



# 2024 HEALTH PLANS COMPARISON

*for PrimeCare Retirees*

The Health Plans Comparison is a summary of our medical, prescription drug, dental, and vision plans, which includes a side-by-side comparison of coverage details like deductibles, out-of-pocket maximums, copays, and coinsurance.

**ANNUAL ENROLLMENT:**  
Oct. 23 through Nov. 3, 2023

**MEDICAL AND  
PRESCRIPTION  
DRUG COVERAGE**

You can enroll in one of our medical plan options based on your Medicare eligibility. If you enroll in our medical coverage, you and any covered dependents will be automatically enrolled in prescription drug coverage at no additional cost.

Below are the medical and prescription drug plans we offer:

Medical Plan Options — Pre-Medicare		
Plan	Prescription Drug Coverage	Availability
Aetna Nationwide EPO	Express Scripts	Nationwide
Aetna PPO	Express Scripts	Nationwide
Kaiser Permanente	Kaiser Permanente	In California only

Medical Plan Options — Medicare		
Plan	Prescription Drug Coverage	Availability
Aetna HMO MAP	Express Scripts Medicare	Available in select counties throughout the U.S.
Aetna PPO MAP	Express Scripts Medicare	Nationwide
Aetna PPO Medicare Coordinated Plan	Express Scripts Medicare	Nationwide
Kaiser Permanente Senior Advantage MAP	Kaiser Permanente	In California only

### How PPO, HMO and EPO Medical Plans Work

**PPO:** You can receive care from any provider. If you receive your medical care from network providers, eligible expenses are covered at 100 percent.

**HMO:** There is no annual deductible and most eligible expenses are covered at 100 percent. You must select a primary care physician (PCP) who will coordinate all of your care. All medical services must be received from your HMO network of providers.

- **Geographic Service Area:** You and any covered dependents must live and receive medical care within the plan's geographic service area if you enroll in an HMO plan. Out-of-area medical services may not be covered, resulting in your financial responsibility for any costs incurred.

**EPO:** Like an HMO, an EPO has no annual deductible and most eligible expenses require you to pay a copay. Depending on the EPO you elect, you may or may not need to select a PCP to coordinate your care. You are responsible for ensuring all of your medical services are received from your EPO's network of providers.

#### What is a Medicare Advantage Plan (MAP)?

Medicare Advantage Plans (sometimes called "Part C" plans) are offered by Medicare-approved private companies that must follow rules set by Medicare. These "bundled" plans include Medicare Part A (Hospital Insurance) and Medicare Part B (Medical Insurance). In most cases, these plans are offered by an HMO and you'll need to use health care providers who participate in the plan's network.

### If You and/or a Covered Spouse/Registered Partner are Eligible for Medicare

You and/or a covered spouse/registered partner must be enrolled in Medicare Parts A and B to enroll in one of our medical plans that integrates with Medicare. Children, even if disabled, are not eligible for our medical plans that integrate with Medicare.

**If you and a covered spouse/registered partner are a combination of Medicare-eligible and pre-Medicare, you must enroll in medical plans with the same carrier.** For example, if you are Medicare-eligible and elect the Kaiser Senior Advantage MAP, your pre-Medicare spouse/registered partner must enroll in the Kaiser Permanente EPO.

For a full summary of what you should expect when you become eligible for Medicare, review **You, Edison and Medicare** on the *EIX Benefits Connection* website, [eixbenefits.com](http://eixbenefits.com), at **Library > Plan Information > Medicare Information**. Also, you can learn more about Medicare by visiting [medicare.gov](http://medicare.gov).

### Medicare Part D Prescription Drug Coverage

Enrolling in Medicare Part D coverage outside of the company may result in the cancellation of your retiree health care coverage. If you are currently enrolled in other Medicare Part D coverage, you must provide proof that you have cancelled that coverage to the *EIX Benefits Connection* in order to reinstate your company-sponsored benefits.

**COMPARISON OF KEY MEDICAL PLAN FEATURES**

*Pre-Medicare Plans*

The following plans are available to those who **will not** be eligible for Medicare by Jan. 1, 2024.

