

YOUR 2026 BENEFITS ENROLLMENT GUIDE

for Flex Retirees



**ANNUAL
ENROLLMENT**

Oct. 20 – Oct. 31, 2025



ABOUT THE 2026 ANNUAL ENROLLMENT

OCT. 20 – OCT. 31, 2025

Annual Enrollment is your opportunity to make changes to your benefit elections and/or your covered dependents for the next plan year. Take time to evaluate your current coverage, your benefit needs, 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. 20, 2025: Annual Enrollment for the 2026 plan year begins

Oct. 31, 2025: Last day to submit Annual Enrollment elections

Jan. 1, 2026: Effective date of most Annual Enrollment elections

HOW TO SUBMIT YOUR ELECTIONS

- Beginning on Monday, Oct. 20, 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, Oct. 31.

NEED HELP?

- **Read** through helpful reference materials and decision support tools available on *EIX Benefits Connection* — see page 15 for details.
- **Connect** with an *EIX Benefits Connection* representative. Visit eixbenefits.com to use the **Live Chat** feature, 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 2026 and should be reviewed and retained for future reference.

WHAT'S CHANGING IN 2026?

For a detailed side-by-side comparison of all medical, dental and vision plan options, refer to the 2026 Health Plans Comparison. Visit eixbenefits.com and click on **Resources > Info/Forms > About Your Benefits > Health & Welfare > 2026 Health Plans Comparison**. This helpful document can help you quickly compare key plan features, such as deductibles, copayments and coinsurance.

BENEFIT PLAN CHANGES

Express Scripts Member Savings Programs (for those enrolled in Aetna Pre-Medicare Plans only)

Beginning Jan. 1, 2026, members enrolled in Aetna pre-Medicare medical plans will have access to two new member savings programs offered through Express Scripts. These programs are designed to help members save on eligible prescriptions and maximize the value of your pharmacy benefits.

- **Patient Assurance Program:** This program is available to you if you take certain diabetes, cholesterol, and/or cardiovascular medications. You will pay the lesser of \$25 or 20% of the cost of medication per 30-day supply (e.g., you will pay the lesser of \$75 or 20% of the cost of the medication for a 90-day supply).

There is no need to sign up to participate in the program. The savings will automatically apply when you fill prescriptions for medications covered by the program. Only the amount you pay for medications under the program (after applying the savings under the program) will count toward your annual pharmacy out-of-pocket maximum.

- **SaveOnSP Program:** This program is designed to help members afford certain specialty medications used to treat chronic or complex conditions like cancer, multiple sclerosis, or rheumatoid arthritis. For this program, Express Scripts leverages drug manufacturers' copay assistance programs to reduce out-of-pocket costs for eligible medications to \$0. If you take a specialty medication that qualifies for SaveOnSP, you will be contacted by SaveOnSP before the end of the year to assist you with enrollment.

If you choose to enroll in SaveOnSP	If you choose NOT to enroll in SaveOnSP
<ul style="list-style-type: none"> ▪ Coinsurance for specialty medications covered by SaveOnSP will be reduced from 20% to \$0 ▪ You provide consent for SaveOnSP to monitor your pharmacy account 	<ul style="list-style-type: none"> ▪ Coinsurance for specialty medications covered by SaveOnSP increases from 20% to 30% ▪ Payment of the 30% coinsurance will not count toward your pharmacy annual out-of-pocket maximum

See pages 4 – 5 for more information about these programs.

2026 Monthly Premiums

- CalPERS, with its ~1.5 million health plan participants, including over 300K Medicare retirees, serves as a key indicator for our health care cost inflation. In July 2025, CalPERS announced overall premium increases for the 2026 plan year of 10.78% for Medicare plan premiums, and 7.76% for pre-Medicare plans.
- Premiums for most retiree cost groups for Edison pre-Medicare plans will increase by between 4.8% and 6.9% (i.e., less than the CalPERS overall premium increase for pre-Medicare plans). For certain pre-Medicare retiree cost groups in certain ZIP codes, some or all of their plan options will have premium increases greater than 8%.
- Premiums for most retiree cost groups for Edison Medicare plans will increase by between 4.8% and 9.8% (i.e., less than the CalPERS overall premium increase for Medicare plans). For certain Medicare retiree cost groups in certain ZIP codes, some of their plan options will have premium increases greater than 10%, but none of those plan options will increase by more than \$8.75 per month for retiree-only coverage, with one exception.
- Medical plan premium changes for 2026 will depend on factors such as your retiree cost group, the medical plans available, and associated costs in your home ZIP code.
- Premiums for the Cigna Dental Care (DHMO) will increase by an average of 5.1%.
- Premiums for the Delta Dental (DPO) plan will increase by an average of 3.5%.
- Premiums for the VSP vision plan will have a slight decrease.

View Your 2026 Monthly Premiums

To view your monthly premiums for 2026, access your 2026 Annual Enrollment event on *EIX Benefits Connection* (eixbenefits.com) or call (866) 693-4947 to speak to a representative. *EIX Benefits Connection* representatives are available Monday through Friday, 7:30 a.m. through 5:30 p.m., Pacific time, except holidays.

