

2012 Medical Plan Comparison Chart for Employees on Long-Term Disability Medicare-Eligible Members

Prescription Drug Benefits

PROVISIONS	A COMPREHENSIVE ACCESS PLAN (CAP)	B BASIC PLAN <i>(For Management and A&T Employees Only)</i>	C BLUE SHIELD MEDICARE COB HMO	D HEALTH NET MEDICARE COB HMO	E HEALTH NET SENIORITY PLUS <i>(Medicare Advantage HMO)</i>	F KAISER PERMANENTE SENIOR ADVANTAGE NORTH & SOUTH <i>(Medicare Advantage HMO)</i>
General	Retail and mail-order prescription drugs are administered by Medco Health		Retail and mail-order prescription drugs are administered by the HMOs			
Annual Prescription Drug Deductible <i>Separate from medical plan annual deductible</i>	None	None	None	None	None	None
Annual Prescription Drug Out-of-Pocket Maximum	For retail and mail-order combined: • \$500/person • No more than \$1,000/family	For retail and mail-order combined: • \$500/person • No more than \$1,000/family	None	None	None	None
Annual or Lifetime Prescription Drug Maximum Benefit Limit	None	None	None	None	None	None
Retail Purchases	First three 30-day fills at a participating pharmacy—plan pays: • 85% for generic • 75% for brand Refills of maintenance drugs beyond three 30-day fills and coverage at non-participating pharmacies—plan pays: • 80% for generic • 70% for brand Generic Incentive Provision applies*	First three 30-day fills at a participating pharmacy—plan pays: • 85% for generic • 75% for brand Refills of maintenance drugs beyond three 30-day fills and coverage at non-participating pharmacies—plan pays: • 80% for generic • 70% for brand Generic Incentive Provision applies*	Medicare Part D plan For up to a 30-day supply—you pay: • \$5/generic • \$15/brand formulary • \$35/non-formulary Open formulary Some drugs require pre-authorization No annual maximum	Medicare Part D plan For up to a 30-day supply—you pay: • \$5/generic • \$15/brand formulary • \$35/non-formulary Open formulary Some drugs require pre-authorization Exceptions may apply for self-injectable and specialty drugs No annual maximum	Medicare Part D plan For up to a 30-day supply—you pay: • \$5/generic • \$15/brand formulary • \$35/non-formulary Open formulary Some drugs require pre-authorization Exceptions may apply for self-injectable and specialty drugs No annual maximum	Medicare Part D plan You pay \$10 for up to a 100-day supply Closed formulary No annual maximum
Mail-Order Purchases	Plan pays: • 100% for drugs on Medco Low-Cost Generic List All other drugs: • 90% for generic • 80% for brand Generic Incentive Provision applies*	Plan pays: • 100% for drugs on Medco Low-Cost Generic List All other drugs: • 90% for generic • 80% for brand Generic Incentive Provision applies*	For up to a 90-day supply—you pay: • \$10/generic • \$30/brand formulary • \$70/non-formulary Open formulary No annual maximum	For up to a 90-day supply—you pay: • \$10/generic • \$30/brand formulary • \$70/non-formulary Open formulary No annual maximum	For up to a 90-day supply—you pay: • \$10/generic • \$30/brand formulary • \$70/non-formulary Open formulary No annual maximum	Medicare Part D plan You pay \$10 for up to a 100-day supply Closed formulary No annual maximum
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*	Plan pays 50% for retail and mail-order, unless medically necessary Medically necessary drugs are covered at standard reimbursement rates Generic Incentive Provision applies*	Call Blue Shield for details	Call Health Net for details	Call Health Net for details	Call Kaiser Permanente for details

* **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. Drugs listed on Medco Health's "Narrow Therapeutic List" will be excluded from this mandatory generic provision.

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

Comprehensive Access Plan (CAP) and Basic Plan

Medco Health administers prescription drug benefits for the CAP and Basic Plan. Your CAP and Basic Plan annual out-of-pocket maximums are separate from those found in your medical plan. Also:

- Some drugs may require special authorization from Medco Health to ensure that they are medically necessary and used appropriately as determined by the FDA and manufacturer.
- Manufacturer rebates are earned when participants purchase certain prescription drugs. The value of these rebates is based on the contract that Pacific Gas and Electric Company, as plan sponsor, has with Medco Health. These rebates are received from Medco Health approximately six months after the end of the contract quarter in which the drug was purchased and are deposited back to the appropriate trust holding your plan's assets. The cost of the plan is reduced by the value of the rebates, which in turn reduces participants' contributions.

