



EDISON  
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# BENEFITS ENROLLMENT GUIDE

for Employees of Edison International Companies



2016

Your **Choice.** Your **Benefits.** Your **Life.**

## What You Need to Know

This *Benefits Enrollment Guide* is designed to help you understand:

- The enrollment process during Annual Enrollment or as a new hire (or rehire);
- The tools and resources available to assist you in making informed election decisions; and
- Important details related to benefit plans and programs, covering dependents and more.

In addition, the guide also includes a side-by-side comparison of our medical, dental and vision plan options, so you can quickly compare key plan features, such as deductibles, copayments, coinsurance and more (starting on page 8).

Monthly benefit plan costs for the plans that you are eligible for can be viewed on the *EIX Benefits Connection* website, [www.eixbenefits.com](http://www.eixbenefits.com), by selecting your event (e.g., Annual Enrollment, New Hire or Rehire) under **Your Current Events > View your Benefit Options.**

For more detailed information on our benefit plans and programs, please refer to *Your Benefits Handbook* available on the *EIX Benefits Connection* website, [www.eixbenefits.com](http://www.eixbenefits.com), by selecting **Resources > Your Benefits Handbook.**

## When Can I Enroll or Make Changes?

Your window to make elections and/or eligible changes depends on your situation:

- **2016 Annual Enrollment:** Between Oct. 26 and Nov. 6, 2015.
- **New Hire (or Rehire):** Within 30 days from your date of hire (or rehire).
- **Qualified Life Event (e.g., marriage, birth, move, etc.):** Within 30 days from the date of the event.





## What Action Do I Need to Take?

Annual Enrollment	New Hire (or Rehire)
<p>In general, you only need to enroll during Annual Enrollment if you want to*:</p> <ul style="list-style-type: none"> <li>■ Change current benefits coverage for yourself and/or your eligible dependents;</li> <li>■ Enroll in and/or cancel benefits coverage for yourself and/or your eligible dependents;</li> <li>■ Participate in the Health Care Reimbursement Account (HCRA) and/or the Dependent Care Reimbursement Account (DCRA), if eligible; and/or</li> <li>■ Buy or cash out 2016 vacation hours, if eligible.</li> </ul> <p>* <i>Special situations where <b>enrollment is required</b> include:</i></p> <ul style="list-style-type: none"> <li>■ <i>Employees who were not previously eligible for benefits coverage;</i></li> <li>■ <i>If a health plan you are currently enrolled in no longer continues to contract with providers in your geographic area; and/or</i></li> <li>■ <i>When there are changes in the eligibility status of a dependent (e.g., child turning age 26).</i></li> </ul>	<p>For information about enrolling as a new hire (or rehire) and the options available to you, please refer to the <b>New Hire Benefits Letter</b> sent to your mailing address on file at the time you were hired (or rehired).</p> <p><b>Note:</b> If you were hired during the fourth quarter of the year, you will first need to make your coverage elections for the remainder of 2015 as a new hire (or rehire) — then, you will need to make additional elections for next year's coverage.</p>

### 2016 Benefit Plan Changes

**All of the following benefit plan changes take effect Jan. 1, 2016.**

For details regarding these changes, refer to the **2016 Benefit Changes: Important Questions & Answers** on the *EIX Benefits Connection* website, [www.eixbenefits.com](http://www.eixbenefits.com), by selecting **Resources > Health & Welfare** or (during Annual Enrollment) **Enroll Today > Enrollment Toolbox**.

<b>Dependent Eligibility</b>	<ul style="list-style-type: none"> <li>■ Require all domestic partners to be registered</li> </ul>
<b>Medical Plans</b>	<ul style="list-style-type: none"> <li>■ Increase copays, deductibles and out-of-pocket maximums</li> <li>■ Introduce new copays for certain medical services</li> </ul>
<b>Prescription Drug Benefits (CVS/caremark only)</b>	<ul style="list-style-type: none"> <li>■ New requirement for maintenance medications to be filled using the mail order prescription service</li> <li>■ Discontinue subsidized coverage of erectile dysfunction medication</li> </ul>
<b>Dental Plans (PPO)</b>	<ul style="list-style-type: none"> <li>■ Change benefit frequency of full-mouth dental X-rays from every three years to every five years</li> </ul>
<b>Vision Plan</b>	<ul style="list-style-type: none"> <li>■ Provide an increased allowance for frames from \$115 to \$150 (in- and out-of-network)</li> <li>■ Provide an increased allowance for contact lenses from \$125 to \$150 (in- and out-of-network)</li> </ul>
<b>Life Insurance</b>	<ul style="list-style-type: none"> <li>■ Provide an increased Accelerated Death Benefit</li> <li>■ Provide an increased coverage amount for Spouse Life Insurance</li> <li>■ Add suicide exclusion to Employee and Spouse Life Insurance</li> <li>■ Increase the guaranteed issue amount for Employee Life Insurance</li> <li>■ Increase the guaranteed issue amount for Spouse Life Insurance</li> <li>■ Eliminate retiree life insurance coverage for employees who commence retirement on or after Jan. 1, 2016 (IBEW and UWUA only)</li> </ul>

