementing a 90-visit combined limit per year for occupational, physical and speech therapy visits
- Implementing a 30-visit limit per year for chiropractic manipulations
- Implementing a \$30,000 limit for bone marrow transplant donor search fee
- Eliminating out-of-network coverage for bone marrow transplant donor search fees
- Eliminating coverage for temporomandibular joint (TMJ) appliances
- Limiting coverage for glasses/contacts after cataract surgery to one occurrence per surgery
- Implementing a 30-day limit per year for inpatient medical rehabilitation
- Increasing the home health care visit limit from 100 to 120 visits per year
- Implementing a requirement to use Blue Distinction network for bariatric surgery
- Increasing the skilled nursing facility limit from 60-day to 120-day limit per year
- Implementing the Blue Distinction Orthopedic MSK Program that will provide better plan design coverage for utilizing Center of Excellence providers for knee and hip replacements as well as certain spinal procedures

Anthem Network Change for New Jersey, Washington DC, Maryland and North Virginia - Effective Jan. 1, 2026, FirstEnergy will be transitioning from the Anthem Blue Card PPO Network to the Horizon Managed Care Network in New Jersey and BlueChoice Advantage Open Access in Washington DC, Maryland and North Virginia. This means that employees who utilize providers within these areas will receive a high level of benefits and greater cost savings.

Impacted employees and their covered dependents will receive new medical ID cards reflecting the new network before the end of December. To locate or verify if your provider is in the new network, visit [Anthem.com](https://www.anthem.com) or open the Sydney Health app, click Find Care and enter the appropriate network name or prefix below. Employees can also contact Anthem at 1-866-236-4365 with any network questions.

States	Network Name	Prefix
New Jersey	Horizon Managed Care Network	104
Washington DC Maryland North Virginia	BlueChoice Advantage Open Access	110
All other states	BlueCard PPO	901

## Rx—2026 Changes for the Anthem/Caremark Plans

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Beginning in 2026, our prescription plan will be updated to ensure it remains competitive and continues to provide strong support for employee health and well-being. The goal is to continue to offer a robust, clinically appropriate, pharmacy benefit while carefully evaluating and responding to changes in the pharmacy landscape.

- Implementing a prior authorization for all weight loss medications, including GLP-1 medications approved as weight loss treatment (e.g. Wegovy, Saxenda)
- Implementing utilization management to ensure GLP-1 medications approved as diabetes treatment are reserved for diabetic patients (e.g. Ozempic, Mounjaro)
- Implementing quantity limits, step therapy, and/or prior authorization for continuous glucose monitors, disposable insulin pumps, select dermatologic treatments, Auvi-Q (an allergic reaction treatment), and other select medications that have clinically appropriate therapeutic alternatives



## Medical

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


- Anthem/Caremark Base PPO
- Anthem/Caremark Medicare Preferred PPO

In-network preventive care is covered at 100% – with no requirement to satisfy a deductible. However, if a diagnosis is detected during a preventive exam, the services would be subject to deductible and coinsurance. A list of in-network preventive care can be found at [www.anthem.com/preventive-care](http://www.anthem.com/preventive-care).


### Anthem/Caremark Base PPO

In the Base PPO medical plan, you are required to satisfy your annual deductible before the plan begins paying 80% of your eligible in-network expenses. For two person or family coverage, the deductible can be satisfied by any combination of family members, but an individual would never need to satisfy more than the individual deductible or out-of-pocket amount.

### Anthem Base PPO

 1-866-236-4365

 [www.anthem.com](http://www.anthem.com)

 Sydney app

## Medicare Eligibility

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**Any retiree or dependent of a retiree who becomes eligible for Medicare must enroll in Medicare Parts A and B.** You must notify the company if you or any dependent becomes Medicare eligible during the year.

## Medical Plan Description

	<b>Anthem/Caremark Base PPO</b>
<b>In-Network Care</b>	<b>You pay:</b>
<b>Annual Deductible</b>	\$750 individual \$1,500 family
<b>Coinsurance</b>	20% after deductible met
<b>Out-of-Pocket Maximum</b> (includes deductible and coinsurance)	\$3,500 individual \$7,000 family
<b>Preventive/Wellness Care</b> (not subject to deductible)	100% covered
<b>Emergency Room Visit</b>	20% after deductible met; \$250 copay if not true emergency
<b>Inpatient &amp; Outpatient Care</b>	20% after deductible met
<b>Out-of-Network Care*</b>	<b>You pay:</b>
<b>Annual Deductible</b>	\$1,500 individual \$3,000 family
<b>Coinsurance</b>	40% after deductible met
<b>Out-of-Pocket Maximum</b> (includes deductible and coinsurance)	\$6,500 individual \$12,500 family
<b>Preventive/Wellness Care</b> (not subject to deductible)	Not covered

*\*All out-of-network care is subject to usual and customary limitations.*



## Medical/Rx continued

### Anthem Medicare Preferred PPO

You will receive the highest level of benefits for care received in network. If you were receive care out of network, certain services will have a lower level of benefits. Please review the chart on the following page for details. If you are eligible and enrolled in Medicare, you should consider the Anthem Medicare Preferred PPO plan.

