



Frequently asked questions

Benefits that fit

New partners. Same coverage.
Coming Jan. 1, 2027

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General vendor questions

Why is Entergy changing its benefit plan administrators?

We value the well-being of our employees and retirees by offering competitive and cost-efficient benefit options. We regularly evaluate our benefits to ensure they offer strong value, high-quality service and competitive pricing. When appropriate, we make changes to align our benefits with market benchmarks. We are moving to new administrators for medical, pharmacy and dental benefits, aiming to improve transparency and service. We understand that this is a significant change, transitioning from a current bundled model with one administrator to a best practice model with specialized health benefit administrators for each benefit area. This new approach is expected to provide greater flexibility, improved services and enhanced capabilities for the company, our employees, retirees and other plan participants.

When will the change take effect and will this impact my 2026 benefit selections?

This change will take effect Jan. 1, 2027, with the start of the new plan year. The transition to new administrators does not change anything about your 2026 benefit selections.

What are the potential benefits for employees, retirees and dependents under the new administrator model?

The new vendors represent best-in-class administrators who were selected based on their ability to provide a better quality of service. This is best demonstrated using a few examples:

- **Medical:** larger provider network with strong in-network provider discounts, which help out-of-pocket costs
- **Pharmacy:** transparent pricing and technology-driven system
- **Dental:** 24/7 support and digital tools, plus strong network access for continuity of care

Can I keep my current doctors, dentists and pharmacies in 2026?

The transition to the new medical, pharmacy and dental partners is effective Jan. 1, 2027. Available now are user-friendly search tools and resources offered by Blue Cross Blue Shield of Louisiana, Judi Rx (formerly Capital Rx) and Cigna that let participants explore networks and compare prescription prices.

Click on the [links for instructions](#) for each partner's search. While the search features will continue to exist in the new year, these instructions may change when we fully move to our new benefit partners and participants are able to register as members on each partner's portal. Please note: Prescription medication prices shown in Judi Rx are current estimates. Judi Rx uses NADAC (National Average Drug Acquisition Cost) pricing, which is updated regularly. Because these prices change over time, the amount you see today may be different in 2027 and may even vary throughout the year. As a reminder for 2026, participants can continue to use current doctors and pharmacies. *Please keep in mind, however, that in-network status under the Entergy Medical and Dental Plans is subject to change, so you should verify the status of the providers you use before receiving services.*

Will I need to change my current doctors, dentists or pharmacies in 2027?

Of the most highly utilized providers and facilities currently used by our medical plan participants, 88% are in-network with Aetna and 96% are in-network with Blue Cross Blue Shield of Louisiana. As with any transition of this kind, there will be slight changes in specific providers or facilities. Participants are encouraged to use [search tools and resources](#) to explore networks and compare prescription prices before Jan. 1, 2027. Please note: Prescription medication prices shown in Judi Rx are current estimates. Judi Rx uses National Average Drug Acquisition Cost pricing, which is updated regularly. Because these prices change over time, the amount you see today may be different in 2027, and may even vary throughout the year. While the search features will

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continue to exist in the new year, these instructions may change when we fully move to our new benefit partners and participants are able to register on each partner's portal.

How will the new administrator model impact the costs and pricing of my benefits?

The new model is expected to provide greater transparency into the costs and pricing of benefits. Moving to the new model will allow us to continue to offer cost-efficient benefits by ensuring continued access to strong medical and dental provider discounts for health care services. Additionally, our new medical plan administrator will provide clinical care management support to employees, retirees and their eligible dependents to help identify cost-effective ways to treat the health conditions that impact them. The costs of the plans, as well as the plan designs (deductibles, co-pays, co-insurance, etc.), are evaluated annually and communicated during Open Enrollment. Plan participants will be expected to go through Open Enrollment in the fall of 2026 and select the coverage options that will best meet their needs during 2027.

Will I need to get new ID cards for my medical, pharmacy and dental coverage?

Yes, new physical and digital ID cards will be provided for medical and pharmacy coverage. Only digital ID cards for dental coverage will be provided under the new model. The new health benefit administrators will provide these to participants prior to the transition.

How will Entergy ensure a well-coordinated transition and minimize risks for benefit participants?

We are managing the transition through a structured implementation process that includes close coordination between our current administrator, Aetna, the new administrators, and our internal health and wellness teams. Additional external resources with specific subject matter expertise (project management, data integration, change management, communications, etc.) have also been brought in to support the transition. The transition plan includes all activities required to ensure the new administrators can effectively administer our plans. A significant portion of the transition plan is dedicated to change

management and communication activities. We will communicate important updates well in advance to help all eligible employees, retirees and eligible dependents through the transition.

Why is the company communicating this change so early if it does not take place until Jan. 1, 2027?

Being open and transparent about changes that affect employees, retirees and other plan participants is key to a successful rollout of the new benefit administrators. Because transitions of this magnitude involve several steps and many resources, early communication allows us to coordinate with the new health benefit administrators, prepare tools and resources, and engage the right subject matter experts throughout the company to ensure a smooth transition. It also allows us to hear from those who will be impacted in order to address any questions or concerns before Open Enrollment begins. Our aim is to ensure plan participants feel well-informed and have time to get questions answered well before any changes occur. The transition will be well-coordinated and managed to ensure a straightforward experience for all. Throughout this year, we will provide more clarity and details as we move through the transition.

Will this change in benefit administrators be in effect for bargaining employees?

All bargaining and non-bargaining employees will move to the new administrators effective Jan. 1, 2027.

What kind of support and resources will be available during the transition to the new administrators?

We are committed to maintaining open communication and providing support throughout the transition process. Plan participants will have access to resources and support channels to help them adapt to the new model. We recommend plan participants review the resources available on the [Open Enrollment education session page](#), which include virtual and on-demand sessions to help participants understand the transition to the new administrators and to ensure a well-coordinated process. In November, we will have a centralized transition resource page available to help guide participants through a seamless transition.

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Who should I contact if I have questions or concerns?

We understand how important it is to create a well-managed and supportive process for all benefit participants. Our vendors are available to support members prior to Jan. 1, 2027, to get your questions answered before the transition date.