Plan Features	Preferred Provider Organization (PPO)		Exclusive Provider Organization (EPO)	
	Aetna PPO Choice POS II (100%) <sup>1</sup>		Aetna Nationwide EPO Open Access Aetna Select (100%) <sup>2</sup>	Kaiser Permanente EPO
	In-Network	Out-of-Network	Network Only	Network Only
Annual Deductible: ▪ Individual ▪ Family	N/A		None	None
Annual Out-of-Pocket Maximum	\$1,500/individual \$3,000/family		\$1,500/individual \$3,000/family	\$1,500/individual \$3,000/family
Lifetime Maximum	None		None	None
Physician: ▪ Office visits (including specialists) ▪ Hospital visits ▪ Surgery	▪ Plan pays 100%	▪ Plan pays 90%	▪ No copay	▪ No copay
	▪ Plan pays 100%	▪ Plan pays 90%	▪ No copay	▪ No copay
	▪ Plan pays 100%	▪ Plan pays 90%	▪ No copay	▪ No copay
Hospital: ▪ Inpatient care ▪ Outpatient ▪ Skilled nursing facility	▪ Plan pays 100%	▪ Plan pays 90%	▪ No copay	▪ No copay
	▪ Plan pays 100%	▪ Plan pays 90%	▪ No copay	▪ No copay
	▪ Plan pays 100% (up to 100 days/calendar year)	▪ Plan pays 90% (up to 100 days/calendar year)	No copay (up to 100 days/calendar year)	No copay (up to 100 days/calendar year)
X-ray and Lab (Outpatient)	Plan pays 100%	Plan pays 90%	No copay	No copay
Emergency Room	Plan pays 100%	Plan pays 100%	No copay	No copay
Ambulance	Plan pays 100%	Plan pays 100%	No copay	No copay
Preventive Care	Plan pays 100%	Plan pays 90%	No copay	No copay
Acupuncture (up to 30 visits per year)	Plan pays 100%	Plan pays 90%	Plan pays 100%	Not covered
Allergy Testing/Treatment	Plan pays 100%	Plan pays 90%	No copay	No copay

See footnotes on page 5.

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Pre-Medicare Plans  
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Plan Features	Preferred Provider Organization (PPO)		Exclusive Provider Organization (EPO)	
	Aetna PPO Choice POS II (100%) <sup>1</sup>		Aetna Nationwide EPO Open Access Aetna Select (100%) <sup>2</sup>	Kaiser Permanente EPO
	In-Network	Out-of-Network	Network Only	Network Only
Chiropractic Services	Plan pays 90%	Plan pays 90%	No copay (30 visits per year)	Plan pays 50% (up to a maximum of \$1,500 per year)
	Combined limit of \$1,500 in-network and out-of-network			
Durable Medical Equipment	Plan pays 100%	Plan pays 90%	No copay	No copay
Prescription Drugs <sup>2</sup> (Closed Formulary)				
<ul style="list-style-type: none"> <li>▪ Retail pharmacy</li> <li>▪ Specialty pharmacy</li> <li>▪ Mail order pharmacy</li> </ul>	<ul style="list-style-type: none"> <li>▪ Plan pays 100% (up to a 34-day supply)</li> <li>▪ Plan pays 100% (up to a 34-day supply)</li> <li>▪ Plan pays 100 (up to a 90-day supply)</li> </ul>		<ul style="list-style-type: none"> <li>▪ Plan pays 100% (up to a 34-day supply)</li> <li>▪ Plan pays 100% (up to a 34-day supply)</li> <li>▪ Plan pays 100% (up to a 90-day supply)</li> </ul>	

<sup>1</sup> Indicates Aetna plan name.

<sup>2</sup> Kaiser Permanente members must dispense prescriptions at a Kaiser facility.

Medicare PPO Plans

The following plans are available to those who **will** be eligible for Medicare by Jan. 1, 2024.

