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

November 2022

Re: The Consolidated Edison, Inc. Retiree Health Program
Plan Year 2023 Open Enrollment

Dear Retiree:

The Consolidated Edison, Inc. Retiree Health Program (Program) open enrollment for Plan Year 2023 will run from Wednesday, November 16, 2022 through Wednesday, November 30, 2022.

Please review this letter and attached materials carefully and follow the instructions below if you wish to make any healthcare benefit changes for 2023.

Important Notes:

- ***For all retirees, no action is necessary if you wish to continue your current enrollment for 2023 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 2023 coverage must be re-established during this open enrollment period.***
- ***For all surviving spouses only, please note that we will be transitioning billing services for healthcare contributions to WEX Health, Inc. ("WEX"). Effective January 1, 2023, healthcare contributions will no longer be deducted from your pension check and payment must be sent directly to WEX Health, Inc. (WEX). You will be receiving a separate communication from Con Edison in November 2022 regarding this transition. In early December, you will be receiving a Welcome Letter from WEX that includes information about the plan(s) you are enrolled in, where to send your future payments and how to register and login to your account.***

Important Changes and Information

Monthly Retiree Contributions
Rising medical costs above general inflation will require higher contributions by the Company and retirees to cover Program costs in 2023. The attached "Schedule of Monthly Retiree Contributions" details the 2023 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 2023. ***For all retirees enrolled in Cigna for 2023, 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 mail prescriptions, both generic and brand for 2023. ***For all retirees enrolled in CVS Health for 2023, new ID cards will not be issued for 2023 unless you are newly enrolled for 2023.***

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 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 2023. ***For all retirees enrolled in the Aetna Managed Choice or Aetna PPO plans, new ID cards will not be issued for 2023 unless you are newly enrolled for 2023.***

Emblem Health *(HIP)*

For non-Medicare and Medicare eligible retirees enrolled in the Emblem Health HMO plan, there are no plan design changes for 2023. ***For all retirees enrolled in the Emblem Health HMO plan, new ID cards will not be issued for 2023 unless you are newly enrolled for 2023.***

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 2023. The United Healthcare HMO plan is not open to new participants but remains open to current participants.

Note: For Medicare eligible retirees enrolled in the United Health Care HMO plan, new ID cards will be issued for 2023.

Plan Year 2023 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, 2022.

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 2023 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, 2022, your full-time student dependents between the ages 19 and 23 will lose their healthcare coverage effective January 1, 2023.

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 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 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 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, 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

For 2023, 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 2023 Open Enrollment section of this letter.

Important Reminder: If you (or your spouse) choose not to participate in the Program in 2023, 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 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 Thursday, 9 a.m. – 1 p.m. ET.

Sincerely,

Liz O'Halloran
Director
Benefits and Wellness Center of Excellence
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.

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Schedule Of Monthly Retiree Contributions Effective January 01, 2023

RETIREES WITH FINAL AVERAGE OR CAREER AVERAGE PENSIONS GREATER THAN $1,000 PER MONTH

Hospital/Medical (Cigna)	Retiree or Surviving Spouse	Spouse and/or Other Dependents
If you retired AFTER May 31, 1988:		
Medicare Eligible	$71	$106
Non-Medicare Eligible	$351	$524
If you retired BEFORE June 1, 1988:		
Medicare eligible	$71	$106
Non-Medicare eligible	$323	$444

HMO/Managed Choice/PPO	Retiree or Surviving Spouse	Spouse and/or Other Dependents
If you retired AFTER May 31, 1988:		
Medicare Eligible		
Aetna	$149	$149
Emblem Health (HIP)	$176	$176
United Healthcare (Secure Horizons/Oxford)*	$176	$176
Non-Medicare Eligible		
Aetna Managed Choice	$1,091	$1,331
Emblem Health (HIP)	$462	$520
United Healthcare (Secure Horizons/Oxford)*	N/A	N/A
If you retired BEFORE June 1, 1988:		
Medicare Eligible		
Aetna	$149	$149
Emblem Health (HIP)	$176	$176
United Healthcare (Secure Horizons/Oxford)*	$176	$176
Non-Medicare Eligible		
Aetna	$1,061	$1,278
Emblem Health (HIP)	$418	$454
United Healthcare (Secure Horizons/Oxford)*	N/A	N/A

