WE ARE THE FUTURE OF ENERGY

Open Enrollment for 2021 Benefits

For all active FirstEnergy employees

Agenda



- Open Enrollment Process and Resources
- What's New
- Health Care Benefits
 - Medical, Prescription, Tax-advantaged plans, Health Care Contribution, Vision, Dental
- HealthyLiving Wellness
- Other Benefits
 - Life insurance, Disability, Life Resources EAP, Purchased Paid Time Off (PTO), Voluntary Benefits
- Q&A



WE ARE THE FUTURE OF ENERGY

Open Enrollment Process and Resources

General Enrollment Information

Open Enrollment is Oct. 12 – Oct. 26, 2020, closing at 5 p.m.

You MUST TAKE ACTION if you are:

- Adding or deleting dependents
 - Must contact HR Service Center to add dependents at <u>HRService@firstenergycorp.com</u>
- Changing any plan elections
- Contributing to an HSA or FSA
- Wanting to receive your employer health care contribution in a form differently than the default
- Purchasing additional time off in 2021 through the PTO Purchase Program
- Updating your address
 - Employees that have computer access at work can update their own personal address and phone number through Employee Self Service by going to the FE Today Portal > Workspaces > Employee Center > Employee Center Home > Self-Service.
 - Employees without computer access at work can contact the HR Service Center for assistance.



The Enrollment Process

DATE	Go to MyFirstRewards.com then log onto the Open Enrollment tool:
Oct 5	 Review your current 2020 benefit selections Learn more about your 2021 benefit plan options
Oct 12-26	 Make your elections for 2021 benefits Review and save your confirmation statement
Jan 1	 Coverage is effective



Resources

www.MyFirstRewards.com







Contact Us Forms Legal Notices Login
TotalRewards
Your Total Rewards at FirstEnergy

A Print

Home Employee Benefits HealthyLiving/Wellness Pay and Performance Time Off Programs Retirement and Savings Disability/Leave of Absence

Explore Your Total Rewards

FirstEnergy provides a full range of benefits to help you live healthier and build a secure financial future. This site provides the information you need to get the most out of your benefits – including eligibility, coverage levels, plan benefits and guidelines. Take the time to look around the site and learn about your options so you can make the right decisions for you and your family.

Except to the extent a bargaining agreement states otherwise, regular full-time employees are eligible for the benefits listed on this site.





Senefits Contacts
HRService@firstenergycorp.com 1-800-543-4654/811-4357

- Open Enrollment Presentation
- Compare your Medical Plan Options
- Compare Drug Coverage and Cost
- Learn more about the HSA
- Consider Enrollment in an FSA



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What's New?

What's New for 2021?

Anthem

- Anthem Medical ID cards will be issued for all 2021 Anthem members
 - 2021 Anthem members will receive the new ID cards prior to Jan. 1
 - Discard the old card when you receive the new card
 - Only the employee's name will be on ID card
 - Use Anthem's Sydney app to access your ID card
- Anthem Cancer Concierge Program

Health Savings Account (HSA) and Flexible Spending Account (FSA)

- Annual maximum contribution limits for HSA and FSA plans will increase
- FSA Carryover amount will increase





new

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Health Care Benefits

Medical Plan Options All plans include prescription coverage



	Consumer HDHP	Enhanced HDHP	Base PPO	
In-Network	Medical & Rx	Medical & Rx	Medical	Rx
Annual Premium	Employee: \$0 Employee + Child(ren): \$0 Employee + Spouse/DP: \$0 Family: \$0	Employee: \$434 Employee + Child(ren): \$1,346 Employee + Spouse/DP: \$1,997 Family: \$3,040	Employee: \$1,304 Employee + Child(ren): \$2,826 Employee + Spouse/DP: \$3,912 Family: \$5,651	
Deductible (Single / Family) Type of Deductible	\$2,800 / \$5,600 Embedded	\$1,400 / \$2,800 True	\$750 / \$1,500 Embedded	\$100 / \$200 retail \$0 mail order \$100 / \$200 specialty
Coinsurance (FirstEnergy / You)	80% / 20%	80% / 20%	80% / 20%	30% retail 20-25% mail order 20-25% specialty
Out-of-Pocket Maximums (Single / Family)	\$5,500 / \$11,000	\$4,500 / \$9,000	\$3,500 / \$7,000	\$3,000 / \$6,000
Preventive Care	100%	100%	100%	100%
Emergency Room Care	20% after deductible; \$250 copay if not true emergency	20% after deductible; \$250 copay if not true emergency	20% after deductible; \$250 copay if not true emergency	n/a

Spouse premium of \$200/month, if applicable.



