

For Your Health & Well-Being

Get to Know Your Medical Plan Options

Prepare for benefits enrollment by understanding your medical plan options to make the best benefits decisions for you and your family.

Otsuka offers four Preferred Provider Organization (PPO) plans through Anthem, divided into two categories: **Traditional PPOs** and **Consumer Directed PPOs**. Below are some plan highlights of how they compare for in-network services.

	Premier PPO Plan	Choice PPO Plan	Consumer Select PPO Plan	Consumer Value PPO Plan
Annual Well-Being Visit and Preventive Care	Covered 100%	Covered 100%	Covered 100%	Covered 100%
Health Savings Account (HSA) included	No	No	Yes, and Otsuka contributes: <ul style="list-style-type: none"> • \$1,000/individual • \$2,000/family 	Yes, and Otsuka contributes: <ul style="list-style-type: none"> • \$500/individual • \$1,000/family
Per-paycheck rates	\$\$\$\$	\$\$\$	\$\$	\$
What you pay for in-network services	<ul style="list-style-type: none"> • Copays for office visits, ER visits, and prescriptions • 100% of costs for other services until you meet the annual deductible • 10% after meeting your deductible 	<ul style="list-style-type: none"> • Copays for office visits and prescriptions • 100% of costs for other services until you meet the annual deductible • 10% after meeting your deductible 	<ul style="list-style-type: none"> • 100% of costs for most services and prescriptions until you meet the annual deductible • 10% after meeting your deductible 	<ul style="list-style-type: none"> • 100% of costs for most services and prescriptions until you meet the annual deductible • 20% after meeting your deductible
In-network deductible	<ul style="list-style-type: none"> • \$100/individual • \$300/family 	<ul style="list-style-type: none"> • \$400/individual • \$1,200/family 	<ul style="list-style-type: none"> • \$1,700/individual • \$3,400/family 	<ul style="list-style-type: none"> • \$3,000/individual • \$6,000/family
The most you pay out of pocket for in-network services*	<ul style="list-style-type: none"> • \$1,500/individual • \$4,500/family 	<ul style="list-style-type: none"> • \$1,500/individual • \$4,500/family 	<ul style="list-style-type: none"> • \$2,700/individual • \$5,400/family 	<ul style="list-style-type: none"> • \$4,000/individual • \$8,000/family

***Family Coverage Out-of-Pocket Maximum (OOPM):** Each family member has an individual OOPM within the family OOPM. Once a member reaches their individual OOPM, the plan covers 100% of their eligible expenses—even if the family OOPM hasn't been met.

Know Your Medical Plans
 To learn about the differences in the medical plans to help you choose the right plan, click the video below.



See the full Anthem Plan Comparison Chart beginning on **page 13** to get more details on how each plan would work for you.

Questions to Help You Decide

Consider these questions about you and your dependents who will be covered in 2026.

- **Will your healthcare needs increase, remain the same, or decrease compared to this year?** Consider chronic conditions, prescriptions, and any planned procedures. A more expensive plan may be too much coverage—and a less expensive plan may not be enough.
- **Can you afford higher out-of-pocket costs if unexpected medical needs occur?** Determine whether a less expensive plan with lower paycheck contributions is a good fit, considering the potential for higher deductibles and out-of-pocket costs. Consider your ability to pay for these costs using HSA contributions from you and Otsuka if enrolled in a consumer-directed health plan.
- **Are you interested in using an HSA to save tax-free for current and future healthcare expenses?** Remember, the funds contributed by you and Otsuka are yours to keep, even if you retire or leave the company.

Important Terms to Know

Copay: A set amount you pay for certain medical services (e.g., \$20 for a doctor visit).

Deductible: The amount you must pay out of pocket before your insurance starts paying for medical services.

Coinsurance: Once you meet the deductible, you'll pay a percentage of medical costs (e.g., 10% of the cost of a doctor visit), and your medical plan covers the rest.

Out-of-Pocket Maximum: This is the most you'll pay in a year for covered services, including copays, deductible, and coinsurance. After you meet this amount, your medical plan pays 100% for the rest of the year.

In-Network Providers: These providers have negotiated prices with Anthem to provide services at a discounted price.



Take the Guesswork Out of Choosing a Medical Plan

The [Medical Plan Evaluator](#) will ask you questions and provide a suggestion for the best plan for you in 2026 based on your answers.

