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PACIFIC GAS AND ELECTRIC COMPANY
2020 GENERAL RATE CASE
EXHIBIT (PG&E-8)
HUMAN RESOURCES
WORKPAPERS SUPPORTING CHAPTER 5
VOLUME 4 OF 4



PACIFIC GAS AND ELECTRIC COMPANY
2020 GENERAL RATE CASE
EXHIBIT (PG&E-8)
HUMAN RESOURCES

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Benefits 2018



Welcome to Open Enrollment for 2018 benefits.

Your Personalized Enrollment Worksheet will be sent separately.

If you don't receive it by November 7, call the PG&E Benefits Service Center at **1-866-271-8144**.

Please check your Personalized Enrollment Worksheet to confirm the dependents you want to cover are listed as covered. To add a dependent now or in the future, you will need to provide verification documents to the PG&E Benefits Service Center to confirm your new dependent's eligibility. See **Enrolling dependents** on page 16 for details.

There are very few changes for 2018. If you like what you have—and if there have been no changes to Medicare status for you or your enrolled dependents—you don't need to do anything. But if you've had some life changes—including changes to Medicare eligibility—you may need to elect a new plan.

Open Enrollment is November 7–21



**EMPLOYEES ON LONG-TERM
DISABILITY (LTD)**

Nondiscrimination and accessibility

PG&E's Health Plans do not discriminate on the basis of race, color, national origin, age, disability or sex in their health programs and activities. For people with disabilities, PG&E's Health Plans provide free aids and services, such as qualified sign language interpreters and written information in other formats. If you need these services, contact PG&E's Integrated Disability Management Supervisor:

Email: Accommodations-Req@pge.com

Phone: 925-459-7270

For people whose primary language is not English, PG&E's Health Plans provide free language services, such as qualified interpreters and information written in other languages. If you need these services, contact the PG&E Benefits Service Center by phone:

1-866-271-8144 (TTY: 1-800-424-0253)

Spanish ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al **1-866-271-8144 (TTY: 1-800-424-0253)**.

Chinese 注意：如果您使用繁體中文，您可以免費獲得語言援助服務。請致電 **1-866-271-8144 (TTY: 1-800-424-0253)**。

Vietnamese CHÚ Ý: Nếu bạn nói Tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn. Gọi số **1-866-271-8144 (TTY: 1-800-424-0253)**.

Tagalog PAUNAWA: Kung nagsasalita ka ng Tagalog, maaari kang gumamit ng mga serbisyo ng tulong sa wika nang walang bayad. Tumawag sa **1-866-271-8144 (TTY: 1-800-424-0253)**.

Korean 주의: 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. **1-866-271-8144 (TTY: 1-800-424-0253)** 번으로 전화해 주십시오.

Armenian Ուշադրություն՝ եթե խոսում եք հայերեն, ապա ձեզ անվճար կարող են տրամադրվել լեզվական աջակցության ծառայություններ: Ջանգախարեք **1-866-271-8144 (TTY (հեռատիպ)՝ 1-800-424-0253)**:

Farsi توجه: اگر به زبان فارسی گفتگو می کنید، تسهیلات زبانی بصورت رایگان برای شما فراهم می باشد. با **1-866-271-8144 (TTY: 1-800-424-0253)** تماس بگیرید.

Russian ВНИМАНИЕ: Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. Звоните **1-866-271-8144 (TTY: телетайп: 1-800-424-0253)**.

Japanese 注意事項:日本語を話される場合、無料の言語支援をご利用いただけます。
1-866-271-8144 (TTY: 1-800-424-0253) まで、お電話にてご連絡ください。

Arabic ملحوظة: إذا كنت تتحدث اذكر اللغة، فإن خدمات المساعدة اللغوية تتوافر لك بالمجان.
اتصل برقم 1-866-271-8144 (رقم هاتف الصم والبكم: 1-800-424-0253).

Punjabi ਧਿਆਨ ਦਿਓ: ਜੇ ਤੁਸੀਂ ਪੰਜਾਬੀ ਬੋਲਦੇ ਹੋ, ਤਾਂ ਭਾਸ਼ਾ ਵਿੱਚ ਸਹਾਇਤਾ ਸੇਵਾ ਤੁਹਾਡੇ ਲਈ ਮੁਫਤ ਉਪਲਬਧ ਹੈ।
1-866-271-8144 (TTY: 1-800-424-0253) 'ਤੇ ਕਾਲ ਕਰੋ।

Cambodian ប្រយ័ត្ន: បើសិនជាអ្នកនិយាយភាសាខ្មែរ, សេវាជំនួយភាសាដោយមិនគិតថ្លៃ
ចំពោះអ្នកមានសំឡេងមិនស្រួល។ 1-866-271-8144 (TTY: 1-800-424-0253) ។

Hmong LUS CEEV: Yog tias koj hais lus Hmoob, cov kev pab txog lus, muaj kev pab dawb rau koj. Hu rau 1-866-271-8144 (TTY: 1-800-424-0253).

Hindi ध्यान दें: यदि आप हिंदी बोलते हैं तो आपके लिए मुफ्त में भाषा सहायता सेवाएं उपलब्ध हैं।
1-866-271-8144 (TTY: 1-800-424-0253) पर कॉल करें।

Thai ระวัง: ถ้าคุณพูดภาษาไทยคุณสามารถใช้บริการช่วยเหลือทางภาษาได้ฟรี โทร
1-866-271-8144 (TTY: 1-800-424-0253)

If you think a PG&E Health Plan has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability or sex, you can file a grievance with PG&E’s Plan Administrator, who has been designated to coordinate PG&E Health Plan’s compliance with applicable nondiscrimination rules. To contact the Plan Administrator, call: **1-866-271-8144 (TTY: 1-800-424-0253)**




You can file a grievance in person or by mail, fax or email. If you need help filing a grievance, PG&E’s Plan Administrator is available to help you.

You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights, electronically through the Office for Civil Rights Complaint Portal, available at <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>, or by mail or phone at:

U.S. Department of Health and Human Services
200 Independence Avenue SW
Room 509F, HHH Building
Washington, DC 20201
1-800-868-1019, 1-800-537-7697 (TDD)

Complaint forms are available at <http://www.hhs.gov/ocr/office/file/index.html>.

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Look for the flag.
It means you need to take action.

What's new?

New Anthem ID card in January

Will you have an Anthem plan in January? You'll get a new Anthem ID card at the beginning of the year, showing a new phone number for Beacon Health Options.

There are no changes to your ID number or plan information—just the new phone number for Beacon Health Options.

Covering dependents? Check your Personalized Enrollment Worksheet

PG&E recently conducted a dependent verification process to make sure dependents enrolled in a PG&E-sponsored health plan are eligible for the coverage. Your Personalized Enrollment Worksheet shows whether your dependents are covered. If the dependent you want to cover is:

N Not Covered **P** Pending Verification Not listed on your worksheet

You'll need to provide verification documents to the PG&E Benefits Service Center.

To add a dependent now or in the future, you will need to provide verification documents to the PG&E Benefits Service Center to confirm your new dependent's eligibility. See **Enrolling dependents** on page 16 for details.

New name—mental health and substance use disorder (MHSUD)

PG&E has adopted the industry standard name for MHSUD benefits and no longer uses the term "mental health and substance abuse" (MHSA). Only the term used to describe MHSUD benefits is changing; there are no changes to the benefits themselves.

Reminders



Here are a few things to remember about your medical coverage.

Do you have leftover Health Account credits?

You can continue to use them for eligible health expenses. Remember:

There's no deadline for filing Health Account claims as long as you're enrolled in a PG&E-sponsored medical plan when you incur the expense and file the claim.

Is your coverage ending? You have up to 90 days after your PG&E-sponsored medical coverage ends to file Health Account claims incurred while you were enrolled. See page 39 for details.

Your dependents must be enrolled in your medical plan.

You can use your Health Account to help pay for your dependents' eligible health expenses—but only if they're enrolled in your medical plan.

Cancer support

Anthem members: Free cancer support program through OPTUM

You and your family members enrolled in the Anthem Network Access Plan (NAP) or Comprehensive Access Plan (CAP) have access to OPTUM's free cancer support program. OPTUM offers information and support through oncology nurses that specialize in caring for individual cancer conditions. Anthem and OPTUM work together to make sure cancer patients get the best care for their specific needs.

When the diagnosis includes a rare or complex cancer, OPTUM will discuss treatment options with patients and refer them to a Cancer Center of Excellence—a specialized facility that deals with complex cancers, cancer recurrence or help getting a second opinion. OPTUM's cancer support program—including the Cancer Center of Excellence—is covered under the Anthem NAP and CAP. Participation in the program is voluntary. Cancer patients may join or withdraw from the program anytime.

For more information:

Call [1-866-877-5399](tel:1-866-877-5399)

Email cancer_resource_services@optum.com

Visit mygebenefits.com > Physical Health > Medical Anthem Member > Cancer Resources

Kaiser members: Integrated cancer support through Kaiser Permanente

Kaiser Permanente's built-in alert system lets patients know when they're due for screenings that can help detect early signs of cancer.

As an integrated organization, Kaiser's team of dedicated doctors, cancer specialists, nurses and staff will coordinate all cancer care—starting with prevention and going through the process of screening, diagnosis, treatment and survivorship. This process puts cancer patients at the center of the care experience. Kaiser also offers supplementary support—from social workers to dieticians—and even helps with travel arrangements to and from cancer centers.

For more information:

Visit mygebenefits.com > Physical Health > Medical Kaiser Member > Cancer Resources

Anthem members

Do you have an Anthem Health Account? Share access with a family member

Does someone at home handle the bills? Do you want to authorize someone to speak to WageWorks on your behalf?

- Log in to your **WageWorks** account
- Click **Profile > Authorized Individuals**
- Complete the requested information
- Click **Save Changes**

See page 38 for details about the Health Account.

Free identity protection

You're eligible for AllClear ID free credit and identity theft monitoring services:

Were you part of the 2015 Anthem cyber-attack?

You can enroll for free identity protection. Visit AnthemFacts.com for details and to enroll.

Were you hired in 2016 or later?

Register at Anthem.com/ca/pge.

Then, log in to your Anthem account to see details about the AllClear ID free credit and identity theft monitoring services available to you.

Medicare reminders

Did you or an enrolled dependent become eligible for Medicare? You need to do two things:

Enroll in Medicare Parts A and B—even if you elect PG&E-sponsored medical coverage.

AND

Notify the PG&E Benefits Service Center when you or a dependent becomes eligible for Medicare. Call 1-866-271-8144.

Why?

If you don't enroll in Medicare Parts A and B, you won't get full benefits.

Your PG&E-sponsored plan won't pay any charges that Medicare would have covered. You'll have to pay those charges—**usually about 80% of the bill**—out of your own pocket.

Why?

You may be offered the wrong plan, and your choice of PG&E-sponsored plans will be limited.

You won't be able to enroll in the Kaiser Permanente Senior Advantage HMO.



Warning:

If you don't do one or both of these things, you'll have to pay back any PG&E-sponsored medical benefits you received when you should have received Medicare benefits instead. **The amounts you have to repay may be substantial.**

Are you eligible for Medicare but your spouse is not (or vice versa)?

You and your spouse will need to elect corresponding Medicare/non-Medicare plans based on Medicare eligibility. Each of you might have different medical plans—but they must correspond according to the chart on page 23.



Enrolling in Kaiser Permanente Senior Advantage?

You'll need to complete a separate Medicare HMO enrollment form. If you don't, you won't be enrolled in the HMO. See page 33 for details.

What you need to do now



Before November 21, 2017:

Read this guide and decide if you want to make changes for 2018 or keep what you have.

You'll need to enroll if you want to switch medical plans, or add or drop dependents from coverage.

You may need to enroll in a new plan if you or a dependent has become eligible for Medicare.

EXAMPLE

You'll need to enroll in a different plan if you or any dependents are eligible for "early Medicare" (before age 65) due to disability, but have not yet been switched over to a Medicare plan.

See page 28 for details.

If you don't enroll:

Currently enrolled? You and your currently enrolled eligible dependents will have the same coverage you have now **unless you or a dependent has become eligible for Medicare coverage.** Contact the PG&E Benefits Service Center to report Medicare eligibility and to find out about available medical plans.

Medical ✓	Dental ✓	Vision ✓	You'll be responsible for making any required contributions as listed on your 2018 Personalized Enrollment Worksheet—which was mailed separately

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

Not enrolled? If you don't enroll, you'll have no PG&E-sponsored coverage for 2018.

YOUR NEXT CHANCE TO ENROLL

If you opt out of coverage for 2018, your next chance to enroll will be:

Next fall for coverage effective January 1, 2019

OR

When you experience a life event that would allow you to elect coverage outside of Open Enrollment—like having a baby or getting divorced

For more information about life events, see page 18 or go to spd.mypgebenefits.com and view your *Summary of Benefits Handbook*.

Make sure you have minimum essential coverage

Planning to opt out of PG&E-sponsored medical coverage?

If you're not eligible for Medicare, make sure you have other medical coverage for 2018 that meets the federal government's minimum essential coverage requirements. Medicare satisfies those requirements.

If you don't have minimum essential coverage, you could be subject to a tax penalty.

How to enroll

You can enroll for 2018 benefits November 7-21.

Log in to your Mercer BenefitsCentral account from your computer or mobile device:

myggebenefits.com

You have until 11:59 p.m. Pacific time on November 21 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 21 to enroll by phone.





Enrolling in Kaiser Permanente Senior Advantage?

Kaiser Permanente Senior Advantage is a Medicare Advantage HMO. To enroll in this plan, you need to:

- 1** Make sure you're enrolled in Medicare Parts A and B.
- 2** Elect the Kaiser Senior Advantage HMO online through your Mercer BenefitsCentral account or by phone through the PG&E Benefits Service Center.
- 3** Complete a separate Medicare Advantage HMO enrollment form for each Medicare-eligible person enrolling:
 - Download the form from Mercer BenefitsCentral **OR**
 - Call the PG&E Benefits Service Center to request the form be mailed to you.
- 4** For coverage effective January 1, 2018, mail or fax your completed form directly to Kaiser by **November 30, 2017**. Kaiser does not allow email submissions.

You may need to complete other forms or respond to other communications from Kaiser before your enrollment can be finalized.



If Kaiser receives your form after November 30, 2017, you won't have Kaiser coverage.

Instead, you'll get default coverage in the Anthem Comprehensive Access Plan (CAP)—and you'll be responsible for making any required contributions for that plan. You'll need to wait until the next Open Enrollment to elect the Kaiser Senior Advantage HMO for the following year.

See page 33 for details.

Check your information

Make sure your information is up to date when you enroll.

Dependents: Need to add or drop a dependent?

Address and phone: Are they current? Some medical plans are only available in certain ZIP codes.

Birth dates and Social Security numbers: Have you provided accurate birth dates and Social Security numbers for all enrolled dependents?

Medicare eligibility: Have you or a dependent become eligible for Medicare coverage—and have you told PG&E? It's your responsibility to notify the PG&E Benefits Service Center when you or a dependent become eligible for Medicare—whether due to age (65) or disability (under age 65). See page 28 for details.

Change your mind? Make a mistake?

That's not a problem. With Mercer BenefitsCentral, you can enroll or change your elections as often as you like until the Open Enrollment deadline.

Check your confirmation statement

In early December, you'll have access to a confirmation statement showing what benefits you'll have for 2018.

