



November 2023

**Re: The Consolidated Edison, Inc. Retiree Health Program
Plan Year 2024 Open Enrollment**

Dear Retiree:

The Consolidated Edison, Inc. Retiree Health Program (Program) open enrollment for Plan Year 2024 will run from Thursday, November 16, 2023 through Thursday, November 30, 2023.

Please review this letter and attached materials carefully and follow the instructions below if you wish to make any healthcare benefit changes for 2024.

Important Notes:

- ***For all retirees - action is necessary for retirees only if:***
 - ***You are covering dependent children between the ages of 19 and 23 that are considered full-time students, as coverage for full-time students is terminated each year and eligibility for 2024 coverage must be re-established during this open enrollment period.***
 - ***You and/or dependents are under age 65/non-Medicare eligible and enrolled in the Aetna Managed Choice plan, as this plan is being discontinued after 2023 and you must pick a new plan for 2024.***
- ***For all surviving spouses and retirees who elected a Lump Sum Pension Option:***
 - ***Billing services for your healthcare contributions will continue to be administered by WEX Health, Inc. (“WEX”). All healthcare contribution payments must be sent directly to WEX to avoid cancellation of your coverage. If not already enrolled, you must enroll with WEX in order to submit payments. You may contact WEX at 1-866-451-3399.***

Important Changes and Information

Monthly Retiree Contributions

The attached “Schedule of Monthly Retiree Contributions” details the 2024 monthly payroll deductions for retirees enrolled in the Program.

Cigna and CVS Health Plans

For non-Medicare and Medicare eligible retirees enrolled in the **Cigna plan**, there will be no plan design changes for 2024.

For non-Medicare and Medicare eligible retirees enrolled in the **CVS Health Prescription plan**, there will be a slight increase to copays for mail prescriptions, both generic and brand for 2024. Please refer to the attached “Plan Highlights” for details; also available on Con Edison’s Retiree website at www.retirees.coned.com.

HMO / Managed Choice / Preferred Provider Organization Plans

Aetna

For under age 65/non-Medicare eligible retirees enrolled in the Aetna Managed Choice plan, this plan will no longer be available after Plan Year 2023 and you must select a different plan for 2024. For Medicare eligible retirees enrolled in the Aetna Preferred Provider Organization (PPO) plan, there are no plan design changes for 2024.

Emblem Health (HIP)

For non-Medicare and Medicare eligible retirees enrolled in the Emblem Health HMO plan, there are no plan design changes for 2024.

United Health Care (Secure Horizons/Oxford)

For Medicare eligible retirees enrolled in the United Health Care HMO plan, there are no plan design changes for 2024. The United Healthcare HMO plan is not open to new participants but remains open to current participants.

Plan Year 2024 Open Enrollment Window

If you wish to change your retiree healthcare coverage (from an HMO/ Managed Choice/PPO plan to Cigna or vice versa), or discontinue your coverage, you can do so by completing a Con Edison Retiree Health Benefits Enrollment/Change Form and Medicare Form (if you are enrolled in Medicare), available on the Con Edison Retiree website at www.retirees.coned.com. You may also call HR Assistance at 1-800-582-5056 to request the form(s). Completed forms may be returned as follows:

- Email to HR@coned.com; or
- Mail to Con Edison, HR Assistance, 4 Irving Place, Mailbox 143, New York, NY 10003

Note: Whether you send an email or letter to Con Edison, be sure to include your full name, employee number, phone number, and requested change. You must submit your changes during the open enrollment window no later than November 30, 2023.

Retiree Dependent Certification for Full-Time Students

At the end of each calendar year, healthcare coverage for your dependent children between the ages of 19 and 23 that are considered full-time students, is terminated and eligibility for such coverage must be re-established for each upcoming year. However, if your healthcare provider has determined that your dependent child(ren) is disabled under the terms of the Program, you do not have to re-establish eligibility for coverage each year.

As a reminder, retirees may cover eligible dependent children between the ages of 19 and 23 only if they are considered full-time students. In order to be considered a full-time student, your dependent child must be enrolled in an accredited post-secondary institution for twelve (12) or more credits for the upcoming Spring semester. If your dependent child is enrolled in an accredited graduate school where nine (9) or more credits is considered full-time status, such child will also be eligible for coverage. Certificate programs or vocational schools that do not provide course-based credits are not considered eligible post-secondary institutions.

Upon certification of full-time student status, healthcare coverage for your dependents that do not reach age 23 during the calendar year will extend for the full calendar year. If your dependent turns age 23 during the calendar year, their healthcare coverage will cease at the end of the month in which they turn age 23, regardless of their student status.

To establish eligibility for dependent healthcare coverage, please provide proof of full-time student status, such as a copy of a course schedule (which includes your dependent's name and the name of the institution) or Bursar's receipt from the institution reflecting at least twelve (12) credit hours for the 2024 Spring semester. You can email proof of dependent enrollment to HR@coned.com.

Note: If proof of full-time student dependent enrollment is not received by December 31, 2023, your full-time student dependents between the ages 19 and 23 will not have healthcare coverage effective January 1, 2024.