Reminder: The out-of-pocket maximum is the most you'll pay for covered medical expenses during the plan year. Once you reach this limit, the plan pays 100% of eligible costs for the rest of the year.



Comparing Real-Life Costs for Each Plan

The charts on the following pages outline the estimated annual out-of-pocket costs for those with single or family coverage and varied needs for healthcare services.

Scenario 1: Employee with single coverage and moderate healthcare services

		Premier PPO Plan		Choice PPO Plan		Consumer Select PPO Plan		Consumer Value PPO Plan	
		Coverage		Coverage		Coverage		Coverage	
Deductible		\$100 <i>Employee only</i>		\$400 <i>Employee only</i>		\$1,700 <i>Employee only</i>		\$3,000 <i>Employee only</i>	
Out-of-Pocket Maximum		\$1,500 <i>Employee only</i>		\$1,500 <i>Employee only</i>		\$2,700 <i>Employee only</i>		\$4,000 <i>Employee only</i>	
Coinsurance		10%		10%		10%		20%	
	Billed amount	Your cost	Notes	Your cost	Notes	Your cost	Notes	Your cost	Notes
Preventive Care Visit	\$150	\$0	Covered at 100%	\$0	Covered at 100%	\$0	Covered at 100%	\$0	Covered at 100%
Primary Care Visit	\$150	\$15	Copay	\$20	Copay	\$150	Applies to deductible	\$150	Applies to deductible
Specialist Visit	\$200	\$30	Copay	\$40	Copay	\$200	Applies to deductible	\$200	Applies to deductible
Emergency Room Visit	\$2,000	\$300	Copay	\$560	\$400 applies to deductible; Remaining covered at 90%	\$1,415	\$1,350 applies to deductible; Remaining covered at 90%	\$2,000	Applies to deductible
MRI	\$1,300	\$220	\$100 applies to deductible; Remaining covered at 90%	\$130	Covered at 90%	\$130	Covered at 90%	\$780	\$650 applies to deductible; Remaining covered at 80%
3 Physical Therapy Visits	\$600	\$90	\$30 copay	\$120	\$40 copay	\$60	Covered at 90%	\$120	Covered at 80%
6 Generic (Tier 1) Retail Rx Script	\$120	\$60	\$10 copay	\$60	\$10 copay	\$60	\$10 copay after deductible	\$60	\$10 copay after deductible
2 Preferred Brand (Tier 2) Retail Rx Scripts	\$500	\$40	\$20 copay	\$40	\$20 copay	\$60	\$30 copay after deductible	\$60	\$30 copay after deductible
Out-of-Pocket Cost Before HSA		\$755		\$970		\$2,075		\$3,370	
HSA Funding		N/A		N/A		(\$1,000)	Otsuka funds \$1,000 to HSA	(\$500)	Otsuka funds \$500 to HSA
Out-of-Pocket Cost After HSA		\$755		\$970		\$1,075		\$2,870	
Annual Payroll Deduction		\$2,885		\$1,614		\$1,380		\$899	
Total Cost to Employee		\$3,640		\$2,584		\$2,455		\$3,769	

Comparing Real-Life Costs for Each Plan

Scenario 2: Employee with family coverage and moderate healthcare services

		Premier PPO Plan		Choice PPO Plan		Consumer Select PPO Plan		Consumer Value PPO Plan	
		Coverage		Coverage		Coverage		Coverage	
Deductible		\$300 Family		\$1,200 Family		\$3,400 Family		\$6,000 Family	
OOPM*		\$4,500 Family		\$4,500 Family		\$5,400 Family		\$8,000 Family	
Coinsurance		10%		10%		10%		20%	
In-Network Service	Billed amount	Your cost	Notes	Your cost	Notes	Your cost	Notes	Your cost	Notes
Preventive Care Visit	\$150	\$0	Covered at 100%	\$0	Covered at 100%	\$0	Covered at 100%	\$0	Covered at 100%
Colonoscopy Screening (over age 45)	\$3,850	\$0	Covered at 100%	\$0	Covered at 100%	\$0	Covered at 100%	\$0	Covered at 100%
2 Emergency Room Visits	\$4,000	\$600	\$300 copay	\$1,480	\$1,200 applies to deductible; Remaining covered at 90%	\$3,460	\$3,400 applies to deductible; Remaining covered at 90%	\$4,000	Applies to deductible
2-Day Inpatient Hospital Stay	\$10,000	\$1,270	\$300 applies to deductible; Remaining covered at 90%	\$1,000	Covered at 90%	\$1,000	Covered at 90%	\$3,600	\$2,000 applies to deductible; Remaining covered at 80%
Inpatient Surgery	\$25,000	\$2,500	Covered at 90%	\$2,020	Covered at 90%; OOPM met	\$940	Covered at 90%; OOPM met	\$400	Covered at 80%; OOPM met
6 Preferred Brand (Tier 2) Retail Rx Scripts	\$1,500	\$120	\$20 copay	\$0	OOPM met	\$0	OOPM met	\$0	OOPM met
6 Generic Scripts	\$120	\$10	\$10 copay; OOPM met	\$0	OOPM met	\$0	OOPM met	\$0	OOPM met
Out-of-Pocket Cost Before HSA		\$4,500		\$4,500		\$5,400		\$8,000	
HSA Funding		N/A		N/A		(\$2,000)	Otsuka funds \$2,000 to HSA	(\$1,000)	Otsuka funds \$1,000 to HSA
Out-of-Pocket Cost After HSA		\$4,500		\$4,500		\$3,400		\$7,000	
Annual Payroll Deduction		\$9,270		\$5,173		\$4,013		\$2,648	
Total Cost to Employee		\$13,770		\$9,673		\$7,413		\$9,648	

