2027 Benefits
Enrollment Guide

Benefits enrollment information for FirstEnergy plans



Retiree CE Group BA Closed No Advocate

FirstEnergy®

In This Guide:

This enrollment guide provides a summary of your 2027 benefit plan options along with the directions to make your benefit elections during the upcoming open enrollment period which is November 2-16.

Open Enrollment Period

This year the benefits open enrollment period will begin Monday, November 2 and ends on Monday, November 16.

Open Enrollment Information

The FirstEnergy plan(s) you are currently enrolled in will continue into 2027. 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 2027 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 for Medicare surviving spouses. 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 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 a 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

Your 2026 benefits elections will carry over to 2027. 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 this Benefits Enrollment Guide

The rates for the 2027 plans can be found in the Empower system in Step 2.

Step 2: Make Your Benefit Elections During Open Enrollment

Nov. 2—16

Log into Empower during the open enrollment period to make any benefit changes needed for 2027. 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 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**. 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

Empower Retiree

HELP CENTER IN EMPOWER



Medical

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 Medicare-Preferred Base PPO plan* for 2027.

- 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 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 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 PPO plan as secondary.

If you are interested in the 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 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.

Important Information

Medicare-eligible retirees cannot be enrolled in Medicare Part D if they elect any plan through FirstEnergy.

Individuals electing the Medicare-Preferred PPO through FirstEnergy cannot participate in another Medicare Advantage or Medigap plan.

If you have questions regarding the Medicare-Preferred PPO, you can call Anthem's "First Impressions" Welcome Center toll-free at 1-866-845-8608.

*The Anthem Medicare-Preferred PPO plan is a PPO plan with a Medicare contract.

Anthem 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- an out-of-network)
Lifetime Maximum	No limit	No limit
Inpatient Hospital Care	$750 copay per admission, after deductible	30% coinsurance per admission after deductible
Inpatient Hospital Care Outpatient Hospital or Surgical	$2,250 maximum out-of-pocket per year $200 copay	$2,750 maximum out-of-pocket per year 30% coinsurance after deductible
Doctor visits—Primary care provider	$20 copay	30% coinsurance per visit
Emergency Room	$75 copay; no copay if admitted within 72 hours	$75 copay; no copay if admitted within 72 hours
Doctor visits—Specialist	$35 copay	30% coinsurance per visit
Inpatient Mental Health/Substance Abuse Services	$2,250 maximum out-of-pocket per year combined with inpatient mental health	$2,750 maximum out-of-pocket per year combined with inpatient mental health
Preventive care	$0 copay	30% coinsurance per visit
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
Emergency Care	$75 copay; no copay if admitted within 72 hours	$75 copay; no copay if admitted within 72 hours
Hospital (must use Medicare-certified hospice)	Benefits provided by original Medicare	Benefits provided by original Medicare
Urgently needed services	$35 copay—$35 copay is waived if admitted to the hospital within 72 hrs for same condition	$35 copay—$35 copay is waived if admitted to the hospital within 72 hrs for same condition
Outpatient Hospital or Surgical Center	$200 copay after deductible	30% coinsurance after deductible
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
Routine vision services	Use Blue View Vision provider **Exams:** $0 copay **Eyewear:** $0 copay for eyewear up to $100 every 2 yrs **Non-elective Contact Lenses:** $0 copay for non-elective contact lenses every two calendar yrs	Member must submit a claim form for reimbursement **Exams:** $0 reimbursement for routine vision exams every yr **Eyewear:** $100 reimbursement for eyewear every 2 yrs **Non-elective Contact Lenses:** 100% reimbursement for non-elective contact lenses every 2 yrs
Physical, Occupational and Speech Therapy	$35 copay after deductible	30% coinsurance after deductible
Chiropractic Visit	$20 copay	30% coinsurance
Durable Medical Equipment	10% coinsurance	10% coinsurance
Home Health Care	No copay after deductible	30% coinsurance after deductible
Skilled Nursing Facility	$0 copay/day for days 1-20 $25 copay/day for days 21-100 per benefit period after deductible. 100 day limit per benefit period	30% coinsurance for days 1-100 per benefit period 100-day limit per benefit period
Primary Care Office Visit	$20 copay after deductible	30% coinsurance after deductible
Specialist Office Visit	$35 copay after deductible	30% coinsurance after deductible
Medicare Part B drugs	20% coinsurance for Part B drugs	20% coinsurance for Part B drugs