Your To-Do List for Annual Enrollment

<input type="checkbox"/>	<p><b>Review all communications sent to you prior to the start of Annual Enrollment, and those available on the <i>EIX Benefits Connection</i> website.</b></p>	<p>These materials, among other details, will provide you with important information about benefit plan changes for 2016, which may have an impact on your enrollment decisions.</p>
<input type="checkbox"/>	<p><b>Confirm that you can log in to the <i>EIX Benefits Connection</i> website with your User ID and Passcode.*</b></p> <p><i>* For those accessing the website on the Edison network through Portal, you will be automatically signed-in.</i></p>	<p>If you plan on accessing the <i>EIX Benefits Connection</i> website, <a href="http://www.eixbenefits.com">www.eixbenefits.com</a>, from home (or any location outside of the Edison network), confirm that you can log in with your User ID and Passcode.</p> <p>If you have forgotten your login credentials, follow the links posted on the home page to gain access.</p>
<input type="checkbox"/>	<p><b>Review your home and mailing addresses on file.</b></p>	<p>Your home address on file is used to identify the health plan options available in your geographic area. Your mailing address is used to deliver communications to you. See "Address Verification" on page 4 for details.</p>
<input type="checkbox"/>	<p><b>Confirm with your providers (doctors, dentists, specialists, etc.) that they will continue to contract with your current and/or future carrier(s).</b></p>	<p>By confirming with your current providers that they will continue to contract with your preferred health plan carriers in 2016, you can avoid potential issues with receiving services in 2016.</p>
<input type="checkbox"/>	<p><b>Review materials available in the Enrollment Toolbox.</b></p>	<p>When you select <b>Enroll Today</b> on the home page, take some time to review all of the provided resource materials and tools available in the <b>Enrollment Toolbox</b>.</p>
<input type="checkbox"/>	<p><b>Review your current coverage and other eligible benefit options.</b></p>	<p>When you select <b>Enroll Today</b> on the home page, click <b>View your Benefit Options</b> to review your current coverage (indicated by the red "default coverage" box) and other available benefit options. This will give you an opportunity to assess if your current elections will still provide the level of coverage you and your family need.</p>
<input type="checkbox"/>	<p><b>Important: Check your covered dependents!</b></p>	<p>In the past, we have indicated that you are not required to access the <i>EIX Benefits Connection</i> website during Annual Enrollment unless you have to take certain action. However, during 2016 Annual Enrollment (and going forward), <b>we are asking you to verify the eligibility for each of your covered dependents</b>, regardless of whether you are making other changes to your coverage. Ensuring any dependent you cover meets our eligibility definition is a personal responsibility. If you verify that a dependent is eligible, no further action is needed. Alternatively, if you discover you are covering a dependent who is not eligible, you must proactively remove that person from any plan(s) in which they are enrolled. <b>In the near future, we will be conducting a dependent eligibility audit.</b> If during that time we discover that you are covering an ineligible dependent, that dependent's health coverage will be canceled and you will be financially liable for up to 100 percent of any claims incurred by that person, as well as other possible action.</p> <p>For details on our 2016 dependent eligibility guidelines, log in to the <i>EIX Benefits Connection</i> website, <a href="http://www.eixbenefits.com">www.eixbenefits.com</a>, during Annual Enrollment and select <b>Enroll Today &gt; Dependent benefit eligibility</b> (under <b>Learn More</b>).</p>
<input type="checkbox"/>	<p><b>Enroll or make changes online through the <i>EIX Benefits Connection</i> website, <a href="http://www.eixbenefits.com">www.eixbenefits.com</a>.</b></p>	<p>Enroll or make changes online from Oct. 26 through Nov. 6, 2015.</p> <p>If you don't have Internet access, call the <i>EIX Benefits Connection</i> at (866) 693-4947 to discuss your options and/or enroll. Representatives are available Monday through Friday, 7:30 a.m. to 5:30 p.m., Pacific time, except holidays.*</p> <p><i>* Please note that during Annual Enrollment wait times on the phone may significantly increase.</i></p>



## Your Online Tools for Making Informed Decisions

The **Enrollment Toolbox**, located in your Annual Enrollment or new hire/rehire event on [www.eixbenefits.com](http://www.eixbenefits.com), features the following tools to help you make informed enrollment decisions.

- **Compare Plans/Calculate Costs – Health Plan Evaluator** — allows you to compare medical and dental plans and model potential costs, using assumptions about claims and the dependents you cover.
- **Calculate Flexible Reimbursement Account Needs (HCRA/DCRA)** — helps you to estimate your annual HCRA and DCRA needs.
- **Calculate Life Insurance Needs** — helps you to estimate your life insurance coverage needs.

You can also access provider search tools to help you locate providers — such as a network doctor, specialist or dentist — through the *EIX Benefits Connection* website, [www.eixbenefits.com](http://www.eixbenefits.com). Select **Health & Welfare > Resource Materials > Helpful Links**. Next, click the website link for the carrier/plan of your choice, then locate their “Find a Provider” tool\*. As an alternative, you may also call the carrier phone number provided in **Helpful Links** to search for a provider (if you are not currently enrolled in the plan you are searching, you must call).

