

Benefits 2024: Welcome!



Open Enrollment for 2024 benefits is November 1–15.

This is your opportunity to make changes to your benefits for 2024.

Benefits will be effective January 1, 2024.

Your personalized enrollment materials show your benefit options and costs for 2024.

For active employees— including Union- represented employees:

Your benefit options and costs for 2024 will be available in your myPlans Connect account starting **November 1**.

For employees on leave:

Your Personalized Enrollment Worksheet will be mailed to your home, unless you elected **Go Green** for your communication preferences in myPlans Connect.

You'll be able to see your benefit options and costs for 2024 in your myPlans Connect account starting **November 1**.



If you take no action, you and your currently enrolled eligible dependents will have the same coverage you have now, and you'll be responsible for making any required contributions as listed on your 2024 Personalized Enrollment Worksheet.

Want details?

Read this guide to find out what's new for 2024 and what you need to do to enroll.

Want a printed copy of this guide? Call **1-866-271-8144** 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 2024.
- **At mygebenefits.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 > Financial Health > 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



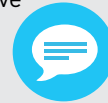
EMAIL

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



Have a question? Chat with Ava.



Log in to **myPlans Connect** for 24/7 access to Ava, PG&E's artificial intelligence (AI) app.

You can ask questions and Ava will respond or give you directions on where to find more information.



What's new?

Improvements to mypgbenefits.com

Find information about your benefits more easily at mypgbenefits.com. The newly designed website offers improved navigation and better search capabilities to help you find what you're looking for.

New name:

Beacon Health Options now Carelon Behavioral Health

As of March 1, 2023, Beacon Health Options, PG&E's Employee Assistance Program (EAP) and Anthem mental health benefits administrator, changed its name to Carelon Behavioral Health. There are no changes to your benefits or service.

HAP members:

Health screenings: Better process + more resources

PG&E and Quest Diagnostics® now offer an improved health screening process and more resources to help you manage your health:

- ✓ **All screenings** will include a full lipid panel and glucose measurement from your blood sample, giving you deeper insight into your health and helping identify your risk for heart disease, diabetes and stroke.
- ✓ **There's a simpler, more convenient tobacco test** at onsite locations. Instead of a separate cheek swab, tobacco tests will now be included in the fingerstick screening.
- ✓ **NEW! MyGuide to Health™** personalized report will be available when the results from your health screening are ready on the Quest website. The report will include:
 - Personalized action plan
 - Easy-to-understand medical summary to share with your doctor
 - Tips for improving or maintaining your overall wellnessYou'll be able to view and download your report after you get an email notifying you that your results are ready on the Quest website.

See page 8 for details about how to register for your annual screening and earn extra Health Account credits.

HAP members: New benefits

The Anthem Health Account Plan (HAP) and Kaiser Permanente HAP now offer two new benefits:

- Speech therapy for learning disabilities
- Nutrition counseling for eating disorders

Coverage for these benefits is the same as medical coverage for outpatient physical, speech and occupational therapy:

- Deductible required.
- You're responsible for 10% of covered charges for first five visits per year; 20% for additional visits.

Anthem members: Preauthorization is required after 24 visits per year.

HAP members: Hinge Health pelvic floor care

Anthem Health Account Plan (HAP) and Kaiser Permanente HAP members ages 18 and older can participate at no cost in the Hinge Health pelvic floor program for non-occupational pelvic musculoskeletal concerns:

- Get personalized exercise therapy for pregnancy and postpartum, bladder control, pelvic muscle strengthening or pelvic muscle relaxation.
- Work one-on-one with a clinical care team that specializes in pelvic floor care.
- Exercise from the privacy of your own home, on your schedule.

Apply at hinge.health/pge-oe or call 855-902-2777.

VSP Choice Plan: Copayment required for elective contact lenses

VSP now requires a maximum \$55 copayment for elective contact lens fittings and evaluations. After the copayment, fittings and evaluations continue to be covered in full every 12 months.

All other benefits remain the same:

- 15% discount for evaluations and fittings.
- \$150 allowance toward contact lenses every 12 months.
- You'll be eligible for frames 12 months after you get contact lenses.

REMEMBER: You can use your **Health Account** or **Health Care FSA**, if you have one, to pay for copayments and other vision charges.

Employee Assistance Program (EAP): Telehealth mental health support through Talkspace

Employees and dependents ages 13+ can now access their EAP benefits through Carelon Behavioral Health's Talkspace program.

Talkspace offers convenient online therapy through text, audio and video sessions. Visit pge.mybeaconwellbeing.com to get started.

Are you enrolled in the Anthem HAP?

See page 7 for details about Talkspace benefits available through the plan.

Kaiser Permanente members: Online alcohol addiction treatment available in-network

Online alcohol addiction treatment, provided by Ria Health, is now available as an in-network option through the Kaiser Permanente Health Account Plan (HAP).

Anthem members previously received access to this treatment through Carelon Behavioral Health. By adding Ria Health as an in-network Kaiser Permanente partner, PG&E is able to provide all HAP members with access to in-network online alcohol addiction treatment.

Contact your health plan to get started.

Anthem members: Telehealth mental health support through Talkspace

The Anthem Health Account Plan (HAP) offers telehealth mental health support through Carelon Behavioral Health's Talkspace program.

Anthem members ages 13 and older can get matched with a therapist, psychologist, psychiatrist or facility provider via telehealth.