2026 BENEFITS CHANGES FAQs

Express Scripts Member Savings Programs (for those enrolled in Aetna Pre-Medicare Plans only)

Are these member savings programs open to anyone who uses Express Scripts?

These savings programs are only applicable to Express Scripts members who take certain medications.

The Patient Assurance Program is only available to members who take certain diabetes, cholesterol, and/or cardiovascular medications.

The SaveOnSP Program is only available to members who take certain specialty medications.

How does the Patient Assurance Program work?

The Patient Assurance Program is designed to make certain medications for patients managing chronic conditions like diabetes, high cholesterol, or cardiovascular disease more affordable.

Currently, if you take any of these medications, your coinsurance payment is 20%. For this program, Express Scripts makes the member's out-of-pocket cost no more than \$25 per 30-day supply. If 20% of the cost of medication is less than \$25, you will pay the lesser amount. If you get a 90-day supply, you will pay the lesser of \$75 or 20% of the cost of the medication. Only the amount you pay for medication under the program will count toward your annual pharmacy out-of-pocket maximum (discounts or amounts paid by pharmaceutical manufacturers will not count toward the pharmacy annual out-of-pocket maximum).

How do I enroll in the Patient Assurance Program?

There is no need to sign up to participate in the Patient Assurance Program. The savings will automatically apply when you fill your prescriptions for medications covered by the program.

How does SaveOnSP work?

SaveOnSP helps members afford certain specialty medications used to treat chronic or complex conditions like cancer, multiple sclerosis, or rheumatoid arthritis, etc.

Currently, if you take specialty medications, your coinsurance payment is 20%. For this program, Express Scripts leverages drug manufacturers' copay assistance programs to reduce out-of-pocket costs for eligible medications to \$0. If your prescription qualifies, you'll be contacted by SaveOnSP, Express Scripts, and/or Accredo (the Express Scripts specialty pharmacy) to enroll in the program. If you enroll in the program, you provide consent for SaveOnSP to monitor your pharmacy account.

It's important to note that if you do **not** enroll in the program, your prescription coinsurance **will increase from 20% to 30%** for specialty medications covered by the program.

Any coinsurance paid for your medications (by you — if you don't enroll in SaveOnSP — or by the manufacturer copay assistance program) will not apply toward your annual pharmacy out-of-pocket maximum.

How do I enroll in SaveOnSP?

If you currently take a medication that qualifies for SaveOnSP, the program will reach out to you directly before the end of the year to assist you with enrollment. You will be required to complete an enrollment form for each specialty manufacturer authorizing SaveOnSP to monitor your pharmacy account. You will need to re-enroll in the SaveOnSP program each year that you take specialty medications covered by the program to continue receiving its benefits.

Does it cost anything to participate in these programs?

There is no cost to the member to participate in either the Patient Assurance or SaveOnSP Programs.

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?

In general, you only need to take action during Annual Enrollment if you want to change plans or elect new coverage for you and your eligible dependents. If you do not take any action, your current coverage will continue next year. However, 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 2026.

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 IF YOU NEED TO CHANGE YOUR PLANS DURING 2026?

After your enrollment elections for 2026 are finalized, you will only be able to change plans for 2026 if you experience a qualified life event such as marriage. You will also be able to cancel coverage on a prospective basis during 2026. No other changes to your health plans will be permitted during 2026.



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.

You are **required** by federal law to provide the names and Social Security numbers (SSN) for all dependents over the age of one who are enrolled in an Edison health plan.

This information can also be found in the Dependent Eligibility Guidelines posted on eixbenefits.com at **Resources > Info/Forms > About Your Benefits > Health & Welfare > 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.

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 initials 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 SSN is blank, click on the **Add SSN** link, enter their correct SSN and click on **Save Changes**
- If you need to correct your dependent's SSN, click on the **Beneficiary Designations** tab and click on the edit icon next to your dependent's name in the list of Potential Beneficiaries



ARE YOU ADDING A DEPENDENT(S) TO COVERAGE?

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.

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.

ARE YOU (OR YOUR SPOUSE/ REGISTERED PARTNER) TURNING AGE 65 IN 2026?

- 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 (**Resources > Info/Forms > Medicare Information > You, Edison and Medicare**).

ARE YOU ELIGIBLE FOR MEDICARE?

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.

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.

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 (**Resources > Info/Forms > Medicare Information > You, Edison and Medicare**), and provided with the information you receive when you become eligible for Medicare.

ARE YOU ELIGIBLE FOR MEDICARE PART D INCOME-RELATED MONTHLY ADJUSTMENT AMOUNT (IRMAA) REIMBURSEMENT?

If you are enrolled in one of our Medicare plans and are required to pay a higher Part D-IRMAA premium, you can request reimbursement from the company for 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 Part D-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 2024 and 2025 will be reimbursed during the 2025 plan year. Any request for reimbursement of coverage prior to the 2024 plan year will not be processed.)

