



Five Minute Meeting



Topic:

Benefits Dependent Verification Program

AUDIENCE:

PG&E Medical
plan enrollees
with dependents

Why It Matters To You

At PG&E, we strive to provide you and your eligible family members with competitive and affordable health care coverage. An important part of controlling health care costs is ensuring that our roster for eligible employees, retirees and dependents is accurate and up-to-date.

Across the United States, companies that provide health benefits for employees, retirees and dependents regularly conduct dependent verifications to ensure eligibility information reflected in their database is current. This helps ensure that health care claims are paid accurately. PG&E believes the timing is appropriate given the affordability measures PG&E is facing.

Your Role in the Benefits Dependent Eligibility Verification (DEV)

To help ensure that every PG&E health care plan enrollee who receives benefits is entitled to those benefits, PG&E is working with Mercer to verify eligibility of the dependents covered under our health care plans.

DEV Phase I: July 24 – September 15, 2017

From July 24–September 15, employees with dependents under the PG&E medical plan before June 2, 2017 were asked to submit the necessary documentation for the enrolled dependents under their medical plan, including:

- Valid legal or religious marriage certificate*
- State-, County- or City-issued certificate of domestic partnership*
- Child's legal or hospital birth certificate or adoption certificate
- Household utility bill

***Note:** some dependent types require more than one type of verification. [Click here for a full list of the verification requirements.](#)

During the verification period, you can remove ineligible dependents without having to repay claims or premium costs.

Proof of eligibility for each dependent was required to be submitted by 10 p.m. on September 15, 2017. Any dependents who were identified as being ineligible, or for whom the required documentation was not provided during the DEV process, will be removed from PG&E's medical, dental, vision and/or dependent life insurance plans as of October 1, 2017.

Beginning September 18, employees who did not successfully complete the verification can follow an appeal process by calling the PG&E Benefits Service Center at 1-866-271-8144 to prevent dependents from being dropped as of October 1.

DEV Phase II: October – December 2017

If you were hired, or added dependents to the PG&E medical plan, after June 2, you will be required to complete the dependent eligibility verification during DEV Phase II – beginning in October. DEV Phase II participants will receive communications with details and instructions in October.

You will be asked to submit the necessary documentation for the enrolled dependents under your medical plan, which may include:

- Valid legal or religious marriage certificate*
- State-, County- or City-issued certificate of domestic partnership*
- Child's legal or hospital birth certificate or adoption certificate
- Household utility bill

***Note:** some dependent types require more than one type of verification. [Click here for a full list of the verification requirements.](#)

During the verification period, you can remove ineligible dependents without having to repay claims or premium costs.

Frequently Asked Questions

General FAQs

1. Who is Mercer?

PG&E has partnered with Mercer to conduct a Dependent Eligibility Verification (DEV). Mercer has provided consulting services for more than 65 years, and its administrative centers have provided benefits administration outsourcing services for more than 80 years. They employ approximately 20,000 associates with more than 2,000 employees dedicated to providing benefits administration services.

2. Why is a Dependent Eligibility Verification being conducted?

This process is being conducted to ensure only eligible dependents are provided coverage under the PG&E health care plans, including the Health Account Plan (HAP), dental, vision, retiree medical and Dependent Life, as applicable. Enrolled ineligible dependents can increase costs – costs that both you and PG&E share. It is each employee's and retiree's responsibility to ensure covered dependents continually meet the plan's eligibility requirements and to provide supporting documentation upon request.

Our goal is to verify the eligibility of all dependents without disrupting coverage for those who are eligible. Please be sure to follow the submission instructions in the verification packet you receive from Mercer.

3. I have dependents covered under PG&E's dental and vision coverage, but not medical coverage. Am I required to provide verification?

No, if you do not have dependents covered under PG&E's medical, you are not required to provide verification for your dependents at this time.

4. I have dependents covered under the PG&E Medical Plan, but did not get a verification package. Am I required to provide verification documents for my dependents?

