



2010 Open Enrollment Frequently Asked Questions

These Frequently Asked Questions (FAQs) are highlights of PG&E's Open Enrollment process. They are not intended to be a complete explanation. Please click on the appropriate link below to jump to the FAQs relevant for you:

[2010 Open Enrollment for Retirees and Surviving Dependents](#)

[2010 Open Enrollment for Union-Represented Employees](#)

[2010 Open Enrollment for Management and A&T Employees](#)

2010 Open Enrollment for Retirees and Surviving Dependents

General HR Service Center - (415) 972-7077 or (800) 700-0057

Q. When is Open Enrollment?

A. Open Enrollment for retirees is from October 23 through November 5th. You can enroll online or by calling the HR Service Center.

Q. Are there any major changes for 2010?

A. Yes. The mental health and chemical dependency benefits for almost all medical plans will change. The federal Mental Health and Chemical Dependency parity act required that we modify these benefits to be as good as medical plan benefits. Overall, these changes represent an improvement in benefits.

Q. I didn't get my 2010 Open Enrollment materials in the mail at home. What should I do?

A: Open Enrollment packets were mailed to all retirees mid-October. If you haven't received it, you can download the 2010 Enrollment Guide and your personalized Enrollment Worksheet from the internet on the *PG&E@Work For Me* sight at <https://myportal.pge.com/>. Or, you can call the HR Service center at 415-972-7077 or at 800-700-0057.

Q: What if I miss the deadline and don't enroll for 2010?

A: If you don't enroll, you will continue to receive your 2009's medical plan and dependent coverage. Also, if you have any Retiree Premium Offset Account (RPOA) funds left, you will continue your current decision of whether or not to use this account to reduce your coverage contributions.

Q: What if I change my mind once I've submitted my 2010 Open Enrollment elections?

A: You can make changes to your enrollment elections at any time by re-enrolling before the close of the Open Enrollment period, which is 11:59 p.m. on November 5. Your new enrollment will replace any previous submissions. Once Open Enrollment has closed you cannot make any further changes, unless you experience an eligible change in status event.

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Q: Can I enroll online if I'm not on a PG&E computer?

A: Yes. If you have Internet Explorer versions 5.0, 6.0 or 7.0, you can enroll online via *PG&E@Work For Me* on the Internet. Go to <https://myportal.pge.com>. Get step-by-step instructions for registering, enrolling and logging into the system at <https://myportal.pge.com/help>. Once you've logged on, select the **Open Enrollment** tab and follow the instructions.

Q: I can't access the Open Enrollment tool online. What's wrong?

A: Most likely it's because you have a pop-up blocker in place. Some newer versions of Internet Explorer and other browsers have pop-up blockers. Your computer must enable pop-up windows to use the Open Enrollment tool. To confirm whether you have one, and that it's turned off, select **Tools > Pop-up Blocker** in your Browser tool bar.

If you don't have a pop-up blocker in place and still aren't able to access the Open Enrollment tool, contact the Technology Service Center (TSC) at PG&E extension 8-223-9000, or externally at 415-973-9000 or 800-223-9007. Press Option 1, then Option 3. Representatives are available 24 hours a day. Have either your former Lan I.D. or personnel number available. Your personnel number is on your monthly pension remittance.

Q: Can I print pages in the Open Enrollment tool?

A: Yes, by right clicking anywhere within the page and then selecting "print" from the pop-up menu. When printing your confirmation statement and/or your personalized 2010 Enrollment Worksheet use the "printer" icon in the tool bar just above the statement.

Q: I made an error when I added a new dependent. I selected "child" instead of "spouse" and I can't change it online. How can I correct it?

A: Contact the HR Service Center immediately. Call 415-972-7077 or 1-800-700-0057 from the hours of 7:30 am to 5 pm PST.

Q: Can I save a copy of my Confirmation Statement to my computer?

A: Yes. Use the "save a copy" icon located to the left of the "printer" icon.

Q. When will I get my confirmation statement?

A. If you enroll online, you can get your confirmation statement immediately, after you have completed the benefit selection process. In addition, you will be sent a confirmation statement in mid-December. If you see any errors, you must notify the HR Service Center by the last business day of the year as you will not be able to make any new changes next year, without an allowed status change.

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Upcoming Benefit Changes for Retirees

Q: I read that there will be upcoming benefit changes for union-represented retirees. Will non-union represented retirees receive these benefit changes as well?

A: Yes. The bargained changes will apply to all retirees regardless of union representation. Please note, that all changes are still pending approval from PG&E's Board of Directors. Most of these changes will be effective January 1, 2011.

