

# Your Otsuka Total Rewards for 2026

*Live Well, Be Well, Benefits for You.*

Otsuka's Total Rewards program prioritizes your physical, financial, and mental health as an investment in the long-term well-being of you and your family. We have incorporated employee feedback and considered market trends to create a comprehensive and inclusive 2026 benefits package that supports you in fulfilling Otsuka's purpose: to defy limitation, so that others can too.

This Benefits Enrollment eGuide provides an overview of your benefits options and resources to help you make informed decisions that best meet your individual needs.

**GO!**



# Your 2026 Benefits Enrollment eGuide

*This eGuide helps you understand your benefits options, enabling you to select coverage that meets your current well-being needs and future plans.*

As an Otsuka employee, you have access to a diverse range of benefits and programs to support your well-being and lifestyle:

- For Your Health & Well-Being
- For Renewing & Recharging
- For Your Financial Security & Support
- For Your Home & Family
- For Giving Back

This eGuide is organized into categories, highlighting all of the benefits, tools, and resources available to you and your family in 2026.



# Benefits Eligibility

*It's time to take action! You must enroll within 31 days of hire.*

**Benefits coverage is not automatic for new employees.** Once you complete your enrollment, **your coverage will be effective on your hire date.** The elections you make as a new hire are effective for the calendar year in which you are hired.

**If you do not enroll within 31 days of your date of hire, you will default to no coverage with the exception of employer-paid benefits.**

You are encouraged to review all of your benefits to ensure that your coverage meets your and your family's needs.



## Who Can I Cover?

All plans have the same dependent eligibility rules. You can cover certain dependents under medical, dental, vision, and other coverage. Eligible dependents include your:

- Spouse or domestic partner\*
- Children/domestic partner's children, up to the end of the month of their 26<sup>th</sup> birthday, with the exception of individuals with disabilities

The amount you pay for medical, dental, vision, and other coverage will be based on the option(s) you elect and who you choose to cover.

\*Spouses/domestic partners must be verified for coverage.





# How to Enroll in Your Otsuka Benefits

Enroll using these simple steps:

- 1 Log in to [Workday](#) to automatically enter the benefits enrollment site. If signing into Workday manually, use your Otsuka network username and password.
- 2 Click on the **Benefits Enrollment** task in your Workday Inbox.
- 3 Follow the step-by-step process to **enroll within 31 days of hire**.
- 4 **Print or save** a copy of your election summary.

**Be prepared:** To add dependents to your coverage, you will need your **dependents' information**, including dates of birth and Social Security numbers.

Contact the **Otsuka AVA Contact Center** at **877-4-OTSUKA** (877-468-7852) if you have questions.

## Considerations as You Enroll

- ✓ **Review your life insurance needs.** Apply for optional life insurance and determine if the whole life insurance policy with a long-term care provision is right for you.
- ✓ **Make your life insurance beneficiary designations.**
- ✓ **Visit the [Benefits Portal](#) to:**
  - Use the [Medical Plan Evaluator](#) tool to help you decide which medical plan best fits your needs.
  - Explore all your 2026 benefits from Otsuka—now and throughout the year.
- ✓ **Evaluate your retirement financial goals.** You will make your 401(k) contributions through [Fidelity](#). You're enrolled in the plan automatically at a 6% pretax contribution level if you don't actively enroll within 35 days of your start date. Otsuka matches your contributions dollar for dollar, up to 10% of your eligible base salary, per pay period. Please ensure that all contributions you've made throughout the year are considered when making your election.
- ✓ Review and elect **Health Savings Account (HSA)** or **Flexible Spending Account (FSA)** contribution amounts for 2026.



## Qualified Life Events: How to Make Changes Outside of Open Enrollment

| Life Event                                                                                                                                                          | Take Action                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | Other Considerations                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <br><b>Birth, Adoption</b>                                                         | <ul style="list-style-type: none"> <li>✓ <b>Change your coverage.</b><br/>Add your new child to your health and insurance coverage (unless your child will be covered under your spouse's/ domestic partner's plan or another plan).</li> <li>✓ Apply for a Social Security card for your new child.</li> </ul>                                                                                                                                                                                                       | <ul style="list-style-type: none"> <li>✓ <b>Have a Health Savings Account (HSA)?</b><br/>Consider increasing your contributions to help cover medical expenses.</li> <li>✓ <b>Enroll in the Dependent Care Spending Account.</b><br/>Expect to need day care? Enroll in or increase your contributions to a Dependent Care Flexible Spending Account (Dependent Care FSA) to save on taxes.</li> <li>✓ <b>Update your beneficiaries for insurance and retirement savings plans.</b><br/>Review and update your beneficiary designations, if needed. Remember to have their birth date and Social Security number handy as well.</li> </ul> |
| <br><b>Divorce, Legal Separation, Annulment, or End of a Domestic Partnership</b> | <ul style="list-style-type: none"> <li>✓ <b>Change your coverage.</b><br/>Drop your ineligible former spouse or domestic partner from your health and insurance coverage or enroll in health and insurance coverage for yourself and eligible dependents.</li> <li>✓ <b>Learn about COBRA coverage.</b><br/>If your former spouse and/or your children lose benefits coverage as a result of separation, they will receive information by mail within a few weeks about continuing coverage through COBRA.</li> </ul> | <ul style="list-style-type: none"> <li>✓ <b>Update your beneficiaries for insurance and retirement savings plans.</b><br/>Review and update your beneficiary designations, if needed. Remember to have their birth date and Social Security number handy as well.</li> <li>✓ <b>Update your income tax withholding.</b><br/>You may want to update your income tax withholding choices on your W-4 form to reflect a different filing status.</li> </ul>                                                                                                                                                                                   |



### Qualified Life Events

Certain life events require you to change your benefits.

If you experience a life event during the year, **you have 31 days from the date of the event** to alter your benefits. Appropriate documentation will be required.

- Marriage or divorce
- Birth or adoption
- Change in spouse's employment status
- Spouse or dependent gained or lost other coverage
- Death of a covered dependent
- Enrollment in CHIP/ Medicare or Medicaid

| Life Event                                                                                                                         | Take Action                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | Other Considerations                                                                                                                                                                                                                                                                                                                                                                                                                                 |
|------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <br><b>Marriage/<br/>Domestic<br/>Partnership</b> | <ul style="list-style-type: none"><li>✓ <b>Change your coverage.</b><br/>Add your spouse/domestic partner and/or their children to your health and insurance coverage.</li><li>✓ <b>Drop your Otsuka coverage</b> if you will now be covered under your spouse's/ domestic partner's plan.</li></ul>                                                                                                                                                                                                                             | <ul style="list-style-type: none"><li>✓ <b>Update your beneficiaries for insurance and retirement savings plans.</b><br/>Review and update your beneficiary designations, if needed. Remember to have their birth date and Social Security number handy as well.</li><li>✓ <b>Update your income tax withholding.</b><br/>If your marital status has changed, you may want to update your income tax withholding choices on your W-4 form.</li></ul> |
| <br><b>Change<br/>of Address</b>                  | <ul style="list-style-type: none"><li>✓ <b>Change your health benefits coverage.</b><br/>Moving to a new location, in your current state or out of state, may mean you need to find new in-network doctors, or you may have new available plans (for example, moving from Illinois to Hawaii where you have access to the HMSA plan).</li></ul> <p>After your address change is processed, you will be notified if you are eligible to make changes to your health coverage. You will make your new coverage choices online.</p> | <ul style="list-style-type: none"><li>✓ <b>Update your income tax withholding.</b><br/>If you have moved to another state, you may want to update your state income tax withholding choices on your W-4 form.</li></ul>                                                                                                                                                                                                                              |



**Medical Plan Options** | Health Savings Account (HSA) | Medical Plan Comparison | HMSA Plan | Flexible Spending Accounts (FSAs) | Prescription Drug Benefits | \$0 Telehealth & Anthem Resources | Dental & Vision | Plan Rates | Mental Health | Well-Being & Fitness Reimbursement

# 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.*

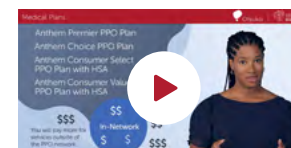
Otsuka offers four Preferred Provider Organization (PPO) plans through Anthem, divided into two categories: **Traditional PPOs** and **Consumer Directed PPOs**. Below are some plan highlights of how they compare for in-network services.

