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Employees on Long-Term Disability (LTD)

Open Enrollment is November 7–21

Benefits 2015

Welcome to Open Enrollment for 2015 benefits.

You have the opportunity during Open Enrollment to decide if you want to keep or change your current medical coverage.

If you like what you have, you don't need to do anything. But if you're curious about what else is available, now is the perfect time to consider your options.

No Questions? No Need to Call.

You do not need to call the HR Service Center if:

- You have no questions about your benefits or coverage
- You're making no changes to your benefits

The HR Service Center will be handling a high volume of calls during Open Enrollment. If you do have questions, please submit them via email, if possible: hrbenefitsquestions@exchange.pge.com

Please allow three full business days for a response. Additional contact information is listed on page 23.



Summary of Material Modifications (October 2014)

This *Benefits 2015* brochure for Employees on Long-Term Disability 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 (referred to as the Health Care Plan).

Your 2015 enrollment materials are not an exhaustive explanation of the Health Care Plan. Additional information about the Health Care Plan is contained in the documents entitled *The Pacific Gas and Electric Company Health Care Plan for Active Employees*, the *Summary of Benefits Handbook*, and the summaries of material modifications (SMMs). Those documents, the summary plan description for the Kaiser EPO, and the enrollment guides designated as SMMs collectively constitute the official plan document.

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

Unless otherwise noted, references to PG&E in this booklet and in other 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 Health Care 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 Health Care Plan will apply prospectively and will affect your rights and obligations under the Health Care Plan prospectively.

Grandfathered Health Plan Notice

The Anthem and Kaiser EPO benefit options available to employees in 2015 are "grandfathered" benefit options under the Patient Protection and Affordable Care Act of 2010 (PPACA). They are the only grandfathered benefit plans that are available under the Health Care Plan for Active Employees.

As permitted by the PPACA, a grandfathered health plan can preserve certain basic health coverage that already was in effect when that law was enacted. Being a grandfathered health plan means that your plan may not include certain consumer protections of the PPACA that apply to other plans—for example, the requirement for the provision of preventive health services without any cost sharing. However, grandfathered health plans must comply with certain other consumer protections in the PPACA, such as the elimination of lifetime limits on benefits.

Questions regarding which protections apply and which protections do not apply to a grandfathered health plan and what might cause a plan to lose grandfathered status can be directed to the plan administrator: Pacific Gas and Electric Company Plan Administrator, Benefits Department, 1850 Gateway Boulevard, 7th Floor, Concord, CA 94520. Or, you may contact the Employee Benefits Security Administration, U.S. Department of Labor at **1-866-444-3272** or **www.dol.gov/ebsa/healthreform**. This website has a table summarizing the protections that apply to grandfathered health plans.



WELCOME

What's New for 2015?

There are no changes to PG&E's benefit plans for 2015.

DO YOU HAVE A NEW ADDRESS OR PHONE NUMBER?

Make sure your home address is correct because the availability of medical plans is based on where you live. If you've moved or you have a new phone number, please contact the HR Service Center to update your information.

See page 23 for the HR Service Center's contact information.

ROLLOVER HEALTH ACCOUNT CREDITS

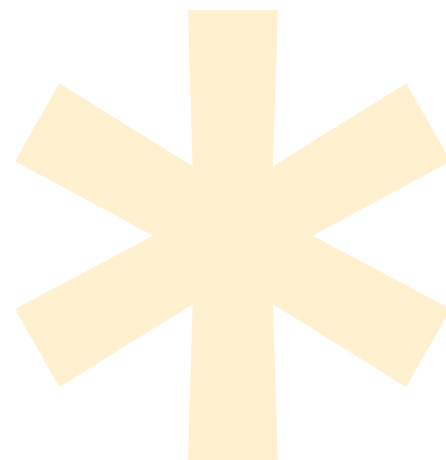
If you were enrolled in the Health Account Plan (HAP) before you became disabled, you can keep any leftover Health Account credits if you go on Long-Term Disability and remain enrolled in a PG&E-sponsored medical plan.

You also get to keep your leftover Health Account credits if you're:

- Enrolled in the HAP, whether as an active employee or through COBRA
- Eligible for PG&E retiree medical coverage (even if you don't enroll when you retire)

Medicare Coverage

If you or your dependents have Medicare or will become eligible for Medicare in the next 12 months, please see the Medicare Part D notice included in the 2015 *Legal Information* booklet that was mailed to you in September. If you need a copy of this notice, contact the HR Service Center.



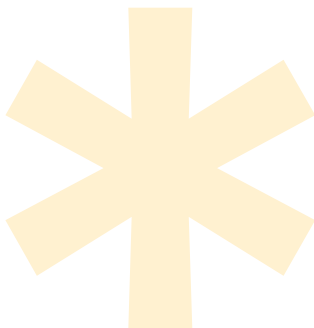


EXPLORE

Wellness

PG&E's wellness benefits work hand in hand with your medical coverage to help you maintain or improve your health:

