

REVIEW THE FOLLOWING IMPORTANT ANNUAL ENROLLMENT INFORMATION

Annual Enrollment is your opportunity to change benefit elections, enroll in benefits, and add or remove dependents from coverage for the 2027 plan year. Go to the *EIX Benefits Connection* website, eixbenefits.com, between **Oct. 19 and Oct. 30** to review the available resources and to enroll on the **Annual Enrollment** banner located on the homepage.

This letter summarizes our plan changes for 2027. You should also review other important information online (such as the 2027 Annual 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 2027.

Your Covered Dependents

To be sure that your covered dependents are still eligible for coverage, see our *Dependent Eligibility Guidelines* on eixbenefits.com under **Resources > Info/Forms > 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 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.

BENEFIT CHANGES EFFECTIVE JAN. 1, 2027

Express Scripts Drug Safety Management Programs

Applies only to members enrolled in an Aetna medical plan

Beginning Jan. 1, 2027, Express Scripts will expand prior authorization and drug quantity management requirements to some additional medications. These requirements are designed to support safe and appropriate medication use based on applicable Food and Drug Administration (FDA) and other clinical guidelines. If you or a dependent are taking a medication newly subject to these requirements, Express Scripts mailed a notification letter to you earlier in October. If you received a letter earlier this month from Express Scripts with an important coverage update, review it carefully and contact your prescribing doctor so that any required action can be completed before Jan. 1, 2027. Express Scripts will send a reminder letter in November. Please note that Express Scripts is a part of Evernorth Health Services, and the letters may use Evernorth letterhead or otherwise reference Evernorth.

See "Important Questions and Answers" on page 6 for additional information about these drug safety management programs.

2027 Monthly Premiums

- According to market surveys, the average cost of employer-sponsored health plans is projected to increase by 6.7% to 9.5% in 2027.
- Premiums for Edison pre-Medicare and Medicare plans will increase by 5.51% to 5.55% for 2027. These premium increases are below the market average.
- Medical plan premium changes for 2027 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 6%.
- Premiums for the Delta Dental (PPO) plan will increase by an average of 1.1%.
- Premiums for the VSP vision plan will have a slight decrease.

To view your benefit costs for 2027, access your 2027 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.

Compare Your Options

For a detailed side-by-side comparison of all medical, dental, and vision plan options, refer to the 2027 Health Plans Comparison. Visit eixbenefits.com and click on **Resources > About Your Benefits > Health & Welfare > 2027 Health Plans Comparison**. This helpful document can help you compare key plan features, such as deductibles, copayments and coinsurance.

ENROLLMENT RESOURCES

Some of the following resources are available now on eixbenefits.com, at **Resources > Info/Forms > About Your Benefits > Health & Welfare**. Starting Oct. 19, all of our tools and resources will be available online on the **Annual Enrollment** banner 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:

- **2027 Annual 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 **Resources > Info/Forms > About Your Benefits > Health & Welfare > 2027 Annual Enrollment Guide**.
- **2027 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 **Resources > Info/Forms > About Your Benefits > Health & Welfare > 2027 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 **Resources > Info/Forms > 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 **Resources > Info/Forms > Health & Welfare Plan Details**.
- **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**.
- **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)**.

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, eixbenefits.com:

- **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. 30 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:

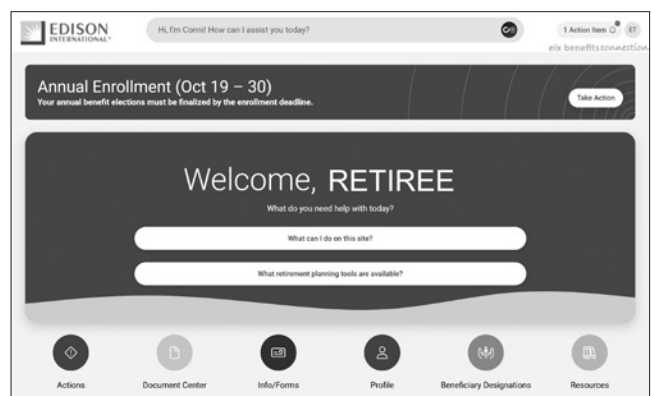
- 1 Log into eixbenefits.com.
- 2 Select **Register as a First-time User**.
- 3 Follow the prompts to request a registration key.
- 4 Once you receive your registration key, log back on to eixbenefits.com and follow the online instructions to create your User ID and Passcode. You will also be able to 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 applies to 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.

MAKING YOUR ANNUAL ENROLLMENT ELECTIONS ONLINE

To make your elections for the 2027 plan year, log into the *EIX Benefits Connection* and follow these steps:

- 1 Look for the Annual Enrollment banner at the top of the screen, then click on the **Take Action** button.
- 2 You will be redirected to a Work/Life Events page for the Annual Enrollment event. Click on the **Make Elections** button to advance to the next page.
- 3 To review the costs for the various benefit coverages, click on the **Benefits Options & Costs** button.
- 4 To review your covered dependents, click on the **Add/View Family Members** button. Click on the **Add New** button if you need to add a new dependent.
- 5 Once you are ready to make your elections, click **Expand All** to see your current elections. Click on **Change** to update your election.
- 6 Once you have submitted your elections, you can choose to print a copy of your confirmation statement.
- 7 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. 30 will be processed.