***Family Coverage Out-of-Pocket Maximum (OOPM):** Each family member has an individual OOPM within the family OOPM. Once a member reaches their individual OOPM, the plan covers 100% of their eligible expenses—even if the family OOPM hasn't been met.

Health Savings Account (HSA)

An Investment in Your Long-Term Well-Being

Enrollment in the **Consumer Select or Consumer Value Plan** includes access to an HSA. You are eligible for these plans if:

- You do not have other medical coverage.
- You are not covered by your spouse's medical plan or prescription drug plan.
- You are not covered through Medicare Part A or B.
- You do not contribute to a Health Care Flexible Spending Account through your spouse's employer.



How Much Can I Contribute to the HSA?

The IRS sets annual maximums for HSA contributions. These maximums include both your contributions and Otsuka's contributions.

Health plan	Coverage level	2026 IRS contribution limit	Otsuka's contribution*	What you can contribute	Your maximum contribution if age 55 or older in 2026**
Consumer Select	Employee only	\$4,400	\$1,000	\$3,400	\$4,400
	Family	\$8,750	\$2,000	\$6,750	\$7,750
Consumer Value	Employee only	\$4,400	\$500	\$3,900	\$4,900
	Family	\$8,750	\$1,000	\$7,750	\$8,750

*Otsuka annual contributions are made in two installments, one in January and another in July. If you are hired after July 15th, you will only receive one installment for the year.

**If you will be age 55 or older in 2026, you may contribute an additional \$1,000 in catch-up contributions.

Getting the Most from Your HSA

When you use your HSA effectively, you not only cover your initial medical expenses, but also build a safety net for future medical costs. The combination of tax-free contributions from you and Otsuka can help you save money while managing your healthcare needs.

Here's How the HSA Works in Real Life

Let's say you are enrolled in the **Consumer Select Plan with individual coverage**, which in 2026 has a \$1,700 deductible, 10% coinsurance for in-network providers, and a \$2,700 out-of-pocket maximum.



Initial HSA Balance:

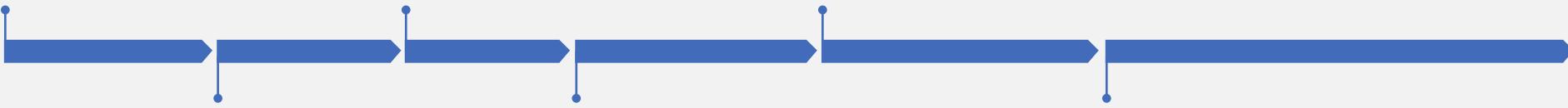
On January 15th, you receive your initial \$500 tax-free contribution to your HSA from Otsuka.

Getting the Care You Need:

After six months, you accrue \$1,500 in medical expenses for covered services.

Using Your HSA:

You use your HSA funds to get reimbursed. With contributions from you and Otsuka, your HSA balance is \$2,200 (\$1,000 from Otsuka + \$1,200 from your contributions). Now you're only \$200 away from meeting your deductible—and you already have funds in your HSA to cover that ... plus more!



Growing Your HSA:

You contribute \$200 per month tax-free from your paycheck.