\* *The individual carrier may require you to log in to their site for access.*

### Annual Enrollment Webinar

The **Enrollment Toolbox** at [www.eixbenefits.com](http://www.eixbenefits.com) includes an informational webinar to help you learn more about 2016 benefit plan changes and more.

### New Employee Benefits Orientation

The **Enrollment Toolbox** (as a new hire/rehire) at [www.eixbenefits.com](http://www.eixbenefits.com) also includes an informational webinar to help you learn more about the benefits available to you as a new employee and much more.

## A Few Reminders

### Address Verification

Review your home (permanent residence) and mailing addresses on file in the **Personal Information** section of the *EIX Benefits Connection* website, [www.eixbenefits.com](http://www.eixbenefits.com).

- Your **home address** in the system is used to identify the health plan options available in your geographic area.
- Your **mailing address** is used to send you benefits information.

**If you'd like to change your address, contact the Employee Information Center at (800) 500-4723 or use the self-service options on Portal.**

### If You Are Adding a Dependent(s) to Coverage

- You are required by federal law to provide the names and Social Security numbers (SSN) for all dependents over the age of one who are enrolled in an Edison health plan.
  - If you have an enrolled dependent (spouse, registered domestic partner or child) who does not have a valid SSN on file, you must provide this information as soon as possible on the *EIX Benefits Connection* website, [www.eixbenefits.com](http://www.eixbenefits.com), by selecting **Personal Information > Dependents**.
  - If you add a newborn child during the year as a result of a qualified life event, an SSN is not required immediately; however, you will need to provide an SSN prior to the child reaching age one.

If you have questions about this requirement, contact the *EIX Benefits Connection* at (866) 693-4947. Representatives are available Monday through Friday, 7:30 a.m. to 5:30 p.m., Pacific time, except holidays.

- If you elect an HMO medical and/or dental plan and have an eligible dependent(s) who lives outside of the HMO's geographic service area (e.g., a child dependent attending college out of state), his or her benefits may be limited to emergency services only. You should contact the respective health plan carrier prior to enrolling for full details.

### About Your Prescription Drug Coverage

- If you are changing your medical coverage *from* Kaiser *to* another carrier, prescription drug coverage for you and any eligible covered dependents will be administered by CVS/caremark.
  - Continue to use your current Kaiser ID cards through Dec. 31 and expect to receive new ID cards from CVS/caremark shortly before Jan. 1, 2016.
- If you are changing your medical coverage *to* Kaiser *from* another carrier, prescription drug coverage for you and any eligible covered dependents will be administered by Kaiser.
  - Continue to use your current CVS/caremark ID cards through Dec. 31 and expect to receive new Kaiser ID cards shortly before Jan. 1, 2016. Your Kaiser ID cards can be used for both your medical plan and prescription drug coverage.

### About Your Long Term Disability (LTD) and Life Insurance Coverage

When you change your coverage during Annual Enrollment, or as the result of a qualified life event, you must be actively at work on the day your coverage (or coverage change) is scheduled to take effect. If you are not actively at work (on Jan. 1, 2016 for Annual Enrollment, or on the date of your qualified life event), your increase(s) to life insurance coverage and/or any change to LTD will not take effect until you are confirmed as being actively at work. Decreases to life insurance coverage will take effect even if you are not actively at work.

### Dependent Life Insurance Coverage

- Coverage for a spouse or registered domestic partner cannot exceed 100 percent, up to a maximum of \$300,000, of the amount of Employee Life Insurance that you have elected for yourself.
- Part-time employees electing Dependent Life Insurance must also elect supplemental Employee Life Insurance for themselves.

For details on our 2016 dependent eligibility guidelines, log in to the *EIX Benefits Connection* website, [www.eixbenefits.com](http://www.eixbenefits.com), during Annual Enrollment and select **Enroll Today > Dependent benefit eligibility** (under **Learn More**).

### Supplemental Life Insurance: Evidence of Insurability (EOI)

**During Annual Enrollment**, you will be required to provide EOI for supplemental life insurance in the following scenarios:

- **Employee**
  - If you increase by more than one coverage level; or
  - If the new total amount of coverage requested is greater than four times your annual salary or \$500,000.
- **Spouse/Registered Domestic Partner**
  - If you increase by more than one coverage level; or
  - If the new total amount of coverage is more than \$25,000.

**As a new hire (or rehire)**, you will be required to provide EOI for supplemental life insurance in the following scenarios:

- **Employee**
  - If you elect more than four times your annual salary; or
  - If you elect a total amount of coverage greater than \$500,000.
- **Spouse/Registered Domestic Partner**
  - If you elect a total amount of coverage greater than \$25,000.

If your life insurance elections require you to provide EOI, be sure to complete your online EOI verification at the time of election. During the interim period before your EOI is approved or denied, or if you do not complete your online EOI verification, you will be enrolled at the highest level for which you are eligible without approval from the insurance company. You must be actively at work for any increase in coverage to take effect.



## Buying and Cashing Out Vacation Hours\*

Keep in mind that your Vacation Buy or Cash Out elections (if any) do not carry over from year to year. If you choose to participate in one of these programs, you must make a new election each year during the Annual Enrollment period.