<p>Preventive Benefits</p>	<p>Your medical, dental and vision plans offer checkups that can help keep you healthy for the long term:</p> <ul style="list-style-type: none"> • Annual physicals • Twice-a-year dental cleanings and checkups • Annual eye exams • Routine screenings as recommended by your medical plan—such as OB/GYN exams, mammograms, prostate exams and colonoscopies
<p>Free Flu Shots</p>	<p>Anthem members: You can get your seasonal flu shots at no cost at any of the retail pharmacies that sponsor flu shots in the Express Scripts retail pharmacy network. You'll need to have your Express Scripts ID card with you for claims processing.</p> <p>If you get your flu shot at your doctor's office, it will be covered as any other immunization but it won't be free.</p> <p>Kaiser members: You can get your free flu shot at your Kaiser clinic.</p>
<p>Tobacco Cessation Program</p>	<p>When it comes to quitting smoking or chewing, each person's challenges and needs are unique.</p> <p>Provant Health Solutions offers a free tobacco cessation program for you and your spouse or domestic partner. You'll get a five-week, phone-based program with one-on-one support with a certified tobacco cessation specialist. Nicotine replacement therapy is available to complement the program.</p> <p>To get started, call Provant at 1-866-271-8144. Representatives are available Monday through Friday, 5 a.m. to 5 p.m. Pacific Time.</p> <p>You can start participating in the program anytime; you don't have to wait for 2015.</p>
<p>Employee Assistance Program</p>	<p>Wellness isn't just about physical health; it's also about mental and emotional well-being.</p> <p>The Employee Assistance Program (EAP) offers free, one-on-one, completely confidential support for a wide variety of life events and concerns. You and each of your family members are eligible for up to six sessions per six-month period to talk with a licensed EAP Counselor near your home about:</p> <ul style="list-style-type: none"> • Stress management • Family and relationship challenges • Anxiety or depression • Alcohol and drug issues <p>In addition, certified financial advisors, attorneys and work/life specialists are available for individual consultation at no cost to you:</p> <ul style="list-style-type: none"> • Help with school issues, from kindergarten to college • Finding family-care resources (day care, elder care) • Tips on paying off your debt • Consultations on divorce, domestic violence and custody issues <p>Visit www.achievesolutions.net/pge to explore all the ways the EAP can help. Call 1-888-445-4436 to speak to a licensed EAP Counselor, available 24 hours a day, seven days a week.</p>



Medical



PG&E offers medical plan choices that include prescription drug, mental health and substance abuse benefits. Be sure to see the enclosed Enrollment Worksheet for the specific plans available to you and your costs for coverage, and the 2015 Medical Plan Comparison Charts for details about the benefits available under each plan.

The medical plan options available to you are based on:

- Whether you're eligible for Medicare—and
- Where you live

Some plans provide different benefits to their members after their members become eligible for Medicare. The plan names may even change. For example, Kaiser Permanente's corresponding Medicare Advantage HMO plan is called Senior Advantage.

- 1 **Be sure to review your 2015 Enrollment Worksheet** to see the specific plans available to you and your monthly contributions for each plan.
- 2 **Then, review the chart below** to determine the corresponding medical plan available to any dependents whose eligibility for Medicare is different than your own.

Medical Plan for Non-Medicare-Eligible Members*	Corresponding Plan for Medicare-Eligible Members*
Anthem Blue Cross Network Access Plan (NAP) or Comprehensive Access Plan (CAP)	Anthem Blue Cross Comprehensive Access Plan (CAP)
Kaiser Permanente EPO North or South	Kaiser Permanente Senior Advantage HMO North or South (Medicare Advantage HMO)

*All plans are subject to availability based on your home ZIP code.



ID CARDS

If you change medical plans or add dependents, you'll receive your new ID card:

- In January 2015 if you enroll during Open Enrollment
- Within seven days after your change takes effect if you enroll midyear

If you don't receive your new ID card within seven days after the effective date of your change, call your medical plan directly. If you need to see a doctor before your ID card arrives, use your confirmation statement as proof of coverage.

If you're enrolled in an Anthem plan, you can print a copy of your Anthem ID card from the Anthem website, and you can print a temporary prescription drug plan ID card at www.express-scripts.com.

For Anthem Blue Cross NAP and CAP Members

Free Generic Prescription Drugs Through Express Scripts Mail Order

More than 300 generic prescription drugs are available free of charge when you order them through the Express Scripts mail-order prescription drug program. Visit www.express-scripts.com/lowcostgenerics to see a list of free generic mail-order drugs or call Express Scripts at **1-800-718-6590**.

If You Move Out of Your Plan's Service Area

You can switch to another PG&E-sponsored medical plan midyear only if you're enrolled in a medical plan with a defined service area and you move out of that plan's service area. See page 10 for details about how to switch from the Kaiser Permanente Senior Advantage HMO.

If any of your doctors or facilities withdraw from your medical plan during 2015, you will not be able to change medical plans.

Instead, you'll need to obtain services from a participating provider in your plan's network for the rest of the year. The withdrawal of a provider from your plan is not an eligible change-in-status event. For more information about changing coverage midyear, please see your copy of the *Summary of Benefits Handbook*.



Non-Medicare Medical Plan Options

The availability of medical plans is based on your home ZIP code. Non-Medicare-eligible dependents of Medicare-eligible employees will be enrolled in the non-Medicare plan that corresponds to the employee's Medicare plan, as described on page 5. Prescription drug coverage is included in all of the medical plans PG&E sponsors.