What You Can Do to Help Keep Program Costs Down

Here are a few suggestions to help you save on healthcare costs:

- If you are not yet eligible for Medicare and enrolled in the Cigna plan, use medical providers who participate in the Cigna network; it costs less to use in-network providers.
- Request generic drugs and use the mail-order prescription service whenever possible.
- Prescription drug costs depend on where you fill your prescription. A guide with some facts and tips on how to get the most value from the prescription drug program if enrolled in CVS Health/SilverScript is available on the retiree website at www.retirees.coned.com. In general, you will pay less for:
 - Generic versus brand-name prescription drugs;
 - Maintenance medications (90-day supply) supplied through the mail-order service program and sent to your home or picked-up at a CVS Health retail pharmacy or Target retail pharmacy; and prescription drugs you receive through a retail pharmacy in the CVS Health network or SilverScript network pharmacies for Medicare eligible participants.
- Preventive medical services can help identify and treat medical issues early on before they become a bigger issue; not only do preventive services help you to maintain your health, but may also help to avoid potential long-term costs to you and/or the company. Preventive services include immunizations, screenings for cholesterol, blood sugar, blood pressure and wellness exams (based on age-related frequency limits) at no cost if done at either Affiliated Physicians or at a Cigna in-network provider.

Increase Your Savings on Select CVS Health Brand Items

If you are enrolled in CVS Health, prescription drug coverage provides you with a CVS Health ExtraCare card. You can use this card to receive discounts of up to 20% on select over-the-counter CVS Health brand items, such as ibuprofen, nasal decongestants and more. If you are enrolled and do not have a card, or have any questions as it relates to the card, please call CVS Health at 1-800-601-6364 to request one.

Healthcare for Medicare Eligible Participants

If you or your covered dependents become eligible for Medicare at age 65 or earlier, Medicare becomes your primary healthcare provider and the Con Edison Retiree Health Program becomes secondary.

Once you obtain a Medicare card (reflecting Part A and B coverage), you must provide a copy of that Medicare card to HR Assistance by email at HR@coned.com or mail at Con Edison, HR Assistance, 4 Irving Place, Mailbox 143, New York, NY 10003. Failure to provide your Medicare card may result in a loss of coverage.

Note: If you are not enrolled in Medicare Part B by your Medicare eligibility date, you will be responsible to pay for services that would have been covered by Medicare. Cigna assumes that you have enrolled in Medicare and will process claims as the secondary insurer only.

Prescription Drug Plan for Medicare Eligible Participants

The Consolidated Edison, Inc. Retiree Health Prescription Drug Plan coordinates with the Medicare Part D prescription drug program. Retirees/dependents who are enrolled in CVS Health and are eligible for Medicare at age 65 or earlier will have their coverage administered by the Medicare Part D prescription drug plan provider, SilverScript insurance company, an affiliate of CVS Health. The plan administered by SilverScript provides the same prescription drug benefits to Medicare eligible participants as the plan administered by CVS Health for non-Medicare eligible participants. In addition to using the SilverScript pharmacy network negotiated with CVS Health, Medicare eligible participants can obtain prescriptions at any CVS Health retail pharmacy or Target retail pharmacy. If you obtain prescriptions through the mail, you need to send the prescriptions to the SilverScript mail order pharmacy.

If you are enrolled in an HMO, or PPO plan, please note that prescription drug coverage is available through your HMO/PPO provider. Once you or your spouse becomes Medicare eligible, Medicare part D becomes your primary provider.

Health Insurance Marketplace Alternative for Retirees Not Eligible for Medicare

For 2024, you can choose to obtain qualified healthcare coverage through the Program, your spouse's employer plan (if available), or the Health Insurance Marketplace (created under the Affordable Care Act).

If you or your dependents are not eligible for Medicare, we encourage you to explore and research all healthcare coverage opportunities available to you. This will enable you to make an informed decision when choosing healthcare coverage that best meets your family's needs and budget. Regardless of which state you live in, you'll be able to compare your healthcare insurance options in the Health Insurance Marketplace by visiting their website at www.HealthCare.gov.

To discontinue your retiree healthcare coverage from the Program to one offered through the Health Insurance Marketplace or elsewhere, follow the instructions to discontinue your coverage outlined in the 2024 Open Enrollment section of this letter.

Important Reminder: If you (or your spouse) choose not to participate in the Program in 2024, you (or your spouse) will not be eligible to participate in the Program in the future unless, during the interim period, you (or your spouse) are covered under another employer's group health plan (not an individual policy) either through another insurance provider, or at a minimum, a New York State platinum level plan (or equivalent) purchased in the Health Insurance Marketplace.

Coverage Provided for Reconstructive Surgery Following Mastectomy

The Women's Health and Cancer Rights Act of 1998, a federal law, requires group healthcare plans to provide coverage for reconstructive surgery and prostheses following mastectomies and to notify covered participants each year of available benefits.

Under the Program, benefits for a medically necessary mastectomy include:

- Reconstruction of the breast on which the mastectomy has been performed,
- Surgery and reconstruction of the other breast to produce a symmetrical appearance, and
- Treatment for physical complications during any state of a mastectomy, including lymphedema.

This coverage must be provided in consultation with the attending physician and the patient and is subject to the same annual deductibles and coinsurance provisions applicable to the mastectomy.

The Employee Hub

In 2024, the Company will be rolling out a new self-service platform called "The Employee Hub," available to all active and retired employees. The Employee Hub will help you stay connected to the company, while also allowing you to manage your personal information effortlessly and connect securely when support is needed. You may utilize The Employee Hub to update personal or W-4 tax information, check current benefits enrollment, access paystips, etc.

To learn more about The Employee Hub and how to navigate this new site, the Company will be conducting a "Lunch & Learn" for retirees, which is scheduled for Wednesday, December 13, 2023 from 12 p.m. to 1 p.m. (ET). If you are interested in attending, please email the theemployeehub@coned.com to sign up to receive instructions and the Zoom link.

Keep Your Contact Information Up To Date

It is important that you keep your contact information up to date. To update your mailing address, email address or other contact information, send an email (include your employee number) to HR Assistance at HR@coned.com, or call 1-800-582-5056. You may also update your contact information by logging into the retiree self-service portal at www.retirees.coned.com.

