

Benefits 2023: Welcome!



Open Enrollment for 2023 benefits is November 2–16.

This is your opportunity to make changes to your benefits for 2023.

Benefits will be effective January 1, 2023.

Your personalized enrollment materials show your benefit options and costs for 2023.

For active employees— including Union- represented employees:

Your benefit options and costs for 2023 will be available in your myPlans Connect account starting **November 2**.

For employees on leave:

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

You'll also be able to see your benefit options and costs for 2023 in your myPlans Connect account starting November 2.



Even though you're on leave, you'll still need to enroll during Open Enrollment if you want 2023 coverage for you and any dependents.

Want details?

Read this guide to find out what's new for 2023 and what you need to do to enroll.

Want a printed copy of this guide? Call **1-877-271-8144** to request one.

Details about PG&E benefits are available:

- **In your myPlans Connect account:** You'll be able to see available benefits and costs for 2023.
- **At mypgbenefits.com:** Find information about your benefits and download **Your Benefits Guide** under **Resources > Open Enrollment Guides** (you can request a printed copy after January 1 by calling the PG&E Benefits Service Center).



ACTIVE EMPLOYEES

Benefits you can elect

You can elect or change these benefits during Open Enrollment:

- Health: Medical, dental, vision
- Flexible Spending Accounts (FSAs): Health Care and/or Dependent Care

You can elect or change these benefits anytime:

- Supplemental Life, Dependent Life and Voluntary Accidental Death & Dismemberment (AD&D) insurance
- Commuter Transit Program (for details about how to enroll, visit myggebenefits.com > **Work/Life Benefits** > **Commuter Transit Program**)
- For Management and A&T employees in San Francisco, Emeryville, Oakland and Berkeley: Paid Sick Leave Designee
- Eligible California Utility employees can opt in or out of the Voluntary Plan anytime during the year through myPlans Connect, with changes effective according to a special schedule (visit myggebenefits.com for details about the Voluntary Plan); PG&E Corporation employees are automatically covered by California's State Disability Insurance and Paid Family Leave Plan

▶ Start here

Have questions about your benefits? Need help enrolling?

CALL

Call the PG&E Benefits Service Center at **1-866-271-8144**
Monday–Friday,
7:30 a.m.–5 p.m.
Pacific time



EMAIL

Log in to your **myPlans Connect** account and send a secure message to a service representative
You'll get a reply within two business days



CHAT

Log in to your **myPlans Connect** account and chat online with a service representative
Monday–Friday,
7:30 a.m.–5 p.m.
Pacific time



You can also chat 24/7 with **Ava**, the digital assistant.



What's new?

Optum Financial replacing HealthEquity | WageWorks

Effective January 1, Optum Financial is replacing HealthEquity | WageWorks as the administrator for the Health Account and Flexible Spending Accounts (FSAs) if:

- You're enrolled in the Anthem Health Account Plan (HAP)—or
- You waive HAP coverage for 2023 but you elect the Health Care or Dependent Care FSA.

See highlights starting on page 4.

If you're affected by this change, you'll receive more information in November about the transition to Optum Financial for the Health Account and FSAs.

Optum Financial also will administer the Commuter Transit Program **for all employees**. For details, see page 8.

Kaiser Permanente

If you're enrolled in the **Kaiser Permanente HAP for 2023**, Kaiser Permanente will continue to administer the Health Account and FSAs. See page 10 for enhancements to the Kaiser Permanente health payment card for 2023.

Anthem members and FSA participants who waive medical coverage

Here are highlights of the transition to Optum Financial as the administrator for the:

- Health Account
- Health Care FSA
- Dependent Care FSA

Does this apply to you?

Optum Financial will administer the Health Account and FSAs if:

You're enrolled in the Anthem Health Account Plan (HAP)

OR

You waive HAP coverage but you enroll in a Flexible Spending Account (FSA) for 2023

Details about the transition to Optum Financial will be mailed to your home in November.