Q: Can you provide an overview of the changes?

A. Most of you are aware of the "caps" on how much PG&E contributes to your medical coverage. Retirees have been picking up all cost increases since 2000. Beginning in 2011, dependent on Board approval, there will be new caps. This means that PG&E will be sharing in cost inflation until the new caps are reached. We anticipate that the new caps will not be reached until 2016 or later.

Q: What type of special benefit do pre-1994 retirees receive?

A. Pre-1994 retirees will receive extra consideration because they retired before the Cap was bargained and announced. Next spring, after the anticipated Board approval, the pre-1994 retirees and their spouses will each receive an extra \$40 per month reduction in the cost of their retiree medical coverage. This reduction will take place no later than June 2010.

Q: Will future retirees have the updated Cap as well?

A. No. They will receive PG&E's contribution toward retiree medical coverage via an account based program called the Retiree Medical Savings Account or RMSA. With RMSA, there still will be considerable cost sharing with the Company. RMSA is very similar in structure to your Retiree Premium Offset Account, except that all PG&E contributions will be made through this account.

Q: If I am still confused, where can I get more information?

A. PG&E will be providing you with comprehensive information in 2010 before the 2011 Open Enrollment period.

Other

Q: Is it possible to change medical plans if I have one or more pre-existing conditions?

A: Yes, you may change to almost any plan at Open Enrollment if you have pre-existing conditions. The one possible limitation is for Medicare eligible members who are receiving dialysis and wish to join a "Medicare Advantage Plan". They should check with the plan's member services prior to enrolling.

Q: What medical plans are available if I move out of state?

A. Currently, retirees who move out of state are eligible for the Anthem Blue Cross administered plans including the Comprehensive Access Plan, the Retiree Optional Plan, the Medicare Supplemental Plan and the SmartValue Plan. In 2011, pre-Medicare retirees will also have the Anthem Blue Cross

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2010 Open Enrollment Frequently Asked Questions

administered High-Deductible Health Plan and the Low Cost Option PPO Plan. You will receive additional information about these new options next year.

Q: What is a Medicare Claim Number? Why am I asked to provide one?

A: Your Medicare Claim Number is assigned by the government (the Centers for Medicare and Medicaid Services, or CMS) when you become eligible for Medicare. Your claim number is used by PG&E to coordinate benefits with Medicare. You can find your claim number on your Medicare enrollment card; it is usually your Social Security number followed by a letter.

Q. What happens to the RPOA when a retiree dies? Can it be rolled-over or credited to the retiree's spouse?

A. Surviving dependents pay the full cost of their medical plan premiums. However, they may "inherit" an RPOA balance if they became the surviving dependent and the deceased's RPOA balance has not been depleted.

2010 Open Enrollment for Union Represented Employees

General HR Service Center - (415) 973-4357 or (800) 788-2363

Q. When is Open Enrollment?

A. Open Enrollment for active employees is from Friday, November 6th through Thursday, November 19th. You can enroll online through the company intranet, or by calling the HR Service Center. To enroll online go to the PG&E @Work For Me page and click the Open Enrollment tab.

Q. Are there any major changes for 2010?

A. Yes. The mental health and chemical dependency benefits for almost all medical plans will change. The federal Mental Health and Chemical Dependency Parity Act required that we modify these benefits to be as good as medical plan benefits. Overall, these changes are an improvement in benefits.

In addition, PG&E has added the PG&E Medical Plan Chooser. The Chooser is a new online tool to help you analyze your medical plan choices. You can access the tool by logging into PG&E@Work For Me > About Me > My Benefits. The Chooser is also available in the Related Links section of the Enrollment site.

Q: I didn't get my 2010 Open Enrollment materials in the mail at home. What should I do?

A: You can download your Open Enrollment materials including your personalized Enrollment Worksheet from *PG&E@Work For Me*. The materials can be accessed from a link in the left navigation area of the **Open Enrollment** tab. If you aren't able to readily access *PG&E@Work For Me*, contact the [HR Service Center](#) via e-mail or phone.

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Q: What if I miss the deadline and don't enroll for 2010?

A: If you don't enroll, you will continue to receive your current year's medical, dental, and vision coverage for yourself and your covered dependents, as listed on your Enrollment Worksheet (or the medical plan shown next to the asterisk on your worksheet if your current plan will no longer be available to you in the next plan year). Employees who don't enroll cannot participate in the Flexible Spending Accounts (FSAs).

Q: What if I change my mind once I've submitted my 2010 Open Enrollment elections?

