conEdison
a conEdison, inc. company

Consolidated Edison Company
of New York, Inc
4 Irving Place
New York, NY 10003-0987
www.conEd.com

November 2026

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. (together, the "Company"), we are required to notify you of the privacy practices that will be followed by the Company 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.

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 HR Assistance at 1-800-582-5056.

Sincerely,

Tricia Medlin-Fogg
Department Manager
Human Resources

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.

The Health Information Portability and Accountability Act of 1996 ("HIPAA") requires Group Health Plans to notify plan participants and beneficiaries about its policies and practices to protect the confidentiality of their health information. This document is intended to satisfy HIPAA's notice requirement with respect to all health information created, received, or maintained by Consolidated Edison Company of New York, Inc. and Orange and Rockland Utilities, Inc. (collectively, the "Company") on behalf of the following self-insured coverages (collectively, the "Plans"):

- Medical;
- Dental;
- Vision;
- Employee Assistance Program;
- Wellness Program; and
- Health Flexible Spending Account Plan

The Plans need to create, receive, and maintain records that contain health information about you to administer the Plans and provide you with health care benefits. This notice describes the Plans' health information privacy policy. The notice tells you the ways the Plans may use and disclose health information about you, describes your rights, and the obligations the Plans have regarding the use and disclosure of your health information. However, it does not address the health information policies or practices of your health care providers, or other covered entities such as insurance companies.

The Privacy of PHI

The Plan's privacy policy and practices protect confidential health information (including genetic information), that identifies you or could be used to identify you, and relates to your past, present or future physical or mental health condition or the payment of your health care expenses. This individually identifiable health information is known as "protected health information" or "PHI" ("PHI"). Your PHI will not be used or disclosed without a written authorization from you, except as described in this Notice or as otherwise permitted by federal and state health information privacy laws.

This Notice only applies to health-related information received by or on behalf of the Plans. If the Company obtains your health information in another way, for example, if you are hurt in a work accident of if you provide medical records with your request for medical leave, then this Notice does not apply, but the Company will safeguard that information in accordance with other applicable laws and Company policies. Similarly, health information obtained in connection with a non-Plan benefit, such as long-term disability or life insurance, is not protected under this Notice. This Notice also does not apply to information that does not identify you and with respect to which there is no reasonable basis to believe that the information can be used to identify you.

The Plans are required by law to:

- Make sure that health information that identifies you is kept private;
- Give you this Notice of the Plans legal duties and privacy practices with respect to PHI about you;
- Follow the terms of the notice that is currently in effect;
- Provide the person or office to contact for further information about the Plans privacy practices.

Permitted Uses and Disclosures Without Your Written Authorization

In certain situations, which are described below, the Plans must obtain your written authorization in order to use/or disclose your PHI. However, the Plans may use and disclose your PHI without your written authorization for the following purposes:

Treatment. The Plans may disclose your PHI to a health care provider who renders treatment on your behalf. For example, if you are unable to provide your medical history as the result of an accident, the Plans may advise an emergency room physician about the types of prescription drugs you currently take.

Payment. The Plans may use and disclose your PHI so claims for health care treatment, services, and supplies you receive from health care providers may be paid according to the Plans' terms. For example, the Plans may receive and maintain information about surgery you received to enable the Plans to process a hospital's claim for reimbursement of surgical expenses incurred on your behalf.

Health Care Operations. The Plans may use and disclose your PHI to enable it to operate or operate more efficiently or make certain all of the Plans' participants receive their health benefits however, the Plans are prohibited from using or disclosing your genetic information for underwriting purposes. For example, the Plans may use your PHI for case management or to perform population-based studies designed to reduce health care costs. In addition, the Plans may use or disclose your PHI to conduct compliance reviews, audits, actuarial studies, and/or for fraud and abuse detection. The Plans may also combine health information about many Plan participants and disclose it to the Company in summary fashion so it can decide what coverages the Plans should provide. The Plans may remove information that identifies you from health information disclosed to the Company so it may be used without the Company learning who the specific participants are.