You'll get a paper confirmation statement if you:

- Enroll over the phone
- Enroll online and you don't have an email address on file with the PG&E Benefits Service Center
- Do nothing—make no changes and simply default to the same coverage for 2018

You'll get an online confirmation statement if you:

- Enroll online and have an email address on file with the PG&E Benefits Service Center

The PG&E Benefits Service Center will send you an email in early December notifying you when your confirmation statement is ready to print.

You'll need to log in to your Mercer BenefitsCentral account if you want to print your confirmation statement.

Need to set up your Mercer BenefitsCentral account?

Registering is easy:

1. Go to mypgbenefits.com and click **Log In** under **Manage Your Benefits**
2. Click on **Take Me to the Mercer BenefitsCentral Login Page**
3. Click **Get Started** under **New Users**
4. Follow the prompts to register your account and set up your user ID and password

That's all it takes to get year-round access to your personalized benefits account. You'll be able to:

- See what benefits you have
- Update your dependents
- Check your beneficiaries—and add them if you have none listed
- Find tools, resources and details about your benefits

Best of all, Mercer BenefitsCentral is always open—you can access it from your computer or mobile device 24 hours a day, 7 days a week.

Enrolling dependents

As a PG&E employee, you have an opportunity to enroll your eligible dependents in PG&E-sponsored medical coverage.

You'll need to provide your dependent's name, birth date and Social Security number when you enroll. Generally, you can enroll dependents online or by phone:

Log in to your Mercer BenefitsCentral account via myggebenefits.com

OR

Call the PG&E Benefits Service Center at 1-866-271-8144

If you want to add or drop a Medicare-eligible dependent, you need to call the PG&E Benefits Service Center. You can't do this online.



Please check your Personalized Enrollment Worksheet to confirm the dependents you want to cover are listed as covered ("Y"). You'll see a Y, N or P by each dependent's name:

Y Covered **N** Not Covered **P** Pending Verification

If the dependent you want to cover is:

N Not Covered **P** Pending Verification Not listed on your worksheet

You'll need to provide verification documents to the PG&E Benefits Service Center.

PROVIDING DEPENDENT VERIFICATION

If you're enrolling online, the orange message box on the homepage will tell you that a dependent needs to be verified. Once you click the *Your Dependent(s) Information Requires Review* box, you'll be able to see:

- Which dependent needs verification
- What documents you need to submit

You can upload, mail or fax the required documents.

If you're enrolling by phone, the PG&E Benefits Service Center representative will help you with the verification process.

Want to enroll your children?

You can enroll your children up to age 26 for medical coverage. They can be employed or married—and they don't have to be students.



Warning! Verification of dependent eligibility will be required

You will need to provide verification documents to the PG&E Benefits Service Center to confirm any new dependent's eligibility for health benefits. See page 19 for details about the penalties you may face if your enrolled dependent is ineligible for coverage.

Is your dependent child disabled?

If your child is disabled, under age 26 and currently enrolled in a PG&E-sponsored medical plan, you'll need to get your child medically certified as disabled **before he or she reaches age 26** to continue coverage from age 26 onward. You'll need to get the certification directly from your medical plan.

You can cover disabled dependents age 26 or older **only if** they meet both of these conditions:

They were already enrolled in a PG&E-sponsored plan when they turned 26

AND

They were medically certified as disabled by a PG&E-sponsored medical plan before they turned 26

You may not cover disabled dependents age 26 or older if they fail to meet either one of these conditions.

Are you or your dependents eligible for Medicare?



Be sure to enroll in Medicare Parts A and B as soon as you or your dependents become eligible for Medicare. If you don't, you won't get full medical benefits. See page 28 for details.

Changing coverage if your life changes

Getting married or divorced? Having a baby or adopting?

Big changes like these are **life events**. Chances are, you'll want to change your benefits coverage, too—like adding or dropping a dependent.

You have 31 days from the date of your life event to make allowable midyear changes to your coverage (180 days from the birth or adoption of a child).

WANT MORE INFORMATION?

For details about eligibility requirements and allowable midyear changes, see the *Summary of Benefits Handbook*:

Go to spd.mygbebenefits.com

OR

Call the PG&E Benefits Service Center to request a free copy

Update your beneficiaries

Be sure your beneficiaries are up to date for these benefits:

Life and accident insurance

Log in to your Mercer BenefitsCentral account: mygbebenefits.com

OR

Call the PG&E Benefits Service Center: **1-866-271-8144**

401(k)—PG&E Retirement Savings Plan

Log in to your NetBenefits account at 401k.com

Pension—PG&E Retirement Plan

Email HRPensionQuestions@pge.com

OR

Call the PG&E Pension Call Center: **1-800-700-0057**



These are all separate elections. Your beneficiary elections for one benefit won't carry over to another benefit.



Warning! Penalties for ineligible dependents or missed payments

Did you enroll an ineligible dependent? Miss a payment? Watch out. Your coverage may be canceled. You're responsible for:

- Paying your required monthly premium contribution on time
- Making sure your enrolled dependents are eligible for coverage
- Paying any required restitution for covering ineligible dependents (you'll be billed for required restitution)

NOT SURE IF YOUR DEPENDENT IS ELIGIBLE?

Call the PG&E Benefits Service Center at 1-866-271-8144.

Representatives are available Monday–Friday, 7:30 a.m.–5 p.m. Pacific time.

You have 31 days to drop ineligible dependents

You must drop ineligible dependents from coverage within 31 days of the date they become ineligible.

If you cover an ineligible dependent, you'll be required to make restitution to the Participating Employer* for health care coverage—up to two full years' of the cost of coverage.

Knowingly covering an ineligible dependent is considered fraud, and can be grounds for termination of employment. For details, visit spd.mypgebenefits.com.

To drop ineligible dependents, call the PG&E Benefits Service Center or log in to Mercer BenefitsCentral.

*Participating Employers are listed on the back cover.



Your wellness benefits

PG&E’s wellness benefits help build a better you by working hand in hand with your medical coverage to help you maintain or improve your health. These resources can help you do that.

Preventive Benefits

Your medical, dental and vision plans offers checkups that can help keep you healthy for the long term:

- Annual physicals
- Twice-a-year dental cleanings and checkups
- Annual eye exams
- Routine screenings as recommended by your medical plan—like OB/GYN exams, mammograms, prostate exams and colonoscopies

Free Flu Shots

Anthem members: You can get your seasonal flu shots at no cost at any of the retail pharmacies that sponsor flu shots in the Express Scripts retail pharmacy network. You’ll need to have your Express Scripts ID card with you for claims processing.

If you get your flu shot at your doctor’s office, it will be covered like any other immunization, but it won’t be free.

Kaiser members: You can get your free flu shot at your Kaiser clinic.

Tobacco Cessation

When it comes to quitting smoking or chewing, each person's challenges and needs are unique.

Provant offers a free tobacco cessation program for you and your spouse or domestic partner. You'll get a five-session, phone-based program with one-on-one support from a certified tobacco cessation specialist. Nicotine replacement therapy is available to complement the program.

To get started, call Provant via the PG&E Benefits Service Center:

1-866-271-8144, option 2

Provant representatives are available Monday–Friday, 5 a.m.–5 p.m. Pacific time.

You can start participating in the program anytime; you don't have to wait for 2018.

Employee Assistance Program

Wellness isn't just about physical health; it's also about mental and emotional health.

The Employee Assistance Program (EAP) offers free, one-on-one, completely confidential support for a wide variety of life events and concerns. You and each of your family members are eligible for up to six sessions per six-month period to talk with a licensed EAP Counselor near you about:

- Stress management
- Family and relationship challenges
- Anxiety or depression
- Alcohol and drug issues

In addition, certified financial advisors, attorneys and work/life specialists are available for individual consultation:

- Help finding household or pet services
- Referrals to family-care resources (day care, elder care)
- Tips on paying off your debt
- Consultations on divorce, domestic violence and custody issues

Prefer to talk with a counselor by video? You can connect with a counselor via any desktop computer, tablet or smartphone that has video capabilities. When you call the EAP, a counselor will ask you about your technology access and send you an email link to connect you to a counselor by video at your session's scheduled time. Your video sessions are completely confidential and are not recorded.

Visit achievesolutions.net/pg to explore all the ways the EAP can help. Call **1-888-445-4436** to speak to a licensed EAP Counselor, available 24 hours a day, 7 days a week.



Your medical plan options

The Personalized Enrollment Worksheet sent separately shows the medical plan options available to you. These options are based on:

Whether you're eligible for Medicare

AND

Where you live

Are you eligible for Medicare—and have you told PG&E you're eligible for Medicare?

It's your responsibility to notify the PG&E Benefits Service Center when you or a dependent becomes eligible for Medicare.

Otherwise, you'll be offered the wrong plans—and you'll have to pay back any PG&E-sponsored medical benefits you received when you should have received Medicare benefits instead. **The amounts you have to repay may be substantial.**

Find out what plans are available to you and your dependents:

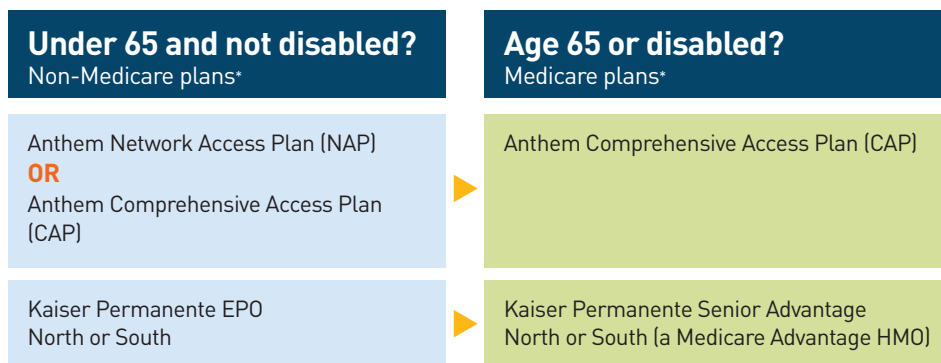
For you: See your Personalized Enrollment Worksheet for the plans available to you and the monthly costs.

For your dependents: See the chart on page 23 to find out what corresponding medical plans are available to dependents whose eligibility for Medicare is different than your own.

EXAMPLE

- You're eligible for Medicare, but your spouse and children are not.
- You enroll in the Kaiser Permanente Senior Advantage plan.
- Your spouse and children will be enrolled in the Kaiser Permanente EPO plan.

Corresponding non-Medicare and Medicare plans



*All plans are subject to availability based on your home ZIP code.

ID cards

Changing medical plans? Adding a dependent?

You'll get your new ID card:

- By January 2018 if you enroll during Open Enrollment
- Within 10 business days after your change takes effect if you enroll midyear

If you don't receive your new ID card on time, call your medical plan directly. If you need to see a doctor before your ID card arrives, use your confirmation statement as proof of coverage.

Don't want to wait? You can print a copy of your ID card from your plan's website. Anthem members also can print temporary ID cards for their prescription drug plan coverage at express-scripts.com.

Anthem members: Choose and register a primary care physician (PCP)

A primary care physician (PCP) can make a big difference to your health, saving you time and money by ensuring your overall care makes sense based on your history, specialists, medications and lab results. Your PCP can help you avoid costly duplication of tests, and check to make sure all of your medications work well together.

Contact Anthem to find out how you can elect an Enhanced Personal Health Care and Blue Distinction Total Care doctor. These doctors help you get the right level of care, from the right kind of doctor, at the right time. Call Member Services at the number on your Anthem ID card or go to [anthem.com/ca](https://www.anthem.com/ca) and log in to get started. It only takes a few minutes.

Moving?



You can switch to another plan midyear only if you're enrolled in a plan with a defined service area and you move out of that plan's service area.

Switching from the Kaiser Permanente Senior Advantage HMO to the CAP? Special rules apply. See page 34.

Did your doctor leave your plan?

You can't change medical plans if any of your primary care physicians (PCPs), specialists, medical groups, Independent Practice Associations (IPAs), hospitals or other providers leave your medical plan.

Instead, you'll need to use other providers in your plan's network. You can elect a different plan during the next Open Enrollment.

Not eligible for Medicare?



You're not eligible for Medicare if you're under 65 and you're not disabled.

PG&E-sponsored non-Medicare plans

Where you live determines what PG&E-sponsored non-Medicare plans are available.

Are you a PG&E employee? You can choose from the available plans on your Personalized Enrollment Worksheet, mailed separately.

Do you have a dependent? He or she will get the same plan you have—or a corresponding plan if your dependent's eligibility for Medicare is different than yours. See page 23 for corresponding plans.

This is a snapshot of the PG&E-sponsored non-Medicare plans. For details, see the **Medical Plan Comparison Chart** that was mailed with this guide.

Network Access Plan (NAP)*

You can use any licensed provider**

COSTS

- Annual deductible
- Lower out-of-pocket costs when you use network providers

Comprehensive Access Plan (CAP)*

- Available if you live outside the NAP's service area
- You can use any licensed provider**

COSTS

- Annual deductible
- You may be able to lower your costs by using network providers

Kaiser Permanente Exclusive Provider Organization (EPO)*

- Available for some ZIP codes
- Covers most services in full—but you must use Kaiser doctors and facilities to receive coverage

COSTS

- No deductible
- You pay a copayment for office visits and other services
- No charge for some services, such as hospital stays

*Under the NAP and CAP, Anthem Blue Cross administers medical benefits; Beacon Health Options administers mental health and substance use disorder benefits; and Express Scripts administers prescription drug benefits. Under the Kaiser Permanente EPO, inpatient substance use disorder benefits can be administered by Kaiser or by Beacon Health Options.

**Only urgent/emergency care is covered outside the U.S.

Are you enrolled as an employee in the Kaiser EPO—and as a dependent in another Kaiser plan?

You'll only get benefits from the Kaiser EPO. That's because you're enrolled in the Kaiser EPO as an employee—not as a dependent.

The Kaiser EPO won't coordinate benefits with other Kaiser plans.

EXAMPLE

If your wife is enrolled as a dependent in the PG&E-sponsored Kaiser EPO—and as an employee in her non-PG&E employer's Kaiser plan—she won't receive any benefits from the PG&E-sponsored Kaiser EPO. It won't coordinate benefits with other Kaiser plans.

Eligible for Medicare?



You're eligible for Medicare if you're under 65 and disabled—or 65 or older.

You must enroll in Medicare to get full benefits

If you don't enroll in Medicare Parts A and B when eligible:

- **Your PG&E-sponsored plan won't pay any charges** that Medicare would have covered. You'll have to pay those charges—**usually about 80% of the cost**—out of your own pocket.
- **Your choice of PG&E-sponsored plans will be limited.** You won't be able to enroll in the Kaiser Permanente Senior Advantage plan—a Medicare Advantage HMO.

Are you eligible for Medicare—and have you told PG&E you're eligible for Medicare?

It's your responsibility to notify the PG&E Benefits Service Center when you or a dependent becomes eligible for Medicare.

Otherwise, you'll be offered the wrong plans—and you'll have to pay back any PG&E-sponsored medical benefits you received when you should have received Medicare benefits instead. **The amounts you have to repay may be substantial.**

When to enroll in Medicare

The following rules apply to you and any eligible dependents you want to cover under your PG&E-sponsored medical plan.

Disabled?	Turning 65 soon?
<p>If you've been getting Social Security disability benefits for at least two years, you should be automatically enrolled in Medicare Parts A and B unless you declined or canceled Part B after becoming eligible.</p> <p>If you declined or canceled Medicare Part B after becoming eligible, you need to contact the Social Security Administration immediately to reinstate your Part B coverage.</p>	<p>You or your spouse must apply for Medicare Parts A and B three months before turning 65.</p>

If you enroll late

If you don't enroll in Medicare Parts A and B when you're first eligible, you'll have to pay a Medicare Part B late enrollment penalty for the rest of your life. You'll also need to pay back any PG&E-sponsored medical benefits you received when you should have received Medicare benefits instead. **The amounts you have to repay may be substantial.**

How to enroll in Medicare

There are three ways you can enroll in Medicare Parts A and B.

