CREDITABLE COVERAGE DISCLOSURE NOTICE

to Retirees, Spouses, Surviving Spouses, and Dependents Who Are Currently Covered or May Become Covered Under the Consolidated Edison Retiree Prescription Drug Plan of Consolidated Edison Company of New York, Inc. or Orange and Rockland Utilities, Inc. (referred to as the "Con Edison Drug Plan")

This Notice Is About Your Upcoming 2027 Prescription Drug Plan Choices

Important Notice from Consolidated Edison Company of New York, Inc. (CECONY)
and Orange and Rockland Utilities, Inc.(O&R)
About Your Prescription Drug Coverage and Medicare

This notice applies to you only if:

- You are eligible for Medicare, either because you are age 65 or older or are considered disabled by the Social Security Administration, and you are currently covered or are, or will become before the end of the 2027 Plan Year, eligible for coverage under a health plan sponsored by CECONY or O&R for retired employees, or
- You have a dependent spouse or child who is covered by Medicare or Medicaid and **is** currently covered or eligible for coverage under a health plan sponsored by CECONY or O&R for retired employees.

If you or your dependent is currently covered by Medicaid, you or your dependent is not eligible to enroll in the Con Edison Drug Plan.

Please read this notice carefully and keep it where you can find it. This notice provides information about your current prescription drug coverage with CECONY or O&R and your options under Medicare's prescription drug coverage, commonly called a Medicare Part D Drug Plan. Please note that the Con Edison Drug Plan qualifies as, and is a, Medicare Part D Drug Plan.

This information can help you decide whether to continue your coverage under the Con Edison Drug Plan or enroll in a different Medicare Part D drug Plan.

If you are considering enrolling a different Medicare Part D drug Plan, you should compare your current coverage, including which prescription drugs are covered and your share of the cost, with the coverage available under other Medicare Part D drug plans in your area.

Information about where you can obtain help making decisions about your prescription drug coverage appears near the end of this notice.

Medicare Prescription Drug Coverage

Medicare prescription drug coverage became available in 2006 to everyone with Medicare. You can obtain this coverage by enrolling in a Medicare Part D drug Plan or a Medicare Advantage plan, such as an HMO or PPO, that offers prescription drug coverage. All Medicare Part D drug Plans provide at least a standard level of coverage established by Medicare. Some drug plans may offer additional coverage for a higher monthly premium.

CECONY and O&R have determined that the Con Edison Drug Plan, effective January 1, 2027 is, on average for all plan participants, expected to pay at least as much as standard Medicare prescription drug coverage. Therefore, the Con Edison Drug Plan is considered **creditable coverage**. Because the Con Edison Drug Plan is creditable coverage, you may keep this coverage and generally will not be required to pay a Medicare late-enrollment penalty if you later decide to enroll in a different Medicare Part D drug plan, provided you do not go 63 continuous days or longer without creditable prescription drug coverage.

Under Medicare rules, you can enroll in a Medicare Part D drug plan when you first become eligible for Medicare and during the annual Medicare enrollment period from October 15 through December 7th. If you do not enroll when you are first become eligible, you may have to pay a higher premium if you later enroll in a Medicare Part D drug plan. However, if you lose your current **creditable coverage** through no fault of your own, you may be eligible for a two-month Special Enrollment Period to enroll in a different Medicare Part D drug plan.

If you remain covered under the Con Edison Drug Plan for 2027, you will have **creditable prescription drug coverage** and may delay enrollment in a different Medicare Part D drug plan without incurring a Medicare late-enrollment penalty, provided you continue to maintain creditable coverage.

If You Enroll in Another Medicare Part D Drug Plan

You may be enrolled in only one Medicare prescription drug plan at a time. If you enroll in another Medicare Part D drug plan or a Medicaid Advantage plan that includes prescription drug coverage, Medicare will disenroll you from the Con Edison Drug Plan.

