



2024 YOUR BENEFITS ENROLLMENT GUIDE

for Flex Retirees



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

ABOUT THE 2024 ANNUAL ENROLLMENT

Oct. 23 through Nov. 3, 2023

Annual Enrollment is your opportunity to make changes to your elections and/or your covered dependents for the next plan year. Take time to evaluate your current coverage, your personal situation, and the benefit options available to you to determine if you need to make any changes to your elections.

If you do not make any changes during Annual Enrollment, you may only change your elections during the plan year if you experience a qualified life event (e.g., marriage, birth of a child). If you experience a qualified life event, you have 30 days from the date of the event to enroll and/or make changes to your elections (60 days for birth or adoption only).

KEY DATES

Oct. 23, 2023: Annual Enrollment for the 2024 plan year begins

Nov. 3, 2023: Last day to submit Annual Enrollment elections

Jan. 1, 2024: Effective date of most Annual Enrollment elections

HOW TO SUBMIT YOUR ELECTIONS

- Beginning on Monday, Oct. 23, log on to the *EIX Benefits Connection* site at eixbenefits.com.
- Look for the **Annual Enrollment** tile on the home page and click on the **Go** button to review your current elections.
- To make changes to your elections, click on the **Make Elections** button. On this screen you can change your elections and add or update family members.
- Upon completing the enrollment, you'll see a confirmation screen. You can download and print a confirmation statement for your reference.
- You may make changes to your elections as many times as needed until Annual Enrollment ends on Friday, Nov. 3.

NEED HELP?

- **Read** through helpful reference materials and decision support tools available on *EIX Benefits Connection* — see page 20 for details.
- **Connect** with an *EIX Benefits Connection* representative. Visit eixbenefits.com to use the **Chat Online** or **Contact Us** features, or call (866) 693-4947 to speak to a representative. Representatives are available Monday through Friday, 7:30 a.m. to 5:30 p.m. Pacific time. Please be aware that wait times may increase during Annual Enrollment.

Your *Benefits Enrollment Guide* provides a summary of our health and welfare plans and programs, the tools and resources available to you, and important details about enrolling.

This guide is a summary of changes for 2024 and should be reviewed and retained for future reference.

WHAT'S CHANGING IN 2024?

For a detailed side-by-side comparison of all medical, dental and vision plan options, refer to the 2024 Health Plans Comparison. Visit eixbenefits.com and click on **Library > Documents & Forms > Reference Materials > 2024 Health Plans Comparison**. This helpful document can help you quickly compare key plan features, such as deductibles, copayments and coinsurance.

BENEFIT PLAN CHANGES

Medical Plan Options

Edison is consolidating the number of plan offerings to eliminate plans that are duplicative or have low enrollment, while still providing comprehensive coverage options. The 2024 options are designed to closely match our current offerings and will streamline from 4 plan providers to 2 plan providers.

Kaiser Permanente will continue to be a plan provider. Aetna will replace the plans offered by Blue Shield, Health Net, and United HealthCare. The new Aetna plans will provide access to a broad health plan provider network that includes approximately 96% of the providers currently used by our non-Kaiser plan members.

Based on your coverage in 2023, you will automatically be mapped to a default plan for 2024. **You may choose to remain in the default plan, or you can select another medical plan during Annual Enrollment.**

If you were non-Medicare eligible and had this medical plan in 2023...	You will be automatically mapped to this plan for 2024... ¹
Kaiser Permanente EPO	Kaiser Permanente EPO
Blue Shield PPO (90/70, 80/60, 70/50 options)	Aetna PPO 90/70 — <i>Choice POS II (PPO 90/70)</i>
Blue Shield EPO (available outside CA only)	Aetna Nationwide EPO — <i>Open Access Aetna Select</i>
Health Net HMO	
United Healthcare HMO	

If you were Medicare-eligible and had this medical plan in 2023...	You will be automatically mapped to this plan for 2024... ¹
Kaiser Permanente Senior Advantage MAP	Kaiser Permanente Senior Advantage MAP
Health Net Seniority Plus MAP	Aetna HMO MAP — <i>Medicare (S05) HMO (MAP)</i>
UnitedHealthcare MAP	
Blue Shield PPO (90/70, 80/60, 70/50 options)	Aetna PPO MAP — <i>Medicare (S02) ESA PPO (MAP)</i>
Blue Shield EPO	
UnitedHealthcare Senior Supplement Plan	
UnitedHealthcare Senior Supplement Plan 3500	

¹ *Italicized text indicates Aetna plan names.*

Medical Plan Copayments and Out-of-Pocket Costs

The medical plan copayments and out-of-pocket costs for retirees will change as follows:

Plan Feature	Amount for 2023	NEW Amount for 2024 – 2026
	HMO/EPO Plans	EPO Plans
Hospital Admission Copay	\$340	\$250
Emergency Room Copay	\$245	\$150
Urgent Care Copay	\$40	\$30
Outpatient Surgery Copay	\$165	\$0
Complex Radiology Copay	\$165	\$0
Medical Annual Out-of-Pocket Maximum	\$3,775/individual \$7,550/family	\$1,190/individual \$2,380/family
	PPO Plans	PPO Plans
Hospital Admission Copay	\$340	\$250
Emergency Room Copay	\$245	\$150
Urgent Care Copay	\$50	\$40
Medical Annual Out-of-Pocket Maximum	\$7,290/individual \$14,580/family	\$3,000/individual \$6,000/family

