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## HealthyLiving Program

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**INTRODUCTION**

FirstEnergy recognizes the importance of employee wellness. The FirstEnergy HealthyLiving Program (the “Plan”) provides opportunities for employees and eligible spouses and domestic partners to improve their health and well-being by assisting with the identification of personal health risks, offering tools to make positive long-term health choices and rewarding progress toward goals. This document contains the summary plan description for the Plan.

FirstEnergy has selected Virgin Pulse, Inc., a nationally-accredited health and wellness service company, to administer the Plan.

The following description of the Plan has been prepared to help you gain a better understanding of its terms and conditions as of July 1, 2020. Each employee’s benefits and rights under the Plan are governed at all times by the official contracts with Virgin Pulse and are in no way altered or modified by the contents of this summary.

If you have questions after reviewing this material, contact Virgin Pulse for assistance.

**GENERAL INFORMATION**

For the purposes of this summary, the term “Company” means FirstEnergy Corp. and any of its operating companies or affiliates to which the Plan has been extended (see section entitled “Participating Employers”).

**ELIGIBLE EMPLOYEES AND DEPENDENTS**

**Eligible Employees** All non-bargaining full-time and part-time regular employees of the Company are eligible to participate in this Plan. Employees represented by a labor union as indicated in the section entitled “Participating Unions” may participate to the extent provided by their respective collective bargaining agreement with the Company or other agreement with the Company.

**Eligible Dependents** Spouses/domestic partners enrolled in a FirstEnergy or union-sponsored medical plan are eligible for the Plan. Dependents are not eligible for the Plan.

**Enrollment and Date of Coverage** You and your spouse/domestic partner are eligible to participate in the Plan on the first day of the month following your date of hire.

**Employee Contributions** The cost of the Plan is entirely funded by FirstEnergy.

**Qualifications** Eligible participants can qualify for rewards as program activities are completed. . Redeem rewards as they are earned and choose from many payout options such as HSA, 401(k), taxable cash, taxable gift cards or taxable charitable donations.

**Right to Modify or Terminate the Plan**

The benefits provided by the Plan are not vested, and the Company retains the right to modify or terminate these benefits, or change the rewards offered under the Plan, at any time. The Plan may

also be changed without notice in order to comply with existing or new legislation or related legal or regulatory requirements governing “Nondiscrimination and Wellness Programs” (29 CFR Part 2590).

## **BENEFITS PROVIDED BY THE PLAN**

The types of services covered by the Plan are described here.

**Rewards** – Participation is voluntary. FirstEnergy will determine the respective value, participation and/or requirement-based wellness program criteria as well as the frequency of rewards each plan year, all of which will be announced at the beginning of the plan year. Employees and/or eligible spouses and domestic partners who choose to participate in the program have the opportunity to complete criteria from the HealthyLiving Reward Chart to earn rewards.

Participants have the option to redeem earned HealthyLiving rewards throughout the plan year. Rewards may be redeemed in the form of a:

1. pre-tax contribution in a health savings account (HSA) if enrolled in the FirstEnergy Consumer HDHP or FirstEnergy Enhanced HDHP
2. pre-tax 401(k) Savings Plan deposit
3. taxable cash payment deposit
4. taxable gift card (payable immediately at redemption)
5. taxable charitable donation (payable immediately at redemption)
6. items from the online Virgin Pulse store, taxed at the time of selection

### **Timing of Reward Payouts**

Gift card and charitable donations are received immediately after a participant redeems their reward. Rewards selected for HSA, 401(k) and cash will be paid by the end of the month following redemption. For example, HSA reward redeemed in August will be paid out by the end of September.

If a participant does not elect where they want their rewards by the end of the plan year on June 30, 2021, earned rewards will be defaulted to the HSA (if enrolled in a FirstEnergy HDHP plan), otherwise rewards will be defaulted to their 401(k) Savings Plan. Unredeemed rewards will be received by the end of August.

Benefits for which you qualify are not vested and are not payable after termination or retirement. Benefits are only vested once they are deposited into your HSA or 401(k) Savings Plan, paid in taxable cash, paid in the form of a taxable gift card or paid as a taxable charitable donation.

Rewards are earned by the completion and/or achievement of the wellness activities and/or results below by June 30, 2021:

### HealthyLiving Rewards Chart

Employees can earn up to \$600 and spouses/domestic partners enrolled in a FirstEnergy or union-sponsored medical plan can earn up to \$200. The program is designed to be flexible—and the more you do, the more you earn. Redeem rewards as you go and choose from many payout options.