A: You can make changes to your enrollment elections at any time by re-enrolling before the close of the Open Enrollment period. Your new enrollment will replace any previous submissions. Open Enrollment closes at 11:59 P.M. on Friday, November 19, 2009, for employees. Once Open Enrollment has closed, you cannot make any further changes, unless you experience an eligible change in status event.

Q: Is it possible to change medical plans if I have one or more pre-existing conditions?

A: Yes, you may change to any plan at Open Enrollment if you have pre-existing conditions. None of PG&E's plans for active employees have pre-existing exclusions with one exception. LTDers receiving dialysis, who currently have Medicare and are currently HMO members, cannot join the SmartValue plan.

Q. When will I get my confirmation statement?

A. If you enroll online, you can get your confirmation statement immediately, after you have completed the benefit selection process. In addition, you will be sent a confirmation statement in mid-December. If you see any errors, you must notify the HR Service Center by the last business day of the year as you will not be able to make any new changes next year, without an eligible status change.

Q. Why does my Open Enrollment confirmation statement show the amount my employer pays?

A: PG&E's costs appear on the confirmation statement (and in the Employer-Paid Benefits section of your pay statement) as a reminder of the value of the benefits that you receive from the Company.

Online Enrollment Questions

Q: Can I enroll online if I'm not on a PG&E computer?

A: Yes. If you have Internet Explorer versions 5.0, 6.0 or 7.0, you can enroll online via *PG&E@Work For Me* on the Internet. Go to <https://myportal.pge.com>. Once you've logged on, select the **Open Enrollment** tab and follow the instructions. Remember: if you are an employee with a chief (supervisor) or delegate role, you must access *PG&E@Work For Me* from home via Citrix or VPN remote access.

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Q: I can't access the Open Enrollment tool online. What's wrong?

A: Most likely it's because you have a pop-up blocker in place. To confirm whether you have one, select **Tools > Pop-up Blocker** in your Browser tool bar. If you don't have a pop-up blocker in place and still aren't able to access the Open Enrollment tool, contact the Technology Service Center (TSC) at PG&E extension 8-223-9000, or externally at 415-973-9000 or 800-223-9007. Representatives are available 24 hours a day.

Q: How do I load Adobe Acrobat Reader to my computer so that I can view the Open Enrollment documents?

A: [Click here](#) to download a free copy of Adobe Acrobat Reader from Adobe's Web site.

Q: Can I print pages in the Open Enrollment tool?

A: Yes, by right clicking anywhere within the page and then selecting "print" from the pop-up menu. When printing your confirmation statement and/or your personalized 2010 Enrollment Worksheet use the "printer" icon in the tool bar just above the statement.

Q: Why am I asked if I or any of my dependents are covered by another medical plan?

A: The medical plans sponsored by PG&E coordinate benefits with other medical plans when an employee has coverage under more than one plan. By answering "yes" to this question, it alerts the health plans to reach out to your other health plans to determine who should pay your claim. Please note that Medicare is not considered another medical plan as it relates to this question.

Q: I made an error when I added a new dependent. I selected "child" instead of "spouse" and I can't change it online. How can I correct it?

A: You should contact the HR Service Center right away.

Q: There is no exit button when I've completed my enrollment. How do I leave the system?

A: You can leave the Open Enrollment tool by selecting some other section such as the **About Me** tab. Or, you can log off.



2010 Open Enrollment for Management and A&T Employees

General HR Service Center - (415) 973-4357 or (800) 788-2363

Q. When is Open Enrollment?

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A. Yes. The mental health and chemical dependency benefits for almost all medical plans will change. The federal Mental Health and Chemical Dependency Parity Act required that we modify these benefits to be as good as medical plan benefits. Overall, these changes are an improvement in benefits.

In addition, PG&E has added the PG&E Medical Plan Chooser. The Chooser is a new online tool to help you analyze your medical plan choices. You can access the tool by logging into PG&E@Work For Me > About Me > My Benefits. The Chooser is also available in the Related Links section of the Enrollment site.

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Q: What if I miss the deadline and don't enroll for 2010?

A: If you don't enroll, you will continue to receive your current year's medical, dental, and vision coverage for yourself and your covered dependents, as listed on your Enrollment Worksheet (or the medical plan shown next to the asterisk on your worksheet if your current plan will no longer be available to you in the next plan year). Employees who don't enroll for 2010 cannot participate in the Flexible Spending Accounts (FSAs) or the Vacation Buy program.

Q: What if I change my mind once I've submitted my 2010 Open Enrollment elections?