Medical Plan Options All plans include prescription coverage



Consumer HDHP Enhanced HDHP Base PPO In-Network Medical & Rx Medical & Rx Medical Employee: \$0 Employee: \$434 Employee: \$1,304 Employee + Child(ren): \$0 Employee + Child(ren): \$1,346 Employee + Child(ren): \$2,826 **Annual Premium** Employee + Spouse/DP: \$0 Employee + Spouse/DP: \$1,997 Employee + Spouse/DP: \$3,912 Family: \$0 Family: \$3,040 Family: \$5,651 Deductible \$100 / \$200 retail \$2,800 / \$5,600 \$1,400 / \$2,800 \$750 / \$1,500 (Single / Family) \$0 mail order Embedded True Embedded \$100 / \$200 specialty Type of Deductible 30% retail Coinsurance 20-25% mail order 80% / 20% 80% / 20% 80% / 20% (FirstEnergy / You) 20-25% specialty Out-of-Pocket Maximums \$5.500 / \$11.000 \$4.500 / \$9.000 \$3.500 / \$7.000 \$3.000 / \$6.000 (Single / Family) **Preventive Care** 100% 100% 100% 100% 20% after deductible: 20% after deductible; 20% after deductible; Emergency \$250 copay if not true \$250 copay if not true \$250 copay if not true Room n/a Care emergency emergency emergency

Locals 102, 118, 126, 140, 180, 270, 777 and 777S Call Center members can elect the Consumer HDHP plan above or the plans your union offers.



How the Family Medical Deductibles Vary

Embedded Deductible

 Family deductible amounts can be satisfied by any combination of family members, but one family member would never need to satisfy more than the single deductible amount.

True Deductible

 You and your family members need to collectively satisfy the entire \$2,800 family deductible then FirstEnergy will pay the 80% coinsurance.

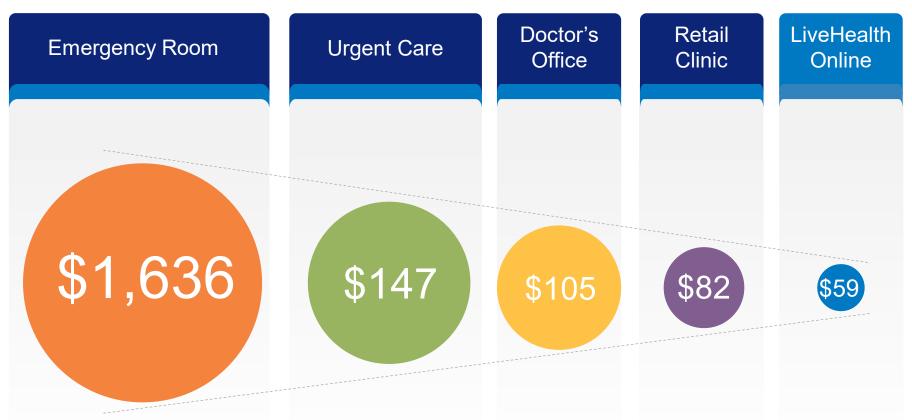
In-Network	Consumer HDHP	Enhanced HDHP	Base PPO
Deductible	\$2,800 / \$5,600	\$1,400 / \$2,800	\$750 / \$1,500
Type of Deductible	Embedded	True	Embedded



Where to Get Care

FirstEnerav





- This information is from the Be A Better Health Care Consumer series which contains helpful tips, tools and resources for health care consumer decisions.
- Details can be found at www.MyFirstRewards.com/BetterConsumer





