



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

November 2024

**Re: Con Edison Retiree Health Program – Plan Year 2025 Open Enrollment
Retirees Under Cash Balance and Defined Contribution Pension Formulas**

Dear Retiree:

The Consolidated Edison, Inc. Retiree Health Program (Program) open enrollment for Plan Year 2025 will run from Monday, November 25, 2024 through Friday, December 6, 2024.

Please review this letter and attached materials carefully and follow the instructions below if you wish to make any healthcare benefit changes for 2025.

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. Please note coverage for full-time students is terminated each year and eligibility for 2025 coverage must be re-established during this open enrollment period.***
- ***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 to submit payments. You may contact WEX at 1-866-451-3399.***

Important Changes and Information

Monthly Retiree Premiums

The attached Schedule of Monthly Retiree Premiums details the 2025 monthly premium retiree rates.

Cigna and CVS Caremark Plans

For non-Medicare and Medicare eligible retirees enrolled in the ***Cigna plan***, there will be no plan design changes for 2025.

For non-Medicare and Medicare eligible retirees enrolled in the ***CVS Caremark or Silverscript Prescription plan***, there will be a slight increase to copays for mail prescriptions in 2025.

Please refer to the attached "Plan Highlights" for details; also available on Con Edison's Retiree website at www.retirees.coned.com.

HMO / Preferred Provider Organization Plans

Aetna

For Medicare eligible retirees enrolled in the Aetna Preferred Provider Organization (PPO) plan, there are no plan design changes for 2025.

Emblem Health (HIP)

For non-Medicare and Medicare eligible retirees enrolled in the Emblem Health HMO plan, there are plan design changes for 2025. Please refer to the Emblem Health Plan summary which is available on Con Edison's Retiree website at www.retirees.coned.com.

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 2025. The United Healthcare HMO plan is not open to new participants but remains open to current participants.

Plan Year 2025 Open Enrollment Window

If you wish to change your retiree healthcare coverage (from an HMO/PPO plan to Cigna or vice versa), or discontinue your coverage, you can do so by logging into the Employee Hub on the Con Edison Retiree website at www.retirees.coned.com.

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.

If your child turns 19 during the 2025 calendar year, their coverage will term the end of the month that they turn 19, to continue their coverage, proof of full-time student status must be supplied to HR Assistance by submitting a service request via self-service in the Employee Hub which can be found at www.retirees.com.

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 2025 Spring semester. Proof of full-time student status should be submitted as a service request via self-service in the Employee Hub which can be found on the Retiree Website www.retirees.coned.com.

Note: If proof of full-time student dependent enrollment is not received by December 31, 2024, your full-time student dependents between the ages 19 and 23 will not have healthcare coverage effective January 1, 2025.

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 Caremark/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.

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 submitting a service request via self-service in the Employee Hub or mail to Con Edison, HR Assistance, 4 Irving Place, Mailbox 143, New York, NY 10003. **Failure to provide your Medicare card will result in a loss of coverage.**

Note: If you are not enrolled in Medicare Part B by your Medicare eligibility, you will not be eligible for coverage under the Retiree Healthcare plan.

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. 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, please note that prescription drug coverage is available through your HMO 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 2025, 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 2025 Open Enrollment section of this letter.

Important Reminder: If you (or your spouse) choose not to participate in the Program in 2025, 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

The Company has moved to a new self-service platform called "The Employee Hub," available to all active and retired employees. The Employee Hub helps 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 direct deposit information, check current benefits enrollment, access payslips, etc.

To register for the Employee Hub, follow the user guide which is found on the Con Ed Retiree website www.retirees.coned.com under self-service on the home page. If you have trouble registering, please contact HR Assistance at 1-800-582-5056.

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 submit a service request in the Employee Hub or contact HR Assistance at 1-800-582-5056, Monday through Friday, 8 a.m. – 4 p.m. ET.

Sincerely,



Karlene Green
Director, Benefits
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.