



Hiring Hall Employees Benefits 2016 Open Enrollment

Open Enrollment is November 3–17

Welcome to Open Enrollment for 2016 benefits.

Your Personalized Enrollment Worksheet will be mailed separately. If you don't receive it by **November 2**, please call the PG&E Benefits Service Center at **1-866-271-8144**.

Your medical plan option: Anthem Gold Plan

PG&E is introducing the Anthem Gold Plan to allow all Hiring Hall employees the opportunity to elect PG&E-sponsored medical coverage. Because of health care reform changes, as of January 1, 2015, PG&E retirees working as Hiring Hall employees could no longer access their retiree coverage while working as Hiring Hall employees.

The new Anthem Gold Plan will be available to ALL Hiring Hall employees for coverage effective January 1, 2016. The Hiring Hall Network Access Plan and Comprehensive Access Plan will no longer be available after December 31, 2015.

What you need to do

Before November 17, 2015:

Read this guide and decide if you want to elect the Anthem Gold Plan.

Enrolling online? You have until 11:59 p.m. Pacific time November 17 to enroll online.

Enrolling by phone? You have until 5 p.m. Pacific time November 17 to enroll by phone.

See page 3 for details.

What you need to know

Enrolling will affect your pay

You automatically get a Benefit Equivalent Allowance of:

IBEW employee: 25%	OR	ESC employee: \$8.22
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Enrolling will make a difference in your take-home pay. If you elect the Anthem Gold Plan, you'll see a **\$3.37 deduction each paycheck** on all straight-time hours worked. Overtime hours won't get a deduction.

This deduction is in addition to your monthly premium costs:

Anthem Gold Plan Monthly Cost of Coverage	You Pay	PG&E Pays	Total Cost
Employee only	\$93.18	\$583.94	\$677.12
Employee + spouse/registered domestic partner	\$838.01	\$583.94	\$1,421.95
Employee + children	\$634.86	\$583.94	\$1,218.80
Employee + spouse/registered domestic partner + children	\$1,379.71	\$583.94	\$1,963.65

Your total cost

Your total cost for Anthem Gold Plan coverage includes:

- Your share of the monthly premium cost, described in the table above—taken from the second paycheck each month

PLUS

- The \$3.37 deduction on all straight-time hours worked—taken from every paycheck

If you don't enroll

Are you currently enrolled in the PG&E-sponsored Hiring Hall Network Access Plan (NAP) or Comprehensive Access Plan (CAP)? If you take no action during Open Enrollment, you and your currently enrolled eligible dependents will automatically be enrolled in the Anthem Gold Plan for 2016. You'll be responsible for making any required contributions as listed on your 2016 Personalized Enrollment Worksheet—which was mailed separately.

Are you currently NOT enrolled in a Hiring Hall plan? If you don't elect the Anthem Gold Plan during Open Enrollment, you'll have no PG&E-sponsored medical coverage effective the first of the month after your Hiring Hall assignment begins. You'll continue to receive the Benefit Equivalent Allowance paid to you in addition to your Hiring Hall wages.

Make sure you have minimum essential coverage

Planning to opt out of PG&E-sponsored medical coverage?

If you're not eligible for Medicare, make sure you have other medical coverage for 2016 that meets the federal government's minimum essential coverage requirements. Medicare satisfies those requirements.

If you don't have minimum essential coverage, you could be subject to a tax penalty.

Enroll

You can enroll online or by phone November 3-17.

If you enroll, coverage will be effective January 1, 2016, and you'll be responsible for making any required contributions as listed on your 2016 Personalized Enrollment Worksheet—which was mailed separately.

ONLINE Available 24/7 You have until 11:59 p.m. Pacific time November 17 to enroll online	OR	BY PHONE Available Monday–Friday 7:30 a.m.–5 p.m. Pacific time You have until 5 p.m. Pacific time November 17 to enroll by phone
Log on to your Mercer BenefitsCentralSM account: <i>From PG&E@Work for Me:</i> Click About Me > My Benefits > Mercer BenefitsCentral and you'll be automatically logged in to your Mercer BenefitsCentral account. From your computer or mobile device: Go to myggebenefits.com		Call the PG&E Benefits Service Center: 1-866-271-8144 Representatives can: <ul style="list-style-type: none">• Help you enroll online or by phone• Answer questions about the Anthem Gold Plan

Need to set up your Mercer BenefitsCentral account?