For specific information about Medco Health prescription drug coverage, call Medco Health's Member Services department directly, or visit its website at www.medcohealth.com

Health Maintenance Organizations (HMOs)

The HMOs provide retail and mail-order prescription drug coverage for their members, not Medco Health. For specific information about HMO drug coverage, contact the HMO directly.

The following chart provides an overview of mental health and substance abuse (MHSA) benefits for Medicare-eligible plan members. If you're enrolled in the CAP or Basic Plan, your MHSA benefits are administered by ValueOptions. If you're enrolled in an HMO, your MHSA benefits are administered by both your HMO and by ValueOptions, depending on the type of care you receive.

When care is provided by ValueOptions:

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

Mental Health and Substance Abuse (MHSA) Benefits

PROVISIONS	A COMPREHENSIVE ACCESS PLAN (CAP) <i>Administered by ValueOptions</i>	B BASIC PLAN <i>(For Management and A&T Employees Only)</i> <i>Administered by ValueOptions</i>	C BLUE SHIELD MEDICARE COB HMO	D HEALTH NET MEDICARE COB HMO	E HEALTH NET SENIORITY PLUS <i>(Medicare Advantage HMO)</i>	F KAISER PERMANENTE SENIOR ADVANTAGE NORTH & SOUTH <i>(Medicare Advantage HMO)</i>
General	Each plan's general medical plan provisions listed on the Medical Benefits chart also apply to MHSA benefits. Your medical and MHSA expenses are combined when determining deductibles and out-of-pocket maximums.*					
Outpatient Mental Health	• No charge for initial visit to psychiatrist for medication evaluation • \$10 copay/visit (individual) • \$5 copay/visit (group) • 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; no visit limit	\$10 copay/visit; no visit limit	\$10 copay/visit; no visit limit	• \$10 copay/visit (individual) • \$5 copay/visit (group) • No visit limit
Inpatient Mental Health	Requires pre-authorization by ValueOptions: • 100% after deductible • \$300 penalty if you fail to pre-authorize • No limit on number of stays	Requires pre-authorization by ValueOptions: • 100% after deductible • No limit on number of stays	No charge; no day limit	No charge; no day limit	No charge; no day limit	No charge; no day limit
Outpatient Substance Abuse	• \$10 copay/visit (individual) • \$5 copay/visit (group) • No visit limit	• \$10 copay/visit (individual) • \$5 copay/visit (group) • No visit limit	Coverage through ValueOptions network only, not HMO: • \$10 copay/visit (individual) • \$5 copay/visit (group) • No visit limit	Coverage through ValueOptions network only, not HMO: • \$10 copay/visit (individual) • \$5 copay/visit (group) • No visit limit	Coverage through ValueOptions network only, not HMO: • \$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 Abuse	Requires pre-authorization by ValueOptions: • 100% after deductible • \$300 penalty if you fail to pre-authorize • No limit on number of stays	Requires pre-authorization by ValueOptions: • 100% after deductible • No limit on number of stays	Coverage through ValueOptions network only, not HMO. Requires pre-authorization by ValueOptions. • 100% • No limit on number of stays	Coverage through ValueOptions network only, not HMO. Requires pre-authorization by ValueOptions. • 100% • No limit on number of stays	Coverage through ValueOptions network only, not HMO. Requires pre-authorization by ValueOptions. • 100% • No limit on number of stays	• Intensive Outpatient Program and Partial Hospitalization Program covered by Kaiser—no charge Coverage for inpatient substance abuse, detoxification and residential treatment through ValueOptions network only, not Kaiser. Requires pre-authorization by ValueOptions. • 100% • No limit on number of stays

* **Eligible Expenses are:** [1] expenses for covered 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 questions, contact the claims administrator for your plan: ValueOptions or your HMO, as listed in this chart.