- Call the Social Security Administration at **1-800-772-1213**
- Visit your local Social Security office
- Enroll online at socialsecurity.gov/medicare



How Medicare works with PG&E plans

All PG&E-sponsored Medicare plans work together with Medicare—even if you're not enrolled in Medicare Parts A and B.

Most PG&E plans coordinate benefits with Medicare. However, with the Kaiser Permanente Senior Advantage HMO, you assign your Medicare benefits to the HMO. This allows Medicare to reimburse Kaiser instead of reimbursing you.

Medicare is always your primary coverage, and your PG&E coverage is secondary. This means Medicare pays benefits first, and your PG&E plan pays any remaining eligible benefits second.

If you're not enrolled in Medicare Parts A and B, you won't get full benefits.
See page 28 for details.

How claims are processed

Anthem Comprehensive Access Plan (CAP)

MEDICAL CLAIMS

Medicare processes your medical claims first:

- Medicare Parts A and B provide your primary coverage
- The CAP provides your secondary coverage

PRESCRIPTION DRUG CLAIMS

Express Scripts processes most prescription drug claims first:

- The CAP provides primary prescription drug coverage through Express Scripts for most prescription drugs
- Medicare provides primary coverage for Medicare Part B drugs—like diabetic and transplant drugs

Kaiser Permanente Senior Advantage HMO

ALL CLAIMS

The Kaiser Permanente Senior Advantage HMO is a Medicare Advantage HMO:

- The plan works directly with Medicare
- You typically pay a copayment at the time of service—and you usually don't have to file claims

Prescription drug coverage and Medicare

All PG&E-sponsored plans have better prescription drug benefits than the basic Medicare Part D prescription drug benefit.

PG&E plans don't coordinate prescription drug benefits with Medicare, except for some drugs covered by Medicare Part B.

Enrolled in the Anthem CAP? You have prescription drug coverage through Express Scripts. It's not a Medicare Part D prescription drug plan.

Enrolled in the Kaiser Permanente Senior Advantage HMO? You're automatically enrolled in Kaiser's Medicare Part D prescription drug plan—which is better than the standard Medicare Part D prescription drug plan.

DO NOT ENROLL in any Medicare Part D prescription drug plan or Medicare Advantage plan that is not sponsored by PG&E.



If you enroll in a Medicare Part D prescription drug plan or in any other external plan:

- You and your enrolled dependents will be disenrolled from your PG&E-sponsored plan—AND
- You will lose all of your prescription drug and medical coverage through PG&E.

That's because if you enroll in an external plan, your Medicare benefits will be paid to that plan—not to your PG&E-sponsored plan.

You can re-enroll in a PG&E-sponsored plan during the next Open Enrollment, as long as you're eligible.

PG&E-sponsored Medicare plans

Where you live determines what PG&E-sponsored Medicare plans are available.

Are you a PG&E employee? You can choose from the available plans on your Personalized Enrollment Worksheet, mailed separately.

Do you have a dependent? He or she will get the same plan you have—or a corresponding plan if your dependent’s eligibility for Medicare is different than yours. See page 23 for corresponding plans.

This is a snapshot of the PG&E-sponsored Medicare plans.

For details, see the **Medical Plan Comparison Chart** that was mailed with this guide.

Comprehensive Access Plan (CAP)¹

- You can use any licensed provider²
- Provides secondary coverage to Medicare Parts A and B
- Won’t pay any amount covered by Medicare

NOTES

If you don’t enroll in Medicare Part B, you’ll have to pay amounts Medicare would have covered³

Kaiser Permanente Senior Advantage HMO North and South A Medicare Advantage HMO

You must use Kaiser doctors and hospitals—except for medical emergencies.

- You assign or give away control of your Medicare benefits to Kaiser when you enroll
- You can't use your Medicare benefits outside of Kaiser

Your prescription drug coverage will be through Kaiser:

- Better benefits than the standard Medicare Part D prescription drug benefit
- No prescription drug deductibles or gaps in coverage



DO NOT ENROLL in any Medicare Part D plan that is not sponsored by PG&E.

If you do, your PG&E-sponsored medical and prescription drug coverage will be terminated.

You can re-enroll in a PG&E-sponsored plan during the next Open Enrollment, as long as you're eligible.

NOTES

Special enrollment rules:

- You and your Medicare-eligible dependents must be enrolled in Medicare Parts A and B to enroll in this plan
- You'll need to sign a Medicare Advantage HMO Group enrollment form for each Medicare-eligible person enrolling BEFORE your coverage starts

IMPORTANT! For coverage effective January 1, 2018, Kaiser must receive your Medicare Advantage HMO enrollment form by **November 30, 2017**



- Download the Medicare Advantage HMO enrollment form from Mercer BenefitsCentral or call the PG&E Benefits Service Center to request the form be mailed to you
- The form authorizes assignment of your Medicare Part A and B benefits to Kaiser, and acknowledges that you'll be enrolled in Kaiser's Medicare Part D prescription drug coverage
- You may need to complete other forms or respond to other communications from Kaiser before your enrollment can be finalized

Not enrolled in Medicare Parts A and B? Didn't turn in the Medicare Advantage HMO enrollment form on time?

If you don't follow **ALL** of these rules and you're trying to elect the Kaiser Senior Advantage HMO during Open Enrollment, you won't have Kaiser coverage effective January 1, 2018. Instead, you'll be automatically enrolled in the Comprehensive Access Plan (CAP), and you'll be responsible for monthly premium contributions for that plan.⁴ You won't be able to elect the Kaiser Senior Advantage plan until the next Open Enrollment.

¹ Under the Comprehensive Access Plan (CAP), Anthem Blue Cross administers medical benefits; Beacon Health Options administers mental health and substance use disorder benefits; and Express Scripts administers prescription drug benefits.

² Only urgent/emergency care is covered outside the U.S.

³ Even if you have Medicare Parts A and B, you still may be required to pay part of the claim for expenses not covered at 100% by the CAP, like X-rays, which are covered at 90%.

⁴ Covered family members will be enrolled in the Comprehensive Access Plan (CAP) if they're Medicare-eligible—or in the Network Access Plan (NAP) or CAP if they're not Medicare-eligible, depending on your home ZIP code. See the chart on page 23 for corresponding Medicare/non-Medicare plans.

Switching from the Kaiser Permanente Senior Advantage HMO to the Comprehensive Access Plan (CAP)?

You'll need to disenroll from Kaiser to regain control of your Medicare benefits so you can use them. Here's how:

- 1** Elect the CAP during Open Enrollment.
- 2** Call the PG&E Benefits Service Center to request a Medicare HMO disenrollment form.
- 3** Mail your completed Medicare HMO disenrollment form directly to Kaiser by **November 30, 2017**.

Moving?



Before you move:

1. Call the PG&E Benefits Service Center and tell them you're moving.
2. Ask the PG&E Benefits Service Center if the Kaiser Permanente Senior Advantage plan will be available at your new home address. If it won't be available, you'll need to:
 - Elect a new medical plan
 - Request a Medicare HMO disenrollment form for your plan (you'll need to fill out a disenrollment form for each family member enrolled in the Kaiser Senior Advantage HMO)

Note: If you move out of the service area and you report your address change to the Centers for Medicare & Medicaid Services (CMS), you won't need a disenrollment form.
3. Mail your completed HMO disenrollment form(s) directly to Kaiser **BEFORE the end of the month in which you report your address change**.

See page 51 for information about how to change your address.

LATE FORM? IT COULD COST YOU.

If Kaiser gets your completed HMO disenrollment form after the deadline, you could have unpaid claims under the CAP. **You'll be responsible for paying those claims.**

Medicare Part B premium reimbursement credits

If you or your dependents are under 65 and eligible for Medicare due to a disability, you'll get a monthly credit toward your Medicare Part B premium when you're enrolled in Medicare Part B and a PG&E-sponsored Medicare plan.

You and your disabled dependents will each get the full standard amount of the Medicare Part B premium. In other words, PG&E will reimburse the standard Part B premium, excluding any income-based surcharges that Social Security may assess you. **Your Medicare Part B credit will be based on the year you were first approved for Medicare Part B.** When you or your dependents turn 65, the credit will change to \$15 per month.

You and up to two dependents can get this credit as long as each of you is:

- Disabled and under 65,
- Enrolled in Medicare Parts A and B, and
- Enrolled in a PG&E-sponsored medical plan.

The maximum number of reimbursements a family can receive for disabled members is three.

Think you qualify for Social Security disability benefits?

Call Allsup, Inc., at **1-888-339-0743**. PG&E has contracted with Allsup, Inc., to provide help with the Social Security disability application process at no cost to potentially eligible disabled employees and dependents.

Dental

Administered by Delta Dental



You can use any dentist you choose, but you'll save the most money by using a Delta Dental PPO Network dentist.

Do you have leftover Health Account credits? You can use them on eligible dental expenses.

Dental Plan Provisions																
Choice of Dentist	Any; for maximum benefits, use a PPO or Premier Dentist Go to deltadentalins.com/pg&e for a list of PPO and Premier dentists															
Annual Deductible	Required for all covered services except diagnostic and preventive care. You pay only one deductible depending on the type of provider you use. <table border="0"> <tr> <td> Delta Dental PPO Network <ul style="list-style-type: none"> • \$25 per person; no more than \$75 per family • Applies if you use only PPO dentists </td> <td> Delta Dental Premier Network or Non-Participating Dentist <ul style="list-style-type: none"> • \$50 per person; no more than \$150 per family • Applies if you use a Premier Network or Non-Participating dentist—even if you only use them once and you use PPO dentists every other time </td> </tr> </table>	Delta Dental PPO Network <ul style="list-style-type: none"> • \$25 per person; no more than \$75 per family • Applies if you use only PPO dentists 	Delta Dental Premier Network or Non-Participating Dentist <ul style="list-style-type: none"> • \$50 per person; no more than \$150 per family • Applies if you use a Premier Network or Non-Participating dentist—even if you only use them once and you use PPO dentists every other time 													
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Diagnostic and Preventive Care	No deductible You're responsible for 15% of covered charges for preventive care: <table border="0"> <tr> <td>• Two exams per year</td> <td>• Fluoride treatments</td> </tr> <tr> <td>• Two cleanings per year</td> <td>• Space maintainers</td> </tr> <tr> <td colspan="2">• Full-mouth X-rays and Panorex films once every five years</td> </tr> <tr> <td colspan="2">• Bitewing X-rays twice a year for dependents up to age 18; once a year for adults ages 18 and older</td> </tr> </table>	• Two exams per year	• Fluoride treatments	• Two cleanings per year	• Space maintainers	• Full-mouth X-rays and Panorex films once every five years		• Bitewing X-rays twice a year for dependents up to age 18; once a year for adults ages 18 and older								
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Basic Care	Deductible required You're responsible for 15% of covered charges for basic care: <table border="0"> <tr> <td>• Fillings</td> <td>• Root canals</td> <td>• Treatment of the gums (periodontia)</td> </tr> <tr> <td>• Oral surgery</td> <td>• Extractions</td> <td></td> </tr> <tr> <td colspan="3">• Sealants for eligible dependents under age 16</td> </tr> <tr> <td colspan="3"> • Permanent first molars through age eight</td> </tr> <tr> <td colspan="3"> • Second molars through age 15</td> </tr> </table>	• Fillings	• Root canals	• Treatment of the gums (periodontia)	• Oral surgery	• Extractions		• Sealants for eligible dependents under age 16			• Permanent first molars through age eight			• Second molars through age 15		
• Fillings	• Root canals	• Treatment of the gums (periodontia)														
• Oral surgery	• Extractions															
• Sealants for eligible dependents under age 16																
• Permanent first molars through age eight																
• Second molars through age 15																
Major Care	Deductible required You're responsible for 15% of covered charges for major care: <table border="0"> <tr> <td>• Crowns</td> <td>• Onlays</td> <td>• Cast restorations</td> </tr> <tr> <td>• Inlays</td> <td>• Implants</td> <td>• Bridges</td> </tr> </table>	• Crowns	• Onlays	• Cast restorations	• Inlays	• Implants	• Bridges									
• Crowns	• Onlays	• Cast restorations														
• Inlays	• Implants	• Bridges														
Annual Maximum Benefit	\$2,500 per person (excludes orthodontia)															
Orthodontia	50% up to a lifetime maximum benefit of \$2,000 per person															

Note: All benefits are subject to Delta Dental's usual, customary and reasonable allowances.

Vision

Administered by Vision Service Plan (VSP)



Under the VSP Choice Plan, you can use any licensed vision provider you choose, but you'll pay less when you use a VSP provider. If you use a non-VSP provider, you have to pay your bill in full, and VSP will reimburse you based on a schedule of benefits.

Do you have leftover Health Account credits? You can use them on eligible vision expenses.

Vision Benefits	
Choice of Doctor	Any; for maximum benefits, use a VSP doctor Go to vsp.com for a list of VSP providers
Copayments with VSP Doctor	<ul style="list-style-type: none"> • \$10 per exam • \$25 for materials (lenses and frames)*
Benefits with VSP Doctor	<ul style="list-style-type: none"> • Vision exams—every 12 months • Eyeglass lenses—every 12 months • Frames—covered up to \$150 once every 24 months • Elective contact lenses and contact lens exam (fitting and evaluation)—covered up to \$150 every 12 months; 15% off contact lens exam (you'll be eligible for a frames allowance 12 months after you get contact lenses) • Visually necessary contact lenses—covered in full when obtained from a participating doctor and only with prior authorization from VSP for medically necessary conditions • Ultraviolet lenses—covered • Photochromic lenses—covered • Lasik—covered up to \$250 per eye (lifetime limit)
Non-Covered Lens Options	Extra savings on additional glasses and sunglasses, including lens options, from a VSP doctor within 12 months of your last exam

*You're responsible for charges that exceed the plan's allowable expenses—and for the cost of cosmetic extras not covered by the plan, like blended, tinted or oversized lenses.

OTHER DISCOUNTS

Frames:

You can get an extra \$20 to spend on featured frame brands from your VSP doctor. Go to vsp.com/specialoffers for details and a complete list of featured brands.

Retinal Screenings:

You pay no more than a \$39 copayment on routine retinal screenings as an enhancement to your VSP exam.

Diabetic Eyecare Plus Program:

For an extra \$20 copay, you can get eye care services for members with Type 1 or Type 2 diabetes, glaucoma, and/or age-related macular degeneration (AMD)—plus retinal screenings for eligible members with diabetes.

Do you have leftover Health Account credits?



Were you enrolled in the Anthem or Kaiser Health Account Plan (HAP) as an active employee?

You can use leftover Health Account credits to pay for your eligible health care expenses. You can't use them to pay for premiums.

Deductibles	Whatever you pay out of pocket for eligible medical, dental, vision and mental health expenses						
Copayments	Use your Health Account to help pay for these things:						
Coinsurance	<table border="1"><tr><td> Lasik surgery</td><td> Contact lenses</td></tr><tr><td> Crown</td><td> Glasses</td></tr><tr><td></td><td> Braces</td></tr></table>	Lasik surgery	Contact lenses	Crown	Glasses		Braces
Lasik surgery	Contact lenses						
Crown	Glasses						
	Braces						

Reminder: Dependents must be enrolled in your medical plan

You can use your leftover Health Account credits to help pay for your dependents' eligible health care expenses—but only if they're enrolled in your medical plan. You can't use your Health Account for their expenses if they're not enrolled as dependents in your medical plan.