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

**\*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.

[Medical Plan Options](#) | [Health Savings Account \(HSA\)](#) | [Medical Plan Comparison](#) | [HMSA Plan](#) | [Flexible Spending Accounts \(FSAs\)](#) | [Prescription Drug Benefits](#) | [\\$0 Telehealth & Anthem Resources](#) | [Dental & Vision](#) | [Plan Rates](#) | [Mental Health](#) | [Well-Being & Fitness Reimbursement](#)

## 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.





**Medical Plan Options** | Health Savings Account (HSA) | Medical Plan Comparison | HMSA Plan | Flexible Spending Accounts (FSAs) | Prescription Drug Benefits | \$0 Telehealth & Anthem Resources | Dental & Vision | Plan Rates | Mental Health | Well-Being & Fitness Reimbursement

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

**Medical Plan Options** | Health Savings Account (HSA) | Medical Plan Comparison | HMSA Plan | Flexible Spending Accounts (FSAs) | Prescription Drug Benefits | \$0 Telehealth & Anthem Resources | Dental & Vision | Plan Rates | Mental Health | Well-Being & Fitness Reimbursement

## 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                |                                                         |
| <b>Deductible</b>                                   |               | \$300 Family     |                                                       | \$1,200 Family  |                                                         | \$3,400 Family           |                                                         | \$6,000 Family          |                                                         |
| <b>OOPM*</b>                                        |               | \$4,500 Family   |                                                       | \$4,500 Family  |                                                         | \$5,400 Family           |                                                         | \$8,000 Family          |                                                         |
| <b>Coinsurance</b>                                  |               | 10%              |                                                       | 10%             |                                                         | 10%                      |                                                         | 20%                     |                                                         |
| In-Network Service                                  | Billed amount | Your cost        | Notes                                                 | Your cost       | Notes                                                   | Your cost                | Notes                                                   | Your cost               | Notes                                                   |
| <b>Preventive Care Visit</b>                        | \$150         | \$0              | Covered at 100%                                       | \$0             | Covered at 100%                                         | \$0                      | Covered at 100%                                         | \$0                     | Covered at 100%                                         |
| <b>Colonoscopy Screening (over age 45)</b>          | \$3,850       | \$0              | Covered at 100%                                       | \$0             | Covered at 100%                                         | \$0                      | Covered at 100%                                         | \$0                     | Covered at 100%                                         |
| <b>2 Emergency Room Visits</b>                      | \$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                                   |
| <b>2-Day Inpatient Hospital Stay</b>                | \$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% |
| <b>Inpatient Surgery</b>                            | \$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                                |
| <b>6 Preferred Brand (Tier 2) Retail Rx Scripts</b> | \$1,500       | \$120            | \$20 copay                                            | \$0             | OOPM met                                                | \$0                      | OOPM met                                                | \$0                     | OOPM met                                                |
| <b>6 Generic Scripts</b>                            | \$120         | \$10             | \$10 copay; OOPM met                                  | \$0             | OOPM met                                                | \$0                      | OOPM met                                                | \$0                     | OOPM met                                                |
| <b>Out-of-Pocket Cost Before HSA</b>                |               | \$4,500          |                                                       | \$4,500         |                                                         | \$5,400                  |                                                         | \$8,000                 |                                                         |
| <b>HSA Funding</b>                                  |               | N/A              |                                                       | N/A             |                                                         | (\$2,000)                | Otsuka funds \$2,000 to HSA                             | (\$1,000)               | Otsuka funds \$1,000 to HSA                             |
| <b>Out-of-Pocket Cost After HSA</b>                 |               | \$4,500          |                                                       | \$4,500         |                                                         | \$3,400                  |                                                         | \$7,000                 |                                                         |
| <b>Annual Payroll Deduction</b>                     |               | \$9,270          |                                                       | \$5,173         |                                                         | \$4,013                  |                                                         | \$2,648                 |                                                         |
| <b>Total Cost to Employee</b>                       |               | <b>\$13,770</b>  |                                                       | <b>\$9,673</b>  |                                                         | <b>\$7,413</b>           |                                                         | <b>\$9,648</b>          |                                                         |

**\*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.

Medical Plan Options | **Health Savings Account (HSA)** | Medical Plan Comparison | HMSA Plan | Flexible Spending Accounts (FSAs) | Prescription Drug Benefits | \$0 Telehealth & Anthem Resources  
| Dental & Vision | Plan Rates | Mental Health | Well-Being & Fitness Reimbursement

# 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.

### SAVE IT



**Save with your HSA like a 401(k) plan for healthcare.** You and Otsuka contribute pretax dollars (up to the IRS annual maximum) that you can use to help pay for current or future eligible healthcare expenses.

### GROW IT



**Grow your HSA into a nest egg for healthcare.** Your money goes in, accrues interest, and comes out tax-free. Plus, you can invest your balance over \$1,000 to increase it even more!

### MANAGE IT



**Your HSA is like a personal savings account.** Make sure to keep track of deposits, withdrawals, and your available balance.

### USE IT



**Pay for eligible healthcare expenses when and how you want.** You can use your HSA debit card or request a reimbursement later.

### KEEP IT



**Your HSA is just that—yours.** It goes wherever you go, even if you leave Otsuka.

## 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 15<sup>th</sup>, 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.

Medical Plan Options | **Health Savings Account (HSA)** | Medical Plan Comparison | HMSA Plan | Flexible Spending Accounts (FSAs) | Prescription Drug Benefits | \$0 Telehealth & Anthem Resources | Dental & Vision | Plan Rates | Mental Health | Well-Being & Fitness Reimbursement

## 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 15<sup>th</sup>, 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 15<sup>th</sup>, 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 Options | Health Savings Account (HSA) | **Medical Plan Comparison** | HMSA Plan | Flexible Spending Accounts (FSAs) | Prescription Drug Benefits | \$0 Telehealth & Anthem Resources  
| Dental & Vision | Plan Rates | Mental Health | Well-Being & Fitness Reimbursement

# 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*      |
| <b>Annual Deductible (What You Pay)</b>                               |                      |                                  |                      |                                  |                               |                      |                              |                      |
| <b>Employee only</b>                                                  | \$100                | \$2,000                          | \$400                | \$2,000                          | \$1,700                       | \$1,700              | \$3,000                      | \$3,000              |
| <b>Family</b>                                                         | \$300                | \$6,000                          | \$1,200              | \$6,000                          | \$3,400                       | \$3,400              | \$6,000                      | \$6,000              |
| <b>Health Savings Account Contribution from Otsuka</b>                |                      |                                  |                      |                                  |                               |                      |                              |                      |
| <b>Employee only</b>                                                  | N/A                  | N/A                              | N/A                  | N/A                              | \$1,000                       | \$1,000              | \$500                        | \$500                |
| <b>Family</b>                                                         | N/A                  | N/A                              | N/A                  | N/A                              | \$2,000                       | \$2,000              | \$1,000                      | \$1,000              |
| <b>Annual Out-of-Pocket Maximum** (The most you will pay in 2026)</b> |                      |                                  |                      |                                  |                               |                      |                              |                      |
| <b>Employee only</b>                                                  | \$1,500              | \$5,000                          | \$1,500              | \$5,000                          | \$2,700                       | \$5,400              | \$4,000                      | \$8,000              |
| <b>Family</b>                                                         | \$4,500              | \$15,000                         | \$4,500              | \$15,000                         | \$5,400                       | \$10,800             | \$8,000                      | \$16,000             |
| <b>Hospital and Other Facility Expenses (What You Pay)</b>            |                      |                                  |                      |                                  |                               |                      |                              |                      |
| <b>Inpatient***</b>                                                   | 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 |
| <b>Outpatient***</b>                                                  | 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 |
| <b>Emergency room</b>                                                 | \$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 Options | Health Savings Account (HSA) | **Medical Plan Comparison** | HMSA Plan | Flexible Spending Accounts (FSAs) | Prescription Drug Benefits | \$0 Telehealth & Anthem Resources  
| Dental & Vision | Plan Rates | Mental Health | Well-Being & Fitness Reimbursement

# 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*                  |
| <b>Professional Expenses (What You Pay)</b>                            |                                  |                                  |                                  |                                  |                               |                                  |                              |                                  |
| <b>Telehealth visits</b>                                               | \$0                              | N/A                              | \$0                              | N/A                              | \$0                           | N/A                              | \$0                          | N/A                              |
| <b>Maternity office visits and delivery</b>                            | \$30 copay                       | 30% after deductible             | 10% after deductible             | 30% after deductible             | 10% after deductible          | 30% after deductible             | 20% after deductible         | 40% after deductible             |
| <b>Office visits (PCP)</b>                                             | \$15 copay                       | 30% after deductible             | \$20 copay                       | 30% after deductible             | 10% after deductible          | 30% after deductible             | 20% after deductible         | 40% after deductible             |
| <b>Office visits (specialist)***</b>                                   | \$30 copay<br>(\$15 copay MH/SA) | 30% (10% MH/SA) after deductible | \$40 copay<br>(\$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 |
| <b>Physical, speech, and occupational therapy</b>                      | \$30 copay                       | 30% after deductible             | \$40 copay                       | 30% after deductible             | 10% after deductible          | 30% after deductible             | 20% after deductible         | 40% after deductible             |
| <b>Surgery (inpatient and outpatient)</b>                              | 10% after deductible             | 30% after deductible             | 10% after deductible             | 30% after deductible             | 10% after deductible          | 30% after deductible             | 20% after deductible         | 40% after deductible             |
| <b>Other Eligible Expenses (What You Pay)</b>                          |                                  |                                  |                                  |                                  |                               |                                  |                              |                                  |
| <b>Lab, X-rays, and diagnostic tests (outside the doctor's office)</b> | 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.