2012 Medical Plan Comparison Chart for Employees on Long-Term Disability Medicare-Eligible Members

This chart provides an overview of benefits available to Medicare-eligible participants. For benefits administered by Anthem Blue Cross, ValueOptions or Medco, the information contained in applicable service provider agreements between PG&E and Anthem Blue Cross, ValueOptions or Medco shall govern in case of conflict between this chart and the service provider agreement. For HMO plans, the information about the HMOs contained in an applicable Evidence of Coverage (EOC) or service provider agreement between PG&E and the HMO or service provider shall govern in case of conflict between this chart and the EOC or service provider agreement.

ACRONYMS AT A GLANCE

ASHN: American Specialty Health Network
COB: Coordination of Benefits
EOC: Evidence of Coverage
FDA: Food and Drug Administration
IPA: Independent Physicians Association or Independent Practice Association
HMO: Health Maintenance Organization
MHSA: Mental Health and Substance Abuse
PCP: Primary Care Physician
PPO: Preferred Provider Organization

Medical Benefits

PROVISIONS	A COMPREHENSIVE ACCESS PLAN (CAP) <i>Administered by Anthem Blue Cross</i>	B BASIC PLAN <i>(For Management and A&T Employees Only)</i> <i>Administered by Anthem Blue Cross</i>	C BLUE SHIELD MEDICARE COB HMO	D HEALTH NET MEDICARE COB HMO	E HEALTH NET SENIORITY PLUS <i>(Medicare Advantage HMO)</i>	F KAISER PERMANENTE SENIOR ADVANTAGE NORTH & SOUTH <i>(Medicare Advantage HMO)</i>
General	May use provider of choice Annual deductible: <ul style="list-style-type: none"> \$120/person; \$240/two people; \$320/three or more people Annual out-of-pocket maximum (includes deductible): <ul style="list-style-type: none"> \$750/person; \$1,500/two or more people No lifetime benefit maximum No pre-existing condition exclusions All plan benefits and out-of-pocket maximums are based on Eligible Expenses only*	May use provider of choice Annual deductible: <ul style="list-style-type: none"> \$250/person; \$500/two people; \$750/three or more people Annual out-of-pocket maximum (includes deductible): <ul style="list-style-type: none"> \$2,500/person; \$5,000/two or more people No lifetime benefit maximum No pre-existing condition exclusions	Must use HMO referral and authorization process Must use Blue Shield HMO network providers No annual deductible No annual out-of-pocket maximum No lifetime benefit maximum No pre-existing condition exclusions	Must use providers affiliated with Health Net HMO No annual deductible Annual out-of-pocket maximum: <ul style="list-style-type: none"> \$1,500/person; \$4,500/three or more people (excludes prescription drugs) No lifetime benefit maximum No pre-existing condition exclusions	Must use providers affiliated with Health Net HMO No annual deductible Annual out-of-pocket maximum: <ul style="list-style-type: none"> \$3,400/person (excludes part D benefits, fitness dues and prescription drugs) No lifetime benefit maximum No pre-existing condition exclusions	Must use Kaiser Permanente facilities and doctors No annual deductible Annual out-of-pocket maximum: <ul style="list-style-type: none"> \$1,500/person; \$3,000/two or more people (excludes prescription drugs and infertility services) No lifetime benefit maximum No pre-existing condition exclusions
Routine Preventive Care	<ul style="list-style-type: none"> Primary care—\$10 copay/visit Specialist—\$20 copay/visit Lab/X-ray covered separately 	Not covered except for Pap smears and mammogram test fees	\$10 copay/visit according to health plan schedule	\$10 copay/visit for basic periodic health evaluation	\$0/visit for periodic health evaluation	No charge
Office Visits, Urgent Care	<ul style="list-style-type: none"> Primary care—\$10 copay/visit Specialist (including OB/GYN)—\$20 copay/visit 	70%	<ul style="list-style-type: none"> \$10 copay/office, home or urgent care visit Office visits: <ul style="list-style-type: none"> \$30 copay/visit without referral (Access+ Specialist)—must be in the same Medical Group or IPA 	\$10 copay/office, home or urgent care visit	\$10 copay/office, home or urgent care visit	Office visits: <ul style="list-style-type: none"> \$10 copay/office visit No charge/home visit Urgent care: <ul style="list-style-type: none"> \$10 copay/visit at a Kaiser facility in area; \$25 copay/visit at non-Kaiser facility
Prescription Drugs	See Prescription Drug Benefits chart for details					
