



YOU, EDISON AND MEDICARE 2024

for Edison Retirees

You, Edison and Medicare will familiarize you with Medicare and our retiree health care plans. It also outlines timing and the steps that you should take prior to turning age 65 and becoming eligible for Medicare.

This insert does not cover all the details, provisions, limitations, restrictions and exclusions of the benefit plans. Detailed information about your benefit plans can be found in *Your Benefits Handbook*. The company reserves the right to change or terminate the plans or specific plan provisions at any time.



UNDERSTANDING MEDICARE AND OUR RETIREE HEALTH CARE PLANS

Medicare is a federal health insurance program for:

- Individuals 65 or older,
- Certain individuals under age 65 who are disabled,
- Individuals with End Stage Renal Disease (ESRD), or
- Amyotrophic Lateral Sclerosis (ALS, also known as Lou Gehrig's disease).

You must enroll in Medicare Parts A and B and elect a new retiree health care medical plan that works in coordination with Medicare when you and/or your covered spouse/registered partner reach age 65, or otherwise become eligible for Medicare.

DO YOU NEED TO TAKE ACTION?

Action is required only if *both* of the following conditions are met:

- You are eligible for retiree health care coverage.
- You and/or your covered spouse/registered partner will be eligible for Medicare due to turning age 65, or for any other qualified reason.

Note: You may defer enrollment in Part B of Medicare if you (or your spouse/registered partner) are actively employed and covered by a company medical program by virtue of that employment. Part B may be deferred to the extent you and/or your spouse remains actively employed and such medical coverage remains effective by virtue of that employment. You will not be eligible to enroll in any of Edison' Medicare retiree plans until you have Medicare A and B.

Medicare Enrollment/COBRA: The interconnection between COBRA and Medicare can be complex, and the timing of your Medicare enrollment can impact COBRA eligibility.

- If you are enrolled in Medicare benefits (Part A **or** Part B) and they are effective on or before the day you elect COBRA coverage, you can have COBRA coverage and Medicare coverage at the same time. (This is true even if your Part A benefits begin before you elect COBRA but you don't sign up for Part B until a later date.) In this situation, Medicare is always primary to COBRA coverage.
- If you become entitled to Medicare (i.e., actually enrolled) after you sign up for COBRA, your COBRA benefits will terminate. (However, if your spouse and/or dependent children are covered by COBRA, their COBRA coverage may continue up to the maximum COBRA time limit.)

WHAT ACTION IS REQUIRED?

You and/or your covered spouse/registered partner (whoever is eligible for Medicare) must take the steps listed below within 30 to 90 days before becoming eligible for Medicare.

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.

The following steps should be taken in the order they appear:

- Call the Social Security Administration office at (800) 772-1213 to make an appointment for an interview, which can be done by phone or in-person.
- When you and/or your spouse's/registered partner's enrollment in Medicare Parts A and B are confirmed, send a copy of your Medicare card(s) to the *EIX Benefits Connection* (instructions for sending documents can be found on page 4).
- Contact an *EIX Benefits Connection* representative at (866) 693-4947 to make your retiree health care elections and request a waiver of the 21-day Medicare prescription drug plan waiting period. See pages 7 and 8 in this guide for information on retiree health options.

(continued)

WHAT ACTION IS REQUIRED? (CONTINUED)

Additional steps if you and/or your covered spouse/registered partner choose to enroll in a Medicare Advantage Plan (MAP)¹:

- Prior to enrolling in a MAP, check with your and/or your spouse's/registered partner's health care provider(s) to ensure your provider participates in the MAP.
- If you are enrolling in a MAP plan, your Medicare information on file will be submitted electronically to the medical plan provider. The medical plan will not accept enrollment in a MAP unless you are already enrolled in Medicare Parts A and B.
- Contact an *EIX Benefits Connection* representative at (866) 693-4947 to confirm your new coverage effective date(s), when to expect ID cards and discuss how the billing process works.

¹ If you are currently enrolled in an HMO medical plan, the MAP's geographic service area and participating providers may differ from your current plan.

How to send documents and/or forms to the *EIX Benefits Connection*:

- Via the *EIX Benefits Connection* website, eixbenefits.com, select "Upload Documents" from the top of any page to submit electronically.
- Fax: (855) 818-3246.
- Regular Mail: *EIX Benefits Connection*, P.O. Box 18001, Norfolk, VA 23501-1812.
- Overnight Mail: *EIX Benefits Connection*, 1434 Crossways Blvd., Chesapeake, VA 23320.

To inquire about the status of documents and/or forms submitted, contact the *EIX Benefits Connection* (see "If You Have Questions" on page 11 for contact information).

AN OVERVIEW OF MEDICARE

Edison's retiree health care medical and prescription drug plans are designed to work in coordination with Medicare.

MEDICARE CONSISTS OF THREE PARTS

Parts A and B together are known as "Original Medicare."

- 1. Part A (Hospital Insurance)** pays a benefit for inpatient care in hospitals and skilled nursing facilities. Part A also provides coverage for hospice care and home health care.