Medical Plan Options | Health Savings Account (HSA) | Medical Plan Comparison | **HMSA Plan** | Flexible Spending Accounts (FSAs) | Prescription Drug Benefits | \$0 Telehealth & Anthem Resources  
| Dental & Vision | Plan Rates | Mental Health | Well-Being & Fitness Reimbursement

# HMSA Hawaii PPO Medical Plan

*Otsuka employees residing in Hawaii have access to the following benefits.*

You can find more details on your benefits by accessing HMSA's website at [hmsa.com](https://hmsa.com) or by calling HMSA's customer service team at **808-948-6111** (Oahu) or **800-776-4672** (neighboring islands).

| HMSA Hawaii PPO Medical Plan (What You Pay)                     |                      |                                             |
|-----------------------------------------------------------------|----------------------|---------------------------------------------|
| Annual Deductible                                               | In-Network           | Out-of-Network                              |
| Employee only                                                   | \$0                  | \$100                                       |
| Family                                                          | \$0                  | \$300                                       |
| Annual Out-of-Pocket Maximum*                                   |                      |                                             |
| Employee only                                                   | \$2,500              | \$2,500 (+ \$3,600 for Rx only)             |
| Family                                                          | \$7,500              | \$7,500 (+ \$4,200 for Rx only)             |
| Hospital and Other Facility Visits (What You Pay)               |                      |                                             |
| Inpatient                                                       | 10% after deductible | 30% after deductible                        |
| Outpatient                                                      | 20% after deductible | 30% after deductible                        |
| Emergency room                                                  | 20% after deductible | 20% coinsurance (deductible does not apply) |
| Office Visits (What You Pay)                                    |                      |                                             |
| Maternity office visits and delivery                            | 10% after deductible | 30% after deductible                        |
| Office visits (PCP)                                             | \$12 copay           | 30% after deductible                        |
| Office visits (specialist)                                      | \$12 copay           | 30% after deductible                        |
| Physical, speech, and occupational therapy                      | 20% after deductible | 30% after deductible                        |
| Other Eligible Expenses (What You Pay)                          |                      |                                             |
| Ambulance                                                       | 20% after deductible | 30% after deductible                        |
| Lab, X-rays, and diagnostic tests (outside the doctor's office) | 10% after deductible | 30% after deductible                        |

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

Medical Plan Options | Health Savings Account (HSA) | Medical Plan Comparison | **HMSA Plan** | Flexible Spending Accounts (FSAs) | Prescription Drug Benefits | \$0 Telehealth & Anthem Resources  
| Dental & Vision | Plan Rates | Mental Health | Well-Being & Fitness Reimbursement

## HMSA Prescription Drug Plan

Here's how the plan covers prescription drugs.

| Prescription Drug Costs                            | Generic    | Preferred Brand | Non-Preferred Brand                  |
|----------------------------------------------------|------------|-----------------|--------------------------------------|
| <b>Retail pharmacy<br/>(up to a 30-day supply)</b> | \$7 copay  | \$30 copay      | \$30 copay + \$45 Tier 3 cost share  |
| <b>Mail order<br/>(84- to 90-day supply)</b>       | \$11 copay | \$65 copay      | \$65 copay + \$135 Tier 3 cost share |

## HMSA Vision Coverage

The plan offers you access to quality vision care benefits. Covered services include glasses, contact lenses, and a routine eye exam **once each plan year (July 1<sup>st</sup> – June 30<sup>th</sup>)**.

| Vision Services               | In-Network                                        | Out-of-Network                  | Frequency                 |
|-------------------------------|---------------------------------------------------|---------------------------------|---------------------------|
| <b>Exam</b>                   | \$10 copay                                        | Not covered                     | Once per plan year        |
| <b>Exam allowance</b>         | N/A                                               | 100% after plan pays up to \$40 | Once per plan year        |
| <b>Materials</b>              | \$20 copay                                        | Not covered                     | Once per plan year        |
| <b>Lenses</b>                 |                                                   |                                 |                           |
| <b>Single</b>                 | \$10 copay                                        | 100% after plan pays up to \$16 | Once per plan year        |
| <b>Multifocal</b>             | \$10 copay                                        | 100% after plan pays up to \$25 | Once per plan year        |
| <b>Polycarbonate</b>          | Not covered                                       | Not covered                     | Once per plan year        |
| <b>Contact lenses</b>         | \$25 copay; then you pay 100% after \$130 benefit | 100% after plan pays up to \$50 | Once per plan year        |
| <b>Fitting</b>                | All charges less \$45 plan payment                | 100% after plan pays up to \$20 | Once per plan year        |
| <b>Retail frame allowance</b> | 100% after \$15 plan payment                      | 100% after plan pays up to \$12 | Once every two plan years |

## 2026 Employee Rates (Semi-Monthly, Per Pay Period, Pretax)

| Rates                        | Hawaii Medical & Vision |
|------------------------------|-------------------------|
| <b>Employee</b>              | \$66.70                 |
| <b>Employee + Spouse</b>     | \$141.57                |
| <b>Employee + Child(ren)</b> | \$141.57                |
| <b>Employee + Family</b>     | \$214.35                |

## 2026 Domestic Partner Rates and Imputed Income (Semi-Monthly, Per Pay Period)

| Rates                                                                                      | Hawaii Medical & Vision |
|--------------------------------------------------------------------------------------------|-------------------------|
| <b>Employee + Domestic Partner</b>                                                         |                         |
| <b>Employee rate</b>                                                                       | \$141.57                |
| <b>Imputed income</b>                                                                      | \$400.81                |
| <b>Employee + Employee's Child(ren) + Domestic Partner</b>                                 |                         |
| <b>Employee rate</b>                                                                       | \$214.35                |
| <b>Imputed income</b>                                                                      | \$438.91                |
| <b>Employee + Domestic Partner + Domestic Partner's Child(ren) + Employee's Child(ren)</b> |                         |
| <b>Employee rate</b>                                                                       | \$214.35                |
| <b>Imputed income</b>                                                                      | \$839.72                |

# Flexible Spending Accounts (FSAs)

## Health Care and Dependent Care Flexible Spending Accounts

The Health Care and Dependent Care Flexible Spending Accounts, administered by Anthem, are another great way to save tax dollars on eligible expenses. With an FSA, unused dollars do not roll over from year to year and you will need to enroll in these accounts every year—**FSA elections do not carry over** to the next plan year.

**Please note:** If you enroll in the Consumer Select or Consumer Value Plan with a Health Savings Account (HSA), you **cannot participate** in the Health Care FSA.

You can incur expenses through March 15<sup>th</sup> for the previous year. For example, 2026 expenses can be incurred through **March 15<sup>th</sup>, 2027**.

**You must file for reimbursement with Anthem by March 31<sup>st</sup>, 2027.** If you participate in the Health Care Flexible Spending Account and you terminate employment, your coverage will end on your termination date. You will have 90 days after your termination date to file claims for eligible services received while employed. If you participate in the Dependent Care Flexible Spending Account, you will have until March 15<sup>th</sup>, 2027, to incur additional eligible dependent care expenses; claims must be filed by March 31<sup>st</sup>, 2027.



### Use It or Lose It!

Any money remaining in your FSA accounts after **March 31<sup>st</sup>, 2027**, is non-refundable. Before you enroll, review your expenses from the previous year. Elect to contribute only what you think you will need.



Medical Plan Options | Health Savings Account (HSA) | Medical Plan Comparison | HMSA Plan | **Flexible Spending Accounts (FSAs)** | Prescription Drug Benefits | \$0 Telehealth & Anthem Resources | Dental & Vision | Plan Rates | Mental Health | Well-Being & Fitness Reimbursement

| FSA FAQs                                             | Health Care FSA                                                                                                                                                                                                                                                                                                                                                                                                 | Dependent Care FSA                                                                                                                                                                                                              |
|------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>When will my account be funded?</b>               | Your full Health Care FSA election amount is available on the effective date of your election. You can receive reimbursement for the full amount of an eligible expense, up to the total amount you elected to contribute for the year.                                                                                                                                                                         | Your Dependent Care FSA will be funded as money is deposited from each of your paychecks to your account. You will only receive reimbursement for the amount deposited into your account as of the date of reimbursement.       |
| <b>What expenses can be reimbursed?</b>              | Deductibles, copays, coinsurance, and other eligible, unreimbursed expenses related to medical, prescription drugs, dental, vision, and hearing care; over-the-counter medications without a prescription, such as Tylenol and other pain relievers, heartburn medications, and allergy relief medications; feminine care products, such as tampons, pads, liners, cups, and sponges.                           | The cost of child care for children age 12 and under, after-school care, and adult day care for dependents living with you, that allows you and your spouse to work, or you to work and your spouse to attend school full-time. |
| <b>What's the maximum amount I can contribute?</b>   | <b>\$3,400 per employee in 2026</b>                                                                                                                                                                                                                                                                                                                                                                             | <b>\$7,500 per household in 2026*</b>                                                                                                                                                                                           |
| <b>Is there a grace period?</b>                      | If you enroll in the Health Care FSA or Dependent Care FSA, you will have a grace period through <b>March 15<sup>th</sup>, 2027</b> , to incur new expenses using unspent 2026 FSA money.                                                                                                                                                                                                                       |                                                                                                                                                                                                                                 |
| <b>What happens to my account if I leave Otsuka?</b> | Any money left in your Health Care FSA when you leave Otsuka will be forfeited—you cannot take the money with you. Make sure to use all the money in your account before your last day at Otsuka. If you participate in the Dependent Care FSA, you will have until March 15 <sup>th</sup> , 2027, to incur additional eligible dependent care expenses; claims must be filed by March 31 <sup>st</sup> , 2027. |                                                                                                                                                                                                                                 |

\*The maximum annual election for highly compensated employees will be limited to \$4,000.



Medical Plan Options | Health Savings Account (HSA) | Medical Plan Comparison | HMSA Plan | Flexible Spending Accounts (FSAs) | **Prescription Drug Benefits** | \$0 Telehealth & Anthem Resources | Dental & Vision | Plan Rates | Mental Health | Well-Being & Fitness Reimbursement

# 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"> <li>The most cost-effective choice among the three tiers.</li> <li>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.</li> </ul> | <ul style="list-style-type: none"> <li>Priced higher than Tier 1.</li> <li>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.</li> <li>May also be generic drugs if those drugs are new to the pharmaceutical market.</li> </ul> | <ul style="list-style-type: none"> <li>Highest cost of all three tiers.</li> <li>Often include non-preferred brand and generic drugs.</li> <li>May include drugs that were recently approved by the FDA, or specialty drugs used to treat a serious, long-term health condition.</li> </ul> |

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.