The elections available to you will be listed on the *EIX Benefits Connection* website, [www.eixbenefits.com](http://www.eixbenefits.com), when you select **Enroll Today** on the home page and click **View your Benefit Options**.

- **Vacation Buy** — Eligible full-time employees hired on or before Dec. 1, 2015, can buy between eight and 40 hours of vacation (in eight-hour increments) for use in 2016. Elections must be made during Annual Enrollment, but no later than Jan. 1, 2016 in all cases.

A few things to consider:

- The total number of combined accrued and purchased vacation hours cannot be more than 160.
  - You pay for the additional vacation hours you buy through pre-tax payroll deductions throughout the year.
  - If you purchase vacation hours and don't use them all by the last pay period of the year, you will automatically receive payment in December for that year's unused purchased hours.
  - Purchased vacation hours are used after you have used all other accrued, banked and deviated vacation hours. The hours you purchase cannot be banked, deviated or carried over into the next year.
- **Vacation Cash Out** — Eligible full-time and part-time plus employees can also cash out up to 40 vacation hours in 2016 (in eight-hour increments). If you elect to cash out vacation hours, in January 2016 you will receive a lump-sum payment for any cashed-out vacation hours as taxable income on your paycheck. Elections must be made during Annual Enrollment, but no later than Jan. 1, 2016 in all cases.

To learn more about Vacation Buy and Vacation Cash Out, access *Your Benefits Handbook* on the *EIX Benefits Connection* website, [www.eixbenefits.com](http://www.eixbenefits.com), by selecting **Resources > Your Benefits Handbook**.

\* Not currently available to part-time employees, except part-time plus employees who can cash out up to 40 vacation hours.

## Review Your Confirmation Statement

After you make your elections on the *EIX Benefits Connection* website, [www.eixbenefits.com](http://www.eixbenefits.com), and click **Submit Changes**, be sure to print and retain your Confirmation Statement.

You can view your Confirmation Statement on the website at any time. To print your Confirmation Statement at a later date, go to the *EIX Benefits Connection* website, [www.eixbenefits.com](http://www.eixbenefits.com), and click **Health & Welfare > Coverage Details**.

Shortly after Annual Enrollment ends, or your new hire/rehire 30-day election window closes, you will be mailed a Confirmation Statement noting your 2016 coverage, even if you did not enroll or make changes.

If you need to make any corrections to your elections, you must call the *EIX Benefits Connection* within 15 days from the statement date. Otherwise, the elections shown on your Confirmation Statement will be considered final (unless you have a qualified life event and request a change within 30 days from the date of the event). Please note that your Confirmation Statement will also indicate which of your 2016 elections are pending, based on EO1 requirements.



## 2016 Health Care Plan Summary Comparison

This 2016 plan summary comparison provides you with high-level coverage details on our medical, dental and vision plans.

### Overview of Medical Coverage

Depending on the geographic location of your home address, you can choose coverage under one of the medical plan options below. Or, if you choose to waive coverage, you may be eligible to receive a waive dividend.\* If you enroll in medical coverage, you (and any covered eligible dependents, if applicable) will automatically receive prescription drug coverage.

#### ■ Preferred Provider Organization (PPO) –

**Nationwide:** With a PPO, after you meet an annual deductible, the plan pays a percentage of your eligible expenses (coinsurance). Not all services require you to meet your deductible first, such as preventive care. You can receive care from any provider (you don't need a referral to see a specialist), but when you see an in-network PPO provider, your out-of-pocket cost will almost always be less.

- Blue Shield PPO 90/70
- Blue Shield PPO 80/60
- Blue Shield PPO 70/50

#### ■ Health Maintenance Organization (HMO) and HMO-like – CA only:

With an HMO or HMO-like plan, there is no annual deductible and some eligible expenses require a copay. You must select a primary care physician (who coordinates all of your care) and obtain all medical care from your HMO's providers to receive benefits.

- Kaiser Permanente EPO
- Health Net
- UnitedHealthcare (UHC)

#### ■ Blue Shield Exclusive Provider Organization (EPO)

– **Outside CA only:** Like an HMO, an EPO has no annual deductible and some eligible expenses require a copay. However, you do not need to select a primary care physician (who coordinates all of your care) and you are responsible for ensuring that you obtain all your medical care from your EPO's nationwide network of providers to receive benefits.

- Blue Shield EPO

### Overview of Dental Coverage

Depending upon where you live, you can generally choose between a Dental PPO and a Dental HMO. Both plan types provide 100 percent coverage\*\* for preventive care (such as exams, teeth cleanings and X-rays).

- **Dental PPO:** Lets you see any provider — in-network or out-of-network. There is no annual deductible when you receive care from an in-network provider. When you receive care from an out-of-network provider for covered services other than preventive care, you must first meet an annual deductible and then the plan pays a percentage of the cost (coinsurance).
- **Dental HMO:** You must select a network dental office (who coordinates all of your care), and receive all care from your dental HMO's providers to receive benefits. For most covered services other than preventive care, you pay only a copay. There is no annual deductible.

### Overview of Vision Coverage

Full-time and part-time plus employees and their eligible covered dependents receive vision coverage through VSP at no cost (the company pays for the full cost of this coverage). After your copay, the plan pays 100 percent of the contracted rate for regular eye exams received from in-network providers, and pays a portion of the cost for eyeglass frames and lenses or contact lenses.