Delta Dental Plan Deductibles and Increased Annual Limit

The Delta Dental plan will include the following changes in 2024:

- Increased annual maximum limit from \$2,000 to \$2,750 (limit not applicable to diagnostic/preventive care services).
- Deductible of \$25/individual and \$75/family will apply to services rendered by a Delta Dental PPO provider (deductible not applicable to diagnostic/preventive care and orthodontic services).

Coverage as a Retiree and Dependent

Effective Jan. 1, 2024, the dual coverage restriction on medical plan coverage will be removed and an individual can enroll for medical plan coverage as both an Edison employee/retiree and as a dependent.

*Prescription Drug
Formulary
(Pre-Medicare plans only)*

A formulary is a list of brand name and generic prescription drugs covered by the pharmacy benefit manager. Drugs included on the formulary are based on clinical appropriateness of the drug, and not the cost.

Currently, Kaiser Permanente uses a closed prescription drug formulary and will continue to do so for 2024.

Beginning in 2024, the pharmacy coverage through Express Scripts for pre-Medicare participants in the Aetna plans will use a closed formulary. Participants who are using prescription drugs not included in the closed formulary will be notified by Express Scripts in late 2023. Participants will have until April 1 to work with their doctor to update their prescription to a preferred alternative.

2024 Monthly Premiums

Costs for:

- **Pre-Medicare retirees¹:** Premiums will decrease if you are currently enrolled in Kaiser Permanente, another EPO/HMO, or the 90/70 PPO for 2023 and you elect the same type of coverage for 2024. For those currently enrolled in a 80/60 or 70/50 PPO, premiums will increase if you elect the Aetna 90/70 PPO but would be lower if you elect the Aetna Nationwide EPO.
- **Medicare retirees¹:** Premiums will generally decrease if you are currently enrolled in Kaiser Permanente, another EPO/HMO, one of the United Healthcare Senior Supplement plans, or the 90/70 PPO and you elect the same type of coverage for 2024. For those currently enrolled in the 80/60 or 70/50 PPO, premiums will increase if you elect the Aetna PPO 90/70 Medicare Coordinated Plan, but the new Aetna PPO Medicare Advantage Plan offers similar coverage at a much lower cost. For a small group of out-of-state retirees enrolled in the Blue Shield EPO, you will see a premium increase if you elect the Aetna PPO Medicare Advantage plan, but would see a decrease if you elect the Aetna HMO Medicare Advantage Plan.
- The Delta Dental plan will increase by 1.7% due to the increase in the annual maximum benefit and inflationary increases in the fees paid to dentists.
- The Cigna Dental Care (DHMO) plan will not change.
- The VSP vision plan will decrease by 5.4%.

¹ **Note:** The medical plans available and the associated costs are based on your home ZIP code.

2024 Benefits Changes FAQs

Medical Plan Lineup

What medical plan options will be available starting in 2024?

In 2024, the medical options for pre-Medicare retirees and their eligible dependents will include:

- Aetna Nationwide EPO
- Aetna PPO 90/70
- Kaiser Permanente EPO

The medical options for Medicare-eligible retirees and their eligible dependents will include:

- Aetna HMO MAP (available in select counties throughout the U.S.)
- Aetna PPO MAP
- Aetna PPO 90/70 Medicare Coordinated Plan
- Kaiser Permanente Senior Advantage MAP

About the medical plan types:

- **Preferred Provider Organization (PPO)** — After you meet an annual deductible, both you and the plan each pay a percentage of your eligible expenses, known as coinsurance. Not all services require you to meet your deductible first, such as in-network preventive care. You can receive care from any provider, but when you see an in-network provider, your out-of-pocket cost will almost always be less.
- **Health Maintenance Organization (HMO)** — There is no annual deductible and most eligible expenses require you to pay a flat dollar amount, known as a copay. You must select a primary care physician (PCP) who will coordinate all of your care. All medical services must be received from your HMO's 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.
- **Exclusive Provider Organization (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 select, you may or may not need to select a primary care physician (PCP) to coordinate your care. It's important to remember that if you have an EPO, **you** are responsible for ensuring that all of your medical services are received from your EPO's network of providers.

2024 Benefits Changes FAQs
(continued)

Medical Plan Lineup
(continued)

I am Medicare-eligible but my dependents are not. Do I have to select a specific plan for my dependents?

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.