Read on for
HIGHLIGHTS



New Optum Financial payment card

You'll receive a new debit card for health expenses by **December 31, 2022**.

You'll be able to start using your card **January 1, 2023**.



Health Account

Here are key dates you need to know:

December 31, 2022


STOP

Using the **HealthEquity | WageWorks** card

Filing claims with **HealthEquity | WageWorks**

January 1, 2023

START

Using the **Optum Financial** payment card 

Filing claims with **Optum Financial** including claims for expenses incurred before 2023*


*Claims for expenses incurred in 2022 will be paid only if you were enrolled in the Anthem HAP in 2022.

Details about the transition to Optum Financial will be mailed to your home in November.



Health Care FSA

Here are key dates you need to know:

2022 Health Care FSA File all 2022 claims with HealthEquity WageWorks* December 31, 2022	2023 Health Care FSA File all 2023 claims with Optum Financial January 1, 2023
STOP Using the HealthEquity WageWorks card for expenses incurred in 2022	START Using the Optum Financial payment card  for expenses incurred in 2023

*You have until June 30, 2023, to submit claims to HealthEquity | WageWorks for eligible health expenses incurred through December 31, 2022.

 **See page 13 for FSA rules, including claims filing deadlines.**

Details about the transition to Optum Financial will be mailed to your home in November.



Dependent Care FSA

There are no payment cards for the Dependent Care FSA.

2022 Dependent Care FSA

File all claims against 2022 contributions with **HealthEquity | WageWorks***

2023 Dependent Care FSA

File all claims against 2023 contributions with **Optum Financial**

*You have until June 30, 2023, to submit claims to HealthEquity | WageWorks for eligible dependent care expenses incurred through March 15, 2023, the grace period for Dependent Care FSA claims. These claims may only be paid from your 2022 contributions.

 **See page 13 for FSA rules, including claims filing deadlines.**

Details about the transition to Optum Financial will be mailed to your home in November.



Commuter Transit Program through Optum Financial



**Want uninterrupted service?
Order through Optum starting November 6.**

You'll need to place your Commuter Transit order with Optum Financial to have uninterrupted commuter transit benefits in January.

The order period for January is November 6–December 5, 2022.

The Commuter Transit Program lets you pay for transit products and services and commute-related parking expenses with before-tax contributions deducted from your pay, potentially reducing your taxable income and saving you money.

You can enroll or change your elections anytime—but the cutoff is the fifth of the month for benefits to be ready the following month.

Commuter payment card

Optum Financial offers one commuter payment card to cover all your commuter needs, from transit to parking.



Recurring commuter transit orders with HealthEquity I WageWorks will not transfer to Optum; you'll need to set up a new account.

November 5, 2022	Last day to order with HealthEquity I WageWorks for December 2022
November 6–December 5, 2022	January 2023 commuter order period
December 23–31, 2022	January 2023 commuter payment cards and vouchers mailed and delivered
December 31, 2022	Last day to use commuter benefits through HealthEquity I WageWorks*
December 6, 2022–January 5, 2023	February 2023 commuter order period
January 23–31, 2023	February 2023 commuter payment cards and vouchers mailed and delivered
January 6, 2023–February 5, 2023	March 2023 commuter order period *Outstanding commuter transit credits left at HealthEquity I WageWorks will be applied to March order

Learn more and sign up

Starting **November 6**, log in to **myPlans Connect** and go to **Maximize Your Health > Learn More & Sign Up**.

Once you're on the Optum Financial Commuter Benefits Dashboard, you'll be able to choose from the following options:

- Set up your account for recurring monthly orders
- Select which months you want recurring orders
- Order manually each month

For details about the program, visit mypebenefits.com > **Work/Life Benefits > Commuter Transit Program**.

Kaiser Permanente members

Expanded use for Kaiser Permanente health payment card



Starting January 1, you'll be able to use your Kaiser Permanente health payment card outside of the Kaiser Permanente pharmacy, including for the dentist, eye doctor, other eligible health expenses and eligible over-the-counter items.