Registering is as easy as 1-2-3:

1. From any computer or mobile device, go to **myggebenefits.com** and click **Log In** under **Manage Your Benefits**
2. Click **Get Started** under **New Users**
3. Follow the prompts to register your account and set up your user ID and password

That's all it takes to get year-round access to your personalized benefits account. You'll be able to:

- See what benefits you have
- Update your dependents
- Find tools, resources and details about your benefits

Best of all, Mercer BenefitsCentral is always open—you can access it from your computer or mobile device 24 hours a day, 7 days a week.

Enrolling dependents

Do you have a dependent not listed on your Personalized Enrollment Worksheet?

You'll need to call the PG&E Benefits Service Center or log on to your Mercer BenefitsCentral account to add that dependent. You'll need to provide your dependent's name, birth date and Social Security number when you enroll.

You'll need to call the PG&E Benefits Service Center if you want to:

- Add a registered domestic partner or registered domestic partner's child to your coverage
- Add or drop a Medicare-eligible dependent

Want to enroll your children?

You can enroll your children up to age 26 for medical coverage—no questions asked. They can be employed or married—and they don't have to be students.

Is your dependent child disabled?

If your child is disabled, under age 26 and currently enrolled in a PG&E-sponsored medical plan, you'll need to get your child medically certified as disabled **before he or she reaches age 26** to continue coverage from age 26 onward. You'll need to get the certification directly from your medical plan.

You can cover disabled dependents age 26 or older **only if** they meet both of these conditions:

They were already enrolled in a PG&E-sponsored plan when they turned 26

AND

They were medically certified as disabled by a PG&E-sponsored medical plan before they turned 26

You may not cover disabled dependents age 26 or older if they fail to meet either one of these conditions.

Have you moved?

Make sure your home address and phone number are correct. PG&E needs your correct address to send you important communications about your benefits.

You can update your address and phone number:

- Online at ***PG&E@Work for Me***

OR

- By calling the HR Service Center at **415-973-4357** or **1-800-788-2363**

Representatives are available Monday–Friday, 8 a.m.–5 p.m. Pacific time; closed 12–12:30 p.m. for lunch.

Check your confirmation statement

You have until December 31, 2015, to call the PG&E Benefits Service Center to correct any errors for 2016. No changes will be accepted after that.

Enrolling online?
Print your online confirmation statement, and make sure it's accurate.

Enrolling by phone—or taking no action?
You'll get a statement in the mail confirming your 2016 coverage. Call the PG&E Benefits Service Center if you don't receive your confirmation statement by mid-December.

Anthem Gold Plan ID cards

If you enroll in the Anthem Gold Plan, you'll get your new ID card:

- In January 2016 if you enroll during Open Enrollment
- Within seven days after your election takes effect if you enroll midyear

If you don't receive your ID card on time, call Anthem. If you need to see a doctor before your ID card arrives, use your confirmation statement as proof of coverage.

Don't want to wait? You can print a copy of your ID card from Anthem's website. You can also print temporary ID cards for prescription drug plan coverage at express-scripts.com.

Changing coverage if your life changes

Getting married or divorced? Adopting a child? Big changes like these are **life events**. Chances are, you'll want to change your benefits coverage, too—like adding or dropping a dependent.

Already enrolled in the Anthem Gold Plan when you experience the life event? You have 31 days from the date of your life event to make allowable midyear changes to your coverage (180 days from the birth or adoption of a child).

Not enrolled in the Anthem Gold Plan when you experience the life event? Call the PG&E Benefits Service Center at **1-866-271-8144** for information about your options.

Questions about your benefits?

Call the PG&E Benefits Service Center: **1-866-271-8144**

Representatives are available Monday–Friday, 7:30 a.m.–5 p.m. Pacific time

Anthem Gold Plan

The Anthem Gold Plan helps build a better you by offering some free preventive and primary medical care so you can be sure you're getting the right care, right away.

The Anthem Gold Plan has a nationwide network of providers.* You can use any licensed provider you choose, but you'll pay less when you use in-network Anthem providers and Express Scripts-participating pharmacies. That's because they've agreed to accept Anthem and Express Scripts' negotiated rates.

*Only urgent/emergency care is covered outside the U.S.