Employee Reward	Spouse/ Domestic Partner Reward	Healthy Activity
\$50	\$50	<p><b>Complete a Health Assessment.</b> The health risk assessment is a 15-minute, confidential online questionnaire that asks questions about your daily nutrition, exercise and sleep habits as well as how you feel, what you do to stay healthy and how your cope with stress. The assessment helps you understand your current health status and identify health-related risk factors that may impact your health or quality of life.</p> <p>Rewards will be reflected in the HealthyLiving account immediately after completing the health assessment.</p>
\$50	\$50	<p><b>Complete a Health Screening.</b> Knowing your numbers will provide a more complete picture of your health. There are several ways to complete your free health screening:</p> <ul style="list-style-type: none"> <li>• by having your health care provider complete and submit a Virgin Pulse Screening form</li> <li>• by bringing a Virgin Pulse Screening voucher to a CVS MinuteClinic or LabCorp</li> </ul> <p>Rewards will be reflected in the HealthyLiving account within 10 business days after the Health Screening.</p> <p>Alternative health screening options may also be made available through the program as announced.</p>
\$50	\$50	<p>Earn \$50 for a <b>Body Mass Index (BMI)</b> &lt; 30 or at least 5% weight loss improvement from your health screening results from July 1, 2020 to June 30, 2021.</p> <p>Rewards will be reflected in the HealthyLiving account within 10 business days after the Health Screening.</p>
\$50	\$50	<p>Earn \$50 for <b>Blood Pressure</b> &lt; 140/90 or &lt;150/90 (if over 60 years old) or improvement greater than or equal to 5% from your health screening results from July 1, 2020 to June 30, 2021.</p>

		Rewards will be reflected in the HealthyLiving account within 10 business days after the Health Screening.
\$50	\$50	Earn \$50 for <b>Total Cholesterol</b> < 220 or improvement greater than or equal to 5% from your health screening results from July 1, 2020 to June 30, 2021.  Rewards will be reflected in the HealthyLiving account within 10 business days after the Health Screening.
\$50	\$50	Earn \$50 for fasting <b>Glucose</b> < 126 (or < 200 non-fasting) or improvement greater than or equal to 5% from your health screening results from July 1, 2020 to June 30, 2021.  Rewards will be reflected in the HealthyLiving account within 10 business days after Health Screening.
\$50	\$50	Earn \$50 for completing the <b>Nicotine Free Agreement</b> – indicating no nicotine use.  Rewards will be reflected in the HealthyLiving account immediately after completion of the Health Assessment or Nicotine Free Agreement
\$50	\$50	<b>Complete a Next Steps Consult Phone Call.</b> After you complete your Health Assessment or Health Screening, schedule a 15-minute phone call with a Virgin Pulse guide to review your results, gain additional insight about your current health and receive personal, expert guidance on what to do next.  Rewards will be reflected in the HealthyLiving account within 24 hours of the completion of the Next Steps Consult phone call.
\$15/each 1x/month	\$15/each 1x/month	<b>Track</b> 7,000 steps for 20 days in a month and earn \$15 for each month of achievement. Simply sync a fitness device or fitness app to track steps automatically or track activities manually into your HealthyLiving account.  Rewards will be reflected in the HealthyLiving account after the monthly goal has been met.

\$20 12x/year	\$20 12x/year	<p>Complete a <b>Journey</b>. Journeys are personalized online experiences to help you get active, eat healthier, feel more confident about your finances, strengthen your resilience and more. You pick the healthy, inspiring steps that appeal to you and work at your preferred pace, unlocking new levels of healthy habits as you go.</p> <p>Rewards will be reflected in the HealthyLiving account immediately after completion of a Journey.</p>
\$25 12x/year	\$25 12x/year	<p>Complete a 15-minute <b>coaching call</b> with Virgin Pulse. Partnering with a health coach offers an individualized approach to tracking your goals. Health coaching offers the benefit of working directly with a life coach, tobacco cessation coach, nurse, pharmacist, nutritionist and many more. Earn \$25 per coaching call.</p> <p>Rewards will be reflected in the HealthyLiving account within 24 hours of a coaching call.</p>
\$50 3x/year	\$50 3x/year	<p>Complete a <b>challenge</b>. Team up with co-workers and family members for some healthy competition throughout the three company-established challenges per plan year. Each challenge will be communicated before the event begins.</p> <p>Rewards will be reflected in the HealthyLiving account immediately after completing the challenge.</p>
\$25	\$25	<p>Get your <b>flu shot</b>. The best way to protect yourself against the flu is to get vaccinated through a flu shot voucher from Virgin Pulse or through your own health care provider.</p> <p>Rewards will be reflected in the HealthyLiving account immediately after you enter it.</p>
\$25 3x/year	\$25 3x/year	<p>Routine <b>preventive exams</b> are important to your overall health. Rewardable exams include routine medical exams (including CDL exams), as well as dental and vision exams. Earn rewards for exams completed from July 1, 2020 through June 30, 2021. Go to <a href="https://www.anthem.com/preventive-care/">https://www.anthem.com/preventive-care/</a> to learn more about which exams may apply to you.</p> <p>Rewards will be reflected in the HealthyLiving account immediately after you enter them.</p>