If you and/or your covered spouse/registered partner are age 65 or older when you retire (or are within three months of reaching age 65), you need to enroll in Part A if you are not already receiving Social Security. In most cases, there is no premium for Part A.

- 2. Part B (Medical Insurance)** pays a benefit for doctor's office visits and certain other outpatient care not covered by Part A.

When you retire, you must enroll in Part B and pay a monthly premium to be covered under any of Edison's retiree medical plans. You can enroll in Medicare Part B at the following times:

- Between three months before and three months after you turn age 65.
- When your active employee coverage ends and you are age 65 or older (you generally have an eight-month special enrollment period following your termination of employment).
- On the two-year anniversary of the date your Social Security disability benefits were approved.

- 3. Part D (Prescription Drug)** pays a benefit for prescription drugs.

When you enroll in one of Edison's retiree medical plans, you and/or your covered spouse/registered partner will be **automatically** enrolled in our prescription drug coverage. You should **not** enroll in an individual Medicare Part D plan, as this may result in the cancellation of your retiree health care coverage.

You may see a difference in generic drug costs when you move from Express Scripts to Express Scripts Medicare (i.e., pre-Medicare to Medicare-eligible), which may be lower or higher. The difference in cost is because Express Scripts Medicare has a different drug list and pricing than its pre-Medicare counterpart, Express Scripts. In any case, you will pay no more than your Edison coinsurance or copayment. In addition, clinical programs may vary between Express Scripts and Express Scripts Medicare.

INCOME-RELATED MONTHLY ADJUSTMENT AMOUNT (IRMAA)

Please be aware that if you have higher income (thresholds established annually), the law requires an adjustment to your monthly Medicare Part B and Part D premiums. Higher-income beneficiaries pay higher premiums for Part B and Part D. This affects less than five percent of people with Medicare, so most people don't pay a higher premium. If you are enrolled in one of our Medicare Advantage or Medicare-coordinated plans and 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 by sending a copy (retain the original for your records) of your Social Security statement to the *EIX Benefits Connection* and indicating you are requesting your Part D IRMAA reimbursement.

If you are eligible for an IRMAA reimbursement, you must submit your reimbursement request by Dec. 31 of current plan year. Requests for reimbursement can only be made for the current and previous year's coverage. Only IRMAA reimbursement claims submitted for current 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.)

Separate Enrollment and ID Cards

Upon becoming eligible for Medicare, you and any covered spouse/registered partner will need to individually enroll in Medicare Parts A and B. You will each receive your own ID card from Medicare.

RETIREE HEALTH CARE MEDICAL PLAN OPTIONS (MEDICARE-ELIGIBLE ONLY)

When you and/or your spouse/registered partner are eligible for Medicare and enroll in Parts A and B, there are two different types of retiree health care plan options that are available:

- 1. Medicare-Coordinated Plans** where you retain Medicare as separate medical insurance coverage. Medicare pays benefits first and Edison's plans pick up all, or a portion of, the costs left over after Medicare pays.
 - 2. Medicare Advantage Plans (MAP)** where you assign your Medicare coverage to one of Edison's medical plans, who then manages all your medical care.
- Regardless of the type of medical plan option you enroll in, prescription drug coverage is automatically included.** Prescription drug benefits are provided through Express Scripts Medicare (administered by Express Scripts) for all plans other than Kaiser Permanente. For Kaiser Permanente medical plans, prescription drug benefits are provided through Kaiser Permanente.

Important Reminders

- **A Medicare Number is required to enroll.** The number is shown on your Medicare ID card. (See page 10 for a sample Medicare ID card image.)
- **Child dependents are not eligible** for Edison Medicare medical plan options, even if they are enrolled in Medicare Parts A and B. Instead, your eligible dependent child can continue to be covered in one of the non-Medicare options. Refer to page 9 for additional information on plan options available when one individual is eligible for Medicare and one is not.
- **Social Security number (SSN) requirement.** You are required by federal law to provide an SSN for all dependents over age one who are enrolled in a health plan. If adding a newborn child during the year as a result of qualified life event, an SSN must be provided prior to the child reaching age one.

MEDICAL AND PRESCRIPTION DRUG PLAN OPTIONS

Edison medical plan options vary by geographic location. When you contact the *EIX Benefits Connection* to make your elections, a representative will explain the options available to you.

Medicare Medical and Prescription Drug Plan Options — *only for those who are eligible for Medicare.*

Medicare-Coordinated Plans	Medicare Advantage Plans (MAP)
<ul style="list-style-type: none"> Aetna 90/70 PPO Medicare Coordinated Plan 	<ul style="list-style-type: none"> Aetna HMO MAP Aetna PPO MAP Kaiser Permanente Senior Advantage MAP
Prescription Drug Plans	
<ul style="list-style-type: none"> Express Scripts Medicare (for all plans other than Kaiser Permanente) Kaiser Permanente 	

Pre-Medicare Medical and Prescription Drug Plan Options — *only for those who are not eligible for Medicare.*