If retiree is Medicare-eligible and enrolls in:	Select from the following plans for pre-Medicare dependents (all pre-Medicare family members must be enrolled in the same plan option):
Kaiser Permanente Senior Advantage MAP	Kaiser Permanente EPO
Aetna HMO MAP	Aetna Nationwide EPO Aetna 90/70 PPO
Aetna PPO MAP	Aetna Nationwide EPO Aetna 90/70 PPO
Aetna PPO 90/70 Medicare Coordinated Plan	Aetna Nationwide EPO Aetna 90/70 PPO
If retiree is pre-Medicare and enrolls in:	Select from the following plans for Medicare-eligible dependents (all Medicare-eligible family members must be enrolled in the same plan option):
Kaiser Permanente EPO	Kaiser Permanente Senior Advantage MAP
Aetna Nationwide EPO	Aetna HMO MAP (if available in geographic area) Aetna PPO MAP Aetna 90/70 Medicare Coordinated Plan
Aetna PPO 90/70	Aetna HMO MAP (if available in geographic area) Aetna PPO MAP Aetna 90/70 Medicare Coordinated Plan

I will be mapped to one of the new Aetna plans. Do I have to change my health care provider?

Most members in a non-Kaiser medical plan will not have to change providers. Approximately 96% of the providers currently used by the members in our non-Kaiser plans will be in-network providers for our Aetna medical plans in 2024. To check if your provider is in the Aetna network, visit the Aetna microsite at www.aetnaresource.com/n/Edison.

I will be in one of the new Aetna plans. Do I need to inform my health care provider of the change?

You will receive a new plan ID card from Aetna in December. Inform your health care provider that you will be changing medical plans effective Jan. 1, 2024. Your health care provider will need the information on your new ID card to submit claims for coverage.

2024 Benefits Changes FAQs

(continued)

Medical Plan Lineup

(continued)

I'm currently enrolled in Kaiser Permanente. Will I need to take action during Annual Enrollment?

Employees enrolled in Kaiser Permanente will automatically retain Kaiser Permanente coverage, so if you wish to remain in the Kaiser Permanente plan, you do not need to take action. However, we encourage you to review your new options and costs to ensure you're enrolling in the most appropriate plan that meets the needs of you and your family.

What happens if I'm enrolled in a plan that will no longer be offered in 2024, but I am still receiving medical treatment or hospitalization under that plan?

With these types of transitions, there is a feature referred to as transition-of-care (TOC) which may permit you to utilize out-of-network providers for a limited period of time. To initiate TOC, you must complete a Transition Coverage Request form which can be found at eixbenefits.com > **Library** > **Plan Information** > **2024 Annual Enrollment**.

Express Scripts Formulary

What is the purpose of having a closed formulary?

The goal of adopting a formulary is to provide affordable access to clinically sound, high-quality, and affordable pharmaceutical products.

How can I find out what drugs are on the formulary?

During Annual Enrollment, the Express Scripts member website (www.express-scripts.com) will be updated to include the list of drugs on the formulary.

How often will the drugs on the formulary be reviewed/updated?

Throughout the year, an independent panel of doctors and pharmacists review and compare medications available. The formulary list may change if the panel finds that multiple medications to treat the same condition are equally safe.

How will I know if a drug that I'm taking is on the formulary?

As part of the transition to a closed formulary, Express Scripts will notify you in the fall of 2023 if you are taking a drug that will not be included in the formulary in 2024. The letter will provide you with a list of preferred alternative drugs and suggest that you work with your health care provider to transfer to one of the preferred alternatives covered on the formulary. Beginning Jan. 1, 2024, you will have 90 days to work with your provider to update your prescription to a preferred alternative. If your prescription is not updated by April 1, the prescription will not be covered by Express Scripts and you will have to pay the retail price for the prescription. If your provider determines it is clinically justified for you to continue taking a drug excluded from the formulary, the provider can request an exception through Express Scripts and the request will be reviewed.

If a drug you are taking is removed from the formulary during a future update, you will be notified by Express Scripts and provided with a list of preferred alternative drugs. You can then work with your health care provider to transfer to one of the preferred alternatives on the formulary.

2024 Benefits Changes FAQs

(continued)

Delta Dental Plan

How does the new in-network deductible for the Delta Dental PPO Plan work?

Effective Jan. 1, 2024, when services are provided by a Delta Dental PPO dentist, there will be an annual deductible of \$25 per person or \$75 per family. When services are provided by a Delta Dental Premier Network dentist or a non-participating dentist, there is an annual deductible of \$50 per person or \$150 per family. You may seek services from dentists in both networks during a calendar year and the deductible level applies based on the selection of provider.

For example, if you have met the \$25 individual annual Delta Dental PPO deductible and then seek services with a Delta Dental Premier Network dentist, the \$25 will apply towards the \$50 individual annual deductible.

Are there any Delta Dental services to which the deductible does not apply?

Yes. Under Edison's plan, the deductible is waived for diagnostic and preventive services. Orthodontic services have a separate lifetime maximum, so the deductible also does not apply.

How do I know if my Delta Dental dentist is in-network or out-of-network?

You can find the contracting status of your dentist or locate a dentist in your area by reviewing the Delta Dental Find A Dentist tool at www.deltadentalins.com/edison. Delta Dental continuously evaluates and recruits dentists into their network to make sure they're meeting the needs of our employees.