Prescription Drugs (CVS Health)	Retiree or Surviving Spouse	Spouse and/or Other Dependents
	$143	$143

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

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Schedule Of Monthly Retiree Contributions Effective January 01, 2023

RETIREES WITH FINAL AVERAGE OR CAREER AVERAGE PENSIONS OF $1,000 OR LESS PER MONTH

Hospital/Medical (Cigna)	Retiree or Surviving Spouse	Spouse and/or Other Dependents
If you retired AFTER May 31, 1988:		
Medicare Eligible	$55	$67
Non-Medicare Eligible	$300	$412
If you retired BEFORE June 1, 1988:		
Medicare Eligible	$55	$67
Non-Medicare Eligible	$285	$407

HMO/Managed Choice/PPO	Retiree or Surviving Spouse	Spouse and/or Other Dependents
If you retired AFTER May 31, 1988:		
Medicare Eligible		
Aetna	$132	$132
Emblem Health (HIP)	$140	$140
United Healthcare (Secure Horizons/Oxford)*	$140	$140
Non-Medicare Eligible		
Aetna	$483	$628
Emblem Health (HIP)	$250	$309
United Healthcare (Secure Horizons/Oxford)*	N/A	N/A
If you retired BEFORE June 1, 1988:		
Medicare Eligible		
Aetna	$132	$132
Emblem Health (HIP)	$140	$140
United Healthcare (Secure Horizons/Oxford)*	$140	$140
Non-Medicare Eligible		
Aetna	$483	$628
Emblem Health (HIP)	$250	$309
United Healthcare (Secure Horizons/Oxford)*	N/A	N/A

Prescription Drugs (CVS Health)	Retiree or Surviving Spouse	Spouse and/or Other Dependents
	$98	$98

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

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2023 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***

** Custodial care is not a covered health service*

*** Shingles vaccination is covered*

**** 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.

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2023 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**)	$30	$80	$120

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	$30
60-Day Supply	$30	$30	$30
90-Day Supply	$30	$45	$30
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	$80
60-Day Supply	$80	$80	$80
90-Day Supply	$80	$120	$80
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	$120
60-Day Supply	$120	$120	$120
90-Day Supply	$120	$180	$120
Specialty Drugs	For information about your copays when you fill prescriptions for specialty drugs, please see the **2023 Summary of Benefits** document located at http://conedcecony.silverscript.com.		

** The network includes preferred network retail 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 card.*

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

November 2022

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., we are required to notify you of the privacy practices that will be followed by the companies 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.

The United States Department of Health and Human Services has issued final rules to implement statutory amendments under the Health Information Technology for Economic and Clinical Health (HITECH) and privacy protections for genetic information under the Genetic Information Nondiscrimination Act of 2008 (GINA).

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,

Liz O'Halloran

Liz O'Halloran
Director, Benefit and Wellness Center of Excellence
Human Resources

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.
These Practices Went Into Effect On April 14, 2003

The Health Plan Program sponsored by Consolidated Edison Company of New York, Inc. (CECONY) and Orange and Rockland Utilities, Inc. (O&R) are administered under the Consolidated Edison Organized Health Care Arrangement (Health Care Arrangement). Throughout this Notice, each separate plan covered by the Health Care Arrangement is referred to as a Plan Option. The complete list of health plan options is available upon request.

The Health Care Arrangement is required under the Health Insurance Portability and Accountability Act of 1996 (HIPAA) to protect the privacy of your health information. This Notice is required by HIPAA and explains how your health information can be used and your legal rights under the law.

Each Plan Option is required to take reasonable steps to ensure the privacy of your personally identifiable health information and to inform you about:

- The Plan's uses and disclosures of Protected Health Information (PHI), which includes all individually identifiable health information transmitted or maintained, orally, in writing, or electronically by a Plan Option
- Your privacy rights with respect to your PHI
- Each Plan Option's duties with respect to your PHI
- Your right to file a complaint with each Plan Option and to the Secretary of the U.S. Department of Health and Human Services
- The person or office to contact for further information about each Plan Option's privacy practices

Notice of PHI Uses and Disclosures

The Privacy Rules provide that, upon your request, each Plan Option is required to give you access to certain PHI in order to inspect and copy it. Use and disclosure of your PHI may be required by the Secretary of the U.S. Department of Health and Human Services to investigate or determine a Plan Option's compliance with the privacy regulations. The following information describes your rights:

A. Uses and disclosures to carry out treatment, payment and health care operations

Each Plan Option is entitled to and will use PHI without your authorization to carry out Treatment, Payment and health care Operations (TPO). Each Plan Option is entitled to and will also disclose PHI to your employer for purposes related to TPO.