A: You can make changes to your enrollment elections at any time by re-enrolling before the close of the Open Enrollment period. Your new enrollment will replace any previous submissions. Open enrollment closes at 11:59 pm on Friday, November 19, 2009, for employees. Once Open Enrollment has closed you cannot make any further changes, unless you experience an eligible change in status event.

Q. Is it possible to change medical plans if I have one or more pre-existing conditions?

A: Yes, you may change to any plan at Open Enrollment if you have pre-existing conditions. None of PG&E's plans for active employees have pre-existing exclusions with one exception. LTDers receiving dialysis, who currently have Medicare and are currently HMO members, cannot join the SmartValue plan.

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- Pacific Gas and Electric Company employees should contact the Technology Service Center (TSC) at PG&E extension 8-223-9000, or externally at 415-973-9000 or 800-223-9007. Representatives are available 24 hours a day.
- PG&E Corporation employees should call 415-267-7025. Representatives are available from 7:30 a.m. to 5:30 p.m. Pacific Time, Monday through Friday.

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A: The medical plans sponsored by PG&E coordinate benefits with other medical plans when an employee has coverage under more than one plan. By answering "yes" to this question, it alerts the health plans to reach out to your other health plans to determine who should pay your claim. Please note that Medicare is not considered another medical plan as it relates to this question.

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A: You can leave the Open Enrollment tool by selecting some other section such as the **About Me** tab. Or, you can log off.

New Cost Sharing Approach

Q: What's the new cost-sharing approach?

A: Effective January 1, 2010, PG&E will be implementing an employee cost-sharing approach where Management and A&T employees will pay a fixed percentage of actual premium costs for medical and dental coverage. This approach will replace Flex.

Q: How will the new cost-sharing approach work?

A: Under the new cost sharing approach, PG&E will continue to pay 100 percent of the cost of vision premiums and the majority of medical and dental premiums for you and your enrolled dependents. You'll pay the remaining percentage of premiums with before-tax contributions that are based on the plan and coverage level you elect. Your before-tax contributions toward medical and dental premiums will be:

- 5 percent of the premium cost for employee coverage
- 7.5 percent of the premium cost for dependent coverage

This means if you enroll your spouse/domestic partner and/or children for medical and dental coverage, your total percentage contribution will be a blend of the employee coverage contribution and the dependent contribution.

For employees who enroll in the Basic Medical Plan, the cost-share percentages will be 2.5 percent for employee coverage and 3.75 percent for additional dependent coverage.

Q: Can you give me some examples of how contributions will be calculated under the new approach?

A: Here is an example of how premiums would be calculated based on your plan choice and level of coverage. Say you chose the Kaiser Permanente HMO plan for 2010. If you choose to cover yourself only, the full monthly premium cost in 2010 is \$502. To cover yourself, your spouse and your children would be \$1,450 per month. Your share of the full premium is calculated as follows:

Self-only coverage:

Self-Only Premium X Required Percent Contribution = Your Contribution
 $\$502 \times 5\% = \mathbf{\$25/month}$

Self plus spouse and family coverage:

Self-Only Contribution from Above + ((Full Family Premium – Self Only Premium) X 7.5%) =
 $\$25 + ((\$1,450 - \$502 = \$948) \times 7.5\%) = \mathbf{\$96/month}$

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Q: How much will employees pay on average and how does that compare to what employees paid last year on average?

A. The average employee contribution will be a little over 6 percent. This is the same average contribution as last year. However, last year, the range of what employees contributed was much broader. Some employees received cash back and others paid as much as 10 percent of the full premium cost.

Q: Will everyone pay the same amount?

A: The dollar amount you'll pay for coverage will depend on the actual cost of the medical and dental plans and the coverage level you select. Your cost will be higher if you select an expensive medical plan and cover your entire family than if you select a less expensive medical plan and cover just yourself.

Q: What is Flex and how does it work?

A: Under Flex, the company created an artificial price tag (Flex price) for each medical and dental plan option. You used your FlexDollars to "buy" health care. Your real dollar contribution was the difference between your FlexDollar allotment and the Flex prices for the plans and coverage level you selected.

Q: Will I still get FlexDollars?

A: No. This cost-sharing approach replaces Flex, so PG&E will no longer provide you with a base allocation of FlexDollars for benefits or extra FlexDollars for low sick leave usage. Instead, PG&E will continue to pay the majority of health care costs, and all Management and A&T employees will pay a consistent share of medical and dental costs with before-tax contributions.

Q: Under the new cost-sharing approach, can I still receive any sort of cash back like I did under the Flex approach?