Plan Features	Preferred Provider Organization (PPO)			
	Aetna PPO Medicare Coordinated Plan Choice POS II (100%) <sup>1</sup>		Aetna PPO MAP Medicare (C04) ESA PPO (MAP 100%) <sup>1</sup>	
	In-Network	Out-of-Network	In-Network	Out-of-Network
Annual Deductible: ▪ Individual ▪ Family	None		None	
Annual Out-of-Pocket Maximum	\$1,500/individual \$3,000/family		\$1,500 per individual	
Lifetime Maximum	None		None	
Physician: ▪ Office visits (including specialists) ▪ Urgent care ▪ Hospital visits ▪ Surgery	▪ \$0  ▪ \$0 copay each visit ▪ \$0 per stay ▪ \$0	▪ Plan pays 90%  ▪ Plan pays 90% ▪ Plan pays 90% ▪ Plan pays 90%	▪ \$0 copay each visit  ▪ \$0 copay each visit ▪ \$0 per stay ▪ \$0	
Hospital: ▪ Hospital per admission copay ▪ Inpatient care ▪ Outpatient surgery ▪ Skilled nursing facility	▪ None ▪ \$0 per stay ▪ \$0 ▪ \$0 (100 days per year)	▪ None ▪ Plan pays 90% ▪ Plan pays 90% ▪ \$0 (100 days per year)	▪ \$0 per stay ▪ \$0 per stay ▪ \$0 ▪ \$0 per day (unlimited days per Medicare Benefit Period)	
Emergency Room	\$0		\$0	
Radiology (Outpatient)	Plan pays 100%	Plan pays 100%	\$0	
Lab (Outpatient)	Plan pays 100%	Plan pays 100%	\$0	
Ambulance	Plan pays 100%	Plan pays 100%	\$0	

See footnotes on page 7.

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Medicare PPO Plans  
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Plan Features	Preferred Provider Organization (PPO)			
	Aetna PPO Medicare Coordinated Plan Choice POS II (100%) <sup>1</sup>		Aetna PPO MAP Medicare (C04) ESA PPO (MAP 100%) <sup>1</sup>	
	In-Network	Out-of-Network	In-Network	Out-of-Network
Rehabilitation (physical, occupational, speech, pulmonary, cardiac)	Plan pays 100%	Plan pays 100%		\$0
Behavioral Health: <ul style="list-style-type: none"> <li>▪ Inpatient</li> <li>▪ Outpatient</li> </ul>	<ul style="list-style-type: none"> <li>▪ \$0 per stay</li> <li>▪ \$0</li> </ul>	<ul style="list-style-type: none"> <li>▪ Plan pays 90%</li> <li>▪ Plan pays 90%</li> </ul>		<ul style="list-style-type: none"> <li>▪ \$0 per stay</li> <li>▪ \$0</li> </ul>
Preventive Care <sup>2</sup>	No charge	No charge		No charge
Acupuncture	\$0	Plan pays 90%		\$0 (20 visits per year)
Allergy Testing/ Treatment	\$0	Plan pays 90%		\$0
Chiropractic Services	Plan pays 90%	Plan pays 90%		\$0
	Combined limit of \$1,500 in-network and out-of-network			
Durable Medical Equipment	Plan pays 100%	Plan pays 90%		\$0
Prescription Drugs (Closed Formulary) <ul style="list-style-type: none"> <li>▪ Retail pharmacy</li> <li>▪ Specialty pharmacy</li> <li>▪ Mail order pharmacy</li> </ul>	<ul style="list-style-type: none"> <li>▪ Plan pays 100% (up to a 90-day supply)</li> <li>▪ Plan pays 100% (up to a 34-day supply)</li> <li>▪ Plan pays 100% (up to a 90-day supply)</li> </ul>		<ul style="list-style-type: none"> <li>▪ Plan pays 100% (up to a 90-day supply)</li> <li>▪ Plan pays 100% (up to a 34-day supply)</li> <li>▪ Plan pays 100% (up to a 90-day supply)</li> </ul>	

<sup>1</sup> Indicates Aetna plan name.