[Medical Plan Options](#) | [Health Savings Account \(HSA\)](#) | [Medical Plan Comparison](#) | [HMSA Plan](#) | [Flexible Spending Accounts \(FSAs\)](#) | **[Prescription Drug Benefits](#)** | [\\$0 Telehealth & Anthem Resources](#) | [Dental & Vision](#) | [Plan Rates](#) | [Mental Health](#) | [Well-Being & Fitness Reimbursement](#)

| 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 |



**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!

**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         | VOYXACT         |             | Kisqali & Femara      |

# Anthem Well-Being & Support Resources

*Anthem offers a variety of online and by-phone services to help you understand and use your health plan to the fullest.*

## Anthem Health Guide

The Anthem Health Guide is the experienced customer service team that knows the ins and outs of the healthcare world. Their representatives can help you:

- Choose the right plan during Open Enrollment or if you experience a qualified life event
- Find in-network doctors
- Compare healthcare service costs
- Connect with healthcare professionals, programs, and support resources covered by your benefits
- Remind you to make appointments for exams, tests, and preventive screenings

## Meet Sydney: Your Digital Health Resource

Anthem's mobile app, **Sydney**, can tell you almost everything about your health plan. You can search for Anthem network doctors, hospitals, labs, and other providers, check your claims, see what your plan covers and how it's covered, view and use your digital plan ID cards, and use the chat feature to get answers quickly! Sydney is available for download by visiting the [App Store](#) or [Google Play](#). Use your Anthem username and password to log in to the app.

## LiveHealth Online (LHO)—Provided at no cost to you

You and your covered dependents can connect with licensed healthcare providers from the comfort of your home—**at no cost to you**.

Telehealth visits through LHO are **fully covered**, meaning no copays and no deductible, making it easier to access care when you need it most. Whether you're managing a minor illness, following up on treatment, or seeking medical advice, telehealth offers a safe, convenient, and affordable way to stay on top of your health. To get started with LHO, download the app by visiting the [App Store](#) or [Google Play](#), or call **888-548-3432**.



### Contact Anthem Health Guide

Call **833-807-1875**, Monday through Friday, 5 a.m. to 8 p.m. PT (8 a.m. to 11 p.m. ET).

Register [online](#) using the Member ID on the front of your ID card; get access to your personalized healthcare portal.

## Anthem Behavioral Services

Enrolled in an Anthem medical plan? You and your dependents have access to 24/7 support from experienced mental health professionals with 100% coverage for telehealth visits with licensed therapists and board-certified psychiatrists.

To learn more, contact Anthem's Behavioral Health Resource Center at **866-621-0554**.

Medical Plan Options | Health Savings Account (HSA) | Medical Plan Comparison | HMSA Plan | Flexible Spending Accounts (FSAs) | Prescription Drug Benefits | \$0 Telehealth & Anthem Resources  
| **Dental & Vision** | Plan Rates | Mental Health | Well-Being & Fitness Reimbursement

# Dental & Vision Insurance

## Delta Dental Plan

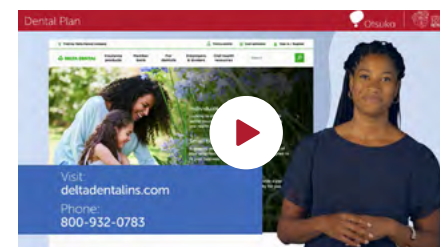
Getting routine cleanings and exams is an important part of staying healthy. Dental coverage is provided through **Delta Dental** and includes access to in-network and out-of-network providers. You will pay the least when you use a provider in Delta Dental's PPO Core Plus network and slightly more when you see Delta Dental Premier network providers.

But you will always pay the most when you see out-of-network providers.

The dental plan covers preventive care and other general dental expenses. Register for your account via [Delta Dental's website](#). You can also download the Delta Dental app on the [App Store](#) or [Google Play](#).

Research shows that routine dental care can help lower your risk of heart disease, diabetes, and more.

Click below to view a video about your Otsuka dental plan.



| Plan Provision                                       | How It Works                                                                                           |
|------------------------------------------------------|--------------------------------------------------------------------------------------------------------|
| <b>Annual deductible</b>                             | You pay \$25 per person; \$75 per family                                                               |
| <b>Preventive and diagnostic</b>                     | 100% covered; no deductible for in-network services                                                    |
| <b>Basic restorations, endodontics, periodontics</b> | 100% covered after annual deductible                                                                   |
| <b>Crowns, dentures, and bridgework</b>              | You pay 30% after annual deductible                                                                    |
| <b>Maximum benefit</b>                               | \$3,000 per covered person per calendar year                                                           |
| <b>Orthodontia (children and adults)</b>             | You pay 30% after separate \$50 annual deductible; \$3,000 per covered person maximum lifetime benefit |



Medical Plan Options | Health Savings Account (HSA) | Medical Plan Comparison | HMSA Plan | Flexible Spending Accounts (FSAs) | Prescription Drug Benefits | \$0 Telehealth & Anthem Resources | **Dental & Vision** | Plan Rates | Mental Health | Well-Being & Fitness Reimbursement

## VSP Vision Plan

Otsuka's vision coverage is offered through VSP. VSP delivers convenience and flexibility, with access to 36,000 vision care providers nationwide, including locations like Visionworks, Pearle Vision, AccuVision, Walmart, and Costco.

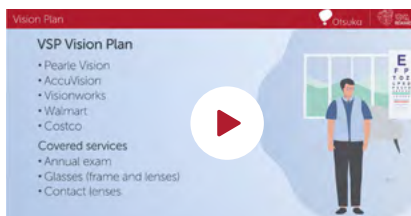
You have **two** coverage options:

- **VSP Vision Core:** A lower-cost vision plan with higher copays and lower allowances for vision correction services and materials.
- **VSP Vision Enhanced:** A higher-cost vision plan with richer benefits, including lower copays and higher allowances for vision correction services and materials.

Your vision coverage includes annual eye exams, eyeglass frames and lenses, and contact lenses. While you have the flexibility to choose between in-network or out-of-network providers, opting for out-of-network providers typically results in higher costs. To find an in-network provider near you, call VSP at **800-877-7195**, visit [vsp.com](https://vsp.com), or download their free app in the [App Store](#) or [Google Play](#).

Vision care goes beyond clear sight—it helps identify health issues such as high blood pressure, diabetes, cholesterol, and more.

Click to discover more about the Otsuka vision plan.



Medical Plan Options | Health Savings Account (HSA) | Medical Plan Comparison | HMSA Plan | Flexible Spending Accounts (FSAs) | Prescription Drug Benefits | \$0 Telehealth & Anthem Resources  
 | **Dental & Vision** | Plan Rates | Mental Health | Well-Being & Fitness Reimbursement

## VSP Vision Plan

|                                | VSP Vision Core                  |                                  | VSP Vision Enhanced                                                                                                                                                                                                                                                                                                                                                                                                                              |                                  |
|--------------------------------|----------------------------------|----------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------|
| Frequencies                    |                                  |                                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                  |
| Exam                           | Once per calendar year           |                                  | Once per calendar year                                                                                                                                                                                                                                                                                                                                                                                                                           |                                  |
| Lenses/Contacts                | Once per calendar year           |                                  | Once per calendar year                                                                                                                                                                                                                                                                                                                                                                                                                           |                                  |
| Frames                         | Once every two calendar years    |                                  | Once per calendar year                                                                                                                                                                                                                                                                                                                                                                                                                           |                                  |
| Service                        | In-Network (What You Pay)        | Out-of-Network (What You Pay)    | In-Network (What You Pay)                                                                                                                                                                                                                                                                                                                                                                                                                        | Out-of-Network (What You Pay)    |
| Exam                           | \$10 copay                       | \$40 copay                       | \$10 copay                                                                                                                                                                                                                                                                                                                                                                                                                                       | \$40 copay                       |
| Contact Lens Exam              | \$40 copay                       | N/A                              | \$40 copay                                                                                                                                                                                                                                                                                                                                                                                                                                       | N/A                              |
| Essential Medical Eye Care     | \$20 copay                       | N/A                              | \$20 copay                                                                                                                                                                                                                                                                                                                                                                                                                                       | N/A                              |
| Retinal Screening              | \$39 copay                       | N/A                              | \$39 copay                                                                                                                                                                                                                                                                                                                                                                                                                                       | N/A                              |
| Frames                         |                                  |                                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                  |
| Retail Frame Allowance         | 100% after plan pays up to \$210 | 100% after plan pays up to \$80  | 100% after plan pays up to \$180                                                                                                                                                                                                                                                                                                                                                                                                                 | 100% after plan pays up to \$80  |
| Featured Frame Brand Allowance | 100% after plan pays up to \$230 | 100% after plan pays up to \$80  | 100% after plan pays up to \$200                                                                                                                                                                                                                                                                                                                                                                                                                 | 100% after plan pays up to \$80  |
| Costco Equivalent Frame        | 100% after plan pays up to \$115 | 100% after plan pays up to \$80  | 100% after plan pays up to \$100                                                                                                                                                                                                                                                                                                                                                                                                                 | 100% after plan pays up to \$80  |
| Lenses                         |                                  |                                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                  |
| Single                         | \$20 copay                       | 100% after plan pays up to \$40  | \$20 copay                                                                                                                                                                                                                                                                                                                                                                                                                                       | 100% after plan pays up to \$40  |
| Bifocal                        | \$20 copay                       | 100% after plan pays up to \$60  | \$20 copay                                                                                                                                                                                                                                                                                                                                                                                                                                       | 100% after plan pays up to \$60  |
| Trifocal                       | \$20 copay                       | 100% after plan pays up to \$80  | \$20 copay                                                                                                                                                                                                                                                                                                                                                                                                                                       | 100% after plan pays up to \$80  |
| Lenticular                     | \$20 copay                       | N/A                              | \$20 copay                                                                                                                                                                                                                                                                                                                                                                                                                                       | N/A                              |
| Contact Lenses                 |                                  |                                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                  |
| Elective                       | 100% after plan pays up to \$150 | 100% after plan pays up to \$110 | 100% after plan pays up to \$150                                                                                                                                                                                                                                                                                                                                                                                                                 | 100% after plan pays up to \$110 |
| Additional Benefits            |                                  |                                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                  |
| Additional Frames & Allowances | N/A                              |                                  | Your choice of <b>one of the following once per calendar year</b> :<br>• Additional \$100 allowance for frames or contacts; OR<br>• Progressive lenses covered in full; OR<br>• Anti-Reflective coating covered in full; OR<br>• Photochromic lenses covered in full<br><br><b>Note:</b> The additional allowance can be used differently by each person covered (e.g., one person can use it toward frames, one can use it toward lenses, etc.) |                                  |

