November 2019

Dear Retiree:

Open enrollment for 2020 health-care benefits available to you under the Con Edison Retiree Health Program (Program) for Orange & Rockland Retirees will run from Monday, November 18th through Friday, November 29. Please review the enclosed material carefully and follow instructions below if you wish to make any health-care benefit changes for 2020. If you do not wish to make any changes, no action is necessary for 2020.

2020 Open Enrollment

As you are aware, there have not been significant deductible, copayment or annual out of pocket changes to the health care plans for several years, however, rising medical costs above general inflation have required higher contributions by the Company toward the cost of retiree healthcare coverage. In 2020 you will see minor changes to prescription copayments and deductibles. You will also see some small increases with regard to the retiree contributions that both Union and Management retirees contribute each month toward the cost of the healthcare coverage. Over age, 65 Union retirees who retired between 2010 and 2014 will begin to pay for retiree healthcare coverage starting in 2020. Additional information contained in this package provides:

- A Benefit Highlights chart of the Retiree Health Program provisions including co-payment and deductible information for 2020 for Under age 65 and Over Age 65 retirees. Please note minor changes to prescription plan deductibles and copayments.
- Information regarding the Health Insurance Marketplace for non-Medicare eligible retirees
- Required notice about the Programs’ coverage for reconstructive surgery following Mastectomy
- Notice of Privacy Practices Reminder
- SilverScript Facts-Tips
- Information regarding access to your 2019 – 1099-R forms
- Dependent Certification for student dependents age 19-23

If you wish to change your retiree health coverage for 2020, please call O&R Employee Benefits at (800) 577-9527 and request a Health Benefits Enrollment/Change Form available on the O&R Retiree’s new website at www.retirees.oru.com.
What You Can Do to Help Keep Program Costs Down
You can continue to be effective health-care service consumers by following some of these suggestions:

- If you are not yet eligible for Medicare, you may use participating Cigna medical providers; it costs you and the company less for use of network providers;

- Request generic drugs and use the mail-order prescription service whenever possible

- Prescription drug costs depend on where you fill your prescription. Enclosed is a guide with some facts and tips on how to get the most value from the prescription drug program if enrolled in CVS Health/SilverScript. In general, you will pay less for:
  
  o Generic versus brand name prescription drugs
  o Maintenance medications (90-day supply) supplied through the mail order service program and sent to your home or picked-up at a CVS Health or Target retail pharmacy; and
  o Prescription drugs you receive through a retail pharmacy in the CVS Health network or SilverScript network pharmacies for Medicare eligible participants

In some cases, pre-authorization for certain medications are needed and your medical professionals can work with CVS Health or SilverScript directly to obtain the necessary approvals.

Increase Your Savings on Select CVS Health Brand Items
If you are enrolled in CVS Health, prescription drug coverage provides you with a CVS Health ExtraCare Health card. You can use this card to receive discounts of up to 20% on select over-the-counter CVS Health brand items, such as ibuprofen, nasal decongestants, and more. If you are enrolled and do not have a card, call CVS Health at (1-800-601-6364) to request one.

Health Care for Medicare Eligible Participants
If you or your covered dependents become eligible for Medicare at 65 or earlier, Medicare becomes your primary health-care provider and the Con Edison Retiree Health Program for O&R Retirees becomes secondary. Once you or your covered dependents become Medicare eligible at age 65 or earlier, contact Medicare to obtain a Medicare card (reflecting Part A and B coverage) and provide a copy of that Medicare card to the O&R Benefit Service Center, either by mail (O&R, One Blue Hill Plaza, 4th Floor Benefits, Pearl River, NY 10965) or by email, ORbenefits@oru.com.
Prescription Drug Plan for Medicare Eligible Participants

The Retiree Prescription Drug Plan ("Plan") coordinates with a Medicare Part D prescription drug program. Retirees/dependents who are enrolled in CVS Health and are eligible for Medicare age 65 or earlier will have their coverage administered by the Medicare Part D prescription drug plan provider, SilverScript insurance company, an affiliate of CVS Health. The Plan administered by SilverScript provides the same prescription drug benefits to Medicare eligible participants as the Plan administered by CVS Heath for non-Medicare eligible participants. In addition to using the SilverScript pharmacy network, Medicare eligible participants can obtain prescriptions at any CVS Health retail or preferred network pharmacy. If you obtain prescription through mail, you need to send the prescriptions to the SilverScript mail order pharmacy or fill your prescriptions at a CVS Health retail or network pharmacy or a Target retail pharmacy to obtain mail order pricing.

