



Health Insurance Marketplace Coverage Options and Your Health Coverage

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PART A: GENERAL INFORMATION

When key parts of the health care law took effect in 2014, it introduced a new way to buy health insurance: the Health Insurance Marketplace. To assist you as you evaluate options for you and your family, this notice provides some basic information about the Marketplace and employment-based health coverage offered by your employer.

What is the Health Insurance Marketplace?

The Marketplace is designed to help you find health insurance that meets your needs and fits your budget. The Marketplace offers “one-stop shopping” to find and compare private health insurance options. You may also be eligible for a kind of tax credit that lowers your monthly premium right away. Open enrollment for health insurance coverage through the Marketplace began in October 2013 for coverage effective on or after January 1, 2014.

Can I Save Money on my Health Insurance Premiums in the Marketplace?

You may qualify to save money and lower your monthly premium, but only if your employer does not offer coverage, or offers coverage that doesn’t meet certain standards. The savings on your premium that you’re eligible for depends on your household income.

Does Employer Health Coverage Affect Eligibility for Premium Savings through the Marketplace?

Yes. If you have an offer of health coverage from your employer that meets certain standards, you will not be eligible for a tax credit through the Marketplace and may wish to enroll in your employer’s health plan. However, you may be eligible for a tax credit that lowers your monthly premium, or a reduction in certain cost-sharing if your employer does not offer coverage to you at all or does not offer coverage that meets certain standards. If the cost of a plan from your employer that would cover you (and not any other members of your family) is more than 9.5% of your household income for the year, or if the coverage your employer provides does not meet the “minimum value” standard set by the Affordable Care Act, you may be eligible for a tax credit.¹

Note: If you purchase a health plan through the Marketplace instead of accepting health coverage offered by your employer, then you may lose the employer contribution (if any) to the employer-offered coverage. Also, this employer contribution—as well as your employee contribution to employer-offered coverage—is often excluded from income for federal and state income tax purposes. Your payments for coverage through the Marketplace are made on an after-tax basis.

How Can I Get More Information?

For more information about your coverage offered by your employer, please check your summary plan description or contact the PG&E Benefits Service Center.

The Marketplace can help you evaluate your coverage options, including your eligibility for coverage through the Marketplace and its cost. Please visit www.healthcare.gov for more information, including an online application for health insurance coverage and contact information for a Health Insurance Marketplace in your area.

¹ An employer-sponsored health plan meets the “minimum value standard” if the plan’s share of the total allowed benefit costs covered by the plan is no less than 60 percent of such costs.

PART B: INFORMATION ABOUT HEALTH COVERAGE OFFERED BY YOUR EMPLOYER

This section contains information about any health coverage offered by your employer. If you decide to complete an application for coverage in the Marketplace, you will be asked to provide this information. This information is numbered to correspond to the Marketplace application.

3. Employer name		4. Employer Identification Number (EIN)	
Pacific Gas and Electric Company; PG&E Corporation; PG&E Corporation Support Services, Inc.; PG&E Corporation Support Services II, Inc.		94-0742640*	
5. Employer address		6. Employer phone number	
P.O. Box 5546		1-866-271-8144	
7. City	8. State	9. ZIP code	
Concord	CA	94524	
10. Who can I contact about employee health coverage at this job?			
PG&E Benefits Service Center			
11. Phone number (if different from above)		12. Email address	

*Coverage is offered to eligible employees through the Pacific Gas and Electric Company Health Care Plan for Active Employees.

Here is some basic information about health coverage offered by this employer:

- As your employer, we offer a health plan to:
 - All employees.
 - Some employees. Eligible employees are:
 - **For union-represented employees:** You are eligible to enroll for health care coverage if you are a full-time or part-time Bargaining Unit employee represented by the IBEW, ESC, or SEIU, regardless of whether you are a probationary employee or have reached regular status. You are not eligible to enroll for active employee health care coverage if you are a contract or agency employee, or a retiree of the Company (unless you are a retiree who has been rehired as a regular or Hiring Hall employee). Generally, intermittent employees and other temporary employees who are not expected to become regular employees are also not eligible for coverage, unless treated as full-time during a stability period, based on hours worked in a measurement period, under the Affordable Care Act (ACA).
 - **For Management and A&T employees:** You are eligible to enroll for health care coverage if you are a full-time or part-time Management or Administrative & Technical employee. You are not eligible to enroll for active employee health care coverage if you are a contractor or agency employee, or a retiree of the Company (unless you are a retiree who has been rehired as a regular or Hiring Hall employee).
 - **For Hiring Hall employees:** You are eligible to enroll for medical coverage.

- With respect to dependents:

We do offer coverage. Eligible dependents are:

- Your legally married spouse, legally state-recognized common-law spouse, or registered domestic partner;
- Your children who are under age 26, including stepchildren, children born during a registered domestic partnership, foster children, legally adopted children, and children for whom you have been permanently appointed legal guardianship by a court (does not include the legal wards of your spouse);
- The children of your registered domestic partner who are under age 26, including legally adopted children (for employees and retirees only). Note that a child for whom your registered domestic partner is the legal guardian is not an eligible dependent;
- Your disabled children or those of your spouse/registered domestic partner who are age 26 or older, who are certified as disabled by a Doctor of Medicine (M.D.) or Doctor of Osteopathy (D.O.), and who have been approved by a PG&E-sponsored medical plan provider for continued coverage before they reach age 26. For more information, please contact the Member Services department of the medical plan in which you are enrolled; or
- Your family member or registered domestic partner if you both are employees in the same classification (e.g., both Management and A&T employees or both union-represented employees), or you both are retirees. You each have the option of electing coverage as an "employee" or "retiree," or you can be covered as a "dependent" of the other. However, you may not be covered as both. In addition, you may not be covered as both an employee and a retiree. Management and A&T employees may not cover union-represented employees and vice versa.

We do not offer coverage.

If checked, this coverage meets the minimum value standard, and the cost of this coverage to you is intended to be affordable, based on employee wages.

**Even if your employer intends your coverage to be affordable, you may still be eligible for a premium discount through the Marketplace. The Marketplace will use your household income, along with other factors, to determine whether you may be eligible for a premium discount. If, for example, your wages vary from week to week (perhaps you are an hourly employee or you work on a commission basis), if you are newly employed mid-year, or if you have other income losses, you may still qualify for a premium discount.