Do I need to inform my dentist of the change?

No. Your dentist will submit a claim after your visit and won't bill you for more than the approved amount. If you visit a non-Delta Dental dentist, you may be responsible for paying your dentist the full amount and submitting the claim to Delta Dental after the visit.

2024 Benefits Changes FAQs

(continued)

Coverage as a Retiree and Dependent

My spouse is an Edison employee and I am an Edison retiree. Can we now cover each other as a dependent under the other's medical plan?

Currently, if you have a dependent (e.g., spouse, registered partner, or child) who also works at Edison or is an Edison retiree, they cannot be enrolled for medical coverage as both an employee/retiree and dependent.

Effective Jan. 1, 2024, you and/or your spouse/registered partner can enroll for coverage as both an Edison employee/retiree and as a dependent.

Are there advantages to covering each other?

Not necessarily. You should carefully review how benefits are coordinated between the two plans, as having the two plans may not always provide additional coverage. For example — the plan that covers you as retiree is considered primary and should be billed first. You should also calculate the premium costs for applicable coverage scenarios to see if this makes sense for your family situation.

ENROLL ON THE GO: Complete Annual Enrollment On Your Mobile Device

Remember, you can conveniently submit your Annual Enrollment elections online using your mobile device. You must have a username and password registered on eixbenefits.com before you can register on the app.

Get Started

- Download the **Life@Work** app from the Apple App Store or Google Play.
- Log in with company code **SCE03**.
- Enter your username and password to authenticate your identity.
- Verify your device via email or mobile number.
- Once your device has been registered, create an Access PIN. You can then set permissions for biometric authentication or notifications.
- During Annual Enrollment, click on the **Benefits Website** tab on the app Home screen, then click on the **Annual Enrollment** tile to make your elections.

IMPORTANT QUESTIONS AND ANSWERS

Following are some common questions and answers. Other important information about our benefits and enrollment will be provided online during your election process.

DO YOU NEED TO TAKE ACTION DURING ANNUAL ENROLLMENT?

Typically, for your healthcare coverage you only need to take action during Annual Enrollment if you want to change plans or elect new coverage for you and eligible dependents since your coverage will continue into the next year if you do not make any changes. However, due to the upcoming changes in medical plan providers in 2024, you are strongly encouraged to review your benefit coverages, monthly premiums, copays, and other out-of-pocket expenses to ensure you are enrolled in the plans most appropriate for you in 2024.

Based on your coverage in 2023, you will automatically be mapped to a default medical plan for 2024. **You may choose to remain in the default plan, or take action during Annual Enrollment to select a different medical plan.**

TIP: Don't forget to consider how your coverage may be impacted by future qualified life events (e.g., covered dependent child moving out of state, etc.).

WHAT HAPPENS IF YOU CANCEL OR WAIVE YOUR DENTAL OR VISION COVERAGE?

You will not be able to enroll in our dental and/or vision plans in the future if you cancel or waive coverage and do not have group coverage elsewhere. If you have other group coverage, you must notify the *EIX Benefits Connection* before you waive so that you don't lose future eligibility. If your coverage is canceled for nonpayment, you will not be allowed to enroll in our dental and/or vision plans in the future.

WHAT'S THE DEFINITION OF AN ELIGIBLE DEPENDENT?

An eligible dependent can be any one of the following individuals:

- Your legally married spouse or registered partner¹.
- Your child² under age 26.
- Your unmarried mentally or physically disabled child of any age, if the child's disability began before age 26. The disability must be such that the child is incapable of self-support and is dependent on you for financial support.

This information can also be found in the Dependent Eligibility Guidelines posted on eixbenefits.com at **Library > Plan Information > About Your Benefits > Dependent Eligibility Guidelines**.

¹ A registered partner is a person who is:

- Recognized as your registered or certified domestic partner by a state which offers the ability to register or certify a domestic partnership; or
- A person of the same gender who has joined with you in a civil union that is recognized as creating some or all of the rights of marriage under the laws of the state or country in which the civil union was legally created.

² Child(ren) refers specifically to:

- Your natural or lawfully adopted children or children placed for adoption with you;
- Your stepchildren or foster children who qualify as your dependents for income tax purposes under IRS rules;
- Any other child(ren) who lives with you in a normal parent-child relationship and who qualifies as your dependent for income tax purposes under IRS rules; and
- For purposes of the medical, dental, vision and EAP plans, any child dependent on you for medical support pursuant to a Qualified Medical Child Support Order (QMCSO).

Note: Dependents serving in the military are not eligible for dental or vision coverage.

ARE YOU ADDING A DEPENDENT(S) TO COVERAGE?

If you are unable to add a dependent when completing your online enrollment, it may be because additional information is required. Please call the *EIX Benefits Connection* for assistance.

What documentation will I be required to provide when I newly enroll a dependent or re-enroll a previously covered dependent?

If you are enrolling a dependent who is your legally married spouse or registered partner, you must provide copies of both items listed below:

- A certificate of marriage or registration of domestic partnership.
- Proof that you are still married or registered: Examples of proof include recent copies of joint bank accounts or credit cards, your most recent federal/state tax forms listing your dependent, joint leasing or ownership of property agreements, etc.