By now, you should have received information directly from SilverScript with regard to a summary of the plan for 2020 and how your prescription drug plan coordinates with Medicare Part D. SilverScript is required to send you this information about the Medicare Part D portion of your coverage every year.

You do not have to take any action during this open enrollment period to become enrolled in the over age 65 prescription plan with O&R unless you had previously elected to waive this coverage. You will be automatically enrolled with SilverScript at the time you and/or your dependents reach age 65 however, you must forward a copy of your Medicare card to employee benefits at O&R in order for that enrollment to become effective.

It is important to note that you may only be enrolled in one Medicare Part D prescription drug program. As such, if you are eligible for a similar program through your spouse’s coverage, you must make a choice between the two programs. If you elect to waive the SilverScript program with O&R, you will also be waiving your medical coverage. You are however, eligible to return to the O&R plan should you experience a qualifying event or during any open enrollment period in the future provided you had been covered under another employer’s group health and not an individual policy.

Medicare Eligibility

If you become eligible for Medicare prior to age 65, you must notify O&R Employee Benefits immediately to avoid disruption to your benefit programs, as your benefit plans will need to be updated to coordinate with Medicare.

Dependent Student Certification

Retirees that cover children between the ages of 19 and 23 must complete a Student Dependent Eligibility Form which is enclosed. If a Student Dependent Eligibility form is not received for any child between age 19 and 23, coverage will be terminated effective January 1, 2020 and you will not be eligible to re-enroll the child again until 2021. Any questions related to your coverage can be directed to the O&R employee benefit staff at (800) 577-9527.
Retiree Contributions for Hourly Retirees
Over age 65 retirees 2010 to 2014 will have a healthcare contribution for the first time beginning in January 2020 and Under age 65 retirees who retired in 2015 and after will see an increase to their monthly contribution rates as follows:

<table>
<thead>
<tr>
<th>Age Group</th>
<th>Retiree - $5</th>
<th>Retiree +1 - $10</th>
<th>Family - $15</th>
</tr>
</thead>
<tbody>
<tr>
<td>Over Age 65 2010-2014</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Over Age 65 2015 &amp; After</td>
<td>$60</td>
<td>$120</td>
<td>$145</td>
</tr>
<tr>
<td>Under Age 65 2015 &amp; After</td>
<td>$245</td>
<td>$430</td>
<td>$610</td>
</tr>
</tbody>
</table>

Retiree Contributions for Management Retirees:
Retiree contribution rates for management retirees for both over and under age 65 are noted in the attached contribution sheet.

If you are not making any changes to your benefits for 2020, or are not required to certify dependents for 2020, you do not need to return any forms or take any other action to remain covered under the Retiree Health Plans.

Health Insurance Marketplace Alternative for Retirees Not Eligible for Medicare
In 2020, you can choose to obtain qualified health-care coverage through Con Edison’s Retiree Health Program for O&R retirees, your spouse’s employer plan (if available), or the Health Insurance Marketplace created as part of health-care reform.

If you or your dependents are not yet eligible for Medicare, we encourage you to explore and research all health-care coverage opportunities available to you. This will enable you to make an informed decision when choosing health insurance coverage that best meets your family’s needs and budget. Regardless of which state you live in, you’ll be able to compare your health insurance options in the Health Insurance Marketplace by visiting their website at www.HealthCare.gov.

To change your retiree health-care coverage from the Con Edison Retiree Health Program for Orange & Rockland Utilities, Inc. retirees (O&R retirees), to a program offered through the Health Insurance Marketplace or elsewhere, call O&R Employee Benefits at (800) 577-9527 and request that your retiree health coverage be discontinued as of December 31, 2019.