- Pharmacy: Judi Rx Customer Care Team (24/7 365 days a year): 1-833-402-8783 (available now)
- Dental: Cigna Member Services (24/7 365 days a year): 1-800-Cigna24 (244-6224) (available now)
- Medical: Blue Cross Blue Shield (7 a.m.-7 p.m. CT) 1-866-777-5591 (available Oct. 13, 2026, to align with the start of Open Enrollment)

For information about current benefits and for benefits-related questions, please contact the Entergy Total Rewards Center at 1-888-259-3463 from 8 a.m. to 5 p.m. CT, Monday through Friday. Go online to www.energytotalrewards.com to access additional information on current benefits, our new partners and transition information.

Is there a central place where I can store my digital insurance ID cards?

Yes, this is available to you today. Employees and retirees can store digital insurance cards using the MyChoice benefits app. This app lets you manage all your benefits conveniently from your mobile phone, including storing digital copies of your insurance ID cards. You can download the MyChoice app from your device's app store or access it through the Entergy Total Rewards portal at www.energytotalrewards.com. In addition, the app allows you to see plan details, change your benefits, submit claims and contact a virtual assistant or live member advocate to assist.

Will my vision coverage change as part of the 2027 vendor changes?

There are no changes to your vision coverage, and Vision Service Plan (VSP) will remain our vision partner.

Will there be any changes to the Total Rewards hub that I use to manage my benefits?

Entergy's Total Rewards Portal should be considered a primary source through the transition. As we move towards implementation on Jan. 1, 2027, the Portal will be updated to reflect our new medical, pharmacy and dental vendors and their information, including single sign-on access to their sites.

Will I need to re-enroll in my benefits or make new elections?

If you would like to remain enrolled in your current coverage options for medical, dental and vision coverage, no action will be required during Open Enrollment. If you would like to change your coverage option, waive coverage or add or remove a dependent, you will need to take action during the Open Enrollment period. Additionally, it is important to note that some elections, such as flexible spending accounts for health care or dependent care, require re-enrollment annually. Open Enrollment is a good time to review your coverage and make any updates based on your current needs. We highly encourage you to take the time to truly explore the benefit options and make the best choice for you and your family – especially if you have not taken action during recent Open Enrollments. You may learn that there are options to consider that align best with your family's current needs.

Is Entergy providing an HSA contribution for 2027?

Yes. Entergy will contribute \$500 to the MyChoice HSA for all eligible non-bargaining employees who enroll in the High-Deductible Health Plan for the 2027 plan year (whether you've previously enrolled and are continuing the same HDHP coverage or enroll in the HDHP for the first time). This company contribution is intended to help you manage out-of-pocket costs while building tax-advantaged savings. Additional details will be provided later this year. Medical benefits for bargaining employees are subject to their applicable collective bargaining agreements.

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What changes are being made to the long-term disability benefit?

Starting in January 2027, Entergy will increase the company-paid long-term disability benefit for all eligible non-bargaining employees to 50% of base pay (up to \$10,000 per month), a substantial increase from today's 40% of base pay (up to \$3,000 per month). Employees will still have the option to purchase the voluntary 65% coverage (up to \$15,000 per month). For all bargaining unit employees, enhancements to

benefits may be subject to negotiation pursuant to your collective bargaining agreement.

What will happen to the Employee Assistance Program?

The EAP program, called Resources for Living, currently in place with Aetna will remain in place for 2027.

Medical through Blue Cross Blue Shield of Louisiana

General

I have specific questions about the High-Deductible Health Plan – who can I call to help?

If you have questions about the High-Deductible Health Plan and how it works you can contact the Entergy Total Rewards Center at 1-888-259-3463 from 8 a.m. to 5 p.m. CT, Monday through Friday. You can also go online to www.entergytotalrewards.com to access benefits information. In addition, you can schedule an appointment to speak with a member services agent at a time that is convenient for you. Once you access the Entergy Total Rewards Center, you can ask Sofia, our virtual assistant, to schedule an appointment with a representative and you'll receive a link to be choose an appointment time that works best for you.

How can I check to see if my current doctor or provider is in-network?

Use My Health Toolkit to search for in-network providers with ratings and reviews. To search for the network status of providers using the tool, use the following steps:

- Navigate to myhealthtoolkitla.com without logging in.
- Choose **Find Care** from the top menu.
- Choose **Find Doctor** from the drop-down menu.
- Choose **Continue** under the **Just Browsing?** Option (you may only see this screen the first time you visit the site). **Do not choose member login.**

- Optimize your browse experience by choosing your location (if applicable), then click **continue**.
- On the next screen, make sure to follow the below instructions before searching.
 - Choose **Preferred Care PPO** as your network, whether or not you are a PPO or HDHP participant.
 - A pop-up message to **narrow your search results** will appear. When prompted, click Enter Card ID to then enter Entergy's network alpha prefix.
 - Enter **ETC** as the three-digit code in the "Narrow your results without logging in" to get Entergy's network options.
- You will return to the search screen to then search providers for in-network status. Providers will have "In Preferred Care PPO" Network" listed if they are in network

Please note that provider directory information is updated periodically and in-network status is subject to change. Please verify the status of providers you utilize before you receive services.

While the search features will continue to exist in the new year, these instructions may change when we fully move to our new medical partner and you are able to register on each partner's portal.

Access and provider networks

Will I need new referrals for specialists?

No referrals should be needed for specialists. A particular service may require a Pre-Service Claim to be filed, but a referral to see a specialist is not

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required. Under the Entergy medical plan, filing a Pre-Service Claim is required in advance for certain services and treatments to ensure they are medically necessary (i.e., hospital inpatient care, non-emergency outpatient care, etc.). It's important to check with the Plan's claim administrator for any specific services that may require you to file a Pre-Service Claim. For additional information, review the Claims and Appeals Procedures in the Summary Plan Description which can be found on Entergy's Total Rewards Portal in the reference center under medical plan.

How will Entergy ensure that major facilities (i.e., hospitals, clinics) stay in the Blue Cross Blue Shield network?

Our new medical vendor, Blue Cross Blue Shield, manages the provider and facility network for our medical plan. Entergy is not involved in the contracts between BCBS and its network members. From time to time, providers may enter or leave the network as part of normal business activity. These changes are common in a competitive health care environment. While we monitor these changes closely, we do not have control over them. Our priority is to help ensure members continue to have access to quality care. When significant changes occur, we will work closely with BCBS to address and minimize any disruptions.

