

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 |

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.

*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 |

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Anthem Prescription Drug Benefits

All four Anthem medical plans include prescription drug coverage, also administered by Anthem.

How Much You Pay for Prescription Drugs

Prescription drugs are grouped into three tiers, based on a drug's effectiveness and affordability.

PHARMACY

| \$ Tier 1 | \$\$ Tier 2 | \$\$\$ Tier 3 |
|---|--|---|
| <ul style="list-style-type: none"> The most cost-effective choice among the three tiers. Typically are generic drugs, which have the same active ingredients and effectiveness as their brand-name equivalents and meet FDA standards for safety and quality. | <ul style="list-style-type: none"> Priced higher than Tier 1. May be preferred brand drugs, based on how they work and how much they cost compared to other drugs used to treat the same conditions. May also be generic drugs if those drugs are new to the pharmaceutical market. | <ul style="list-style-type: none"> Highest cost of all three tiers. Often include non-preferred brand and generic drugs. May include drugs that were recently approved by the FDA, or specialty drugs used to treat a serious, long-term health condition. |

Prescription drugs can help you attain health and reduce overall healthcare costs.

Click to view a video about your prescription drug coverage.



As an Otsuka employee you pay \$0 for any Otsuka US-branded drug. See next page for details.

Premier & Choice Plans (What You Pay)

| | Retail (Up to 30 Days) | Mail Order (31–90 Days) |
|---------------|------------------------|-------------------------|
| Tier 1 | \$10 copay | \$20 copay |
| Tier 2 | \$20 copay | \$40 copay |
| Tier 3 | \$35 copay | \$70 copay |

Consumer Select & Consumer Value Plans (What You Pay)

| | Retail (Up to 30 Days) | Mail Order (31–90 Days) |
|---------------|-----------------------------|------------------------------|
| Tier 1 | \$10 copay after deductible | \$20 copay after deductible |
| Tier 2 | \$30 copay after deductible | \$60 copay after deductible |
| Tier 3 | \$50 copay after deductible | \$100 copay after deductible |

Pay \$0 for Otsuka Prescription Drugs

As an Otsuka employee, you pay \$0—no copay, no deductible, no coinsurance—for any Otsuka US-branded drug if you are covered under the **Premier Plan** or the **Choice Plan**. If you are covered under the **Consumer Value** or **Consumer Select Plan**, you pay \$0 after meeting the plan's annual deductible. Review the 2026 Otsuka Custom Prescription Drug list below to see where you can save.

| Otsuka Group Branded Drugs | | | | | Otsuka Collaborations |
|----------------------------|------------------|----------------|-----------------|-------------|-----------------------|
| Abilify Asimtufii | Abilify Maintena | Abilify MyCite | Abilify Tablets | IV Busulfex | Balversa |
| Dacogen | Inqovi | Jynarque | Lonsurf | Nuedexta | Kisqali |
| Rexulti | Samsca | Rejoyn | | | Kisqali & Femara |



Important: Mail Order Prescriptions

If you take maintenance medications (drugs taken for long periods, for conditions such as high blood pressure or high cholesterol), **you are required to order them by mail or get a 90-day supply through a CVS pharmacy**. Otherwise, you may have to pay the full cost. Using mail order will cost you less, and there's no additional cost for mail delivery. Call Anthem's mail-order service 24/7 at **833-263-2858** or visit the Sydney app to get started!