If you have any questions about coverage for mastectomies and reconstructive surgery or other covered benefits, call your healthcare provider at the following numbers:

- Aetna: 1-800-307-4830
- Cigna: 1-800-244-6224
- CVS Health: 1-800-601-6364
- Emblem Health (HIP): 1-800-447-8255
- United Healthcare (Secure Horizons/Oxford): 1-800-457-8506

For all other questions, please contact HR Assistance at HR@coned.com or 1-800-582-5056, Monday through Friday, 8 a.m. – 4 p.m. ET.

Sincerely,



Liz O'Halloran
Director
COE Benefits and Wellness
Human Resources

Attachments

This benefit summary serves as a summary of material modifications (SMM) and notice of terms to participants under the applicable plans, within the meaning of Section 104 of ERISA. It constitutes an addendum to your summary plan description booklet.

The changes and information described in the benefits summary are also subject to any plan documents, including any contracts between Con Edison and the firms that insure and/or administer the plans. In the event of any conflict between the information and the changes described in the benefits summary and any plan documents, the plan documents will prevail.



Schedule Of Monthly Retiree Contributions Effective January 01, 2024

RETIREES WITH FINAL AVERAGE OR CAREER AVERAGE PENSIONS OF \$1,000 OR GREATER PER MONTH		
	<u>Retiree or Surviving Spouse</u>	<u>Spouse and/or Other Dependents</u>
<u>Hospital / Medical (Cigna)</u>		
<i>If you retired AFTER May 31, 1988:</i>		
Medicare Eligible	\$71	\$106
Non-Medicare Eligible	\$367	\$540
<i>If you retired BEFORE June 1, 1988:</i>		
Medicare Eligible	\$71	\$106
	<u>Retiree or Surviving Spouse</u>	<u>Spouse and/or Other Dependents</u>
<u>HMO / Managed Choice / PPO</u>		
<i>If you retired AFTER May 31, 1988:</i>		
<u>Medicare Eligible</u>		
Aetna	\$149	\$149
Emblem Health (HIP)	\$194	\$194
United Healthcare (Secure Horizons/Oxford)*	\$194	\$194
<u>Non-Medicare Eligible</u>		
Emblem Health (HIP)	\$508	\$572
<i>If you retired BEFORE June 1, 1988:</i>		
<u>Medicare Eligible</u>		
Aetna	\$149	\$149
Emblem Health (HIP)	\$194	\$194
United Healthcare (Secure Horizons/Oxford)*	\$194	\$194
	<u>Retiree or Surviving Spouse</u>	<u>Spouse and/or Other Dependents</u>
<u>Prescription Drugs (CVS Health)</u>	\$159	\$159

*United Healthcare (Secure Horizons/Oxford) not available for new enrollees

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Schedule Of Monthly Retiree Contributions Effective January 01, 2024

RETIRES WITH FINAL AVERAGE OR CAREER AVERAGE PENSIONS OF LESS THAN \$1,000 PER MONTH		
	<u>Retiree or Surviving Spouse</u>	<u>Spouse and/or Other Dependents</u>
<u>Hospital / Medical (Cigna)</u>		
<i>If you retired AFTER May 31, 1988:</i>		
Medicare Eligible	\$60	\$71
Non-Medicare Eligible	\$305	\$417
<i>If you retired BEFORE June 1, 1988:</i>		
Medicare Eligible	\$60	\$71
	<u>Retiree or Surviving Spouse</u>	<u>Spouse and/or Other Dependents</u>
<u>HMO / Managed Choice / PPO</u>		
<i>If you retired AFTER May 31, 1988:</i>		
<u>Medicare Eligible</u>		
Aetna	\$139	\$139
Emblem Health (HIP)	\$147	\$147
United Healthcare (Secure Horizons/Oxford)*	\$147	\$147
<u>Non-Medicare Eligible</u>		
Emblem Health (HIP)	\$275	\$309
<i>If you retired BEFORE June 1, 1988:</i>		
<u>Medicare Eligible</u>		
Aetna	\$139	\$139
Emblem Health (HIP)	\$147	\$147
United Healthcare (Secure Horizons/Oxford)*	\$147	\$147
	<u>Retiree or Surviving Spouse</u>	<u>Spouse and/or Other Dependents</u>
<u>Prescription Drugs (CVS Health)</u>	\$103	\$103

**United Healthcare (Secure Horizons/Oxford) not available for new enrollees*



2024 Retiree Health Program Enrollment Selection Guide
Cigna Open Access Plus Copay Plan Highlights

Hospital/Medical	Under Age 65 or Non-Medicare Eligible			Over Age 65 or Under Age 65 And Medicare Eligible
	In Network	Out-of-Network	In Network	
Annual Inpatient Hospital Deductible *	50% of Medicare Part A deductible	50% of Medicare Part A deductible	50% of Medicare Part A deductible	
Annual Medical Deductible	\$375 per person \$1,025 per family	\$900 per person \$2,600 per family	\$850 per person \$2,450 per family	
Annual Out-of-Pocket Max	\$1,000 per person \$2,800 per family	\$3,500 per person	\$3,450 per person	
Inpatient Hospital / Skilled Nursing Facility Admission**	After hospital deductible, plan pays 100% of semi-private room and board up to 365 days per diagnosis	After hospital deductible, plan pays 70% of semi-private room and board up to 365 days per diagnosis	After hospital deductible, plan pays 100% of semi-private room and board up to 365 days per diagnosis	
Emergency Room Visit	\$125 copay; waived if admitted	\$125 copay; waived if admitted	\$100 copay; waived if admitted	
Co-insurance	After in-network medical deductible, plan pays 90%	After out-of-network deductible, plan pays 70%	After medical deductible, plan pays 70%	
Physician Office Visits / Specialist Office	\$30 copay \$40 copay	After annual medical deductible, plan pays 70%	After medical deductible, plan pays 70%	
Routine Preventive Care and Immunizations***	Plan pays 100%, no copay	Not covered	Plan pays 100%, no copay	
Routine Mammograms, PAP, PSA	Plan pays 100%, no copay	Plan pays 100%, no deductible	Plan pays 100%, no deductible	
Outpatient Surgery	Plan pays 100%, no copay	Plan pays 100%, no deductible	After medical deductible, plan pays 100%	
Vision (CPS Optical)	1 routine eye exam every 12 months; 1 pair of eyeglasses every 24 months	1 routine eye exam every 12 months; 1 pair of eyeglasses every 24 months	1 routine eye exam every 12 months; 1 pair of eyeglasses every 24 months****	