Will my doctors change as a result of moving to Blue Cross Blue Shield?

If your doctor remains in-network, there should be no reason to change your doctor. Our most current analysis indicates that about 98% of providers used by Entergy members will be in-network with Blue Cross Blue Shield. Approximately 93% of the in-network providers used by Entergy members are currently in-network with BCBS and an additional 5% of out-of-network providers under Aetna that are used by Entergy will gain in-network status when we move to BCBS. About 1% of providers seen by our members will move to out-of-network status as a result of the move from Aetna's network to the BCBS network. You can still see your doctor if they do not participate in the BCBS provider network; however, if you choose to see your doctor as an out-of-network provider, you will likely face higher out-of-pocket costs due to out-of-network rates, and you may be subject to balance billing.

How does Blue Cross Blue Shield support mental health and behavioral health access?

Blue Cross Blue Shield has a network of mental and behavioral health providers. Under the Entergy Medical Plan, you have coverage for various mental health and behavioral health services. This includes access to Teladoc for virtual mental and behavioral health visits, inpatient treatment in hospitals or residential treatment facilities, as well as outpatient treatment for mental disorders and substance abuse. However, some services like educational services and certain therapies may not be covered. You should refer to your plan documents for detailed information about your specific coverage and any exclusions. In addition, employees and their dependents also have access to resources through our employee assistance program. To get additional information on the EAP, visit www.entergytotalrewards.com and click the EAP link under the health section.

Cost and coverage

Does the reference to “Blue Cross Blue Shield of Louisiana” or “Louisiana Blue” affect my coverage if I live outside Louisiana?

No, coverage is not limited to Louisiana. While Blue Cross Blue Shield of Louisiana administers the plan, participants will have access to the nationwide Blue Cross Blue Shield network. This means in-network care from doctors, hospitals and specialists is available across the United States — and even worldwide — regardless of where you live or travel. The mention of “Louisiana” simply reflects the administrative home plan and does not impact benefits or access to care.

Are my premiums, deductibles, copays, coinsurance limits or out-of-pocket maximums changing?

We value the well-being of our employees and retirees by offering competitive and cost-efficient benefit options. Although we are transitioning to new partners, we have not changed the design of our Entergy medical plan. The same deductibles (HDHP deductible will be updated to comply with IRS guidelines), copays, coinsurance and out-of-pocket maximums (HDHP out-of-pocket max is indexed to the deductible and therefore will also be updated) continue to apply. The

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Entergy medical plan is self-insured, which means that the contributions are determined by the actual year-over-year medical and prescription drug experience of active Entergy employees, disabled employees and their dependents, as well as the overall cost of healthcare. The contribution amounts will also remain the same in 2027 as in 2026 assuming your employee status, plan and coverage options remain the same.

Will any new services be covered (or services no longer covered)?

We do not anticipate any additions or deletions to the covered services offered under the Entergy medical plan for 2027. Please note that Blue Cross Blue Shield, as our new plan administrator, applies its own medical policies and review criteria. As a result, while the list of covered services is not changing, employees may notice differences in how certain services are evaluated or authorized.

Will there be any changes to eligibility rules or dependent coverage?

This transition will not impact any Entergy medical plan eligibility rules for employees, retirees, or dependents. Generally, you are eligible to enroll and participate in the Plan as an eligible employee on your first day of employment at Entergy.

I am in the High-Deductible Health Plan; will my prescription drugs costs still go against my deductible?

Yes, it will work similarly to how the High-Deductible Health Plan works with Aetna/CVS. After we transition to Blue Cross Blue Shield of Louisiana in January, the HDHP will integrate prescription drugs in the following manner: If you are enrolled in the HDHP, your prescription drug coverage is subject to the deductible of the HDHP option you elected, with the exception of certain preventive care drugs. Once you meet the HDHP's deductible, you will pay your 30% coinsurance for each prescription drug purchased until you reach the coinsurance limit.

Will my employee health care contributions increase for 2027?

No. Employee medical (which includes pharmacy benefits), dental and vision contributions – the dollars deducted from your paycheck or paid by retirees –

will remain flat for the 2027 plan year, provided you elect the same coverage options as you elected for 2026 and your employee status remains the same. Your monthly amounts will be the same as the OCE-approved 2026 rates, even though employer health care costs for similar employer plans are projected to rise by nearly 7%.

How will the claims submission and reimbursement process change?

The specific detailed processes for claims submissions and reimbursements are under development by the transition teams. As we get closer to implementation, we will provide more details with specific processes.

Continuity of care

What happens if I am in the middle of treatment (i.e., pregnancy, surgery, cancer care)?

Our goal is to ensure the least amount of disruption for all Entergy medical plan participants through the transition. In most cases, you will not see a change in service if you are in the middle of treatment; however, you will want to update your providers with your new insurance information. If your provider changes from in-network to out-of-network, you may be eligible for continuation of care, which is a temporary arrangement that allows you to continue seeing an out-of-network provider at in-network coverage levels for a specified period. This process ensures that patients with active, serious or complex medical conditions do not have their treatment abruptly interrupted simply because their insurance coverage changed.

Aetna will provide Blue Cross Blue Shield of Louisiana with information regarding those participants that are eligible for continuation of care. However, you may also fill out a continuation of care request form and submit it to BCBS for review if there are unique circumstances to be considered. More information about this process and how to request continuation of care service will be provided in the latter part of 2026.

Can I continue to see an out-of-network provider during the transition?

Transition of care is also referred to as treatment in progress. It is available for new Blue Cross Blue Shield members who are being treated for an acute injury or illness by a provider who is not in the Blue Cross Blue

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Shield network when his or her coverage begins Jan. 1, 2027. A member with these circumstances can make a special request to have benefits with their original out-of-network provider paid at the in-network level for a limited amount of time.

There is a form to complete to initiate the process. It is a benefit that, if approved, allows new members and covered dependents to receive medical or behavioral health care by out-of-network providers. Please note that Entergy is not involved in the approval process. The form will be available in the latter part of 2026.