Important Reminder: If you choose not to participate in the Con Edison Retiree Health Program for O&R retirees in 2020, you will not be eligible to participate in the Program going forward, unless, during the interim period, you (or your spouse) are covered under another employer’s group health plan (not an individual policy) either through another insurance provider, or at a minimum a platinum level plan purchased in the Health Insurance Marketplace.
Coverage Provided For Reconstructive Surgery Following Mastectomy

The Women's Health and Cancer Rights Act of 1998, a federal law, requires group health care plans to provide coverage for reconstructive surgery and prostheses following mastectomies and to notify covered participants each year of available benefits.

Under the Program, benefits for a medically necessary mastectomy include:

- Reconstruction of the breast on which the mastectomy has been performed
- Surgery and reconstruction of the other breast to produce a symmetrical appearance
- Treatment of physical complications of all stages of mastectomy, including lymphedemas.

This coverage must be provided in consultation with the attending physician and the patient and is subject to the same annual deductibles and coinsurance provisions that apply for the mastectomy.

If you have any questions about coverage for mastectomies and reconstructive surgery or other covered benefits, call CIGNA at 1-800-244-6244. For all other questions regarding open enrollment or any other benefit related issues, please contact O&R Employee Benefits at 1-800-577-9527, Monday through Friday from 8:00 a.m. to 4:30 p.m.

Sincerely,

[Signature]

Hector Reyes
Director
Benefits

This letter serves as a summary of material modifications (SMM) and notice of terms to participants required by federal law. The changes described in this message are also subject to any plan documents, including any contracts between Con Edison and the firms that insure and/or administer the plans. In the event of any conflict between this message and any plan documents, the plan documents will prevail.

The information in this letter does not alter the company’s right to change or terminate the Program at any time due to changes in laws governing employee benefit plans, the requirements of the Internal Revenue Code, Employee Retirement Income Security Act or for any other reason.
<table>
<thead>
<tr>
<th>Retirement Year</th>
<th>Single</th>
<th>Single+1</th>
<th>Family</th>
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<td>$104.00</td>
<td>$200.00</td>
<td>$300.00</td>
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<tr>
<td>2009</td>
<td>$145.00</td>
<td>$280.00</td>
<td>$385.00</td>
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<tr>
<td>2010</td>
<td>$145.00</td>
<td>$280.00</td>
<td>$385.00</td>
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<tr>
<td>2011</td>
<td>$150.00</td>
<td>$295.00</td>
<td>$435.00</td>
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<tr>
<td>2012</td>
<td>$170.00</td>
<td>$340.00</td>
<td>$490.00</td>
</tr>
<tr>
<td>2013-2017</td>
<td>$250.00</td>
<td>$470.00</td>
<td>$710.00</td>
</tr>
<tr>
<td>2018-2019</td>
<td>$275.00</td>
<td>$520.00</td>
<td>$770.00</td>
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<table>
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<tr>
<th>Retirement Year</th>
<th>Single</th>
<th>Single+1</th>
<th>Family</th>
</tr>
</thead>
<tbody>
<tr>
<td>Before 1/1/2015</td>
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<td>$25.00</td>
<td>$40.00</td>
</tr>
<tr>
<td>2015-2018</td>
<td>$30.00</td>
<td>$60.00</td>
<td>$90.00</td>
</tr>
<tr>
<td>2019</td>
<td>$60.00</td>
<td>$120.00</td>
<td>$145.00</td>
</tr>
</tbody>
</table>
November, 2019

Dear Retiree,

As a retiree covered under one of the health plans offered by Consolidated Edison Company of New York, Inc. and Orange and Rockland Utilities, Inc., we are required to notify you of the privacy practices that will be followed by the companies and the health plans under the Health Insurance Portability and Accountability Act of 1996 (HIPAA) to protect your personal health information (PHI). Privacy practices to protect your PHI went into effect on April 14, 2003 and continue to date.

The United States Department of Health and Human Services has issued final rules to implement statutory amendments under the Health Information Technology for Economic and Clinical Health (HITECH) and privacy protections for genetic information under the Genetic Information Nondiscrimination Act of 2008 (GINA).