Preferred Provider Organization (PPO)	Exclusive Provider Organization (EPO)
<ul style="list-style-type: none"> Aetna 90/70 PPO 	<ul style="list-style-type: none"> Aetna Nationwide EPO Kaiser Permanente EPO
Prescription Drug Plans	
<ul style="list-style-type: none"> Express Scripts (for all plans other than Kaiser Permanente) Kaiser Permanente 	

OTHER RESOURCES AVAILABLE ON [EIXBENEFITS.COM](https://www.eixbenefits.com)

- Retiree Health Plans Comparison:** Provides a side-by-side comparison of our medical, dental and vision plan options, so you can quickly compare key features, such as deductibles, copayments and coinsurance. Click on **Library > Documents & Forms > Reference Materials > 2024 Health Plans Comparison**.
- Retiree Health Care Rates:** Estimate your rates for retiree health care. Rates provided are for planning purposes only as future year rates will vary. Click on **Library > Documents & Forms > Reference Materials > 2024 Retiree Health Care Rates**.

CAN YOU CHOOSE A DIFFERENT MEDICAL PLAN OPTION FOR YOURSELF AND YOUR SPOUSE/REGISTERED PARTNER?

No. You and any covered dependents must always enroll in a medical plan option through the same carrier.

- **If you and your spouse/registered partner are both eligible for Medicare**, you must both enroll in the same Medicare-coordinated or Medicare Advantage plan.
- **If you and your spouse/registered partner are not eligible for Medicare**, you must both enroll in the same pre-Medicare plan.
- **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. See chart below:

If retiree is Medicare-eligible and enrolls in:	Select from the following plans for pre-Medicare dependents:
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:
Kaiser Permanente EPO	Kaiser Permanente Senior Advantage MAP
Aetna Nationwide EPO	Aetna HMO MAP <i>(if available in geographic area)</i> Aetna PPO MAP Aetna 90/70 Medicare Coordinated Plan
Aetna PPO 90/70	Aetna HMO MAP <i>(if available in geographic area)</i> Aetna PPO MAP Aetna 90/70 Medicare Coordinated Plan

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.

WHAT IF MY DOCTOR OR PROVIDER DOES NOT ACCEPT MEDICARE ASSIGNMENT?

Most doctors, providers, and suppliers accept assignment, but you should always check to make sure. Participating Medicare providers have signed an agreement to accept assignment for all Medicare-covered services.

If your provider does not accept Medicare assignment, they may still submit the bill to Medicare for you. However, they can charge more than the Medicare allowed amount and ask you to pay the bill upfront. If a provider does not accept assignment and will not submit a bill, you must use a Medicare claim form to self-bill Medicare. Once Medicare pays its portion of the claim, the claim will be automatically forwarded to your medical plan for secondary payment.

Some providers have entirely opted-out of Medicare. Medicare will not reimburse any services from these providers, except in the case of an emergency or urgent need. You will likely have to pay their entire bill in advance.

To determine if your provider has opted out of Medicare, visit this Medicare site and enter your doctor or provider's information: <https://www.medicare.gov/forms-help-resources/find-providers-whove-opted-out-of-medicare>.

HOW DO YOU CONFIRM THAT YOU'RE ENROLLED IN MEDICARE PART B?

To confirm that you have Medicare Part B coverage, look at your Medicare ID card. If it doesn't show "Medical (Part B)," call the Social Security Administration office at (800) 772-1213 for more information about your Medicare eligibility and to enroll in Part B. Also, you can learn more about Medicare by visiting [medicare.gov](https://www.medicare.gov).

Note: If a Medicare-eligible retiree, survivor and/or spouse/registered partner does not enroll in Medicare Part B when first eligible, they may need to wait for the next Social Security Administration general enrollment period (January through March each year, with a subsequent coverage effective date of July 1). Additionally, they may be subject to Medicare Part B surcharges/penalties.

For assistance with questions concerning Medicare Part B, contact SSDC at (866) 587-1661.



WHAT HAPPENS AFTER YOU ELECT A 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.

WHAT HAPPENS WHEN YOUR SPOUSE/REGISTERED PARTNER BECOMES ELIGIBLE FOR MEDICARE?

If you are enrolled in a MAP when your spouse/registered partner becomes eligible for Medicare, you must enroll them in the same plan. Or, you could also choose to enroll both yourself and your spouse/registered partner in the same plan with another available medical plan carrier.

ARE YOU REQUIRED TO ENROLL IN OUR MEDICARE PART D PRESCRIPTION DRUG COVERAGE?

No. However, you are automatically enrolled in prescription drug coverage when you elect one of Edison's medical plans.

FOR WHAT REASON COULD YOU BE DECLINED COVERAGE?

You could be declined coverage if you are not enrolled in Medicare Parts A and B. You must be enrolled in both Medicare Parts A and B to be eligible for our retiree health care medical plans that coordinate with Medicare.

IF YOU HAVE QUESTIONS

The best place to find information about your retiree health care coverage and other benefits is on the *EIX Benefits Connection* website, eixbenefits.com.

You can also 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 detailed Medicare information, go to [medicare.gov](https://www.medicare.gov). An informative handbook can be found by selecting **Basics > Resources > "Medicare & You" handbook**.

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 90/70 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