Examples of medical or behavioral health conditions that may meet transition of care guidelines:

- Women in the second or third trimester of pregnancy
- Acute fracture victims or heart attack victims under acute care
- Newly diagnosed cancer patients currently undergoing approved surgery, chemotherapy or radiation treatment protocols
- Diagnosed terminally ill patients for whom life expectancy is less than 60 days
- Members hospitalized at the time of eligibility
- Physical therapy status – post total joint replacement
- Outpatient, follow-up treatment with a specific provider if a member is involuntarily committed or under a court order

Examples of medical or behavioral health conditions that may not meet transition of care guidelines:

- Routine examinations, vaccinations and health assessments
- Stable but chronic conditions (e.g., diabetes, allergies, arthritis, asthma, hypertension, depression, anxiety, bipolar disorder)
- Minor illnesses (e.g., colds, sore throats, ear infections, bronchitis, strains, sprains)
- Elective scheduled surgery (e.g., removal of lesions, hernia repairs, hysterectomies)
- Long-term management of cancer, dialysis, transplants, etc.

Will there be any transition of care exceptions and if so, how do I apply for them?

If you are in active treatment for a serious or complex medical condition and your provider will be out of network with Blue Cross Blue Shield in 2027, you may qualify for a transition of care exception. This temporary accommodation allows you to continue seeing your current provider at in network coverage levels for a limited period to avoid disruption. Aetna will share information with BCBS on members who may be eligible and BCBS will contact the members for consideration. If you are impacted, you will be contacted by BCBS directly.

What happens if my doctor is no longer in-network with this change?

You can still see your doctor if they are no longer in-network; however, if you choose to see your doctor as an out-of-network provider, you will likely face higher out-of-pocket costs due to out-of-network rates. To get the most from your health plan, it's best to find a doctor that participates in the Blue Cross Blue Shield network. [Click for instructions](#) to search Blue Cross's network. While the search feature will continue to exist in the new year, these instructions may change when we fully move to our new medical partner and you are able to register on the Blue Cross Blue Shield member portal.

Transition and logistics

How will Aetna and Blue Cross Blue Shield know when to start and stop processing claims?

BCBS will begin processing claims for dates of service beginning on Jan. 1, 2027. Any claims incurred in 2026 will follow Aetna's claim filing process. This means that you may have had medical services in 2026, but the claim did not get processed or filed until 2027. Aetna will continue to process claims as long as they were incurred in 2026. We have a 12-month "run-out" period with Aetna to allow time for 2026 claims to process.

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When will I expect to get a new medical ID card, and when should I update that information at my doctor's office and other facilities I utilize?

Your new medical ID card should be mailed and received prior to Jan. 1, 2027. It is important to update your doctor's office and other facilities with your new insurance information for any visits on or after Jan. 1, 2027.

A few things you should note regarding the new medical ID cards:

- Your new medical ID cards will only list the member, not the spouse or dependents.
- The number of medical ID cards mailed will vary based on the coverage option chosen: employee only coverage will receive two physical cards; all other coverage options will receive four physical cards.
- Your new medical ID card will not have a group number; only the member number. If you need the group number, it can be provided by the call center.

You will also be able to access your digital ID card through MyHealthToolkitLA.com after Jan. 1, 2027. You can store all three new digital insurance cards in one place using the MyChoice Benefits App™.

Who do I call for claims issues from Aetna vs Blue Cross Blue Shield?

Any questions on claims incurred in 2026 should be directed to Aetna; any questions on claims incurred in 2027 and beyond should be directed to BCBS.

Will there be any disruptions or delays in accessing my benefits during the transition?

There should be no disruption during the transition. You should continue to see claims processed by Aetna for services received through Dec. 31, 2026, and through Blue Cross Blue Shield Jan. 1, 2027. You will want to update your providers with your new medical insurance information, including your ID card, on or shortly after Jan. 1, 2027.

What if I have a hospital stay that crosses 2026 into 2027, how will that claim be processed? Who will handle the claim?

All medical claims incurred on or before Dec. 31, 2026, will be processed by Aetna. All medical claims on or after January 1, 2027, will be processed by Blue Cross Blue Shield.

What actions are you taking to ensure that employees, retirees and their spouses and dependents are not disrupted during this transition?

We expect this transition to run smoothly, but it may not feel perfect in every situation. To minimize potential disruption, we are focusing on:

- Anticipating early friction points, particularly where things require a new or extra step (new login, new ID cards to providers).
- Transparency about where members may feel friction – and how we expect to handle it.
- Clear, frequent communication so you know what to expect at every stage of the transition.
- Maintaining continuity in claims processing and reimbursements. If any issues do arise, we will address them promptly.
- Keeping your monthly contributions flat in 2027 means your medical (including pharmacy benefits), dental and vision contribution amounts will be the same in 2027 as the OCE-approved rates for these benefits for 2026, provided you elect the same coverage options as you elected for 2026 and your employee status remains the same.

If I have a claim in process with Aetna that is still being processed in 2027, will I still get an Explanation of Benefits from Aetna?

Yes. Any claim that was submitted to Aetna with a date of service before the transition that is still being processed in 2027 will continue to be handled by Aetna. This means you will still receive an Explanation of Benefits from Aetna for those in-process claims.

Frequently asked questions

Secondary coverage

What if I'm covered by another group health plan in addition to Entergy's Medical Plan?

Participants with other group health plan coverage can provide Blue Cross Blue Shield with this information by making updates online via My Health Tool Kit, calling customer service or by completing the Other Health Insurance questionnaires that are periodically mailed. In some cases, other group health plan information is provided as part of the claims submission process. If this occurs, BCBS will send a letter to the participant asking for additional information.

When a group health plan pays primary but should have paid secondary, what action is taken for not only that specific claim, but prior and subsequent claims paid for the member?

If Blue Cross Blue Shield pays primary on a claim but later determines that another group health plan should have paid primary, BCBS will review the member's claims history and request refunds for all claims that it paid as primary in error. A letter is also sent to the member if an Explanation of Benefits is needed from the primary group health plan. If BCBS paid a claim secondarily and later determined it should have paid as primary, BCBS will review the claims history and will adjust to pay claims as primary.

Questions: retiree specific

How will the transition impact my Medicare coordination or supplemental coverage?

For Medicare, Blue Cross Blue Shield has access to the Centers for Medicare and Medicaid Services website, which allows them to query Medicare entitlement information. Supplemental coverage should not be impacted.

How do the changes in medical, pharmacy and dental vendors impact an employee who retires after the age of 65?

