

For Your Health & Well-Being

Medical Plan Options & Prescription Coverage

Otsuka offers four Anthem preferred provider (PPO) plans with the same network and include prescription drug coverage.

- The Premier and Choice Plans are traditional PPO plans.
- The Consumer Select and Consumer Value Plans are consumer-directed plans with a higher deductible and include a Health Savings Account (HSA).
- The plans differ in how much each one pays for covered services and how much you pay for the cost of coverage (employee rates). Following is a high-level overview of the plans.



Did You Know?

On average, Otsuka contributes 83% of the total cost of health care coverage.

Premier Plan	Choice Plan	Consumer Select Plan	Consumer Value Plan
<ul style="list-style-type: none"> • Highest employee rates • No in-network annual deductible—the plan begins paying benefits for covered expenses immediately • Many in-network services, including hospital care, are covered 100% • A copay is required for office visits 	<ul style="list-style-type: none"> • Lower employee rates than the Premier Plan • Small annual deductible for in-network covered services: \$300 individual/\$900 family • Many in-network services, including hospital care, are covered 90% after you meet the annual deductible • A copay is required for office visits 	<ul style="list-style-type: none"> • Near-lowest per-paycheck rates of all four Anthem plans • This is a consumer-directed health plan with a Health Savings Account (HSA) • You pay 100% of Anthem’s negotiated cost of most covered services and prescriptions until you meet the annual deductible, except for in-network preventive care • After you meet your annual deductible, in-network services are covered 90% 	<ul style="list-style-type: none"> • Lowest per-paycheck rates of all four Anthem plans • This is a consumer-directed health plan with a Health Savings Account (HSA) • You pay 100% of Anthem’s negotiated cost of most covered services and prescriptions until you meet the annual deductible, except for in-network preventive care • After you meet your annual deductible, in-network services are covered 80%

Anthem Plan Comparison

	Premier Plan		Choice Plan		Consumer Select Plan		Consumer Value Plan	
	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	None	\$2,000	\$300	\$2,000	\$1,650	\$1,650	\$3,000	\$3,000
Family	None	\$6,000	\$900	\$6,000	\$3,300	\$3,300	\$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** (What You Pay)								
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***	\$0	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***	\$0	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	\$150 copay	\$150 copay	10% after deductible	10% after deductible	10% after deductible	10% after deductible	20% after deductible	20% 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 under the Premier and Choice Plans.

Anthem 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)								
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	30% (10% MH/SA) after deductible	\$40 copay	30% (10% MH/SA) after deductible	10% after deductible	30% after deductible	20% after deductible	40% 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)	\$0	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)								
Ambulance	\$0	\$0	10% after deductible	10% after deductible	10% after deductible	10% after deductible	20% after deductible	40% after deductible
Lab, X-rays, and diagnostic tests (outside the doctor's office)	\$0	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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**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 under the Premier and Choice Plans.

Anthem Prescription Drug Benefits

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

Tip! Save money on maintenance medication (drugs taken for long periods, for conditions such as high blood pressure or high cholesterol) by ordering them by mail.

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:

The drugs in this tier cost you the least. They are usually generic drugs. Generic drugs have the same active ingredients and effectiveness as their brand-name equivalents and meet FDA standards for safety and quality.

Tier 2:

The drugs in this tier cost you more than Tier 1 drugs. They 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. They may also be generic drugs if those drugs are new to the pharmaceutical market.

Tier 3:

The drugs in this tier cost you the most of the three tiers. They often include non-preferred brand and generic drugs. And they 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 health care costs.

Click below to view a video about your prescription drug coverage.





Mail Order Prescriptions

If you take a medication regularly, Anthem’s mail-order service can save you money. Get a 31- to 90-day supply of your prescription in one fill, delivered to your home. It’ll cost you **less** than three 30-day prescriptions at a retail pharmacy. There’s **no additional cost for mail delivery**.

Call Anthem’s mail-order service 24/7, at **833-263-2858** to get started!

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 2025 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