DEV Phase I: July 24 – September 15, 2017

The file of employees with dependents required to participate in Phase I of the DEV from July 24 – September 15, 2017 was pulled on June 2, 2017. If you were hired, or added dependents to the PG&E medical plan, after June 2, you are part of Phase II of the DEV which begins in October 2017.

DEV Phase II participants will receive communications with details and instructions in October. You'll be required to provide the required documentation shown in the link below.

[Click here for a full list of the verification requirements.](#)

5. Who is an eligible dependent under PG&E's health and welfare plans?

Briefly, eligible dependents include:

- Your legally married spouse, legally State-, County- or City-recognized registered domestic partner or state-recognized common-law spouse;
- Your children who are under age 26, including stepchildren, children born during a registered domestic partnership, foster children, legally adopted children or children placed for adoption, and children for whom you have been permanently appointed legal guardianship by a court;
- The children of your spouse or registered domestic partner who are under age 26, including

legally adopted children and children placed for adoption. Note that a child for whom your spouse or registered domestic partner is the legal guardian, but not the parent, is not an eligible dependent;

- Your disabled children or those of your spouse/registered domestic partner who are age 26 or older, who are certified as disabled by a Doctor of Medicine (M.D.) or Doctor of Osteopathy (D.O.), and who have been approved by a PG&E-sponsored medical plan provider for continued coverage before they reached age 26;
- **PG&E Couples:**
 - You may cover your spouse or registered domestic partner if:
 - you both are PG&E Management and/or Administrative & Technical (A&T) employees;
 - you both are union-represented employees;
 - you both are PG&E retirees; or
 - one of you is a PG&E employee and the other is a PG&E retiree.
 - Management and A&T employees may not cover union-represented employees and vice versa.

For more information about dependent eligibility, refer to your [Summary of Benefits Handbook](#).

6. What type of verification do I need to submit to confirm the eligibility of my dependents?

Generally speaking, you'll need to submit copies of the following to confirm your dependents' eligibility, which may include:

- Valid legal or religious marriage certificate*
- State-, County- or City-issued certificate (registration) of domestic partnership*
- Child's legal or hospital birth certificate or adoption certificate
- Household utility bill

*Note: some dependent types require more than one type of verification. [Click here for a full list of the verification requirements.](#)

7. How do I obtain the required documentation?

An official certificate of every birth, death, marriage and divorce should be on file in the locality (state, city or county) where the event occurred. You may also visit the Centers for Disease Control and Prevention's vital records page at <http://www.cdc.gov/nchs/w2w.htm> or visit www.vitalrec.com (Note, you may need to access this site outside of the PG&E network or by using Google Chrome) to request specific documents by state and obtain information on the approximate costs and time of delivery.

A copy of your tax return may be requested from the Internal Revenue Service by visiting www.irs.gov/taxtopics/tc156.html?portlet=1 or by contacting the Internal Revenue Service at 1-800-829-1040.

8. I'm trying to access the vitalrec.com website to order my marriage license or birth certificate, but the site appears to be blocked?

The vitalrec.com site **is not** blocked by PG&E's policy. When using Internet Explorer, the website displays a pop-up ad on the homepage and *that* is what's blocked by P&GE's policy.

Only the pop-up ad where the "web page blocked" note displays is blocked. However, **you should still be able to access the site and order the required documentation.** Alternatively, you can access vitalrec.com using Google Chrome

or from outside the PG&E network.



9. How is Mercer handling my personal information?

Mercer adheres to strict confidentiality and data security protocols to ensure the security of personal information. The information you provide will only be used by Mercer for the purpose of conducting the Dependent Eligibility Verification process. Once the process is complete, the secure destruction of all paper and electronic documentation will be facilitated by Mercer.

Mercer employees have completed privacy training required under the federal law known as "HIPAA" and undergone background checks prior to employment.

10. I no longer work for PG&E and do not have PG&E retiree medical coverage. Do I have to provide any dependent eligibility documentation?