Under the law and privacy practices, we have the responsibility to protect the privacy of your PHI by:

- Limiting who may see your PHI
- Limiting how we may use or disclose your PHI
- Explaining our legal duties and privacy practices
- Adhering to these privacy practices
- Informing you of your legal rights

The attached Notice of Privacy Practices describes how we will comply with the law and your legal rights. If you have any questions or would like a printed version of this Notice, you may contact the HR Service Center at 1-800-582-5056.

Sincerely,

[Signature]

Hector J. Reyes
Director, Employee Benefits
NOTICE OF PRIVACY PRACTICES
This Notice Describes How Medical Information About
You May Be Used And Disclosed
And How You Can Get Access To This Information.
Please Review It Carefully.
These Practices Went Into Effect On April 14, 2003

The Health Plan Program sponsored by Consolidated Edison Company of New York,
Inc. (CECONY) and Orange and Rockland Utilities, Inc. (O&R) are administered under
the Consolidated Edison Organized Health Care Arrangement (Health Care
Arrangement). Throughout this Notice, each separate plan covered by the Health Care
Arrangement is referred to as a Plan Option. The complete list of health plan options is
available upon request.

The Health Care Arrangement is required under the Health Insurance Portability and
Accountability Act of 1996 (HIPAA) to protect the privacy of your health information. This
Notice is required by HIPAA and explains how your health information can be used and
your legal rights under the law.

Each Plan Option is required to take reasonable steps to ensure the privacy of your
personally identifiable health information and to inform you about:

- The Plan’s uses and disclosures of Protected Health Information (PHI), which
  includes all individually identifiable health information transmitted or maintained,
  orally, in writing, or electronically by a Plan Option
- Your privacy rights with respect to your PHI
- Each Plan Option’s duties with respect to your PHI
- Your right to file a complaint with each Plan Option and to the Secretary of the
  U.S. Department of Health and Human Services
- The person or office to contact for further information about each Plan
  Option’s privacy practices

Notice of PHI Uses and Disclosures

The Privacy Rules provide that, upon your request, each Plan Option is required to give
you access to certain PHI in order to inspect and copy it. Use and disclosure of your PHI
may be required by the Secretary of the U.S. Department of Health and Human Services
to investigate or determine a Plan Option’s compliance with the privacy regulations. The
following information describes your rights:

A. Uses and disclosures to carry out treatment, payment and health care operations

Each Plan Option is entitled to and will use PHI without your authorization to carry out
Treatment, Payment and health care Operations (TPO). Each Plan Option is entitled to
and will also disclose PHI to your employer for purposes related to TPO.

Treatment means the provision, coordination or management of health care and
related services. It also includes but is not limited to consultations and referrals between one or more of your providers. For example, each Plan Option may disclose to a treating health care specialist the name of your primary physician so that the specialist may ask for your X-rays from your primary physician.

*Payment* means actions to make coverage determinations and payment including billing, claims management, subrogation, Plan Option reimbursement, coordination of benefits, reviews for medical necessity and appropriateness of care and utilization review and pre-authorizations. For example, each Plan Option may tell a doctor whether you are eligible for coverage or what percentage of the bill will be paid by a Plan Option.

*Health care operations* means quality assessment and improvement, reviewing competence or qualifications of health care professionals, underwriting, premium rating and other insurance activities relating to creating or renewing insurance contracts. It also includes disease management, case management, conducting or arranging for medical review, legal services and auditing functions including fraud and abuse compliance programs, business planning and development, business management and general administrative activities. For example, each Plan Option may use information about your claims to project future benefit costs or audit the accuracy of its claims processing functions.

Each Plan Option is prohibited from using or disclosing genetic information for underwriting purposes, and will not use or disclose any of your PHI containing genetic information.

**B. Uses and disclosures that require your written authorization**

Your written authorization generally will be obtained before a Plan Option will use or disclose psychotherapy notes about you from your psychotherapist. Psychotherapy notes are separately filed notes about your conversations with your mental health professional during a counsel session. They do not include summary information about your mental health treatment. A Plan Option may use and disclose such notes when needed by a Plan Option to defend against litigation filed by you.

