Re: Con Edison Retiree Health Program Open Enrollment for 2020

Dear Retiree:

The Con Edison Retiree Health Program open enrollment for 2020 will run from Monday, November 18, 2019 through Monday, December 2, 2019.

Please review the enclosed material carefully and follow the instructions below if you wish to make any health-care benefit changes for 2020.

**Note:** If you do not wish to make any changes, no action is necessary and your current enrollment will continue for 2020.

Important Changes and Information for 2020

**Monthly Retiree Contributions**
Rising medical costs above general inflation will require higher contributions by the Company and retirees to cover Program costs in 2020. The enclosed Schedule of Monthly Retiree Contributions details the 2020 monthly payroll deductions for retirees enrolled in the Program. To help moderate payroll contribution increases, the following plan changes will become effective on January 1, 2020.

**Cigna & CVS Health/SilverScript (Non-Medicare and Medicare Eligible Retirees)**
In 2020, for non-Medicare eligible retirees enrolled in the Cigna plan, there will be changes to the annual deductible and out-of-pocket maximum for both in-network and out-of-network services, and co-payment increases for emergency room usage, office visits, and outpatient mental health visits.

Effective January 1, 2020, a new Cigna Health Matters Care Management Program will work with non-Medicare eligible retirees to access the right care, at the right time, in the right setting. This program works directly with your medical provider to pre-certify medical services to help you avoid unnecessary procedures, and let you know in advance if a service is covered under the health care plan. The enclosed flyer provides more information on how the Cigna Health Matters Care Management Program works. Please note that Non-Medicare retirees enrolled in the Cigna Plan will be issued new ID cards by Cigna.
The Cigna plan for Medicare retirees will have no plan design changes for 2020 and new ID cards will not be issued.

In 2020, there will be changes to the CVS Health prescription plan annual deductible and co-payments.

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

HMOs / Managed Choice Plans
The annual deductible, out-of-pocket-maximum, and co-payment for office visits (primary care physician and specialist) and emergency room visits will change in 2020 for the Aetna Managed Choice Plan retirees. In addition, there will be changes to the annual deductible and co-payments for retail and mail order prescriptions covered by the Aetna Managed Choice Plan.

Below are the 2020 highlights for the Aetna Managed Choice Plan.

<table>
<thead>
<tr>
<th>Coverage Type</th>
<th>Non-Medicare Eligible</th>
<th>Medicare Eligible</th>
</tr>
</thead>
<tbody>
<tr>
<td>Medical</td>
<td></td>
<td></td>
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<tr>
<td>Annual Medical Deductible</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Individual</td>
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<td>$0</td>
</tr>
<tr>
<td>Family</td>
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<tr>
<td>Annual Out-Of-Pocket Maximum</td>
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<tr>
<td>Individual</td>
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<tr>
<td>Emergency Room</td>
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<tr>
<td>Prescription</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Annual deductible</td>
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<td>$0</td>
</tr>
<tr>
<td>Retail Copay (Generic / Brand)</td>
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<td>$10 / $10</td>
</tr>
<tr>
<td>Mail Copay (Generic / Brand)</td>
<td>$15 / $40</td>
<td>$20 / $20</td>
</tr>
</tbody>
</table>

Note: For all retirees enrolled in the Aetna Managed Choice Plan (both non-Medicare and Medicare eligible), new ID cards will be issued by Aetna.

There will be no plan changes in 2020 for the Emblem Health and United Healthcare (Secure Horizons/Oxford) HMO plans.
2020 Open Enrollment

If you wish to change your retiree health-care coverage (i.e. from an HMO/Managed Choice Plan to Cigna or vice versa), send an email to benefits@coned.com requesting the change you wish to make. You may also call the HR Service Center at 1-800-582-5056, and request a Con Edison Retiree Health Benefits Enrollment/Change Form and Medicare Form if you are enrolled in Medicare; also available on Con Edison’s Retiree website at www.retirees.coned.com. Please note that the United Healthcare (Secure Horizons/Oxford) HMO Plan is not open to new participants, but remains open to current participants.

To modify your coverage, send an email to benefits@coned.com or send your completed form to the HR Service Center (Con Edison, 4 Irving Place, Box #143, New York, NY 10003) no later than December 2, 2019.

What You Can Do to Help Keep Program Costs Down

Here are a few suggestions to help you save on health-care 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. Enclosed is 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. 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, call CVS Health at 1-800-601-6364 to request one.
**Health-Care for Medicare Eligible Participants**

If you or your covered dependents become eligible for Medicare at 65 or earlier, Medicare becomes your primary health-care 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, Box #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 Con Edison Retiree Health Prescription Drug Plan coordinates with a 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 mail, you need to send the prescriptions to the SilverScript mail order pharmacy.

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

**Health Insurance Marketplace Alternative for Retirees Not Eligible for Medicare**

In 2020, you can choose to obtain qualified health-care coverage through Con Edison’s Retiree Health Program, your spouse’s employer plan (if available), or the Health Insurance Marketplace created as part of health-care reform.

If you or your dependents are not eligible for Medicare, we encourage you to explore and research all health-care coverage opportunities available to you. This will enable you to make an informed decision when choosing health-care coverage that best meets your family’s needs and budget. Regardless of which state you live in, you’ll be able to compare your health-care insurance options in the Health Insurance Marketplace by visiting their website at www.HealthCare.gov.
To change your retiree health-care coverage from the Con Edison Retiree Health Program to a program offered through the Health Insurance Marketplace or elsewhere, send an email to benefits@coned.com or call the HR Service Center at 1-800-582-5056 and request that your Con Edison coverage be discontinued as of December 31, 2019. You may also access the Retiree Health Benefits Enrollment/Change Form on Con Edison’s retiree website at www.retirees.coned.com/en/benefits/benefits-forms.

Important Reminder: If you (or your spouse) choose not to participate in the Con Edison Retiree Health Program in 2020, 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 platinum level plan 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 health-care 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 lymphedemas.

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.

If you have any questions about coverage for mastectomies and reconstructive surgery or other covered benefits, call your health-care provider at the following numbers:
- Cigna: 1-800-244-6224
- Aetna: 1-800-307-4830
- Emblem Health (HIP): 1-800-447-8255
- United Healthcare (Secure Horizons/Oxford): 1-800-457-8506

For all other questions, please call the HR Service Center at 1-800-582-5056.
Sincerely,

[Signature]

Hector, J. Reyes  
Director, Employee Benefits

Enclosures

This letter serves as a summary of material modifications (SMM) and notice of terms to participants as required by federal law. The changes described are also subject to any plan documents, including contracts between Con Edison and the firms that insure and/or administer the plans. In the event of any conflict between this message and any plan documents, the plan documents will prevail.

The information in this letter does not alter the Company's right to change or terminate the Program at any time due to changes in laws governing employee benefit plans, the requirements of the Internal Revenue Code, Employee Retirement Income Security Act or for any other reason.