DEFINITIONS	
Use these definitions to help you understand the information on the following pages.	
Annual deductible	<p>The amount you owe for covered health services before the Anthem Gold Plan pays benefits.</p> <p>EXAMPLE</p> <p>The Anthem Gold Plan's annual deductible is \$1,000 per person. The plan won't pay anything until you've met the annual deductible for services that are subject to the deductible. Some services don't require a deductible.</p>
Coinsurance	<p>Your share of the cost of covered health services after you meet the annual deductible. Coinsurance is usually 10% or 20% of the allowed amount.</p> <p>EXAMPLE</p> <p>The allowed amount for a covered health service is \$100 and the coinsurance is 20%. If you've met the deductible, your coinsurance payment would be \$20.</p>
Annual out-of-pocket maximum	<p>The most you'll pay in a calendar year before the Anthem Gold Plan pays 100% of covered services for the rest of the year.</p> <p>The out-of-pocket maximum includes amounts you pay for deductibles and coinsurance.</p>

Benefits overview

GENERAL	
<p>Annual deductible</p> <ul style="list-style-type: none"> • \$1,000 per person • No more than \$2,000 per family 	<p>Annual out-of-pocket maximum</p> <ul style="list-style-type: none"> • \$2,400 per person • No more than \$4,800 per family
<p>The annual out-of-pocket maximum includes amounts you pay toward the annual deductible. It does not include any penalty charges, amounts in excess of the reasonable and customary amounts for out-of-network charges, or charges for services that aren't covered.</p> <p>No lifetime benefit maximum except for infertility services</p> <p>No pre-existing condition exclusions</p>	
<p>Remember:</p> <p>Out-of-pocket maximum = deductible + coinsurance</p>	

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MEDICAL	
<p>Primary Care Includes routine physical exams</p>	<p>Doctor visits</p> <ul style="list-style-type: none"> • No deductible • Four free visits a year per enrolled person; you're responsible for 10% of covered charges for additional visits <p>Note: If one of the first four visits is a physical exam, it counts toward your four free visits.</p>
<p>Specialty Care</p>	<ul style="list-style-type: none"> • Deductible required • You're responsible for 20% of covered charges
<p>Preventive Services Example: Routine mammograms, pap smears, colonoscopies Go to myggebenefits.com for a list of free services</p>	<ul style="list-style-type: none"> • No deductible • Free if included on the list and coded as preventive <p>Note: Diagnostic tests and ancillary services like anesthesia and facility fees are covered separately and aren't free (see page eight for Lab Tests and X-Rays and for Outpatient Hospital).</p>
<p>Immunizations Go to myggebenefits.com for a list of free services</p>	<ul style="list-style-type: none"> • No deductible • Free if included on the list
<p>Maternity Care</p>	<p>Office visits</p> <ul style="list-style-type: none"> • No deductible • Free <p>Screenings and tests (e.g., sonograms)</p> <ul style="list-style-type: none"> • Deductible required • You're responsible for 20% of covered charges <p>Hospital-based delivery</p> <ul style="list-style-type: none"> • Deductible required • You're responsible for 20% of covered charges <p>Preauthorization required for delivery stays beyond 48 hours for normal delivery (96 hours for Cesarean section); \$300 penalty if not obtained</p>
<p>Well-Baby Care</p>	<ul style="list-style-type: none"> • No deductible • Free to age two
<p>Infertility Services</p>	<ul style="list-style-type: none"> • Deductible required • You're responsible for 20% of covered charges • \$7,000 lifetime benefit maximum; includes balances from prior plans
<p>Urgent Care</p>	<p>Covered as primary care—no deductible; you're responsible for 10% of covered charges after the first four free primary care visits</p>
<p>Emergency Room</p>	<ul style="list-style-type: none"> • Deductible required • You're responsible for 20% of covered charges
<p>Ambulance Services</p>	<ul style="list-style-type: none"> • Deductible required • You're responsible for 20% of covered charges