To register, visit talkspace.com/carelonbehavioralhealth and enter the primary subscriber's eight-digit PG&E personnel number (PERNR) when the Talkspace website prompts for the member/subscriber ID.

Not enrolled in Anthem? You can access Talkspace through the EAP. See page 6 for details.

Health screenings and tobacco tests

Administered by Quest Diagnostics

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

NEW! We've made improvements to the health screening process and added resources to help you better manage your health. See page 4 for details.

Earn 2024 credits October 1, 2023–August 31, 2024

October 1–December 9, 2023:

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

December 10, 2023–August 31, 2024: Extra credits will be in your Health Account 3–6 weeks later.

Go to [My.QuestForHealth.com](https://www.MyQuestForHealth.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&E2024**
- Then follow the prompts.

On your dashboard, you can schedule your screening:

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://www.MyQuestForHealth.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://www.MyQuestForHealth.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.



Do you qualify for an extra \$500 credit?

If your base rate of pay is **\$32.88** or less as of January 1, 2024, PG&E will automatically give you an extra \$500 Health Account credit for 2024. **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.

COVID-19 vaccines and testing

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

As of May 11, 2023, you'll need to pay for your share of the cost for COVID-19 testing. At-home tests are no longer covered.



Use your Health Account or Health Care FSA

You can use your Health Account or Health Care Flexible Spending Account (FSA), if you have one, to pay your share of the cost for COVID-19 non-network vaccines and testing, including at-home tests.

Flexible Spending Accounts (FSAs)

These are the IRS and FSA Plan rules in effect for 2024. PG&E will provide updates should these rules change.

Health Care FSA

Do you have a 2023 Health Care FSA? You can carry over **\$610** (previously \$570) in unused contributions at the end of 2023. You can use your 2023 carryover balance to help pay for eligible expenses incurred in 2024.

You don't have to enroll in the 2024 Health Care FSA to use carryover amounts from 2023.

Contribution limit	In 2024, you'll be able to contribute up to \$3,050 (previously \$2,850) of your before-tax pay to the Health Care FSA.
Claims deadline	You have until June 30 to file claims for prior-year expenses.
Forfeitures	After the claims filing deadline for 2024 (June 30, 2025), you must forfeit unused amounts over \$610 . 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 2023 Dependent Care FSA? You have until **March 15, 2024**, to incur eligible expenses against your 2023 contributions.

You have until **June 30, 2024**, to file claims for eligible expenses incurred through March 15, 2024.

You don't need to enroll in the 2024 Dependent Care FSA to use contributions you made in 2023 to help pay for eligible dependent care expenses you incur through March 15, 2024.

Here's a summary of the Dependent Care FSA rules in effect for 2024:

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 2024 Dependent Care FSA, you'll have until March 15, 2025 , to incur eligible expenses against your 2024 contributions. You won't need to enroll in the 2025 Dependent Care FSA to use 2024 contributions for expenses incurred through March 15, 2025.
Claims deadline	The standard claims filing deadline for prior-year expenses is June 30. If you elect the 2024 Dependent Care FSA, you'll have until June 30, 2025 , to file claims for eligible dependent care expenses you incur through March 15, 2025.
Forfeitures	You'll forfeit 100% of your unused 2024 contributions after March 15, 2025, 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.

What you need to do



You'll need to make an election if you:

Want to **enroll in** or **waive health coverage** for 2024*

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 2024

*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, 2024, to file Health Account claims and verify eligible expenses incurred while you were enrolled in the HAP.

How to enroll

You can enroll for 2024 benefits November 1–15.

Log in to your myPlans Connect account:

Using a PG&E computer within the network:

Go to [PG&E@Work for Me](mailto:PG&E@WorkforMe) 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 **Learn More** under **Manage Your Benefits**.

You have until 11:59 p.m. Pacific time on November 15 to enroll online.

OR

Call the PG&E Benefits Service Center:

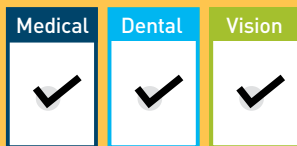
1-866-271-8144 Monday–Friday, 7:30 a.m.–5 p.m. Pacific time

You have until 5 p.m. Pacific time on November 15 to enroll by phone.



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 2024 Personalized Enrollment Worksheet or in your **myPlans Connect** account. 2024 rates are also available at mygbenefits.com > Resources > Rates.

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

Not enrolled? If you don't enroll, you'll have no PG&E-sponsored health coverage for 2024.

Reminders



Health Care and Dependent Care Flexible Spending Accounts (FSAs):

If you want to contribute for 2024, **you must enroll.**

Carefully estimate your Commuter Transit orders: Even though there's a single Optum Financial commuter payment card, **parking** and **transit** are **separate funds**. This means you can't switch money from one fund to the other after you place your order.

You can enroll or order anytime, but the cutoff is the **fifth of the month** for benefits to be ready the following month.

To enroll or order, visit your Optum Financial Commuter Transit account by logging in to **myPlans Connect**. Then go to **Maximize Your Health > Learn More & Sign Up**.


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

From work:
PG&E@Work for Me > About 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 2024.

 **IMPORTANT:** You have until **December 29, 2023**, to call the PG&E Benefits Service Center to correct any errors for 2024. 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 > **Mental Health and Family Support > Full to Part-Time Status.**

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 2023)

This *Benefits 2024* 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 2024 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 > **Resources > Summary of Benefits Handbooks.**

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.