Non-Medicare Plans	Overview	Cost for Care
	For benefit details, see the Medical Plan Comparison Charts in your enrollment packet	In addition to your contributions for coverage
Network Access Plan (NAP)*	This Preferred Provider Organization (PPO) plan gives you the flexibility to choose network or non-network providers.**	<ul style="list-style-type: none"> • Annual deductible • Lower out-of-pocket costs when you use network providers
Comprehensive Access Plan (CAP)*	This out-of-area plan is for people who live outside the NAP's service area. This plan lets you use any licensed provider.**	<ul style="list-style-type: none"> • Annual deductible • You may be able to lower your costs by using network providers
Kaiser Permanente EPO	This plan covers most services in full, but you must use Kaiser doctors and facilities to receive coverage.	<ul style="list-style-type: none"> • No deductible • You pay a copayment for office visits and other services • No charge for many services, such as hospital stays

*Under the NAP and CAP, Anthem Blue Cross administers medical benefits; ValueOptions administers mental health and substance abuse benefits; and Express Scripts administers prescription drug benefits.

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

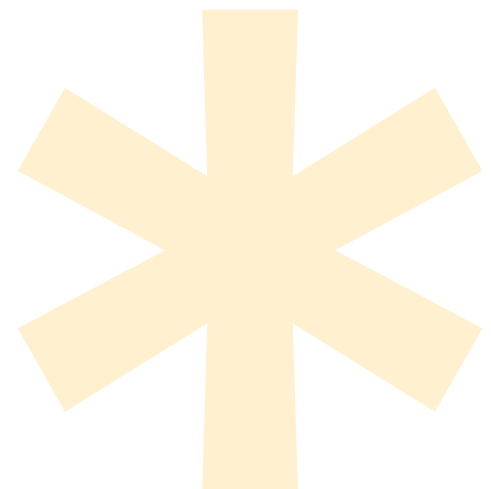
KAISER EPO MEMBERS

Are you and your spouse both enrolled in the Kaiser EPO and another Kaiser plan? Remember—the Kaiser EPO won't coordinate benefits with other Kaiser plans.

If you have other, non-PG&E coverage with Kaiser, you won't receive a benefit from that plan.

EXAMPLE:

If your wife has a Kaiser plan through her non-PG&E employer and you're enrolled as a dependent in her plan—and also as an employee in the PG&E-sponsored Kaiser EPO—you won't receive any benefits from your wife's Kaiser plan. That's because the PG&E-sponsored Kaiser EPO will pay your benefits, since you're enrolled as an employee, not as a dependent.



Medicare Medical Plan Options

IMPORTANT:

If you're already enrolled in a PG&E-sponsored medical plan, do not enroll in any Medicare Advantage plan or Medicare Part D Prescription Drug Plan that is not sponsored by PG&E. If you do so, your PG&E-sponsored medical and prescription drug benefits will be terminated.

As a Medicare-eligible participant (under age 65 and on Medicare due to disability, or age 65 or older), you have a choice of the Comprehensive Access Plan (CAP) or the Kaiser Permanente Senior Advantage HMO (a Medicare Advantage HMO). To enroll in the Kaiser plan, you must live in a ZIP code served by Kaiser.

Under the CAP, Medicare processes your claims first, except for most prescription drug claims, which will be processed first by Express Scripts. For eligible medical expenses, the CAP provides secondary coverage—in other words, it processes your medical claims after Medicare processes your claims:

- Medicare Parts A and B are considered primary medical coverage.
- The CAP provides secondary medical coverage.
- The CAP provides primary prescription drug coverage through Express Scripts for most prescription drugs. Medicare provides primary coverage for Medicare Part B drugs, such as diabetic and transplant drugs.

The Kaiser Permanente Senior Advantage HMO coordinates its benefits with Medicare so you typically don't have to file claims. Special rules apply; please see page 9 for details.

Medicare Plans	Overview	Notes
	For benefit details, see the Medical Plan Comparison Charts in your enrollment packet	
Comprehensive Access Plan (CAP)*	<p>The CAP offers coverage from any licensed physician or hospital.** There is no network of providers, and you don't have to choose a primary care physician.</p> <p>Prescription drug coverage under the CAP is administered by Express Scripts. There is no direct coordination of benefits with Medicare on prescription drugs except for some drugs covered by Medicare Part B. See the Medical Plan Comparison Charts for details.</p>	The CAP provides secondary coverage to Medicare Parts A and B. It won't pay any amount covered by Medicare, so be sure to enroll in Medicare Parts A and B as soon as you're eligible. If you don't, you'll be responsible for paying any amount Medicare would have covered.***

*Under the CAP, Anthem Blue Cross administers medical benefits; ValueOptions administers mental health and substance abuse benefits; and Express Scripts administers prescription drug benefits.

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

***Even if you have Medicare Parts A and B, you still may be required to pay part of the claim for expenses not covered at 100% by the CAP, like X-rays, which are covered at 90%.

Medicare Plans	Overview	Notes
<p>Kaiser Permanente Senior Advantage HMO (North and South)</p> <p><i>A Medicare Advantage HMO</i></p>	<p>For benefit details, see the Medical Plan Comparison Charts in your enrollment packet</p> <p>To receive benefits, you must use Kaiser doctors and hospitals, except for medical emergencies.</p> <p>Kaiser requires that you assign or give away control of your Medicare benefits to Kaiser. By doing so, you no longer can use your Medicare benefits outside of Kaiser.</p> <p>Kaiser prescription drug coverage: When you enroll in the Kaiser Senior Advantage HMO, you'll be automatically enrolled in Kaiser's Part D prescription drug plan. Kaiser's prescription drug benefits are better than the standard Medicare prescription drug benefits, without deductibles or gaps in coverage.</p> <p>See the Medical Plan Comparison Charts for details.</p>	<p>Special enrollment rules: You and your Medicare-eligible dependents must be enrolled in Medicare Parts A and B and you must sign a Medicare Advantage HMO Enrollment form.</p> <p>This form authorizes assignment of your Medicare benefits (Parts A and B) to the HMO and acknowledges your understanding that you will be enrolled in a Medicare Part D prescription drug plan through the HMO. When you enroll, the HR Service Center will send you the appropriate form to complete and return. If you don't receive the form within two weeks, please call the HR Service Center to inquire about the status of the form.</p> <p>If you and your dependents are not enrolled in Medicare Parts A and B, or you do not agree to complete the Medicare Advantage HMO Enrollment form, you won't be able to join the Kaiser Senior Advantage HMO. Instead, you'll be enrolled in the CAP, and you'll be responsible for the cost of coverage for that plan.</p>