If you are enrolling a dependent child, copies of any of the following documents are accepted:

- A birth certificate showing you or your spouse/registered partner as the birth parent.
- Court papers showing adoption, legal guardianship or your most recent federal tax form listing the child as your dependent. A birth certificate will be required if the court document does not list the dependent's birth date.

When can a newly-enrolled dependent access services?

If your eligible dependent is added during Annual Enrollment, your dependent can access services beginning on Jan. 1. If you are adding a dependent outside of the Annual Enrollment period, the effective date of coverage is the date of the qualifying event. Generally your dependent can access services as soon as your enrollment election is transmitted and accepted by the carrier.

When do I need to submit my dependent verification documents?

Approximately two weeks after Annual Enrollment ends, you will be mailed a complete package explaining the verification process for your newly enrolled dependent. You will generally have 45 days from the date listed on the letter to provide the requested documentation before dependent coverage is canceled. The same process applies when new hires, current employees or retirees add new dependents (e.g., marriage, birth, etc.).

What if I lost my documentation or have questions about the documents I can provide?

You may contact the county or state office in which the event took place (e.g., birth, marriage, etc.), or obtain documents online by visiting vitalchek.com, which is used by every U.S. state to process vital records requests. That service also has links to obtaining documentation from many foreign countries. Some marriage certificates that are dated prior to 1996 may take as long as four weeks to retrieve. If you are uncertain about whether you have a dependent that meets the plan's definition for eligibility or have the appropriate documentation, please contact the *EIX Benefits Connection* for more information.

ARE YOU (OR YOUR SPOUSE/ REGISTERED PARTNER) TURNING AGE 65 IN 2024?

- Check to ensure your current providers participate in the Edison Medicare plan you'll want to enroll in when you turn age 65, as some providers who participate in the pre-Medicare plans do not participate in the Medicare plans.
- Prepare yourself for the action steps you'll need to take when you turn 65 by reviewing "You, Edison and Medicare" guide available on the *EIX Benefits Connection* website, eixbenefits.com, **Library > Plan Information > Medicare Information > You, Edison, and Medicare.**

ARE YOU ELIGIBLE FOR 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.

Medicare is a federal health insurance program for people age 65 or older, and for some people under age 65 who are disabled or who have a special condition known as "end-stage renal disease." Our retiree health care plan options are designed to work with Medicare coverage.

If you and/or your covered spouse/registered partner are eligible for Medicare, you must be enrolled in, and remain enrolled in, Medicare Parts A and B to participate in one of our retiree health care plans.

Note: You may defer enrollment in Part B of Medicare if you are actively employed and covered by a company medical program by virtue of that employment. This includes coverage you may be enrolled in through your spouse. You will not be eligible to enroll in any of Edison's Medicare retiree plans until you have Medicare Parts A and B.

When you enroll in one of our retiree medical plans, you and/or your eligible spouse/registered partner will be automatically enrolled in prescription drug coverage. You should **not** enroll in individual coverage under Medicare Part D, as this may result in the cancellation of your company-sponsored retiree health care coverage.

You, Edison and Medicare is a resource we provide to address specific details about our plans and Medicare. This document is available on *EIX Benefits Connection* website, eixbenefits.com, at **Library > Plan Information > Medicare Information > You, Edison, and Medicare.**

If you are enrolled in one of our Medicare plans, and you are required to pay a higher Part D-IRMAA premium, you can apply to the Company for reimbursement of the amount of the Part-D IRMAA. Send a *copy* (retain original for your records) of your Social Security statement and indicate you are requesting your Part D IRMAA reimbursement to the *EIX Benefits Connection*.

If you are eligible for an IRMAA reimbursement, you must submit your reimbursement request by Dec. 31. Only IRMAA reimbursement claims submitted for the current plan year and one year prior will be processed. (**Example:** Only IRMAA reimbursement claims submitted for 2022 and 2023 will be reimbursed during the 2023 plan year. Any request for reimbursement of coverage prior to the 2022 plan year will not be processed.)

ARE YOU ELIGIBLE FOR MEDICARE? (CONTINUED)

Get Help with Medicare Enrollment

If you are new to Medicare, enrolling for the first time can be a daunting process since the enrollment decisions you make can have long-term financial or benefit penalties if not done correctly. To help you evaluate Medicare plan options and guide you through the enrollment process, Edison now provides consultation services through SSDC Insurance Agency.

SSDC has licensed professionals that will help you compare the Medicare plans available to you in the marketplace to Edison's retiree health care plans to find the best medical and prescription drug plan that fits your health and financial needs. SSDC's consultation services are provided to you at no cost.

For more information about the Medicare plans available in the marketplace (outside of Edison), please contact SSDC at (866) 587-1661 to speak to a Medicare enrollment agent. Agents are available Monday through Friday 6:00 a.m. to 3:00 p.m., Pacific time.

ARE YOU ENROLLING IN A MEDICARE ADVANTAGE PLAN (MAP)?