Medical Plan Options | Health Savings Account (HSA) | Medical Plan Comparison | HMSA Plan | Flexible Spending Accounts (FSAs) | Prescription Drug Benefits | \$0 Telehealth & Anthem Resources  
| Dental & Vision | **Plan Rates** | Mental Health | Well-Being & Fitness Reimbursement

# Plan Rates

Your per-paycheck cost for the medical, dental, and vision plans depends on the plan you choose, and the coverage tier you elect, including the number of dependents you choose to cover. Your costs are deducted automatically from your paycheck each pay period.

## 2026 Employee Rates (Semi-Monthly, Per Pay Period, Pretax)

| Rates                 | Premier Medical | Choice Medical | Consumer Select Medical | Consumer Value Medical | VSP Vision Core | VSP Vision Enhanced | Dental  |
|-----------------------|-----------------|----------------|-------------------------|------------------------|-----------------|---------------------|---------|
| Employee              | \$120.21        | \$67.25        | \$57.52                 | \$37.46                | \$0.44          | \$2.92              | \$7.20  |
| Employee + Spouse     | \$257.67        | \$145.24       | \$120.28                | \$78.49                | \$0.87          | \$5.84              | \$14.97 |
| Employee + Child(ren) | \$233.43        | \$131.11       | \$109.77                | \$71.30                | \$0.94          | \$6.25              | \$16.55 |
| Employee + Family     | \$386.24        | \$215.55       | \$167.19                | \$110.34               | \$1.50          | \$9.96              | \$24.67 |

### Did You Know?

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



## Tax Impacts for Domestic Partners

Otsuka extends health coverage to the domestic partners of employees and the dependent children of those domestic partners.

Unlike benefits for a spouse, health benefits for domestic partners are taxable, per IRS regulations. Please note that if you are covering your domestic partner and/or their children, your tax burden may be higher. This taxable portion of your rates is called imputed income. It is shown in the table below.



## 2026 Domestic Partner Rates and Imputed Income (Semi-Monthly, Per Pay Period)

| Rates                                                                                      | Premier Medical | Choice Medical | Consumer Select Medical | Consumer Value Medical | VSP Vision Core | VSP Vision Enhanced | Dental  |
|--------------------------------------------------------------------------------------------|-----------------|----------------|-------------------------|------------------------|-----------------|---------------------|---------|
| <b>Employee + Domestic Partner</b>                                                         |                 |                |                         |                        |                 |                     |         |
| Employee rate                                                                              | \$257.67        | \$145.24       | \$120.28                | \$78.49                | \$0.87          | \$5.84              | \$14.97 |
| Imputed income                                                                             | \$436.98        | \$475.92       | \$458.32                | \$442.54               | \$2.55          | \$2.17              | \$24.04 |
| <b>Employee + Employee's Child(ren) + Domestic Partner</b>                                 |                 |                |                         |                        |                 |                     |         |
| Employee rate                                                                              | \$386.24        | \$215.55       | \$167.19                | \$110.34               | \$1.50          | \$9.96              | \$24.67 |
| Imputed income                                                                             | \$421.63        | \$469.46       | \$463.60                | \$444.52               | \$3.28          | \$2.79              | \$23.69 |
| <b>Employee + Domestic Partner + Domestic Partner's Child(ren) + Employee's Child(ren)</b> |                 |                |                         |                        |                 |                     |         |
| Employee rate                                                                              | \$386.24        | \$215.55       | \$167.19                | \$110.34               | \$1.50          | \$9.96              | \$24.67 |
| Imputed income                                                                             | \$778.41        | \$858.80       | \$837.68                | \$806.34               | \$6.19          | \$5.26              | \$53.22 |

# Additional Benefits & Services

*Otsuka offers a comprehensive lineup of additional benefits and services with your long-term well-being in mind.*

## Lyra Health: Comprehensive Mental Healthcare Services

**Lyra Health** provides a comprehensive suite of mental healthcare services, combining self-guided resources, personalized coaching, medication management, and up to 16 fully-subsidized therapy sessions.

With access to Lyra's robust network of over 5,500 credentialed mental healthcare providers, you and your family can receive support whenever and wherever you need it. All of Lyra's mental health offerings, including the 16 fully-subsidized therapy sessions, are available to Otsuka employees and their eligible dependents, including spouses, domestic partners, children, and the children of domestic partners, regardless of whether they are enrolled in Otsuka benefits.

Lyra also offers important initiatives designed to help young people age 0-17 and their families in getting the mental health support they need, including:

- **Therapy for Teens**—Lyra's combination of therapists and digital content for adolescents has been proven to improve mental health conditions quicker than traditional approaches.
- **Coaching programs for Parents and Caregivers**—Get guidance and skills to address common parenting challenges such as tantrums and bullying.
- **Personalized Care Navigation for Autism Spectrum Disorder (ASD)**—As part of Lyra's Advanced Care Coordination solutions, 1:1 support is offered to help parents and caregivers connect with specialized ASD providers.
- **Lyra Renew**—Find help cutting down or quitting alcohol use from a specialized Alcohol Use Disorder (AUD) therapist and access peer group support sessions, digital lessons, and weekly check-ins.



### Questions About Your Lyra Benefits?

To get started with Lyra mental health or EAP services, visit [otsuka.lyrahealth.com](https://otsuka.lyrahealth.com), and follow the instructions to register at the bottom of the page. You can also call **877-467-1893** to speak with a Lyra representative.



Medical Plan Options | Health Savings Account (HSA) | Medical Plan Comparison | HMSA Plan | Flexible Spending Accounts (FSAs) | Prescription Drug Benefits | \$0 Telehealth & Anthem Resources | Dental & Vision | Plan Rates | **Mental Health** | Well-Being & Fitness Reimbursement

## Continuation of Care

If you have exhausted the 16 fully-subsidized therapy sessions and are enrolled in any Anthem plan, you may choose to continue services through Lyra using your healthcare plan, subject to the relevant in-network copay or coinsurance.

## Medication Management

Take advantage of Lyra Medication Management, which provides access to evidence-based medication prescribing through an in-depth 90-minute consultation with a mental healthcare physician via live video to diagnose your condition and discuss what medications are appropriate for you.

Both the Continuation of Care and the Medication Management support are billed through Anthem and subject to in-network outpatient mental health cost-sharing, as defined under your healthcare plan. If you have questions about the costs, please contact Anthem.

## PsychU No-Cost Mental Health Resources

Access an award-winning library of on-demand mental health resources and key insights from a community of industry experts and medical professionals, all at no cost, through [PsychU.org](https://PsychU.org).

## Anthem Behavioral Services

Enrolled in an Anthem medical plan? You and your dependents have access to 24/7 support from experienced mental health professionals with 100% coverage for telehealth visits with licensed therapists and board-certified psychiatrists.

To learn more, contact Anthem's Behavioral Health Resource Center at **866-621-0554**.



### Download the Lyra Health App Today

The Lyra Health mobile app keeps you connected wherever you are. Access the Lyra Essentials library, connect with your Lyra Coach or therapist, or get messages and session reminders on the go. Download the app from the [App Store](#) or [Google Play](#).

As a leader in the mental health space, we are committed to providing a comprehensive suite of mental healthcare offerings to support the mental health of you and your family.

Click below to view a video and learn more.



Medical Plan Options | Health Savings Account (HSA) | Medical Plan Comparison | HMSA Plan | Flexible Spending Accounts (FSAs) | Prescription Drug Benefits | \$0 Telehealth & Anthem Resources | Dental & Vision | Plan Rates | Mental Health | **Well-Being & Fitness Reimbursement**

## Living Well at Otsuka

Powered by **Espresa**, the Living Well at Otsuka Program gives you access to a variety of resources supporting your overall well-being. Whether you want to improve your fitness, manage stress, or get a handle on your finances, Espresa will support you in making healthy choices and meeting short- and long-term well-being goals.

Available at no cost to you, Espresa resources include:

- **Team challenges.** Participate in company-wide well-being challenges.
- **Well-Being Hub.** Link to all your well-being benefits.
- **Communities.** Join a Community to share tips, exchange messages, explore helpful resources, and support each other on your fitness journey together.
- **Expert on-demand classes** covering fitness, mindfulness, and nutrition through Wellbeats.

Visit the **Living Well at Otsuka** page on the [Benefits Portal](#) and register for Espresa using your Otsuka email and password.

For additional information and a list of eligible expenses for reimbursement, please read the **[Fitness Reimbursement Policy](#)**.

### It (Literally) Pays to Get Fit

Make the most of the Fitness Reimbursement Program, **available through Espresa**, to receive **up to \$500** each year for eligible well-being services.