NEW – Cancer Concierge Program for Anthem plan members

- Anthem plan members will have access to a new program which provides streamlined, high-touch oncology services
- Program pillars
 - Guidance (virtual second opinion at no cost)
 - Innovation (24/7 remote monitoring technology via telehealth)
 - Partnerships (concierge-style service including family support and travel and lodging for patient/caregiver)
- Partnership with numerous Centers of Excellence facilities
- Helps the patient navigate the complexity of a cancer diagnosis along with additional resources
- Services offered are voluntary



Prescription Drug Options



	Consumer HDHP	Enhanced HDHP	Base PPO	
Generic Drug Rule	Yes*	Yes*	Yes*	
Retail (up to 30-day supply with one refill)				
Annual deductible (Individual / Family)	\$2,800 / \$5,600 Combined Medical/Rx deductible	\$1,400 / \$2,800 Combined Medical/Rx deductible	\$100 / \$200 Separate Rx deductible	
Coinsurance (FirstEnergy / You)	80% / 20%	80% / 20%	70% / 30%	
Generic Coinsurance	20%	20%	30% (\$5 min)	
Primary Coinsurance (if no Generic is available)	20%	20%	30% (\$15 min)	
Brand Coinsurance**	20%	20%	30% (\$30 min)	
Maximum coinsurance per Rx	No maximum	No maximum	\$100 per Rx	
Mail Order (up to 90-day supply with three refills)				
Annual deductible (Individual / Family)	\$2,800 / \$5,600 Combined Medical/Rx deductible	\$1,400 / \$2,800 Combined Medical/Rx deductible	None	
Coinsurance (FirstEnergy / You)	80% / 20%	80% / 20%	80-75% / 20-25%	
Generic Coinsurance	20%	20%	20% (\$12.50 min)	
Primary Coinsurance (if no Generic is available)	20%	20%	25% (\$37.50 min)	
Brand Coinsurance**	20% 20%		25% (\$75 min)	
Maximum coinsurance per Rx	No maximum	No maximum	\$200 per prescription	
Specialty (up to 30-day supply - must use Caremark	Specialty Pharmacy)			
Annual deductible (Individual / Family)	\$2,800 / \$5,600 Combined Medical/Rx deductible	\$1,400 / \$2,800 Combined Medical/Rx deductible	\$100 / \$200 Separate Rx deductible	
Generic Coinsurance	20%	20%	20% (\$4.16 min)	
Preferred Coinsurance	20%	20%	20% (\$12.50 min)	
Non-Preferred Coinsurance	20%	20%	20% (\$25.00 min)	
Maximum coinsurance per Rx	No maximum	No maximum	\$66.66 per Rx	
Annual Out-of-Pocket Maximum (OOP Max)				
In-Network (Individual/Family)	\$5,500 / \$11,000 Combined Medical/Rx OOP Max	\$4,500 / \$9,000 Combined Medical/Rx OOP Max	\$3,000 / \$6,000 Separate Rx OOP Max	

*In addition to coinsurance, participant will also be responsible for difference in cost between generic & brand drug if the participant does not choose to fill script with available generic. The brand penalty does not count towards the deductible and out-of-pocket maximum.

**If you choose a brand that has a formulary equivalent (Primary Drug List), you will pay the brand coinsurance.

Out-of-network plan design can be located at www.MyFirstRewards.com



Medical/Prescription Drug Rates Pre-tax contributions

Bi-weekly – Full Time	Consumer HDHP	Enhanced HDHP	Base PPO
Employee	\$0	\$16.68	\$50.15
Employee + Child(ren)	\$0	\$51.76	\$108.67
Employee + Spouse/ Domestic Partner	\$0	\$76.81	\$150.47
Family	\$0	\$116.91	\$217.35

Weekly – Full Time	Consumer HDHP	Enhanced HDHP	Base PPO
Employee	\$0	\$8.34	\$25.08
Employee + Child(ren)	\$0	\$25.88	\$54.34
Employee + Spouse/ Domestic Partner	\$0	\$38.41	\$75.23
Family	\$0	\$58.46	\$108.67