Switching from the Kaiser Senior Advantage HMO to the CAP

The **Kaiser Permanente Senior Advantage Plan** is a Medicare Advantage HMO. If you're currently enrolled in this plan, you assigned your Medicare benefits to Kaiser—in other words, you gave up control of your Medicare benefits, so you can't use them outside of Kaiser.

If you want to switch from Kaiser Senior Advantage to the CAP, you'll need to complete a **Kaiser Senior Advantage disenrollment form** to get back full use of your Medicare benefits.

If you don't receive your disenrollment form within two weeks of your request, call the HR Service Center and ask them to send you another form immediately (contact information is on page 23).

Follow the steps below:	If you want to switch plans during Open Enrollment:	If you're moving out of the Kaiser Senior Advantage service area:
1 Elect the CAP.	Do this during Open Enrollment.	Do Steps 1 and 2 BEFORE you move—and at the same time that you call the HR Service Center to change your address.
2 Request a Kaiser Senior Advantage disenrollment form by calling the HR Service Center. The only way you can get back control of your Medicare benefits is by completing this form. Otherwise, you won't be able to use your Medicare benefits with the CAP.	Do this as soon as you've made your Open Enrollment election.	You need to do all three things during the call: <ul style="list-style-type: none"> ✓ Change your address ✓ Elect the CAP ✓ Request a Kaiser Senior Advantage disenrollment form
3 Complete the disenrollment form and mail it back to the HR Service Center so they receive it by the deadline listed at the right.	Do this by November 28, 2014.	Do this BEFORE the end of the month in which you report your address change.

IMPORTANT:

If the HR Service Center receives your completed disenrollment form after the deadline, you could have unpaid claims under CAP—and you'll be responsible for paying those claims.

You Must Enroll In Medicare When Eligible

It's important that you and your dependents are enrolled in Medicare Parts A and B as soon as you or your dependents become eligible for Medicare. To receive full benefits under PG&E's medical plans, you need to be covered by both Parts A and B.

If you've been receiving Social Security disability for 24 months, you may be eligible to enroll in Medicare Parts A and B. If you have amyotrophic lateral sclerosis (ALS) or end-stage renal disease, or if you'll be experiencing a kidney transplant, you do not have to wait 24 months. Please contact your Social Security office immediately.

Upon proof of enrollment in Part B, PG&E will reimburse the standard Part B premium for you and any eligible disabled Medicare-covered dependents, until you or your eligible Medicare-covered dependents reach age 65, waive medical coverage or lose Medicare eligibility. See "Part B Premium Reimbursement Credits" for details.

If you do not retain both Medicare Parts A and B coverage for yourself and your Medicare-eligible dependents, your PG&E-sponsored medical plan will not pay the charges that would otherwise have been covered by Medicare, and you will not be eligible to enroll in the Kaiser Permanente Senior Advantage HMO.

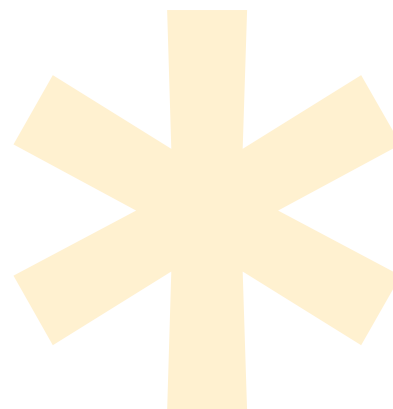
In addition, you will lose your Part B reimbursement from PG&E and you may have to pay Medicare a penalty to regain Part B coverage. Please contact your Social Security office for more information.

If you're under age 65 and you believe you or any of your dependents qualify for Social Security due to a disability, please contact Allsup, Inc., at **1-888-339-0743**. PG&E has contracted with Allsup, Inc., to provide Social Security enrollment assistance at no cost to potentially qualified disabled employees on LTD or their disabled dependents.

Part B Premium Reimbursement Credits

Once you or your disabled dependent are enrolled in Medicare Parts A and B, you're eligible to receive reimbursement from PG&E for the standard monthly Part B premiums you or your eligible Medicare-covered dependents pay to the Social Security Administration. To qualify for and initiate reimbursement from PG&E, you or your dependents must provide a copy of your Medicare card to the HR Service Center as soon as possible after enrolling. Upon receipt of the card, PG&E will begin reimbursing the Medicare Part B premium via a credit in your monthly LTD check. PG&E will not issue reimbursements on a retroactive basis, so it's important to promptly send PG&E a copy of your Medicare card when you first obtain Part B coverage.

The maximum number of reimbursements a family can receive for disabled members is three.