- You will have a low fixed copayment or coinsurance for a broad level of coverage.
- Your out-of-pocket costs may be less than if you enroll in the Anthem Base PPO plan or in the original Medicare plan and buy a Medigap policy.
- If your doctors and medical facilities accept Medicare, you may continue receiving care from them.
- You have access to check providers who participate in the Anthem Medicare Preferred PPO by contacting Anthem at 1-866-845-8608.


In addition, because Anthem will be the sole payer, you will not experience primary/secondary payer issues. There is only one payer, so you will not have to worry about submitting your claims to Medicare as primary and FirstEnergy's Medicare Preferred PPO plan as secondary.

If you are interested in the Anthem Medicare Preferred PPO, it is very important that you contact all your doctors to verify that they accept Medicare before enrolling in the plan.


When you join the Anthem Medicare Preferred PPO plan, you must use your Anthem Medicare Preferred PPO ID card which you will receive at the end of December – not your Medicare card. Anthem will pay the physician/hospital directly for the eligible covered charges.

If you are enrolled and wish to remain in the Anthem Medicare Preferred PPO plan, you don't need to do anything.

## Anthem Medicare Preferred PPO

 1-866-845-8608

 [www.anthem.com](http://www.anthem.com)

 Sydney app

### Who is Eligible for this Coverage?

The Anthem Medicare Preferred PPO is offered to retirees who remain eligible for coverage through FirstEnergy—and are eligible for and enrolled in Medicare Part A and B. Generally, this means that retirees and spouses who are 65 years of age or older and some younger people with certain disabilities are eligible to enroll in the Base PPO.

### Additional Advantages

The Anthem Medicare Preferred PPO contains wellness programs for retirees at no additional cost, including:

- SilverSneakers – Gain access to fitness clubs and wellness coaching
- Senior Link – Get answers and support on elder care related issues
- First Impressions Welcome Center – Customer Service Line
- 24-Hour Nurseline – Speak with nurses whenever you have a question, no matter the time of day

## Medicare Preferred PPO Plan

Plan Feature	In-Network	Out-of-Network
Annual Deductible	\$200 combined in and out-of-network	\$200 combined in and out-of-network
Out-of-Pocket Maximum	\$5,000 per individual (combined in- and out-of-network)	\$5,000 per individual (combined in- and out-of-network)
Lifetime Maximum	No limit	No limit
Inpatient Hospital Care	\$750 copay per admission, after deductible  \$2,250 maximum out-of-pocket per year combined with inpatient mental health	30% coinsurance per admission after deductible  \$2,750 maximum out-of-pocket per year combined with inpatient mental health
Emergency Room	\$75 copay; no copay if admitted within 72 hours	\$75 copay; no copay if admitted within 72 hours
Inpatient Mental Health/Substance Abuse Services	\$750 copay per admission, after deductible  \$2,250 maximum out-of-pocket per year combined with inpatient mental health	30% coinsurance per admission after deductible  \$2,750 maximum out-of-pocket per year combined with inpatient mental health
Skilled Nursing Facility	\$0 copay day 1-20 \$25 copay days 21-100 per benefit period after deductible	30% coinsurance day 1-100 after deductible
Hospice (must use Medicare-certified hospice)	Benefits provided by original Medicare	Benefits provided by original Medicare
Outpatient Hospital or Surgical Center	\$200 copay after deductible	30% coinsurance after deductible



Medicare Preferred PPO Plan		
Plan Feature	In-Network	Out-of-Network
Urgent Care Visit	\$35 copay; no copay if admitted within 72 hours	\$35 copay; no copay if admitted within 72 hours
Emergency-Ambulance	\$100 copay per one-way trip	\$100 copay per one-way trip
Physical, Occupational and Speech Therapy	\$35 copay after deductible	30% coinsurance after deductible
Chiropractic Visit	\$20 copay	30% coinsurance
Durable Medical Equipment	10% coinsurance after deductible	10% coinsurance after deductible
Home Health Care	No copay after deductible	30% coinsurance after deductible
Primary Care Office Visit	\$20 copay after deductible	30% coinsurance after deductible
Specialist Office Visit	\$35 copay after deductible	30% coinsurance after deductible
Diagnostic X-Rays and Lab	\$35 copay for x-rays and simple diagnostic test. No copay for lab tests, after deductible	30% coinsurance for x-rays and simple diagnostic tests. No copay for lab tests, after deductible
Complex Diagnostic Tests and Radiology	\$100 copay after deductible	30% coinsurance after deductible
Outpatient Mental Health/ Substance Abuse	\$35 copay per visit	30% coinsurance
Annual Wellness Visit (1 exam every 12 months)	No copay	30% coinsurance No deductible
Cervical and vaginal cancer Screening	No copay	30% coinsurance
Breast Cancer Screening (One mammogram every 12 months)	No copay	30% coinsurance No deductible
Colorectal cancer screening and colorectal services	No copay	30% coinsurance No deductible
Video Doctor Visits/LiveHealth Online	\$0 copay No deductible	\$0 copay No deductible




## Prescription Drug


FirstEnergy's medical plans include prescription drug coverage through CVS/Caremark. Your prescription drug expenses are subject to the deductible, coinsurance and out-of-pocket maximums of the prescription drug plan.