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MEDICAL , continued	
<p>Lab Tests and X-Rays</p> <p>Go to myggebenefits.com for a list of free services</p>	<p>Routine preventive screenings that are on the list of free services</p> <ul style="list-style-type: none"> • No deductible • Free <p>All other procedures, including diagnostic tests and most lab tests</p> <ul style="list-style-type: none"> • Deductible required • You're responsible for 20% of covered charges
<p>Chiropractic and Acupuncture</p>	<ul style="list-style-type: none"> • Deductible required • You're responsible for 10% of covered charges for first five visits per year; 20% for additional visits <p>Preauthorization required after five visits</p>
<p>Outpatient Physical Therapy, Speech Therapy, Occupational Therapy</p>	<ul style="list-style-type: none"> • Deductible required • You're responsible for 10% of covered charges for first five visits per year; 20% for additional visits <p>Preauthorization required after 24 visits</p>
<p>Outpatient Hospital</p>	<ul style="list-style-type: none"> • Deductible required • You're responsible for 20% of covered charges
<p>Hospital Stay</p>	<ul style="list-style-type: none"> • Deductible required • You're responsible for 20% of covered charges <p>Preauthorization required for non-emergency care, \$300 penalty if not obtained; covers semi-private room (private if medically necessary)</p>
<p>Skilled Nursing Facility</p>	<ul style="list-style-type: none"> • Deductible required • You're responsible for 20% of covered charges <p>Preauthorization required, \$300 penalty if not obtained; excludes custodial care</p>
<p>Home Health Care</p>	<ul style="list-style-type: none"> • Deductible required • You're responsible for 20% of covered charges <p>Preauthorization required, \$300 penalty if not obtained; excludes custodial care</p>
<p>Hospice Care</p>	<ul style="list-style-type: none"> • No deductible • Free <p>Preauthorization required, \$300 penalty if not obtained; excludes custodial care</p>
<p>Durable Medical Equipment</p>	<ul style="list-style-type: none"> • Deductible required • You're responsible for 20% of covered charges <p>Preauthorization required for purchase or cumulative rental over \$1,000; \$300 penalty if not obtained</p>
<p>Hearing Aids</p>	<ul style="list-style-type: none"> • Deductible required • You're responsible for 20% of covered charges for evaluation, fittings, equipment • Limited to one medically necessary hearing aid per ear every three years

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PRESCRIPTION DRUGS	
<p>List of Free Prescription Drugs</p> <p>Go to myppgebenefits.com for a list of free medications</p>	<p>Select drugs are free, no deductible</p> <p>In order for the drug to be free, you must use the Express Scripts mail-order program</p>
<p>Retail Drugs</p>	<ul style="list-style-type: none"> • Deductible required (combined with medical deductible) • You're responsible for 15% of covered charges for generic; 25% for brand (Generic Incentive Provision and Step Therapy Provision apply) <p>Mandatory mail order for most maintenance drugs: You can get the first three fills of the same prescription at a retail pharmacy; no coverage for additional fills except through the Express Scripts mail-order program</p>
<p>Mail-Order Drugs</p>	<p>For drugs not on the list of free medications:</p> <ul style="list-style-type: none"> • Deductible required • You're responsible for 10% of covered charges for generic; 20% for brand (Generic Incentive Provision and Step Therapy Provision apply) • 90-day supply
<p>Generic Incentive Provision</p>	<p>If you purchase a brand-name drug when a generic is available, you'll be responsible for paying the price difference plus any required coinsurance. Any generic/brand price differential you pay is a non-covered expense and therefore does not count toward your annual deductible or out-of-pocket maximum.</p>
<p>Step Therapy Provision</p>	<p>For certain medications, the Anthem Gold Plan requires that members try generic medication or lower-cost brand-name alternatives first, instead of higher-cost brand-name drugs.</p> <p>Members who require higher-cost brand-name drugs for medically necessary reasons can appeal to Express Scripts by having their doctor submit the reason why the higher-cost brand-name drug is required. Express Scripts will review and approve exceptions if the higher-cost brand-name drugs are required.</p>
<p>Drugs for Infertility and Sexual Dysfunction</p>	<ul style="list-style-type: none"> • Deductible required • If medically necessary, standard retail and mail-order coverage applies • If not medically necessary, you're responsible for 50% of covered charges for retail and mail-order purchases

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MENTAL HEALTH AND SUBSTANCE ABUSE

All care provided and administered by Beacon Health Options (formerly ValueOptions)

Outpatient Mental Health	<ul style="list-style-type: none">• No deductible• You pay 10% of covered charges
Inpatient Mental Health	<ul style="list-style-type: none">• Deductible required• You pay 20% of covered charges <p>Requires preauthorization by Beacon Health Options; \$300 penalty if you fail to notify Beacon Health Options within 48 hours; no limit on number of stays</p>
Outpatient Substance Abuse	<ul style="list-style-type: none">• No deductible• You pay 10% of covered charges
Inpatient Substance Abuse	<ul style="list-style-type: none">• Deductible required• You pay 20% of covered charges <p>Requires preauthorization by Beacon Health Options; \$300 penalty if you fail to notify Beacon Health Options within 48 hours; no limit on number of stays</p>
Applied Behavioral Analysis (Autism Treatment)	<ul style="list-style-type: none">• No deductible• Free• No limits <p>Requires preauthorization by Beacon Health Options</p>

What else you need to know

Do you have PG&E retiree medical coverage?

