2027 Benefits
Enrollment Guide

Benefits enrollment information for FirstEnergy plans



Retiree L1289 in the Box Open 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 unless you need to make 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. **No need to call Via Benefits until the next bargaining agreement is finalized.** 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 certain Local 1289 retirees. 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*

Dependent Eligibility

You can enroll your eligible dependents for coverage. Your dependents include:

- Legal spouse or 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.

Domestic Partners

You will be responsible for payment of applicable income taxes as a result of FirstEnergy providing health care benefits to your domestic partner.

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 Your 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 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

Empower Retiree

HELP CENTER IN EMPOWER



Medical

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

- Consumer HDHP
- Enhanced HDHP
- Base PPO
- PPO 500 90/10

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

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.

High Deductible Health Plans

The Consumer HDHP and Enhanced HDHP are high-deductible health plans (HDHPs) that combine medical and prescription drug expenses into one plan with one plan design. These plans have lower premiums in exchange for a higher deductible.

Base PPO and 500 90/10 PPO Plan

In the PPO plan options, the medical and prescription plans are separate plans with separate plan designs for medical expenses and prescription expenses.

Anthem

1-866-236-4365

www.anthem.com

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

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

Medicare Eligibility

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 to provide your Medicare ID - which will ensure that your claims pay correctly.

Medical Plan Comparison

	Consumer HDHP	Enhanced HDHP
In-Network Care	**You pay:**	**You pay:**
Annual Deductible	$3,300 individual $6,600 family	$1,750 individual $3,500 family
Coinsurance	20% after deductible met	20% after deductible met
Out-of-Pocket Maximum (includes deductible and coinsurance)	$5,500 individual $11,000 family	$4,500 individual $9,000 family
Preventive/Wellness Care (not subject to deductible)	100% covered	100% covered
Emergency Room Visit	20% after deductible met; $250 copay if not true emergency	20% after deductible met; $250 copay if not true emergency
Inpatient & Outpatient Care	20% after deductible met	20% after deductible met
Out-of-Network Care*	**You pay:**	**You pay:**
Annual Deductible	$6,600 individual $13,200 family	$3,500 individual $7,000 family
Coinsurance	40% after deductible met	40% after deductible met
Out-of-Pocket Maximum (includes deductible and coinsurance)	$10,000 individual $20,000 family	$8,500 individual $17,000 family
Preventive/Wellness Care (not subject to deductible)	Not covered	Not covered

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

Medical Plan Comparison

	Base PPO	PPO 500 90/10
In-Network Care	**You pay:**	**You pay:**
Annual Deductible	$750 individual $1,500 family	$500 individual $1,000 family
Coinsurance	20% after deductible met	10% after deductible met
Out-of-Pocket Maximum (includes deductible and coinsurance)	$3,500 individual $7,000 family	$3,500 individual $6,500 family
Preventive/Wellness Care (not subject to deductible)	100% covered	100% covered
Emergency Room Visit	20% after deductible met; $250 copay if not true emergency	10% after deductible met; $250 copay if not true emergency
Inpatient & Outpatient Care	20% after deductible met	10% after deductible met
Out-of-Network Care*	**You pay:**	**You pay:**
Annual Deductible	$1,500 individual $3,000 family	$1,500 individual $3,000 family
Coinsurance	40% after deductible met	40% after deductible met
Out-of-Pocket Maximum (includes deductible and coinsurance)	$6,500 individual $12,500 family	$6,500 individual $12,500 family
Preventive/Wellness Care (not subject to deductible)	Not covered	Not covered

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

Prescription Drug

FirstEnergy's medical plans include prescription drug coverage through CVS/Caremark. If you enroll in the Consumer 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 or PPO 500 90/10 medical plan, 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

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 Comparison

	Consumer HDHP	Enhanced HDHP
Retail (up to 30-day supply with one refill)	**You pay:**	**You pay:**
Annual deductible (Individual/Family)	$3,300 / $6,600 (combined deductible)	$1,700/$3,400 (combined deductible)
Generic	20%	20%
Preferred Brand (Primary) (if no generic is available)	20%	20%
Non-Preferred Brand	20%	20%
Maximum per Rx	No maximum	No maximum
Mail Order (up to 90-day supply with three refills)	**You pay:**	**You pay:**
Annual deductible (Individual/Family)	$3,300 / $6,600 (combined deductible)	$1,750/$3,500 (combined deductible)
Generic	20%	20%
Preferred Brand (Primary) (if no generic is available)	20%	20%
Non-Preferred Brand	20%	20%
Maximum per Rx	No maximum	No maximum
Specialty (up to a 30-day supply) Must use Caremark Specialty Pharmacy	**You Pay:**	**You pay:**
Annual Deductible (Individual/Family)	$3,300/$6,600 (combined deductible)	$1,750/$3,500 (combined deductible)
Generic	20%	20%
Preferred	20%	20%
Non-Preferred	20%	20%
Maximum per Rx	No Maximum	No maximum
Annual Out-of-Pocket Maximum	**You pay:**	**You pay:**
In-Network (Individual/Family)	$5,500 / $11,000	$4,500/$9,000
Out-of-Network (Individual/Family)	$10,000 / $20,000	$8,500/$17,000
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.		

Prescription Drug Comparison

	Rx for Base PPO & 500 90/10 PPO
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
Specialty (up to a 30-day supply) Must use Caremark Specialty Pharmacy	**You pay:**
Annual Deductible (Individual/Family)	$100/$200
Generic	20% ($4.16 min)
Preferred	25% ($12.50 min)
Non-Preferred	25% ($25.00 min)
Maximum per Rx	$66.66 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.	

Dental

You are eligible for the Basic and Plus Plans, administered through Delta Dental. You will be responsible for the full cost of coverage. You are required to satisfy your annual deductible before the plan begins paying coinsurance for your expenses. Deductibles and coinsurance do not apply to in-network diagnostic and preventive services.

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 life-time max	50% $1,500 lifetime max
Diagnostic & Preventive Services (Coinsurance Only - Annual deductible does not apply)				
Dental Exam (Twice per calendar year)	You pay 0%	You pay 20%	You pay 0%	You pay 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 (Coinsurance after deductible)				
Amalgam Fillings (under local anesthesia)	You pay 50%	You pay 70%	You pay 20%	You pay 40%
Resin Fillings (under local anesthesia)				
Denture Reline and Repair				
Major Restorative Services (Coinsurance after deductible)				
Crowns*, Caps, Implants	You pay 75%	Not Covered	You pay 50%	You pay 70%
Fixed Bridgework				
Full or Partial Dentures				

* Porcelain crowns are not covered on posterior teeth.



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
Frame 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.**

