2018 Medical Plan Comparison Chart for

Employees on Long-Term Disability Non-Medicare-Eligible Members

This chart provides an overview of benefits available to non-Medicare-eligible participants. The information contained in applicable service provider agreements between PG&E and Anthem Blue Cross, Kaiser Permanente, Beacon Health Options or Express Scripts shall govern in case of conflict between this chart and the service provider agreement.

ACRONYMS AT A GLANCE

ASHN: American Specialty Health Network
EPO: Exclusive Provider Organization
MHSUD: Mental Health and Substance Use Disorder

Medical Benefits

PROVISIONS	A / B NETWORK ACCESS PLAN (NAP) Administered by Anthem Blue Cross		C COMPREHENSIVE ACCESS PLAN (CAP) Administered by Anthem Blue Cross	D KAISER PERMANENTE EPO NORTH & SOUTH
	Network	Non-Network		Must use Kaiser's referral and authorization process
General	Care provided by network providers **Annual deductible:** • $120/person; $240/two people; $320/three or more people **Annual out-of-pocket maximum (includes deductible):** • $750/person; $1,500/two or more people **No lifetime benefit maximum** **No pre-existing condition exclusions**	Care provided by non-network providers **Annual deductible:** • $240/person; $480/two people; $680/three or more people **Annual out-of-pocket maximum (includes deductible):** • $1,000/person; $2,000/two or more people **No lifetime benefit maximum** **No pre-existing condition exclusions**	May use provider of choice (may experience savings with network providers) **Annual deductible:** • $120/person; $240/two people; $320/three or more people **Annual out-of-pocket maximum (includes deductible):** • $750/person; $1,500/two or more people **No lifetime benefit maximum** **No pre-existing condition exclusions**	Must use Kaiser Permanente facilities and doctors **No annual deductible** **Annual out-of-pocket maximum:** • $1,500/person; $3,000/two or more people (excludes prescription drugs and infertility services) **No lifetime benefit maximum** **No pre-existing condition exclusions**
	Network benefits and limits may not be combined with non-network benefits and limits			
	All Anthem Blue Cross-administered plan benefits and out-of-pocket maximums are based on Eligible Expenses only*			
Routine Preventive Care	• Primary care—$10 copay/visit • Specialist—$20 copay/visit • Lab/X-ray covered separately	70%	• Primary care—$10 copay/visit • Specialist—$20 copay/visit • Lab/X-ray covered separately	$10 copay/visit
Office Visits, Urgent Care	• Primary care—$10 copay/visit • Specialist (including OB/GYN)—$20 copay/visit • Lab/X-ray covered separately	70%	• Primary care—$10 copay/visit • Specialist (including OB/GYN)—$20 copay/visit • Lab/X-ray covered separately	• $10 copay/office or urgent care visit • No charge/home visit
Prescription Drugs	**See Prescription Drug Benefits chart for details**			See Prescription Drug Benefits chart for details
Immunizations and Injections	95%	70%	95%	• $10 copay/visit for allergy testing • $5 copay/visit for allergy injection • No charge for immunizations
Chiropractic Care	80% for care approved by ASHN	70% for up to 15 visits for medically necessary care	80% for medically necessary care only; preauthorization by ASHN required after initial visit	$10 copay/visit; self-referral allowed; no preauthorization needed
Acupuncture	80% for up to 20 visits/year from licensed acupuncturist or M.D.	70% for up to 15 visits/year from licensed acupuncturist or M.D.	80% for up to 20 visits/year from licensed acupuncturist or M.D.	$10 copay/visit; referral required from a Kaiser physician
Maternity Care	Covered as any other condition	Covered as any other condition	Covered as any other condition	No charge
X-Rays and Lab Tests	90%	70%	90%	No charge
Outpatient Physical Therapy	80%	70%	80%	$10 copay/visit; therapy is given if, in the judgment of a plan physician, significant improvement is achievable
Outpatient Hospital	$35 copay for outpatient surgery; waived if admitted; lab/X-ray covered separately	70%	$35 copay for outpatient surgery; waived if admitted; lab/X-ray covered separately	$10 copay/procedure for outpatient surgery; $10 copay/visit for all other outpatient services
Hospital Stay	100% after $100 copay; preauthorization required for non-emergency care, $300 penalty if not obtained; covers semi-private room (private if medically necessary)	70%; preauthorization required for non-emergency care, $300 penalty if not obtained; covers semi-private room (private if medically necessary)	100% after $100 copay; preauthorization required for non-emergency care, $300 penalty if not obtained; covers semi-private room (private if medically necessary)	No charge
Skilled Nursing Facility	90% for semi-private room after three days in hospital; preauthorization required, $300 penalty if not obtained; excludes custodial care	70% for semi-private room after three days in hospital; preauthorization required, $300 penalty if not obtained; excludes custodial care	90% for semi-private room after three days in hospital; preauthorization required, $300 penalty if not obtained; excludes custodial care	No charge to members in service area for up to 100 days per benefit period when prescribed by a plan physician; not covered for members living outside of service area; excludes custodial care
Home Health Care	90%; preauthorization required, $300 penalty if not obtained; excludes custodial care	70%; preauthorization required, $300 penalty if not obtained; excludes custodial care	90%; preauthorization required, $300 penalty if not obtained; excludes custodial care	No charge to members in service area when prescribed by a plan physician; 100-day limit/calendar year; not covered for members living outside of service area
Hospice Care	90%; preauthorization required, $300 penalty if not obtained; excludes custodial care	70%; preauthorization required, $300 penalty if not obtained; excludes custodial care	90%; preauthorization required, $300 penalty if not obtained; excludes custodial care	No charge to members in service area when prescribed by a plan physician; not covered for members living outside of service area
Durable Medical Equipment	80%; preauthorization required for purchase or cumulative rentals over $1,000; $300 penalty if not obtained	70%; preauthorization required for purchase or cumulative rentals over $1,000; $300 penalty if not obtained	80%; preauthorization required for purchase or cumulative rentals over $1,000; $300 penalty if not obtained	No charge to members in service area when prescribed by a plan physician; limitations and exclusions apply; not covered for members living outside of service area
Hearing Aids	80%; 1 per ear every 3 years	80%; 1 per ear every 3 years	80%; 1 per ear every 3 years	80%; 1 per ear every 3 years
Emergency Room	$35 copay/visit; waived if admitted; lab/X-ray covered separately	$35 copay/visit; waived if admitted; lab/X-ray covered separately	$35 copay/visit; waived if admitted; lab/X-ray covered separately	$25 copay/visit for emergencies (waived if admitted directly to the hospital within 24 hours for the same condition)
Mental Health and Substance Use Disorder (MHSUD)	**See the Mental Health and Substance Use Disorder (MHSUD) Benefits chart for details**			