Treatment means the provision, coordination or management of health care and related services. It also includes but is not limited to consultations and referrals between one or more of your providers. For example, each Plan Option may disclose to a treating health care specialist the name of your primary physician so that the specialist may ask for your X-rays from your primary physician.

Payment means actions to make coverage determinations and payment including billing, claims management, subrogation, Plan Option reimbursement, coordination of benefits, reviews for medical necessity and appropriateness of care and utilization review and pre-authorizations. For example, each Plan Option may tell a doctor whether you are eligible for coverage or what percentage of the bill will be paid by a Plan Option.

Health care operations means quality assessment and improvement, reviewing competence or qualifications of health care professionals, underwriting, premium rating and other insurance activities relating to creating or renewing insurance contracts. It also includes disease management, case management, conducting or arranging for medical review, legal services and auditing functions including fraud and abuse compliance programs, business planning and development, business management and general administrative activities. For example, each Plan Option may use information about your claims to project future benefit costs or audit the accuracy of its claims processing functions.

Each Plan Option is prohibited from using or disclosing genetic information for underwriting purposes and will not use or disclose any of your PHI containing genetic information.

B. Uses and disclosures that require your written authorization

Your written authorization generally will be obtained before a Plan Option will use or disclose psychotherapy notes about you from your psychotherapist. Psychotherapy notes are separately filed notes about your conversations with your mental health professional during a counsel session. They do not include summary information about your mental health treatment. A Plan Option may use and disclose such notes when needed by a Plan Option to defend against litigation filed by you.

Your written authorization will be required in the event that your PHI is used or disclosed in a manner not specifically stated in this Notice. In the event that you provide a written authorization, you have the right to revoke such authorization at any time.

C. Uses and disclosures that require that you be given an opportunity to agree or disagree prior to the use or release

Disclosure of your PHI to family members, other relatives and your close personal friends is allowed if the information is directly relevant to the family or friend's involvement with your care or payment for that care and you have either agreed to the disclosure or have been given an opportunity to object and have not objected.

D. Uses and disclosures for which consent, authorization or opportunity to object is not required

Use and disclosure of your PHI is allowed without your authorization or request under the following circumstances:

(1) When permitted for purposes of public health activities, including when necessary to report product defects, to permit product recalls and to conduct post-marketing surveillance. PHI may also be used or disclosed if you have been exposed to a communicable disease or are at risk of spreading a disease or condition, if authorized by law.

(2) When authorized by law to report information about abuse, neglect or domestic violence to public authorities if there exists a reasonable belief that you may be a victim of abuse, neglect or domestic violence. In such case, a Plan Option will promptly inform you that such a disclosure has been or will be made unless that notice would cause a risk of serious harm. For the purpose of reporting child abuse or neglect, it is not necessary to inform the minor that such a disclosure has been or will be made. Disclosure may generally be made to the minor's parents or other representative although there may be circumstances under federal or state law when the parents or other representative may not be given access to the minor's PHI.

(3) A Plan Option may disclose your PHI to a public health oversight agency for oversight activities authorized by law. This includes uses or disclosures in civil, administrative or criminal investigations; inspections; licensure or disciplinary actions (for example, to investigate complaints against providers); and other activities necessary for appropriate oversight of government benefit programs (for example, to investigate Medicare or Medicaid fraud).

(4) A Plan Option may disclose your PHI when required for judicial or administrative proceedings. For example, your PHI may be disclosed in response to a subpoena or discovery request provided certain conditions are met. One of those conditions is that satisfactory assurances must be given to a Plan Option that the requesting party has made a good faith attempt to provide written notice to you, and the notice provided sufficient information about the proceeding to permit you to raise an objection and no objections were raised or were resolved in favor of disclosure by the court or tribunal.