The Con Edison Drug Plan will not coordinate benefits with another Medicare Part D drug plan. If you enroll in another Medicare Part D drug plan, you will no longer receive the supplemental drug coverage provided under the Con Edison Drug Plan. The effect of enrolling in another Medicare Part D drug plan differs depending on whether you are covered under a CECONY or O&R retiree health plan, as follows:

- **If you are a CECONY retiree and enroll in another Medicare Part D prescription drug plan, your coverage under the Con Edison Drug Plan will end. However, enrolling in another Medicare Part D plan will not, by itself, cause you to lose your CECONY retiree medical coverage. Your eligibility for CECONY retiree medical coverage will continue to be governed by the terms of the applicable medical plan.**
- **If you are an O&R retiree and enroll in another Medicare Part D prescription drug plan, both your O&R retiree medical coverage and your prescription drug coverage will end because the medical and prescription drug coverages are linked. You will not be able to re-enroll in the O&R retiree medical or prescription drug coverage after enrolling in another Medicare Part D plan.**

Before enrolling in another Medicare Part D drug plan, you should carefully consider how that enrollment will affect your current CECONY or O&R retiree coverage. To drop coverage under the Con Edison Drug Plan for yourself or a dependent, complete the applicable portion of the election form included with this notice and return it to the address listed on the form below.

Other Important Information

If you drop or lose your coverage under the Con Edison Drug Plan and do not enroll in another Medicare Part D drug plan or obtain other creditable prescription drug coverage within 63 continuous days after your current coverage ends, you may have to pay a higher premium if you enroll in Medicare prescription drug coverage.

Under Medicare rules, if you go 63 continuous days or longer without creditable prescription drug coverage, your monthly Medicare Part D premium may increase by at least 1% of the Medicare base beneficiary premium for each month that you did not have creditable coverage.

For example, if you go 19 months without creditable prescription drug coverage, your Medicare Part D premium may be at least 19% higher than the Medicare base beneficiary premium. You may have to pay this premium for as long as you have Medicare prescription drug coverage. You may also have to wait until a future Medicare enrollment period to enroll.

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For More Information About This Notice or Your Current Coverage

For more information about this notice or your current prescription drug coverage, call HR Assistance at 1-800-582-5056. You may also request another copy of this notice at any time.

More detailed information about Medicare plans that offer prescription drug coverage is available in the *Medicare & You* handbook. Medicare generally provides a copy of the handbook each year. You may also be contacted directly by Medicare Part D drug plans.

For more information about Medicare prescription drug coverage:

- Visit Medicare's website at **www.medicare.gov**.
- Call your State Health Insurance Assistance Program for personalized assistance. The telephone number is listed in your copy of the *Medicare & You* handbook.
- Call 1-800-MEDICARE (1-800-633-4227). TTY users should call 1-877-486-2048.

If you have limited income and resources, assistance paying for Medicare prescription drug coverage may be available. For information about this assistance, visit the Social Security Administration's website or call 1-800-772-1213. TTY users should call 1-800-325-0778.

Remember: Keep this Creditable Coverage Disclosure Notice. If you later decide to enroll in a different Medicare Part D drug plan, you may be required to provide a copy of this notice to show whether you maintained creditable prescription drug coverage and whether you are subject to a Medicare late-enrollment penalty.

Date: November [--], 2026

Name of Entity/Sender: Consolidated Edison Company of New York, Inc., Orange & Rockland Utilities, Inc. & CEI Affiliates

Contact – Position/Office: _____

Address: 4 Irving Place, Box 143 New York, NY 10003

Phone Number: 800-582-5056

Complete this form only if you wish to drop coverage for yourself or a dependent under the CECONY or O&R Medicare Part D prescription drug plan.

Name_____Employee Number_____Social Security Number _____

____ I wish to drop coverage under the Con Edison Drug Plan sponsored by CECONY or O&R because I will be enrolling in a Medicare Part D Drug Plan effective January 1, 2027, or for another reason. I understand that if I enroll in a Medicare Part D Drug Plan, I will not be eligible to participate in the Con Edison Drug Plan beginning January 1, 2027. I understand that I generally will not be able to re-enroll in the Con Edison Drug Plan in the future, even if I later drop my Medicare Part D coverage. However, I may be eligible to return if I can demonstrate that I maintained continuous creditable employer-provided group prescription drug coverage with no break in coverage, as described above. By signing below, I am electing to waive coverage under the Con Edison Drug Plan for 2027.

Signature_____Date _____

___ I currently receive my prescription drugs under Medicaid.

Signature_____Date _____

__ I have a dependent child or spouse who is covered by Medicare and is enrolling in a Medicare Part D Drug Plan. I authorize my employer to change my coverage category in the prescription portion of my drug plan.

Signature_____Date_____My Employer is _____

Return the Completed Form To

Con Edison
HR Assistance, 15th Floor South
4 Irving Place, Box 143
New York, NY 10003
Attention: Medicare Part D