\$25 2x/year	\$25 2x/year	<p>Participate in <b>community involvement</b> activities. Give back to your community by donating your time by volunteering, participating in community events and/or donating blood.</p> <p>Rewards will be reflected in your HealthyLiving account immediately after you enter them.</p>
\$25	\$25	<p>Participate in an <b>emotional wellness</b> activity through the Life Resources EAP. Earn rewards for activities such as joining a Life Resources EAP webinar or participating in confidential services.</p> <p>Rewards will be reflected in your HealthyLiving account immediately after you enter them.</p>
\$25 3x/year	\$25 3x/year	<p>Participate in a <b>financial wellness</b> activity. Get rewarded by participating in Fidelity’s Portfolio Advisory Service, for attending a financial planning session with the financial planner of your choice, and/or attending a financial wellness workshop or webinar.</p> <p>Rewards will be reflected in your HealthyLiving account immediately after you enter them.</p>
\$5 3x/year	\$5 3x/year	<p>Complete a <b>Whil mindfulness program</b>. Learn the basics of emotional intelligence skills, a mindfulness practice, and/or a yoga practice through Whil, a Virgin Pulse partner.</p> <p>Rewards will be reflected in your HealthyLiving account immediately after completing a Whil program.</p>
\$5 1x/month	\$5 1x/month	<p>Complete 20 <b>Daily Cards</b> in a month. Daily Cards show personalized content that is driven by your goals and interests. You’ll get two new cards each day with fresh content to learn and explore.</p> <p>Rewards will be reflected in your HealthyLiving account immediately after completing 20 Daily Cards in a month.</p>
\$5 1x/month	\$5 1x/month	<p>Track <b>Healthy Habits</b> 20 days in a month. Get rewarded for tracking daily wellness behaviors that you would like to focus on. Healthy Habits allow you to be more mindful of certain behaviors, and help you make small, everyday changes that will lead to big results.</p> <p>Rewards will be reflected in your HealthyLiving account immediately after tracking Healthy Habits 20 days in a month.</p>

**BENEFIT CLAIMS AND APPEALS PROCEDURES** The following is an outline of the procedures for the processing of a claim and summarizes the appeal of any claims determination made by the Plan Administrator or its Designee relative to the entitlement of a participant, beneficiary or other claimant to benefits offered under the Plan. The procedures defined in this document are intended to comply with the Employee Retirement Security Act of 1974 (“ERISA”) and the regulations issued by the Department of Labor related to ERISA as amended effective January 1, 2002.

The Plan Administrator is FirstEnergy Service Company. It is not intended that the Plan Administrator will assume the responsibility for the initial claims determination or for the appeals process. Virgin Pulse has agreed to act as a fiduciary for the purpose of initial claims determinations and for the appeals process, and shall be hereinafter referred to as “Designee”.

**Claims Process:** A Claim as referred to in this document is a request for a Plan benefit. Claims for benefits must be in writing, signed by the participant, beneficiary, other claimant or their authorized representative, and submitted on the appropriate form and in a manner acceptable to the Plan Administrator or its Designee. A claim for a benefit includes any claim for a reward.

In the case of a claim, the Designee will notify the claimant of the Plan’s adverse determination of entitlement to benefits not later than 30 days after the receipt of the claim. This period may be extended one time by up to 15 days provided the extension is necessary due to matters beyond the control of the Plan and the claimant is notified, prior to the expiration of the initial 30-day period, of the circumstances requiring the extension and the date the Plan expects to render a determination.