Above rates do not include the \$200 monthly spouse premium, if applicable

Rates increased 8.8% from 2020

www.comparemyhsa.com/firstenergy2021 Interactive website to help you select a medical plan

FIRSTENERGY	Health Equity ® Building Health Savings®	START OVER
Who is the coverage for? Employee On	ly 🔹	
What is your estimated tax information? (1) Federal Tax Bracket? 28%	Choose State Choose State State Income Ta	x Choose State
Which Claims Scenario would you like to re	view? 💽 Typical 🔵 Catastrophic 🔵 Custom	View Scenario 🗐
Which plans would you like to compare? Yo Consumer HDHP	Enhanced HDHP	
What will your personal HSA contributions b	Will you be 55 years or o (?) No	lder in the upcoming year?
	View Comparison	



What is an HSA?

- Health savings account (HSA) allows you to set aside pre-tax dollars to pay for out-of-pocket health care expenses
 - Interest-bearing health savings account like a 401(k) for health care-related expenses

HSAs are portable

- Individual account in your name take it with you when you leave or retire
- No "use it or lose it" rule
- HSA can be used:
 - For qualified expenses including medical, prescription drug, dental and vision
 - For you, your spouse or generally any dependent claimed on your tax return
 - Now or later (great vehicle for future health care)

For more information on HSAs:

- IRS Publication 502 and 969
- <u>www.healthequity.com/firstenergy</u>
- Contact HealthEquity



HSA Enrollment



Elect a HDHP medical plan during open enrollment

- An HSA will be opened automatically for you upon first-time enrollment

You cannot:

- Have other medical coverage, such as
 - A spouse's health plan (unless the coverage is a HDHP)
 - Medicare or TRICARE
 - Health Care FSA (the employee or spouse)
- Be claimed as a dependent on someone else's tax return
- Have received veterans' benefits within the last 3 months

NOTE: There are important rules regarding Medicare and HSAs. Contact HealthEquity for guidance.



HSA Employee Contributions



- Can be made through pre-tax deductions through FE payroll which are divided equally between the number of pay periods in year
- Can be made via post-tax contributions directly to HealthEquity which allows you to receive the tax deduction at time of filing tax return
- Total annual HSA contribution election is NOT available on Jan. 1 HSA funds are available as contributed
- Can change your contribution amount at any time

TAX YEAR	MAX HSA CONTRIBUTION LIMIT ¹			
	Individual Family			
2020	\$3,550	\$7,100		
2021	\$3,600 \$7,200			
Catch-up ²	+\$1,000 +\$1,000			

The table outlines the IRS established annual HSA contribution limits

- 1. Employer and employee contributions count toward the maximum HSA contribution limit.
- 2. If you are turning 55 or older in 2021, you are permitted to contribute an additional \$1,000 Catch-up Contribution. This contribution does not count toward the above limits.



Flexible Spending Accounts Mandatory enrollment required

Health**Equity**

WageWorks

	Health Care FSA	Limited Health Care FSA	Dependent Care FSA
Who is eligible	Employees NOT enrolled in a HDHP medical plan	Employees enrolled in a HDHP medical plan	Anyone that has the below expenses
Eligible expenses	Medical, Rx, Dental & Vision	Dental & Vision	Childcare for children under age 13 & Elder care
Annual limit	\$2,750	\$2,750	\$5,000
Can incur claims	Through Dec 31, 2021	Through Dec 31, 2021	Through Mar 15, 2022
Claims submission deadline	Mar 31, 2022	Mar 31, 2022	Jun 30, 2022
Eligible to carryover up to <mark>\$550</mark> to 2022	Yes	Yes	No

- You can use FSA funds for you, your spouse and generally any dependent(s) you claim on taxes.
- View IRS Publication 969 for details.
- FSA Plans will extend claims submission deadline to 60 days after the national emergency which will be communicated after the national emergency ends.