**Power to earn.** You will have access to \$300 automatically through the Living Well at Otsuka Program and also be eligible for an additional \$200 when you complete approved well-being activities—such as your annual physical, preventive screenings, or participation in step challenges.



# For Your Financial Security & Support

*Your long-term well-being goes beyond your physical and emotional health.  
We aim to support you in achieving financial security goals as well.*

## 401(k) Savings Plan

The Otsuka 401(k) savings plan, administered by Fidelity, offers you the opportunity to accumulate savings for your future. **You are enrolled in the plan automatically at a 6% pre-tax contribution level if you do not actively enroll within 35 days of your start date.**

### Fidelity Financial Resources

Fidelity offers an array of services to support your financial goals, including online tools, on-demand workshops, and advice from financial experts.

Otsuka provides the resources to help you save for retirement. Click below to view a video about your Otsuka 401(k) savings plan.



| Feature                                      | How It Works                                                                                                                                                                                                                                                                                                                                                                                                                                                         |
|----------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Your contributions</b>                    | Contribute up to 60% of your eligible compensation (excludes bonus and overtime) per pay period, on a pretax, Roth, and/or after-tax basis.<br><b>2026 contribution limits:*</b><br><b>\$24,500</b> —Pretax and/or Roth contribution limit<br><b>\$8,000</b> —Catch-up contribution limit if you are age 50 or older by December 31 <sup>st</sup> , 2026<br><b>\$11,250</b> —Catch-up contribution limit if you are age 60 to 63 by December 31 <sup>st</sup> , 2026 |
| <b>Otsuka Matching Contributions</b>         | Otsuka matches your contributions dollar for dollar, up to 10% of your eligible base salary, per pay period.                                                                                                                                                                                                                                                                                                                                                         |
| <b>Changing your contribution percentage</b> | You can increase (up to applicable limits) or decrease your savings percentage at any time. <b>Please note:</b> Your new savings percentage will be effective on the first of the month following the date your election was submitted in Fidelity's system.                                                                                                                                                                                                         |
| <b>Otsuka match: vesting schedule</b>        | Employer matching contributions vest in <b>25% increments</b> per year, beginning after one year of service and with full vesting occurring after four years.                                                                                                                                                                                                                                                                                                        |

\*IRS limits are subject to change annually.

### Catch-Up Contributions

All catch-up contributions you elect **must be made as separate elections.**

### Additional Catch-Up Regulations for Higher Earners

Your catch-up contributions must be made separately as Roth contributions only if:

- You earned **\$150,000 or more** in 2025 (reported as FICA wages on your Form W-2), AND
- You will be **age 50 or older** in 2026.

# Company-Paid and Optional Life, AD&D, and Travel Insurance Coverages

## Life and Accidental Death and Dismemberment (AD&D) Coverage

Otsuka pays for your basic life and accidental death and dismemberment (AD&D) coverage through Lincoln Financial, and you are automatically enrolled. During your new hire benefits enrollment window, you may also purchase additional coverage as follows for you and your family up to the guaranteed issue without providing a statement of health:

- **Basic life insurance:** 2 times your annual base salary, up to \$1.5 million.
- **Optional life insurance:** Available for you and your spouse, domestic partner, and dependent children. Optional life insurance costs are deducted from your paycheck on an after-tax basis. You may elect up to 6 times your annual base salary, up to \$1.5 million. A guaranteed issue benefit is available of \$250,000 for employee and \$50,000 for a spouse/domestic partner.
- **Basic AD&D insurance:** Up to 5 times your annual base salary, up to \$1.5 million.

Life and AD&D coverage can help provide financial peace of mind for your loved ones during an already difficult time.

Click below to view a video about your coverage options.





## Trustmark Optional Whole Life Insurance Policy with Long-Term Care Provision

Otsuka offers a 100% employee-paid permanent life coverage option that features a long-term care provision through Trustmark. It provides a coverage amount of up to **\$300,000 for employee** and **up to \$300,000 for a spouse/domestic partner**.

Coverage also includes a long-term care provision. You may receive **up to 4%** of your elected death benefit for **up to 25 months** when a medical professional certifies the loss of two or more activities of daily living. You can increase coverage in the future up to the maximum benefit amount, subject to medical underwriting.

## Business Travel Incident Insurance

Otsuka's Business Travel Accident insurance provides support for you and your family in the event of an accident, illness, or other unexpected event during travel for work. The insurance provides **up to 5 times your annual base pay with a maximum of \$1 million**. Emergency medical evacuation is also included.

## Global Travel Insurance

When you travel outside of the United States on Otsuka business, you are covered by global travel insurance through Crisis24. This company-provided benefit offers accident and sickness medical expenses and medical evacuation coverage for when you travel on short-term work assignments outside the country in which you live.

Claims are paid on a primary basis and include hospital admissions, prescription drugs, and medical evacuation.

In case of an emergency, please contact Crisis24 Global Hotline at **443-569-0646**. You can also download their app in the [App Store](#) or [Google Play](#).



## Did You Know?

Whole Life Insurance with Long-Term Care is an investment in your long-term well-being. Rates will not increase as long as you continue the policy, which you can keep even if you leave Otsuka.





# Voluntary Benefits

Illnesses and injuries can impact your long-term financial well-being well after recovery. Otsuka offers Accidental Injury, Critical Illness, and Hospital Care insurance from Lincoln Financial to help you focus on being well—not the finances.

- **Accidental Injury insurance** pays you a fixed benefit amount to help offset unexpected out-of-pocket expenses resulting from covered accidental injuries on or off the job.
- **Critical Illness insurance** provides a lump sum payment directly to you in the event of a covered condition such as a heart attack, stroke, cancer, major organ transplant, or renal (kidney) failure.
- **Hospital Care insurance** provides additional coverage to cover costs such as hospital admissions or ICU expenses for accidents and sickness resulting in confinement in a hospital—including maternity.

**All three plans provide a \$100 annual incentive for completing one approved wellness activity such as a health screening test.**

Coverage is available for you, your spouse/domestic partner, and your child(ren). You are not required to participate in Otsuka's medical plan to take advantage of these benefits.

Learn more about Voluntary Benefits on the [Benefits Portal](#).

## Do Not Forget to File Your Claims

It's important to submit your claims as soon as possible. Here's how:

**Phone:** Call **800-423-2765**

**Online:** Visit [LincolnFinancial.com](https://www.lincolnfinancial.com)

Voluntary Accidental Injury, Critical Illness, and Hospital Care insurance options pay you directly, regardless of your medical plan coverage.

Click below to view a video about how voluntary insurance works.



# Disability Benefits

All or a portion of your income is protected if the unexpected happens with the **short-term and long-term disability insurance** plans. The plans are company-paid and administered by Lincoln Financial. You are enrolled for coverage in both plans automatically at no cost to you.

## Short-Term Disability Insurance

Short-term disability insurance benefits replace some or all of your **base salary for up to six months** if you become ill or disabled and are unable to work. You are eligible for coverage immediately if you work at least 15 to 30 hours per week. Benefits start after you are out of work for at least six consecutive business days. Your benefit depends on how long you have been with Otsuka and how long you are out of work.

## Coverage Levels

| Years of Service | Days at 100% Pay | Days at 80% Pay |
|------------------|------------------|-----------------|
| <1               | 1–90             | 91–180          |
| 1+               | 1–180            | N/A             |

## Long-Term Disability Insurance

Long-term disability insurance benefits replace a portion of your base salary if you become ill or disabled and cannot work for more than six months. You will receive **60%** of your base salary, **up to \$15,000** per month, until you return to work or you reach age 65 (whichever happens first). You are eligible for long-term disability benefits after 180 consecutive days of total disability.



### Filing a Claim

For all leave and disability claims, call Lincoln Financial at **888-408-7300**. Or file a claim online at [LincolnFinancial.com](https://www.lincolffinancial.com) (company code: **OTSUKAAMERICA**).



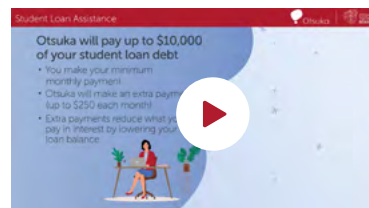
# Additional Benefits & Services

## Student Loan Assistance Program\*

To further support the financial well-being of employees, Otsuka offers **\$250 per month (up to \$10,000)** during your career with Otsuka for student debt. This benefit is specific to employee student debt only and Parent PLUS loans are excluded. This program is offered through Fidelity to all eligible employees. To learn more, visit the [Student Loan Assistance](#) page on the Benefits Portal.

The Student Loan Assistance Program can help reduce the burden and stress of lingering debt so you can focus on your financial future.

Click right to view a video on how the program works.



## Commuter Benefits

Save on commuting expenses with commuter benefits, administered by Anthem. You may elect coverage for transit or parking (but not both) through Workday. Jnana will subsidize the benefit up to **\$420** per month, subject to applicable tax rules.

Once you enroll, you can pay for eligible commuter expenses with your Anthem debit card or pay from your pocket and file a claim for reimbursement—**tax-free**.

Check out the [Benefits Portal](#) for a list of eligible expenses.

## Tuition Reimbursement\*

Otsuka values your knowledge and expertise and supports full-time employees with at least one year of service by reimbursing tuition and related expenses for job-related degrees. **Please note:** You must stay on active payroll and perform your job satisfactorily through completion of each course to be eligible.

## Continuing Education Support

You receive up to a lifetime maximum of **\$100,000**, for approved tuition and related fees.

For more details, visit the [Tuition Reimbursement](#) page on the Benefits Portal.

**\*Please note** that in any plan year you can choose to participate in either the Student Loan Assistance Program or the Tuition Reimbursement benefit; you may not participate in both.