\* Does not apply to part-time employees (except part-time plus employees) or employees on an unpaid leave of absence.

\*\* Safeguard dental coverage charges a \$5 copay for oral exams.



## Medical Plans: PPOs

Plan Features	Preferred Provider Organization (PPO) <i>Available nationwide and outside the U.S.</i>					
	Blue Shield PPO 90/70		Blue Shield PPO 80/60		Blue Shield PPO 70/50	
	<i>In-Network</i>	<i>Out-of-Network</i>	<i>In-Network</i>	<i>Out-of-Network</i>	<i>In-Network</i>	<i>Out-of-Network</i>
<b>Annual Deductible:</b>						
▪ Individual	\$425		\$875		\$2,200	
▪ Family	\$850		\$1,750		\$4,400	
<b>Annual Out-of-Pocket Maximum</b>	\$5,120 per individual \$10,240 per family		\$5,120 per individual \$10,240 per family		\$5,510 per individual \$11,020 per family	
<b>Lifetime Maximum</b>	None		None		None	
<b>Physician:</b>						
▪ Office visits (including specialists)	▪ \$35 copay each visit	▪ Plan pays 70% after deductible	▪ \$35 copay each visit	▪ Plan pays 60% after deductible	▪ \$35 copay each visit	▪ Plan pays 50% after deductible
▪ Urgent care	▪ \$45 copay each visit	▪ Plan pays 70% after deductible	▪ \$45 copay each visit	▪ Plan pays 60% after deductible	▪ \$45 copay each visit	▪ Plan pays 50% after deductible
▪ Hospital visits	▪ Plan pays 90% after deductible	▪ Plan pays 70% after deductible	▪ Plan pays 80% after deductible	▪ Plan pays 60% after deductible	▪ Plan pays 70% after deductible	▪ Plan pays 50% after deductible
▪ Surgery	▪ Plan pays 90% after deductible	▪ Plan pays 70% after deductible	▪ Plan pays 80% after deductible	▪ Plan pays 60% after deductible	▪ Plan pays 70% after deductible	▪ Plan pays 50% after deductible
<b>Hospital:</b>						
▪ Hospital per admission copay	▪ \$300	▪ \$300	▪ \$300	▪ \$300	▪ \$300	▪ \$300
▪ Inpatient care <sup>1</sup>	▪ Plan pays 90% after deductible	▪ Plan pays 70% after deductible	▪ Plan pays 80% after deductible	▪ Plan pays 60% after deductible	▪ Plan pays 70% after deductible	▪ Plan pays 50% after deductible
▪ Outpatient care <sup>2</sup>	▪ Plan pays 90% after deductible	▪ Plan pays 70% after deductible	▪ Plan pays 80% after deductible	▪ Plan pays 60% after deductible	▪ Plan pays 70% after deductible	▪ Plan pays 50% after deductible
▪ Skilled nursing facility <sup>3</sup>	▪ Plan pays 90% after deductible (up to 100 days/calendar year)	▪ Plan pays 90% after deductible (up to 100 days/calendar year)	▪ Plan pays 80% after deductible (up to 100 days/calendar year)	▪ Plan pays 80% after deductible (up to 100 days/calendar year)	▪ Plan pays 70% after deductible (up to 100 days/calendar year)	▪ Plan pays 70% after deductible (up to 100 days/calendar year)
<b>Emergency Room</b>	\$180 copay (applies to hospital emergency room charges only; copay waived if admitted as an inpatient)					
<b>Radiology (Outpatient)</b>	▪ Complex: Plan pays 90% after deductible ▪ Other: Plan pays 90% after deductible	▪ Complex: Plan pays 70% after deductible ▪ Other: Plan pays 70% after deductible	▪ Complex: Plan pays 80% after deductible ▪ Other: Plan pays 80% after deductible	▪ Complex: Plan pays 60% after deductible ▪ Other: Plan pays 60% after deductible	▪ Complex: Plan pays 70% after deductible ▪ Other: Plan pays 70% after deductible	▪ Complex: Plan pays 50% after deductible ▪ Other: Plan pays 50% after deductible
<b>Lab (Outpatient)</b>	Plan pays 90% after deductible	Plan pays 70% after deductible	Plan pays 80% after deductible	Plan pays 60% after deductible	Plan pays 70% after deductible	Plan pays 50% after deductible
<b>Ambulance</b>	Plan pays 90% after deductible	Plan pays 90% after deductible	Plan pays 80% after deductible	Plan pays 80% after deductible	Plan pays 70% after deductible	Plan pays 70% after deductible

(continued)