If you are enrolling in a MAP plan, your Medicare information on file will be submitted electronically to the medical plan provider. You no longer need to complete MAP enrollment or disenrollment forms.

HOW WILL YOU PAY FOR COVERAGE?¹

- If you are currently billed each month for your coverage, you will continue to receive a monthly bill.
 - Your payment is due on the first of the month for that month's coverage.
 - Premiums not received within 60 days of the due date will result in termination of coverage.
 - If your coverage is terminated for nonpayment, you will not be eligible to re-enroll in vision and/or dental coverage in the future.
- If you are currently having your premiums direct debited from your bank account, no action is required on your part.
 - The direct debit will continue with deductions debited from your account on the first of the month. If the first of the month occurs on a holiday or weekend, the deduction will occur on the next business day.
- If you currently pay for your coverage via pension payment deductions, these deductions will continue.
 - If the cost of your coverage is more than 70 percent of your gross pension payment, you will receive a bill for your coverage.

¹ Retirees (and their survivors) who became eligible for retiree health care in 1991 or 1992 do not pay for the cost of their medical coverage (deductibles and copays still apply). You only pay for the dental and/or vision coverage you elect.

WHAT HAPPENS IF YOU DON'T RECEIVE A HEALTH PLAN ID CARD, OR YOU LOSE YOUR ID CARD?

Please keep in mind that VSP and Delta Dental do not issue ID cards. If you need to obtain an ID card, go to your plan's website or call their Member Services number. You can view all plan websites and phone numbers by going to eixbenefits.com at **Health > Health & Welfare > More > View > Contacts & Helpful Info**. You will need to create login credentials for your plan's website if you have not previously done so.

In 2024, Cigna DHMO will only provide physical ID cards to new members. To view and print a copy of your digital ID card, log into the myCigna® app or website beginning Jan. 1, 2024.

IMPORTANT REMINDER: Review and Update Your Dependent's Social Security Number

During Annual Enrollment, take a moment to review the Social Security number on file for your dependents and update if necessary.

- Log in to eixbenefits.com
- Click on your name in the upper right hand corner of the page to view your profile
- Select the **Dependents** tab and review the information displayed
- If your dependent's Social Security number is blank or incorrect, click on the **Change** button, enter the correct Social Security number and click on **Save**

WHAT YOU NEED TO KNOW

EIX BENEFITS CONNECTION — REGISTRATION REMINDER

EIX Benefits Connection currently uses multi-factor authentication in order to further protect your personal information online. With multi-factor authentication, you are required to confirm your identity using two or more pieces of information before you can gain access to the *EIX Benefit Connection* website.

When multi-factor authentication was implemented, all *EIX Benefits Connection* users were prompted to re-register new login credentials. If you have not yet completed your registration, we encourage you to begin the process now.

To re-register on the *EIX Benefits Connection* website:

1. Log into eixbenefits.com.
2. Select **Register as First-time User**.
3. Follow the prompts to request a registration key by mail.
4. Once you receive your registration key, log back on to the *EIX Benefits Connection* website and follow the online instructions to create your User ID and Passcode. You will also be able to create security questions and authorize your device for future access.
5. Registration keys are only valid for a limited time, so you are highly encouraged to log on to eixbenefits.com to re-register a User ID and Passcode as soon as you receive it.

The registration process outlined above only affects the eixbenefits.com website; it does not apply to the *EIX Benefits Connection* Interactive Voice Response System (IVR). If you call in to the IVR, you can continue to use your current login information.

If you have questions, call 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. For TDD communication services for the hearing impaired, call (800) 833-8334.

Reminder: If you call into the *EIX Benefits Connection* Contact Center to speak to a representative, your identity must be verified to ensure the security of your personal information. To secure the call, you will be asked to provide your SSN and Passcode. Remember: The Passcode you use to log in to the Contact Center is a different Passcode than what you would use to log in to the *EIX Benefits Connection* website.

You can request a reminder of your Contact Center Passcode when speaking to a *EIX Benefits Connection* representative. The reminder will be sent to your email address on file.

To submit or update your personal email address, log in to *EIX Benefits Connection* and click on your name to access your Profile. Click on the **Personal Info** tab to update your personal email address.

A REVIEW OF EDISON BENEFITS

Following is an overview of the benefits we offer, and in some cases, provide to you and your eligible dependents. See “What’s the Definition of an Eligible Dependent?” on page 12 for our definition of eligibility. The plans available to you may vary based on the geographic location of your home address as listed in your profile on the *EIX Benefits Connection*. To view your profile, click on the menu bar in the upper right-hand corner and select **Profile**. If you need to update your address, click on **Change** to update your information.

Even if you decide to remain with the same plan and coverage level in 2024, we strongly suggest you review your beneficiary designations (and their addresses) to ensure these are up-to-date, as well as your benefit coverages and costs to ensure you are enrolled in the plans most appropriate for you in 2024.