* Retirees can have more than one benefit period in a calendar year

** Custodial care is not a covered health service

*** Some vaccinations are covered (i.e. Shingles vaccination)

**** No need to coordinate with Medicare

Notes:

- 1) Plan payments for covered health services are based on usual and customary charges.
- 2) Should there be a conflict between this summary and the Plan Document, the Plan Document will be the final authority.
- 3) This chart provides a brief glimpse of some of your Benefits. For more in-depth details or to review the HMO and MCP plans, visit www.retirees.coned.com and see Benefit Summaries for each Plan.



**2024 Retiree Health Program Enrollment Selection Guide
CVS Health / SilverScript Prescription Drugs**

CVS Health Plan Highlights Retirees Under Age 65 Or Non-Medicare Eligible			
Prescription	Retail	Preferred Network and Mail 90 Day Supply	
Annual Deductible	\$150	None	
Annual Out-Of-Pocket Maximum	None		
Copays	Generic Drugs (A)	Preferred Brand Drugs (B)	Non-Preferred Brand Drugs (C)
30-Day Supply (any network pharmacy*)	\$15	\$40	\$60
90-Day Supply (Mail and Preferred Network Pharmacy**)	\$35	\$90	\$135
SilverScript Plan Highlights Retirees Over 65 Or Under 65 And On Medicare			
Prescription	Retail	Preferred Network and Mail 90 Day Supply	
Annual Deductible	\$150	None	
Annual Out-Of-Pocket Maximum	None		
Copays	Preferred Network Retail*	Network Retail**	Mail Order
Generic Drugs	Active ingredients in generic drugs are exactly the same as active ingredients in brand drugs whose patents have expired. They are required by the FDA to be as safe and effective as the brand drug.		
30-Day Supply	\$15	\$15	\$35
60-Day Supply	\$30	\$30	\$35
90-Day Supply	\$35	\$45	\$35
Preferred Brand Drugs	Brand drugs that do not have a generic equivalent and are included on a preferred drug list.		
30-Day Supply	\$40	\$40	\$90
60-Day Supply	\$80	\$80	\$90
90-Day Supply	\$90	\$120	\$90
Non-Preferred Brand Drugs	Brand drugs that are not on a preferred drug list and usually are a higher cost.		
30-Day Supply	\$60	\$60	\$135
60-Day Supply	\$120	\$120	\$135
90-Day Supply	\$135	\$180	\$135
Specialty Drugs	For information about your copays when you fill prescriptions for specialty drugs, please see the 2024 Summary of Benefits document located at http://conedcecony.silverscript.com .		

*The network includes CVS and its affiliated pharmacies, which may offer you lower costs than other network pharmacies. If you use a preferred network pharmacy, the deductible will be waived if your script is for a 90-Day supply.

**The plan has a network of pharmacies, including retail, mail-order, long-term care and home infusion pharmacies. To find a network pharmacy near you, call the Pharmacy Benefit Manager at the number listed on your prescription card.



Consolidated Edison Company
of New York, Inc.
4 Irving Place
New York NY 10003-0987
www.conEd.com

November 2023

Dear Retiree,

As a retiree covered under one of the health plans offered by Consolidated Edison Company of New York, Inc. and Orange and Rockland Utilities, Inc. (together, the "Company"), we are required to notify you of the privacy practices that will be followed by the Company and the health plans under the Health Insurance Portability and Accountability Act of 1996 ("HIPAA") to protect your personal health information ("PHI"). Privacy practices to protect your PHI went into effect on April 14, 2003 and continue to date.

Under the law and privacy practices, we have the responsibility to protect the privacy of your PHI by:

- Limiting who may see your PHI
- Limiting how we may use or disclose your PHI
- Explaining our legal duties and privacy practices
- Adhering to these privacy practices
- Informing you of your legal rights

The attached Notice of Privacy Practices describes how we will comply with the law and your legal rights. If you have any questions or would like a printed version of this Notice, you may contact HR Assistance at 1-800-582-5056.

Sincerely,

Tricia Medlin-Fogg
Department Manager, HR Services

NOTICE OF PRIVACY PRACTICES

This Notice Describes How Medical Information About You May Be Used And Disclosed And How You Can Get Access To This Information. Please Review It Carefully.