Individual Involved in Your Care or Payment of Your Care. The Plans may disclose your PHI to a close friend, family member or any other person identified by you who is involved in or who helps pay for your health care if you are present and do not object to the disclosure (or if it can be inferred that you do not object). If you are not present for or unavailable prior to a disclosure, the Plans may exercise their professional judgment to determine whether a disclosure is in your best interests. If the Plans disclose information under such circumstances, the Plans will disclose only information that is directly relevant to the person's involvement with your care. In addition, the Plans may advise a family member, close friend or any other person identified by you about your condition, your location (for example, that you are in the hospital), or following your death, the Plans may disclose your PHI to your family members, close friends, or other persons who were involved in your health care unless in doing so would be against your stated preferences.

As Required by Law. The Plans may use and disclose your PHI when required to do so by any applicable federal, state or local law.

Disclosures to the Company. The Plans may disclose your PHI to certain employees or other individuals under the control of the Company as necessary for them to carry out the Company's responsibilities to administer the Plans, as described in this Notice. The Company cannot use your

PHI obtained from the Plans for any employment-related actions without your written authorization.

In addition, the Company may use or disclose "summary health information" for purposes of obtaining premium bids or modifying, amending, or terminating the Plans. Summary health information is information that summarizes claims history, claims expenses, or types of claims experienced by individuals for whom the Company provides benefits under the Plans and from which the individual identifying information, except for five-digit zip codes, has been deleted. The Company also may use or disclose Plan eligibility and enrollment information – for example, for payroll processing.

To a Business Associate. Certain services are provided to the Plans by third party entities known as "business associates." For example, the Plans may input information about your health care treatment into an electronic claims processing system maintained by the Plans' business associate so your claim may be paid. In so doing, the Plans will disclose your PHI to its business associate so it can perform Plan administration functions. However, the Plans will require its business associates, through contract, to appropriately safeguard your health information.

Public Health Activities. The Plans may disclose your PHI: (1) to report health information to public health authorities for the purpose of preventing or controlling disease, injury or disability; (2) to report child abuse and neglect to a government authority authorized by law to receive such reports; (3) to report information about products under the jurisdiction of the U.S. Food and Drug Administration; (4) to alert a person who may have been exposed to a communicable disease or may otherwise be at risk of contracting or spreading a disease or condition; (5) to report information to your employer the Company as required under laws addressing work-related illnesses and injuries or workplace medical surveillance; and (6) to a school to provide immunization information about a student or potential student.

Health or Safety. The Plans may use or disclose your PHI to prevent or lessen a serious and imminent threat to a person's or the public's health or safety.

Victims of Abuse, Neglect or Domestic Violence. The Plans may disclose your PHI if the Plans reasonably believe you are a victim of abuse, neglect or domestic violence to a government authority authorized by law to receive reports of such abuse, neglect, or domestic violence.

Health Oversight Activities. The Plans may disclose your PHI to an agency that oversees the health care system and is charged with responsibility for ensuring compliance with the rules of government health programs such as Health and Human Services.

Judicial and Administrative Proceedings. The Plans may disclose your PHI in the course of a judicial or administrative proceeding in response to a legal order or other lawful process.

Law Enforcement Officials. The Plans may disclose your PHI to the police or other law enforcement officials as required by law or in compliance with a court order for example, to identify or locate a suspect, material witness, or missing person or to report a crime, the crime's location or victims, or the identity, description, or location of the person who committed the crime.

National Security, Intelligence Activities, and Protective Services. The Plans may release your PHI to authorized federal officials: (1) for intelligence, counterintelligence, and other national security activities authorized by law; and (2) to enable them to provide protection to the members of the U.S. government, or foreign heads of state or to conduct special investigations.

Organ and Tissue Procurement. The Plans may disclose your PHI to organizations that facilitate organ, eye or tissue procurement, banking or transplantation.

Coroners, Medical Examiners, and Funerals Directors. The Plans may release your PHI to a coroner or medical examiner. This may be necessary, for example, to identify a deceased person or to determine the cause of death. The Plans may also release your PHI to a funeral director, as necessary, to carry out his/her duty.