While actively employed at Entergy and if over age 65 – you and your dependents continue to have access to employee health benefit plans at the employee contribution rates. When you retire after age 65, you will no longer be eligible for coverage under your current medical plan for active employees. Instead, if you participate in an Entergy final average pay pension plan and you commence your pension benefit immediately following termination of your Entergy employment, you will be eligible for the Health Reimbursement Arrangement under the Entergy Corporation Companies' Retiree Health Plan and the Via Benefits marketplace. Your spouse will be eligible for the HRA upon the latter of attaining his or her Medicare Eligibility Date, or the date you become eligible for the HRA under the Retiree Health Plan.

Pharmacy through Judi Rx (formerly known as Capital Rx)

General

Why did Capital Rx rebrand to Judi Rx?

Judi Health is their global brand, and Judi Rx replaces the Capital Rx name to support an integrated model across their services. This was a planned brand transition for Capital Rx that reflects the company's broader health care technology platform capabilities. There is no change to their ownership structure or leadership team as a result of the name change and rebranding. While the brand

transitioned to Judi Rx, the underlying pharmacy benefit administration business continues under the updated name.

Does the name change from Capital Rx to Judi Rx impact our pharmacy benefits or support in 2027?

No. The name change from Capital Rx to Judi Rx does not impact our pharmacy benefits or member support in 2027. Their contact center and clinical care teams will remain the same.

Frequently asked questions

Will I need a new prescription for my medications?

In most cases, you will not need a new prescription as part of this transition. If you use a retail pharmacy (e.g., Walgreens, CVS, etc.), a new prescription will not be needed; however, you will need to show your new physical or digital Judi Rx ID card. If you have refills remaining at mail order or specialty pharmacies, you will not need a new prescription. Judi Rx is working with CVS/Aetna to transition these over to Costco as part of the transition.

Please note that controlled substances and prescriptions with zero refills remaining will not be transferred.

What is the relationship between Judi Rx and Costco pharmacies?

Costco is Judi Rx's preferred partner for mail order and specialty pharmacies. The mail order and specialty pharmacies are two separate pharmacies and operate on independent systems. Costco fills and ships your medications, while Judi Rx manages your pharmacy benefits, including coverage, copays and prior authorizations.

Please note: You do not need a Costco membership to use Costco pharmacies; however, you will need to have, or set up, an online patient account.

Do I need a Costco membership to use Costco pharmacy services?

No, you do not need a Costco membership to use Costco pharmacy services. Both members and non-members can purchase prescription medications at Costco pharmacies, whether in-store or online.

If I already have a Costco online account, do I need to register again?

No. If you already have an online account with Costco, you will need to log in using your existing account information.

Coverage

How will my current or existing prescriptions be handled with Judi Rx?

For prescriptions at your local retail store, there is no action required other than showing your new physical or digital Judi Rx ID card starting on Jan. 1, 2027. For any mail or specialty prescriptions that have open refills, those will be transferred to Costco. Shortly after Jan. 1, 2027, you will be encouraged to take some specific actions to create your account at Costco pharmacy and to verify that your transfers are listed (this is to ensure your prescriptions were transferred correctly). There will be communications at that time to prompt you to take the necessary actions. **Please note:** By law, the following types of prescriptions cannot be automatically transferred: controlled substances, compounds, those older than 12 months, those with no refills remaining and any previously on hold.

What is a formulary and how often does it change?

A formulary is the list of prescription medications that a health plan covers, typically organized by cost tiers and clinical preferences. Formularies change quarterly so that health plans can keep up with new drug approvals, updated clinical evidence and changes in pricing or rebates from manufacturers. When a participant is impacted by a change to the formulary, they will be notified directly by Judi Rx of the change and will be provided with instructions on specific actions that will need to be taken. This is a standard process for pharmacy benefit managers. Participants will receive access to Judi Rx's entire formulary to research their medications later in 2026 to assist in preparing for the transition.

The current medication that I am taking is not on Aetna's formulary, but I have an exception in place with Aetna through Dec. 31, 2026. What will happen to my exception when we transition to Judi Rx at the end of the year?

All prescription medications that are not on Judi Rx's formulary will be honored for 90 days after Jan. 1, 2027. During the first quarter of 2027, those members with medications not on the formulary will be contacted and instructed on next steps. If at that

Frequently asked questions

time a medical exception is needed, the member will need to follow the process that Judi Rx will share. A determination will then be made about whether the exception can remain in place.

How will I know if my current medications are covered when we move to Judi Rx?

You are now able to check to see which prescription medications currently are covered, their current tier status (generic, preferred brand or non-preferred brand) and compare estimated pharmacy prices nationwide. You will have access to 60,000+ retail pharmacies plus Costco Mail Order for 90-day maintenance and specialty medications. To use this search tool now, follow the steps below:

- Navigate to [View enrollment information](#).
- Choose **View Plans** and choose the applicable plan: PPO or HDHP.
- To use the **Find Pharmacies and Pricing** feature, enter the search information:
 - Search by zip code and enter either the pharmacy name or the prescription drug name.
 - If you enter the prescription drug name, you may be prompted for additional information such as quantity, dosage, form, supply amount and general patient context.
- Click **search**. Results will show you which pharmacy locations are available near the zip code you input. If you enter a prescription medication, you will see the current estimated price for the medication at each pharmacy. You can refine your search by using the toggle button to show the pricing after your deductible is met.

Going forward, the formulary will be updated quarterly, just as it is today. If a medication that you are taking has a change in formulary status, you will receive a letter notifying you of the change with instructions on the actions you should take.

The list of pharmacies that participate in the Judi Rx commercial pharmacy network, as well as the tier status and estimated cost of prescription medications, is subject to change. Please verify the status of providers you utilize before you receive services.

While the search features will continue to exist in the new year, these instructions may change when we fully move to our new pharmacy partner and you are able to register on the Judi Rx member portal.

Will there be changes to the types of medications covered?

There will be slight differences between the CVS formulary used by Aetna and Judi Rx's formulary. This is common due to pharmacy benefit managers having their own clinical experts and clinical criteria. If your prescription is impacted, you will receive a letter of notification outlining a continuation of therapy period and process to follow if you need an exception. Continuation of therapy is a temporary process that allows patients impacted by changes in their covered prescriptions to maintain coverage or care when transitioning between networks, switching plans or facing formulary changes to prevent potential interrupted access to necessary medication through the transition. This temporary accommodation applies only while you work with your physician to identify and transition to a clinically appropriate, covered alternative drug. This coverage typically lasts for 90 days, and Judi Rx's customer service representatives can work with those impacted on the appropriate next steps, if needed.