If the Designee denies any part, or all, of the initial claim for benefits, the claimant will be notified in writing, stating the reason for the denial and the Plan provisions on which the denial is based. The claimant shall be entitled to receive, upon written request, reasonable access to and copies of all documents, records and other information relevant to the claim for benefits. The denial will provide a description of any additional information or material necessary for the claimant to perfect the claim and an explanation as to why the additional information or material is required. The denial will further provide an explanation of the claims appeal procedure and the time limits for filing an appeal. Such notice of denial or any other notice as referred to in this procedure shall be deemed duly given when addressed to the claimant and mailed by first class mail to the address last appearing in the records of the Plan Administrator or Designee.

The claimant shall have 180 days from the date of the initial benefit determination to file an appeal. The appeal must be in writing, unless the claim involves urgent care or the Designee otherwise permits verbal appeals. The claimant will have the opportunity to submit written comments, documents or other information in support of the claim as part of the appeal. The appeal must be submitted to the Designee that made the initial claims determination, at the address, fax or phone number provided on the initial claim denial. If the Designee permits a verbal appeal, or the appeal involves urgent care, all necessary information shall be transmitted to the Designee by telephone, facsimile, or other available similarly expeditious method.



**Appeals Process** Members have the right to an appeal process. Alternative standards and waiver opportunities may apply for all similarly-situated members. If you feel that it is unreasonably difficult to meet the program criteria to earn your reward due to a medical condition or you would like to appeal your results due to specific issue that prevents you from being able to meet the criteria as outlined, please call Virgin Pulse at 1-833-724-1783 to initiate an appeal. Virgin Pulse will proactively work with you and your physician to certify the issue and if applicable to develop another way for you to qualify for a reward.

The Company is committed to helping you achieve your best health. Rewards for participating in a wellness program are available to all employees and their eligible spouses/domestic partners. If you think you might be unable to meet a standard for a reward under this wellness program, you might qualify for an opportunity to earn the same reward by different means. Contact the Virgin Pulse appeals department at 1-833-724-1783 and they will work with you and your doctor to execute an alternative to the standards with the same reward that is right for you in light of your health status.

In making its decision, the Designee will have full power and authority to interpret the Plan, to resolve ambiguities, inconsistencies and omissions, to determine any question of fact, to determine the right to benefits of, and the amount of benefits, if any, payable to the claimant in accordance with the provisions of the Plan. The Designee will not defer to the original determination but will independently review the initial claim for benefits and consider all comments, documents and other information submitted as part of the appeal in making its decision. In addition, neither the person who made the adverse determination nor that person's subordinate will participate in the decision on the appeal.

If an appeal is based on medical judgment, the Designee shall consult with a health care professional with the appropriate training and experience in the respective area of medical judgment in making its decision. The health care professional consulted by the Designee will not be the same person consulted in the adverse determination or that person's subordinate.

If the Designee's decision is to uphold the denial of benefits, the notification will include the reason for the denial and the Plan provisions on which the denial is based. The claimant shall be entitled to receive, upon written request, reasonable access to and copies of all documents, records and other information on which the decision was based. The decision will further provide a notice of the participant's right to appeal the decision of the Appeals Committee or Designee in accordance with ERISA and the time limits for filing an appeal.

The claimant must exhaust the above appeals process prior to any action at law, in equity, pursuant to arbitration or otherwise. The participant shall have 180 days from the date of the decision of the Appeals Committee or Designee to file an appeal action under ERISA. No legal action may be commenced against the Plan, the Plan Administrator, the Appeals Committee, or the Designee more than 180 days after the decision has been made with respect to all or any portion of the claim for benefits.

**CLAIMS AND APPEALS OTHER THAN FOR BENEFITS** A separate claims procedure shall apply to claims regarding eligibility or participation by any eligible employee and to claims other than claims for group health benefits or disability benefits. To the extent that an applicable collective bargaining agreement provides for different claims procedures than the claims procedures set forth herein, then such other claims procedures shall apply to claims made by individuals who are subject to such collective bargaining agreement.

Any participant who wishes to file a claim for any benefit relating to the terms of eligibility or participation under the Plan, including but not limited to eligibility to participate the amount of any premium, or for benefits other than group health benefits or disability benefits, shall file such claim with the Administrator.