No deadline for filing claims

You can file Health Account claims anytime, as long as:

You incurred the expense while you were enrolled in a PG&E-sponsored medical plan

AND

You file the claim while you're enrolled in a PG&E-sponsored medical plan

When your PG&E employment ends—and if you're not eligible for PG&E-sponsored retiree medical coverage—your PG&E-sponsored medical coverage will end. You'll have up to 90 days after your PG&E-sponsored medical coverage ends to file Health Account claims incurred while you were enrolled in a PG&E-sponsored medical plan.

How to file claims

Do you have an Anthem Health Account?

WAGeworks

Call the PG&E Benefits Service Center at **1-866-271-8144** to request a claim form

Log in to your WageWorks account: wageworks.com

Fax your completed claim form to WageWorks at **1-877-353-9236**

OR

Mail your completed form to:
Claims Administrator
P.O. Box 14053
Lexington, KY 40512

Do you want to authorize someone else to contact WageWorks on your behalf? It's easy:

Log in to your **WageWorks** account; then click **Profile > Authorized Individuals**. Complete the requested information and click **Save Changes**.

Do you have a Kaiser Health Account?

KAISER

You can file Health Account claims with Kaiser Permanente.

Go to kp.org/healthpayment to file a claim

OR

Call Kaiser at **1-877-750-3399** for help filing claims

REMINDER:

Former Anthem HAP members: You will need to file claims manually.

Former Kaiser HAP members: You can still use your Kaiser Health Payment Card at the Kaiser pharmacy.

Contact your Health Account administrator for help submitting claims for reimbursement.



Life insurance

Administered by MetLife

As an employee on LTD, you can't request life insurance coverage changes—but you can check your coverage details, update your beneficiary and get help with claims.

Log in to your Mercer BenefitsCentral account at mypgbenefits.com

OR

Call the PG&E Benefits Service Center at 1-866-271-8144

Check your beneficiary

Log in to your Mercer BenefitsCentral account to make sure you have the right beneficiary listed for your life insurance.

Extra benefits with Supplemental Life insurance

If you're enrolled in Supplemental Life insurance, you have access to these legal services free of charge:

Will preparation services

You can access Hyatt Legal Plans' network of 11,500+ participating attorneys to prepare:

- A will
- Testamentary trust
- Power of attorney



These services are available at no charge when you use a participating network attorney. An out-of-network reimbursement option is also available.

Estate resolution services

Your family can use Hyatt Legal Plans' Estate Resolution Services at no charge.

A Hyatt Legal Plan attorney will consult with your beneficiaries by phone or in person about the probate process for your estate. The attorney also will handle the probate of your estate for your executor or administrator.

Funeral discounts and planning services

Through MetLife AdvantagesSM, you and your family can use Dignity Memorial's funeral discount and planning services at no charge:

- Pre-negotiated discounts of up to 10% off of funeral, cremation and cemetery services
- Planning services to help you and your family manage final wishes
- Bereavement travel services to help with time-sensitive travel arrangements to be with loved ones

Visit finalwishesplanning.com or call **1-866-853-0954**.

Glossary



Allowed amount

The maximum charge your health plan allows for covered services from out-of-network health providers. The allowed amount is often based on the plan's definition of "reasonable and customary" charges.

When your out-of-network provider charges more than the plan's allowed amount, you have to pay the difference. These excess charges won't count toward the annual deductible or out-of-pocket maximum.

In-network or preferred providers have agreed to accept the plan's contracted rates for covered services, so you won't have charges that exceed the allowed amounts. See **balance billing**.

EXAMPLE

Suppose your plan allows \$100 for an office visit but your out-of-network doctor charges \$150. You'll have to pay the extra \$50—plus any amounts you owe for the office visit. The extra \$50 won't count toward your deductible or out-of-pocket maximum.

Balance billing

If your out-of-network expenses exceed the plan's allowed amount, your out-of-network doctor may bill you for the difference between his or her charge and the plan's allowed amount.

This is called balance billing. These excess amounts don't count toward the annual deductible or out-of-pocket maximum.

In-network or preferred providers have agreed to accept the plan's contracted rates for covered services. But you might get a bill from non-network or non-preferred providers—because they haven't agreed to accept the plan's allowed amount for covered services.

EXAMPLE

If your out-of-network doctor charges \$100 for a service and the allowed amount is \$60, your doctor may bill you for the remaining \$40. You'll be responsible for paying the \$40 in addition to any deductible, copayment or coinsurance you may owe.

Chronic condition

An ongoing physical or mental condition that requires long-term monitoring or management to control symptoms. Rheumatoid arthritis is an example of a chronic condition.

Coinsurance

Your share of the cost of covered health services after you pay the annual deductible. Coinsurance is usually 5% to 30% of the allowed amount under the PG&E-sponsored medical plans for employees on Long-Term Disability.

EXAMPLE

- Jerry has a non-Medicare plan, and he has already paid his plan's calendar-year deductible.
- Jerry needs a lab test, which is covered at 90% after the deductible.
- Jerry's coinsurance for the lab test is 10%.
- Let's say the contracted or allowed amount for his lab test is \$80.
- Jerry's plan pays \$72 (90% of \$80), and Jerry pays the remaining \$8 (10% of \$80).

Copayment or copay

A fixed amount you pay for a covered service—usually when you receive the service.

EXAMPLE

Some plans charge a copay when you go to see the doctor. Most copays are \$10 to \$20 per visit under the PG&E-sponsored medical plans for employees on Long-Term Disability.

Lab tests and X-rays are covered separately from office visits, so you may owe more than the office visit copay. For details, see the **Medical Plan Comparison Charts** that were mailed with this booklet.

Covered services

Health services covered by the plan. Charges for covered services are eligible expenses—up to the contracted or allowed amount.

Deductible

The amount you have to pay every year for covered services before the plan pays benefits for covered services. The Kaiser Permanente HMO plans don't have deductibles.

Durable medical equipment

Equipment or supplies ordered by a health care provider for everyday or extended use.

EXAMPLE

Walkers, wheelchairs and oxygen equipment are all examples of durable medical equipment.

All of the PG&E-sponsored medical plans for employees on Long-Term Disability provide some coverage for durable medical equipment. For details, see the **Medical Plan Comparison Charts** that were mailed with this guide.

Eligible expense

An expense covered by the plan. Eligible expenses are those that the plan considers medically necessary and that do not exceed the negotiated rate (for preferred providers), or the reasonable and customary cost levels (for out-of-network providers). Expenses that don't meet this definition are not covered by the plan.

Explanation of Benefits (EOB)

After you visit the doctor, you'll get a statement in the mail—an Explanation of Benefits (EOB) from your claims administrator. The EOB will show how much the plan paid for your treatment or service, and how much you owe.

If you have Medicare, you may receive two EOBs—one from Medicare showing what Medicare covered—and one from your claims administrator showing what your health plan covered.

Always keep your EOBs. You may need them to file a claim for reimbursement from your Health Account (if you have leftover credits) or to question a charge.

Formulary

A list of Food and Drug Administration (FDA)-approved, brand-name and generic prescription drugs that are proven to be effective and that are covered by the plan.

Generic

Generic drugs have the same active ingredients as brand-name drugs, and they're subject to the same FDA standards. Generic drugs generally cost less because they're no longer under patent.

Health Account

Were you enrolled in the Anthem or Kaiser Health Account Plan (HAP) as an active employee? You may have leftover Health Account credits.

If you're enrolled in a PG&E-sponsored health plan for employees on Long-Term Disability, you can use leftover Health Account credits to help pay for copayments, deductibles, coinsurance and whatever you pay out of pocket for eligible medical, dental, vision and mental health expenses—including crowns, braces, eyeglasses and contact lenses, among other things.

You also can use your leftover credits to help pay for your dependents' eligible health expenses—only if they're enrolled in your plan.

See page 39 for information about how to file claims with your Health Account.

In-network providers or network providers or preferred providers

Licensed health care providers (doctors, hospitals, medical groups) that charge lower rates negotiated by the claims administrator—and that meet quality standards required by the claims administrator. Network providers agree to accept as payment in full the plan's negotiated rates for services and treatment.

Maintenance medications

Medications that require regular, ongoing use to treat long-term or chronic conditions, such as asthma, diabetes, high blood pressure and high cholesterol.

Non-formulary

The most expensive prescription drugs. These drugs tend to be the latest, most heavily marketed brand-name drugs.

Out-of-network providers or non-network providers or non-preferred providers

Licensed health care providers (doctors, hospitals, medical groups) that have not signed a contract with a claims administrator to provide services at a negotiated rate. Non-network providers may charge more than the plan's allowed amount.

As a patient, you're responsible for paying any amounts charged by out-of-network providers that exceed the allowed amount. Charges that exceed the allowed amount don't count toward the annual deductible or out-of-pocket maximum.

Out-of-pocket maximum

The most you'll have to pay for covered services in a calendar year. After you spend this amount on deductibles, coinsurance and copayments, the plan will pay 100% of the cost of eligible expenses for the rest of the year.

The out-of-pocket maximum doesn't include amounts you pay for premiums, services that aren't covered or out-of-network charges that exceed the allowed amount.

Premium

The amount charged for health care coverage. You and PG&E share the cost of coverage.

Preventive care

Care that focuses on disease prevention and health maintenance, including early diagnosis of health problems.

Primary care

Basic or general health care provided when you first seek care from a doctor.

Primary care physician (PCP) or primary care provider (PCP)

The doctor, nurse practitioner or physician assistant who provides or coordinates your care, referring you to specialists when needed.

Provider

Licensed health care professional or facility, including doctors, nurse practitioners, physician's assistants, hospitals, clinics, medical groups, pharmacies, durable medical equipment providers, labs and other licensed health care providers.

Reasonable and customary or usual, reasonable and customary (URC)




The amount paid for a medical service in a geographic area based on the amount providers in the area usually charge for the same or similar medical service. Allowed amounts typically are based on reasonable and customary charges.



Contact information

▶ Start here

Have questions about your benefits? Need help enrolling?

CALL	EMAIL	CHAT
Call the PG&E Benefits Service Center at 1-866-271-8144 Monday–Friday, 7:30 a.m.–5 p.m. Pacific time	Log in* to your Mercer BenefitsCentral account and send a secure message to a service representative You'll get a reply within two business days	Log in* to your Mercer BenefitsCentral account and chat online with a service representative Monday–Friday, 7:30 a.m.–5 p.m. Pacific time
		

*Go to mypgbenefits.com and click **Log In** under **Manage Your Benefits**.

PG&E benefits and coverage options

I NEED TO:

- ▶ Talk to someone about my medical, dental, vision and life insurance options and premium costs
- ▶ Get help with claims and billing issues

PG&E Benefits Service Center

Representatives are available
Monday–Friday, 7:30 a.m.–5 p.m. Pacific time

1-866-271-8144

Medicare and Social Security benefits

I NEED TO:

- ▶ Get help enrolling in Medicare for potentially eligible disabled employees and dependents

Medicare disability

Social Security Advocacy is provided through Allsup, Inc.

Representatives are available
Monday–Friday, 6 a.m.–3 p.m. Pacific time

1-888-339-0743

- ▶ Enroll in Medicare
- ▶ Get a Medicare card

Social Security for Medicare

1-800-772-1213

[socialsecurity.gov/medicare](https://www.socialsecurity.gov/medicare)

- ▶ Get claims-specific or general Medicare information

Medicare

1-800-633-4227

[medicare.gov](https://www.medicare.gov)

Medical coverage

I NEED TO:

- ▶ • Talk to my medical plan's Member Services about my benefits
- Preauthorize care
- Find out if my provider belongs to the plan's network
- Get help filing a claim
- Dispute a claim
- Get a medical plan ID card

Medical	Contact	Group Number
Anthem Blue Cross-Administered Plans: Network Access Plan (NAP) Comprehensive Access Plan (CAP) Representatives are available Monday–Friday, 7 a.m.–8 p.m. Pacific time	1-800-964-0530 anthem.com/ca/pge	170157
Kaiser Permanente EPO (North and South) Representatives are available: <ul style="list-style-type: none"> • Monday–Friday, 7 a.m.–7 p.m. Pacific time • Saturday and Sunday, 7 a.m.–3 p.m. Pacific time 	NORTH: 1-800-663-1771 SOUTH: 1-800-533-1833 kp.org	North: 603702 South: 231142
Kaiser Permanente Senior Advantage (North and South) Representatives are available Monday–Friday, 8 a.m.–5 p.m. Pacific time	1-800-443-0815 kp.org	North: 28 South: 107932
Hearing Aid Reimbursement for Kaiser Senior Advantage (North and South) Contact the PG&E Benefits Service Center Representatives are available Monday–Friday, 7:30 a.m.–5 p.m. Pacific time	1-866-271-8144	N/A

Express Scripts prescription drug coverage

I NEED TO:

- ▶ • Find out if my prescription drug is covered
- Get help filing a claim
- Dispute a claim
- Get an Express Scripts ID card

Prescription Drug	Contact	Group Number
Prescription Drug Plan Administered by Express Scripts For NAP and CAP Representatives are available 24/7; closed Thanksgiving and Christmas	1-800-718-6590 express-scripts.com	PGE0000

Prescription drug benefits are included in the Kaiser Permanente plans.

Mental health and substance use disorder coverage

I NEED TO:

- Find out if my treatment will be covered
- Preauthorize care
- Get help filing a claim
- Dispute a claim

Mental Health and Substance Use Disorder	Contact
<p>Mental Health and Substance Use Disorder (MHSUD) Program Administered by Beacon Health Options (formerly ValueOptions) Representatives are available 24/7</p> <p>Anthem plans Beacon Health Options administers all mental health and substance use disorder services</p> <p>Kaiser plans Some services are administered only by Kaiser; some only by Beacon Health Options; and some by either Kaiser or Beacon Health Options. See the Medical Plan Comparison Charts for details.</p>	<p>1-888-445-4436 beaconhealthoptions.com</p>

Dental coverage

I NEED TO:

- Find out if my dentist is a Delta Dental PPO or Premier dentist
- Get a pre-treatment estimate
- Get help filing a claim
- Dispute a claim

Dental	Contact	Group Number
<p>Dental Plan Administered by Delta Dental Representatives are available Monday–Friday, 5 a.m.–5 p.m. Pacific time</p>	<p>1-888-217-5323 deltadentalins.com/pg&e</p>	<p>Management and A&T employees (Utility): 1515-0133 Management and A&T employees (Corporation): 1515-0233 IBEW- and SEIU-represented employees: 1515-0111 ESC-represented employees: 1515-0116</p>

Vision coverage

I NEED TO:

- Find out if my eye doctor is a VSP provider
- Get a cost estimate for vision services and products—such as exams, lenses, frames and Lasik surgery
- Find out about discounts on frames and retinal screenings
- Get help filing a claim
- Dispute a claim

Vision	Contact	Group Number
<p>Vision Plan Administered by Vision Service Plan (VSP) Representatives are available: • Monday–Friday, 5 a.m.–8 p.m. Pacific time • Saturday, 6 a.m.–5 p.m. Pacific time</p>	<p>1-800-877-7195 vsp.com</p>	<p>Management and A&T employees: 00401601–Div 103, Class 10 Union-represented employees: 00401601–Div 115, Class 3</p>

Health Account

I NEED TO:

- ▶ Get help filing a claim or processing a reimbursement through the Health Account

Anthem Health Account

Administered by WageWorks
Representatives are available
Monday–Friday, 5 a.m.–5 p.m. Pacific time

1-866-271-8144, option 6 and then **option 1**
to request a claim form

Fax your completed claim form to WageWorks:

1-877-353-9236

or

Mail your completed claim form to:
Claims Administrator
P.O. Box 14053
Lexington, KY 40512

Log in to your WageWorks account; then click **Profile**
> **Authorized Individuals**. Complete the requested
information and click **Save Changes**.