<sup>2</sup> Check with your plan for a complete list of covered preventive care services.

Medicare HMO Plans

Plan Features	Health Maintenance Organization (HMO)	
	Aetna HMO MAP Medicare (P01) HMO (MAP 100%) <sup>1</sup>	Kaiser Permanente Senior Advantage
	Network Only	Network Only
Annual Deductible:		
▪ Individual	None	None
▪ Family		
Annual Out-of-Pocket Maximum	\$1,500 per individual	\$1,500 per individual
Lifetime Maximum	None	None
Physician:		
▪ Office visits (including specialists)	▪ No copay	▪ No copay
▪ Urgent care	▪ \$0	▪ \$0
▪ Hospital visits	▪ \$0 per stay	▪ \$0 per stay
▪ Surgery	▪ \$0	▪ \$0
Hospital:		
▪ Hospital per admission copay	▪ \$0 per stay	▪ \$0 per stay
▪ Inpatient care	▪ \$0 per stay	▪ \$0 per stay
▪ Outpatient surgery	▪ \$0	▪ \$0
▪ Skilled nursing facility	▪ \$0 per day (unlimited days per Medicare Benefit Period)	▪ Medicare pays days 1-20 in full; Plan pays for days 21-100 in full; (up to 100 days/calendar year)
Emergency Room	\$0	\$0
Radiology (Outpatient)	\$0	\$0
Lab (Outpatient)	\$0	\$0
Ambulance	\$0	\$0

See footnotes on page 9.

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Medicare HMO Plans  
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Plan Features	Health Maintenance Organization (HMO)	
	Aetna HMO MAP Medicare (P01) HMO (MAP 100%) <sup>1</sup>	Kaiser Permanente Senior Advantage
	Network Only	Network Only
Rehabilitation (physical, occupational, speech, cardiac, pulmonary)	\$0	\$0
Behavioral Health:		
▪ Inpatient	▪ \$0 per stay	▪ \$0 per stay
▪ Outpatient	▪ \$0	▪ \$0
Preventive Care <sup>2</sup>	No copay	No copay
Acupuncture	\$0 (up to 20 visits per calendar year)	Not covered
Allergy Testing/Treatment	\$0	\$0
Chiropractic Services	\$0	\$0 (referral required)
Durable Medical Equipment	\$0	\$0
Prescription Drugs <sup>3</sup> (Closed Formulary)		
▪ Retail pharmacy	▪ Plan pays 100% (up to a 90-day supply)	▪ Plan pays 100% (up to a 90-day supply)
▪ Specialty pharmacy	▪ Plan pays 100% (up to a 34-day supply)	▪ Plan pays 100% (up to a 34-day supply)
▪ Mail order pharmacy	▪ Plan pays 100% (up to a 90-day supply)	▪ Plan pays 100% (up to a 90-day supply)

<sup>1</sup> Indicates Aetna plan name.

<sup>2</sup> Check with your plan for a complete list of covered preventive care services.

<sup>3</sup> Kaiser Permanente members must dispense prescriptions at a Kaiser facility.

## DENTAL COVERAGE

The following plans are available.

Dental Plan Type	Dental Plan Options	Availability
PPO	Delta Dental	Nationwide
HMO	Cigna Dental Care DHMO	Nationwide — with the exception of the following states: AK, ME, MT, ND, NH, NM, SD, VT, and WY

### How PPO and HMO Dental Plans Work

**PPO:** The PPO Dental Plan is a fee-for-service plan. In other words, the Plan reimburses your covered expenses at a specified percentage, after you pay any applicable deductible. You may seek services from one of the many dentists who participate in the Delta Dental PPO Network or Delta Dental Premier Network, or from a non-participating dentist. When you seek services from a Delta Dental PPO dentist you receive the “In PPO network” benefit. Services from a Delta Dental Premier dentist or a non-participating dentist will be considered “Out of PPO Network.” Delta Dental dentists agree not to charge above their accepted fee.