What happens to prescriptions that participants are currently taking?

For prescriptions at your local retail store, there is no action required other than showing your new physical or digital Judi Rx ID card starting on Jan. 1, 2027. Any mail or specialty prescriptions that have open refills will be transferred to Costco. Shortly after Jan. 1, 2027, you are encouraged to do the following to ensure your mail order or specialty prescriptions sync correctly:

- **Step 1: Create your account.** Visit rx.costco.com and set up your profile. When setting up your profile – use the exact same personal information that was on file with your previous pharmacy: full legal name, address, city, state, ZIP, email and phone number.
- **Step 2: Verify transfers.** Once enrolled, click on the “Prescriptions” tab in your profile to view any prescriptions that are available. If expected refills

Frequently asked questions

are missing, check your most recent medication label for remaining refill details. If refills remain and you believe your prescription was transfer-eligible, then call Costco Mail Order by dialing the number on your ID card for support and selecting the home-delivery option.

Please note: By law, prescriptions cannot transfer automatically for controlled substances, for compound drugs, prescriptions that are older than 12 months, prescriptions that have no refills remaining or prescriptions that were previously on hold.

My current medication requires a prior authorization from Aetna/CVS. Will that authorization transfer over or do I need to get another one?

Judi Rx is working with Aetna/CVS to have any prior authorizations that are active as of Jan. 1, 2027, transferred to Judi Rx's system for Costco to process. Judi Rx will honor those until the prior authorization expiration date.

There could, however, be some medications where a prior authorization was not required by Aetna/CVS but is now required at Judi Rx. If this is the case, during the first 90 days of the transition, members will be able to get their medications without the prior authorization. During the 90-day window, letters will be sent to members with specific instructions on actions that need to be taken. If they take no action, the prescription will be denied after the 90 days.

Will my local retail pharmacy still be in-network?

While there could be some retail pharmacy changes, we anticipate minimal disruptions. Judi Rx works with a [large network of national chain pharmacies](#), as well as smaller pharmacies. If you are impacted by any network disruption, you will receive a letter before Jan. 1, 2027, notifying you of the change with options you can take to get the most from your benefits.

[Click for instructions](#) to search Judi Rx's pharmacy network. While the search feature will continue to exist in the new year, these instructions may change when we fully move to our new pharmacy partner and you are able to create your personal account.

Please note the list of pharmacies that participate in the Judi Rx commercial pharmacy network, as well as the tier status and estimated cost of prescription medications, is subject to change. Please verify the status of providers you utilize before you receive services.

I have automatic refills at my local pharmacy, is there anything I need to do to continue automatic refills?

No action is needed for local retail pharmacies to continue automatic refills. You will want to show your new Judi Rx prescription ID card.

Retail

What if I need to fill a prescription and don't have my physical pharmacy ID card at the pharmacy?

You can use the Judi Rx app to access a digital copy of your Judi Rx prescription ID card. Also, you can call the customer care toll-free number for assistance in providing member ID and processing information. If you would like all your digital ID cards for benefits in one convenient location, download the My Choice App, where you can store all your digital benefits ID cards together. The app offers "standard" ID card options for medical, dental and vision. It also allows you to create a custom ID card so you can store your digital pharmacy ID card from Judi Rx.

What will I need to do at my local retail pharmacy to ensure my prescription is covered?

Available now, you can use the Entergy-specific [Judi Rx microsite](#) to search for the nearest in-network pharmacies. This tool will also allow you to search for your medication, compare costs across local in-network pharmacies, and view your out-of-pocket cost to ensure you are getting the lowest available price. If you are having trouble identifying a local retail pharmacy in-network, you can also call the Judi Rx customer care team for support at 1-833-402-8783 (24/7 365 days a year). To transfer your prescription to a new pharmacy, you should call your new retail pharmacy and provide personal information including:

Frequently asked questions

- New Judi Rx prescription ID card processing information
- Previous pharmacy name and phone number
- Prescription name and number from your medication label

Please note the list of pharmacies that participate in the Judi Rx commercial pharmacy network, as well as the tier status and estimated cost of prescription medications, is subject to change. Please verify the status of providers you utilize before you receive services.

Mail-order and specialty drugs

Will there still be an option for mail-order drugs?

Mail order pharmacy benefits will continue to be an option with the change to the new carrier in 2027.

I take maintenance medications; will those prescriptions be able to be delivered via mail order?

Yes, maintenance medications will continue to be available through mail order (Costco) and retail for up to 90-day supplies.

Will I need to transfer my prescriptions from the current CVS mail order company to the new Costco mail order service, or will that be automatically transferred?

Most prescriptions will transfer automatically and no action is required. Instructions will be provided towards the end of the year on how to ensure that your information has been successfully transferred. Please note: by law, the following types of prescriptions cannot be automatically transferred: controlled substances, compounds, prescriptions older than 12 months, no refills remaining, or previously on hold.

How will the transition to Judi Rx impact the prescriptions I receive via mail order?

If any prescriptions have open refills, those will be transferred to Costco. After Jan. 1, 2027, you should follow the steps below to ensure your prescriptions are synced correctly.

- **Step 1: Create your account.** Visit rx.costco.com and set up your profile. When setting up your profile – use the exact same personal information that was on file with your previous pharmacy: full legal name, address, city, state, ZIP, email and phone number.
- **Step 2: Verify transfers:** Once enrolled, click on the “Prescriptions” tab in your profile to view any prescriptions that are available. If expected refills are missing, check your most recent medication label for remaining refill details. If refills remain and you believe your prescription was transfer-eligible, then call Costco Mail Order by dialing the number on your ID card for support and selecting the home-delivery option.

As we transition Judi Rx, we encourage you to refill any ongoing prescriptions before year-end. While we are working closely with Judi Rx to ensure a smooth transition, sometimes unexpected delays happen. Being proactive can help avoid any potential delays or disruptions to your medication schedule.