There are no changes to how you pay for medical expenses and prescription drugs through Kaiser Permanente.

Paying for care

Health payment card: Pay for care with your debit card when you check in for a visit at the dentist or eye doctor, or when you get a bill.

Simplifying payment: Usually, you won't need to submit paperwork to validate your health care expenses when you use your health payment card at Kaiser Permanente facilities. However, for certain services at Kaiser Permanente facilities and for most services outside of Kaiser Permanente facilities, such as dental visits, you'll need to provide an Explanation of Benefits (EOB), bill or itemized receipt to validate your health care expenses.

Getting a bill: If the cost of services you get during a visit is more than what you paid at check-in, you'll receive a bill later. You can pay your bill using your health payment card.

Managing your card

You can manage your card by logging in to kp.org/healthexpense with your Kaiser Permanente username and password or by calling Health Payment Services at **1-877-750-3399**, Monday through Friday, from 5 a.m. to 7 p.m. Pacific time (closed holidays).

Automated help is also available after hours, or you can email kp@healthaccountservices.com.

Verifying expenses

Kaiser Permanente will send reminders if you need to verify your expenses. You'll need to log in to your account at kp.org/healthexpense and click **File a Claim**. Then follow the required steps. To verify your expenses were eligible, you'll need to provide an Explanation of Benefits (EOB), bill or itemized receipt.



You'll have up to 180 days to verify expenses. If you haven't verified your expense after 180 days, Kaiser Permanente will suspend your card.


Using your card for over-the-counter purchases

Many retailers—especially big-box retailers with pharmacies—can automatically verify many eligible health expenses, so you won't have to submit itemized receipts.

TIP: Pay at the pharmacy register.

Try to use the pharmacy register when you're shopping—especially when you're at a big-box retailer that has a pharmacy.

Pharmacy registers are typically set up to recognize eligible items and will accept the card. Front registers might reject the card.

 **EXAMPLE:** You're shopping at a big-box store and you're buying bandages, contact lens solution and toilet paper.



If you're paying at a register that recognizes eligible items, the card will work for the bandages and contact lens solution, but it will reject the toilet paper, so you'll have to pay for that with your own money.

You won't have to submit a claim for the bandages and contact lens solution because the card reader verified the expense.



If you're paying at a register that's NOT set up to recognize eligible items, you'll need to use your own money and submit a claim to be reimbursed for the bandages and contact lens solution.

TIP: Save your itemized receipts.

If you're asked to verify an expense, you'll need to submit an itemized receipt.

Health screenings and tobacco tests

Administered by Quest Diagnostics

Every January 1, PG&E credits your Health Account if you're enrolled in the HAP—plus, you can earn extra credits by taking a voluntary annual health screening and testing tobacco-free or completing the tobacco cessation program.

Earn 2023 credits October 1, 2022–August 31, 2023

October 1–December 9, 2022:

Extra credits will be in your account January 1 (no later than January 5 for Optum accounts).

December 10, 2022–August 31, 2023: Extra credits will be in your account 3–6 weeks later.

Go to [My.QuestForHealth.com](https://my.questforhealth.com) or call **1-866-271-8144** to schedule your annual screening and flu shot. Flu shots are available only at onsite events.

- Sign in or register using the registration key: **PG&E2023**
- Then follow the prompts.

On your dashboard, you can schedule your screening:



Do you qualify for an extra \$500 credit?

If your base rate of pay is **\$31.69** or less as of January 1, 2023, PG&E will automatically give you an extra \$500 Health Account credit for 2023. **You don't need to do anything** to get this credit. If you get a raise later in the year, you can keep the extra \$500 credit.

At a Quest Diagnostics® Patient Service Center (PSC)

You can get a traditional blood draw screening at a Quest Diagnostics PSC if you're unable to take your screening at an onsite event or doctor's office. After you log in, enter your ZIP code to find a location near you.