**HMO:** There is no annual deductible and most covered services require you to pay a flat dollar amount, known as a copay. You must select an in-network dental office to coordinate all of your care. All dental services must be received from your dental HMO’s network of providers.

- **Geographic Service Area:** You and any covered dependents must live and receive dental care within the plan’s geographic service area if you enroll in an HMO plan. Out-of-area dental services may not be covered, resulting in your financial responsibility for any costs incurred.

**COMPARISON OF KEY DENTAL PLAN FEATURES**

*PPO and HMO Dental Plans*

Plan Features	Delta Dental PPO		Cigna Dental Care DHMO <sup>3</sup>
	In PPO Network <sup>1</sup>	Out of PPO Network <sup>2</sup>	
<b>Annual Deductible:</b> <ul style="list-style-type: none"> <li>▪ Individual</li> <li>▪ Family</li> </ul>	<ul style="list-style-type: none"> <li>▪ None</li> <li>▪ None</li> </ul>	<ul style="list-style-type: none"> <li>▪ None</li> <li>▪ None</li> </ul>	<ul style="list-style-type: none"> <li>▪ None</li> <li>▪ None</li> </ul>
<b>Annual Maximum Benefit</b>	\$2,000 (excludes orthodontia and diagnostic/preventive benefits)	\$2,000 (excludes orthodontia and diagnostic/preventive benefits)	None for adults and children
<b>Diagnostic/Preventive</b> <ul style="list-style-type: none"> <li>▪ Oral exams (limited to two examinations per calendar year)</li> <li>▪ Teeth cleaning (limited to two cleanings per calendar year)</li> </ul>	<ul style="list-style-type: none"> <li>▪ Plan pays 100% of PPO contracted fees for Delta Dental PPO dentists</li> <li>▪ Plan pays 100% of PPO contracted fees for Delta Dental PPO dentists</li> </ul>	<ul style="list-style-type: none"> <li>▪ Plan pays 100% of Premier contracted fees for Delta Dental Premier dentists and program allowance for non-Delta Dental dentists</li> <li>▪ Plan pays 100% of Premier contracted fees for Delta Dental Premier dentists and program allowance for non-Delta Dental dentists</li> </ul>	<ul style="list-style-type: none"> <li>▪ Plan pays 100% after \$5 copay</li> <li>▪ Plan pays 100% after \$5 copay</li> </ul>
<b>Basic Restorative Care:</b> <ul style="list-style-type: none"> <li>▪ Basic fillings (amalgams, composites and sealants)</li> </ul>	<ul style="list-style-type: none"> <li>▪ Plan pays 70% of PPO contracted fees for Delta Dental PPO dentists</li> </ul>	<ul style="list-style-type: none"> <li>▪ Plan pays 70% of Premier contracted fees for Delta Dental Premier dentists and program allowance for non-Delta Dental dentists</li> </ul>	<ul style="list-style-type: none"> <li>▪ Plan pays 100%</li> </ul>

See footnotes on page 12.

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PPO and HMO  
Dental Plans  
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Plan Features	Delta Dental PPO		Cigna Dental Care DHMO <sup>3</sup>
	In PPO Network <sup>1</sup>	Out of PPO Network <sup>2</sup>	
<b>Major Restorative Care:</b> <ul style="list-style-type: none"> <li>▪ Resin fillings (anterior and posterior)</li> <li>▪ Stainless steel crown</li> <li>▪ Crowns, jackets and gold or cast restorations</li> </ul>	<ul style="list-style-type: none"> <li>▪ Plan pays 70% of PPO contracted fees for Delta Dental PPO dentists</li> <li>▪ Plan pays 70% of PPO contracted fees for Delta Dental PPO dentists</li> <li>▪ Plan pays 70% of PPO contracted fees for Delta Dental PPO dentists</li> </ul>	<ul style="list-style-type: none"> <li>▪ Plan pays 70% of Premier contracted fees for Delta Dental Premier dentists and program allowance for non-Delta Dental dentists</li> <li>▪ Plan pays 70% of Premier contracted fees for Delta Dental Premier dentists and program allowance for non-Delta Dental dentists</li> <li>▪ Plan pays 70% of Premier contracted fees for Delta Dental Premier dentists and program allowance for non-Delta Dental dentists</li> </ul>	<ul style="list-style-type: none"> <li>▪ Plan pays 100%</li> <li>▪ Plan pays 100% after \$8 copay for primary tooth; \$12 copay for permanent tooth</li> <li>▪ Plan pays 100% after a \$100 copay</li> </ul>
<b>Orthodontia (adult and dependent children)</b>	Plan pays 80%, up to \$1,600 per person (for children only) Limited to one full case during lifetime; retreatment of orthodontic case is not covered.	Plan pays 80%, up to \$1,600 per person (for children only) Limited to one full case during lifetime; retreatment of orthodontic case is not covered.	Plan pays 100% after a \$380 copayment for banding. Adjustment post banding (child up to 19th birthday) \$46 copayment, (adult) \$67 copayment.  Limited to one full case during lifetime; retreatment of orthodontic case is not covered.