Kaiser Health Account

Administered by Kaiser Permanente
Representatives are available
Monday–Friday, 5 a.m.–7 p.m. Pacific time

1-877-750-3399

kp.org/healthpayment

Form 1095

I NEED TO:

- ▶ **AFTER JANUARY 31, 2018**—get a copy of my Form 1095 to verify to the IRS that I had minimum essential health coverage for 2017

Anthem Network Access Plan (NAP)
Anthem Comprehensive Access Plan (CAP)
Kaiser Permanente EPO

PG&E Benefits Service Center

1-866-271-8144

Kaiser Permanente Senior Advantage HMO
Centers for Medicare & Medicaid Services (CMS)

1-800-MEDICARE (1-800-633-4227)
TTY: 1-877-486-2048

Reference **CMS Product No. 11865** when calling
Medicare with questions about Form 1095

Other benefits

I NEED TO:

- ▶ Quit tobacco—and sign up for the free, five-session, telephonic tobacco cessation program through Provant

Provant tobacco cessation program

Representatives are available
Monday–Friday, 5 a.m.–5 p.m. Pacific time

1-866-271-8144, option 2

- ▶ Talk with a licensed EAP counselor and get help with day-to-day stresses and concerns

Employee Assistance Program (EAP)

Administered by Beacon Health Options
(formerly ValueOptions)

Representatives are available 24/7

1-888-445-4436

achievesolutions.net/pgc

- ▶ Update my life insurance beneficiary or get help with a claim

Life insurance

Administered by MetLife; Group Number 74300

Representatives are available
Monday–Friday, 7:30 a.m.–5 p.m. Pacific time

1-866-271-8144

Don't call MetLife. Instead, log in to your Mercer
BenefitsCentral account

mypgbenefits.com

Address and phone updates

I NEED TO:

- ▶ Update my address or phone number

PG&E HR Solutions Center

Representatives are available
Monday–Friday, 8 a.m.–4 p.m. Pacific time

415-973-4357

More details

I NEED TO:

- ▶ Read details about my benefits

Summary of Benefits Handbook

Representatives are available
Monday–Friday, 7:30 a.m.–5 p.m. Pacific time

1-866-271-8144 to request a free copy
spd.mypgbenefits.com

- ▶ Pay my COBRA premium or get help with my COBRA coverage

COBRA

Administered by WageWorks
Representatives are available
Monday–Friday, 5 a.m.–5 p.m. Pacific time

1-866-271-8144, option 5
mybenefits.wageworks.com

- ▶ Get help preparing a will or managing the probate process for my estate

Will preparation and estate resolution services

Administered by Hyatt Legal Plans;
Group Number 74300
Representatives are available
Monday–Friday, 5 a.m.–4 p.m. Pacific time

1-800-821-6400

- ▶ Get help planning or paying for a funeral

Funeral discount and planning services

Administered by MetLife Advantages and
Dignity Memorial
Dignity Memorial representatives are available
24/7, 365 days/year

1-866-853-0954

finalwishesplanning.com

- ▶ Pay restitution for covering ineligible dependents

Direct billing

Administered by WageWorks
Representatives are available
Monday–Friday, 5 a.m.–5 p.m. Pacific time

1-866-271-8144, option 5
mybenefits.wageworks.com

Summary of Material Modifications (October 2017)

This *Benefits 2018* guide for Employees on Long-Term Disability 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 (referred to as the Health Care Plan).

Your 2018 enrollment materials are not an exhaustive explanation of the Health Care Plan. Additional information about the Health Care Plan is contained in the documents entitled *The Pacific Gas and Electric Company Health Care Plan for Active Employees*, the *Summary of Benefits Handbook*, and any summaries of material modifications (SMMs). Those documents, the summary plan description for the Kaiser EPO, and the enrollment guides designated as SMMs collectively constitute the official plan document.

The Employee Benefit Committee of PG&E Corporation is the Plan Administrator of the Health Care Plan and has the discretionary authority to interpret and construe the terms of the official plan document, to resolve any conflicts or discrepancies between the documents that comprise the official plan document, and to establish rules that are necessary for the administration of the Health Care Plan.

Unless otherwise noted, references to PG&E in this guide and in other 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 Health Care Plan 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 Health Care Plan will apply prospectively and will affect your rights and obligations under the Health Care Plan prospectively.

Grandfathered Health Plan Notice

The Anthem and Kaiser EPO benefit options available to employees in 2018 are "grandfathered" benefit options under the Patient Protection and Affordable Care Act of 2010 (PPACA). They are the only grandfathered benefit plans that are available under the Health Care Plan for Active Employees.

As permitted by the PPACA, a grandfathered health plan can preserve certain basic health coverage that already was in effect when that law was enacted. Being a grandfathered health plan means that your plan may not include certain consumer protections of the PPACA that apply to other plans—for example, the requirement for the provision of preventive health services without any cost sharing. However, grandfathered health plans must comply with certain other consumer protections in the PPACA, such as the elimination of lifetime limits on benefits.

Questions regarding which protections apply and which protections do not apply to a grandfathered health plan and what might cause a plan to lose grandfathered status can be directed to the plan administrator: Pacific Gas and Electric Company Plan Administrator, Benefits Department, 1850 Gateway Boulevard, 7th Floor, Concord, CA 94520. Or, you may contact the Employee Benefits Security Administration, U.S. Department of Labor at **1-866-444-3272** or www.dol.gov/ebsa/healthreform. This website has a table summarizing the protections that apply to grandfathered health plans.



2018 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, Beacon Health Options or Express Scripts, the information contained in applicable service provider agreements between PG&E and Anthem Blue Cross, Beacon Health Options or Express Scripts shall govern in case of conflict between this chart and the service provider agreement. For Kaiser Permanente Senior Advantage, the information about the HMO 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
EOC: Evidence of Coverage
HMO: Health Maintenance Organization
MHSUD: Mental Health and Substance Use Disorder

Medical Benefits

PROVISIONS	A COMPREHENSIVE ACCESS PLAN (CAP) Administered by Anthem Blue Cross	B KAISER PERMANENTE SENIOR ADVANTAGE NORTH & SOUTH (Medicare Advantage HMO) <i>Must use Kaiser's referral and authorization process</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*	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 	No charge
Office Visits, Urgent Care	<ul style="list-style-type: none"> • Primary care—\$10 copay/visit • Specialist (including OB/GYN)—\$20 copay/visit • Lab/X-ray covered separately 	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%	<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; preauthorization by ASHN required after initial visit	\$10 copay/visit; preauthorization required; self-referral not allowed
Acupuncture	80% for up to 20 visits/year from licensed acupuncturist or M.D.	\$10 copay/visit; preauthorization required; self-referral not allowed
X-Rays and Lab Tests	90%	No charge
Outpatient Physical Therapy	80%	\$10 copay/visit
Outpatient Hospital	\$35 copay for outpatient surgery; waived if admitted; lab/X-ray covered separately	\$10 copay/procedure for outpatient surgery
Hospital Stay	100% after \$100 copay; preauthorization required for non-emergency care. \$300 penalty if not obtained; covers semi-private room (private if medically necessary)	No charge
Skilled Nursing Facility	90% for semi-private room after three days in hospital; preauthorization required, \$300 penalty if not obtained; excludes custodial care	No charge to members in service area for up to 100 days per benefit period when prescribed by a plan physician
Home Health Care	90%; preauthorization required, \$300 penalty if not obtained; excludes custodial care	No charge
Hospice Care	90%; preauthorization required, \$300 penalty if not obtained; excludes custodial care	No charge
Durable Medical Equipment	80%; preauthorization required for purchase or cumulative rentals over \$1,000; \$300 penalty if not obtained	No charge; see plan EOC for limitations and exclusions
Hearing Aids	80%; 1 per ear every 3 years	Hearing aid benefit administered by WageWorks; 100% up to \$1,000 per ear or 80% of total cost, whichever is greater; 1 per ear every 3 years.
Emergency Room	\$35 copay/visit; waived if admitted; lab/X-ray covered separately	\$25 copay/visit for emergencies (waived if admitted directly to the hospital within 24 hours for the same condition)
Mental Health and Substance Use Disorder (MHSUD)	See the Mental Health and Substance Use Disorder (MHSUD) Benefits chart for details	

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

2018 Medical Plan Comparison Chart for Employees on Long-Term Disability Medicare-Eligible Members



Prescription Drug Benefits

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)

Express Scripts administers prescription drug benefits for the CAP. Your prescription drug annual out-of-pocket maximum is separate from your medical plan out-of-pocket maximum. Some drugs may require special authorization from Express Scripts. If you have questions, contact Express Scripts by calling the member services number listed on your Express Scripts ID card or visit www.express-scripts.com.

Kaiser Permanente

Kaiser Permanente provides retail and mail-order prescription drug coverage for its members, not Express Scripts. For specific information about your drug coverage, contact Kaiser directly.

	A COMPREHENSIVE ACCESS PLAN (CAP)	B KAISER PERMANENTE SENIOR ADVANTAGE NORTH & SOUTH (Medicare Advantage HMO)
PROVISIONS		
General	Retail and mail-order prescription drugs are administered by Express Scripts	Retail and mail-order prescription drugs are administered by Kaiser Permanente
Annual Prescription Drug Deductible	None	None
Annual Prescription Drug Out-of-Pocket Maximum Separate from medical plan annual out-of-pocket maximum	For retail and mail-order combined: <ul style="list-style-type: none"> \$500/person No more than \$1,000/family 	None
Annual or Lifetime Prescription Drug Maximum Benefit Limit	None	None
Retail Purchases	First three 30-day fills of maintenance drugs and all 30-day fills of non-maintenance drugs At participating pharmacy: <ul style="list-style-type: none"> 85% for generic 75% for brand You pay extra 5% coinsurance for 4th refill and beyond of maintenance drugs Generic Incentive Provision applies*	Medicare Part D plan You pay \$10 for up to a 100-day supply Closed formulary No annual maximum
Mail-Order Purchases	Plan pays: <ul style="list-style-type: none"> 100% for drugs on Express Scripts' Low-Cost Generic List All other drugs: <ul style="list-style-type: none"> 90% for generic 80% for brand Generic Incentive Provision applies*	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*	Up to a 100-day supply; you pay \$10 for contraceptives and other specialty drugs; 50% for infertility and sexual dysfunction drugs. Memory enhancement drugs not covered.

* 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.



Mental Health and Substance Use Disorder (MHSUD) Benefits

The following chart provides an overview of mental health and substance use disorder (MHSUD) benefits for Medicare-eligible plan members. If you're enrolled in the CAP, your MHSUD benefits are administered by Beacon Health Options. If you're enrolled in Kaiser Permanente Senior Advantage, your MHSUD benefits are administered by both Kaiser Permanente and Beacon Health Options, depending on the type of care you receive.

When care is provided by Beacon Health Options:

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

	A COMPREHENSIVE ACCESS PLAN (CAP) Administered by Beacon Health Options	B KAISER PERMANENTE SENIOR ADVANTAGE NORTH & SOUTH (Medicare Advantage HMO) <i>Must use Kaiser's referral and authorization process</i>
PROVISIONS		
General	Each plan's general medical plan provisions listed on the Medical Benefits chart also apply to MHSUD benefits. Your medical and MHSUD expenses are combined when determining deductibles and out-of-pocket maximums.*	May use Beacon Health Options (preauthorization required) or Kaiser. Covered at 100%; no deductible and no limits.
Applied Behavioral Analysis (ABA)	Covered at 100% through Beacon Health Options; requires preauthorization by Beacon Health Options; no deductible and no limits	• \$10 copay/visit (individual) • \$5 copay/visit (group) • No visit limit
Outpatient Mental Health	• No charge for initial visit to psychiatrist for medication evaluation • \$10 copay/visit (individual) • \$5 copay/visit (group)	• \$10 copay/visit (individual) • \$5 copay/visit (group) • No visit limit
Inpatient Mental Health	Requires preauthorization by Beacon Health Options: <ul style="list-style-type: none"> 100% after deductible \$300 penalty if you fail to notify within 48 hours 	No charge; no day limit
Outpatient Substance Use Disorder	• \$10 copay/visit (individual) • \$5 copay/visit (group)	Coverage through Kaiser: <ul style="list-style-type: none"> \$5 copay/visit (group) No visit limit
Inpatient Substance Use Disorder	Requires preauthorization by Beacon Health Options: <ul style="list-style-type: none"> 100% after deductible \$300 penalty if you fail to notify within 48 hours No limit on number of stays 	May use Beacon Health Options or Kaiser for detoxification. All other residential inpatient treatment is available through Beacon Health Options network only, not Kaiser. All Beacon Health Options treatment—including residential inpatient treatment—requires preauthorization; \$300 penalty if you fail to notify Beacon Health Options within 48 hours <ul style="list-style-type: none"> 100% No limit on number of stays

* Eligible Expenses are: (1) expenses for 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: Beacon Health Options or Kaiser Permanente, as listed in this chart.



2018 Medical Plan Comparison Chart for Employees on Long-Term Disability Non-Medicare-Eligible Members



ACRONYMS AT A GLANCE
 ASHN: American Specialty Health Network
 EPO: Exclusive Provider Organization
 MHSUD: Mental Health and Substance Use Disorder

This chart provides an overview of benefits available to non-Medicare-eligible participants. The information contained in applicable service provider agreements between PG&E and Anthem Blue Cross, Kaiser Permanente, Beacon Health Options or Express Scripts shall govern in case of conflict between this chart and the service provider agreement.