# Benefits Enrollment Guide 2016

Plan Features	Preferred Provider Organization (PPO) <i>Available nationwide and outside the U.S.</i>					
	Blue Shield PPO 90/70		Blue Shield PPO 80/60		Blue Shield PPO 70/50	
	<i>In-Network</i>	<i>Out-of-Network</i>	<i>In-Network</i>	<i>Out-of-Network</i>	<i>In-Network</i>	<i>Out-of-Network</i>
<b>Rehabilitation (physical, occupational, speech, pulmonary, cardiac)</b>	Plan pays 90% after deductible	Plan pays 70% after deductible	Plan pays 80% after deductible	Plan pays 60% after deductible	Plan pays 70% after deductible	Plan pays 50% after deductible
<b>Preventive Care<sup>4</sup></b>	No charge, deductible waived	Plan pays 70% after deductible	No charge, deductible waived	Plan pays 60% after deductible	No charge, deductible waived	Plan pays 50% after deductible
<b>Acupuncture (up to 30 visits per calendar year)</b>	\$35 copay each visit	Plan pays 70% after deductible	\$35 copay each visit	Plan pays 60% after deductible	\$35 copay each visit	Plan pays 50% after deductible
<b>Allergy Testing/Treatment</b>	Plan pays 90% after deductible	Plan pays 70% after deductible	Plan pays 80% after deductible	Plan pays 60% after deductible	Plan pays 70% after deductible	Plan pays 50% after deductible
<b>Chiropractic Services (up to 30 visits per calendar year)</b>	\$35 copay each visit	Plan pays 70% after deductible	\$35 copay each visit	Plan pays 60% after deductible	\$35 copay each visit	Plan pays 50% after deductible
<b>Durable Medical Equipment</b>	Plan pays 90% after deductible	Plan pays 70% after deductible	Plan pays 80% after deductible	Plan pays 60% after deductible	Plan pays 70% after deductible	Plan pays 50% after deductible
<b>Prescription Drugs</b>	Annual out-of-pocket maximum: \$1,340 individual; \$2,680 family					
<ul style="list-style-type: none"> <li>▪ <b>Retail pharmacy</b></li> <li>▪ <b>Specialty pharmacy</b></li> <li>▪ <b>Mail order pharmacy</b></li> </ul>	<ul style="list-style-type: none"> <li>▪ Plan pays 90% for generic drugs and 80% for brand-name drugs purchased at retail pharmacies (up to a 34-day supply); approved prescribed contraceptives covered at 100%</li> <li>▪ Plan pays 90% for generic drugs and 80% for brand-name drugs purchased through the contracted specialty pharmacy (up to a 34-day supply); approved prescribed contraceptives covered at 100%</li> <li>▪ Plan pays 90% for generic drugs and 80% for brand-name drugs purchased through the contracted mail-order pharmacy (up to a 90-day supply); approved prescribed contraceptives covered at 100%</li> </ul>					

<sup>1</sup> The maximum allowed charges for non-emergency hospital services received from a non-participating hospital are \$1,500 per day. Members are responsible for the plan coinsurance level of this \$1,500 per day, plus all charges in excess of \$1,500.

<sup>2</sup> The maximum allowed charges for non-emergency surgery and services performed in a non-participating Ambulatory Center or outpatient unit of a non-participating hospital are \$500 per day. Members are responsible for the plan coinsurance level of this \$500 per day, plus all charges in excess of \$500.

<sup>3</sup> Requires pre-authorization.

<sup>4</sup> Check with your plan for a complete list of covered preventive care services.



## Medical Plans: HMOs and EPO

Plan Features	Health Maintenance Organization (HMO) <i>Available inside California only</i>			Exclusive Provider Organization (EPO) <i>Available outside California but within the U.S. only</i>
	Kaiser Permanente EPO <i>Network Only</i>	Health Net <i>Network Only</i>	UnitedHealthcare (UHC) <i>Network Only</i>	Blue Shield EPO <i>Network Only</i>
<b>Annual Deductible:</b>				
▪ Individual	▪ None	▪ None	▪ None	▪ None
▪ Family	▪ None	▪ None	▪ None	▪ None
<b>Annual Out-of-Pocket Maximum</b>	\$2,560 per individual \$5,120 per family	\$2,560 per individual \$5,120 per family	\$2,560 per individual \$5,120 per family	\$2,560 per individual \$5,120 per family
<b>Lifetime Maximum</b>	None	None	None	None
<b>Physician:</b>				
▪ Office visits (including specialists)	▪ \$25 copay each visit	▪ \$25 copay each visit	▪ \$25 copay each visit	▪ \$25 copay each visit
▪ Urgent care	▪ \$35 copay each visit	▪ \$35 copay each visit	▪ \$35 copay each visit	▪ \$35 copay each visit
▪ Hospital visits	▪ No copay	▪ No copay	▪ No copay	▪ No copay
▪ Surgery	▪ No copay	▪ No copay	▪ No copay	▪ No copay
<b>Hospital:</b>				
▪ Inpatient facility	▪ \$300 per admission copay	▪ \$300 per admission copay	▪ \$300 per admission copay	▪ \$300 per admission copay
▪ Outpatient surgery	▪ \$120 copay per surgery	▪ \$120 copay per surgery	▪ \$120 copay per surgery	▪ \$120 copay per surgery
▪ Skilled nursing facility	▪ \$300 per admission copay (up to 100 days/calendar year)	▪ \$300 per admission copay (up to 100 days/calendar year)	▪ \$300 per admission copay (up to 100 days/calendar year)	▪ \$300 per admission copay (up to 100 days/calendar year)
<b>Emergency Room</b>	\$180 copay (applies to hospital emergency room charges only; copay waived if admitted as an inpatient)			
<b>Radiology (Outpatient)</b>	▪ Complex: \$120 copay ▪ Other: No copay	▪ Complex: \$120 copay ▪ Other: No copay	▪ Complex: \$120 copay ▪ Other: No copay	▪ Complex: \$120 copay ▪ Other: No copay
<b>Lab (Outpatient)</b>	No copay	No copay	No copay	No copay
<b>Ambulance</b>	No copay	No copay	No copay	No copay
<b>Rehabilitation (physical, occupational, speech, pulmonary, cardiac)</b>	\$25 copay each visit	\$25 copay each visit	\$25 copay each visit	\$25 copay each visit
<b>Preventive Care<sup>1</sup></b>	No copay	No copay	No copay	No copay
<b>Acupuncture (up to 30 visits per calendar year)</b>	\$25 copay each visit	\$25 copay each visit	\$25 copay each visit	\$25 copay each visit