* **Eligible Expenses are:** (1) expenses for health services that are covered by the plan; (2) those that Anthem Blue Cross considers "medically necessary" for the diagnosis or treatment of an illness or injury; and (3) those that do not exceed the "reasonable and customary" rate as determined by Anthem Blue Cross. Any costs not meeting this definition are the responsibility of the member. Call Anthem Blue Cross Member Services for more information.

2018 Medical Plan Comparison Chart for

Employees on Long-Term Disability Non-Medicare-Eligible Members

The information in this chart is intended as a high-level summary of prescription drug benefits for non-Medicare-eligible plan members.

Network Access Plan (NAP) and Comprehensive Access Plan (CAP)

Express Scripts administers prescription drug benefits for the NAP and CAP:

- Your prescription drug annual out-of-pocket maximums are separate from your medical plan out-of-pocket maximums.
- Some drugs may require special authorization from Express Scripts. If you have questions, contact Express Scripts by calling the member services number listed on your Express Scripts ID card or visit www.express-scripts.com.

Kaiser Permanente

Kaiser Permanente provides retail and mail-order prescription drug coverage for its members, not Express Scripts. For specific information about your drug coverage, contact Kaiser directly.

Prescription Drug Benefits

PROVISIONS	A NETWORK ACCESS PLAN (NAP) Network	B NETWORK ACCESS PLAN (NAP) Non-Network	C COMPREHENSIVE ACCESS PLAN (CAP)	D KAISER PERMANENTE EPO NORTH & SOUTH
General	Retail and mail-order prescription drugs are administered by Express Scripts			Retail and mail-order prescription drugs are administered by Kaiser Permanente
Annual Prescription Drug Deductible Separate from medical plan annual deductible	None			None
Annual Prescription Drug Out-of-Pocket Maximum Separate from medical plan annual out-of-pocket maximum	For retail and mail-order combined: • $500/person • No more than $1,000/family			None
Annual or Lifetime Prescription Drug Maximum Benefit Limit	None			None
Retail Purchases	First three 30-day fills of maintenance drugs and all 30-day fills of non-maintenance drugs **At participating pharmacy:** • 85% for generic • 75% for brand **At non-participating pharmacy:** • 80% for generic • 70% for brand You pay extra 5% coinsurance for 4th refill and beyond of maintenance drugs Generic Incentive Provision applies*			You pay $10 for up to a 100-day supply when obtained at a plan pharmacy Closed formulary
Mail-Order Purchases	Plan pays: • 100% for drugs on Express Scripts' Low-Cost Generic List Generic Incentive Provision applies*	All other drugs: • 90% for generic • 80% for brand		You pay $10 for up to a 100-day supply Closed formulary
Infertility, Sexual Dysfunction, Memory Enhancement and Contraceptive Drugs	Plan pays 50% for retail and mail-order, unless medically necessary Medically necessary drugs are covered at standard reimbursement rates Generic Incentive Provision applies*			Up to a 100-day supply; you pay $10 for contraceptives and other specialty drugs; 50% for infertility and sexual dysfunction drugs. Memory enhancement drugs not covered.