# For Your Home & Family

*Otsuka values your effort, creativity, and contributions. We also know how much you value your family, so we offer family leave and support services to meet your needs.*

## Family Leave & Support Benefits

### Paid Family Leave

Being there for your family is a top priority. That's why Otsuka offers a variety of leave options to provide more support when you need to care for your loved ones.

**Parental leave:** If you are expecting a baby, or if you are planning to adopt or foster long-term when adoption is the intended outcome, you are eligible for **up to 10 weeks of 100% paid leave**. If you are the birth mother, you may qualify for short-term disability (STD) benefits immediately before and/or after delivery. Parental leave begins after your STD benefits end and coordinates with the applicable state's plan. Leave time can be used in weekly increments.

**Paid Family Support benefit:** You receive **up to \$20,000** to help with costs pertaining to adopting a child—and costs associated with surrogacy or long-term foster care when adoption is the intended outcome. An eligible child is defined as an individual who has not attained age 18 or who is physically or mentally incapable of caring for him/herself. A stepchild is not an eligible child.

**Note:** The benefits described above are coordinated with the coverage provided by applicable state plans.

**Caregiver leave:** Caregiver leave includes time away to care for additional family members—specifically, step-parents, in-laws, and grandparents-in-law. In addition, employees are eligible for **up to two weeks of 100% paid leave**. This benefit can provide time to arrange for nursing care, visit the hospital, or care for a family member with a serious health condition. This time can be used in daily increments.



## Caregiver Benefit

Caring for a loved one can be overwhelming—but you are not alone. In alignment with our Otsuka Patient Promise and belief that we are People Serving People, Otsuka offers the **lanacare caregiver benefit**, which provides resources and tools to empower and equip caregivers with important resources.

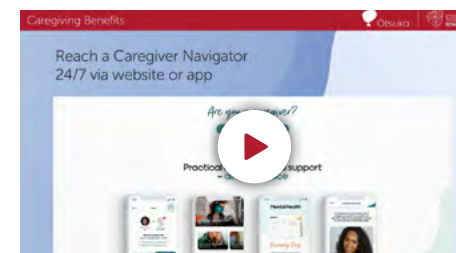
Provided at no cost, **lanacare** connects you with a dedicated specialty Caregiver Navigator to support the care of your loved ones across all ages, stages, and specific care conditions. Your Caregiver Navigator will also provide you with a personalized care plan that is tailored to your geographic location and your loved one's financial situation.

**Caregiver Navigators** are experts in federal health insurance (including Medicare) and trained in Otsuka's benefits, so they can customize a care plan with your health plan benefit offerings in mind. Regardless of your loved one's needs, lanacare will organize and mobilize your friends, family, community, and local resources to help support you through execution.

To get started, contact a **Caregiver Navigator 24/7** through the [lanacare app](#).

Having access to caregiving support today can boost your financial and mental well-being down the road.

Click below to view a video and learn more about lanacare.



### Reach a Caregiver Navigator 24/7 for assistance with:

- Respite Care
- Special Needs
- Mental Health Concerns
- Crisis Support
- Accident or Illness Recovery
- Advocacy
- Mediation
- Financial Counseling
- Legal Aid
- Coping with Grief Resources
- Chronic Condition Care
- Child or Elder Care
- Backup Care





## Bright Horizons Family Solutions

At every stage of life, **Bright Horizons Family Solutions** is here to support you. Whether you need backup child care, pet care, or help navigating the college admissions process, Bright Horizons provides the resources you need to thrive. Register for your free account to access the Bright Horizons database of providers and services for your family care needs.

### Bright Horizons Backup Care Options

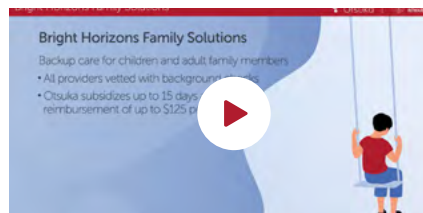
When your regular care provider is unavailable, you can arrange for backup care through the Bright Horizons network of thoroughly-vetted in-home or center-based providers. Otsuka subsidizes up to **15 days** of backup care per calendar year. Prefer using an out-of-network caregiver? You can receive up to **\$125 per day** for up to **15 days** by filing a claim online for reimbursement. Just ensure your care request is scheduled through the [Bright Horizons website](#) prior to submitting a claim.

#### Additional perks, discounts, and programs through Bright Horizons:

- **Pet care support** for dog-walking, pet drop-ins, overnight boarding, and pet sitting.
- **Marketplace discounts** on a variety of care and education programs.
- **Free access to Sittercity and parenting resources**, including free background checks.
- **Preferred enrollment** for ongoing child care in participating Bright Horizons child care centers nationally.
- **Tuition discounts** in partner child care centers across the country.

Having a family support system in place is vital to your ongoing mental and financial health.

Click to view a video and learn more about **Bright Horizons Back Up Care**.



## Comprehensive College Coaching

Bright Horizons Family Solutions offers access to expert guidance to help you navigate the college journey with confidence, including 1:1 counseling on admission strategy, college selection, essay writing and review, and financial planning.

Available resources include workshops that share strategies and debunk myths for every phase of a child's education, videos, cost calculators, and FAQs.

Otsuka provides up to five college counseling phone sessions and five essay reviews at no cost to you. After utilizing all subsidized benefits, you can opt to continue at your own expense.

## Milk Stork Program

Supporting your family journey has never been easier with Milk Stork:

- **For breastfeeding moms on business trips**, Milk Stork provides everything you need to express-mail a one- or two-day supply of breast milk home to your baby back home.
- **New parents by birth or adoption** can enjoy a six-month rental of a SNOO bassinet at no cost, along with free benefits like unlimited access to SNOO consultants and the SNOO Happiest Baby App.

[Learn more here!](#)

## Did You Know?

All Anthem medical plans include coverage for egg freezing. This benefit covers all office visits, required medications, and the process of retrieval and freezing. Coverage is available for both medically necessary and elective procedures, up to a lifetime maximum of \$30,000.



# Pet Insurance

Pets hold a special place in our families, and their health is just as important. With **Wishbone Pet Health Insurance through Pet Benefit Solutions**, your furry friends can receive routine or emergency care without breaking the bank. This 100% employee-paid benefit covers 90% of costs for accidents and illnesses for dogs and cats, with an option for routine care coverage.

Key features include:

- Coverage for office visits, exam fees, and prescription medications
- Visit any licensed U.S. veterinarian; no network required
- 90% reimbursement on accidents and illnesses for cats and dogs
- No lifetime maximum
- Easy claims submission at [wishboneinsurance.com/otsuka-us](https://wishboneinsurance.com/otsuka-us)

**Note:** Pre-existing conditions will not be covered.

Monthly rates average around \$35, based on your pet's age, breed, and location. Adding a routine care plan is optional at an additional cost. By enrolling multiple pets, you will receive an additional 5% multi-pet discount.



# Identity Protection & Legal Services

Otsuka offers additional peace of mind to you and your family through the voluntary identity protection and legal insurance plans.

## Identity Protection

Identity theft is increasingly common and can seriously affect your long-term financial and mental well-being. That's why Otsuka offers **Norton LifeLock** monitoring to help detect fraud early and reduce potential harm. You have access to comprehensive protection with Premier Plus coverage, including:

- Identity and credit **monitoring**
- **Annual** credit report and **monthly** credit score
- **Up to 10 devices** for single plans or **unlimited devices** for family plans
- **Up to 500GB** of Cloud backup
- **Up to \$50,000** in Cyber Crime insurance
- Anti-virus protection
- Social media **reputation monitoring**
- Digital wallet storage and monitoring
- Full-service remediation
- Digital exposure report

## Legal Insurance

Legal issues can be stressful, and not all legal issues are the same depending on your situation. Legal insurance through **MetLife** can help you access affordable legal care when/if you have a planned or unplanned legal issue. Whether disputing with a contractor, facing a traffic ticket, or working with estate planning, MetLife is here to help. Additional services include tax preparation and online notary services (where available).

When you enroll, you can choose from a nationwide network of attorneys who will:

- **Consult** with you on legal issues in person, over the phone, or online
- **Review** or prepare personal documents
- **Make follow-up calls** or write letters on your behalf
- **Represent you**, if needed



### Norton LifeLock Identity Protection

Call **800-607-9174** to find more details.

Employee only  
**\$12.49**  
per month

Family  
**\$21.48**  
per month

### MetLife Legal Insurance

To learn more, go to [members.legalplans.com](https://members.legalplans.com) or call **800-821-6400** to find more details.

**Rate: \$16.50** per month

# Perks at Work

Otsuka-people work hard—and as a way of saying thank you, the company provides the opportunity to **save on every day and special purchases**. Whether you are looking to purchase a new computer, a new TV, or a wide variety of other items and services, Perks at Work can help you **save money**—just for being an Otsuka employee.

Through Perks at Work, you receive employee-only discounts and access to savings on your favorite consumer brands. Discounts are available from more than 30,000 merchants across 26 categories.

There is **no cost to you**—simply sign up and take advantage of the savings offered to Otsuka employees.

## Features and Programs

Perks at Work will learn your preferences as you use it, finding **perks that matter to you**. You can earn WOWPoints rewards as you shop and redeem them at any Perks at Work participating merchant.

If you want to be the family favorite, you can also invite up to five family members to participate and save!

To register, visit [Perks at Work](#), and create an account using your Otsuka email address. Download the app to your phone or tablet for easy access to all the available discounts.