Health Care Benefits

In 2024, we will offer the following types of health care plans to you and your eligible dependents:

- **Medical Plans**
 - Preferred Provider Organization (PPO)
 - Health Maintenance Organization (HMO)
 - Exclusive Provider Organization (EPO)
 - Medicare Advantage Plan (MAP)
- **Prescription Drug Coverage**
 - Enrollment is automatic if you elect one of our medical plans.
- **Dental Plans**
 - Dental PPO
 - Dental HMO
- **Vision Plan**

See the *2024 Health Plans Comparison* on the *EIX Benefits Connection* website, eixbenefits.com, at **Library > Documents & Forms > Reference Materials > 2024 Health Plans Comparison**, for details about these benefits.

Ensuring Health Care Access In Your Geographic Service Area

The California Department of Managed Health Care (DMHC) governs some health insurance providers in the State of California and requires health plans to provide sufficient access to providers and facilities within a geographic service area (also known as “provider network adequacy”).

When you select a health plan, you need to be able to use it when you need health care services. That means there must be enough physicians and hospitals in your area who participate in your health plan. The physicians and hospitals also need to be close enough so you can easily visit them.

To ensure that you have reasonable access to care in your area, the DMHC requires you to select a health plan within your geographic service area. Since Edison’s HMO and EPO health plans (with the exception of out-of-state plans) are filed with the DMHC, if you have this coverage you must select a health plan no more than 30 miles from your residence. This is a DMHC requirement and cannot be altered by Edison.

Other Benefits We Provide

We provide the following benefits to you and any eligible dependents:

- **Employee Assistance Program (EAP) and WorkLife Services:** Provides short-term confidential counseling for a number of problems, including marital and family challenges, emotional or financial issues, personal or job stress, mental health, bereavement, and substance abuse. EAP services are convenient, confidential and available 24 hours a day, seven days a week.
 - **Health Advocate:** Provides you and any covered dependents expert assistance with health care- and insurance-related issues, among other topics. Health Advocate can help clarify coverage and benefits, work on claims issues, negotiate medical bills, locate specialists, address eldercare issues, and more.
 - **Diabetes Management Programs (for pre-Medicare members):**
 - *For Aetna members:*

Eligible employees and their covered family members have the opportunity to join the Livongo Diabetes Management Program, which provides members with a connected meter, strips, and coaching. The program combines Livongo's advanced technology with tools and support and is available at no cost.
 - *For Kaiser Permanente Members:*

Kaiser Permanente provides a comprehensive approach to diabetes management, including support with lifestyle changes, medication management, glucose monitoring and screening tests to avoid complications. Members and care teams work together to determine the most appropriate clinical, social, and educational interventions to meet their health goals.
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YOUR BENEFIT OPTIONS AND MONTHLY COSTS

You can view the specific benefit options you are eligible for, and their monthly costs, by clicking on your event (e.g., Annual Enrollment) on the *EIX Benefits Connection* website, eixbenefits.com at **Work/Life Events > Current Events**.

Resource Materials

In addition to the information provided here, we offer a variety of resources to help educate you about our benefits, the enrollment process, and other important details. The following materials and more, are available on the *EIX Benefits Connection* website, eixbenefits.com:

- **Health Plans Comparison:** Provides a side-by-side comparison of our medical, dental and vision plan options, so you can quickly compare key plan features, such as deductibles, copayments and coinsurance. Click on **Library > Documents & Forms > Reference Materials > 2024 Health Plans Comparison**.
- **Educational Benefit Videos:** Each provides a quick and easy overview of a benefit plan or program. Click on **Health > Health & Welfare > More > Library > Educational Videos**.
- **Summary of Benefits and Coverage (SBC):** Each provides a standard summary of benefit coverage levels for the (pre-Medicare) medical and prescription drug plans we offer. Click on **Library > Plan Information > Plan Details**.
- **Your Benefits Handbook:** Provides details about each of our benefit plans and programs, and serves as our Summary Plan Description (SPD). Click on **Library > Plan Information > Your Benefits Handbooks**.
- **You, Edison and Medicare:** Provides an overview of Medicare and Edison's retiree health care plans. Click on **Library > Plan Information > Medicare Information > You, Edison and Medicare**.

Decision Support Tools

We offer simple online tools to help you make informed election decisions. The following are available through the *EIX Benefits Connection* website, eixbenefits.com:

- **Benefits Mentor:** Uses assumptions that you provide about potential health care expenses to help you compare medical and dental plans and model costs side-by-side. Click on **Health > Health & Welfare > More > Tools > Compare Plans/Calculate Costs**.
- **Locate a Provider:** Each carrier gives you the opportunity to search for providers, such as a network doctor, specialist or dentist. For providers specific to the plan you are enrolled in, or considering, go to eixbenefits.com, at **Health > Health & Welfare > More > View > Contacts & Helpful Info**, then select the carrier's website.

Your Confirmation Statement

Once you submit your elections online during Annual Enrollment, you should save a copy of your Confirmation Statement by clicking on **Print or Download PDF** on the "Confirmation Statement" screen. To print your Confirmation Statement at a later date, go to the *EIX Benefits Connection* website, eixbenefits.com, at **Health > Health & Welfare > Benefit Elections**.