Medical Benefits

PROVISIONS	A		B		C		D	
	NETWORK ACCESS PLAN (NAP) Administered by Anthem Blue Cross		COMPREHENSIVE ACCESS PLAN (CAP) Administered by Anthem Blue Cross		KAISER PERMANENTE EPO NORTH & SOUTH			
	Network		Non-Network				Must use Kaiser's referral and authorization process	
General	Care provided by network providers Annual deductible: • \$120/person; \$240/two people; \$320/three or more people Annual out-of-pocket maximum (includes deductible): • \$750/person; \$1,500/two or more people No lifetime benefit maximum No pre-existing condition exclusions		Care provided by non-network providers Annual deductible: • \$240/person; \$480/two people; \$680/three or more people Annual out-of-pocket maximum (includes deductible): • \$1,000/person; \$2,000/two or more people No lifetime benefit maximum No pre-existing condition exclusions		May use provider of choice (may experience savings with network providers) Annual deductible: • \$120/person; \$240/two people; \$320/three or more people Annual out-of-pocket maximum (includes deductible): • \$750/person; \$1,500/two or more people No lifetime benefit maximum No pre-existing condition exclusions		Must use Kaiser Permanente facilities and doctors No annual deductible Annual out-of-pocket maximum: • \$1,500/person; \$3,000/two or more people (excludes prescription drugs and infertility services) No lifetime benefit maximum No pre-existing condition exclusions	
	Network benefits and limits may not be combined with non-network benefits and limits							
	All Anthem Blue Cross-administered plan benefits and out-of-pocket maximums are based on Eligible Expenses only*							
Routine Preventive Care	• Primary care—\$10 copay/visit • Specialist—\$20 copay/visit • Lab/X-ray covered separately		70%		• Primary care—\$10 copay/visit • Specialist—\$20 copay/visit • Lab/X-ray covered separately		\$10 copay/visit	
Office Visits, Urgent Care	• Primary care—\$10 copay/visit • Specialist (including OB/GYN)—\$20 copay/visit • Lab/X-ray covered separately		70%		• Primary care—\$10 copay/visit • Specialist (including OB/GYN)—\$20 copay/visit • Lab/X-ray covered separately		• \$10 copay/office or urgent care visit • No charge/home visit	
Prescription Drugs	See Prescription Drug Benefits chart for details							
Immunizations and Injections	95%		70%		95%		• \$10 copay/visit for allergy testing • \$5 copay/visit for allergy injection • No charge for immunizations	
Chiropractic Care	80% for care approved by ASHN		70% for up to 15 visits for medically necessary care		80% for medically necessary care only; preauthorization by ASHN required after initial visit		\$10 copay/visit; self-referral allowed; no preauthorization needed	
Acupuncture	80% for up to 20 visits/year from licensed acupuncturist or M.D.		70% for up to 15 visits/year from licensed acupuncturist or M.D.		80% for up to 20 visits/year from licensed acupuncturist or M.D.		\$10 copay/visit; referral required from a Kaiser physician	
Maternity Care	Covered as any other condition		Covered as any other condition		Covered as any other condition		No charge	
X-Rays and Lab Tests	90%		70%		90%		No charge	
Outpatient Physical Therapy	80%		70%		80%		\$10 copay/visit; therapy is given if, in the judgment of a plan physician, significant improvement is achievable	
Outpatient Hospital	\$35 copay for outpatient surgery; waived if admitted; lab/X-ray covered separately		70%		\$35 copay for outpatient surgery; waived if admitted; lab/X-ray covered separately		\$10 copay/procedure for outpatient surgery; \$10 copay/visit for all other outpatient services	
Hospital Stay	100% after \$100 copay; preauthorization required for non-emergency care, \$300 penalty if not obtained; covers semi-private room (private if medically necessary)		70%; preauthorization required for non-emergency care, \$300 penalty if not obtained; covers semi-private room (private if medically necessary)		100% after \$100 copay; preauthorization required for non-emergency care, \$300 penalty if not obtained; covers semi-private room (private if medically necessary)		No charge	
Skilled Nursing Facility	90% for semi-private room after three days in hospital; preauthorization required, \$300 penalty if not obtained; excludes custodial care		70% for semi-private room after three days in hospital; preauthorization required, \$300 penalty if not obtained; excludes custodial care		90% for semi-private room after three days in hospital; preauthorization required, \$300 penalty if not obtained; excludes custodial care		No charge to members in service area for up to 100 days per benefit period when prescribed by a plan physician; not covered for members living outside of service area; excludes custodial care	
Home Health Care	90%; preauthorization required, \$300 penalty if not obtained; excludes custodial care		70%; preauthorization required, \$300 penalty if not obtained; excludes custodial care		90%; preauthorization required, \$300 penalty if not obtained; excludes custodial care		No charge to members in service area when prescribed by a plan physician; 100-day limit/calendar year; not covered for members living outside of service area	
Hospice Care	90%; preauthorization required, \$300 penalty if not obtained; excludes custodial care		70%; preauthorization required, \$300 penalty if not obtained; excludes custodial care		90%; preauthorization required, \$300 penalty if not obtained; excludes custodial care		No charge to members in service area when prescribed by a plan physician; not covered for members living outside of service area	
Durable Medical Equipment	80%; preauthorization required for purchase or cumulative rentals over \$1,000; \$300 penalty if not obtained		70%; preauthorization required for purchase or cumulative rentals over \$1,000; \$300 penalty if not obtained		80%; preauthorization required for purchase or cumulative rentals over \$1,000; \$300 penalty if not obtained		No charge to members in service area when prescribed by a plan physician; limitations and exclusions apply; not covered for members living outside of service area	
Hearing Aids	80%; 1 per ear every 3 years		80%; 1 per ear every 3 years		80%; 1 per ear every 3 years		80%; 1 per ear every 3 years	
Emergency Room	\$35 copay/visit; waived if admitted; lab/X-ray covered separately		\$35 copay/visit; waived if admitted; lab/X-ray covered separately		\$35 copay/visit; waived if admitted; lab/X-ray covered separately		\$25 copay/visit for emergencies (waived if admitted directly to the hospital within 24 hours for the same condition)	
Mental Health and Substance Use Disorder (MHSUD)	See the Mental Health and Substance Use Disorder (MHSUD) Benefits chart for details							

*Eligible Expenses are: [1] expenses for 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.

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2018 Medical Plan Comparison Chart for Employees on Long-Term Disability Non-Medicare-Eligible Members



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

Network Access Plan (NAP) and Comprehensive Access Plan (CAP)

Express Scripts administers prescription drug benefits for the NAP and CAP:

- Your prescription drug annual out-of-pocket maximums are separate from your medical plan out-of-pocket maximums.
- Some drugs may require special authorization from Express Scripts. If you have questions, contact Express Scripts by calling the member services number listed on your Express Scripts ID card or visit www.express-scripts.com.

Kaiser Permanente

Kaiser Permanente provides retail and mail-order prescription drug coverage for its members, not Express Scripts. For specific information about your drug coverage, contact Kaiser directly.

Prescription Drug Benefits

PROVISIONS	A NETWORK ACCESS PLAN (NAP)		C COMPREHENSIVE ACCESS PLAN (CAP)	D KAISER PERMANENTE EPO NORTH & SOUTH
	Network	Non-Network		
General	Retail and mail-order prescription drugs are administered by Express Scripts			Retail and mail-order prescription drugs are administered by Kaiser Permanente
Annual Prescription Drug Deductible <i>Separate from medical plan annual deductible</i>	None			None
Annual Prescription Drug Out-of-Pocket Maximum <i>Separate from medical plan annual out-of-pocket maximum</i>	For retail and mail-order combined: <ul style="list-style-type: none"> \$500/person No more than \$1,000/family 			None
Annual or Lifetime Prescription Drug Maximum Benefit Limit	None			None
Retail Purchases	First three 30-day fills of maintenance drugs and all 30-day fills of non-maintenance drugs At participating pharmacy: <ul style="list-style-type: none"> 85% for generic 75% for brand You pay extra 5% coinsurance for 4th refill and beyond of maintenance drugs Generic Incentive Provision applies*		At non-participating pharmacy: <ul style="list-style-type: none"> 80% for generic 70% for brand 	You pay \$10 for up to a 100-day supply when obtained at a plan pharmacy Closed formulary
Mail-Order Purchases	Plan pays: <ul style="list-style-type: none"> 100% for drugs on Express Scripts' Low-Cost Generic List Generic Incentive Provision applies*		All other drugs: <ul style="list-style-type: none"> 90% for generic 80% for brand 	You pay \$10 for up to a 100-day supply Closed formulary
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*			Up to a 100-day supply; you pay \$10 for contraceptives and other specialty drugs, 50% for infertility and sexual dysfunction drugs. Memory enhancement drugs not covered.

*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.



Mental Health and Substance Use Disorder (MHSUD) Benefits

The following chart provides an overview of mental health and substance use disorder (MHSUD) benefits for non-Medicare-eligible plan members. If you're enrolled in the NAP or CAP, your MHSUD benefits are administered by Beacon Health Options. If you're enrolled in Kaiser Permanente, your MHSUD benefits are administered by both Kaiser Permanente and Beacon Health Options, depending on the type of care you receive.

When care is provided by Beacon Health Options:

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

PROVISIONS	A NETWORK ACCESS PLAN (NAP) <i>Administered by Beacon Health Options</i>		C COMPREHENSIVE ACCESS PLAN (CAP) <i>Administered by Beacon Health Options</i>	D KAISER PERMANENTE EPO NORTH & SOUTH
	Network	Non-Network		Must use Kaiser's referral and authorization process
General	Each plan's general medical plan provisions listed on the Medical Benefits chart also apply to MHSUD benefits. Your medical and MHSUD expenses are combined when determining deductibles and out-of-pocket maximums.*			
Applied Behavioral Analysis (ABA)	Covered at 100% through Beacon Health Options; requires preauthorization by Beacon Health Options; no deductible and no limits.			May use Beacon Health Options (preauthorization required) or Kaiser. \$10 copay; no deductible and no limits.
Outpatient Mental Health	<ul style="list-style-type: none"> No charge for initial visit to psychiatrist for medication evaluation \$10 copay/visit (individual) \$5 copay/visit (group) No visit limit 	<ul style="list-style-type: none"> 70% of usual and customary charges No visit limit 	<ul style="list-style-type: none"> No charge for initial visit to psychiatrist for medication evaluation \$10 copay/visit (individual) \$5 copay/visit (group) No visit limit 	<ul style="list-style-type: none"> \$10 copay/visit (individual) \$5 copay/visit (group) No visit limit
Inpatient Mental Health	Requires preauthorization by Beacon Health Options <ul style="list-style-type: none"> 100% after deductible \$300 penalty if you fail to notify within 48 hours No limit on number of stays 	Requires preauthorization by Beacon Health Options <ul style="list-style-type: none"> 70% of usual and customary charges \$300 penalty if you fail to notify within 48 hours No limit on number of stays 	Requires preauthorization by Beacon Health Options <ul style="list-style-type: none"> 100% after deductible \$300 penalty if you fail to notify within 48 hours No limit on number of stays 	<ul style="list-style-type: none"> No charge No limit on number of stays
Outpatient Substance Use Disorder	<ul style="list-style-type: none"> \$10 copay/visit (individual) \$5 copay/visit (group) No visit limit 	<ul style="list-style-type: none"> 70% of usual and customary charges No visit limit 	<ul style="list-style-type: none"> \$10 copay/visit (individual) \$5 copay/visit (group) No visit limit 	Coverage through Kaiser: <ul style="list-style-type: none"> \$10 copay/visit (individual) \$5 copay/visit (group) No visit limit
Inpatient Substance Use Disorder	Requires preauthorization by Beacon Health Options <ul style="list-style-type: none"> 100% after deductible \$300 penalty if you fail to notify within 48 hours No limit on number of stays 	Requires preauthorization by Beacon Health Options <ul style="list-style-type: none"> 70% of usual and customary charges \$300 penalty if you fail to notify within 48 hours No limit on number of stays 	Requires preauthorization by Beacon Health Options <ul style="list-style-type: none"> 100% after deductible \$300 penalty if you fail to notify within 48 hours No limit on number of stays 	May use Beacon Health Options or Kaiser for detoxification. All other residential inpatient treatment is available through Beacon Health Options network only, not Kaiser. All Beacon Health Options treatment—including residential inpatient treatment—requires preauthorization; \$300 penalty if you fail to notify Beacon Health Options within 48 hours <ul style="list-style-type: none"> 100% No limit on number of stays

*Eligible Expenses are: [1] expenses for 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 any questions, contact the claims administrator for your plan: Beacon Health Options or Kaiser Permanente, as listed in this chart.

Benefits 2018



Welcome to Open Enrollment for 2018 benefits.

Your Personalized Enrollment Worksheet will be sent separately.

If you don't receive it by November 7, call the PG&E Benefits Service Center at **1-866-271-8144**.

Please check your Personalized Enrollment Worksheet to confirm the dependents you want to cover are listed as covered. To add a dependent now or in the future, you will need to provide verification documents to the PG&E Benefits Service Center to confirm your new dependent's eligibility. See **Enrolling dependents** on page 24 for details.

There are very few changes for 2018. If you like what you have—and if there have been no changes to Medicare status for you or your enrolled dependents—you don't need to do anything. But if you've had some life changes—including changes to Medicare eligibility—you may need to elect a new plan.

Open Enrollment is November 7–21



RETIREES AND
SURVIVING DEPENDENTS

Nondiscrimination and accessibility

PG&E's Health Plans do not discriminate on the basis of race, color, national origin, age, disability or sex in their health programs and activities. For people with disabilities, PG&E's Health Plans provide free aids and services, such as qualified sign language interpreters and written information in other formats. If you need these services, contact PG&E's Integrated Disability Management Supervisor:

Email: Accommodations-Req@pge.com

Phone: 925-459-7270

For people whose primary language is not English, PG&E's Health Plans provide free language services, such as qualified interpreters and information written in other languages. If you need these services, contact the PG&E Benefits Service Center by phone:

1-866-271-8144 (TTY: 1-800-424-0253)

Spanish ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al **1-866-271-8144 (TTY: 1-800-424-0253)**.

Chinese 注意：如果您使用繁體中文，您可以免費獲得語言援助服務。請致電 **1-866-271-8144 (TTY: 1-800-424-0253)**。

Vietnamese CHÚ Ý: Nếu bạn nói Tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn. Gọi số **1-866-271-8144 (TTY: 1-800-424-0253)**.

Tagalog PAUNAWA: Kung nagsasalita ka ng Tagalog, maaari kang gumamit ng mga serbisyo ng tulong sa wika nang walang bayad. Tumawag sa **1-866-271-8144 (TTY: 1-800-424-0253)**.

Korean 주의: 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. **1-866-271-8144 (TTY: 1-800-424-0253)** 번으로 전화해 주십시오.

Armenian ՈՒՇԱԴՐՈՒԹՅՈՒՆՆԵՐ՝ Եթե խոսում եք հայերեն, ապա ձեզ անվճար կարող են տրամադրվել լեզվական օգնությունների ծառայություններ: Զանգահարե՛ք **1-866-271-8144 (TTY (հեռատիպ)՝ 1-800-424-0253):**

Farsi توجه: اگر به زبان فارسی گفتگو می کنید، تسهیلات زبانی بصورت رایگان برای شما فراهم می باشد. با **1-866-271-8144 (TTY: 1-800-424-0253)** تماس بگیرید.

Russian ВНИМАНИЕ: Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. Звоните **1-866-271-8144 (TTY: телетайп: 1-800-424-0253)**.

Japanese 注意事項:日本語を話される場合、無料の言語支援をご利用いただけます。
1-866-271-8144 (TTY: 1-800-424-0253) まで、お電話にてご連絡ください。

Arabic ملحوظة: إذا كنت تتحدث اذكر اللغة، فإن خدمات المساعدة اللغوية تتوافر لك بالمجان.
اتصل برقم 1-866-271-8144 (رقم هاتف الصم والبكم: 1-800-424-0253).

Punjabi ਧਿਆਨ ਦਿਓ: ਜੇ ਤੁਸੀਂ ਪੰਜਾਬੀ ਬੋਲਦੇ ਹੋ, ਤਾਂ ਭਾਸ਼ਾ ਵਿੱਚ ਸਹਾਇਤਾ ਸੇਵਾ ਤੁਹਾਡੇ ਲਈ ਮੁਫਤ ਉਪਲਬਧ ਹੈ।
1-866-271-8144 (TTY: 1-800-424-0253) 'ਤੇ ਕਾਲ ਕਰੋ।

Cambodian ប្រយ័ត្ន: បើសិនជាអ្នកនិយាយភាសាខ្មែរ, សេវាជំនួយភ្នែកភាសាដោយមិនគិតថ្លៃ
ច្បា ទូរស័ព្ទ គឺអាចមានសំបាប់អ្នក។ 1-866-271-8144 (TTY: 1-800-424-0253) ។

Hmong LUS CEEV: Yog tias koj hais lus Hmoob, cov kev pab txog lus, muaj kev pab dawb
rau koj. Hu rau 1-866-271-8144 (TTY: 1-800-424-0253).