At your doctor's office

You can download a **Physician Results Form** at [My.QuestForHealth.com](https://my.questforhealth.com). Print the form and take it to your doctor to complete and return to Quest Diagnostics.

At an onsite event

You can get a fingerstick screening. Don't see an onsite event near you? Email wellness@questdiagnostics.com or call **1-866-271-8144**, option 1 and then option 3.

At home*

You can request self-collection materials at [My.QuestForHealth.com](https://my.questforhealth.com). Complete a fingerstick screening at home and return it to Quest Diagnostics.

***NOTE:** This will require you to stick yourself with a needle. If you're unable to do this, please schedule your screening at a facility.

COVID-19 vaccines and testing

COVID-19 vaccines are covered at no cost when using network providers.



COVID-19 testing may be covered at no cost when using network providers. Contact Anthem or Kaiser Permanente at the phone number on your ID card to find out if you qualify for a free test.

Flexible Spending Accounts (FSAs)

These are the IRS and FSA Plan rules in effect for 2023. PG&E will provide updates should these rules change.

Health Care FSA

Extended claims filing deadline. The standard claims filing deadline for prior-year expenses is **June 30**. However, for now, you have until the earlier of one year after the claims filing deadline would have expired (June 30)—or the end of the outbreak period, which will be 60 days after the announced end of the national COVID-19 emergency.

Do you have a 2022 Health Care FSA? You can carry over **\$570** (previously \$550) in unused contributions at the end of 2022. You can use your 2022 carryover balance to help pay for eligible expenses incurred in 2023.

You don't have to enroll in the 2023 Health Care FSA to use carryover amounts from 2022.

Contribution limit	In 2023, you'll be able to contribute up to \$2,850 (previously \$2,750) of your before-tax pay to the Health Care FSA.
Forfeitures	After the claims filing deadline for 2023 (June 30, 2024), you must forfeit unused amounts over \$570 . The IRS may increase this limit for inflation.
Family status changes	You'll be able to make midyear changes to your Health Care FSA election only if you experience a qualifying life event , such as getting married.

Dependent Care FSA

Do you have a 2022 Dependent Care FSA? You have until **March 15, 2023**, to incur eligible expenses against your 2022 contributions.

You have until **June 30, 2023**, to file claims for eligible expenses incurred through March 15, 2023.

You don't need to enroll in the 2023 Dependent Care FSA to use contributions you made in 2022 to help pay for eligible dependent care expenses you incur through March 15, 2023.

Here's a summary of the Dependent Care FSA rules in effect for 2023:

Contribution limit	You may contribute up to \$5,000 of your before-tax pay if you're married filing jointly, single or filing a return as head of household.
Age limit	You may use the account only for children under age 13 . You may use the account for older children and adults only if they are physically or mentally incapable of self-care.
Grace period	If you elect a 2023 Dependent Care FSA, you'll have until March 15, 2024 , to incur eligible expenses against your 2024 contributions. You won't need to enroll in the 2024 Dependent Care FSA to use 2023 contributions for expenses incurred through March 15, 2024.
Claims deadline	The standard claims filing deadline for prior-year expenses is June 30. If you elect the 2023 Dependent Care FSA, you'll have until June 30, 2024 , to file claims for eligible dependent care expenses you incur through March 15, 2024.
Forfeitures	You'll forfeit 100% of your unused 2023 contributions after March 15, 2024, so be careful to contribute only what you'll need .
Family status changes	You'll be able to make midyear changes to your Dependent Care FSA election only if you experience a qualifying life event , such as adopting a child.

New PG&E Health Centers



PG&E is proud to introduce three new health centers:

- The Premise Health Wellness Center in Oakland opened in September. It replaced the Concord Health Center.
- Two new onsite PG&E Health Centers are open at the San Carlos and Fresno Service Centers.

Consider doing your annual health screening and getting your annual flu shot at a health center. Telephonic and virtual video visits are also available.