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- an out-of-network)
Lifetime Maximum	No limit	No limit
Inpatient Hospital Care	$750 copay per admission, after deductible	30% coinsurance per admission after deductible
Inpatient Hospital Care Outpatient Hospital or Surgical	$2,250 maximum out-of-pocket per year $200 copay	$2,750 maximum out-of-pocket per year 30% coinsurance after deductible
Doctor visits—Primary care provider	$20 copay	30% coinsurance per visit
Emergency Room	$75 copay; no copay if admitted within 72 hours	$75 copay; no copay if admitted within 72 hours
Doctor visits—Specialist	$35 copay	30% coinsurance per visit
Inpatient Mental Health/Substance Abuse Services	$2,250 maximum out-of-pocket per year combined with inpatient mental health	$2,750 maximum out-of-pocket per year combined with inpatient mental health
Preventive care	$0 copay	30% coinsurance per visit
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
Emergency Care	$75 copay; no copay if admitted within 72 hours	$75 copay; no copay if admitted within 72 hours
Hospital (must use Medicare-certified hospice)	Benefits provided by original Medicare	Benefits provided by original Medicare
Urgently needed services	$35 copay—$35 copay is waived if admitted to the hospital within 72 hrs for same condition	$35 copay—$35 copay is waived if admitted to the hospital within 72 hrs for same condition
Outpatient Hospital or Surgical Center	$200 copay after deductible	30% coinsurance after deductible
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
Routine vision services	Use Blue View Vision provider **Exams:** $0 copay **Eyewear:** $0 copay for eyewear up to $100 every 2 yrs **Non-elective Contact Lenses:** $0 copay for non-elective contact lenses every two calendar yrs	Member must submit a claim form for reimbursement **Exams:** $0 reimbursement for routine vision exams every yr **Eyewear:** $100 reimbursement for eyewear every 2 yrs **Non-elective Contact Lenses:** 100% reimbursement for non-elective contact lenses every 2 yrs
Physical, Occupational and Speech Therapy	$35 copay after deductible	30% coinsurance after deductible
Chiropractic Visit	$20 copay	30% coinsurance
Durable Medical Equipment	10% coinsurance	10% coinsurance
Home Health Care	No copay after deductible	30% coinsurance after deductible
Skilled Nursing Facility	$0 copay/day for days 1-20 $25 copay/day for days 21-100 per benefit period after deductible. 100 day limit per benefit period	30% coinsurance for days 1-100 per benefit period 100-day limit per benefit period
Primary Care Office Visit	$20 copay after deductible	30% coinsurance after deductible
Specialist Office Visit	$35 copay after deductible	30% coinsurance after deductible
Medicare Part B drugs	20% coinsurance for Part B drugs	20% coinsurance for Part B drugs

Medicare Preferred PPO Plan		
Plan Feature	**In-Network**	**Out-of-Network**
Podiatry services	$20 copay/visit	30% coinsurance/visit
Routine foot care includes 12 visits/ yr including the cutting or removal of corns and calluses, the trimming, cutting, clipping or debriding of nails	$20 copay	30% coinsurance
Video doctor visits—LiveHealth Online	$0 copay for video doctor visits using LiveHealth Online	$0 copay for video doctor visits using LiveHealth Online
Health and wellness education program—SilverSneakers Membership—Take fitness classes virtually or visit a participating location	$0 copay	Reimbursed up to $10/month for visits to a qualified fitness facility
24/7 NurseLine	$0 copay	$0 copay

Contact Anthem for more details on all plan coverage—including routine hearing services.