Your PG&E-sponsored retiree medical plan coverage will end on the last day of the month you become a Hiring Hall employee. You have options:

<p>Enroll in the Anthem Gold Plan</p> <p>The Anthem Gold Plan has a nationwide network of providers. See page 6 for details.</p>	OR	<p>Work for another employer (Signatory Contractor)—and stay enrolled in your PG&E-sponsored retiree medical plan</p> <p>PG&E's operating departments may have a choice of seeking a Hiring Hall employee or contract worker for temporary staffing needs for positions covered by the:</p> <ul style="list-style-type: none"> • IBEW Physical Agreement—or • ESC Agreement <p>A contractor option is not available under the IBEW Clerical Agreement.</p>
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Do you have other coverage options outside of PG&E?

- Does your spouse have a plan at work? Consider enrolling as a dependent.
- Are you a veteran? You may be able to enroll in a Veterans Affairs (VA) plan.
- Are you not yet eligible for Medicare? You may qualify for government-subsidized coverage through coveredca.com.

Do you have Medicare coverage?

As a Hiring Hall employee, you can:

<p>Keep Medicare as your only coverage</p> <p>Medicare will be your only source of medical coverage while you're a Hiring Hall employee.</p>	OR	<p>Keep Medicare and elect the Anthem Gold Plan</p> <p>The Anthem Gold Plan will pay your medical bills first, and Medicare will be the secondary payer.</p>	OR	<p>Disenroll from Medicare and elect the Anthem Gold Plan</p> <p>The Anthem Gold Plan will be your only source of medical coverage while you're a Hiring Hall employee.</p>
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You may be allowed to disenroll from Medicare because the Anthem Gold Plan is an employee plan. However, Medicare has specific rules about enrolling and disenrolling.

If you disenroll from Medicare and you plan to re-enroll in a PG&E-sponsored retiree medical plan—remember, all of the retiree plans pay secondary to Medicare. If your Medicare coverage isn't reinstated right away, you'll have to pay the charges Medicare would have covered—**usually about 80% of the bill**—out of your own pocket. Your PG&E-sponsored retiree medical plan won't pay any charges that Medicare would have covered.

For more information, visit medicare.gov or call Medicare at 1-800-633-4227.

Do you have leftover Health Account credits?

Were you enrolled in the Anthem or Kaiser Health Account Plan (HAP) as an employee?

As a Hiring Hall employee, you can use leftover Health Account credits to help pay for everything except premiums:



After your Hiring Hall assignment ends and you resume retiree status, you'll be able to use your leftover Health Account credits to help pay for PG&E-sponsored retiree medical premiums and Medicare Part B premiums, too.

Deadline for filing Health Account claims

Both the Anthem and Kaiser Health Accounts have the same deadlines for filing claims:

2015 EXPENSES	2016 EXPENSES
You have until March 31, 2016 , to file claims for expenses incurred through December 31, 2015.	You have until March 31, 2017 , to file claims for expenses incurred through December 31, 2016.

How to file Health Account claims

Do you have an Anthem Health Account?

2015 EXPENSES: YSA	2016 EXPENSES: WAGeworks
File claims for 2015 expenses with Your Spending Account (YSA). Log on to yourspendingaccount.com/pge and upload, fax or mail your claims and supporting documentation to YSA OR Call YSA at 1-800-964-9902	Starting May 1, 2016, you'll be able to file claims for 2016 expenses with WageWorks, the new Health Account administrator. Call the PG&E Benefits Service Center at 1-866-271-8144 to request a claim form Fax your completed claim form to WageWorks at 1-877-353-9236 OR Mail your completed claim form to: Claims Administrator P.O. Box 14053 Lexington, KY 40512

Do you have a Kaiser Health Account?

You can file all Health Account claims with Kaiser Permanente.

Go to kp.org/healthpayment to file a claim or call Kaiser at **1-877-750-3399** for help filing claims.

Contact your Health Account administrator for help submitting claims for reimbursement.

What happens when your Hiring Hall assignment ends

You and your eligible dependents will be able to re-enroll in a PG&E-sponsored retiree medical plan.