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. In addition, no coverage is provided for prescriptions when an over-the-counter medication is available.

### CVS/Caremark

 1-888-202-1654

 [www.caremark.com](http://www.caremark.com)

 CVS Caremark app

### 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 your local CVS pharmacy at the same coinsurance charged for mail order prescriptions.



## Prescription Drug Plan Description

	<b>Rx</b>
<b>Retail</b> (up to 30-day supply with one refill)	<b>You pay:</b>
<b>Annual deductible</b> (Individual/Family)	\$100 / \$200
<b>Generic</b>	30% (\$5 min)
<b>Preferred Brand (Primary)</b> (if no generic is available)	30% (\$15 min)
<b>Non-Preferred Brand</b>	30% (\$30 min)
<b>Maximum per Rx</b>	\$100 per Rx
<b>Mail Order</b> (up to 90-day supply with three refills)	<b>You pay:</b>
<b>Annual deductible</b> (Individual/Family)	None
<b>Generic</b>	20% (\$12.50 min)
<b>Preferred Brand (Primary)</b> (if no generic is available)	25% (\$37.50 min)
<b>Non-Preferred Brand</b>	25% (\$75 min)
<b>Maximum per Rx</b>	\$200 per Rx
<b>Specialty</b> (up to a 30-day supply) Must use Caremark Specialty Pharmacy	<b>You pay:</b>
<b>Annual Deductible</b> (Individual/Family)	\$100/\$200
<b>Generic</b>	20% (\$4.16 min)
<b>Preferred</b>	25% (\$12.50 min)
<b>Non-Preferred</b>	25% (\$25.00 min)
<b>Maximum per Rx</b>	\$66.66 per Rx
<b>Annual Out-of-Pocket Maximum</b>	<b>You pay:</b>
<b>In-Network</b> (Individual/Family)	\$3,000 / \$6,000
<b>Out-of-Network</b> (Individual/Family)	No limit

In addition to coinsurance, participant also is responsible for the difference between the discounted brand price and the average discounted generic price if the participant does not choose to fill prescription with available generic.



## Vision

You automatically receive Basic Vision coverage, provided by VSP, if you enroll in a FirstEnergy medical plan. The Basic Vision plan is offered at no cost to you. Family members enrolled in your medical plan also will receive Basic Vision.

You can find participating providers by calling VSP or visiting its website.

### VSP



1-800-877-7195



[www.vsp.com](http://www.vsp.com)



VSP.com mobile site

Basic Vision		
Plan Feature	In-Network	Out-of-Network
<b>Eye Exam</b> per calendar year	\$50 copay With purchase of complete pair of glasses	Not covered
<b>Prescription Lenses</b> per calendar year	Single – \$40 copay Bifocal – \$60 copay Trifocal – \$75 copay Lenticular – \$75 copay With purchase of complete pair of glasses	Not covered
<b>Frames</b> per calendar year	25% discount With purchase of complete pair of glasses	Not covered
<b>Contacts-exam, fitting &amp; materials</b> per calendar year	15% discount on exam; no discount on materials	Not covered

## Benefits Resources

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### Human Resources Help Desk (HRHD) **1-800-543-4654**

While Human Resources Help Desk (HRHD) representatives can't tell you which benefit options to elect, they can answer benefit-related questions. Contact the HRHD at 1-800-543-4654. After business hours or during high-volume calling periods, you may leave a message on the voicemail and an HR representative will call you back. Please do not leave multiple messages.

### Additional Resources

- Retiree website: [www.feretirees.com](http://www.feretirees.com)
- Pension questions: [pension@firstenergycorp.com](mailto:pension@firstenergycorp.com)

## Legal Notices

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To view the benefit legal notices, go to the Help Desk tab inside Empower. Then type legal notices in the search box in My Knowledge to view all legal notices.

## Benefit Changes due to Life Events

Contact the HR Help Desk if you have a life event mid year that requires a benefit changes. You can change your coverage or dependents after enrollment if you experience a life event such as:

- Marriage
- Divorce
- Birth or adoption
- Death
- Spouse/domestic partner's change in coverage eligibility

If any of these events occur, contact the Human Resources Help Desk **within 31 days of the event**.



