



November 2021

**Re: Con Edison Retiree Health Program – Plan Year 2022 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 2022 will run from Tuesday, November 16, 2021 through Tuesday, November 30, 2021.

Please review this letter and attached materials carefully, and follow the instructions below if you wish to make any healthcare benefit changes for 2022.

Note: No action is necessary if you wish to continue your current enrollment for 2022 UNLESS you are covering dependent children between the ages of 19 and 23 that are considered full-time students. Coverage for full-time students is terminated each year and eligibility for 2022 coverage must be re-established during this open enrollment period.

Important Changes and Information

Monthly Retiree Premiums

Rising medical costs above general inflation will require higher premiums by retirees to cover Program costs in 2022. The attached Schedule of Monthly Retiree Premiums details the 2022 monthly premium rates for retirees enrolled in the Program.

Cigna and CVS Health

For non-Medicare and Medicare eligible retirees enrolled in the Cigna plan, there will be no plan design changes for 2022. ***For all retirees enrolled in Cigna for 2022, new ID cards will be issued.***

For non-Medicare and Medicare eligible retirees enrolled in the CVS Health Prescription plan, there will be a slight increase to copays for retail and mail prescriptions, both generic and brand for 2022. ***Only retirees newly enrolled in CVS Health will be issued new ID cards for 2022.***

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

Aetna

For non-Medicare eligible retirees enrolled in the Aetna Managed Choice plan, and Medicare eligible retirees enrolled in the Aetna Preferred Provider Organization (PPO) plan, there are no plan design changes for 2022. ***For all retirees enrolled in the Aetna Managed Choice or Aetna PPO plans, new ID cards will be issued for 2022.***

Emblem Health (HIP)

For non-Medicare and Medicare eligible retirees enrolled in the Emblem Health HMO plan, there are no plan design changes for 2022. ***For all retirees enrolled in the Emblem Health HMO plan, new ID cards will be issued for 2022.***

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 2022; the United Healthcare HMO plan is not open to new participants but remains open to current participants. ***For Medicare eligible retirees enrolled in the United Health Care HMO plan, new ID cards will be issued for 2022.***

2022 Open Enrollment

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 the HR Service Center at 1-800-582-5056 to request the form(s). Completed forms may be returned as follows:

- Email to benefits@coned.com; or
- Mail to Con Edison, HR Service Center, 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.

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 the 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 2022 Spring semester. You can e-mail proof of dependent enrollment to benefits@coned.com.

Note: If proof of full-time student dependent enrollment is not received by December 31, 2021, your full-time student dependents between the ages 19 and 23 will lose their healthcare coverage effective January 1, 2022.

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 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 will need to provide a copy of that Medicare card to the HR Service Center by email at benefits@coned.com or mail at Con Edison, 4 Irving Place, Mailbox 143, New York, NY 10003.

Note: If you do not enroll in Medicare Part B at least 3 months before the month of Medicare eligibility, 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, 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, Managed Choice or PPO plan, please note that prescription drug coverage is available through your HMO/Managed Choice/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

In 2022, 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 2022 Open Enrollment section of this letter.

Important Reminder: If you (or your spouse) choose not to participate in the Program in 2022, 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.

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 the HR Service Center at benefits@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 the HR Service Center at benefits@coned.com or 1-800-582-5056, Monday through Thursday, 9 a.m. – 1 p.m. ET.

Sincerely,



Susan A. Carson
Director, Benefits and Compensation

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.