Please note: By law, prescriptions cannot transfer for controlled substances, for compound drugs, prescriptions that older than 12 months, prescriptions that have no refills remaining or prescriptions that were previously on hold.

I take specialty medication; how will such medication be supplied by Judi Rx?

Costco is Judi Rx's preferred specialty pharmacy. Costco specialty pharmacy fills and ships your medications, while Judi Rx manages your pharmacy benefits, including coverage, copays and prior authorizations. **Please note:** You do not need a Costco membership to use Costco pharmacies; however, you will need to have, or set up, an online patient account.

Will I need to transfer my specialty medication prescription from the current CVS specialty drug provider to the new Costco provider, or will that be automatically transferred?

Specialty medication prescriptions will automatically transfer. Instructions will be provided towards the end of the year on how to ensure that your information has been successfully transferred. Please

Frequently asked questions

note that by law the following cannot be transferred: Controlled substances, compounds, prescriptions older than 12 months, no refills remaining, or previously on hold.

My medication is highly specialized and is not carried at Costco; how will I get access to this medication and what do I need to do?

If you will be impacted by the transition to Costco as the new specialty pharmacy, you will receive a letter from Judi Rx notifying you of which pharmacy you can utilize and the steps that should be taken. In addition, Judi Rx customer care will call those impacted members to walk them through next steps. To confirm your contact information is updated in advance of the transition, go online to www.energytotalrewards.com. From the homepage, open the dropdown with your name in the top right corner of the page, select Profile. Go to the Your Information tab to review and update your contact information as needed.

Will there be an option to pick up my specialty drug at a Costco retail location or will it have to be mailed?

Specialty medications typically require special handling, storage and administration, which is why they can't be filled at most retail pharmacies, including Costco. Specialty pharmacies are equipped to manage these needs and provide important patient support services, such as coordinating refills, managing side effects and ensuring proper usage.

If you have specific questions regarding your specialty prescription, you can also call the Judi Rx customer care team for support at 1-833-402-8783 (24/7 365 days a year). When dialing, follow the prompts for the specialty pharmacy.

What happens to my open refills that I have on file with the Aetna/CVS mail order/ specialty pharmacy?

Eligible open refills, meaning refills you already have that you have not used yet but are available to you, will be automatically transferred from CVS,

our current pharmacy partner, to Judi Rx's Costco system. Members in this situation will be asked to create a Costco patient account and validate that their refills transferred successfully. In addition, once a member has confirmed that the refills have transferred successfully, the member will need to request the first prescription fill and set up auto refill settings within Costco's member portal to complete the process.

If the medications did not transfer (not visible on their Costco account), a member of the Judi Rx customer care team can help troubleshoot. (There is sometimes an issue with the spelling of a name or some data element that may not have been able to load in the Costco system.)

Please note: By law, prescriptions cannot transfer automatically for controlled substances, for compound drugs, prescriptions that are older than 12 months, prescriptions that have no refills remaining or prescriptions that were previously on hold. Members will need to coordinate with their doctors to get another prescription in these situations.

If you have specific questions regarding your specialty prescription, you can also call the Judi Rx customer care team for support at 1-833-402-8783 (24/7 365 days a year). When dialing, follow the prompts for the specialty pharmacy.

Frequently asked questions

Dental through Cigna

Costs and coverage

Are any deductibles or annual maximums changing with the move to Cigna for dental?

No changes to the deductibles and annual maximums under the Entergy dental plan are anticipated for the 2027 plan year. You should expect to continue to have access to the same benefit plan design and coverage options you have currently, including deductibles and annual maximums.

Will any new services be covered and will any services no longer be covered?

At the present time we do not anticipate any changes to the covered services offered under the Entergy dental plan for 2027. You should expect to continue to have access to the same benefit plan designs and coverage options you have currently.

Are coverage levels (preventive, basic, major) different?

We don't anticipate any changes in coverage levels. You should expect to continue to have access to the same benefit plan design and coverage options you have currently. For the current plan design, please see the [Entergy dental plan chart](#) below.

Will my lifetime maximum for orthodontics continue to be tracked?

Your lifetime maximum will continue to be tracked to the new dental vendor, Cigna. Your Entergy dental plan includes a lifetime maximum benefit of \$1,500 per covered person for orthodontic services. This means that each covered family member has a \$1,500 lifetime limit for orthodontic treatment under the Plan. The maximum applies to each family member in his or her lifetime and applies even if there is a break in coverage. Progress against the lifetime maximum will be converted from Aetna to Cigna so that the limit can continue to be tracked by the new vendor.

Entergy dental plan

Deductible and Maximums (In-Network)

Calendar Year Deductible	\$50 per covered person
Calendar Year Maximum Benefit	\$1,500 per covered person
Lifetime Maximum for Orthodontics	\$1,500 per covered person

Services (In-Network)

Diagnostic and Preventative (oral exams, cleanings, preventative x-rays)	100% covered
Basic Restorative (simple extractions, fillings, periodontics, oral surgery, root canal therapy, relines and repairs of bridges and dentures)	You pay 20% after deductible
Major Restorative (Inlays and onlays, crowns, bridges, dentures, veneers)	You pay 50% after deductible
Orthodontic Services	You pay 50%; no deductible

Frequently asked questions

Will I pay more or less for common services like cleanings, fillings, and crowns?

Factors such as what a provider charges, whether your selected provider is in-network, negotiated discounts, and location can impact your out-of-pocket costs. It is important to check your dentist's network status with Cigna as this can impact your out-of-pocket expenses. In-network diagnostic and preventive services (including cleanings) will continue to be covered at 100% of the negotiated charge even before the deductible is met.

Will my annual dental maximum reset with Cigna?

Yes. Your annual dental maximum resets every year, same as with Aetna.

Is there a difference in reimbursement for out-of-network dentists?

The benefit coverage for out-of-network dentists under Cigna is the same as what you have today under Aetna. The process of submitting a reimbursement request may be slightly different; however, you should expect to continue to have access to the same benefit plan design and coverage options you have currently. That said, what is paid out of pocket depends on several factors including your dentist's rates, where you are in meeting your deductible, etc.

Are routine cleanings and exams still covered at 100%?

Certain preventive care dental services like cleanings, oral exams and routine X-rays, are covered at no additional cost when you use a Cigna Dental PPO in-network dentist and have not yet met your calendar year maximum benefit.

