



October 30, 2020

**Re: Con Edison Retiree Health Program – Plan Year 2021 Open Enrollment
Retirees Under Cash Balance and Defined Contribution Pension Formulas**

Dear Retiree:

The Con Edison Retiree Health Program (Program) open enrollment for Plan Year 2021 will run from Monday, November 16, 2020 through Monday, November 30, 2020.

Please review the attached material carefully and follow the instructions below if you wish to make any health-care benefit changes for 2021.

Note: If you do not wish to make any changes, no action is necessary, and your current enrollment will continue for 2021.

Important Changes and Information

Monthly Retiree Premiums

Rising medical costs above general inflation will require higher premiums by retirees to cover Program costs in 2021. The attached Schedule of Monthly Retiree Premiums details the 2021 monthly payroll deductions for retirees enrolled in the Program. To help moderate these increases, the following plan changes will become effective on January 1, 2021.

Cigna and CVS Health/SilverScript

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.

For Medicare eligible retirees enrolled in the Cigna plan, there will be changes to the annual deductible and out-of-pocket maximum.

For 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.

Note: For all Non-Medicare eligible and Medicare eligible retirees enrolled in the Cigna or CVS Health plans for 2021, new ID cards will not be issued unless you are newly enrolled for 2021.

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

HMOs / Managed Choice / Preferred Provider Organization Plans

Aetna

For Non-Medicare eligible retirees currently enrolled in the Aetna Managed Choice plan, there are no plan design changes for 2021.

Note: For all Non-Medicare eligible retirees enrolled in the Aetna Managed Choice plan, new ID cards for 2021 will not be issued unless you are newly enrolled for 2021.

For Medicare eligible retirees currently enrolled in the Aetna HMO, a new Aetna Medicare Advantage Plan PPO with Extended Service Area will automatically replace the current plan starting January 1, 2021.

Important Information Regarding Opt-Out For Medicare Eligible Retirees Currently Enrolled:

You will have an opportunity to "opt-out" of the Aetna Medicare Advantage PPO with Extended Service Area during open enrollment (November 16, 2020 through November 30, 2020). If you wish to opt-out, you must contact the HR Service Center at benefits@coned.com or call 1-800-582-5056. If you opt-out of coverage, you will be declining all Aetna coverage for you and your covered dependents; you will have the opportunity to elect coverage from one of the available coverage options during the open enrollment period.

While your comprehensive medical and prescription drug coverage will continue, your plan will change. The new plan will have an extended service area and you will continue to get the benefits you have now, plus additional benefits to help you stay healthy. You will also have the ability to use doctors and hospitals in or out of the Aetna Medicare network – and you won't pay more if you use non-network providers.* Note that your Primary Care Physician (PCP) copay in 2021 will decrease to \$10 (from \$15), and PCP designation is no longer required.

**Aetna Medicare Advantage (PPO): Non-network providers must be licensed, agree to accept the PPO plan and be eligible to receive Medicare payment. See the enrollment guide coming soon from Aetna for more details.*

The current HMO plan coverage for Medicare Covered Dental Non-Routine Care covered by Medicare for a \$15 copay will continue under the new PPO plan. Note that prior authorization or physician's order may be required.

The new plan also has additional coverage for both in-network and out-of-network providers such as coverage for preventive dental services including basic cleaning, checkups and X-rays. Note that there is no dental deductible or coinsurance for each preventative dental service and the plan allows for an annual benefit maximum of \$750 each year.

If you are currently enrolled in the Aetna HMO, you should expect to receive an Enrollment Guide shortly from Aetna, with more details about this new plan for 2021. Then, in December, you will receive a Welcome kit and new ID cards for 2021, which will also be issued by Aetna.

If you have questions regarding the new Medicare Advantage PPO with Extended Service Area Plan, or would like to receive information (if you are not currently enrolled in Aetna), please call Aetna at 1-800-307-4830 (TTY: 711), Monday through Friday, 7 a.m. to 8 p.m. CST.

Emblem Health (HIP)

For the Emblem Health plan, there are no plan design changes for Non-Medicare eligible retirees for 2021. For Medicare eligible retirees, the annual out-of-pocket maximum will increase to \$7,550 (from \$6,700).

Note: For all Non-Medicare eligible retirees enrolled in the Emblem Health plan for 2021, new ID cards will not be issued unless you are newly enrolled for 2021. For all Medicare eligible retirees enrolled in the Emblem Health plan for 2021, new ID cards will be issued for 2021.

United Health Care (Secure Horizons/Oxford)

There are no plan design changes for 2021. Please note that the United Healthcare (Secure Horizons/Oxford) HMO plan is not open to new participants but remains open to current participants.

Note: For retirees enrolled in the United Health Care plan, new ID cards will be issued for 2021.

2021 Open Enrollment

If you wish to change your retiree health-care coverage (from an HMO/Managed Choice 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), which is 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. 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.

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. 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.

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 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 Silver Script 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 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 2021, 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 under the Affordable Care Act).

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 discontinue your retiree health-care coverage from the Con Edison Retiree Health Program to a program offered through the Health Insurance Marketplace or elsewhere, follow the instructions to discontinue your coverage outlined in the 2021 Open Enrollment section of this letter.

Important Reminder: If you (or your spouse) choose not to participate in the Con Edison Retiree Health Program in 2021, 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 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 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 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 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,

A handwritten signature in black ink, appearing to read "S. Carson". The signature is fluid and cursive, with a large initial "S" and a long, sweeping underline.

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.