All health centers offer primary care, annual physical exams, acute and urgent care, clinical lab services and work injury care. Physical therapy and wellness coaching are available.

The Premise Health Wellness Center in Oakland also offers chiropractic and acupuncture treatments.

Coverage and costs

If you're enrolled in the Anthem HAP: The clinic will bill Anthem just like other clinics do. If there's an outstanding balance, you'll be responsible for promptly paying it.

If you're enrolled in the Kaiser HAP: You'll have to pay the full cost at the time of service.



TIP: You can file a claim for reimbursement from your Health Account or Health Care Flexible Spending Account (FSA) if you have one.

You can also use your Kaiser Permanente health payment card. You'll need to verify your expenses by submitting an Explanation of Benefits (EOB) or itemized receipt.

For details, visit mypgbenefits.com > Physical Health > Health Centers.

Contact information

Patient portal: mypremisehealth.com

All hours are Pacific time.

Oakland: Premise Health Wellness Center

2201 Broadway Blvd., Suite 101
Oakland, CA 94612 (two blocks from Lakeside Headquarters)

Clinic hours: 7:30 a.m.–4:30 p.m. (closed for lunch 12:30–1:30 p.m.)

Lab hours: 8 a.m.–12:30 p.m.

510-473-8700

San Carlos: PG&E Health Center

275 Industrial Way, Room 103-104
San Carlos, CA 94070

Clinic hours: 7 a.m.–4 p.m. (closed for lunch 12–1 p.m.)

Lab hours: 8 a.m.–12 noon

650-598-7227

Fresno: PG&E Health Center

3580 E. California Avenue, Bldg B
Room 01-1502
Fresno, CA 93702

Clinic hours: 7 a.m.–4 p.m. (closed for lunch 12–1 p.m.)

Lab hours: 8 a.m.–12 noon

559-263-7555

Learn to Live



Learn to Live is a digital platform offered through the Employee Assistance Program (EAP). It's built on the principles of cognitive behavioral therapy (CBT) to help you with:

- Social anxiety
- Depression
- Insomnia
- Substance use
- Stress, anxiety and worry

To get started, visit learntolive.com/welcome/PGE and register using the code **PGE**. Then take a quick assessment to get matched with the program that's right for you.

After you register, we recommend you sign up for a coach who can monitor your progress and support you throughout the program. You can connect with your Master's-level clinical coach via text, email or phone. You can also add family and friends as teammates for additional encouragement and social support.

Learn to Live is offered at **no cost to you and your dependents ages 13 and up**. It's completely confidential and available anytime, anywhere you have an Internet connection. It's available in both English and Spanish.

Hinge Health for back and joint pain



PG&E is partnering with Hinge Health to offer wellness care for your back and joints.

With Hinge Health, you can do physical therapy remotely. You'll have access to a customized care plan, a clinical team of experts and ongoing educational resources to help support you on your wellness journey.

Hinge Health is available to you and your eligible dependents at no cost and provide all the tools you need to get moving again from the comfort of your home.

- Connect with a personal care team, including a physical therapist and health coach.
- Schedule one-on-one physical therapy sessions as needed.
- Receive wearable sensors that provide live feedback on your form.
- Get a second opinion on surgery or treatment plan recommended to you.

Visit hingehealth.com/pge to learn more and sign up for the waitlist.

Questions? Call Hinge Health at **1-855-902-2777** or email hello@hingehealth.com.

ESC-represented employees:

Planned Unpaid Vacation (PUV) days no longer available

ESC-represented employees will no longer be able to elect PUV days. The PUV program has ended for everyone. If you need extra time off, please talk to your supervisor.

What you need to do



You'll need to make an election if you:

Want to **enroll in** or **waive health coverage** for 2023*

Want to **switch medical plans** or **add or drop dependents** from coverage

Want to **contribute to** the Health Care or Dependent Care Flexible Spending Account (**FSA**) for 2023

*If you waive medical coverage, Health Account Plan (HAP) rules require you to forfeit unused Health Account credits—but you'll have until March 31, 2023, to file Health Account claims and verify eligible expenses incurred while you were enrolled in the HAP.