The Health Information Portability and Accountability Act of 1996 (“HIPAA”) requires Group Health Plans to notify plan participants and beneficiaries about its policies and practices to protect the confidentiality of their health information. This document is intended to satisfy HIPAA’s notice requirement with respect to all health information created, received, or maintained by Consolidated Edison Company of New York, Inc. and Orange and Rockland Utilities, Inc. (collectively, the “Company”) on behalf of the following self-insured coverages (collectively, the “Plans”):

- Medical;
- Dental;
- Vision;
- Employee Assistance Program;
- Wellness Program; and
- Health Flexible Spending Account Plan

The Plans need to create, receive, and maintain records that contain health information about you to administer the Plans and provide you with health care benefits. This notice describes the Plans’ health information privacy policy. The notice tells you the ways the Plans may use and disclose health information about you, describes your rights, and the obligations the Plans have regarding the use and disclosure of your health information. However, it does not address the health information policies or practices of your health care providers, or other covered entities such as insurance companies.

The Privacy of PHI

The Plan’s privacy policy and practices protect confidential health information (including genetic information), that identifies you or could be used to identify you, and relates to your past, present or future physical or mental health condition or the payment of your health care expenses. This individually identifiable health information is known as “protected health information” or “PHI” (“PHI”). Your PHI will not be used or disclosed without a written authorization from you, except as described in this Notice or as otherwise permitted by federal and state health information privacy laws.

This Notice only applies to health-related information received by or on behalf of the Plans. If the Company obtains your health information in another way, for example, if you are hurt in a work accident or if you provide medical records with your request for medical leave, then this Notice does not apply, but the Company will safeguard that information in accordance with other applicable laws and Company policies. Similarly, health information obtained in connection with a non-Plan benefit, such as long-term disability or life insurance, is not protected under this Notice. This Notice also does not apply to information that

does not identify you and with respect to which there is no reasonable basis to believe that the information can be used to identify you.

The Plans are required by law to:

- Make sure that health information that identifies you is kept private;
- Give you this Notice of the Plans legal duties and privacy practices with respect to PHI about you;
- Follow the terms of the notice that is currently in effect;
- Provide the person or office to contact for further information about the Plans privacy practices.

Permitted Uses and Disclosures Without Your Written Authorization

In certain situations, which are described below, the Plans must obtain your written authorization in order to use/or disclose your PHI. However, the Plans may use and disclose your PHI without your written authorization for the following purposes:

Treatment. The Plans may disclose your PHI to a health care provider who renders treatment on your behalf. For example, if you are unable to provide your medical history as the result of an accident, the Plans may advise an emergency room physician about the types of prescription drugs you currently take.

Payment. The Plans may use and disclose your PHI so claims for health care treatment, services, and supplies you receive from health care providers may be paid according to the Plans' terms. For example, the Plans may receive and maintain information about surgery you received to enable the Plans to process a hospital's claim for reimbursement of surgical expenses incurred on your behalf.

Health Care Operations. The Plans may use and disclose your PHI to enable it to operate or operate more efficiently or make certain all of the Plans' participants receive their health benefits however, the Plans are prohibited from using or disclosing your genetic information for underwriting purposes. For example, the Plans may use your PHI for case management or to perform population-based studies designed to reduce health care costs. In addition, the Plans may use or disclose your PHI to conduct compliance reviews, audits, actuarial studies, and/or for fraud and abuse detection. The Plans may also combine health information about many Plan participants and disclose it to the Company in summary fashion so it can decide what coverages the Plans should provide. The Plans may remove information that identifies you from health information disclosed to the Company so it may be used without the Company learning who the specific participants are.

Individual Involved in Your Care or Payment of Your Care. The Plans may disclose your PHI to a close friend, family member or any other person identified by you who is involved in or who helps pay for your health care if you are present and do not object to the disclosure (or if it can be inferred that you do not object). If you are not present for or unavailable prior to a disclosure, the Plans may exercise their professional judgment to determine whether a disclosure is in your best interests. If the Plans disclose information under such circumstances, the Plans will disclose only information that is directly relevant to the person's involvement with your care. In addition, the Plans may advise a family member, close friend or any other person identified by you about your condition, your location (for example, that you are in the hospital), or following your death, the Plans may disclose your PHI to your family members, close friends, or other persons who were involved in your health care unless in doing so would be against your stated preferences.

As Required by Law. The Plans may use and disclose your PHI when required to do so by any applicable federal, state or local law.

Disclosures to the Company. The Plans may disclose your PHI to certain employees or other individuals under the control of the Company as necessary for them to carry out the Company's responsibilities to administer the Plans, as described in this Notice. The Company cannot use your PHI obtained from the Plans for any employment-related actions without your written authorization.

In addition, the Company may use or disclose "summary health information" for purposes of obtaining premium bids or modifying, amending, or terminating the Plans. Summary health information is information that summarizes claims history, claims expenses, or types of claims experienced by individuals for whom the Company provides benefits under the Plans and from which the individual identifying information, except for five-digit zip codes, has been deleted. The Company also may use or disclose Plan eligibility and enrollment information – for example, for payroll processing.

To a Business Associate. Certain services are provided to the Plans by third party entities known as "business associates." For example, the Plans may input information about your health care treatment into an electronic claims processing system maintained by the Plans' business associate so your claim may be paid. In so doing, the Plans will disclose your PHI to its business associate so it can perform Plan administration functions. However, the Plans will require its business associates, through contract, to appropriately safeguard your health information.

Public Health Activities. The Plans may disclose your PHI: (1) to report health information to public health authorities for the purpose of preventing or controlling disease, injury or disability; (2) to report child abuse and neglect to a government authority authorized by law to receive such reports; (3) to report information about products under the jurisdiction of the U.S. Food and Drug Administration; (4) to alert a person who may have been exposed to a communicable disease or may otherwise be at risk of contracting or spreading a disease or condition; (5) to report information to your employer the Company as required under laws addressing work-related illnesses and injuries or workplace medical surveillance; and (6) to a school to provide immunization information about a student or potential student.