<sup>1</sup> Provider must be in the Delta Dental PPO network to be considered in-network. Delta Dental Premier network providers are considered "Non-PPO."

<sup>2</sup> If you use an out-of-network provider, claims are subject to program allowance, plan limits and established maximums.

<sup>3</sup> For a complete list of plan costs and features, refer to the complete Patient Charge Schedule on [mycigna.com](http://mycigna.com).

**VISION COVERAGE**

The following plan is available through VSP.

*How the Vision Plan Works*

After a copay, the plan pays 100 percent of the contracted rate for regular eye exams received from in-network providers, and a portion of the cost for eyeglass frames and lenses or contact lenses according to the plan’s schedule. You pay all amounts that exceed the plan allowances listed below.

**KEY VISION PLAN FEATURES**

*Vision Plan*

Plan Features	VSP Providers	Non-VSP Providers
<b>Frequency of Service</b> <ul style="list-style-type: none"> <li>▪ Exams</li> <li>▪ Lenses or contacts</li> <li>▪ Frames</li> </ul>		<ul style="list-style-type: none"> <li>▪ Once every 12 months</li> <li>▪ Once every 24 months</li> <li>▪ Once every 24 months</li> </ul>
<b>Exam and/or Eyewear Copay</b>	\$20	\$20
<b>Comprehensive Eye Exam</b>	Plan pays 100% after copay	Plan pays up to \$35 allowance
<b>Lenses</b> <ul style="list-style-type: none"> <li>▪ Single vision</li> <li>▪ Bifocal</li> <li>▪ Trifocal</li> <li>▪ Standard Progressive</li> </ul>	<ul style="list-style-type: none"> <li>▪ Plan pays 100% after copay</li> </ul>	<ul style="list-style-type: none"> <li>▪ Plan pays up to \$25 allowance</li> <li>▪ Plan pays up to \$40 allowance</li> <li>▪ Plan pays up to \$50 allowance</li> <li>▪ Plan pays up to \$50 allowance</li> </ul>
<b>Frames</b>	Plan pays up to \$105 allowance; 20% discount on any amount over the maximum allowance	Plan pays up to \$30 allowance
<b>Contact Lenses</b> <ul style="list-style-type: none"> <li>▪ Contacts (in lieu of prescription glasses)</li> </ul>	<ul style="list-style-type: none"> <li>▪ Plan pays up to \$100 allowance for contacts and contact lens exam (fitting and evaluation)</li> <li>▪ 15% savings on contract lens exam (fitting and evaluation)</li> </ul>	<ul style="list-style-type: none"> <li>▪ Plan pays up to \$100 allowance</li> </ul>
<b>LASIK Surgery</b>	Not covered	Not covered

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## IF YOU HAVE QUESTIONS

Contact your health plan carrier directly by going to the *EIX Benefits Connection* website, [eixbenefits.com](https://eixbenefits.com), at **Health > Health & Welfare > More > Contacts & Helpful Info** to see all carrier phone numbers and website addresses.

