

Retiree Medical and Medicare Process

For 2022 Voluntary Separation Program Participants



You **MUST** report your Intent to Retire to the PG&E Benefits Service Center.



If you received an invitation to participate in the Voluntary Separation Program (VSP), are interested in enrolling in PG&E's Retiree Medical Plan and you or your dependent are eligible for Medicare, you will need to begin both the PG&E Retiree Medical and the Medicare enrollment processes.

You should submit your Intent to Retire notice to the PG&E Benefits Service Center as soon as possible, and if applicable, begin your Medicare enrollment process no later than **June 10, 2022.**

If you are eligible for Medicare, but do not apply by June 10, you may have fewer retiree medical plan options available to you until the next Open Enrollment period.

You MUST initiate your Intent to Retire to the PG&E Benefits Service Center **AND begin your Medicare enrollment process by **June 10.****

PG&E Retiree Medical and Medicare Enrollment Process for VSP Participants

The steps below detail how VSP participants can complete their PG&E Retiree Medical and Medicare enrollment process. The process below is outside of the normal PG&E retiree medical enrollment process, so please follow closely and adhere to all listed deadlines.

1. Report your Intent to Retire to the PG&E Benefits Service Center by logging in to your myPlansConnect account or by calling 1-866-271-8144. Representatives are available to assist you Monday–Friday, 7:30 a.m.–5 p.m.

- Make your PG&E Retiree Medical plan selection as soon as possible.
- If you or a dependent are not eligible for Medicare, you have until 31 days after your termination date to make your elections. However, the sooner you make your elections, the sooner your plan provider will be updated and ID cards are mailed.

Retiree medical

Log in to your myPlans Connect account:

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

From any computer or mobile device, go to mypgbenefits.com and click Log In under Manage Your Benefits.

OR

Call 1-866-271-8144.

2. If you or your dependent will be age 65 or older (or eligible for early Medicare due to a disability) when you retire, you are Medicare-eligible. You MUST notify Social Security as soon as possible.

- You or your dependent must initiate the process to apply for Medicare Parts A and B with Social Security no later than June 10, 2022. Visit medicare.gov or call **1-800-633-4227** to get started. You may be asked to provide proof of your attempt to enroll in Medicare to the Benefits Team.
- If you or your dependent waived Medicare because you had employee coverage, you **MUST** complete a Request for Employment Verification Form—available at cms.gov/cms-1564-request-employment-information.
 - Each Medicare-eligible participant must complete the form. Send your completed form(s) to Benefits@pge.com.
- If you are enrolling in a Medicare HMO plan—such as Kaiser Senior Advantage—you must make your plan election and complete an application form—available in your myPlans Connect account. **All applicable Medicare HMO paperwork must be received by the plan provider no later than June 30, 2022.**
- **If your Medicare paper enrollment application is not received by June 30**, you may not be enrolled in your chosen plan and your coverage will default to the Anthem Comprehensive Access Plan (CAP). You will be responsible for paying CAP premiums and you will not be able change your election until the next Open Enrollment season.

Don't be late



If you're late enrolling for Medicare Parts A and B:

You won't have full coverage. Don't miss the June 10 deadline.

You'll have to pay charges Medicare would have covered—usually 80% of the bill. You won't be able to enroll in Kaiser Senior Advantage or any other Medicare HMO, and you'll pay a higher Medicare Part B premium for the rest of your life.

If you're late enrolling in Kaiser Senior Advantage or any other Medicare HMO:

Your Medicare enrollment form and plan election must be received by June 30, or you won't have coverage in that HMO.

Instead, you'll get default coverage in the Anthem Comprehensive Access Plan (CAP)—and you'll be responsible for paying CAP premiums.

You'll need to wait until the next Open Enrollment to elect the plan you want.

If you try to enroll more than 31 days after your retirement date:

You'll have no PG&E-sponsored retiree medical coverage because you'll have missed all the deadlines.

Your next chance to enroll will be Open Enrollment in the fall, with coverage effective the following January 1.

As a reminder, in addition to the steps above, you'll also need to notify the PG&E Pension Service Center and let them know when you want your pension benefit to begin.