Anthem Medicare Preferred PPO

1-866-845-8608

www.anthem.com

Anthem BlueCross and BlueShield app

Anthem

1-866-236-4365

www.anthem.com

Anthem BlueCross and BlueShield app

Medical Plan Comparison

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

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

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 out which doctors and medical facilities are in Anthem's network at its site or phone number and by using the network information to the right.

STATES	NETWORK NAME	PREFIX
NJ	HORIZON MANAGED CARE NETWORK	104
DC, MD, NORTH VA	BLUECHOICE ADVANTAGE OPEN ACCESS NETWORK	110
ALL OTHERS	NATIONAL PPO (BLUECARD PPO)	901



Anthem

☎ 1-866-236-4365

www.anthem.com

Anthem BlueCross and BlueShield app

Anthem/Caremark 100 Option B ***Former name: MMO 90/10 Option B***	
Benefit Period Deductible – Per Covered Person (Three (3) Month Carryover)	$100
Coinsurance	90%
Coinsurance Out-of-Pocket Maximum (Excluding Deductible) – Per Covered Person	$400
Physician/Office Services	
Office Visits & Urgent Care Visits	90% after deductible
All Immunizations	100%
Preventative Services	
Preventative Services, in accordance with state and federal law	100%
Office Visit/Routine Physical Exam (Age 21 and over)	100%
Routine Vision Exam (Age 21 and over)	90% after deductible
All Routine Endoscopic Services (All Ages)	100%
Outpatient Services	
Surgical Services	100%
Diagnostic Services	90% after deductible
Physical/Chiropractic Therapy – First 12 Visits	100%
Physical/Chiropractic Therapy – After 12th Visit	90% after deductible
Occupational Therapy - Facility and Professional	90% after deductible
Speech Therapy – Facility and Professional	90% after deductible
Outpatient Cardiac Rehabilitation - 36 visits per benefit period – Inst; unlimited Prof	90% after deductible
Emergency use of an Emergency Room	90% after deductible
Non-Emergency use of an Emergency Room	90% after deductible
Inpatient Facility	
Semi-Private Room and Board (365 days per confinement with a 90 day renewal)	90% after deductible
Skilled Nursing Facility (730 days per confinement with a 90 day renewal)	90% after deductible



Anthem BlueCross BlueShield

☎ 1-866-236-4365

www.anthem.com

Anthem BlueCross and BlueShield app

Anthem/Caremark 90/10 Option C ***Former name: MMO/Caremark 90/10 Option C***	
Benefit Period Deductible – Single/Family (Three (3) Month Carryover)	$100 / $300
Coinsurance	90%
Coinsurance Out-of-Pocket Maximum (Excluding Deductible) – Single/Family	$400 / $800
Physician/Office Services	
Office Visits & Urgent Care Visits	90% after deductible
All Immunizations	100%
Preventative Services	
Preventative Services, in accordance with state and federal law[1]	100%
Routine Mammogram (One per benefit period)	100%
Routine Pap Test (One per benefit period)	100%
All Routine Lab, X-ray, and medical test (All Ages)	100%
Routine Vision Exam (Age 21 and over)	90% after deductible
All Routine Endoscopic Services (All Ages)	100%
OP Nutritional Counseling	100%
OP Diabetic Education and Training	100%
Outpatient Services	
Surgical Services	100% after deductible
Diagnostic Services	90% after deductible
Physical/Chiropractic Therapy – First 12 Visits	100%
Physical/Chiropractic Therapy – After 12th Visit	90% after deductible
Inpatient Facility	
Semi-Private Room and Board (365 days per confinement with a 90 day renewal)	90% after deductible
Skilled Nursing Facility (730 days per confinement with a 90 day renewal)	90% after deductible
Hospice	100% after deductible