FirstEnergy

FirstEnergy Health Care Contribution HSA, 401(k), or taxable cash payment

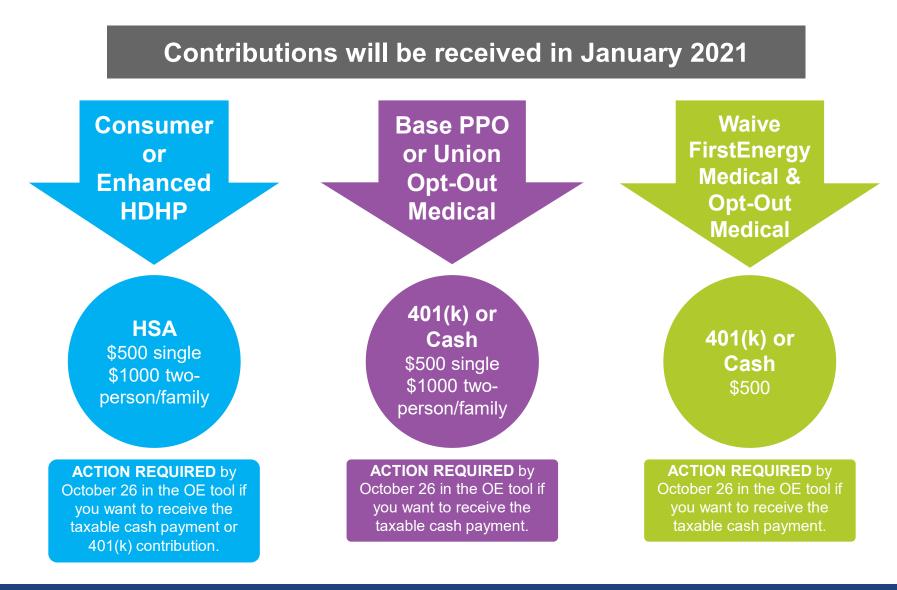
- To help you save now for future retiree health care expenses, FirstEnergy will provide you with a lump sum health care contribution
- Who is eligible?
 - Employees actively at work
 - Regular part-time and full-time employees
 - Employees on sick leave and/or Extended Disability
 - Employees who are eligible for benefits on Jan. 1, 2021



Based on medical plan and tier as of Jan 1, 2021



FirstEnergy Health Care Contribution





Vision Options



FirstEnergy offers two vision options:

1. Supplemental Vision – must enroll and pay premium

Electing single coverage on the Supplemental Vision plan will eliminate the Basic Vision option for any family members

Example: Joe has elected family coverage in the Consumer HDHP but elects single coverage in the Supplemental Vision option. The Basic Vision plan will not be available to Joe's family.

2. Basic Vision

If you do not elect Supplemental Vision, you (and your family members) will be automatically enrolled in the Basic Vision plan at no cost

NOTE: Your VSP identification number is your SAP number with leading zeros to make a nine-digit number. Example: 000002345



Vision Options

	Basic Vision Supplemental Vision	
Exam		
In-Network	\$50 copay With purchase of complete pair of glasses	\$10 copay
Out-of-Network	Not covered	Reimbursed up to \$45
Frames	With purchase of complete pair of glasses	
In-Network	25% discount	\$160 retail frame allowance (all manufacturers)
Out-of-Network	Not covered	Reimburse up to \$70
Lens & Lens Options	With purchase of complete pair of glasses	
In-Network	Single: \$40 copay Bifocal: \$60 copay Trifocal/Lenticular: \$75 copay	\$0 copay - standard progressive lenses \$25 copay – premium & custom progressive lenses \$25 copay - anti-reflective lenses
Out-of-Network	Single vision – reimburse up to SNot coveredBifocal lenses – reimburse up to Trifocal lenses – reimburse up to Lenticular Lenses – reimburse up to	
Contacts (instead of glass	ses)	
In-Network	15% discount on exam only (no discount on materials)	Elective – \$160 allowance Medically necessary – covered in full (must be pre-approved)
Out-of-Network	Not covered	Elective – reimburse up to \$105 Medically necessary – reimburse up to \$210

Under the Supplemental Vision plan, a \$25 copay applies to prescription glasses or contacts.