The address for filing a claim with the Administrator is:

FirstEnergy HealthyLiving Program  
Attention: Plan Administrator  
76 South Main Street  
Akron, Ohio 44308

**Initial Claim Decision for Claims Relating to Eligibility and Participation** The Administrator shall process each properly filed claim within a reasonable time but not later than 90 days after its receipt of an application for benefits. This period may be extended by an additional 90 days if the Administrator provides the claimant with written notice of the extension within the initial 90-day period. The extension notice shall explain the reason for the extension and the date by which the Administrator expects a decision will be made. If the extension is necessary because additional information is needed to decide the claim, the extension notice shall describe the required information. The claimant should provide the required information as soon as possible.

The Administrator shall notify the claimant in writing, delivered in person or mailed by first-class mail to his last known address, if any part of a claim has been denied. The notice of a denial of any claim shall include: (i) the specific reasons for the denial; (ii) a reference to specific provisions of the plan document upon which the denial is based; (iii) a description of any internal rule, guidelines, protocol or similar criterion relied on in making the denial (or a statement that such internal criterion will be provided free of charge upon request); (iv) a description of any additional material or information deemed necessary by the Administrator for the claimant to perfect his claim and an explanation of why such material or information is necessary; and (v) an explanation of the claims review procedure under the plan.

If the notice described above is not furnished and if the claim has not been granted within the time specified above, the claim shall be deemed denied and shall be subject to review as set forth below.

**Appeals of Denied Claims Relating to Eligibility and Participation** If a claim is denied, in whole or in part, the claimant may request that the Appeals Committee review his or her claim. A claimant shall have 60 days within which to request a review. Such request shall be in writing and delivered to the Appeals Committee. The address for the Appeals Committee is:

FirstEnergy Corp. Employee Benefit Claims and Appeals Committee  
76 South Main Street, 7<sup>th</sup> floor  
Akron, Ohio 44308

If no such review is requested, the decision of the Administrator shall be considered final and binding.

A request for review must specify the claimant's reason(s) for requesting that the denial be reversed. The claimant may submit additional written comments, documents, records, and other information relating to and in support of his claim; all information submitted shall be reviewed whether or not it was available for the initial review. A claimant may request reasonable access to, and copies of, all documents, records, and other information relevant to his claim for benefits. If a review is requested, a full and fair review of the decision will be made by a person different than, and who is not a subordinate of, the original decision maker.

The Appeals Committee shall render its final decision within a reasonable period of time but not later than 60 days from its receipt of a request for review. This period may be extended up to an additional 60 days, if the Appeals Committee determines that special circumstances exist (such as the need for a hearing) which require an extension of time for processing the review. The Appeals Committee shall provide the claimant with written notice of the extension within the initial 60-day period. The extension notice will explain the reason for the extension and the date by which the Appeals Committee expects a decision will be made. If the extension is necessary because additional information is needed, the extension notice will describe the required information. The claimant should provide the required information as soon as possible.

If after review the claim continues to be denied, the Appeals Committee shall provide the claimant with a notice of the denial of his appeal which shall contain the following information: (i) the specific reasons for the denial of the appeal; (ii) a reference to the specific provisions of the plan document on which the denial was based; (iii) a statement that the claimant is entitled to receive, upon request and free of charge, reasonable access to, and copies of, all documents, records, and other information relevant to his claim for benefits; (iv) a statement disclosing any internal rule, guidelines, protocol or similar criterion relied on in making the denial (or a statement that such information would be provided free of charge upon request); and (v) a statement describing his right to bring a civil suit under Federal law no later than 180 days after receipt of the denial and a statement concerning any other voluntary alternative dispute resolution options that may be available.

**Legal Claims:**

Any civil suit brought against the Plan, its Administrator, Sponsor or any other Plan fiduciary (including but not limited to the Designee) may only be submitted and filed in the United States District Court for the Northern District of Ohio.

**BENEFITS UPON TERMINATION**

**Termination of Coverage** Rewards are paid to active employees only. Reward dollars that are unredeemed as of your date of separation will be forfeited.

**HIPAA PRIVACY NOTICE** The Plan will only disclose Protected Health Information (PHI) to the Employer in accordance with the Health Insurance Portability and Accountability Act of 1996 (HIPAA) and its related regulations. The Plan agrees not to use or further disclose PHI other than as permitted in its privacy notice or as required by law.

The Plan will train any employees who have access to PHI regarding the requirements of HIPAA. The Plan ensures that any of its business agents that receive PHI from the Plan agree to the same restrictions and conditions. PHI will not be used or disclosed for employment-related actions or in connection with any other benefit or employee benefit plan.