No. If you no longer work for PG&E and are not a PG&E retiree with medical coverage, you do not need to provide dependent eligibility documentation. You may have received the request for dependent eligibility documentation if you were an active employee as of June 2, 2017 when the data file of employees with dependents was pulled. Please disregard the request. Our apologies for the inconvenience.

11. Anthem already requested dependent information from me. Why do I have to provide this again?

The request that you received from Anthem for information on you and your dependent(s) is called a Coordination of Benefits (COB) questionnaire. This request is generally made one month after your birthdate. To ensure your healthcare claims are paid by the correct insurance carrier, Anthem sends this COB questionnaire on an annual basis to confirm if your dependents have other coverage in addition to PG&E's healthcare coverage. The COB does not verify the eligibility of your dependents, and therefore, is different from the Dependent Eligibility Verification that PG&E is conducting. To ensure your family's healthcare coverage is not disrupted, please be sure to follow the submission instructions in the verification packet you receive from Mercer.

12. What should I do to update or make changes to my personal information or my dependents' (for example: incorrect address or dependent's date of birth)?

If you need to make any changes to your personal information, you should follow the standard process:

- **Incorrect Address for Active Employees:** Log in to PG&E@Work For Me > About Me > My Personal Information > Home Address
- **Incorrect Address for Retirees and Surviving Spouses:** Call the PG&E Pension Call Center at 1-800-700-0057
- **Update Dependent Information:** Call the PG&E Benefits Service Center at 1-866-271-8144

13. Can I make changes to my enrollment elections for this plan year using this process?

No, the Dependent Eligibility Verification process cannot be used to make changes to your enrollment elections for eligible dependents. If you have a qualifying life event, such as getting married or having a child, contact the PG&E Benefits Service Center at 1-866-271-8144 to make mid-year changes to your benefit elections. Otherwise, you can update your election options in November during Open Enrollment.

14. Are ineligible dependent(s) entitled to COBRA coverage?

No, ineligible dependents are not entitled to COBRA continuation coverage. COBRA is only available to "qualified" beneficiaries who lose coverage because of a "qualifying event" such as divorce for a spouse or reaching age 26 for a dependent child.

15. When I remove an ineligible dependent, what options for individual health care coverage are available?

Ineligible dependents being removed from coverage under the PG&E health care plan may consider purchasing medical insurance available through the Health Insurance Marketplace, including Covered California for California residents. You can research plan options, evaluate your health insurance needs and find additional information by contacting the marketplace helpline at 1-800-318-2596 or by visiting www.healthcare.gov or www.coveredca.com. The helpline and portal are both available 24 hours a day, 7 days a week.

16. Can I cover my spouse who is also a PG&E employee?

Your spouse may be covered as either an employee or your dependent, but not both. If you and your spouse are both employees and enrolled separately in the plan, a dependent child

may be covered under an individual plan by either you or your spouse, but not both. Management and Administrative & Technical (A&T) employees may not cover union-represented employees and vice versa.

17. Will I be reimbursed for any out-of-pocket expenses such as postage costs or fees for obtaining the required supporting documentation that I may incur as a result of this process?

No, you will not be reimbursed for the time or expense involved in securing and/or submitting the necessary supporting documentation.

18. I removed dependents from my family health coverage and now I have single health coverage. Will I lose any Health Account credits?

No, you will not lose any Health Account credits for the 2017 plan year as a result of removing dependents. However, if you have single health coverage for the 2018 plan year, you will only receive Health Account credits for single coverage.

19. I removed dependents from my PG&E family medical coverage. What will happen to my out-of-pocket (OOP) maximum?

Your out-of-pocket maximum will remain the same for the 2017 plan year. If you've reached your out-of-pocket maximum, PG&E's medical plan will pay 100% for covered services for the rest of the 2017 plan year.

20. I have a pending claim for a dependent I removed from coverage during the Dependent Eligibility Verification. Will it still be processed?