How to enroll

You can enroll for 2023 benefits November 2–16.

Log in to your myPlans Connect account:

Using a PG&E computer within the network:

Go to **PG&E@Work for Me** and click on **About Me > My Benefits > myPlans Connect**. You'll be automatically logged in to your myPlans Connect account.



From a personal device:

Go to mypgbenefits.com > **Select Log in** under **Manage Your Benefits**.

You have until **11:59 p.m. Pacific time on November 16** to enroll online.

OR

Call the PG&E Benefits Service Center:

1-866-271-8144 Monday–Friday, 7:30 a.m.–5 p.m. Pacific time

You have until **5 p.m. Pacific time on November 16** to enroll by phone.



Enrolling dependents

As a PG&E employee, you have an opportunity to enroll your eligible dependents in PG&E-sponsored health coverage.

You'll need to provide your dependent's name, birth date and Social Security number when you enroll. Generally, you can enroll dependents online or by phone.

If you want to add or drop a Medicare-eligible dependent, you need to call the PG&E Benefits Service Center. You can't do this online.



Please check your Personalized Enrollment Worksheet or the information in your myPlans Connect account to confirm the dependents you want to cover are listed as covered ("Y").

You'll see a Y, N or P by each dependent's name:

Y Covered

N Not Covered

P Pending Verification

If the dependent you want to cover is:

N Not Covered P Pending Verification Not listed on your worksheet

You'll need to provide verification documents to the PG&E Benefits Service Center.

If you take no action

Currently enrolled? You and your currently enrolled eligible dependents will have the same coverage you have now:



You'll be responsible for making any required contributions as listed on your 2023 Personalized Enrollment Worksheet or in your myPlans Connect account. 2023 rates are also available at mypgbenefits.com > Resources.

Enrolled but want to waive coverage? You'll need to elect that option during Open Enrollment.

Not enrolled? If you don't enroll, you'll have no PG&E-sponsored health coverage for 2023.

Reminders



 **Health Care and Dependent Care Flexible Spending Accounts (FSAs):**
If you want to contribute for 2023, **you must enroll.**

 **Update your address:** It's your responsibility to make sure your address is correct.

From work:
[PG&E@Work for Me >](#)
[My Personal Information](#)

Questions? Call the PG&E HR Help Line at **415-973-4357** or submit a ticket through **AskHR.**

Check your confirmation statement

In early December, you'll get a confirmation statement showing the benefits you'll have for 2023.


You'll get a paper confirmation statement if you:

Don't have an email address on file with the PG&E Benefits Service Center

You'll get an online confirmation statement if you:

Have an email address on file with the PG&E Benefits Service Center

The PG&E Benefits Service Center will send you an email in early December notifying you when your confirmation statement is ready to print. You'll need to log in to your myPlans Connect account if you want to print it.

 **IMPORTANT:** You have until **December 31, 2022**, to call the PG&E Benefits Service Center to correct any errors for 2023. No changes will be accepted after that.

IMPORTANT:

Double-check your beneficiary elections

Be sure to double-check the beneficiary elections you have on file. Even if you think you have a beneficiary on file, it's important to check. Don't assume a default election will protect your family.

Separate elections for each benefit

You need to specifically elect your loved ones as your beneficiaries if you want them to get benefits from your life insurance, 401(k) and pre-retirement pension after you pass away. Your beneficiary elections for life and accident insurance, 401(k) and pre-retirement pension are **all separate elections**. Your beneficiary elections for one benefit won't carry over to another benefit. You can change your beneficiary elections at any time.

Contingent beneficiaries for pre-retirement pension

The contingent beneficiaries you elect (typically your children or other family members) will get your pre-retirement pension benefit if both you and your pre-retirement primary pension beneficiary pass away **before you retire and start your pension**.