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.

IF YOU CHANGE YOUR PLAN, DO YOU HAVE TO INFORM MEDICARE?

No, each health plan has a process in place to notify Medicare. **Please note:** Although your change in coverage will be effective as of Jan. 1, 2026, it may take until the end of January 2026 for this notification to be processed. Please have your health care provider contact the health plan if they have any questions about your coverage.

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 **Resources > Contacts**. You will need to create login credentials for your plan's website if you have not previously done so.

Cigna DHMO only provides 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.



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 Benefits 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 initials in the upper right hand corner of the page to access your Profile. Click on the **Email** 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 7 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 your initials in the upper right-hand corner and select **View Profile**. If you need to update your address, click on **Edit Address** to update your information.

Even if you decide to remain with the same plan and coverage level in 2026, 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 2026.

Health Care Benefits

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

See the *2026 Health Plans Comparison* on the *EIX Benefits Connection* website, eixbenefits.com, at **Resources > Info/Forms > About Your Benefits > Health & Welfare > 2026 Health Plans Comparison**, for details about these benefits.

Contract Negotiations Between Aetna and Health Care Providers

Aetna has contracts with health care providers, hospitals, and health systems. These contracts have various end dates and are subject to renewal or non-renewal depending on the outcome of contract negotiations. These types of contract negotiations are a regular part of the health care industry and also occurred with our previous insurers (Blue Shield, United Healthcare, and HealthNet).

While these negotiations often result in a last-minute agreement, it is possible for contracts to expire, causing providers, hospitals, or health systems to no longer participate in the Aetna network.

Unfortunately, Edison cannot influence these negotiations.

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 Aetna HMO MAP and Kaiser Permanente EPO health plans are filed with the DMHC, if you have coverage from either of these plans 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 retirees 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.





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**.

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 **Resources > Info/Forms > About Your Benefits > Health & Welfare > 2026 Health Plans Comparison**.
- **Summary of Benefits and Coverage (SBC):** Each plan provides a standard summary of benefit coverage levels for the (pre-Medicare) medical and prescription drug plans we offer. Click on **Resources > Info/Forms > Health & Welfare 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 **Resources > Info/Forms > Summary Plan Descriptions (SPDs)/Your Benefits Handbook (YBH)**.
- **You, Edison and Medicare:** Provides an overview of Medicare and Edison's retiree health care plans. Click on **Resources > Info/Forms > 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 **Work/Life Events > Annual Enrollment > Benefit Election > Benefits Info > Compare Your Health Plans and 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, visit **Resources > Contacts**, then select the carrier's website.

Your Confirmation Statement

If you make benefit changes during Annual Enrollment and you have a personal email on file, a confirmation statement will be emailed to you after your elections are submitted. If you change your mind, you may submit new elections as many times as needed during the Annual Enrollment period, but only the elections in the system as of the close of Annual Enrollment on Oct. 31 will be processed.

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 2026 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 COBRA¹ if you voluntarily choose to discontinue benefits 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.

¹ Consolidated Omnibus Budget Reconciliation Act (COBRA) allows employees and their dependents to temporarily continue their employer-sponsored group health insurance coverage at their own expense after experiencing certain life events that would otherwise result in loss of coverage.



IF YOU HAVE ADDITIONAL QUESTIONS

CONTACT THE *EIX BENEFITS CONNECTION*

- **Through our website, eixbenefits.com:**
 - Use the **Live Chat or Message Us** feature to communicate in real-time with a representative; or
 - Submit a request through Conni to be connected to an agent.
- **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.



CONTACTS AND HELPFUL INFORMATION

	Plan Type	Plan Identifier on ID Card	Phone Number	Website
Active and 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)	https://choose.kaiserpermanente.org/edison
Active and Pre-Medicare Prescription Drug Coverage	Express Scripts — <i>for all Aetna plans</i>	—	(877) 620-6730	www.express-scripts.com/southern/californiaedison
	Kaiser Permanente EPO	—	(800) 533-1833 (So CA) (800) 663-1771 (No CA)	https://choose.kaiserpermanente.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) 943-5114	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) 943-5114	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	www.aetnaresource.com/n/EdisonMC
	Kaiser Permanente Senior Advantage MAP	—	(800) 443-0815	https://choose.kaiserpermanente.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	https://choose.kaiserpermanente.org/edison
Dental Plans	Cigna Dental Care DHMO	—	(800) 244-6224	http://legacy.cigna.com/edison
	Delta Dental PPO	—	(888) 335-8227	www.deltadentalins.com/edison
Vision Plan	Vision Service Plan	—	(800) 877-7195	www.vsp.com

- For assistance with Medicare enrollment or evaluating plans offered outside of Edison, contact SSDC (866) 587-1661.
- For assistance finding providers, understanding coverage, and resolving insurance issues, contact Health Advocate at (866) 695-8622 or visit healthadvocate.com/edison.

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.