(5) When required for law enforcement purposes including for the purpose of identifying or locating a suspect, fugitive, material witness or missing person. Also, when disclosing information about an individual who is or is suspected to be a victim of a crime but only if the individual agrees to the disclosure or the covered entity is unable to obtain the individual's agreement because of emergency circumstances. Furthermore, the law enforcement official must represent that the information is not intended to be used against the individual, the immediate law enforcement activity would be materially and adversely affected by waiting to obtain the individual's agreement and disclosure is in the best interest of the individual as determined by the exercise of a Plan Option's best judgment.

(6) When required to be given to a coroner or medical examiner for the purpose of identifying a deceased person, determining a cause of death or other duties as authorized by law. Also, disclosure is permitted to funeral directors, consistent with applicable law, as necessary to carry out their duties with respect to the decedent.

(7) A Plan Option may use or disclose PHI for research, subject to conditions.

(8) When consistent with applicable law and standards of ethical conduct if a Plan Option, in good faith, believes the use or disclosure is necessary to prevent or lessen a serious and imminent threat to the health or safety of a person or the public and the disclosure is to a person reasonably able to prevent or lessen the threat, including the target of the threat.

(9) When authorized by and to the extent necessary to comply with workers' compensation or other similar programs established by law.

(10) When required by law.

Rights of Individuals

A. Right to Request Restrictions on PHI Uses and Disclosures

You may request a Plan Option to restrict uses and disclosures of your PHI to carry out TPO, or to restrict uses and disclosures to family members, relatives, friends or other persons identified by you who are involved in your care or payment for your care.
However, a Plan Option is not required to agree to your request.

A Plan Option will accommodate reasonable requests to receive communications of PHI by alternative means or at alternative locations. You or your personal representative will be required to complete a form to request restrictions on uses and disclosures of your PHI. Such requests should be made to the following privacy official:
Liz O'Halloran, Director, Con Edison, Benefits and Wellness Center of Excellence, Human Resources, 4 Irving Place, 15th Floor, New York, New York, 10003 or 845-577-2501.

You have a right to inspect and obtain a copy of your PHI contained in a designated record set, for as long as a Plan Option maintains the PHI. A designated record set includes the medical and billing records about individuals maintained by or for a covered health care provider; enrollment, payment, billing, claims adjudication and case or medical management record systems maintained by or for a Plan Option; or other information used in whole or in part by or for the covered entity to make decisions about individuals. Information used for quality control or peer review analyses and not used to make decisions about individuals is not in the designated record set.

Effective as of 2013, the requested information will be provided within 30 days. A single 30 day extension is allowed if a Plan Option is unable to comply with the deadline.

You or your personal representative will be required to complete a form to request access to the PHI in your designated record set. Requests for access to PHI should be made to the following privacy official:
Liz O'Halloran, Director, Con Edison, Benefits and Wellness Center of Excellence, Human Resources, 4 Irving Place, 15th Floor, New York, New York, 10003 or 845-577-2501.

HITECH provides that when a covered entity such as The Plan Option uses or maintains a designated record set with respect to an individual's PHI, the individual shall have a right to obtain from the covered entity or direct the covered entity to transmit to a designee, a copy of such information in an electronic format.

If the PHI is not readily producible in the electronic form or format that the individual requested, the entity will give the individual access to the PHI in an alternative, readable form or format agreed to by the entity and the individual.

If access is denied, you or your personal representative will be provided with a written denial setting forth the basis for the denial, a description of how you may exercise those review rights and a description of how you may complain to the Secretary of the U.S. Department of Health and Human Services.

B. Right to Amend PHI

You have the right to request a Plan Option to amend your PHI or a record about you in a designated record set for as long as the PHI is maintained in the designated record set. You or your personal representative will be required to complete a form to request amendment of the PHI in your designated record set.

A Plan Option has 60 days after the request is made to act on the request. A single 30 day extension is allowed if a Plan Option is unable to comply with the deadline. If the request is denied in whole or part, a Plan Option must provide you with a written denial that explains the basis for the denial. You or your personal representative may then submit a written statement disagreeing with the denial and have that statement included with any future disclosures of your PHI.