If you have no contingent beneficiaries on file, your loved ones will end up with nothing if both you and your pre-retirement primary pension beneficiary pass away before you retire and start your pension.

EXAMPLE: This could happen if your pre-retirement primary pension beneficiary passes away and you simply forget to update your beneficiary—and you later pass away without electing contingent beneficiaries.

Elect or update your pre-retirement pension beneficiaries today. It's easy:

- 1 Log in to your PG&E PensionConnect account:
Using a PG&E computer within the network: Go to *PG&E@Work for Me* and click **About Me > My Retirement > PG&E PensionConnect**. You'll be automatically logged in.
OR
From a personal device: Log in at myPensionConnect.com. If logging in from a personal device for the first time, you'll need to create a username and password.
- 2 Click on the **Your Beneficiaries** homepage tile. On the designation page, name your primary and contingent beneficiaries and save your elections.

Need help? Call PG&E's Pension Service Center at **1-800-700-0057** from 7:30 a.m. to 5 p.m. Pacific time, Monday through Friday.



Confirm your beneficiaries today

Pre-retirement pension— PG&E Retirement Plan	401(k)—PG&E Retirement Savings Plan	Life and accident insurance
Log in to your PG&E PensionConnect account OR Call the PG&E Pension Service Center: 1-800-700-0057	Log in to your NetBenefits account at 401k.com	Log in to your myPlans Connect account OR Call the PG&E Benefits Service Center: 1-866-271-8144

Part-time Union-represented employees:

Should your medical premium be recalculated?



Every April, you can request a review of your prior six months worked to find out if you qualify for a lower medical premium. If you worked more hours than expected, you may qualify for a lower medical premium.

You can contact the PG&E Benefits Service Center **April 1 through April 30** to request a recalculation of your medical premium based on your straight-time hours worked in the past six months.

If the recalculation results in a lower medical premium, the new rate will be effective July 1. If the recalculation results in a higher premium, nothing will change.

The next recalculation will automatically take place at the next Open Enrollment.

For details, go to myggebenefits.com > Life Events > I'm Changing from Full- to Part-time.

Newly hired part-time Union-represented employees

Your cost for medical coverage is based on an assumed schedule of 36 hours of work for your first six months of employment. After you complete six months of service, your medical premiums will automatically be recalculated based on the actual number straight-time hours worked from your date of hire.

Health coverage required by California

California state law requires that most California residents have qualifying health insurance. Make sure you're enrolled in a medical plan that meets these requirements. Otherwise, you could be subject to a state tax penalty (see ftb.ca.gov). The PG&E-sponsored plans and Medicare meet the state requirements.

Summary of Material Modifications (October 2022)

This *Benefits 2023* guide is for Management and Administrative & Technical (A&T) employees, PG&E Corporation employees, and for employees represented by the IBEW, ESC and SEIU. 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").

Your 2023 enrollment materials are not an exhaustive explanation of the Health Care Plan, The Pacific Gas and Electric Company Health Care Flexible Spending Account Plan, and The Pacific Gas and Electric Company Dependent Care Flexible Spending Account Plan, or The Pacific Gas and Electric Company Group Life Insurance Plan (collectively, "the Plans"). Additional information about the Plans is contained in the documents entitled *The Pacific Gas and Electric Company Health Care Plan for Active Employees*, *The Pacific Gas and Electric Company Health Care Flexible Spending Account Plan*, *The Pacific Gas and Electric Company Dependent Care Flexible Spending Account* and *The Pacific Gas and Electric Company Group Life Insurance Plan*. Those documents, 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. You can find them at myggebenefits.com/spd.

The Employee Benefit Committee of PG&E Corporation is the Plan Administrator of the Plans 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 Plans.

Unless otherwise noted, references to PG&E in this brochure 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 Plans 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 Plans will apply prospectively and will affect your rights and obligations under the Plans prospectively.