DEV Phase I: July 24 – September 15, 2017

Any claims incurred by the dependent(s) on or before September 30, 2017 will be considered and processed accordingly.

DEV Phase II: October – December 2017

If you received a verification packet in October, any claims incurred by the dependent(s) on or before December 31, 2017 will be considered and processed accordingly.

21. What if I have been unable to provide sufficient documentation by the deadline date?

DEV Phase I: July 24 – September 15, 2017

Proof of eligibility for each dependent had to be submitted by September 15, 2017. If required documentation was not received for your dependents, they will be removed from coverage as of October 1, 2017.

If your verification was not completed, you may file an appeal by calling the PG&E Benefits Service Center at 1-866-271-8144 to prevent a loss of coverage to your dependents.

DEV Phase II: October – December 2017

If you received a verification packet in October, your proof of eligibility for each dependent must be submitted within 60 days from the date of the verification packet. If required documentation is not received for your dependents, they will be removed from coverage as of January 1, 2018.

If your verification was not completed, you may file an appeal by calling the PG&E Benefits Service Center at 1-866-271-8144 to prevent a loss of coverage to your dependents.

Verification FAQs

22. Am I required to respond during the verification period?

DEV Phase I: July 24 – September 15, 2017

Yes, if you received the verification packet, you were required to respond by September 15, 2017. If required documentation was not received for your dependents, they will be removed from PG&E health care coverage as of October 1, 2017.

DEV Phase II: October – December 2017

Yes, if you receive a verification packet in October, proof of eligibility for each dependent must be submitted within 60 days from the date of the verification packet. If required documentation is not received for your dependents, they will be removed from coverage as of January 1, 2018.

If your verification was not completed, you may file an appeal by calling the PG&E Benefits Service Center at 1-866-271-8144 to prevent a loss of coverage to your dependents.

23. What are my options for submitting my response to Mercer?

Please call the PG&E Benefits Service Center at 1-866-271-8144. Representatives are available Monday – Friday from 7:30 a.m. – 5 p.m. Pacific time.

24. I faxed my verification documents to Mercer’s Dependent Eligibility Verification (DEV) and my fax receipt confirms it was received. Why hasn’t my DEV status been updated?

The fax confirmation only indicates that the fax was sent properly from your machine; it does not confirm that Mercer received it. You can contact the PG&E Benefits Service Center at 1-866-271-8144 to confirm if your verification documents were received and processed.

25. What should I do if I have an ineligible dependent(s) listed on the Dependent Eligibility Verification Checklist?

If one or more dependents do not meet the requirements for eligibility under the PG&E health care plans, indicate that the dependent should be removed from coverage by placing an “X” next to the dependent’s name in the “Check To Remove From Coverage” column on the Dependent Eligibility Verification (DEV) Checklist. After you’ve completed your Checklist, please return it to the DEV per the instructions listed in your packet.

26. What are the consequences if I am found to be covering an ineligible dependent during the verification period?

DEV Phase I: July 24 – September 15, 2017

Coverage under the PG&E health care plan for ineligible dependents will end as of October 1, 2017.

During the Dependent Eligibility Verification (DEV) period, you’ll be granted a one-time amnesty period in which you will not be subject to termination of employment or be required to pay PG&E an amount equal to the cost of coverage for the period of time an ineligible dependent was enrolled.

If you are found to have covered any ineligible dependents after the DEV is complete (meaning after October 1, 2017), it will be considered fraud and can be grounds for termination of employment. Additionally, you may be required to pay PG&E an amount equal to the cost of coverage for the period of time during which the ineligible dependent was enrolled – up to two full years’ of the cost of coverage. For details, visit spd.mypgebenefits.com.

DEV Phase II: October – December 2017

Coverage under the PG&E health care plan for ineligible dependents will end as of January 1, 2018.

During the Dependent Eligibility Verification (DEV) period, you’ll be granted a one-time amnesty period in which you will not be subject to termination of employment or be required to pay PG&E an amount equal to the cost of coverage for the period of time an ineligible dependent was enrolled.