For general questions about your benefits, contact the *EIX Benefits Connection* at 866-693-4947. Representatives are available Monday through Friday, 7:30 a.m. to 5:30 p.m., Pacific time, except holidays.

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## CONTACTS AND HELPFUL INFORMATION

	Plan Type	Plan Identifier on ID Card	Phone Number	Website
Pre-Medicare Health Plans	Aetna Nationwide EPO	<ul style="list-style-type: none"> <li>Actives &amp; Flex Retirees: <i>Open Access Aetna Select</i></li> <li>PrimeCare Retirees: <i>Open Access Aetna Select (100%)</i></li> </ul>	(833) 541-8555	<a href="http://aetnaresource.com/n/Edison">aetnaresource.com/n/Edison</a>
	Aetna PPO 90/70	<ul style="list-style-type: none"> <li>Actives &amp; Flex Retirees: <i>Choice POS II (PPO 90/70)</i></li> <li>PrimeCare Retirees: <i>Choice POS II (100%)</i></li> </ul>	(833) 541-8555	<a href="http://aetnaresource.com/n/Edison">aetnaresource.com/n/Edison</a>
	Kaiser Permanente EPO	—	(800) 533-1833 (So CA) (800) 663-1771 (No CA)	<a href="http://my.kp.org/edison">my.kp.org/edison</a>
Pre-Medicare Prescription Drug Coverage	Express Scripts — <i>for all Aetna plans</i>	—	(877) 620-6730	<a href="http://www.express-scripts.com/southerncaliforniaedison">www.express-scripts.com/southerncaliforniaedison</a>
	Kaiser Permanente EPO	—	(800) 533-1833 (So CA) (800) 663-1771 (No CA)	<a href="http://my.kp.org/edison">my.kp.org/edison</a>
Medicare Health Plans	Aetna HMO MAP	<ul style="list-style-type: none"> <li>Flex Retirees: <i>Medicare (S05) HMO (MAP)</i></li> <li>PrimeCare Retirees: <i>Medicare (P01) HMO (MAP 100%)</i></li> </ul>	(833) 541-8555	<a href="http://SCEMAPPlans.aetnamedicare.com">SCEMAPPlans.aetnamedicare.com</a>
	Aetna PPO MAP	<ul style="list-style-type: none"> <li>Flex Retirees: <i>Medicare (S02) ESA PPO (MAP)</i></li> <li>PrimeCare Retirees: <i>Medicare (C04) ESA PPO (MAP 100%)</i></li> </ul>	(833) 541-8555	<a href="http://SCEMAPPlans.aetnamedicare.com">SCEMAPPlans.aetnamedicare.com</a>
	Aetna PPO Medicare Coordinated Plan	<ul style="list-style-type: none"> <li>Flex Retirees: <i>Choice POS II (PPO 90/70)</i></li> <li>PrimeCare Retirees: <i>Choice POS II (100%)</i></li> </ul>	(833) 541-8555	<a href="http://SCEMAPPlans.aetnamedicare.com">SCEMAPPlans.aetnamedicare.com</a>
	Kaiser Permanente Senior Advantage MAP	—	(800) 443-0815	<a href="http://my.kp.org/edison">my.kp.org/edison</a>
Medicare Prescription Drug Coverage	Express Scripts Medicare — <i>for Medicare Retirees in an Aetna plan</i>	—	(800) 978-6230	<a href="http://www.express-scripts.com">www.express-scripts.com</a>
	Kaiser Permanente Senior Advantage MAP	—	(800) 443-0815	<a href="http://my.kp.org/edison">my.kp.org/edison</a>
Dental Plans	Cigna Dental Care DHMO	—	(800) 244-6224	<a href="http://www.cigna.com/edison">www.cigna.com/edison</a>
	Delta Dental PPO	—	(888) 335-8227	<a href="http://www.deltadentalins.com/edison">www.deltadentalins.com/edison</a>
Vision Plan	Vision Service Plan	—	(800) 877-7195	<a href="http://www.vsp.com">www.vsp.com</a>