Dental

Administered by Delta Dental

MORE INFORMATION

- For information about your costs for Dental Plan coverage, see your 2015 Enrollment Worksheet.
- For a list of Delta Dental PPO or Premier dentists, call Delta Dental or visit www.deltadentalins.com/PG&E.

You can save money on dental services by using a Delta Dental PPO Network dentist. You choose which type of dentist to use whenever you need dental care.

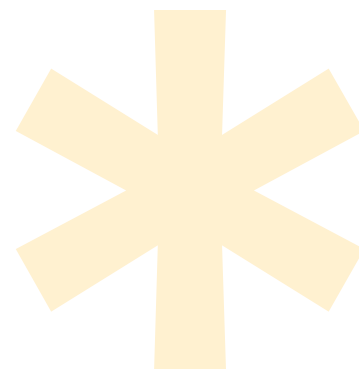
Type of Dentist	Your Deductible and Costs
Delta Dental PPO Dentist	The deductible and costs of dental services generally are lower with PPO dentists.
Delta Dental Premier Dentist	<p>If you use a Delta Dental Premier Network dentist who does not also participate in the PPO network, the higher Premier deductible will apply.</p> <p>The maximum total deductible you'll pay per person in a calendar year is \$50 because you won't be required to pay two separate deductibles for using both a PPO dentist and a non-PPO dentist.</p>
Non-Participating Dentist	The higher Premier deductible will apply and non-participating dentists can charge fees that exceed Delta Dental's allowed rates—and you pay the difference.



Dental Benefits

PROVISIONS	DENTAL PLAN
Choice of Dentist	Any; for maximum benefits, use a PPO or Premier Dentist
Annual Deductible	<p>Required for all covered services except diagnostic and preventive care. You pay only one deductible depending on the type of provider you use.</p> <p>Delta Dental PPO Network</p> <ul style="list-style-type: none"> • \$25/person; no more than \$75/family • Applies if you use only PPO dentists <p>Delta Dental Premier Network or Non-Participating Dentist</p> <ul style="list-style-type: none"> • \$50/person and \$150/family • Applies if you use a Premier Network or Non-Participating dentist—even if you only use them once and you use PPO dentists every other time
Diagnostic and Preventive Care	<p>No deductible</p> <p>You're responsible for 15% of covered charges for preventive care:</p> <ul style="list-style-type: none"> • 2 exams/year • 2 cleanings/year • Full-mouth X-rays and Panorex films once every five years • Bitewing X-rays twice/year for dependents up to age 18; once/year for adults ages 18 and older • Fluoride treatments • Space maintainers
Basic Care	<p>Deductible required</p> <p>You're responsible for 15% of covered charges for basic care:</p> <ul style="list-style-type: none"> • Fillings • Oral surgery • Treatment of the gums (periodontia) • Sealants for eligible dependents under age 16 <ul style="list-style-type: none"> • Permanent first molars through age 8 • Second molars through age 15 • Root canals • Extractions
Major Care	<p>Deductible required</p> <p>You're responsible for 15% of covered charges for major care:</p> <ul style="list-style-type: none"> • Crowns • Implants • Inlays • Onlays • Cast restorations • Bridges
Annual Maximum Benefit	\$2,500/person (excludes orthodontia)
Orthodontia	50% up to a lifetime maximum benefit of \$2,000/person

Note: All benefits are subject to Delta Dental's usual, customary and reasonable allowances.



Vision

Administered by Vision Service Plan (VSP)

OTHER DISCOUNTS

- **Frames:** You can get an extra \$20 to spend on featured frame brands from your VSP doctor. Go to vsp.com/specialoffers for details and a complete list of featured brands.
- **Retinal Screenings:** You pay no more than a \$39 copayment on routine retinal screenings as an enhancement to your VSP exam.

MORE INFORMATION

- For information about your costs for Vision Plan coverage, see your 2015 Enrollment Worksheet.
- For a list of VSP providers, call VSP or visit www.vsp.com. When you make an appointment, be sure to identify yourself as a VSP member.

Under the VSP Choice Plan, you can use any licensed vision provider you choose, but you'll pay less when you use a VSP provider. If you use a non-VSP provider, you have to pay your bill in full, and VSP will reimburse you based on a schedule of benefits.

Vision Benefits

Choice of Doctor	Any; for maximum benefits, use a VSP doctor
Copayments with VSP Doctor	<ul style="list-style-type: none"> • \$10/exam • \$25/materials (lenses and frames)*
Benefits with VSP Doctor	<ul style="list-style-type: none"> • Vision exams—every 12 months • Eyeglass lenses—every 12 months • Frames—covered up to \$150 every 24 months • Elective contact lenses and contact lens exam (fitting and evaluation)—covered up to \$150 every 12 months; 15% off contact lens exam (you'll be eligible for a frames allowance 12 months after you get contact lenses) • Visually necessary contact lenses—covered in full when obtained from a participating doctor and only with prior authorization from VSP for medically necessary conditions • Ultraviolet lenses—covered at 100% after copayment • Photochromic lenses—covered at 100% after copayment • Lasik—covered up to \$250 per eye (lifetime limit)
Extra Savings	<ul style="list-style-type: none"> • 20% savings on additional glasses and sunglasses, including lens options, from a VSP doctor within 12 months of your last exam

*You're responsible for charges that exceed the plan's allowable expenses—and for the cost of cosmetic extras not covered by the plan, like blended, tinted or oversized lenses.