Shortly after Annual Enrollment ends, you will be mailed a Confirmation Statement, even if you did not take any action. The Confirmation Statement will indicate that these elections will remain in effect for the 2024 Plan year. It will also state that if there are any discrepancies, you must call the *EIX Benefits Connection* within 15 days of the date on the Confirmation Statement to make any corrections, otherwise the elections will be considered final.

Continuing Coverage and Divorce

There is no qualifying event that triggers offering COBRA if you voluntarily choose to discontinue benefit coverage for dependents during Annual Enrollment. However, if you discontinue your spouse's coverage during Annual Enrollment or due to a change in status in anticipation of a divorce, under certain circumstances, your spouse will be offered COBRA continuation coverage from **the date of divorce**. This means there could be a lapse in coverage as COBRA continuation will not be available from the date the coverage was terminated until the date of divorce. **The *EIX Benefits Connection* must be notified when the divorce becomes final in order for COBRA to be offered to your former spouse.** For information about converting to an individual policy, contact your plan carrier.

IF YOU HAVE ADDITIONAL QUESTIONS

CONTACT THE *EIX BENEFITS CONNECTION*

- **Through our website, eixbenefits.com:**
 - Use the **Chat Online** feature to communicate in real-time with a representative; or
 - Use the **Contact Us** feature to send an email to a representative.
 - **By phone at (866) 693-4947**
 - Representatives are available Monday through Friday, 7:30 a.m. to 5:30 p.m., Pacific time, except holidays.
 - Questions about Annual Enrollment can be answered during our Annual Enrollment period only. Please be aware that wait times on the phone may increase during this time.
 - **Through the Life@Work mobile app**
 - You must have a username and password registered for eixbenefits.com before you can register on the app.
 - Download the **Life@Work** app from the Apple App Store or Google Play.
 - Log in with company code **SCE03**.
 - Enter your username and password to authenticate your identity and verify your device via email or mobile number.
 - For assistance, navigate to the **Benefits Website** tab to utilize the **Chat Online** feature or the **Contact Us** feature to email a representative.
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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"> ■ Actives & Flex Retirees: <i>Open Access Aetna Select</i> ■ PrimeCare Retirees: <i>Open Access Aetna Select (100%)</i> 	(833) 541-8555	aetnaresource.com/n/Edison
	Aetna PPO 90/70	<ul style="list-style-type: none"> ■ Actives & Flex Retirees: <i>Choice POS II (PPO 90/70)</i> ■ PrimeCare Retirees: <i>Choice POS II (100%)</i> 	(833) 541-8555	aetnaresource.com/n/Edison
	Kaiser Permanente EPO	—	(800) 533-1833 (So CA) (800) 663-1771 (No CA)	my.kp.org/edison
Pre-Medicare Prescription Drug Coverage	Express Scripts — <i>for all Aetna plans</i>	—	(877) 620-6730	www.express-scripts.com/southerncaliforniaedison
	Kaiser Permanente EPO	—	(800) 533-1833 (So CA) (800) 663-1771 (No CA)	my.kp.org/edison
Medicare Health Plans	Aetna HMO MAP	<ul style="list-style-type: none"> ■ Flex Retirees: <i>Medicare (S05) HMO (MAP)</i> ■ PrimeCare Retirees: <i>Medicare (P01) HMO (MAP 100%)</i> 	(833) 541-8555	SCEMAPPlans.aetnamedicare.com
	Aetna PPO MAP	<ul style="list-style-type: none"> ■ Flex Retirees: <i>Medicare (S02) ESA PPO (MAP)</i> ■ PrimeCare Retirees: <i>Medicare (C04) ESA PPO (MAP 100%)</i> 	(833) 541-8555	SCEMAPPlans.aetnamedicare.com
	Aetna PPO Medicare Coordinated Plan	<ul style="list-style-type: none"> ■ Flex Retirees: <i>Choice POS II (PPO 90/70)</i> ■ PrimeCare Retirees: <i>Choice POS II (100%)</i> 	(833) 541-8555	SCEMAPPlans.aetnamedicare.com
	Kaiser Permanente Senior Advantage MAP	—	(800) 443-0815	my.kp.org/edison
Medicare Prescription Drug Coverage	Express Scripts Medicare — <i>for Medicare Retirees in an Aetna plan</i>	—	(800) 978-6230	www.express-scripts.com
	Kaiser Permanente Senior Advantage MAP	—	(800) 443-0815	my.kp.org/edison
Dental Plans	Cigna Dental Care DHMO	—	(800) 244-6224	www.cigna.com/edison
	Delta Dental PPO	—	(888) 335-8227	www.deltadentalins.com/edison
Vision Plan	Vision Service Plan	—	(800) 877-7195	www.vsp.com

The information in this guide does not attempt to cover all the details and provisions of the plans. This guide serves as a summary of material modifications to *Your Benefits Handbook*. In the event of a discrepancy between the information contained in this guide and the applicable plan documents, the plan documents will govern. Edison reserves the right to change or terminate the plans or specific plan provisions at any time.

