

# 2024 BENEFITS ENROLLMENT

## 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 as needed. Go to the *EIX Benefits Connection* website, [eixbenefits.com](https://eixbenefits.com), between **Oct. 23 and Nov. 3** to review the available resources and to enroll on the **Annual Enrollment** tile located on the homepage.

This letter summarizes our plan changes for 2024. You should also review other important information online (such as Your Benefits Enrollment Guide) for more details.

### DO I NEED TO TAKE ACTION?

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

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

#### *Your Covered Dependents*

To be sure that your covered dependents are still eligible for coverage, see our *Dependent Eligibility Guidelines* on [eixbenefits.com](https://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 on file for your dependents and update if necessary.

- Log in to [eixbenefits.com](https://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 JANUARY 1, 2024

### Medical Plan Options

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

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

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

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

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

\* *Italicized text indicates Aetna plan names.*

### Medical Plan Copayments and Out-of-Pocket Costs

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

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

### *Delta Dental Plan Deductibles and Increased Annual Limit*

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

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

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

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

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

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

### *Coverage as a Retiree and Dependent*

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

### *2024 Monthly Premiums*

Costs for:

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

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

## ENROLLMENT RESOURCES

Some of the following resources are available now on [eixbenefits.com](http://eixbenefits.com), at **Library > Documents & Forms > Reference Materials**. Starting Oct. 23, all of our tools and resources will be available online on the **Annual Enrollment** tile on the homepage. You can also refer to the enclosed Transition Guide for more information about transitioning to one of the new Aetna plans.

### *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](http://eixbenefits.com):

- **2024 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 > Documents & Forms > Reference Materials**.
- **2024 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 > Documents & Forms > Reference Materials**.
- **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 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, [eixbenefits.com](http://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 **Health > Health & Welfare > More > Tools > Compare Plans/Calculate Costs**.

## CONFIRMATION STATEMENT

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:

- ❶ Log into [eixbenefits.com](https://eixbenefits.com).
- ❷ Select **Register as a First-time User**.
- ❸ Follow the prompts to request a registration key (sent by U.S. mail or emailed to your corporate Edison email address).
- ❹ Once you receive your registration key, log back on to [eixbenefits.com](https://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.
- ❺ Registration keys are only valid for a limited time, so you are highly encouraged to log on to [eixbenefits.com](https://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](https://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.

### *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](https://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 your Edison email address or 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 **Benefits Website** tab on the app Home screen, then click on the Annual Enrollment tile to make your elections.

## *If You Have Questions*

Starting Oct. 23, *EIX Benefits Connection* representatives will be available to assist you with your questions about Annual Enrollment. There are three ways you can contact them:

- Using the website's **Chat Online** feature to communicate in real-time with a representative,
- Using the website's **Contact Us** feature to send an online inquiry to a representative, or
- **By phone** at (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**

### *Medical Plan Lineup*

#### **1. What medical plan options will be available starting in 2024?**

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

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

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

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

About the medical plan types:

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

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

If you and a covered spouse/registered partner are a combination of Medicare-eligible and pre-Medicare, you must enroll in medical plans with the same carrier.

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

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

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

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

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

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

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

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

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

## *Express Scripts Formulary*

### **1. What is the purpose of having a closed formulary?**

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

### **2. How can I find out what drugs are on the formulary?**

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

### **3. How often will the drugs on the formulary be reviewed/updated?**

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

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

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

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

## *Delta Dental Plan*

### **1. How does the new in-network deductible for the Delta Dental PPO Plan work?**

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

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

### **2. Are there any Delta Dental services to which the deductible does not apply?**

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

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

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



**4. Do I need to inform my dentist of the change?**

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

*Coverage as a Retiree and Dependent*

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

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

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

**2. Are there advantages to covering each other?**

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