If you submit an Intent to Retire to the PG&E Benefits Service Center and request a Pension Election Kit from the PG&E Pension Service Center AND are not accepted into the VSP AND do not retire, the notification and kits will automatically expire if you do not terminate employment.

More PG&E Retiree Medical information

For more information—including PG&E Retiree Medical Plan options—visit mypgbenefits.com/retirement > Retiree Medical.

Frequently Asked Questions

Q. What happens if I participate in the VSP, and my Medicare enrollment is not completed by July 1?

A. As long as you complete the following three items by the deadlines noted below, PG&E will work to ensure your health coverage is not disrupted. PG&E's Benefits Team will work with the benefit plan providers to pay any eligible medical plan claims, even if your Medicare enrollment is not completed by the Social Security Administration (SSA) prior to your retirement.

- **By June 10, 2022**, start the Medicare enrollment process with the SSA either online or by scheduling an appointment (the actual appointment may be after June 10, 2022) AND
- **By June 30, 2022**, report your Intent to Retire to the Benefits Service Center and have completed and submitted a Medicare COB or Medicare Advantage HMO enrollment form for each Medicare-eligible person enrolling:
 - Download the form from myPlans Connect OR
 - Call the PG&E Benefits Service Center to request the form be mailed to you.
 - You are encouraged to start this process as soon as you know that you have been accepted into the VSP as the form must be RECEIVED (by mail or fax) by the plan provider by June 30, 2022, AND
- **By June 30, 2022**, complete and submit a Request for Employment Verification Form—available at cms.gov/cms-l564-request-employment-information—to **Benefits@pge.com** if you or your dependent previously waived Medicare because you had employee coverage.

Note: When submitting the Request for Employment Verification Form, you may omit your social security number to ensure your information is protected when transmitting through email. Once you receive the completed form from PG&E's Benefits Team, you'll need to ensure your social security number is on the form before sending to SSA.

Prior to paying claims, PG&E's Benefit Team may require you to submit proof that you completed the three items above by the stated deadlines.

Q. I am not currently enrolled in PG&E Benefits as an active employee. Will I still be eligible for a Retiree Health Account?

A. Yes. You do not need to be actively enrolled in a PG&E benefit plan to receive the Retiree Health Account credit.

Q. Can you use the Retiree Medical Savings Account (RMSA) if you do not enroll in a PG&E-sponsored retiree medical plan?

A. No, the RMSA can only be used to pay PG&E-sponsored retiree medical premiums. For additional information on PG&E's Retiree Medical plans, visit mypgebenefits.com/retirement > Retiree Medical.

Q. Can I continue my Anthem PPO Plan via COBRA until I get Part B?

A. No, you will have 31 days following your retirement date to enroll in PG&E's Retiree Medical plan. If you miss the 31-day window, your next opportunity to enroll in PG&E Retiree Medical coverage will be the November 2022 open enrollment season for coverage effective January 1, 2023.

Q. Where can I find plan and rate information for PG&E's Retiree Medical Coverage?

A. Plan and rate information is available at mypgebenefits.com/retirement > Retiree Medical.

Q. What happens to my existing health benefits if I take part in the VSP?

A. Medical, dental and vision coverage for you and your eligible dependents will end in the month of

your separation. For example, if your termination is effective June 30, 2022, your coverage under the active PG&E employee health plans will end June 30, 2022. Information about COBRA and Retiree Medical will be provided, and you may choose to continue one or more of your existing health care coverages through COBRA or PG&E's Retiree Medical when you leave the company.

Q. Can I enroll in a medical plan outside of PG&E's Retiree Medical plan?

A. Yes, other options may be more affordable than PG&E-sponsored retiree medical coverage, such as enrolling as a dependent in your spouse's plan at work or government-subsidized coverage. Additionally, COBRA benefits will be available to you. If you enroll in a medical plan outside of PG&E's Retiree Medical plans, you may use your Retiree Health Account—if eligible—to pay for premiums. Please note, if you enroll in a medical plan outside of PG&E's sponsored retiree medical coverage, you will not be able to re-enroll in PG&E's coverage until the next Open Enrollment season.