Health or Safety. The Plans may use or disclose your PHI to prevent or lessen a serious and imminent threat to a person's or the public's health or safety.

Victims of Abuse, Neglect or Domestic Violence. The Plans may disclose your PHI if the Plans reasonably believe you are a victim of abuse, neglect or domestic violence to a government authority authorized by law to receive reports of such abuse, neglect, or domestic violence.

Health Oversight Activities. The Plans may disclose your PHI to an agency that oversees the health care system and is charged with responsibility for ensuring compliance with the rules of government health programs such as Health and Human Services.

Judicial and Administrative Proceedings. The Plans may disclose your PHI in the course of a judicial or administrative proceeding in response to a legal order or other lawful process.

Law Enforcement Officials. The Plans may disclose your PHI to the police or other law enforcement officials as required by law or in compliance with a court order for example, to identify or locate a suspect, material witness, or missing person or to report a crime, the crime's location or victims, or the identity, description, or location of the person who committed the crime.

National Security, Intelligence Activities, and Protective Services. The Plans may release your PHI to authorized federal officials: (1) for intelligence, counterintelligence, and other national security activities authorized by law; and (2) to enable them to provide protection to the members of the U.S. government, or foreign heads of state or to conduct special investigations.

Organ and Tissue Procurement. The Plans may disclose your PHI to organizations that facilitate organ, eye or tissue procurement, banking or transplantation.

Coroners, Medical Examiners, and Funerals Directors. The Plans may release your PHI to a

coroner or medical examiner. This may be necessary, for example, to identify a deceased person or to determine the cause of death. The Plans may also release your PHI to a funeral director, as necessary, to carry out his/her duty.

Workers' Compensation. The Plans may disclose your PHI as authorized by and to the extent necessary to comply with state law relating to workers' compensation or other similar programs.

Marketing. The Plans may contact you to provide you information about treatment alternatives or other health-related benefits and services that may be useful to you. The Plans may also use and disclose your PHI to communicate face-to-face with you to encourage you to purchase or use a product or service, or to provide a promotional gift of nominal value to you.

Note: State law may further limit the permissible ways the Health Plans use or disclose your PHI. If an applicable state law imposes stricter restrictions, the Plans will comply with that state law.

Uses and Disclosures Requiring Your Written Authorization

The Plans may use or disclose your PHI for a purpose other than as described above only if you give the Plans your written authorization.

Revocation of Your Authorization

You may revoke your authorization at any time by delivering a written request to the Company, Attention: HIPAA Privacy Officer, Tricia Medlin-Fogg, 4 Irving Place, New York, New York 10003. If you revoke your authorization, the Plans will no longer use or disclose your PHI except as described above (or as permitted by any other authorizations that have not been revoked). However, the Plans cannot retrieve any PHI disclosed to a third party in reliance on your prior authorization.

Your Individual Rights

Right to Inspect and Copy. You may request access to certain Plan records that contain your PHI in order to inspect and request copies of those records. If you request copies, the Plans may charge you copying, mailing, and labor costs. To the extent that your PHI is maintained in an electronic health record, you may request that the Plans provide a copy to you or to a person or entity designated by you in an electronic format. Under limited circumstances, the Plans may deny you access to a portion of your records. If you desire access to your records containing PHI, you must request access in writing from the Company, Attention: HIPAA Privacy Officer, Tricia Medlin-Fogg, 4 Irving Place, New York, NY 10003. You do not have the right to access your (i) psychotherapy notes, (ii) information compiled in reasonable anticipation of, or for use in, a civil, criminal, or administrative action or proceeding, maintained in a Designated Record Set, or (iii) Certain PHI that is subject to the Clinical Laboratory Improvements Amendments of 1988 ("CLIA"), 42 C.F.R. § 263a, to the extent the provision of access to the individual would be prohibited by law.

You should submit your request in writing to the Company, Attention: HIPAA Privacy Officer, Tricia Medlin-Fogg, 4 Irving Place, New York, NY 10003. In limited circumstances, the Plans may deny your request to inspect and copy your PHI. Generally, if you are denied access to PHI, you may request a review of the denial.

Right to Amend. You have the right to request that the Plans amend your PHI maintained in a designated record set for as long as the information is kept by or for the Plans. The Plans will comply with your request for amendment unless special circumstances apply. The Plans may deny your request for amendment if you do not provide a reason to support your request or if the Plans believe that the information is accurate. In addition, the Plans may deny your request if you ask it to amend

information that was created by another health plan or health care provider (but the Plans will inform you of the source of the information, if known). If your physician or other health care provider created the information that you desire to amend, you should contact the health care provider to amend the information. To make a request for amendment of your PHI you must do so in writing to the Company, Attention: HIPAA Privacy Officer, Tricia Medlin-Fogg, 4 Irving Place, New York, NY 10003.

Right to an Accounting of Disclosures. You have the right to request an “accounting of disclosures.” This is a list of disclosures of your PHI that the Plans have made to others.

To request an accounting of disclosures, your request must be in writing to the Company, Attention: HIPAA Privacy Officer Tricia Medlin-Fogg, 4 Irving Place, New York, NY 10003. Your request must state a time period, which may not be longer than six years prior to the date the accounting was requested. The accounting will generally be provided free of charge, but if you request an accounting more than once during a twelve (12) month period, the Plans may charge you a reasonable fee for any subsequent accounting statements. You will be notified of the costs involved, and you may choose to withdraw or modify your request before you incur any expenses. The accounting will not include all disclosures of your PHI. For example, the accounting will not include disclosures (i) to carry out treatment, payment or health care operations activities; (ii) made to you; (iii) made to friends or family members in your presence or because of an emergency; (iv) made pursuant to your written authorization; (v) for national security or intelligence purposes; or (vi) to correctional institutions or law enforcement officials. Please note that this right may be expanded once final regulations are published.