Adding to Your Balance:

On July 15th, you receive another \$500 tax-free contribution to your HSA from Otsuka.

The Rest of the Year—and Beyond:

You're still contributing each month, and after your HSA reaches \$1,000, you can invest your funds and earn interest tax-free to grow your balance even more. You're now better prepared for unexpected medical expenses, and you've begun building a valuable nest egg for future healthcare expenses.

Medical Plan Comparison

	Premier Plan		Choice Plan		Consumer Select Plan with HSA		Consumer Value Plan with HSA	
	In-Network	Out-of-Network*	In-Network	Out-of-Network*	In-Network	Out-of-Network*	In-Network	Out-of-Network*
Annual Deductible (What You Pay)								
Employee only	\$100	\$2,000	\$400	\$2,000	\$1,700	\$1,700	\$3,000	\$3,000
Family	\$300	\$6,000	\$1,200	\$6,000	\$3,400	\$3,400	\$6,000	\$6,000
Health Savings Account Contribution from Otsuka								
Employee only	N/A	N/A	N/A	N/A	\$1,000	\$1,000	\$500	\$500
Family	N/A	N/A	N/A	N/A	\$2,000	\$2,000	\$1,000	\$1,000
Annual Out-of-Pocket Maximum** (The most you will pay in 2026)								
Employee only	\$1,500	\$5,000	\$1,500	\$5,000	\$2,700	\$5,400	\$4,000	\$8,000
Family	\$4,500	\$15,000	\$4,500	\$15,000	\$5,400	\$10,800	\$8,000	\$16,000
Hospital and Other Facility Expenses (What You Pay)								
Inpatient***	10% after deductible	30% (10% MH/SA) after deductible	10% after deductible	30% (10% MH/SA) after deductible	10% after deductible	30% after deductible	20% after deductible	40% after deductible
Outpatient***	10% after deductible	30% (10% MH/SA) after deductible	10% after deductible	30% (10% MH/SA) after deductible	10% after deductible	30% after deductible	20% after deductible	40% after deductible
Emergency room	\$300 copay	\$300 copay	10% after deductible	10% after deductible	10% after deductible	10% after deductible	20% after deductible	20% after deductible

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*The cost of services received from out-of-network providers may be subject to balance billing.

**Copays and out-of-pocket costs paid toward meeting the annual deductible will be applied to your annual out-of-pocket maximum.

***Mental health (MH) and substance abuse (SA) services performed out-of-network are covered at higher reimbursement levels.

Medical Plan Comparison (continued)

	Premier Plan		Choice Plan		Consumer Select Plan with HSA		Consumer Value Plan with HSA	
	In-Network	Out-of-Network*	In-Network	Out-of-Network*	In-Network	Out-of-Network*	In-Network	Out-of-Network*
Professional Expenses (What You Pay)								
Telehealth visits	\$0	N/A	\$0	N/A	\$0	N/A	\$0	N/A
Maternity office visits and delivery	\$30 copay	30% after deductible	10% after deductible	30% after deductible	10% after deductible	30% after deductible	20% after deductible	40% after deductible
Office visits (PCP)	\$15 copay	30% after deductible	\$20 copay	30% after deductible	10% after deductible	30% after deductible	20% after deductible	40% after deductible
Office visits (specialist)***	\$30 copay (\$15 copay MH/SA)	30% (10% MH/SA) after deductible	\$40 copay (\$20 copay MH/SA)	30% (10% MH/SA) after deductible	10% after deductible	30% (10% MH/SA) after deductible	20% after deductible	40% (20% MH/SA) after deductible
Physical, speech, and occupational therapy	\$30 copay	30% after deductible	\$40 copay	30% after deductible	10% after deductible	30% after deductible	20% after deductible	40% after deductible
Surgery (inpatient and outpatient)	10% after deductible	30% after deductible	10% after deductible	30% after deductible	10% after deductible	30% after deductible	20% after deductible	40% after deductible
Other Eligible Expenses (What You Pay)								
Lab, X-rays, and diagnostic tests (outside the doctor's office)	10% after deductible	30% after deductible	10% after deductible	30% after deductible	10% after deductible	30% after deductible	20% after deductible	40% after deductible

*The cost of services received from out-of-network providers may be subject to balance billing.

**Copays and out-of-pocket costs paid toward meeting the annual deductible will be applied to your annual out-of-pocket maximum.

***Mental health (MH) and substance abuse (SA) services performed out-of-network are covered at higher reimbursement levels.