Immunizations and Injections	95%	70%	<ul style="list-style-type: none"> Immunizations (age 18 and older)—no charge Allergy injections included in office visit Allergy serum purchased separately for treatment—no charge 	<ul style="list-style-type: none"> Immunizations—no charge Allergy testing, allergy injections and allergy serum—no charge 	<ul style="list-style-type: none"> Immunizations—no charge Immunizations for foreign travel covered at 80% Allergy testing and allergy injections—no charge for Medicare-covered services 	<ul style="list-style-type: none"> \$10 copay/visit for allergy testing \$3 copay/visit for allergy injection No charge for immunizations
Chiropractic Care	80% for medically necessary care only; pre-authorization by ASHN required after initial visit	70%; medically necessary care only; maintenance not covered	Discounts available; contact Member Services for details	Discounts available; contact Member Services for details	\$10 copay/visit for Medicare-approved chiropractic service	Discounts available; contact Member Services for details
Acupuncture	80% for up to 20 visits/year from licensed acupuncturist or M.D.	Not covered	Discounts available; contact Member Services for details	Discounts available; contact Member Services for details	Discounts available; contact Member Services for details	Discounts available; contact Member Services for details
X-Rays and Lab Tests	90%	70%	No charge	No charge	No charge	No charge
Outpatient Physical Therapy	80%	70%	\$10 copay/visit; as long as continued treatment is medically necessary pursuant to the treatment plan	\$10 copay/visit	No charge	\$10 copay/visit; provided as long as, in the judgment of a plan physician, significant improvement is achievable
Outpatient Hospital	\$35 copay/visit; waived if admitted; lab/X-ray covered separately	70%	\$10 copay/visit	\$10 copay/visit	\$10 copay/visit	<ul style="list-style-type: none"> \$10 copay/procedure for outpatient surgery \$10 copay/visit for all other outpatient services
Hospital Stay	100% after \$100 copay; pre-authorization required for non-emergency care, \$300 penalty if not obtained; covers semi-private room (private if medically necessary)	70% for semi-private room (private if medically necessary)	No charge	No charge	No charge	No charge
Skilled Nursing Facility	90% for semi-private room after three days in hospital; pre-authorization required, \$300 penalty if not obtained; excludes custodial care	70% after three days in hospital; covers semi-private room; excludes custodial care	No charge, 100-day limit; excludes custodial care	No charge, 100-day limit; no prior hospital stay required; excludes custodial care	No charge, 100-day limit per benefit period; no prior hospital stay required; excludes custodial care	No charge to members in service area for up to 100 days per benefit period when prescribed by a plan physician; no prior hospital stay required; not covered for members living outside of service area; excludes custodial care
Home Health Care	90%; pre-authorization required, \$300 penalty if not obtained; excludes custodial care	100%; pre-authorization required; excludes custodial care	No charge; 100 visits/calendar year	No charge; no day limit	No charge; no day limit	No charge and no day limit to members in service area when prescribed by a plan physician; not covered for members living outside of service area
Hospice Care	90%; pre-authorization required, \$300 penalty if not obtained; excludes custodial care	100%; pre-authorization required; excludes custodial care	No charge	No charge	Covered by Medicare	Covered by Medicare for members with Medicare Parts A and B when prescribed by a plan physician; not covered for members living outside of service area
Durable Medical Equipment	80%; pre-authorization required for purchase or cumulative rental over \$1,000; \$300 penalty if not obtained	70%	No charge; pre-authorization required; see plan EOC for limitations and exclusions	No charge; see plan EOC for limitations and exclusions	No charge; see plan EOC for limitations and exclusions	No charge to members in service area when prescribed by a plan physician; not covered for members living outside of service area; see plan EOC for limitations and exclusions
Emergency Room	\$35 copay/visit; waived if admitted; lab/X-ray covered separately	70%	\$25 copay/visit for emergencies (waived if admitted); member must contact PCP within 24 hours of service	\$25 copay/visit for emergencies (waived if admitted); must notify Health Net within 48 hours	\$25 copay/visit for emergencies (waived if admitted); must notify Health Net within 48 hours	\$25 copay/visit for emergencies (waived if admitted directly to the hospital within 24 hours for the same condition)
Mental Health and Substance Abuse (MHSA)	See the Mental Health and Substance Abuse (MHSA) Benefits chart for details					

* **Eligible Expenses** are: (1) expenses for covered 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.