## Check Out Additional Discounts

- **Otsuka Company Store.** Visit [otsukacompanystore.com](https://otsukacompanystore.com) to purchase exclusive Otsuka branded merchandise. Do not see what you are looking for? Email your suggestions to [companystore@otsuka-us.com](mailto:companystore@otsuka-us.com) for items you would like to see added!
- **Discounted Well-Being Products.** Receive a discount through Otsuka on **well-being products** including Nature Made, Uqora, and Equelle vitamins and supplements.
- **Apple Products Discount Program** Otsuka employees can save on Apple products. Go to [Appogee's website](#) to register for an account and begin savings.



# For Renewing & Recharging

*Taking time away from work is not only important for you to do your best work, but it's for your mental, emotional, and physical well-being. Otsuka provides a generous Flexible Time Off policy and holiday schedule for employees to relax, recharge, or take care of personal business.*

## Flexible Time Off (FTO)

Whether you're spending time away or want to recharge at home, our FTO policy lets you schedule time away in a manner that meets your individual needs.

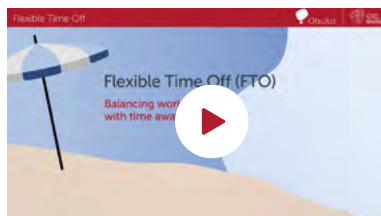
Instead of tracking against a set number of days allotted to you each year, full-time eligible employees are being empowered to take the flexible time off they seek. This enables you to **prioritize your well-being** while balancing the needs of the business.

Our FTO policy also supports our commitment to creating an inclusive workplace by providing a more personalized approach to time off. This ensures all Otsuka-people have the **flexibility to observe and celebrate moments** that are significant in their lives.

Time you take off under the FTO policy is separate from holiday time off and other leave policies that Otsuka provides.

Otsuka encourages you to take time off to renew and recharge to bring your best self to work today and in the future.

Click below to view a video about FTO.



# 2026 Holidays

Otsuka provides up to 18 paid holidays, including a six-day winter holiday and Summer Fridays (for non-field employees) for employees to renew, recharge, and enjoy time with family and friends.

| Holiday                       | Date                                                                            |
|-------------------------------|---------------------------------------------------------------------------------|
| New Year's Day                | Thursday, January 1 <sup>st</sup>                                               |
| Martin Luther King Jr. Day    | Monday, January 19 <sup>th</sup>                                                |
| Presidents' Day               | Monday, February 16 <sup>th</sup>                                               |
| Memorial Day                  | Friday, May 22 <sup>nd</sup> and Monday, May 25 <sup>th</sup>                   |
| Juneteenth                    | Friday, June 19 <sup>th</sup>                                                   |
| Independence Day              | Thursday, July 2 <sup>nd</sup> and Friday, July 3 <sup>rd</sup>                 |
| Labor Day                     | Monday, September 7 <sup>th</sup>                                               |
| Kindness Day*                 | Friday, November 6 <sup>th</sup>                                                |
| Thanksgiving Holiday (2 Days) | Thursday, November 26 <sup>th</sup> and Friday, November 27 <sup>th</sup>       |
| Winter Holiday                | Thursday, December 24 <sup>th</sup> through Thursday, December 31 <sup>st</sup> |

\*Otsuka will be closed on Friday, November 6<sup>th</sup> in recognition of Kindness at Otsuka—People Serving People Day.



# For Giving Back

*Our Social Impact team offers a variety of exciting programs that empower you to give back and amplify your impact. You can leverage these programs and our interactive [Otsuka Cares portal](#) to make a meaningful difference.*

## Otsuka Cares

### Volunteer Time Off (VTO)

Like Flexible Time Off (FTO) for volunteering! All Otsuka-people have 16 hours of paid time off to volunteer annually. It can be taken in one-hour increments.

VTO can be used for any organization listed in the Otsuka Cares portal. Per Otsuka's Social Impact policy, religious, political, and extremist groups are excluded from the portal.

Use of VTO must be requested in advance and approved by your manager, who will decide based on reasonable notice and current business needs. The time should be taken during your regular workday, not weekends or holidays, for volunteering done on your own. VTO does not need to be used for team volunteer activities that are organized by your leader.

### Matching Gifts and Dollars for Doers

We make it easy to donate to your favorite nonprofit organizations. Through the **Matching Donations** program, Otsuka will match your donation dollar for dollar up to \$2,500 per year to any nonprofit listed in the Otsuka Cares portal.

Through the **Dollars for Doers** program, for every hour of volunteer service, Otsuka-people receive \$10 to donate to the nonprofit of their choosing in the Otsuka Cares portal, up to \$500 per year. Go to the [Social Impact](#) page to learn more!



**Otsuka Social Impact**  
Allies and advocates making a meaningful impact



At Otsuka, we are people serving people. That principle sits at the center of our Otsuka Patient Promise and forms the foundation of our commitment to the long-term well-being of those we serve.

In recognition of our belief in the power of kindness, we celebrate kindness as People Serving People Day—a day away from normal Otsuka work activities—and encourage Otsuka-people to go into their communities to serve.

### Amplify Your Impact

Watch for Giving Amplifiers throughout the year when Otsuka will increase the matching donations from dollar for dollar to double match or even triple match. Keep an eye on the Vine for announcements!

# Contacts & Resources

*The following helpful resources include contact information for your Otsuka benefit plan service providers as well as links to a range of important benefit laws and notices.*

## Otsuka Benefits Service Providers

| Vendor                                  | Service                                     | Phone                        | Website or Email                                                                                                                                        |
|-----------------------------------------|---------------------------------------------|------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Otsuka AVA Contact Center</b>        | Benefits Enrollment & Eligibility Questions | 877-4-OTSUKA (877-468-7852)  | <a href="https://otsukaus.service-now.com/ava">otsukaus.service-now.com/ava</a>                                                                         |
| <b>Anthem</b>                           | Medical                                     | 833-807-1875                 | <a href="https://anthem.com/ca">anthem.com/ca</a>                                                                                                       |
|                                         | Prescription Drugs                          | 833-263-2858                 |                                                                                                                                                         |
|                                         | FSAs, HSA, and Commuter                     | 833-807-1875                 |                                                                                                                                                         |
|                                         | Behavioral Health Resource Center           | 866-621-0554                 |                                                                                                                                                         |
| <b>Bright Horizons Family Solutions</b> | Family Care Services                        | 877-BH-CARES (877-242-2737)  | <a href="https://clients.brighthorizons.com/Otsuka">clients.brighthorizons.com/Otsuka</a>                                                               |
| <b>Crisis24</b>                         | Global Travel Insurance                     | Global Hotline: 443-569-0646 | You can download the app in the <a href="#">App Store</a> or <a href="#">Google Play</a> .                                                              |
| <b>Delta Dental</b>                     | Dental                                      | 800-932-0783                 | <a href="https://deltadentalins.com">deltadentalins.com</a>                                                                                             |
| <b>Espresa</b>                          | Fitness Reimbursement, Well-Being Services  | Contact via email.           | <a href="mailto:support@espresa.com">support@espresa.com</a>                                                                                            |
| <b>Fidelity</b>                         | 401(k) Plan                                 | 800-835-5097                 | <a href="https://401k.com">401k.com</a>                                                                                                                 |
| <b>HMSA</b>                             | Hawaii Medical and Vision                   | 800-776-4672                 | <a href="https://hmsa.com">hmsa.com</a>                                                                                                                 |
| <b>Ianacare</b>                         | Caregiver Support                           | See website or email.        | Website: <a href="https://app.ianacare.com/otsuka">app.ianacare.com/otsuka</a><br>For support: <a href="mailto:help@ianacare.com">help@ianacare.com</a> |

# Otsuka Benefits Service Providers (continued)

| Vendor                           | Service                                                      | Phone                           | Website or Email                                                                      |
|----------------------------------|--------------------------------------------------------------|---------------------------------|---------------------------------------------------------------------------------------|
| Lincoln Financial                | Accidental Injury, Critical Illness, Hospital Care Insurance | Claims Assistance: 800-842-3728 | <a href="https://www.lincolnfinancial.com">LincolnFinancial.com</a>                   |
|                                  | Disability & Leave Claims                                    | 800-842-3728                    | <a href="https://www.lincolnfinancial.com">LincolnFinancial.com</a>                   |
|                                  | Life & AD&D Insurance                                        | 800-842-3728                    | Company code: OTSUKAAMERICA                                                           |
| Lyra Health                      | Employee Assistance Program (EAP)                            | 877-467-1893                    | <a href="https://otsuka.lyrahealth.com">otsuka.lyrahealth.com</a>                     |
|                                  | Mental Health Resources                                      |                                 |                                                                                       |
| MetLife                          | Legal Insurance                                              | 800-821-6400                    | <a href="https://members.legalplans.com">members.legalplans.com</a>                   |
| Milk Stork                       | Breast Milk Mailing/SNOO                                     | 888-207-6909                    | <a href="https://milkstork.com/otsuka">milkstork.com/otsuka</a>                       |
| Norton LifeLock                  | Identity Protection                                          | 800-607-9174                    | <a href="https://nortonlifelock.com/us/en">nortonlifelock.com/us/en</a>               |
| Pet Benefit Solutions (Wishbone) | Pet Insurance                                                | 800-887-5708                    | <a href="https://wishboneinsurance.com/otsuka-us">wishboneinsurance.com/otsuka-us</a> |
| Trustmark                        | Whole Life Insurance                                         | Contact via email.              | <a href="mailto:support@mybenefitsadvice.com">support@mybenefitsadvice.com</a>        |
| VSP                              | Vision                                                       | 800-877-7195                    | <a href="https://vsp.com">vsp.com</a>                                                 |



# Benefits Laws & Notices

To view Benefits Laws & Notices, [click here](#).