Access to and use of PHI by Human Resources personnel shall be restricted to plan administration functions performed for the Plan. Such access or use shall be permitted only to the extent necessary to perform the duties of the Plan.

**Seeking assistance from Human Resources** The Plan will attempt to limit PHI received from participants or beneficiaries by encouraging participants and beneficiaries to directly contact the provider who administers benefits payable by the applicable health and welfare plan. However, in the event that the Company receives PHI, the following procedures will be in effect to protect the privacy of that information.

The Company will designate specific Human Resources representatives to have access to PHI at each Company location. To the extent possible, only the designated Human Resources representative and members of the Benefits and Compliance Section of the Human Resources Department will have access to PHI. Under HIPAA regulations, designated Human Resources representatives or members of the Benefits and Compliance section of Human Resources will not be permitted to disclose PHI to a health care provider unless authorized in writing by the participant/beneficiary or their authorized personal representative.

**OTHER FACTS AND INFORMATION**

**Benefit Rights** This summary describes the current level of benefits and contributions required for active employees. The decision to offer benefits are based on management decision or with respect to bargaining unit employees, upon the agreements reached between the Company and the unions. Benefits are not vested. Benefits and the amount of rewards may be amended or terminated at any time by the Chief Executive Officer of FirstEnergy Corp. or his appointed designee.

**Source of Benefits**

The complete terms of the Plan are set forth in this summary plan description and are administered under the terms of the Administrative Services Agreement by a third party administrator (here, the Designee). The extent of the coverage for each individual is governed at all times by this summary plan description. The Plan Administrator or the Designee determines the benefits for which an

individual qualifies under the Plan. All rewards are based upon that determination. The Plan benefits are funded through a reduction of required contributions from Plan participants which are then paid by the Plan Sponsor from corporate assets.

**Participant's Rights** As a participant in the Plan you are entitled to:

- ◆ Examine, without charge, at the Plan Administrator's office and plant or regional human resources offices, a copy of the Plan, the latest annual report and the Plan description;
- ◆ Obtain copies of Plan documents and other Plan information upon written request to the Plan Administrator. The Administrator may make a reasonable charge for the copies;
- ◆ Receive a summary of the Plan's annual financial report; and
- ◆ Expect that the people who operate your Plan, called "fiduciaries" of the Plan, will do so prudently and in the interest of you and other Plan participants and beneficiaries.

No one — your employer, your union, or any other person — may fire you or otherwise discriminate against you in any way to prevent you from obtaining a Plan benefit or exercising your rights under the Employee Retirement Income Security Act of 1974 (ERISA). Under ERISA, there are steps you can take to enforce your rights. For instance, if you request materials and do not receive them for 30 days, you may file suit in a federal court. If you have a claim for benefits which is denied or ignored, in whole or in part, you may file suit in a state or federal court. If it should happen that Plan fiduciaries misuse the Plan's money, or if you are discriminated against for asserting your rights, you may seek assistance from the U.S. Department of Labor, or you may file suit in a federal court.

If you are successful, the court may order the person you have sued to pay court costs and legal fees; if you lose, the court may order you to pay these costs and fees.

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If you have any questions about your Plan, you should contact the Plan Administrator. If you have any questions about this statement or about your rights under ERISA, you should contact the nearest area office of the Employee Benefits Administration listed in your telephone directory, or the Division of Technical Assistance and Inquiries, Employee Benefits Security Administration; U.S. Department of Labor, 200 Constitution Avenue NW, Washington, D.C. 20210.

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**Plan is Not an Employment Contract** The Plan shall not be deemed to constitute a contract between the participating employer and any employee nor shall anything herein contained be deemed to give any employee any right to be retained in the employ of the participating employer or to interfere with the right of the participating employer to discharge any employee at any time

and to treat the employee without regard to the effect which such treatment might have upon the employee as a participant in the Plan.

**Right to Amend Plan** The Plan may be amended or terminated by the Chief Executive Officer of FirstEnergy Corp. or his appointed designee at any time or for employees represented by a labor union in accordance with the applicable collective bargaining agreements.