You'll receive a Personalized Enrollment Worksheet at your home address with instructions on how to enroll online through your Mercer BenefitsCentral account or by phone at **1-866-271-8144**.

The rules are a little different based on whether you enrolled in the Anthem Gold Plan as a Hiring Hall employee versus if you didn't.

If you enrolled in the Anthem Gold Plan

- Your Anthem Gold Plan coverage **will end on the last day of the month** your Hiring Hall assignment ends.
- You have **31 days from the date your Anthem Gold Plan coverage ends** to re-enroll in a PG&E-sponsored retiree medical plan for you and your eligible dependents.
- Your retiree medical coverage **will start retroactively on the first day of the month** after your Anthem Gold Plan coverage ends.

EXAMPLE—IF YOU ENROLLED IN THE ANTHEM GOLD PLAN

- Your Hiring Hall assignment ends April 28.
- Your Anthem Gold Plan coverage ends April 30 (last day of the month your assignment ends).
- You re-enroll for retiree medical coverage May 15 (which is within 31 days of April 30).
- Your retiree medical coverage will be effective retroactive to May 1.

If you did NOT enroll in the Anthem Gold Plan

- You have **31 days from your Hiring Hall assignment end date** to re-enroll in a PG&E-sponsored retiree medical plan for you and your eligible dependents.
- Your retiree medical coverage **will start retroactively on the first day of the month** after your assignment end date.

EXAMPLE—IF YOU DID NOT ENROLL IN THE ANTHEM GOLD PLAN

- Your Hiring Hall assignment ends February 25.
- You re-enroll for retiree medical coverage March 8 (which is within 31 days of February 25).
- Your retiree medical coverage will be effective retroactive to March 1.

Contact information

MEDICAL	CONTACT	GROUP NUMBER
Anthem Gold Plan Representatives are available Monday–Friday, 7 a.m.–8 p.m. Pacific time	1-800-964-0530 anthem.com/ca/pge	PZG170157
For chiropractic and acupuncture preauthorization required after five visits: American Specialty Health Network (ASH)	1-800-678-9133	N/A
PRESCRIPTION DRUG		
Administered by Express Scripts Representatives are available 24/7; closed Thanksgiving and Christmas	1-800-718-6590 express-scripts.com	PGE0000
MENTAL HEALTH & SUBSTANCE ABUSE		
Administered by Beacon Health Options Representatives are available 24/7	1-800-562-3588 beaconhealthoptions.com	N/A
OTHER BENEFITS		
COBRA To continue benefits after coverage ends Administered by Conexus, a WageWorks partner Representatives are available Monday–Friday, 5 a.m.–5 p.m. Pacific time	1-866-271-8144, option 5 https://mybenefits.conexus.com	N/A

PG&E benefits information and references

Mercer BenefitsCentralSM Log on to your account from <i>PG&E@Work for Me</i> or at mypgebenefits.com
PG&E Benefits Service Center For enrollment and benefit questions Representatives are available Monday–Friday, 7:30 a.m.–5 p.m. Pacific time 1-866-271-8144

Summary of Material Modifications (October 2015)

This *Benefits 2016* booklet is for Hiring Hall employees. It is designed, in part, to make you aware of important changes that have been made to The Pacific Gas and Electric Company Health Care Plan for Active Employees (the “Health Care Plan” or “Plan”).

Your 2016 enrollment materials are not an exhaustive explanation of the Health Care Plan. Additional information about the Plan is contained in the document entitled, *The Pacific Gas and Electric Company Health Care Plan for Active Employees*. That document, the *Summary of Benefits Handbook* and any summaries of material modifications (SMMs), including enrollment guides designated as SMMs, collectively constitute the respective official plan documents.

The Employee Benefit Committee of PG&E Corporation is the Plan Administrator of the Plan, and has the discretionary authority to interpret and construe the terms of the official Plan documents, to resolve any conflicts or discrepancies between the documents that comprise the official Plan documents and to establish rules that are necessary for the administration of the Plan.

Unless otherwise noted, references to PG&E in this booklet and in other Open Enrollment materials mean Pacific Gas and Electric Company. Pacific Gas and Electric Company, PG&E Corporation and their affiliates are referred to collectively as “Participating Employers.”

Pacific Gas and Electric Company has the right to amend or terminate the Plan at any time and for any reason, subject to notice provisions if such notice is required under applicable collective bargaining agreements. Generally, an amendment to or termination of the Plan will apply prospectively and will affect your rights and obligations under the Plan prospectively.