Right to Request Restrictions. You have the right to request a restriction on the PHI the Plans use or disclose about you for treatment, payment or health care operations. You also have the right to request a limit on the PHI the Plans disclose about you to someone who is involved in your care or the payment for your care, like a family member or friend. For example, you could ask that the Plans not use or disclose information about a service you receive if (i) the disclosure is being made for payment or health care operations reasons, and (ii) the restricted PHI pertains solely to a health care item or service provided by the Plans where the Plans have been paid out-of-pocket in full (in other words, another plan has not paid for any part of the item or service).

To request restrictions you must make your request in writing to the Company, Attention: HIPAA Privacy Officer, Tricia Medlin-Fogg, 4 Irving Place, New York, NY 10003. You must advise the Plans: (1) what information you want to limit; (2) whether you want to limit the Plans’ use, disclosure or both; and (3) to whom you want the limit(s) to apply.

Note: The Plans are not required to agree to your request, except as provided above.

Right to Request Confidential Communications. You have the right to request that the Plans communicate with you about PHI in a certain way or at a certain location. For example, you can ask that the Plans to send the results of your exam to a specified address, to work or to home.

To request confidential communications you must make your request in writing to the Company, Attention: HIPAA Privacy Officer, Tricia Medlin-Fogg, 4 Irving Place, New York, NY 10003. The Plans will make attempt to accommodate all reasonable requests. Your request must specify how or where you wish to be contacted.

Right to Receive Paper Copy of this Notice. Upon request, you may obtain a paper copy of this Notice, even if you agreed to receive such notice electronically.

Personal Representatives. You may exercise your rights through a personal representative, as permitted under Plans’ health information privacy policy, and as determined under applicable state law. This individual must complete a Personal Representative Form. The Plans reserve the right to deny access to your personal representative.

Changes to This Notice

The Plans reserve the right to change this Notice at any time and to make the revised or changed notice effective for health information the Plans already have about you, as well as any information the Plans receive in the future. The Plans will post a copy of the current notice on its benefits portal at all times.

Complaints

If you believe that your privacy rights under this Notice have been violated, you may file a written complaint with the Company, Attention: HIPAA Privacy Officer, Tricia Medlin-Fogg, 4 Irving Place, New York, NY 10003. Alternatively, you may complain to the Secretary of the U.S. Department of Health and Human Services, generally, within 180 days of when the act or omission complained of occurred. Upon request the HIPAA Privacy Officer will provide the correct address for the Secretary.

Note: You will not be penalized or retaliated against for filing a complaint.

Effective Date of This Notice

This Notice is effective on January 1, 2024.

Minimum Necessary Standard

When using or disclosing PHI or when requesting PHI from another covered entity, the Plans will make reasonable efforts not to use, disclose or request more than the minimum amount of PHI necessary to accomplish the intended purpose of the use, disclosure or request, taking into consideration practical and technological limitations.

However, the minimum necessary standard will not apply in the following situations: disclosures to or requests by a health care provider for treatment; uses or disclosures made to the individual; disclosures made to the Secretary of the U.S. Department of Health and Human Services; uses or disclosures that are required by law; and uses or disclosures that are required for compliance with legal regulations.

This Notice does not apply to information that has been de-identified. De-identified information is information that does not identify an individual and with respect to which there is no reasonable basis to believe that the information can be used to identify an individual.

Contact Information

You should keep the Plans informed of any changes in your address. In the event that your PHI has been breached, the Plans will notify you at your address on record in accordance with the Plans health information privacy policy. If you have any questions regarding this Notice or the subjects addressed in it, you may contact the HIPAA Privacy Officer, Tricia Medlin-Fogg, at 4 Irving Place, New York, NY 10003.

Conclusion

PHI use and disclosure by a Plan is regulated by HIPAA. You may find these rules at 45 Code of Federal Regulations, Parts 160 and 164. This Notice attempts to summarize the regulations. The regulations will supersede any discrepancy between the information in this Notice and the regulations.



Consolidated Edison Company
of New York, Inc.
4 Irving Place
New York NY 10003-0987
www.conEd.com

November 2023

Re: ADP W-2 Online Services

Dear Retiree:

Sign up to use ADP W-2 Online Services, and you won't have to wait for your W-2 or 1099-R forms to come in the mail.

What are the benefits of using this free service?

- Earlier access so you can file your tax return sooner
- Ability to download tax forms into income tax preparation tools such as TurboTax
- No possibility of the forms being lost, stolen, misplaced or delayed in the mail
- Access your tax forms from any location 24/7

To register for ADP W-2 Services:

1. Go to <https://w2.adp.com>
2. Click "Register Now"
3. Enter the Registration Code, which is Coned-V2P
4. Enter your name and select "W-2 Services"
5. Be sure to have the following information available for validation purposes:
 - Your Social Security Number (no spaces)
 - Employee ID #
 - Company Code, which is V2P
 - Your 5-digit home zip code

You must register by December 31, 2023 so you receive your tax forms in late January 2024. If you have already registered, you do not need to register again.

We hope you take advantage of the opportunity to receive your tax forms online.

Danielle Smith-Lewis
Department Manager, Payroll
smithda@coned.com



November 2023

**Re: Legal and identity theft Protection from LegalShield
Plan Year 2024 Open Enrollment**

During these unprecedented times, it is important to safeguard not only our physical health, but our financial and digital health as well. That is why we are offering a legal and identity theft protection benefit (LegalShield & IDShield Protection) from LegalShield.