**Administration** The Plan Administrator has the authority to control and manage the operation and administration of the Plan with benefits provided in accordance with the provisions of the group policy issued by the insurance company. Inquiries should be made to the Plan Administrator:

FirstEnergy Service Company  
76 South Main Street  
Akron, OH 43308  
1-800-543-4654

**Plan Sponsor** FirstEnergy Corp is the Plan Sponsor for the Plan.

General inquiries about the Plan may also be directed to the administrators that have contracted with FirstEnergy to process claims. Any questions about benefit coverage for wellness services should be directed to Member Services for the Designee. Employees can access information from Virgin Pulse's Support webpage and submit a form with questions. The Virgin Pulse platform also has a Chat feature available during designated times. In addition, Virgin Pulse offers members support via phone or email.

833.724.1783  
support@virginpulse.com

**Type of Plan** The Plan is a welfare benefit plan.

**Plan Number**  
501

**Agent For Service Of Legal Process**  
CT Corporation System  
1300 East 9<sup>th</sup> Street  
Suite 1010  
Cleveland, OH 43114

**Fiscal Year**  
The last day of the Plan's fiscal year is June 30.

**Participating Employers and Identification Numbers**

FirstEnergy Service Company  
EIN 34-1968288

Ohio Edison Company  
EIN 34-0437786

Pennsylvania Power Company  
EIN 25-0718810

The Cleveland Electric Illuminating Company  
EIN 34-0 150020

The Toledo Edison Company  
EIN 34-4375005

Jersey Central Power and Light Company  
EIN 21-0485010

Metropolitan Edison Company  
EIN 23-0870 160

Pennsylvania Electric Company  
EIN 25-07 18085

Potomac Edison Company  
EIN 13-5323955

American Transmission Systems, Incorporated  
EIN 34-1882848

West Penn Power Company  
EIN 13-5480882

Monongahela Power Company  
EIN 13--5229392

**Additions or deletions to the list of Participating Employers may be made at any time at the sole discretion of the Program Administrator. An up-to-date listing of Participating Employers may be obtained from the Plan Administrator.**

**PARTICIPATING UNIONS****Participating Unions in accordance with the labor agreement between The Toledo Edison Company and:**

International Brotherhood of Electrical Workers, A.F.L.-C.I.O.  
Local Union No. 245

**Participating Unions in accordance with the labor agreement between Metropolitan Edison Company and:**

International Brotherhood of Electrical Workers A.F.L.-C.I.O.  
Local Union No. 777

International Brotherhood of Electrical Workers, A.F.L.-C.I.O.  
Local Union No. 777S – Reading Call Center

**Participating Unions in accordance with the labor agreement between Ohio Edison Company and:**

International Brotherhood of Electrical Workers A.F.L.-C.I.O.

Local Union No. 1194

Utility Workers Union of America, A.F.L.-C.I.O.

Local Union Nos. 118/126

**Participating Unions in accordance with the labor agreement between Jersey Central Power and Light Company and:**

International Brotherhood of Electrical Workers A.F.L.-C.I.O.

Local Union No. 1289

**Participating Unions in accordance with the labor agreement between The Toledo Edison Company, FirstEnergy Service Company and:**

Office & Professional Employees International Union, A.F.L.-C.I.O.

Local Union No. 19

**Participating Unions in accordance with the labor agreement between Pennsylvania Power Company and:**

Utility Workers Union of America, A.F.L.-C.I.O.

Local Union No. 140

**Participating Unions in accordance with the labor agreement between Pennsylvania Electric Company and:**

Utility Workers Union of America, A.F.L.-C.I.O.

Local Union No. 180

International Brotherhood of Electrical Workers, A.F.L.-C.I.O.

Local Union No. 459

**Participating Unions in accordance with the labor agreement between The Cleveland Electric Illuminating Company and:**

Utility Workers Union of America, A.F.L.-C.I.O.

Local Union No. 270

**Participating Unions in accordance with the labor agreement between Monongahela Power Company and:**

Utility Workers Union of America, A.F.L.-C.I.O.

Local Union No. 102

International Brotherhood of Electrical Workers, A.F.L.-C.I.O.



Local Union No. 2357

**Participating Unions in accordance with the labor agreement between FirstEnergy Energy Service Company on behalf of Allegheny Energy Supply, LLC and The Potomac Edison Company and West Penn Power Company doing business as Allegheny Energy:**

International Brotherhood of Electrical Workers, A.F.L.-C.I.O  
Local Union No. 50

**Participating Unions in accordance with the labor agreements between Monongahela Power Company and:**

Utility Workers Union of America, A.F.L.-C.I.O  
Local Union No. 304