A: No since you will not be receiving Flex dollars. Under the new approach, you simply pay a fixed percentage of the monthly premiums on a pre-tax basis.

Q: Why is the credit for low sick leave usage being eliminated?

A: Since employees are no longer allocated FlexDollars, the Flex Dollar credit for low sick leave usage was eliminated. Sick leave is intended to provide income protection to employees who need to take care of themselves or family members due to illness and not to encourage employees to come to work if they are sick.

Q: Will Life Insurance and Flexible Spending Accounts (FSAs) be affected by the new cost-sharing approach?

A: PG&E's other benefits that are offered at Open Enrollment time will not be changing. You can still set aside money in the FSAs -- Health Care Reimbursement Account (HCRA) and Dependent Care Reimbursement Account (DCRA). In addition, you can still purchase Supplemental Life Insurance. Both the FSAs and the Supplemental Life Insurance plan will continue to be employee pay-all plans, although with Flex, you were able to direct any excess Flex dollars to these plans to avoid extra taxes.

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Q: Will I still be able to purchase Vacation Buy Days?

A: Yes. The Vacation Buy (VB) Policy is a payroll practice that will continue. You will still be able to purchase up to five vacation days during Open Enrollment on a before-tax basis through payroll deduction.

Q: How can I find out what my costs would be for all the medical and dental plan options?

A: There are a number of ways:

- If you want to see what your costs will be for your monthly contributions as well as your estimated out-of-pocket costs for copayments, deductibles and other similar costs, you should use the online Medical Plan Chooser. You can access the Chooser at PG&E@Work For Me < About Me < My Benefits or from the Related Links section of the Open Enrollment site.
- In your Open Enrollment materials, you will find a rate sheet that shows your costs for all plans as well as PG&E's costs. In addition, your personalized 2010 Benefits Enrollment Worksheet will show the actual amount you'll be charged for every medical and dental plan option and coverage level.
- You can also find the total cost of coverage in your monthly pay statements and your post-open enrollment benefits confirmation statement.

Q: Why is PG&E changing its cost-sharing approach?

A: Most companies today use a cost sharing approach based on a percentage of true premium costs to allow for cost transparency and ensure cost sharing consistency among employees. Our new cost sharing approach allows for:

- **Transparency in benefit costs.** You'll be able to see exactly how much you and PG&E pay for your coverage.
- **More consistent cost-sharing among employees.** Under Flex, the range of cost sharing was very large since PG&E allocated the same amount of FlexDollars to each Management and A&T employee. Employees waiving coverage or selecting employee-only coverage received cash-back while employees electing family medical and dental coverage paid up to 10 percent of the full premiums. The variances in cost sharing will be reduced under the new approach.
- **Setting the stage to improve retiree medical cost-sharing structure.** The new cost sharing approach will aid in changing the retiree medical cost-sharing structure by making actual costs more transparent.

Q: What cost-sharing approach do union-represented employees have?

A: Union-represented employees do not have Flex, but instead pay a percentage of premium costs. The IBEW, ESC and SEIU all recently ratified table agreements that call for union-represented employees to pay 7.5 percent of the actual cost of medical premiums for most medical plans effective January 1, 2011.

Q: Will there be more changes in 2011?

A: Yes. Management and A&T employees will be eligible for the new Retiree Medical Savings Account, the High Deductible Health Plan with the Health Savings Account Plan, and improved dental and vision benefits, subject to PG&E Board approval in 2010.

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For Management and A&T Employees who Work in San Francisco

Q: What is a San Francisco Sick Leave Designee?

A: Employees eligible for paid sick leave who work in San Francisco may designate one person for whom they may use up to 72 hours of paid sick leave hours per year to provide aid or care when that designated person is ill, injured, or receiving medical care, treatment or diagnosis.

Q: Who can have a San Francisco Sick Leave Designee?

A: Management and A&T employees who do not have a spouse or registered domestic partner, and who have a base position that is physically located or identified in the organizational structure as headquartered in San Francisco, can select a designee.

Q: Can anyone be a San Francisco Sick Leave Designee?

A: Yes. However, if you are married or have a registered domestic partner, only your spouse or your partner can be your designee. If you are unmarried and do not have a registered domestic partner, you may designate anyone you choose.

Q: What if I want to change my San Francisco Sick Leave Designee?

A: You may change your San Francisco Sick Leave Designee once a year during Open Enrollment. You may also change your designee within 30 days of a qualifying change-in-status event (for example, if you marry or register a domestic partnership, if you divorce or sever a registered domestic partnership or if your designee dies).