- You can search for in-network dentists before your benefits become active by visiting [Cigna.com](https://www.cigna.com): Select **Find a Doctor**
- Select the **Healthcare.gov or Direct Purchase** option
- Follow prompts to search by type of dentist or by dentist name
- When prompted to select a plan, choose **DPPO/ EPO > Total DPPO**

- Select **Continue as Guest** when prompted

You can also contact Cigna's member services at 1-800-Cigna24 (244-6224), 24/7 365 days a year for assistance.

Please note that provider directory information for the above partners is updated periodically and in-network status is subject to change. Please verify the status of providers you utilize before you receive services.

When searching for a provider on Cigna.com, I see "TOTAL – lower benefits may apply." What does this mean? Does it mean that my dentist is not in-network?

What you're seeing is the generic [Cigna.com](https://www.cigna.com) experience. Once you are enrolled and have access to [myCigna.com](https://mycigna.com) later in 2026, the information will be clearer and more personalized to Entergy's Dental Plan.

When searching on [Cigna.com](https://www.cigna.com) for a dentist, all dentists that are found in the search function are in-network for the 2027 plan year. Since the search is being done on [Cigna.com](https://www.cigna.com) (before enrollment), the site does not take Entergy's specific plan design into account; however, [Cigna.com](https://www.cigna.com) may continue to be used to confirm whether or not a dentist is in-network with the Dental PPO Total plan.

Access and network

Can I keep my current dentist?

Yes, you can keep your current dentist. It is recommended that you verify whether your preferred dentist is in-network or out-of-network as that can impact your out-of-pocket expenses. You can validate your dentist's network status by contacting Cigna at 1-800-Cigna24 (244-6224). While you can go to a dentist that is out-of-network, choosing to use an out-of-network provider may impact your out-of-pocket expenses.

How do I check if my dentist is in-network?

You can validate your dentist's network status by contacting Cigna at 1-800-Cigna24 (244-6224) or checking online using the instructions below. While you can go to a dentist that is out-of-network,

Frequently asked questions

choosing to use an out-of-network provider may impact your out-of-pocket expenses.

To search for in-network dentists before 2027, use the following steps.

- Go to [Cigna.com](https://www.cigna.com) and select **Find a Doctor**.
- Select the **Healthcare.gov** or **Direct Purchase** option.
- On the next screen, enter your address, city or zip code.
- When prompted to select a plan, choose **DPPO/EPO > Total**.
- Follow prompts to search by type of dentist or by dentist name.
- Select **Continue as Guest** when prompted.

The dentist will be considered in-network if you see **Total** or **Total – lower benefits may apply** under **With selected plan**. Since the search is being done on [Cigna.com](https://www.cigna.com) before 2027, the site does not take Entergy's specific plan design into account; however, [Cigna.com](https://www.cigna.com) may continue to be used to confirm whether a dentist is in-network with the Dental PPO Total plan.

Please note that provider directory information for the above partners is updated periodically and in-network status is subject to change. Please verify the status of providers you utilize before you receive services.

What happens if my dentist is out-of-network?

While you can go to a dentist that is out-of-network, it can impact your out-of-pocket expenses. Out-of-network dentists may balance bill patients for the difference between their full, standard fees and the amount the plan pays. While in-network providers agree to capped fees, out-of-network providers are not bound by these rates and can charge you the remaining balance. Please contact Cigna at 1-800-Cigna24 (244-6224) for further questions.

Will I need to select a primary dentist?

No, a primary dentist selection is not required. Prior to receiving services, we recommend that you verify your dentist's network status with Cigna DPPO Total as this can impact your out-of-pocket expense.

Will I receive a new dental ID card or can my dentist look me up?

You will have access to your new digital ID card for dental coverage by Jan. 1, 2027. The digital ID cards will be available via www.myCigna.com and available on the myCigna app. In addition, you can also store all digital ID cards, including medical, pharmacy, vision, and dental, in one place. It is important to update your dentist's office with your new dental card prior to any visits on or after Jan. 1, 2027; however, your dentist should be able to look up your coverage as well.

Transition and logistics

When does the new dental coverage begin and what do I need to do?

New dental coverage with Cigna will begin Jan. 1, 2027. We recommend that you check your dentist's network status prior to that date, as a change of network status can impact your out-of-pocket expenses. You can validate your dentist's network status by contacting Cigna at 1-800-Cigna24 (244-6224), Cigna Dental network type: DPPO Total. While you can go to a dentist that is out-of-network, it can impact your out-of-pocket expenses.

Are there any waiting periods for major services with Cigna?

There are no waiting periods. Please contact Cigna at 1-800-Cigna24 (244-6224) if you have any questions regarding upcoming treatment plans.

Will dental claims or approved advance claim reviews transfer from Aetna to Cigna?

Claims with a date of service on or after Jan. 1, 2027 should be directed to Cigna. Claims approved in advance by Aetna will not transfer to Cigna. Advance claim review is available on a voluntary basis when dental work proposed by the provider is in excess of \$350. Please contact Cigna at 1-800-Cigna24 (244-6224) if you have any questions regarding upcoming treatment plans.

Frequently asked questions

Do I need to resubmit pre-treatment estimates?

Pre-treatment estimates (pre-determinations) provide an approximate cost for proposed dental procedures and outline how expenses are shared between you and the plan. For dental work over \$350, providers typically submit voluntary pre-treatment reviews on your behalf. If your provider ran your pre-treatment estimate with Aetna but you do not complete treatment by Jan. 1, 2027, you should request that your provider obtain a new estimate from Cigna after the transition. For questions about upcoming treatments, contact Cigna at 1-800-Cigna24 (244-6224).

What happens if I am in the middle of dental work that crosses the end of 2026 and goes into 2027 – who will pay the claims Aetna or Cigna?

Please contact Cigna at 1-800-Cigna24 (244-6224) to review your treatment plan and receive guidance on how claims will be processed for your specific procedure.

Will my dentist need to submit claims differently?

The only thing that your dentist will need is your updated insurance information. Informing your dental office of the change to Cigna is important and can eliminate delays in your claim processing. Cigna accepts all industry-standard claim submissions from all dental offices. The level of coverage will depend on whether your dentist is in-network or out-of-network.

For more details about this important transition, scan the QR code or visit:

myben.co/entergynew2027