If you are found to have covered any ineligible dependents after the DEV is complete (meaning after December 31, 2017), it will be considered fraud and can be grounds for termination of employment. Additionally, you may be required to pay PG&E an amount equal to the cost of coverage for the period of time during which the ineligible dependent was enrolled – up to two full years’ of the cost of coverage. For details, visit spd.mypgebenefits.com.

27. When will coverage end for dependents removed during the verification?

DEV Phase I: July 24 – September 15, 2017

Dependents will be removed from coverage as of October 1, 2017.

DEV Phase II: October – December 2017

Dependents will be removed from coverage as of January 1, 2018.

If your verification was not completed, you may file an appeal by calling the PG&E Benefits Service Center at 1-866-271-8144 to prevent a loss of coverage to your dependents.

- 28. If my coverage level is reduced because coverage of an ineligible dependent is removed, will I be refunded for previous amounts that I paid to cover the dependent?**
Previous amounts that you paid for coverage of ineligible dependents will not be refunded; however, the amount you are required to pay for coverage going forward may be reduced.
- 29. I have a disabled dependent showing as verified on my Dependent Eligibility Verification Checklist. Do I need to provide verification for that dependent?**
No. No further action is required. Your disabled dependent has already been verified as eligible through PG&E's medical plan.
- 30. I have a dependent under a Qualified Medical Child Support Order (QMCSO) showing as verified on my Dependent Eligibility Verification Checklist. Do I need to provide verification for that dependent?**
No. No further action is required because your support order requires you to cover these dependents and they're already verified.
- 31. If I want to add a dependent to my coverage in the future, will I be required to provide supporting documentation at that time?**
Yes, starting October 2017, you will be required to provide documentation to verify your dependent's initial eligibility upon enrollment. Additionally, PG&E is committed to ensuring continued plan compliance and may conduct focused dependent eligibility verifications in the future.
- 32. Is documentation required to verify eligibility for a deceased dependent or dependents of a deceased employee or retiree?**
Documentation is not required for a deceased dependent or the surviving spouse of a deceased employee or retiree. However, surviving spouses will need to provide documentation for any covered children. Please also contact the PG&E Benefits Service Center at 1-866-271-8144 to verify that PG&E's records have been updated appropriately.
- 33. Do I need to send original documents?**
No, **you only need to send copies** of the required documentation as Mercer is unable to return originals. If the document is multiple pages or two-sided, ensure you copy all pages and both sides of the document and that the copied document is still legible. If you're providing your documents to the PG&E Benefits Service Center via email, you may also take a picture of the documents if you do not have a scanner.
- 34. What information must be included on birth and/or marriage certificates in order for them to be considered acceptable supporting documents?**
Birth certificates must include the child's name and must also list the name of the employee/retiree or the name of the employee's/retiree's spouse or domestic partner as a parent of the child. The birth record or "short form" will not be accepted for the verification process because this document does not list the name of the mother or father.
- All marriage certificates must be currently valid and include the date of marriage, names of the PG&E employee or retiree, as well as the spouse's name who is listed as dependent. Additionally, legal marriage certificates must show the marriage has been recorded by the appropriate State, County or City agency. To obtain a copy of your marriage certificate, visit <http://www.cdc.gov/nchs/w2w.htm> or visit www.vitalrec.com/ (Note, you may need to access this site outside of the PG&E network or by using Google Chrome) to request specific documents by state and obtain information on the approximate costs and time of delivery.
- 35. I have a common-law spouse. What documentation can I provide as proof?**
You may submit a valid State-issued certificate, declaration or registration of common-law or informal marriage (in applicable states) which must include the following, along with a document listed under Proof B in the Verification Requirements sections of your verification packet from Mercer.
- Name of the employee/retiree and spouse

- Date of informal marriage
- Certifier's signature/official seal

36. I have a domestic partner. What documentation do I need to provide as proof?

You may submit a State-, County- or City-issued certificate (registration) of domestic partnership registry as proof. You may also be required to provide additional documentation such as a household utility bill or a document from a bank account or financial institution. See the additional proof requirements under Proof B in the Verification Requirements sections of your verification packet from Mercer.