Your written authorization will be required in the event that your PHI is used or disclosed in a manner not specifically stated in this Notice. In the event that you provide a written authorization, you have the right to revoke such authorization at any time.

**C. Uses and disclosures that require that you be given an opportunity to agree or disagree prior to the use or release**

Disclosure of your PHI to family members, other relatives and your close personal friends is allowed if the information is directly relevant to the family or friend’s involvement with your care or payment for that care and you have either agreed to the disclosure or have been given an opportunity to object and have not objected.
D. Uses and disclosures for which consent, authorization or opportunity to object is not required

Use and disclosure of your PHI is allowed without your authorization or request under the following circumstances:

(1) When permitted for purposes of public health activities, including when necessary to report product defects, to permit product recalls and to conduct post-marketing surveillance. PHI may also be used or disclosed if you have been exposed to a communicable disease or are at risk of spreading a disease or condition, if authorized by law.

(2) When authorized by law to report information about abuse, neglect or domestic violence to public authorities if there exists a reasonable belief that you may be a victim of abuse, neglect or domestic violence. In such case, a Plan Option will promptly inform you that such a disclosure has been or will be made unless that notice would cause a risk of serious harm. For the purpose of reporting child abuse or neglect, it is not necessary to inform the minor that such a disclosure has been or will be made. Disclosure may generally be made to the minor's parents or other representative although there may be circumstances under federal or state law when the parents or other representative may not be given access to the minor's PHI.

(3) A Plan Option may disclose your PHI to a public health oversight agency for oversight activities authorized by law. This includes uses or disclosures in civil, administrative or criminal investigations; inspections; licensure or disciplinary actions (for example, to investigate complaints against providers); and other activities necessary for appropriate oversight of government benefit programs (for example, to investigate Medicare or Medicaid fraud).

(4) A Plan Option may disclose your PHI when required for judicial or administrative proceedings. For example, your PHI may be disclosed in response to a subpoena or discovery request provided certain conditions are met. One of those conditions is that satisfactory assurances must be given to a Plan Option that the requesting party has made a good faith attempt to provide written notice to you, and the notice provided sufficient information about the proceeding to permit you to raise an objection and no objections were raised or were resolved in favor of disclosure by the court or tribunal.

(5) When required for law enforcement purposes including for the purpose of identifying or locating a suspect, fugitive, material witness or missing person. Also, when disclosing information about an individual who is or is suspected to be a victim of a crime but only if the individual agrees to the disclosure or the covered entity is unable to obtain the individual's agreement because of emergency circumstances. Furthermore, the law enforcement official must represent that the information is not intended to be used against the individual, the immediate law enforcement activity would be materially and adversely affected by waiting to obtain the individual's agreement and disclosure is in the best interest of the individual as determined by the exercise of a Plan Option's best judgment.
(6) When required to be given to a coroner or medical examiner for the purpose of identifying a deceased person, determining a cause of death or other duties as authorized by law. Also, disclosure is permitted to funeral directors, consistent with applicable law, as necessary to carry out their duties with respect to the decedent.

(7) A Plan Option may use or disclose PHI for research, subject to conditions.

(8) When consistent with applicable law and standards of ethical conduct if a Plan Option, in good faith, believes the use or disclosure is necessary to prevent or lessen a serious and imminent threat to the health or safety of a person or the public and the disclosure is to a person reasonably able to prevent or lessen the threat, including the target of the threat.

(9) When authorized by and to the extent necessary to comply with workers’ compensation or other similar programs established by law.

(10) When required by law.

Rights of Individuals

A. Right to Request Restrictions on PHI Uses and Disclosures

You may request a Plan Option to restrict uses and disclosures of your PHI to carry out TPO, or to restrict uses and disclosures to family members, relatives, friends or other persons identified by you who are involved in your care or payment for your care. However, a Plan Option is not required to agree to your request.

A Plan Option will accommodate reasonable requests to receive communications of PHI by alternative means or at alternative locations. You or your personal representative will be required to complete a form to request restrictions on uses and disclosures of your PHI. Such requests should be made to the following privacy official: Hector Reyes, Employee Benefits Department, 4 Irving Place, 15th Floor, New York, New York, 10003, 212-780-8246.