Supplemental Vision Rates Full- and part-time pre-tax contributions

Bi-weekly	Employee	Employee + Child(ren)	Employee + Spouse/Domestic Partner	Family
Employee Cost	\$8.53	\$17.88	\$17.07	\$24.96

Weekly	Employee	Employee + Child(ren)	Employee + Spouse/Domestic Partner	Family
Employee Cost	\$4.27	\$8.94	\$8.53	\$12.48

- Your 2020 Supplemental Vision election will continue into 2021 if you make no changes during open enrollment.
- Rates will remain the same for 2021.

Dental Options

Δ delta dental[®]

	Basic Plan		Plus Plan	
	In Network	Out of Network	In Network	Out of Network
Deductible	\$100 / \$300	\$200 / \$600	\$50 / \$150	\$100 / \$300
Annual x-ray, 2 cleanings/exams (coinsurance only – not subject to deductible)	100% / 0% FirstEnergy % / your %	80% / 20% FirstEnergy % / your %	100% / 0% FirstEnergy % / your %	80% / 20% FirstEnergy % / your %
Basic Restorative (your %)	50%	70%	20%	40%
Major Restorative (your %)	75%	Not Covered	50%	70%
Orthodontia				
Benefit \$ Eligibility	Not Covered	Not Covered	\$1,500 lifetime max Only children up to age 19	\$1,500 lifetime max Only children up to age 19
Calendar Year Maximum Benefit Plan Pays (excludes ortho)	\$1,000 per person	\$1,000 per person	\$2,000 per person	\$2,000 per person



Dental Rates Full- and part-time pre-tax contributions



Basic Plan Employee Cost	Employee	Employee + Child(ren)	Employee + Spouse/Domestic Partner	Family
Bi-weekly	\$9.21	\$22.64	\$19.00	\$35.49
Weekly	\$4.61	\$11.32	\$9.50	\$17.74

Plus Plan Employee Cost	Employee	Employee + Child(ren)	Employee + Spouse/Domestic Partner	Family
Bi-weekly	\$15.64	\$41.25	\$31.36	\$63.55
Weekly	\$7.82	\$20.63	\$15.68	\$31.77

- **Rates for Basic Plan will increase for 2021. Plus Plan rates remain the same.**
- Your 2020 dental election will continue into 2021 if you make no changes during open enrollment.



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A FirstEnergy Wellness Program

Open Enrollment for 2021 Benefits

HealthyLiving Wellness Program

The purpose of the HealthyLiving Wellness Program is to encourage and reward employees for improving or maintaining their total well-being.

Who is eligible?

- Full and part-time employees
- Spouses/domestic partners enrolled in a FirstEnergy or union-sponsored medical plan

Components:

- Year-round wellness program administered by Virgin Pulse
- Convenient, on-the-go access through the Virgin Pulse mobile app
- Earn dollars for healthy results and as you complete healthy activities the more you do, the more you earn
- Redeem rewards as you earn them, numerous reward options

The HealthyLiving Program is free, voluntary and confidential.



HealthyLiving

HealthyLiving Rewards

Who can earn rewards

- Employees are eligible for up to \$600
- Eligible spouses/domestic partners are eligible to earn up to \$200

Earn rewards July 1 through June 30

Reward option	Timing of payout	Taxable
HSA Only for those enrolled in the Consumer or Enhanced HDHP	By the end of the month following reward redemption	Νο
401(k)	By the end of the month following reward redemption	
Cash	By the end of the month following reward redemption	Yes
Online Virgin Pulse Store	3-5 business days	Yes
Gift card	Immediate	Yes
Charitable donation	Immediate	Yes

Rewards not redeemed by Jun. 30 will default to HSA (for those enrolled in Consumer HDHP or Enhanced HDHP) or to the 401(k) Savings Plan for everyone else.