Workers' Compensation. The Plans may disclose your PHI as authorized by and to the extent necessary to comply with state law relating to workers' compensation or other similar programs.

Marketing. The Plans may contact you to provide you information about treatment alternatives or other health-related benefits and services that may be useful to you. The Plans may also use and disclose your PHI to communicate face-to-face with you to encourage you to purchase or use a product or service, or to provide a promotional gift of nominal value to you.

Note: State law may further limit the permissible ways the Health Plans use or disclose your PHI. If an applicable state law imposes stricter restrictions, the Plans will comply with that state law.

Uses and Disclosures Requiring Your Written Authorization

The Plans may use or disclose your PHI for a purpose other than as described above only if you give the Plans your written authorization.

Certain health information we maintain may be subject to special privacy protections under federal law for substance use disorder treatment records (42 C.F.R. Part 2). With your written consent, we may use and disclose substance use disorder treatment records for treatment, payment, and health care operations. Your consent may authorize future uses and disclosures for these purposes without requiring a separate consent for each disclosure. You may revoke your consent at any time in writing, except to the extent we have already relied upon it.

Federal law generally prohibits redisclosure of substance use disorder treatment records unless expressly permitted by your written consent or otherwise allowed by law. Substance use disorder treatment records may not be used or disclosed in civil, criminal, administrative, or legislative proceedings against you without your written consent or a court order that meets the requirements of federal law.

If there is a breach of unsecured substance use disorder treatment records, we will notify you in accordance with the HIPAA Breach Notification Rule.

Revocation of Your Authorization

You may revoke your authorization at any time by delivering a written request to the Company, Attention: HIPAA Privacy Officer, Tricia Medlin-Fogg, 4 Irving Place, New York, New York 10003. If you revoke your authorization, the Plans will no longer use or disclose your PHI except as described above (or as permitted by any other authorizations that have not been revoked). However, the Plans cannot retrieve any PHI disclosed to a third party in reliance on your prior authorization.

Your Individual Rights

Right to Inspect and Copy. You may request access to certain Plan records that contain your PHI in order to inspect and request copies of those records. If you request copies, the Plans may charge you copying, mailing, and labor costs. To the extent that your PHI is maintained in an electronic health record, you may request that the Plans provide a copy to you or to a person or entity designated by you in an electronic format. Under limited circumstances, the Plans may deny you access to a portion of your records. If you desire access to your records containing PHI, you must request access in writing from the Company, Attention: HIPAA Privacy Officer, Tricia Medlin-Fogg, 4 Irving Place, New York, NY 10003. You do not have the right to access your (i) psychotherapy notes, (ii) information compiled in reasonable anticipation of, or for use in, a civil, criminal, or

administrative action or proceeding, maintained in a Designated Record Set, or (iii) Certain PHI that is subject to the Clinical Laboratory Improvements Amendments of 1988 ("CLIA"), 42 C.F.R. § 263a, to the extent the provision of access to the individual would be prohibited by law.

You should submit your request in writing to the Company, Attention: HIPAA Privacy Officer, Tricia Medlin-Fogg, 4 Irving Place, New York, NY 10003. In limited circumstances, the Plans may deny your request to inspect and copy your PHI. Generally, if you are denied access to PHI, you may request a review of the denial.

Right to Amend. You have the right to request that the Plans amend your PHI maintained in a designated record set for as long as the information is kept by or for the Plans. The Plans will comply with your request for amendment unless special circumstances apply. The Plans may deny your request for amendment if you do not provide a reason to support your request or if the Plans believe that the information is accurate. In addition, the Plans may deny your request if you ask it to amend information that was created by another health plan or health care provider (but the Plans will inform you of the source of the information, if known). If your physician or other health care provider created the information that you desire to amend, you should contact the health care provider to amend the information. To make a request for amendment of your PHI you must do so in writing to the Company, Attention: HIPAA Privacy Officer, Tricia Medlin-Fogg, 4 Irving Place, New York, NY 10003.

Right to an Accounting of Disclosures. You have the right to request an "accounting of disclosures." This is a list of disclosures of your PHI that the Plans have made to others.