B. Right to Inspect and Copy PHI

You have a right to inspect and obtain a copy of your PHI contained in a designated record set, for as long as a Plan Option maintains the PHI. A designated record set includes the medical and billing records about individuals maintained by or for a covered health care provider; enrollment, payment, billing, claims adjudication and case or medical management record systems maintained by or for a Plan Option; or other information used in whole or in part by or for the covered entity to make decisions about individuals. Information used for quality control or peer review analyses and not used to make decisions about individuals is not in the designated record set.

Effective as of 2013, the requested information will be provided within 30 days. A single 30 day extension is allowed if a Plan Option is unable to comply with the deadline.
You or your personal representative will be required to complete a form to request access to the PHI in your designated record set. Requests for access to PHI should be made to the following official: Hector Reyes, Employee Benefits Department, 4 Irving Place, 15th Floor, New York, New York, 10003, 212-780-8246.

HITECH provides that when a covered entity such as The Plan Option uses or maintains a designated record set with respect to an individual’s PHI, the individual shall have a right to obtain from the covered entity or direct the covered entity to transmit to a designee, a copy of such information in an electronic format.

If the PHI is not readily producible in the electronic form or format that the individual requested, the entity will give the individual access to the PHI in an alternative, readable form or format agreed to by the entity and the individual.

If access is denied, you or your personal representative will be provided with a written denial setting forth the basis for the denial, a description of how you may exercise those review rights and a description of how you may complain to the Secretary of the U.S. Department of Health and Human Services.

C. Right to Amend PHI

You have the right to request a Plan Option to amend your PHI or a record about you in a designated record set for as long as the PHI is maintained in the designated record set. You or your personal representative will be required to complete a form to request amendment of the PHI in your designated record set.

A Plan Option has 60 days after the request is made to act on the request. A single 30 day extension is allowed if a Plan Option is unable to comply with the deadline. If the request is denied in whole or part, a Plan Option must provide you with a written denial that explains the basis for the denial. You or your personal representative may then submit a written statement disagreeing with the denial and have that statement included with any future disclosures of your PHI.

Requests for amendment of PHI in a designated record set should be made to the following official: Hector Reyes, Employee Benefits Department, 4 Irving Place, 15th Floor, New York, New York, 10003, 212-780-8246.

D. The Right to Receive an Accounting of PHI Disclosures

At your request, a Plan Option will also provide you with an accounting of disclosures by a Plan Option of your PHI during the six years prior to the date of your request. However, such accounting need not include PHI disclosures made: (1) to carry out TPO; (2) to individuals about their own PHI; or (3) prior to the April 14, 2003 compliance date.

If the accounting cannot be provided within 60 days, an additional 30 days is allowed if the individual is given a written statement of the reasons for the delay and the date by which the accounting will be provided.

If you request more than one accounting within a 12-month period, a Plan Option will charge a reasonable, cost-based fee for each subsequent accounting.
E. The Right to Receive a Paper Copy of This Notice Upon Request

To obtain a paper copy of this Notice contact the following official: Hector Reyes, Employee Benefits Department, 4 Irving Place, 15th Floor, New York, New York, 10003, 212-780-8246.

Note About Personal Representatives
You may exercise your rights through a personal representative. Your personal representative will be required to produce evidence of his/her authority to act on your behalf before that person will be given access to your PHI or allowed to take any action for you. Proof of such authority may take one of the following forms: a power of attorney for health care purposes, notarized by a notary public; a court order of appointment of the person as the conservator or guardian of the individual; or an individual who is the parent of a minor child.

A Plan Option retains discretion to deny access to your PHI to a personal representative to provide protection to those vulnerable people who depend on others to exercise their rights under these rules and who may be subject to abuse or neglect. This also applies to personal representatives of minors.

Plan Option’s Duties

A Plan Option is required by law to maintain the privacy of PHI and to provide participants and beneficiaries with notice of its legal duties and privacy practices.

Each Plan Option is required to notify affected individuals in the event of a breach of unsecured PHI.