Life Insurance

Administered by MetLife

As an employee on LTD, you can't request life insurance coverage changes, but you can access MetLife's *MyBenefits* website to check your current coverage details.

To register for *MyBenefits*, go to <https://mybenefits.metlife.com/pg&e>. Once you're registered, you can:

- View and print a copy of your life insurance certificate by selecting "Forms" in the Tools & Resources box
- Check your current coverage and cost
- Name, change or review your beneficiaries

For help registering, call MetLife or visit the MetLife website.

Extra Benefits with Supplemental Life Insurance

If you're enrolled in Supplemental Life insurance, you have access to these legal services free of charge:

- **Will Preparation Services.** You can access Hyatt Legal Plans' network of 11,500+ participating attorneys to prepare a will, testamentary trust and power of attorney. These services are available at no charge when you use a participating network attorney. An out-of-network reimbursement option is also available.
- **Estate Resolution Services.** Your family can use Hyatt Legal Plans' Estate Resolution Services at no charge. A Hyatt Legal Plan attorney will consult with your beneficiaries by phone or in person about the probate process for your estate. The attorney also will handle the probate of your estate for your executor or administrator.





4 ENROLL

ENROLLING OR MAKING CHANGES TO YOUR BENEFITS

Annual Open Enrollment is your opportunity to make changes to your benefit coverage. You also get to enroll or make changes when you experience an eligible change-in-status event such as marriage or divorce. You have 31 days to make any allowable midyear changes to your benefits (180 days for the birth or adoption of a child—60 days if you're enrolled in Kaiser Senior Advantage).

For details on allowable changes, see your copy of the *Summary of Benefits Handbook*.

What You Need to Do Now

As an employee on LTD, you can enroll:

- **Online through *PG&E@Work For Me* via the company intranet or over the Internet.** You can quickly access your benefit options and see your confirmation statement immediately after you've enrolled.
- **By calling the HR Service Center.** Representatives are available Monday–Friday, 7:30 a.m.–5 p.m. Pacific Time.

If you have Internet access, please enroll online. Call volumes are high during Open Enrollment. If you can enroll online, it allows us to serve others who need help.

Enrolling Online During Open Enrollment

To access *PG&E@Work For Me* on the company intranet (also applies to employees logging on through Citrix or VPN):

- Choose *PG&E@Work For Me* from the company intranet home page, under “Tools.”
- Choose the Open Enrollment tab.

To access *PG&E@Work For Me* on the Internet from any computer with Internet Explorer (versions 5.0–8.0):

- Go to <https://myportal.pge.com>. If you're logging on for the first time, click the Help Guides link at the bottom of the page and follow the instructions to access the system.
- Choose the Open Enrollment tab.

(see next page)

QUESTIONS?

If you have questions about Open Enrollment or your benefits, contact the HR Service Center:

- Email hrbenefitsquestions@exchange.pge.com
- Call 415-973-4357 or 1-800-788-2363

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

Call volumes are high during Open Enrollment and you may experience delays, so please be patient.

If you don't need assistance, there is no need to call. Simply follow the instructions in your enrollment materials.

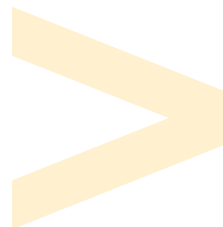
Then, follow these steps:

<p>Review your dependents</p>	<p>Make any necessary changes to your dependent information. Have the following information on hand if you want to make a change:</p> <ul style="list-style-type: none"> • Full name, birth date, gender, Social Security number, relationship (for example, spouse, child, registered domestic partner), Medicare Claim Number and effective date for any Medicare-eligible dependents (you can find this on your dependent’s Medicare card). <p>Please contact the HR Service Center if you want to add a registered domestic partner or a registered domestic partner’s child to your plan, or if you want to add or drop a Medicare-eligible dependent.</p>
<p>Confirm your home address and phone number</p>	<p>Make sure your home address is correct because the availability of some medical plans is based on where you live. If you’ve moved or you have a new phone number, please email the HR Service Center to update your information: hrbenefitsquestions@exchange.pge.com</p> <p>Additional contact information is listed on page 23.</p>
<p>Enroll</p>	<p>Enroll in the available benefit plan options that best fit your needs and the needs of your family.</p>
<p>Review your confirmation statement</p>	<p>Verify that the options you selected and the dependents you enrolled are shown on your confirmation statement.</p> <ul style="list-style-type: none"> • You can access your confirmation statement through <i>PG&E@Work For Me</i> anytime after you enroll. • PG&E also will mail a confirmation statement to your home address or mailing address of record. For Open Enrollment changes, you’ll receive your statement in December. For all other midyear enrollments, you’ll receive your statement within 10 business days after enrolling. <p>If any of your information appears to be incorrect, call the HR Service Center. Calls must be received within 10 business days of the date you receive your confirmation statement for a midyear change-in-status event or by the last business day of the year for Open Enrollment.</p> <p>All Open Enrollment changes must be made in the current plan year. After December 31, 2014, you cannot make changes for 2015, even if you want to make a change because of an error on your confirmation statement.</p>
<p>Print your confirmation statement</p>	<p>Keep a copy of your statement for future reference.</p>

Technical Problems?

For help with technical questions about enrolling online, please contact PG&E’s Technology Service Center (TSC). Representatives are available 24 hours a day, seven days a week.