37. My dependent documentation is not in English; do I need to provide a translation?

If your document is in a language derived from the Latin alphabet that uses the same letters as English (such as Spanish, German, French, etc.), send a copy of the original document and Mercer will make every attempt to translate it. If Mercer is unable to translate it, you will be notified that the status of your verification is incomplete and an official English translation will be required.

Mercer is unable to translate documents printed in languages which use 'characters' such as those used in Russian, Chinese, Japanese, etc. To assist the process in translating character-based documents, please include a copy of the original foreign language document and an official English translation.

38. What type of tax form should I submit?

If you choose to submit a tax form as one of your eligibility proofs, you should submit a copy of your 2015 or 2016 year filed Federal income tax form 1040, 1040A or 1040X (or 1040EZ for spouse only) or your 2015 or 2016 year State income tax form showing your filing status and listing your dependents. To support your spousal relationship, you may submit a copy of your filed 1040 EZ or official transcript of your tax return. Form 887-9 (e-form first page) is NOT acceptable.

Please block out personal financial data and Social Security numbers on your tax form prior to submission.

39. What information must be included on my tax form in order for it to be considered an acceptable supporting document?

The entire tax return is not required, only the page that lists filing status and exemptions. The information regarding your marital status, the name of your spouse, and the name(s) of your dependents is required if applicable. Form 887-9 (e-form first page) is NOT acceptable.

Please block out personal financial data and Social Security numbers on your tax form prior to submission.

40. How will I know if my verification documents to Mercer are sufficient?

You can confirm receipt of your documents, as well as monitor the verification progress and dependent status by calling the PG&E Benefits Service Center at 1-866-271-8144.

The current status of your verification documents is subject to a quality assurance process. During the review of your documents, if additional verification is required you will be contacted by mail. Upon completion of the process, you will receive written notification if no further action is required.

41. My eligible dependents were removed from my family coverage. Who do I contact to add them back on my coverage?

DEV Phase I: July 24 – September 15, 2017

If any of your dependents are scheduled to be removed from PG&E health care coverage as of October 1, 2017 and you disagree with the action, you have the right to appeal. However, before filing a formal written eligibility appeal, you may contact the PG&E Benefits Service Center at 1-866-271-8144 (beginning September 18, 2017) to see if the eligibility issue can be resolved informally via phone. If you are not satisfied with the outcome of your call with the PG&E Benefits Service Center, you may file a written eligibility appeal with the Plan Administrator by writing to:

Pacific Gas and Electric Company

Benefits Department
Plan Administrator Appeals
1850 Gateway Boulevard, 7th Floor
Concord, CA 94520

The PG&E Benefits Service Center can provide you with information about the appeals process, or you may access full details in the "If Eligibility is Denied" section of the Summary of Benefits Handbook by visiting spd.mypgebenefits.com.

DEV Phase II: October – December 2017

If any of your dependents are scheduled to be removed from PG&E health care coverage as of January 1, 2018 and you disagree with the action, you have the right to appeal. However, before filing a formal written eligibility appeal, you may contact the PG&E Benefits Service Center at 1-866-271-8144 (beginning January 1, 2018) to see if the eligibility issue can be resolved informally via phone. If you are not satisfied with the outcome of your call with the PG&E Benefits Service Center, you may file a written eligibility appeal with the Plan Administrator by writing to:

Pacific Gas and Electric Company
Benefits Department
Plan Administrator Appeals
1850 Gateway Boulevard, 7th Floor
Concord, CA 94520

The PG&E Benefits Service Center can provide you with information about the appeals process, or you may access full details in the "If Eligibility is Denied" section of the Summary of Benefits Handbook by visiting spd.mypgebenefits.com.