This Notice went into effect on April 14, 2003, and each Plan Option is required to comply with the terms of this Notice. However, each Plan Option reserves the right to change its privacy practices and to apply the changes to any PHI received or maintained by a Plan Option prior to that date. If a privacy practice is changed, a revised version of this Notice will be provided.

Any revised version of this Notice will be distributed within 60 days of the effective date or as soon as administratively practicable of any material change to the uses or disclosures, the individual’s rights, the duties of a Plan Option or other privacy practices stated in this Notice.

Minimum Necessary Standard

When using or disclosing PHI or when requesting PHI from another covered entity, a Plan Option will make reasonable efforts not to use, disclose or request more than the minimum amount of PHI necessary to accomplish the intended purpose of the use, disclosure or request, taking into consideration practical and technological limitations.

However, the minimum necessary standard will not apply in the following situations: disclosures to or requests by a health care provider for treatment; uses or disclosures made to the individual; disclosures made to the Secretary of the U.S. Department of
Health and Human Services; uses or disclosures that are required by law; and uses or disclosures that are required for a Plan Option’s compliance with legal regulations.

This Notice does not apply to information that has been de-identified. De-identified information is information that does not identify an individual and with respect to which there is no reasonable basis to believe that the information can be used to identify an individual.

In addition, a Plan Option may use or disclose summary health information to a Plan Option sponsor for obtaining premium bids or modifying, amending or terminating the group health Plan Option, which summarizes the claims history, claims expenses or type of claims experienced by individuals for whom a Plan Option sponsor has provided health benefits under a group health Plan Option; and from which identifying information has been deleted in accordance with HIPAA.

Your Right to File a Complaint

If you believe that your privacy rights have been violated, you may complain to a Plan Option in care of the following official: Hector Reyes, Employee Benefits Department, 4 Irving Place, 15th Floor, New York, New York, 10003, 212-780-8246. You may also file a complaint with the Secretary of the U.S. Department of Health and Human Services, Region II, Office for Civil Rights, U.S. Department of Health and Human Services, Jacob Javits Federal Building, 26 Federal Plaza, Suite 3312, New York, NY 10278. Complaints may also be sent by e-mail to OCRComplaint@hhs.gov.

Your employer will not retaliate against you for filing a complaint.

Whom to Contact at a Plan Option for More Information

If you have any questions regarding this Notice or the subjects addressed in it, you may contact the HR Service Center at 1-800-582-5056.

Conclusion

PHI use and disclosure by a Plan Option is regulated by HIPAA. You may find these rules at 45 Code of Federal Regulations, Parts 160 and 164. This Notice attempts to summarize the regulations. The regulations will supersede any discrepancy between the information in this Notice and the regulations.
Consolidated Edison, Inc. Prescription Drug Plans
For CECONY and O&R Medicare Enrolled Retirees

SilverScript Facts:
- SilverScript® Insurance Company (SilverScript), an affiliate of CVS Caremark®, administers the prescription drug plan for Medicare enrolled CECONY & O&R (Company) retirees.
- CECONY and O&R prescription drug plans supplement the Medicare Part D Plan; SilverScript coordinates the processing of prescriptions for both plans.
- Over-the-counter drugs are not included in the CECONY or O&R plans. If you, your doctor, or hospital asks the pharmacy to submit an over-the-counter drug through the CECONY or O&R prescription drug plan, you will be responsible for the full cost of the drug. **Note that SilverScript will automatically send you a coverage denial letter when a prescription for an over-the-counter drug is requested.**
- SilverScript's Explanation of Benefits (EOB) reflects the CMS Medicare Standard Part D Plan design, not your current plan through CECONY or O&R. As a result, you will see the Medicare Part D deductible reflected on the EOB statement.
- You are responsible for the deductible that the Company sets for each plan year, which may be different than the Medicare Part D deductible. For example, if the Company prescription drug plan deductible is $100 per person, and the Medicare Part D deductible is $325, you would only be responsible for paying the Company plan deductible of $100.
- SilverScript typically processes all prescriptions through Medicare Part D first. Claims are processed based upon CMS guidance, which may allow additional payers before Medicare Part D or CECONY/O&R. However, please note that not all drugs are covered through Medicare Part D. If a prescription not covered by Medicare Part D is denied, SilverScript will automatically process it through either CECONY's or O&R's supplemental prescription drug plan. The CECONY and O&R prescription drug plans cover most generic drugs (i.e., drugs that cannot be dispensed without a prescription) and medicines that require a prescription from a doctor.
- For details regarding your prescription drug plan, please go to SilverScript's website at: CECONY Retirees: conedcedecony.silverscript.com; O&R Retirees: oruretirees.silverscript.com