- **Utility employees:** Call **415-973-9000** or **1-800-223-9007**
- **PG&E Corporation employees:** Call the Help Desk at **415-267-7025**



If You Don't Enroll During Open Enrollment

If you're currently enrolled in PG&E-sponsored health care coverage and you take no action, you'll automatically have the following coverage for 2015:

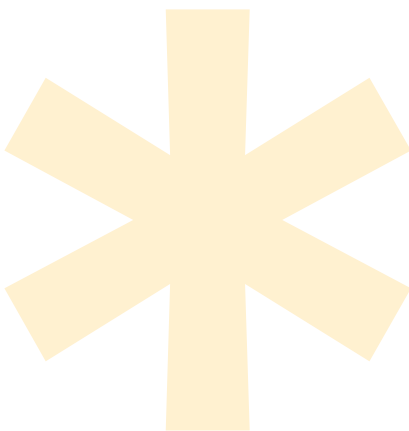
Medical	You and your currently enrolled dependents will keep the same medical coverage you have now unless you're no longer eligible for your current plan because you moved or you became eligible for Medicare. If this is the case, you'll be automatically enrolled in the alternative plan for which you're eligible. See page 5 for available plans.
Dental	You and your currently enrolled dependents will keep the same dental coverage you have now.
Vision	You and your currently enrolled dependents will keep the same vision coverage you have now.
You'll be responsible for making any required contributions for coverage, as listed on your 2015 Enrollment Worksheet.	

If you're not currently enrolled in PG&E-sponsored health care coverage and you take no action, you'll have no coverage for 2015.

Minimum Essential Coverage Required

If you opt out of PG&E-sponsored medical coverage, make sure you have other medical coverage for 2015 that meets the federal government's minimum essential coverage requirements. If you don't, you could be subject to a tax penalty.

If you're currently enrolled in a PG&E-sponsored medical plan and you want to waive medical coverage for 2015, you'll need to elect that option during Open Enrollment.



Details About Your Coverage

There are a lot of details to remember about your coverage. Here are some of the most important points you need to be aware of.

The HR Service Center needs your dependents' correct Social Security numbers.

Please note that federal law (both the Medicare Secondary Payer Provisions in Section 111 of the Medicare, Medicaid and SCHIP Extension Act of 2007 (42.U.S.C.1395y(b)(7)&(b)(8)) as well as health care reform's health insurance coverage reporting requirements under Internal Revenue Code Section 6055) requires the company to have Social Security numbers (SSNs) on file for individuals enrolled in a PG&E-sponsored medical plan. By enrolling your eligible dependents in PG&E-sponsored health care plans, you agree to provide their SSNs. **If you fail to do so, your enrolled dependent(s) may be terminated from medical coverage.**

If your dependent's correct SSN is missing, you need to call the HR Service Center at **415-973-4357** or **1-800-788-2363**, and provide the SSN in order to continue medical coverage for that dependent. **In this situation, you need to call because we don't want you sending any SSNs over email for security reasons.**

You can enroll your children up to age 26.

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.

You pay a steep penalty if you enroll ineligible dependents.

It's your responsibility to make sure your enrolled dependents are eligible. You must drop dependents from coverage within 31 days of the date they become ineligible for coverage. If you cover ineligible dependents, you'll be required to pay the company an amount equal to the cost of coverage for the period of time during which an ineligible dependent is enrolled, up to a maximum of two years of coverage—and you may be subject to termination of employment.

To drop ineligible dependents, email or call the HR Service Center.



REMEMBER

HR SERVICE CENTER CONTACT INFORMATION

- Email hrbenefitsquestions@exchange.pge.com
- Call **415-973-4357** or **1-800-788-2363**

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



ELIGIBILITY INFORMATION

For details about eligibility, see your copy of the *Summary of Benefits Handbook*.

Is your dependent child disabled?

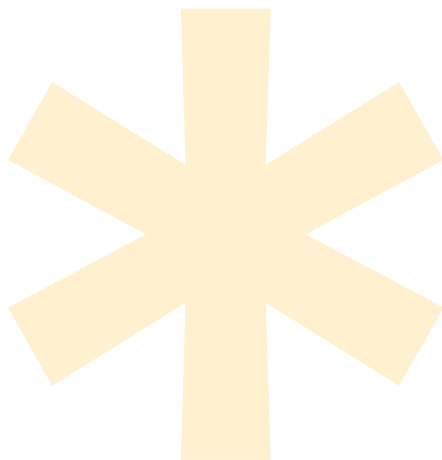
If you have a disabled dependent under age 26 who is currently enrolled in a PG&E-sponsored medical plan, you'll need to get your child medically certified as disabled before he or she reaches age 26 to continue medical coverage from age 26 onward. You'll need to get the certification directly from your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

If you don't get the medical certification before your child turns 26, then he or she will no longer be eligible for PG&E-sponsored coverage—and must be dropped from coverage by the first of the month following the month in which he or she turns 26. You also may have to periodically attest to ongoing eligibility based on disability, after the initial certification.

To sum up, 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 can't cover disabled dependents age 26 or older if they fail to meet either one of these conditions.