<sup>1</sup> Check with your plan for a complete list of covered preventive care services.

(continued)

Plan Features	Health Maintenance Organization (HMO) <i>Available inside California only</i>			Exclusive Provider Organization (EPO) <i>Available outside California but within the U.S. only</i>
	Kaiser Permanente EPO <i>Network Only</i>	Health Net <i>Network Only</i>	UnitedHealthcare (UHC) <i>Network Only</i>	Blue Shield EPO <i>Network Only</i>
<b>Allergy Testing/Treatment</b>	No copay	No copay	No copay	No copay
<b>Chiropractic Services (up to 30 visits per calendar year)</b>	\$25 copay each visit	\$25 copay each visit	\$25 copay each visit	\$25 copay each visit
<b>Durable Medical Equipment</b>	No copay	No copay	No copay	No copay
<b>Prescription Drugs</b>	Annual out-of-pocket maximum: \$1,340 individual; \$2,680 family			
<ul style="list-style-type: none"> <li>▪ <b>Retail pharmacy</b></li> <li>▪ <b>Specialty pharmacy</b></li> <li>▪ <b>Mail order pharmacy</b></li> </ul>	<ul style="list-style-type: none"> <li>▪ Plan pays 90% for generic drugs and 80% for brand-name drugs purchased at retail pharmacies (up to a 34-day supply); approved contraceptives covered at 100%</li> <li>▪ Plan pays 90% for generic drugs and 80% for brand-name drugs purchased through the contracted specialty pharmacy (up to a 34-day supply); approved contraceptives covered at 100%</li> <li>▪ Plan pays 90% for generic drugs and 80% for brand-name drugs purchased through the contracted mail-order pharmacy (up to a 90-day supply); approved contraceptives covered at 100%</li> </ul>			





## Dental Plans

Plan Features	Delta Dental PPO		Anthem Blue Cross of California Dental Net Dental HMO	SafeGuard Dental HMO
	In-Network	Out-of-Network <sup>1</sup>		
<b>Annual Deductible:</b> <ul style="list-style-type: none"> <li>▪ Individual</li> <li>▪ Family</li> </ul>	<ul style="list-style-type: none"> <li>▪ None</li> <li>▪ None</li> </ul>	<ul style="list-style-type: none"> <li>▪ \$50</li> <li>▪ \$150</li> </ul>	<ul style="list-style-type: none"> <li>▪ None</li> <li>▪ None</li> </ul>	<ul style="list-style-type: none"> <li>▪ None</li> <li>▪ None</li> </ul>
<b>Annual Maximum Benefit</b>	\$2,000 (excludes orthodontia and diagnostic/preventive benefits)	\$2,000 (excludes orthodontia and diagnostic/preventive benefits)	None for adults; pediatric dental services are limited to \$500 per year (not applicable to orthodontic services)	None
<b>Diagnostic/Preventive</b> <ul style="list-style-type: none"> <li>▪ Oral exams (limited to two examinations per calendar year)</li> <li>▪ Teeth cleaning</li> </ul>	<ul style="list-style-type: none"> <li>▪ Plan pays 100% of PPO dentist's allowed fee (no deductible applies for these services and does not count toward the plan's annual maximum benefit)</li> <li>▪ Plan pays 100% of PPO dentist's allowed fee (no deductible applies for these services and does not count toward the plan's annual maximum benefit)</li> <li>▪ 3 cleanings per calendar year</li> </ul>	<ul style="list-style-type: none"> <li>▪ Plan pays 100% of Delta dentist's allowed fee<sup>1</sup> (no deductible applies for these services and does not count toward the plan's annual maximum benefit)</li> <li>▪ Plan pays 100% of Delta dentist's allowed fee<sup>1</sup> (no deductible applies for these services and does not count toward the plan's annual maximum benefit)</li> <li>▪ 3 cleanings per calendar year</li> </ul>	<ul style="list-style-type: none"> <li>▪ Plan pays 100%</li> <li>▪ Plan pays 100%</li> </ul>	<ul style="list-style-type: none"> <li>▪ Plan pays 100%, after \$5 copay</li> <li>▪ Plan pays 100%</li> </ul>
<b>Basic Restorative Care:</b> <ul style="list-style-type: none"> <li>▪ Basic fillings (amalgams and composites)</li> </ul>	<ul style="list-style-type: none"> <li>▪ Plan pays 70% of PPO dentist's allowed fee</li> </ul>	<ul style="list-style-type: none"> <li>▪ Plan pays 70% of Delta dentist's allowed fee, after deductible<sup>1</sup></li> </ul>	<ul style="list-style-type: none"> <li>▪ Plan pays 100%</li> </ul>	<ul style="list-style-type: none"> <li>▪ Plan pays 100%</li> </ul>
<b>Major Restorative Care:</b> <ul style="list-style-type: none"> <li>▪ Resin fillings (anterior only)</li> <li>▪ Stainless steel crown</li> <li>▪ Crowns, jackets and gold or cast restorations</li> </ul>	<ul style="list-style-type: none"> <li>▪ Plan pays 70% of PPO dentist's allowed fee</li> <li>▪ Plan pays 70% of PPO dentist's allowed fee</li> <li>▪ Plan pays 70% of PPO dentist's allowed fee</li> </ul>	<ul style="list-style-type: none"> <li>▪ Plan pays 70% of Delta dentist's allowed fee, after deductible<sup>1</sup></li> <li>▪ Plan pays 70% of Delta dentist's allowed fee, after deductible<sup>1</sup></li> <li>▪ Plan pays 70% of Delta dentist's allowed fee, after deductible<sup>1</sup></li> </ul>	<ul style="list-style-type: none"> <li>▪ Plan pays 100%</li> <li>▪ Plan pays 100%</li> <li>▪ Plan pays 100%, after a \$120 copayment</li> </ul>	<ul style="list-style-type: none"> <li>▪ Plan pays 100%</li> <li>▪ Plan pays 100%</li> <li>▪ Plan pays 100%, after an \$85 copayment</li> </ul>
<b>Orthodontia (phase 2 only)</b>	Plan pays 80% of PPO dentist's allowed fee (subject to a lifetime maximum of \$2,000 per person)	Plan pays 80% of Delta dentist's allowed fee (subject to a lifetime maximum of \$2,000 per person)	Plan pays 100% for Phase 2, after a \$650 copayment: Limited to one full case during lifetime; retreatment of orthodontic case is not covered	Plan pays 100% for Phase 2, after a \$650 copayment