SilverScript Tips:
- When using mail order, consider the timeframe in which you need your medication.
  - Allow at least 2 weeks for processing a mail order prescription.
  - If a pharmacist needs to contact your doctor for any reason, your prescription may be delayed beyond this 2 week timeframe.
  - When prescriptions are needed in less than two weeks, filing a prescription at a CVS retail pharmacy may be your best option.
- Most prescriptions for maintenance medications can be filled at a CVS retail pharmacy.
- When using mail order or going to a retail pharmacy to fill your prescription, be sure to provide your correct contact number so that the pharmacist can reach you in the event they have any questions; this can help avoid any potential delays.
- Certain drugs may not be covered under Medicare Part D. If you use the mail order service program and Medicare Part D does not cover your prescription, SilverScript is required to send you an automatic coverage denial notification. Before filing an appeal, call SilverScript at 1-855-702-1187, 24 hours a day, 7 days a week (TTY users should call 711) or log into www.caremark.com to see if the prescription is covered through the CECONY or O&R supplemental Medicare Part D plan, in which case an appeal is not necessary.
- You can save time by setting up certain prescriptions on auto-renewal. Call SilverScript at 1-855-702-1187 (TTY users should call 711) or log into www.caremark.com for additional information.
- In the event of emergency, you may request overnight delivery of medication at your own expense.
- If you have access to a computer, you can check the status of your prescriptions via the website at www.caremark.com.
- Certain drugs may be required to be filled through the specialty pharmacy and may also require pre-approval.
- Before leaving the doctor's office, please take the time to review your prescriptions, and, if you have any questions regarding the prescription, how it should be taken etc., you should ask your provider.
November, 2019

Re: ADP W2 Online Services

Dear Retiree:

Sign up to use ADP W2 Online Services, and you won't have to wait for your W-2 or 1099-R forms to come in the mail.

What are the benefits of using this free service?

- Earlier access so you can file your tax return sooner
- Ability to download tax forms into income tax preparation tools such as TurboTax
- No possibility of the forms being lost, stolen, misplaced or delayed in the mail
- Access your tax forms from any location 24/7

To register for ADP W-2 Services:
1. Go to https://w2.adp.com
2. Click "Register Now"
3. Enter the Registration Code, which is Coned-V2P
4. Enter your name and select "W-2 Services"
5. Be sure to have the following information available for validation purposes:
   - Your Social Security Number (no spaces)
   - Employee ID #
   - Company Code, which is V2P
   - Your 5-digit home zip code

You must register by December 31, 2019 so you receive your tax forms in mid-January 2020.

If you have already registered, you do not need to register again.

We hope you take advantage of the opportunity to receive your tax forms online.

Danielle Smith-Lewis
Manager, Payroll Section
smithda@coned.com
**Dependent Coverage Guidelines**

Dependents between the ages of 19 and 23 must be full-time students to be covered under The Retiree Medical Plan with Orange and Rockland Utilities.

If you have a dependent between 19 and 23 who is a full-time student and you wish to have them enrolled in the CIGNA OAP plan for 2020, you **must** complete the Dependent Certification form below **even** if you had completed one last year. Any dependents in this category **not** identified will be dropped from the coverage effective January 1, 2020 and will not be eligible for re-enrollment until 2021. **Forms must be returned to Orange & Rockland Utilities, Inc, One Blue Hill Plaza, 4th floor, Attn: Benefits, Pearl River, NY 10965, by December 1, 2019 in order for your eligible dependent(s) between the ages of 19-23 to continue coverage in 2020.**

1. **RETIREE INFORMATION:**

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2. **DEPENDENT CHILD INFORMATION:** Full-time college students age 19-23 only.

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<th>FIRST NAME</th>
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