*Generic Incentive Provision: 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. **Note:** Any generic/brand price differential you pay is a non-covered expense and therefore does not count toward your annual out-of-pocket maximum.

Mental Health and Substance Use Disorder (MHSUD) Benefits

The following chart provides an overview of mental health and substance use disorder (MHSUD) benefits for non-Medicare-eligible plan members. If you're enrolled in the NAP or CAP, your MHSUD benefits are administered by Beacon Health Options. If you're enrolled in Kaiser Permanente, your MHSUD benefits are administered by both Kaiser Permanente and Beacon Health Options, depending on the type of care you receive.

When care is provided by Beacon Health Options:

- All inpatient and alternative levels of care must be medically necessary.
- Care that is not medically necessary will not be covered.

PROVISIONS	A NETWORK ACCESS PLAN (NAP) Administered by Beacon Health Options Network	B NETWORK ACCESS PLAN (NAP) Administered by Beacon Health Options Non-Network	C COMPREHENSIVE ACCESS PLAN (CAP) Administered by Beacon Health Options	D KAISER PERMANENTE EPO NORTH & SOUTH Must use Kaiser's referral and authorization process
General	Each plan's general medical plan provisions listed on the Medical Benefits chart also apply to MHSUD benefits. Your medical and MHSUD expenses are combined when determining deductibles and out-of-pocket maximums.*			
Applied Behavioral Analysis (ABA)	Covered at 100% through Beacon Health Options; requires preauthorization by Beacon Health Options; no deductible and no limits.			May use Beacon Health Options (preauthorization required) or Kaiser. $10 copay; no deductible and no limits.
Outpatient Mental Health	• No charge for initial visit to psychiatrist for medication evaluation • $10 copay/visit (individual) • $5 copay/visit (group) • No visit limit	• 70% of usual and customary charges • No visit limit	• No charge for initial visit to psychiatrist for medication evaluation • $10 copay/visit (individual) • $5 copay/visit (group) • No visit limit	• $10 copay/visit (individual) • $5 copay/visit (group) • No visit limit
Inpatient Mental Health	Requires preauthorization by Beacon Health Options • 100% after deductible • $300 penalty if you fail to notify within 48 hours • No limit on number of stays	Requires preauthorization by Beacon Health Options • 70% of usual and customary charges • $300 penalty if you fail to notify within 48 hours • No limit on number of stays	Requires preauthorization by Beacon Health Options • 100% after deductible • $300 penalty if you fail to notify within 48 hours • No limit on number of stays	• No charge • No limit on number of stays
Outpatient Substance Use Disorder	• $10 copay/visit (individual) • $5 copay/visit (group) • No visit limit	• 70% of usual and customary charges • No visit limit	• $10 copay/visit (individual) • $5 copay/visit (group) • No visit limit	Coverage through Kaiser: • $10 copay/visit (individual) • $5 copay/visit (group) • No visit limit
Inpatient Substance Use Disorder	Requires preauthorization by Beacon Health Options • 100% after deductible • $300 penalty if you fail to notify within 48 hours • No limit on number of stays	Requires preauthorization by Beacon Health Options • 70% of usual and customary charges • $300 penalty if you fail to notify within 48 hours • No limit on number of stays	Requires preauthorization by Beacon Health Options • 100% after deductible • $300 penalty if you fail to notify within 48 hours • No limit on number of stays	May use Beacon Health Options or Kaiser for detoxification. All other residential inpatient treatment is available through Beacon Health Options network only, not Kaiser. All Beacon Health Options treatment—including residential inpatient treatment—requires preauthorization; $300 penalty if you fail to notify Beacon Health Options within 48 hours • 100% • No limit on number of stays

*Eligible Expenses are: (1) expenses for health services that are covered by the plan; (2) those that the claims administrator considers "medically necessary" for diagnosis or treatment; and (3) those that do not exceed the "usual and customary" rate as determined by the claims administrator. Any costs not meeting this definition are the responsibility of the member. For more information or if you have any questions, contact the claims administrator for your plan: Beacon Health Options or Kaiser Permanente, as listed in this chart.