To request an accounting of disclosures, your request must be in writing to the Company, Attention: HIPAA Privacy Officer Tricia Medlin-Fogg, 4 Irving Place, New York, NY 10003. Your request must state a time period, which may not be longer than six years prior to the date the accounting was requested. The accounting will generally be provided free of charge, but if you request an accounting more than once during a twelve (12) month period, the Plans may charge you a reasonable fee for any subsequent accounting statements. You will be notified of the costs involved, and you may choose to withdraw or modify your request before you incur any expenses. The accounting will not include all disclosures of your PHI. For example, the accounting will not include disclosures (i) to carry out treatment, payment or health care operations activities; (ii) made to you; (iii) made to friends or family members in your presence or because of an emergency; (iv) made pursuant to your written authorization; (v) for national security or intelligence purposes; or (vi) to correctional institutions or law enforcement officials. Please note that this right may be expanded once final regulations are published.

Right to Request Restrictions. You have the right to request a restriction on the PHI the Plans use or disclose about you for treatment, payment or health care operations. You also have the right to request a limit on the PHI the Plans disclose about you to someone who is involved in your care or the payment for your care, like a family member or friend. For example, you could ask that the Plans not use or disclose information about a service you receive if (i) the disclosure is being made for payment or health care operations reasons, and (ii) the restricted PHI pertains solely to a health care item or service provided by the Plans where the Plans have been paid out-of-pocket in full (in other words, another plan has not paid for any part of the item or service).

To request restrictions you must make your request in writing to the Company, Attention: HIPAA Privacy Officer, Tricia Medlin-Fogg, 4 Irving Place, New York, NY 10003. You must advise the Plans: (1) what information you want to limit; (2) whether you want to limit the Plans' use, disclosure or both; and (3) to whom you want the limit(s) to apply.

Note: The Plans are not required to agree to your request, except as provided above.

Right to Request Confidential Communications. You have the right to request that the Plans communicate with you about PHI in a certain way or at a certain location. For example, you can ask that the Plans to send the results of your exam to a specified address, to work or to home.

To request confidential communications you must make your request in writing to the Company, Attention: HIPAA Privacy Officer, Tricia Medlin-Fogg, 4 Irving Place, New York, NY 10003. The Plans will make attempt to accommodate all reasonable requests. Your request must specify how or where you wish to be contacted.

Right to Receive Paper Copy of this Notice. Upon request, you may obtain a paper copy of this Notice, even if you agreed to receive such notice electronically.

Personal Representatives. You may exercise your rights through a personal representative, as permitted under Plans' health information privacy policy, and as determined under applicable state law. This individual must complete a Personal Representative Form. The Plans reserve the right to deny access to your personal representative.

Changes to This Notice

The Plans reserve the right to change this Notice at any time and to make the revised or changed notice effective for health information the Plans already have about you, as well as any information the Plans receive in the future. The Plans will post a copy of the current notice on its benefits portal at all times.

Complaints

If you believe that your privacy rights under this Notice have been violated, you may file a written complaint with the Company, Attention: HIPAA Privacy Officer, Tricia Medlin-Fogg, 4 Irving Place, New York, NY 10003. Alternatively, you may complain to the Secretary of the U.S. Department of Health and Human Services, generally, within 180 days of when the act or omission complained of occurred. Upon request the HIPAA Privacy Officer will provide the correct address for the Secretary.

Note: You will not be penalized or retaliated against for filing a complaint.

Effective Date of This Notice

This Notice is effective on January 1, 2026.

Minimum Necessary Standard

When using or disclosing PHI or when requesting PHI from another covered entity, the Plans 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 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.

Contact Information

You should keep the Plans informed of any changes in your address. In the event that your PHI has been breached, the Plans will notify you at your address on record in accordance with the Plans health information privacy policy. If you have any questions regarding this Notice or the subjects addressed in it, you may contact the HIPAA Privacy Officer, Tricia Medlin-Fogg, at 4 Irving Place, New York, NY 10003.

Conclusion

PHI use and disclosure by a Plan 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.