Member Services Information

PLAN AND CONTACT INFORMATION		
MEDICAL	CONTACT	GROUP NUMBER
<p>Anthem Blue Cross-Administered Plans: Network Access Plan (NAP) Comprehensive Access Plan (CAP) Representatives are available Monday–Friday, 7 a.m.–8 p.m. Pacific Time</p>	<p>1-800-964-0530 www.anthem.com/ca/pge</p>	PZG170157
<p>Kaiser Permanente EPO (North and South) Representatives are available: <ul style="list-style-type: none"> Monday–Friday, 7 a.m.–7 p.m. Pacific Time Saturday and Sunday, 7 a.m.–3 p.m. Pacific Time </p>	<p>NORTH: 1-800-663-1771 SOUTH: 1-800-533-1833 www.my.kp.org/ca/pge</p>	<p>North: 603702 South: 231142</p>
<p>Kaiser Permanente Senior Advantage (North and South) Representatives are available Monday–Friday, 8 a.m.–5 p.m. Pacific Time</p>	<p>1-800-443-0815 www.my.kp.org/ca/pge</p>	<p>North: 28 South: 107932</p>
<p>Hearing Aid Reimbursement for Kaiser Senior Advantage (North and South) Contact Your Spending Account (YSA) Representatives are available Monday–Friday, 5 a.m.–5 p.m. Pacific Time</p>	<p>1-800-964-9902 www.yourspendingaccount.com/pge</p>	N/A
PRESCRIPTION DRUG	CONTACT	GROUP NUMBER
<p>Prescription Drug Plan Administered by Express Scripts For NAP and CAP Representatives are available 24/7; closed Thanksgiving and Christmas</p>	<p>1-800-718-6590 www.express-scripts.com</p>	PGE0000
<p>Prescription drug benefits are included in the Kaiser Permanente plans</p>	N/A	N/A
MENTAL HEALTH AND SUBSTANCE ABUSE	CONTACT	GROUP NUMBER
<p>Mental Health and Substance Abuse (MHSA) Program Administered by ValueOptions For Anthem and Kaiser plans Representatives are available 24/7</p>	<p>1-800-562-3588 www.valueoptions.com</p>	N/A
VISION	CONTACT	GROUP NUMBER
<p>Vision Plan Administered by Vision Service Plan (VSP) Representatives are available: <ul style="list-style-type: none"> Monday–Friday, 5 a.m.–8 p.m. Pacific Time Saturday, 6 a.m.–5 p.m. Pacific Time </p>	<p>1-800-877-7195 www.vsp.com</p>	<p>Management and A&T employees: 401601–Div 103, Class 10 Union-represented employees: 401601–Div 115, Class 3</p>

continued on next page

PLAN AND CONTACT INFORMATION		
DENTAL	CONTACT	GROUP NUMBER
<p>Dental Plan Administered by Delta Dental Representatives are available Monday–Friday, 5 a.m.–5 p.m. Pacific Time</p>	<p>1-888-217-5323 www.deltadentalins.com/PG&E</p>	<p>Management and A&T employees (Utility): 1515-0133 Management and A&T employees (Corporation): 1515-0233 IBEW- and SEIU-represented employees: 1515-0111 ESC-represented employees: 1515-0116</p>
OTHER BENEFITS	CONTACT	GROUP NUMBER
<p>COBRA Administered by Ceridian Representatives are available Monday–Friday, 5 a.m.–5 p.m. Pacific Time</p>	<p>1-800-877-7994 www.ceridian-benefits.com</p>	N/A
<p>Employee Assistance Program (EAP) Administered by ValueOptions Representatives are available 24/7</p>	<p>1-888-445-4436 www.achievesolutions.net/pgae</p>	N/A
<p>Tobacco Cessation Program Administered by Provant Health Solutions Representatives are available Monday–Friday, 5 a.m.–5 p.m. Pacific Time</p>	<p>1-866-271-8144</p>	N/A
<p>Life Insurance Administered by MetLife Representatives are available Monday–Friday, 5 a.m.–8 p.m. Pacific Time</p>	<p>1-888-878-8490 https://mybenefits.metlife.com/pg&e</p>	All employees: 74300
<p>Will Preparation and Estate Resolution Services Administered by Hyatt Legal Plans Representatives are available Monday–Friday, 5 a.m.–4 p.m. Pacific Time</p>	<p>1-800-821-6400</p>	All employees: 74300
<p>Allsup, Inc. Social Security Advocacy: Help enrolling in Medicare for potentially eligible disabled retirees and dependents Representatives are available Monday–Friday, 6 a.m.–3 p.m. Pacific Time</p>	<p>1-888-339-0743</p>	N/A

PG&E Benefits Information and References

<p>PG&E HR Service Center <i>For benefit and enrollment questions</i> Representatives are available Monday–Friday, 7:30 a.m.–5 p.m. Pacific Time</p>	<p>hrbenefitsquestions@exchange.pge.com 415-973-4357 or 1-800-788-2363</p>
<p>PG&E@Work For Me on the Internet</p>	<p>https://myportal.pge.com</p>
<p>HR Intranet Site</p>	<p>PG&E@Work > Human Resources http://pgeweb/hr/pages/default.aspx</p>
<p>PG&E Technology Service Center (TSC) <i>For technical questions</i> Representatives are available 24/7</p>	<p>Utility employees: 415-973-9000 or 1-800-223-9007 PG&E Corporation employees: 415-267-7025</p>
<p>PG&E's Summary of Benefits Handbook</p>	<p>Go to PG&E@Work For Me > Open Enrollment > Related Links. Contact the HR Service Center to request a free copy</p>
<p>IRS Publications</p>	<p>www.irs.gov 1-800-829-3676</p>
<p>Social Security Administration</p>	<p>www.socialsecurity.gov 1-800-772-1213</p>
<p>Medicare</p>	<p>www.medicare.gov 1-800-MEDICARE (1-800-633-4227)</p>