Requests for amendment of PHI in a designated record set should be made to the following privacy official:
Liz O'Halloran, Director, Con Edison, Benefits and Wellness Center of Excellence, Human Resources, 4 Irving Place, 15th Floor, New York, New York, 10003 or 845-577-2501.

C. The Right to Receive an Accounting of PHI Disclosures

At your request, a Plan Option will also provide you with an accounting of disclosures by a Plan Option of your PHI during the six years prior to the date of your request. However, such accounting need not include PHI disclosures made:
(1) to carry out TPO; (2) to individuals about their own PHI; or (3) prior to the April 14, 2003 compliance date.

If the accounting cannot be provided within 60 days, an additional 30 days is allowed if the individual is given a written statement of the reasons for the delay and the date by which the accounting will be provided. If you request more than one accounting within a 12-month period, a Plan Option will charge a reasonable, cost-based fee for each subsequent accounting.

D. The Right to Receive a Paper Copy of This Notice Upon Request

To obtain a paper copy of this Notice contact the following privacy official:
Liz O'Halloran, Director, Con Edison, Benefits and Wellness Center of Excellence, Human Resources, 4 Irving Place, 15th Floor, New York, New York, 10003 or 845-577-2501.

Note About Personal Representatives

You may exercise your rights through a personal representative. Your personal representative will be required to produce evidence of his/her authority to act on your behalf before that person will be given access to your PHI or allowed to take any action for you. Proof of such authority may take one of the following forms: a power of attorney for health care purposes, notarized by a notary public; a court order of appointment of the person as the conservator or guardian of the individual; or an individual who is the parent of a minor child.

A Plan Option retains discretion to deny access to your PHI to a personal representative to provide protection to those vulnerable people who depend on others to exercise their rights under these rules and who may be subject to abuse or neglect. This also applies to personal representatives of minors.

Plan Option's Duties

A Plan Option is required by law to maintain the privacy of PHI and to provide participants and beneficiaries with notice of its legal duties and privacy practices.

Each Plan Option is required to notify affected individuals in the event of a breach of unsecured PHI.

This Notice went into effect on April 14, 2003, and each Plan Option is required to comply with the terms of this Notice. However, each Plan Option reserves the right to change its privacy practices and to apply the changes to any PHI received or maintained by a Plan Option prior to that date. If a privacy practice is changed, a revised version of this Notice will be provided.

Any revised version of this Notice will be distributed within 60 days of the effective date or as soon as administratively practicable of any material change to the uses or disclosures, the individual's rights, the duties of a Plan Option or other privacy practices stated in this Notice.

Minimum Necessary Standard

When using or disclosing PHI or when requesting PHI from another covered entity, a Plan Option 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 a Plan Option's 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.

In addition, a Plan Option may use or disclose summary health information to a Plan Option sponsor for obtaining premium bids or modifying, amending or terminating the group health Plan Option, which summarizes the claims history, claims expenses or type of claims experienced by individuals for whom a Plan Option sponsor has provided health benefits under a group health Plan Option; and from which identifying information has been deleted in accordance with HIPAA.

Your Right to File a Complaint

If you believe that your privacy rights have been violated, you may complain to a Plan Option in care of the following privacy official:
Liz O'Halloran, Director, Con Edison, Benefits and Wellness Center of Excellence, Human Resources 4 Irving Place, 15th Floor, New York, New York, 10003 or 845-577-2501.

You may also file a complaint with the Secretary of the U.S. Department of Health and Human Services, Region II, Office for Civil Rights, U.S. Department of Health and Human Services, Jacob Javits Federal Building, 26 Federal Plaza, Suite 3312, New York, NY 10278. Complaints may also be sent by e-mail to OCRComplaint@hhs.gov. Your employer will not retaliate against you for filing a complaint.

Whom to Contact at a Plan Option for More Information

If you have any questions regarding this Notice or the subjects addressed in it, you may contact HR Assistance at 1-800-582-5056.