<sup>1</sup> If you use an out-of-network provider, claims are subject to program allowance and plan limits and maximums.

Vision Plan

Plan Features	VSP Providers	Non-VSP Providers
<b>Frequency of Service</b> <ul style="list-style-type: none"> <li>▪ Exams</li> <li>▪ Lenses or contacts</li> <li>▪ Frames</li> </ul>		<ul style="list-style-type: none"> <li>▪ Once every 12 months</li> <li>▪ One pair — twice every 24 months</li> <li>▪ One every 24 months</li> </ul>
<b>Exam and/or Eyewear Copay</b>	\$20	\$20
<b>Comprehensive Eye Exam</b>	Plan pays 100% after copay	Plan pays up to \$40 allowance
<b>Lenses</b> <ul style="list-style-type: none"> <li>▪ Single vision</li> <li>▪ Bifocal</li> <li>▪ Trifocal</li> </ul>	<ul style="list-style-type: none"> <li>▪ Plan pays 100% after copay</li> <li>▪ Plan pays 100% after copay</li> <li>▪ Plan pays 100% after copay</li> </ul>	<ul style="list-style-type: none"> <li>▪ Plan pays up to \$40 allowance</li> <li>▪ Plan pays up to \$60 allowance</li> <li>▪ Plan pays up to \$80 allowance</li> </ul>
<b>Frames</b>	Plan pays up to \$150 allowance; 20% discount on any amount over the maximum allowance	Plan pays up to \$45 allowance
<b>Contact Lenses</b> <ul style="list-style-type: none"> <li>▪ Contacts (in lieu of prescription glasses)</li> </ul>	<ul style="list-style-type: none"> <li>▪ Plan pays up to \$150 allowance; 20% discount on any amount over the maximum allowance</li> </ul>	<ul style="list-style-type: none"> <li>▪ Plan pays up to \$150 allowance</li> </ul>
<b>LASIK Surgery</b>	\$2,000 maximum lifetime benefit per covered family member	Not covered

*In addition to your copay, you pay any amounts that exceed plan allowances listed above. Vision benefits are not available to part-time employees.*





The information in this guide does not attempt to cover all the details, provisions, limitations, restrictions and exclusions of the plans. Unless otherwise stated in a specific section, the summaries contained in *Your Benefits Handbook*, available on the *EIX Benefits Connection* website, [www.eixbenefits.com](http://www.eixbenefits.com), by selecting **Resources > Your Benefits Handbook**, describe the features of the plans/programs as of Jan. 1, 2015. This guide serves as a summary of material modification to *Your Benefits Handbook*. Please keep this guide in a safe place so you have the most current information about your benefits. *Your Benefits Handbook* will be updated in the future to reflect changes effective Jan. 1, 2016. In the event of a discrepancy between the information contained in this guide and the applicable plan documents, the relevant plan documents will govern. Edison reserves the right to change or terminate the plans or specific plan provisions at any time.





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