For only \$14.00 a month, you will receive direct access to a dedicated law firm who can review and prepare legal documents such as Wills and assist with other personal legal matters such as speeding tickets, neighbor disputes and family related matters such as adoption. You will also receive identity theft protection services, including full-service identity restoration in the event your identity is stolen. This benefit provides coverage to a ConEdison retiree, and their spouse/partner as well as up to 10 dependent children under the age of 26.

Legal Protection Services Include:

- Direct Access to a Dedicated Law Firm
- Legal Consultation and Advice
- Court Representation
- Legal Document Preparation and Review
- Demand Letters and Phone Calls
- Speeding Ticket Assistance
- Will Preparation
- 24/7 Emergency Legal Access
- Mobile app

Identity Theft Protection Services Include:

- Direct Access to Licensed Private Investigators
- Identity Consultation and Advice
- Identity and Credit Monitoring
- Child Monitoring
- Full-Service Identity Restoration
- Real-Time Alerts
- 24/7 Emergency Access
- Mobile app

Identity theft protection services are powered by IDShield

Please see the attached flyer for detailed information. For more information on how to enroll please visit benefits.legalshield.com/conedisonretiree.

Note that if you are currently enrolled there is no action needed on your part, your current elections will carry over for 2024.

If you have questions or would like to enroll over the phone, please call LegalShield Member Services at 888-807-0407 between 7 a.m. – 7 p.m. CT. When calling, please reference group number, **83589**. Coverage will be effective 1/1/2024.



Affordable Legal and Identity Theft Protection



LegalShield provides the legal and identity theft protection you and your family need and deserve.

**Always Connected.
Always Protected.**

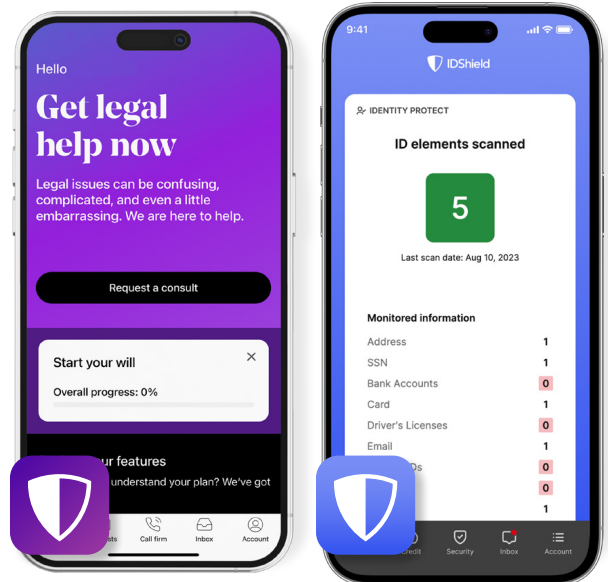
LegalShield Coverage Includes:

- ✓ Legal Consultation and Advice
- ✓ Court Representation
- ✓ Dedicated Provider Law Firm
- ✓ Legal Document Preparation and Review
- ✓ Letters and Phone Calls Made on Your Behalf
- ✓ Speeding Ticket Assistance
- ✓ Will Preparation
- ✓ 24/7 Emergency Legal Access

Identity Theft Services by IDShield Include:

- ✓ Identity Consultation and Advice
- ✓ Dedicated Licensed Private Investigators
- ✓ Identity and Credit Monitoring
- ✓ Child Monitoring
- ✓ Full-Service Identity Restoration
- ✓ Real-Time Alerts
- ✓ 24/7 Emergency Access

FOR MORE INFORMATION, VISIT benefits.legalshield.com/conedisonretiree or call LegalShield Member Services at 888-807-0407, between 7 a.m.-7.p.m CT. Please reference group number 83589



"Without a doubt, LegalShield has been a benefit to me at an extremely reasonable cost. All interactions I've had have been very helpful and beneficial."

B.C., LegalShield Member

Legal and Identity Theft Protection

\$14.00

Per Month



Disclaimers:

Although ConEdison is making Pre-Paid Legal Services, Inc. dba LegalShield (“LegalShield”) services and products available to retirees/surviving spouses of ConEdison and certain affiliates, neither ConEdison nor any of its affiliates is in any way recommending or endorsing any of the services or products of LegalShield or its providers, or making any representation or warranty as to the quality or results of such services or products. ConEdison may discontinue the availability of such services and products.

CONEDISON SHALL NOT BE LIABLE FOR ANY LOSS, LIABILITY, DAMAGE, EXPENSE OR RESULT ARISING OUT OF YOUR USE OF THE SERVICES OR PRODUCTS PROVIDED BY LEGALSHIELD OR ITS PROVIDERS OR ANY DECISION OR ACTION TAKEN BASED ON SUCH SERVICES OR PRODUCTS, OR FOR THE UNAVAILABILITY OF SUCH SERVICES OR PRODUCTS.

Pre-Paid Legal Services, Inc. d/b/a LegalShield (“LegalShield”) provides access to legal services offered by a network of provider law firms to LegalShield members through membership-based participation. Neither LegalShield nor its officers, employees or sales associates directly or indirectly provide legal services, representation, or advice. See a legal plan for complete terms, coverage, amounts and conditions. IDShield is a product of Pre-Paid Legal Services, Inc. d/b/a LegalShield (“LegalShield”). LegalShield provides access to identity theft protection and restoration services. For complete terms, coverage and conditions, please see a plan description. The IDShield plan covers the named member, the named member’s spouse and up to 3 eligible dependent children of the named member or named member’s spouse under the age of 18. All Licensed Private Investigators are licensed in the state of Oklahoma.