Enroll on the Go: Complete Annual Enrollment on Your Mobile Device

Remember, you can conveniently access *EIX Benefits Connection* from your mobile device with the Life@Work app. The Life@Work app has the same great features as the *EIX Benefits Connection* website, including the ability to make your Annual Enrollment elections.

Note: You must have a username and password registered on eixbenefits.com before you can register on the app.

To get started:

- **Download** the **Life@Work** app from the App Store or Google Play.
- **Log in** with company code **SCE03**.
- **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 **Website** tab on the app home screen to access the *EIX Benefits Connection* website, then click on the Annual Enrollment banner to make your elections.

Did you know?

The Life@Work mobile app can only be registered to one device at a time.

If you previously registered the app but have since upgraded or changed your device, call *EIX Benefits Connection* at (866) 693-4947 to request that your previous device is unregistered from your account. After the representative deletes the mobile device from your account, you can register a new device or re-register an existing one.

If You Have Questions

Starting Oct. 19, *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 **Live Chat** feature to communicate in real-time with a representative,
- Submit a request through Conni to be connected to an agent, 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 Drug Safety Management Programs

Applies only to members enrolled in an Aetna medical plan

Prior Authorization Expansion

1. What is changing with prior authorization in 2027?

Prior authorization is already required for certain medications under the Express Scripts prescription drug plan (which is provided to enrollees in Edison's Aetna plans). Beginning Jan. 1, 2027, the requirement will expand to some additional medications. If you take one of those medications, your doctor may need to provide information to Express Scripts to confirm that the medication meets coverage rules for your condition that are based on Food and Drug Administration (FDA) and other clinical guidelines for safety and effectiveness.

2. How will I know if my medication is affected?

Express Scripts mailed notification letters in early October to members taking medications that will require a coverage review. If you received one of these letters from Express Scripts, you will see that it identifies the medication(s) you take that require a coverage review. Express Scripts will send a reminder letter in November. Please note that Express Scripts is a part of Evernorth Health Services, and the letters may use Evernorth letterhead or otherwise reference Evernorth.

3. If I take a medication that requires prior authorization, what do I need to do?

The Express Scripts letters discussed in the Q&A above will explain any action you may need to take. Review the letter carefully and contact your prescribing doctor.

Your doctor can contact Express Scripts at esrx.com/PA or (800) 417-1764 to submit a prior authorization request.

4. Will my medication still be covered if it requires prior authorization?

If the prior authorization is approved, your medication will be covered in accordance with the terms of the plan, and your normal prescription drug cost-sharing will apply.

5. What happens if my prior authorization request is denied?

If a prior authorization request is denied, you may request an exception or file an appeal through Express Scripts. You and your doctor can also discuss other covered treatment options.

6. Does the prior authorization expansion apply to Kaiser Permanente members?

No. The Express Scripts prior authorization expansion applies only to members enrolled in an Aetna medical plan.

Kaiser Permanente manages its own prescription drug coverage and medication review process for its members.

Drug Quantity Management

1. *What is changing with drug quantity management in 2027?*

Drug quantity management already applies to certain medications under the Express Scripts prescription drug plan. Beginning Jan. 1, 2027, Express Scripts will apply quantity limits to some additional medications based on FDA-approved dosing guidelines. The program is designed to support safe and appropriate medication use by aligning the quantity covered with applicable dosing guidelines.

This change applies only to medications subject to these quantity limits.

2. *How will I know if my medication is affected?*

Express Scripts mailed notification letters in early October to members taking medications in quantities above the drug quantity management limit. If you received one of these letters from Express Scripts, you will see that it identifies the medication(s) you take that are subject to the quantity limit and any action you may need to take. Express Scripts will send a reminder letter in November. Please note that Express Scripts is a part of Evernorth Health Services, and the letters may use Evernorth letterhead or otherwise reference Evernorth.

3. *Does a quantity limit mean I will have to take less medication than my doctor prescribed?*

If your doctor determines that a quantity above the standard limit is medically appropriate for you, your doctor can submit an exception request to Express Scripts.

If the exception is approved, the higher quantity will be covered in accordance with the terms of the plan.

4. *What should I do if I receive a notification from Express Scripts?*

Review the notification carefully and contact your prescribing doctor. Your doctor can determine whether your prescription needs to change or whether an exception request should be submitted to Express Scripts.

5. *What happens if my exception request is denied?*

If an exception request is denied, you may appeal the decision through Express Scripts' standard appeals process. You and your doctor can also discuss other covered options.