Anthem BlueCross BlueShield

☎ 1-866-236-4365

www.anthem.com

Anthem BlueCross and BlueShield app

Anthem/Caremark 225/450 Option 2 ***Former name: MMO Traditional with Major Medical Option 2***	
Benefit Period Deductible – Single/Family	$225/$450
Coinsurance	100%
Coinsurance Out-of-Pocket Maximum (Excluding Deductible) – Single/Family	$288/$575
Office Visits & Urgent Care Visits	80% after deductible
All Immunizations	100%
Routine Preventive/Wellness Services	100%
Outpatient Services	100%
Diagnostic Services	100%
Physical/Chiropractic Therapy – Facility and Professional	100%
Occupational & Speech Therapy	80% after deductible
Cardiac Rehabilitation Services (36 visits per benefit period – institutional; unlimited – Professional)	100%
Emergency Room Care	$50 Copay, then 100% (copay is waived if admitted)
Non-Emergency use of an Emergency Room	80% after deductible
Inpatient Facility	
Inpatient - Semi-Private Room and Board Including Ancillaries and Christian Science Sanitoria (365 days per confinement with a 90 day renewal) [2]	**$**100 copay per admission, then 100%
Maternity	**$**100 copay per admission, then 100%
Skilled Nursing Facility (365 days per benefit period with a 90 day renewal) [2]	$100 copay per admission, then 100%
Allergy Testing and Treatments	80% after deductible
Ambulance	80% after deductible
Durable Medical Equipment	80% after deductible
Medical Supplies including Jobst Stockings	80% after deductible
Organ Transplant Services	$100 copay per admission, then 100%
Private Duty Nursing	80% after deductible

Anthem BlueCross BlueShield

☎ 1-866-236-4365

www.anthem.com

Anthem BlueCross and BlueShield app

Anthem 90/10 200/400	
Benefit Period	January 1st through December 31st
Dependent Age Limit	26 Removal upon End of Month
Benefit Period Maximum	Unlimited
Benefit Period Deductible – Single/Family	$200 / $400
Coinsurance	90%
Coinsurance Out-of-Pocket Maximum (Excluding Deductible) – Single/Family	$1,050 / $1,600
Physician/Office Services	
Office Visit (Illness/Injury)	90% after deductible
Urgent Care Facility Services	90% after deductible
Maternity Services	100%
All Immunizations	100%
Preventative Services	
Preventative Services, in accordance with state and federal law[1]	100%
Office Visit/Routine Physical Exam (Age 21 and over)	100%

Anthem network name: add here



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.

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.

CVS/Caremark

1-888-202-1654

www.caremark.com

CVS Caremark app

Comparing Medicare and Medicare Part D

For more information on the prescription drug coverage offered through Medicare, Medicare Part D, you can refer to the Medicare website at www.medicare.gov. If you are a Medicare beneficiary, you also may call Medicare toll-free at 1-800-MEDICARE (800-633-4227).

Select One Rx Plan

You are only permitted to be enrolled in one prescription plan—either Medicare Part D prescription plan or a FirstEnergy prescription plan (which you will be enrolled in if you enroll in a FirstEnergy medical plan).

	Rx
Retail (up to 30-day supply with one refill)	**You pay:**
Annual deductible (Individual/Family)	$100 / $200
Generic	30% ($5 min)
Preferred Brand (Primary) (if no generic is available)	30% ($15 min)
Non-Preferred Brand	30% ($30 min)
Maximum per Rx	$100 per Rx
Mail Order (up to 90-day supply with three refills)	**You pay:**
Annual deductible (Individual/Family)	None
Generic	20% ($12.50 min)
Preferred Brand (Primary) (if no generic is available)	25% ($37.50 min)
Non-Preferred Brand	25% ($75 min)
Maximum per Rx	$200 per Rx
Annual Out-of-Pocket Maximum	**You pay:**
In-Network (Individual/Family)	$3,000 / $6,000
Out-of-Network (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

VSP.com mobile site

Basic Vision		
Plan Feature	**In-Network**	**Out-of-Network**
Eye Exam per calendar year	$50 copay With purchase of complete pair of glasses	Not covered
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
Frames per calendar year	25% discount With purchase of complete pair of glasses	Not covered
Contacts- exam, fitting & materials) per calendar year	15% discount on exam; no discount on materials	Not covered

Benefits Resources

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
- Pension questions: pension@firstenergycorp.com

Legal Notices

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.**

