REVIEW THE FOLLOWING IMPORTANT ANNUAL ENROLLMENT INFORMATION

Annual Enrollment is your opportunity to change benefit elections, enroll in new benefits, and add or remove dependents from coverage for the 2026 plan year. Go to the *EIX Benefits Connection* website, <u>eixbenefits.com</u>, between **Oct. 20 and Oct. 31** to review the available resources and to enroll on the **Annual Enrollment** tile located on the homepage.

This letter summarizes our plan changes for 2026. You should also review other important information online (such as Your Benefits Enrollment Guide) for more details.

DO I NEED TO TAKE ACTION?

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.

Your Covered Dependents

To be sure that your covered dependents are still eligible for coverage, see our *Dependent Eligibility Guidelines* on eixbenefits.com under **Library** > **Plan Information** > **About Your Benefits**.

During your review, take a moment to review your current beneficiary designations (and their addresses) to ensure these are up to date.

It's also a good opportunity to review the Social Security number (SSN) on file for your dependents and update if necessary. You are **required** by federal law to provide the names and SSNs for all dependents over the age of one who are enrolled in an Edison health plan.

- 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**.

BENEFIT CHANGES EFFECTIVE JAN. 1, 2026

Express Scripts Member Savings Programs (for those enrolled in pre-Medicare Aetna 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
 Coinsurance for specialty medications covered by	 Coinsurance for specialty medications covered by
SaveOnSP will be reduced from 20% to \$0	SaveOnSP increases from 20% to 30%
 You provide consent for SaveOnSP to monitor your	 Payment of the 30% coinsurance will not count toward
pharmacy account	your annual pharmacy out-of-pocket maximum

See page 5 for additional information.

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 benefit costs 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.

ENROLLMENT RESOURCES

Some of the following resources are available now on <u>eixbenefits.com</u>, at **Library > Plan Information > About Your Benefits > Health & Welfare**. Starting Oct. 20, all of our tools and resources will be available online on the **Annual Enrollment** tile on the homepage.

Important Enrollment 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:

- 2026 Your Benefits Enrollment Guide: A summary of our health and welfare benefits, the enrollment process and other helpful information. This guide contains important information about your rights under the Edison benefit plans and should be read and retained for future reference. Click on Library > Plan Information > About Your Benefits > Health & Welfare > 2026 Annual Enrollment Guide.
- 2026 Health Plans Comparison: An overview of our medical, prescription drug, dental, and vision plans, including side-by-side comparisons of coverage details, such as deductibles, copays and coinsurance. Click on Library > Plan Information > About Your Benefits > Health & Welfare > 2026 Health Plans Comparison.
- Dependent Eligibility Guidelines: An overview of eligible dependents and what documentation must be
 provided when adding a new dependent or re-enrolling a previously covered dependent. Click on Library >
 Plan Information > About Your Benefits > Dependent Eligibility Guidelines.
- Summary of Benefits and Coverage (SBC): Each plan provides a standard summary of benefit coverage levels for the medical and prescription drug plans we offer. Click on Library > Plan Information > Plan Details.
- 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.
- 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.

Tools and Calculators

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

Compare Plans and Costs: A health plan evaluator tool that can help you choose the medical option that best
meets your needs by estimating your total out-of-pocket health care expenses. Click on Work/Life Events >
Annual Enrollment > Compare Your Health Plans and Costs.

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.

A final confirmation statement will be sent to your mailing address on file after Annual Enrollment ends. It will include instructions on how to make corrections to your coverage in the event there are any discrepancies.

MAKING CHANGES TO YOUR COVERAGE OUTSIDE OF ANNUAL ENROLLMENT

You can only make changes outside of Annual Enrollment if you experience a qualified life event, such as birth, marriage, etc. You have 30 days from the date of a qualified life event to report it to the *EIX Benefits Connection* and make eligible changes (60 days for birth/adoption events only). Changes typically take effect the date of the event, except for moves.

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 a First-time User.
- 3 Follow the prompts to request a registration key.
- Once you receive your registration key, log back on to <u>eixbenefits.com</u> 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.
- **6** Registration keys are only valid for a limited time, so you are highly encouraged to log on to <u>eixbenefits.com</u> to re-register a User ID and Passcode as soon as you receive it.

The registration process outlined above only applies to the <u>eixbenefits.com</u> 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

Starting Oct. 20, *EIX Benefits Connection* representatives will be available to assist you with your questions about Annual Enrollment. There are three ways you can contact them:

- Use the website's Chat Online feature to communicate in real-time with a representative,
- Use the website's **Contact Us** feature to send an online inquiry to a representative, or
- **Call** (866) 693-4947. Please be aware that there may be extended wait times during Annual Enrollment. Representatives are available Monday through Friday, 7:30 a.m. to 5:30 p.m., Pacific time, except holidays.

IMPORTANT QUESTIONS AND ANSWERS

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

1. 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.

2. 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).

3. 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.

4. 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.

5. 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.

6. 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.