Conclusion

PHI use and disclosure by a Plan Option 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 2022

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, 2022 so you receive your tax forms in late January 2023. 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 2022

Re: Legal and identity theft Protection from LegalShield
Plan Year 2023 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

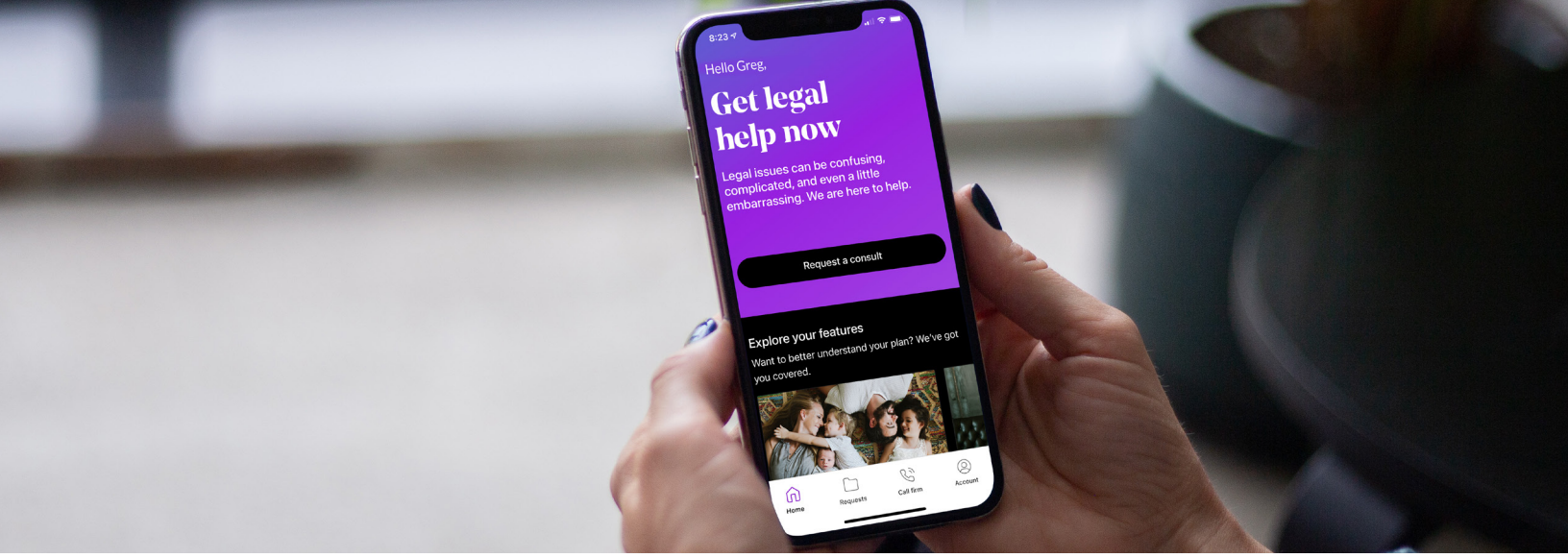
Identity Theft Protection Services Include:

- 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 2023.

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 1/1/2023.



LegalShield™ | conEdison, inc.

Affordable Legal and Identity Theft Protection with LegalShield

Legal counsel is expensive.

The hourly rate of an attorney can be anywhere from $110 to $350.
With LegalShield, for **ONE LOW MONTHLY RATE** you have **ACCESS TO AN ENTIRE LAW FIRM.**

See how you can **SAVE ON COMMON PERSONAL LEGAL ISSUES** with LegalShield.

LEGAL NEED	TYPICAL ATTORNEY COST*	LEGALSHIELD COST
General Legal Consultation (per hour)	$300	$0
Will Preparation	$1,500	$0
Representation in Traffic Matter	$1,000	$0
Prepare Purchase/Selling Agreement	$500	$0
Review Lease/Rental Agreement	$750	$0
TOTAL:	$4,050	**$14.00/month**

> **I have been a member for over 10 years. What I have spent in monthly premiums is only a fraction of what I would have spent in legal fees.**
>
> P.W. - LegalShield Member

LegalShield also provides identity and credit monitoring and full-service identity restoration services.

AFFORDABLE LEGAL PROTECTION

$14.00

PER MONTH

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.

DISCLAIMER:

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.

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*Average cost basis for typical attorney costs are associated with the Philadelphia region. Exact costs are determined by law firms. The average hourly attorney rate is based on LegalShield Provider Law Firms lowest and highest hourly rates.

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 benefit overview for specific state of residence for complete terms, coverage, amounts and conditions.