Hindi ध्यान दें: यदि आप हिंदी बोलते हैं तो आपके लिए मुफ्त में भाषा सहायता सेवाएं उपलब्ध हैं।
1-866-271-8144 (TTY: 1-800-424-0253) पर कॉल करें।

Thai ระวัง: ถ้าคุณพูดภาษาไทยคุณสามารถใช้บริการช่วยเหลือทางภาษาได้ฟรี โทร
1-866-271-8144 (TTY: 1-800-424-0253)

If you think a PG&E Health Plan has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability or sex, you can file a grievance with PG&E’s Plan Administrator, who has been designated to coordinate PG&E Health Plan’s compliance with applicable nondiscrimination rules. To contact the Plan Administrator, call: **1-866-271-8144 (TTY: 1-800-424-0253)**

You can file a grievance in person or by mail, fax or email. If you need help filing a grievance, PG&E’s Plan Administrator is available to help you.

You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights, electronically through the Office for Civil Rights Complaint Portal, available at <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>, or by mail or phone at:

U.S. Department of Health and Human Services
200 Independence Avenue SW
Room 509F, HHH Building
Washington, DC 20201
1-800-868-1019, 1-800-537-7697 (TDD)

Complaint forms are available at <http://www.hhs.gov/ocr/office/file/index.html>.

Summary of Material Modifications (October 2017)

This *Benefits 2018* guide for Retirees and Surviving Dependents 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 Retirees and Surviving Dependents (referred to as the "Health Care Plan").


Your 2018 enrollment materials are not an exhaustive explanation of the Health Care Plan. Additional information about the Health Care Plan is contained in the documents entitled *The Pacific Gas and Electric Company Health Care Plan for Retirees and Surviving Dependents*, the *Summary of Benefits Handbook* and any summaries of material modifications (SMMs). Those documents, the enrollment guides designated as SMMs, the summary plan description for the Kaiser EPO, and the evidence of coverage booklets or service provider agreements issued by the HMOs, collectively constitute the official plan document.

The Employee Benefit Committee of PG&E Corporation is the Plan Administrator of the Health Care Plan and has the discretionary authority to interpret and construe the terms of the official plan document, to resolve any conflicts or discrepancies between the documents that comprise the official plan document, and to establish rules that are necessary for the administration of the Health Care Plan.

Unless otherwise noted, references to PG&E in this guide and in other 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 Health Care Plan 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 Health Care Plan will apply prospectively and will affect your rights and obligations under the Health Care Plan prospectively.

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 **Look for the flag.**
It means you need to take action.

Reminders



Here are a few things to remember about your medical coverage.

Did you or an enrolled dependent become eligible for Medicare? You need to do two things:

Enroll in Medicare Parts A and B—even if you elect PG&E-sponsored retiree medical coverage.

AND

Notify the PG&E Benefits Service Center when you or a dependent become eligible for Medicare. Call [1-866-271-8144](tel:1-866-271-8144).

Why?

If you don't enroll in Medicare Parts A and B, you won't get full benefits.

Your PG&E-sponsored plan won't pay any charges that Medicare would have covered. You'll have to pay those charges—**usually about 80% of the bill**—out of your own pocket.

Why?

You may be offered the wrong plan, and your choice of PG&E-sponsored plans will be limited.

You won't be able to enroll in the Medicare Supplemental Plan (MSP), a Medicare Coordination of Benefits (COB) HMO or a Medicare Advantage HMO.



Warning:

If you don't do one or both of these things, you'll have to pay back any PG&E-sponsored retiree medical benefits you received when you should have received Medicare benefits instead. The amounts you have to repay may be substantial.

Want to enroll in a Medicare Advantage or Medicare COB HMO?

You'll need to complete additional forms. If you don't, you won't be enrolled in the HMO. See page 8 for details.

Are you eligible for Medicare but your spouse is not (or vice versa)?

You and your spouse will need to elect corresponding non-Medicare/Medicare plans based on Medicare eligibility. Each of you might have different medical plans—but they must correspond according to the chart on page 30.

Newly eligible for Medicare? Early deadline for forms

If you want to switch to a Medicare Advantage or Medicare COB HMO when you or a dependent become eligible for Medicare, you'll need to submit the Medicare HMO form(s) to the plan you want to elect **the month before you become eligible for Medicare.**

Do you want to elect a Medicare Advantage or Medicare Coordination of Benefits (COB) HMO?

Follow these steps:

- 1** Make sure you're enrolled in Medicare Parts A and B.
- 2** Elect your new plan during Open Enrollment.
- 3** Complete a Medicare COB or Medicare Advantage HMO enrollment form for each Medicare-eligible person enrolling:
 - Download the form from Mercer BenefitsCentral **OR**
 - Call the PG&E Benefits Service Center to request the form be mailed to you
- 4** Mail or fax your completed form directly to the HMO by **November 30**. The HMOs don't allow email submissions.



If the HMO receives your form after the deadline, 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 making any required premium contributions for that plan. You'll need to wait until the next Open Enrollment to elect the plan you want for the following year. See pages 44 and 45 for details.

For coverage effective January 1, 2018, you'll need to submit your completed form directly to the HMO by November 30, 2017

Blue Shield Medicare COB HMO	Blue Shield Medicare Part D prescription drug enrollment form (no medical application is required)
Health Net Medicare COB HMO	<ul style="list-style-type: none">• Medicare HMO enrollment form• SilverScript Medicare Prescription Drug program enrollment form
Health Net Seniority Plus (a Medicare Advantage HMO)	Medicare HMO enrollment form
Kaiser Permanente Senior Advantage (a Medicare Advantage HMO)	Medicare HMO enrollment form You may need to complete other forms or respond to other communications from Kaiser before your enrollment can be finalized.

Switching out of a Medicare HMO?

Most switches from Medicare HMOs require disenrollment forms. Call the PG&E Benefits Service Center to find out if you need to complete a disenrollment form.

What's new?



New Anthem ID card in January

Will you have an Anthem plan in January? You'll get a new Anthem ID card at the beginning of the year, showing a new phone number for Beacon Health Options.

There are no changes to your ID number or plan information—just the new phone number for Beacon Health Options.

Covering dependents? Check your Personalized Enrollment Worksheet

PG&E recently conducted a dependent verification process to make sure dependents enrolled in a PG&E-sponsored health plan are eligible for the coverage. Your Personalized Enrollment Worksheet shows whether your dependents are covered. If the dependent you want to cover is:

N Not Covered **P** Pending Verification Not listed on your worksheet

You'll need to provide verification documents to the PG&E Benefits Service Center before your dependent can be covered.

To add a dependent now or in the future, you will need to provide verification documents to the PG&E Benefits Service Center to confirm your new dependent's eligibility. See **Enrolling dependents** on page 24 for details.

New name—mental health and substance use disorder (MHSUD)

PG&E has adopted the industry standard name for MHSUD benefits and no longer uses the term "mental health and substance abuse" (MHSA). Only the term used to describe MHSUD benefits is changing; there are no changes to the benefits themselves.

Coverage costs are up slightly for 2018.

Monthly premiums will increase slightly for 2018— and they're likely to continue to rise in future years.

Healthview's third annual Retirement Health Care Data Report projects the annual retirement health care inflation rate will average 5.47% for the foreseeable future. Greater use of health services, more surgeries and prescription drug costs are some of the biggest drivers of medical inflation.

Want more details?

Your Personalized Enrollment Worksheet showing available plans and coverage costs will be mailed separately.

You also can review this guide and the Medical Plan Comparison Charts for details about plan benefits.

What can you do?

There are a few ways you may be able to stretch your budget.

Did you retire in 2013 or later? Do you have a Retiree Health Account?

You can use your Retiree Health Account to help pay for health care premiums (including PG&E-sponsored retiree medical premiums), Medicare Part B premiums and out-of-pocket health expenses, provided you're eligible for PG&E-sponsored retiree medical coverage. See page 55 for details.

Here are a few options that may be more affordable.

- Does your spouse have a health plan at work?**
Consider enrolling as a dependent.
- Getting a new job?**
You may be able to enroll in an employee health plan.
- Not yet eligible for Medicare?**
You may qualify for government-subsidized coverage through [coveredca.com](https://www.coveredca.com) if you live in California—or another health exchange if you live outside California. Visit [healthcare.gov/marketplace-in-your-state/](https://www.healthcare.gov/marketplace-in-your-state/) for listings of other states' plans.
- Can your enrolled dependents get other coverage?**
Consider dropping them from your coverage to lower your costs. Before you drop your dependents, see page 60 for information about who can't re-enroll.

CONSIDERING A HIRING HALL POSITION?

Here's what you need to know about your medical coverage:

- 1 Your PG&E-sponsored retiree medical coverage will end on the last day of the month in which you become a Hiring Hall employee.** If you have a Retiree Health Account, it will be suspended until you go back to retiree status.
- 2 You'll be able to enroll in the medical plan offered to Hiring Hall employees—the Anthem Gold Plan.** This is just an option; you don't have to elect this coverage.

For example, your spouse could cover you as a dependent in his or her plan if your spouse:

Has employee coverage outside PG&E

OR

Is an active Union-represented PG&E employee enrolled in the Health Account Plan (HAP)

Active PG&E Management or A&T employees may not cover you as a dependent while you're a Hiring Hall employee.

- 3 You'll get information about the Anthem Gold Plan if you become a Hiring Hall employee.** When your Hiring Hall assignment ends, you'll be able to re-enroll in a PG&E-sponsored retiree medical plan—and your Retiree Health Account (if you have one) will be ready to use.

Considering other coverage?

You may be able to save money by enrolling in a different plan.

Eligible PG&E retirees can drop PG&E retiree medical coverage during Open Enrollment and come back during any future Open Enrollment.

If you drop your spouse from coverage for 2018, you can re-enroll your spouse during the next Open Enrollment for 2019 coverage, provided your spouse is not an employee. However, if you die after dropping your spouse from coverage, your spouse will not be able to re-enroll. See below.

Surviving spouses or dependents that drop PG&E retiree medical coverage may **NOT** re-enroll in a PG&E-sponsored retiree or survivor plan in the future. Once a surviving spouse or dependent drops PG&E coverage, he or she can't come back. See page 60 for details about who can't re-enroll.

Your PG&E-paid, non-taxable retiree medical contribution if you drop coverage

If you decide to drop your PG&E-sponsored retiree medical coverage for 2018 and enroll in any other medical plan—including an active employee plan, such as the Hiring Hall plan—you won't be able to use any PG&E-paid, non-taxable retiree medical contribution to help pay for this other coverage. You can only use your PG&E-paid, non-taxable retiree medical contribution to help pay for PG&E-sponsored retiree medical coverage. **Here's what will happen:**

Do you have the Retiree Medical Employer Contribution (RMEC)?

PG&E will not make RMEC contributions to pay for any other coverage you may choose to enroll in. PG&E will resume RMEC contributions if you later re-enroll in a PG&E-sponsored retiree medical plan.

Do you have a Retiree Premium Offset Account (RPOA) balance with your RMEC?

Your RPOA balance will be frozen when you drop PG&E-sponsored retiree medical coverage. Your RPOA balance will be unfrozen if you later re-enroll in a PG&E-sponsored retiree medical plan.

Do you have the Retiree Medical Savings Account (RMSA)?

Your RMSA balance will be frozen when you drop PG&E-sponsored retiree medical coverage. Your frozen balance will continue to earn interest even when you're not using it. Your RMSA balance will be unfrozen if you later re-enroll in a PG&E-sponsored retiree medical plan.

Do you have a Retiree Health Account?

If you become a PG&E employee: Your Retiree Health Account will be suspended while you're an active PG&E employee. Your Retiree Health Account will be waiting for you and ready to use when you go back to your retiree status.

If you become employed outside PG&E: You'll still be able to use your Retiree Health Account. It won't be suspended.

See page 48 for details.

What you need to do now



Before November 21, 2017:

Read this guide and decide whether to make changes for 2018 or keep what you have.

You'll need to enroll if you want to switch medical plans, or add or drop dependents from coverage.

You may need to enroll in a new plan if you or a dependent has become eligible for Medicare.

EXAMPLE

You'll need to enroll in a different plan if you or any dependents are eligible for "early Medicare" (before age 65) due to disability, but have not yet been switched over to a Medicare plan.

See page 30 for details.

If you don't enroll:

Currently enrolled? You and your currently enrolled eligible dependents will have the same medical coverage you have now **unless you or a dependent has become eligible for Medicare coverage.** Contact the PG&E Benefits Service Center to report Medicare eligibility and to find out about available medical plans.

Medical



You'll be responsible for making any required contributions as listed on your 2018 Personalized Enrollment Worksheet—which was mailed separately.

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

Not enrolled? If you don't enroll, you'll have no PG&E-sponsored coverage for 2018.

YOUR NEXT CHANCE TO ENROLL

If you opt out of coverage for 2018, your next chance to enroll will be next fall for coverage effective January 1, 2019.

If you're eligible for PG&E-sponsored retiree medical coverage, you'll automatically receive Open Enrollment materials every fall. **You don't need to do anything to get your Open Enrollment materials.**

Make sure you have minimum essential coverage

Planning to opt out of PG&E-sponsored medical coverage?

If you're not eligible for Medicare, make sure you have other medical coverage for 2018 that meets the federal government's minimum essential coverage requirements. Medicare satisfies those requirements.

If you don't have minimum essential coverage, you could be subject to a tax penalty.

How to enroll

You can enroll for 2018 benefits November 7–21.

**Log in to your Mercer BenefitsCentral account
from your computer or mobile device:**

myggebenefits.com

You have until 11:59 p.m. Pacific
time on November 21 to enroll online.



OR

Call the PG&E Benefits Service Center:

[1-866-271-8144](tel: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 21 to enroll by phone.





Enrolling in a Medicare Coordination of Benefits (COB) or Medicare Advantage HMO?

To complete your enrollment, you'll need to submit a separate Medicare COB or Medicare Advantage HMO enrollment form after you enroll online or by phone. You'll need to submit a separate form for **each Medicare-eligible person enrolling.**

If you don't submit the separate form on time, you won't be enrolled in the HMO you wanted to elect.

IMPORTANT: For coverage effective January 1, 2018, the HMO must receive your separate enrollment form by **November 30, 2017.**

Some plans require multiple forms. See pages 44 and 45 for special enrollment rules.

Switching out of a Medicare HMO?

Most switches from Medicare HMOs require a disenrollment form. Call the PG&E Benefits Service Center to find out if you need to complete a disenrollment form.

Newly eligible for Medicare? Early deadline for forms

If you want to switch to a Medicare Advantage or Medicare COB HMO when you or a dependent become eligible for Medicare, you'll need to submit the Medicare HMO form(s) to the plan you want to elect **the month before you become eligible for Medicare.**

Check your information

Make sure your information is up to date when you enroll.

Dependents: Need to add or drop a dependent?

Address and phone: Are they current? Some medical plans are only available in certain ZIP codes.

Birth dates and Social Security numbers: Have you provided accurate birth dates and Social Security numbers for all enrolled dependents?

Medicare eligibility: Have you or a dependent become eligible for Medicare coverage—and have you told PG&E? It's your responsibility to notify the PG&E Benefits Service Center when you or a dependent become eligible for Medicare—whether due to age (65) or disability (under age 65). See page 36 for details.

Change your mind? Make a mistake?

That's not a problem. With Mercer BenefitsCentral, you can enroll or change your elections as often as you like until the Open Enrollment deadline.

Check your confirmation statement

In early December, you'll get a confirmation statement showing what benefits you'll have for 2018.