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- Life Insurance
- Disability
- Life Resources EAP
- Purchased Paid Time Off (PTO)
- Voluntary Benefits

Life Insurance Options



must be actively at work on Jan. 1, 2021 for any increase to be effective

Basic Life

- Automatically enrolled in 1x your annual base salary
- FirstEnergy pays the premium

Supplemental Life

- May elect 1 through 10 times annual base salary to supplement your Basic Life
- Employee pays premium
- Can increase coverage by one level each open enrollment
- Free Estate Resolution & Will Preparation Services available

Dependent Life

- Life insurance for your spouse/domestic partner & children up to age 26
- Employee pays premium

Accidental Death & Dismemberment

- Provides coverage for death, loss of limb, sight, etc.
- May elect 1 through 10 times annual base salary
- 4 coverage tiers available
- Employee pays premium



Health Questions

- Certain life insurance elections require health questions, a statement of health or medical evidence of insurability
- Required for:
 - Supplemental life for first time elections and any elections greater than \$1 million
 - Dependent life for all increased levels of coverage for spouses and domestic partners only
- MetLife will reach out to you (or your spouse/domestic partner) after Open Enrollment if required
- Forms not completed by the deadline will not receive the elected coverage





Disability

Long Term Disability (LTD) protects you if you become disabled by continuing a portion of your income

Basic LTD

- Company provides Basic LTD coverage for you
- Automatically enrolled

Supplemental LTD

- Can elect to buy additional LTD coverage
- Election required
- Employee pays contribution based on salary





Life Resources EAP

- Confidential support, information and referral service
 - Tools and resources designed to help you and your household members find solutions to issues that come your way
- Up to 5 free professional counselor visits per issue per year
- 24/7 assistance is available via phone, in-person and video counseling
- A short introductory video that highlights the many resources available through the program can be found at <u>www.MyFirstRewards.com</u> > Employee Benefits > Life Resources (EAP) Program.
- Program offers assistance with issues including but not limited to:

Legal	Financial	Marital
Elder Care	Child Care	Parenting
Emotional	Balancing work/life	Stress
Education	Moving and relocation	Pet care





Paid Time-Off Purchase Program

Applicable only to Non-Bargaining employees and Local 777 Call Center members

Designed to promote a healthy work/life balance offering flexibility in how you take paid leave and the opportunity to purchase additional time off

- Purchase up to 40 hours of additional PTO per year (in 4-hour increments)
- Cost is based on your salary as of January 1 and the number of hours purchased then deducted pre-tax from your paycheck, spread out over the pay periods in the year
- This benefit requires a mandatory enrollment in the open enrollment tool each year
- All purchased PTO must be used in 2021
 - Purchased PTO must be used after you have used all your banked/frozen vacation, deferred PTO, COVID PTO and annual PTO allocation
 - Unused purchased PTO may be refunded or donated to the CARE Program or it will be forfeited at the end of the year in which it is purchased



Voluntary Benefits

- Programs include: Enroll anytime
 - Auto and home insurance
 - Identity Theft Protection
 - Pet Insurance

Enroll Oct 12-26

- Accident Insurance
- Critical Illness Insurance
- Hospital Indemnity Insurance

Why participate in the program?

- Group discounts
- Special offers for FirstEnergy employees
- Convenience of payroll deduction

Visit <u>www.firstenergyvoluntarybenefits.com</u> for access to discounts at national and local merchants.



MERCER

866-795-0156

www.firstenergyvoluntarybenefits.com



Keep Beneficiaries Up To Date

Keeping your beneficiaries up to date is important. Verify or update your beneficiaries by using the information below:

Benefit	Website	Phone
Life insurance	www.metlife.com/mybenefits	866-492-6983
Health Savings Account	www.healthequity.com/firstenergy	877-713-7712
Pension	<u>www.MyFirstRewards.com</u> (Retirement & Savings > Pension Plan)	
401(k) Savings Plan	www.netbenefits.com	800-982-3451



Do You Have a Benefits Question?

If so, you can:

- Visit <u>www.MyFirstRewards.com</u>
- Contact the <u>benefit vendors</u>
- Contact the HR Service Center
 - The HRSC can help you with benefit open enrollment questions and benefit changes for family members





Thank You WE ARE THE FUTURE OF ENERGY