You'll get a paper confirmation statement if you:

- Enroll over the phone
- Enroll online and you don't have an email address on file with the PG&E Benefits Service Center
- Do nothing—make no changes and simply default to the same coverage for 2018

You'll get an online confirmation statement if you:

- Enroll online and have an email address on file with the PG&E Benefits Service Center

The PG&E Benefits Service Center will send you an email in early December notifying you when your confirmation statement is ready to print.

You'll need to log in to your Mercer BenefitsCentral account if you want to print your confirmation statement.

Need to set up your Mercer BenefitsCentral account?

Registering is easy:

1. Go to mypgbenefits.com and click **Log In** under **Manage Your Benefits**
2. Click on **Take Me to the Mercer BenefitsCentral Login Page**
3. Click **Get Started** under **New Users**
4. Follow the prompts to register your account and set up your user ID and password

That's all it takes to get year-round access to your personalized benefits account. You'll be able to:

- See what benefits you have
- Update your dependents for PG&E-sponsored retiree medical coverage
- Update your beneficiary for Postretirement Life Insurance
- Find forms, tools, resources and details about your benefits

Best of all, Mercer BenefitsCentral is always open—you can access it from your computer or mobile device 24 hours a day, 7 days a week.

Enrolling dependents

As a PG&E retiree, you have an opportunity to enroll your eligible dependents in PG&E-sponsored retiree medical coverage.

You'll need to provide your dependent's name, birth date and Social Security number when you enroll. Generally, you can enroll dependents online or by phone:

Log in to your Mercer BenefitsCentral account via mypgbenefits.com

OR

Call the PG&E Benefits Service Center at 1-866-271-8144

If you want to add or drop a Medicare-eligible dependent, you need to call the PG&E Benefits Service Center. You can't do this online.



Please check your Personalized Enrollment Worksheet to confirm the dependents you want to cover are listed as covered ("Y"). You'll see a Y, N or P by each dependent's name:

Y Covered **N** Not Covered **P** Pending Verification

If the dependent you want to cover is:

N Not Covered **P** Pending Verification Not listed on your worksheet

You'll need to provide verification documents to the PG&E Benefits Service Center before your dependent can be enrolled.

PROVIDING DEPENDENT VERIFICATION

If you're enrolling online, you'll get a pop-up window telling you that a dependent needs to be verified. When you select the box, you'll be able to see:

- Which dependent needs verification
- What documents you need to submit

You can upload, mail or fax the required documents.

If you're enrolling by phone, the PG&E Benefits Service Center representative will help you with the verification process.

Want to enroll your children?

You can enroll your children up to age 26 as long as they're not eligible for coverage under another employer-sponsored health plan (except for a plan of their other parent). You'll need to provide verification of your dependents' eligibility to the PG&E Benefits Service Center.



Warning! Verification of dependent eligibility will be required

PG&E may at any time seek to verify your dependents are eligible for coverage. If that happens, you will receive a notice in the mail with a phone number to call for information about the eligibility verification process. See page 61 for details about the penalties you may face if your enrolled dependent is ineligible for coverage.

Is your dependent child disabled?

If your child is disabled, under age 26 and currently enrolled in a PG&E-sponsored medical plan, you'll need to get your child medically certified as disabled **before he or she reaches age 26** to continue coverage from age 26 onward. You'll need to get the certification directly from your medical plan.

You can cover disabled dependents age 26 or older **only if** they meet both of these conditions:

They were already enrolled in a PG&E-sponsored plan when they turned 26

AND

They were medically certified as disabled by a PG&E-sponsored medical plan before they turned 26

You may not cover disabled dependents age 26 or older if they fail to meet either one of these conditions.

Are you or your dependents eligible for Medicare?



Be sure to enroll in Medicare Parts A and B as soon as you or your dependents become eligible for Medicare. If you don't, you won't get full medical benefits. See page 36 for details.

Changing coverage if your life changes

Getting married or divorced? Adopting a child? Big changes like these are **life events**. Chances are, you'll want to change your benefits coverage, too—like adding or dropping a dependent.

Already enrolled? You have 31 days from the date of your life event to make allowable midyear changes to your coverage (180 days from the birth or adoption of a child).

Not enrolled? If you're not enrolled when you experience a life event, you'll need to wait until the next Open Enrollment period to elect coverage.

Is your spouse a PG&E employee with Health Account Plan (HAP) coverage—and did you waive your retiree medical coverage to enroll as a dependent in your spouse's plan? You can elect PG&E-sponsored retiree medical coverage if you lose your dependent coverage when your spouse retires or loses eligibility for PG&E-sponsored employee coverage.

WANT MORE INFORMATION?

For details about eligibility requirements and allowable midyear changes, see the *Summary of Benefits Handbook for Retirees and Surviving Dependents* at spd.mypgebenefits.com.



Want a free copy? Call the PG&E Benefits Service Center.

Update your beneficiaries

Be sure your beneficiaries are up to date for these benefits:

Life and accident insurance

Log in to your Mercer BenefitsCentral account:
mypgbenefits.com

OR

Call the PG&E Benefits Service Center:
1-866-271-8144

401(k)—PG&E Retirement Savings Plan

Log in to your NetBenefits account at **401k.com**

Pension—PG&E Retirement Plan

Email **HRPensionQuestions@pge.com**

OR

Call the PG&E Pension Call Center: **1-800-700-0057**



These are all separate elections. Your beneficiary elections for one benefit won't carry over to another benefit.



Your wellness benefits

PG&E's wellness benefits help build a better you by working hand in hand with your medical coverage to help you maintain or improve your health.

Preventive Benefits

Your medical plan offers checkups that can help keep you healthy for the long term:

- Annual physicals
- Routine screenings as recommended by your medical plan—like colonoscopies, prostate exams, OB/GYN exams and mammograms

Tobacco Cessation

When it comes to quitting smoking or chewing, each person's challenges and needs are unique.

Provant offers a free tobacco cessation program for you and your spouse or domestic partner. You'll get a five-session, phone-based program with one-on-one support from a certified tobacco cessation specialist. Nicotine replacement therapy is available to complement the program.

To get started, call Provant via the PG&E Benefits Service Center at **1-866-271-8144, option 2**. Provant representatives are available Monday through Friday, 5 a.m. to 5 p.m. Pacific time.

You can start participating in the program anytime; you don't have to wait for 2018.

Free Flu Shots

Anthem members: You can get your seasonal flu shots at no cost at any of the retail pharmacies that sponsor flu shots in the Express Scripts retail pharmacy network. You'll need to have your Express Scripts ID card with you for claims processing.

If you get your flu shot at your doctor's office, it will be covered like any other immunization, but it won't be free.

Blue Shield, Health Net and Kaiser members: You can get your free flu shot from your primary care physician (PCP).



Your medical plan options

The **Personalized Enrollment Worksheet** sent separately shows the medical plan options available to you. These options are based on:

Whether you're eligible for Medicare

AND

Where you live

Are you eligible for Medicare—and have you told PG&E you're eligible for Medicare?

It's your responsibility to notify the PG&E Benefits Service Center when you or a dependent becomes eligible for Medicare. Otherwise, you'll be offered the wrong plans—and you'll have to pay back any PG&E-sponsored retiree medical benefits you received when you should have received Medicare benefits instead. **The amounts you have to repay may be substantial.**

Find out what plans are available to you and your dependents:

For you: See your Personalized Enrollment Worksheet for the plans available to you and the monthly costs.

For your dependents: See the chart below to find out what corresponding medical plans are available to dependents whose eligibility for Medicare is different than your own.

EXAMPLE

- You're eligible for Medicare, but your spouse and children are not.
- You enroll in the Kaiser Permanente Senior Advantage plan.
- Your spouse and children will be enrolled in the Kaiser Permanente EPO plan.

Corresponding non-Medicare and Medicare plans

Under 65 and not disabled? Non-Medicare plans ¹	Age 65 or disabled? Medicare plans ¹
Anthem Network Access Plan (NAP) OR Anthem Comprehensive Access Plan (CAP)	Anthem Comprehensive Access Plan (CAP) OR Anthem Medicare Supplemental Plan (MSP) ²
Anthem Retiree Optional Plan (ROP)	Anthem Retiree Optional Plan (ROP)
Blue Shield HMO	Blue Shield Medicare Coordination of Benefits (COB) HMO
Health Net HMO	Health Net Medicare Coordination of Benefits (COB) HMO OR Health Net Seniority Plus (a Medicare Advantage HMO)
Kaiser Permanente EPO North or South	Kaiser Permanente Senior Advantage North or South (a Medicare Advantage HMO)

¹ Some plans are subject to availability based on your home ZIP code.

² The MSP is not available to Medicare-eligible dependents unless the PG&E retiree is also Medicare-eligible.

ID cards

Changing medical plans? Adding a dependent? You'll get your new ID card:

- By January 2018 if you enroll during Open Enrollment
- Within 10 business days after your change takes effect if you enroll midyear

If you don't receive your new ID card on time, call your medical plan directly. If you need to see a doctor before your ID card arrives, use your confirmation statement as proof of coverage.

Don't want to wait? You can print a copy of your ID card from your plan's website. Anthem members also can print temporary ID cards for their prescription drug plan coverage at express-scripts.com.

Anthem members: Choose and register a primary care physician (PCP)

A primary care physician (PCP) can make a big difference to your health, saving you time and money by ensuring your overall care makes sense based on your history, specialists, medications and lab results. Your PCP can help you avoid costly duplication of tests, and check to make sure all of your medications work well together.

Contact Anthem to find out how you can elect an Enhanced Personal Health Care and Blue Distinction Total Care doctor.

These doctors help you get the right level of care, from the right kind of doctor, at the right time. Call Member Services at the number on your Anthem ID card or go to anthem.com/ca and log in to get started. It only takes a few minutes.

Moving?



You can switch to another plan midyear only if you're enrolled in a plan with a defined service area and you move out of that plan's service area.

Switching from a Medicare Advantage or Medicare COB HMO? Special rules apply. See pages 44 and 45.

Did your doctor leave your plan?

You can't change medical plans midyear if any of your primary care physicians (PCPs), specialists, medical groups, Independent Practice Associations (IPAs), hospitals or other providers leave your medical plan.

Instead, you'll need to use other providers in your plan's network. You can elect a different plan during the next Open Enrollment.

Prescription drug coverage

Prescription drug coverage is included in all of the medical plans PG&E sponsors.

For Anthem Blue Cross NAP, CAP, ROP and MSP members

More than 300 generic prescription drugs are available free of charge when you order them through the Express Scripts mail-order prescription drug program.

Visit [express-scripts.com/lowcostgenerics](https://www.express-scripts.com/lowcostgenerics) to see a list of free generic mail-order drugs or call Express Scripts at **1-800-718-6590**.

Not eligible for Medicare?



You're not eligible for Medicare if you're under 65 and you're not disabled.

PG&E-sponsored non-Medicare plans

Where you live determines what PG&E-sponsored non-Medicare plans are available.

Are you a PG&E retiree? You can choose from the available plans on your Personalized Enrollment Worksheet, mailed separately.

Do you have a dependent? He or she will get the same plan you have—or a corresponding plan if your dependent's eligibility for Medicare is different than yours. See page 30 for corresponding plans.

This is a snapshot of the PG&E-sponsored non-Medicare plans. For details, see the **Medical Plan Comparison Chart** that was mailed with this guide.

Network Access Plan (NAP)¹

You can use any licensed provider²

COSTS

- Annual deductible
- Lower out-of-pocket costs when you use network providers

Comprehensive Access Plan (CAP)¹

- Available if you live outside the NAP's service area
- You can use any licensed provider²

COSTS

- Annual deductible
- You may be able to lower your costs by using network providers

Retiree Optional Plan (ROP)¹

You can use any licensed provider²

COSTS

- Annual deductible
- Lower monthly premium contributions than the NAP and CAP—but higher out-of-pocket costs for services
- You may be able to lower your costs by using network providers

Blue Shield HMO • Health Net HMO • Kaiser Permanente EPO¹

- Available for some ZIP codes
- These plans cover most services in full—but you must use your plan's network of providers located in California to receive coverage

COSTS

- No deductible
- You pay a copayment for office visits and other services
- No charge for some services, such as hospital stays

¹ Under the NAP and CAP, Anthem Blue Cross administers medical benefits and Beacon Health Options administers mental health and substance use disorder benefits. Under the ROP, Anthem Blue Cross administers both medical benefits and mental health and substance use disorder benefits. Express Scripts administers prescription drug benefits for the NAP, CAP and ROP. Under the Health Net HMO and Kaiser Permanente EPO, inpatient substance use disorder benefits can be administered by the plan or by Beacon Health Options.

² Only urgent/emergency care is covered outside the U.S.

**Are you enrolled as a retiree in the Kaiser EPO—
and as a dependent in another Kaiser plan?**

You'll only get benefits from the Kaiser EPO. That's because you're enrolled in the Kaiser EPO as a retiree—not as a dependent.

The Kaiser EPO won't coordinate benefits with other Kaiser plans.

EXAMPLE

If your wife is enrolled as a dependent in the PG&E-sponsored Kaiser EPO—and as an employee in her non-PG&E employer's Kaiser plan—she won't receive any benefits from the PG&E-sponsored Kaiser EPO. It won't coordinate benefits with other Kaiser plans.

Eligible for Medicare?



**You're eligible for Medicare if you're 65 or older—
or under 65 and disabled.**

You must enroll in Medicare to get full benefits

If you don't enroll in Medicare Parts A and B when eligible:

- **Your PG&E-sponsored plan won't pay any charges** that Medicare would have covered. You'll have to pay those charges—**usually about 80% of the cost**—out of your own pocket.
- **Your choice of PG&E-sponsored plans will be limited.** You won't be able to enroll in the Medicare Supplemental Plan (MSP), a Medicare Coordination of Benefits (COB) HMO or a Medicare Advantage HMO.

Are you eligible for Medicare— and have you told PG&E you’re eligible for Medicare?

It’s your responsibility to notify the PG&E Benefits Service Center when you or a dependent become eligible for Medicare.

Otherwise, you’ll be offered the wrong plans—and you’ll have to pay back any PG&E-sponsored retiree medical benefits you received when you should have received Medicare benefits instead. **The amounts you have to repay may be substantial.**

When to enroll in Medicare

The following rules apply to you and any eligible dependents you want to cover under your PG&E-sponsored retiree medical plan.

Turning 65 soon?

You or your spouse must apply for Medicare Parts A and B **three months before turning 65.**

Disabled?

If you’ve been getting Social Security disability benefits for at least two years, you should be automatically enrolled in Medicare Parts A and B unless you declined or canceled Part B after becoming eligible.

If you declined or canceled Medicare Part B after becoming eligible, you need to contact the Social Security Administration immediately to reinstate your Part B coverage.

If you enroll late

If you don’t enroll in Medicare Parts A and B when you’re first eligible, you’ll have to pay a Medicare Part B late enrollment penalty for the rest of your life. You’ll also need to pay back any PG&E-sponsored retiree medical benefits you received when you should have received Medicare benefits instead. **The amounts you have to repay may be substantial.**

How to enroll in Medicare



There are three ways you can enroll in Medicare Parts A and B.

- Call the Social Security Administration at **1-800-772-1213**
- Visit your local Social Security office
- Enroll online at [socialsecurity.gov/medicare](https://www.socialsecurity.gov/medicare)

When Medicare coverage starts

If you enroll at least three months before turning 65, your Medicare coverage will be effective the first day of the month you reach age 65. If your birthday is on the first day of the month, your Medicare coverage will be effective the first day of the prior month.

Under 65 and disabled? Your Medicare coverage should automatically start after you've been getting Social Security disability benefits for two years. **DO NOT decline Part B when you become eligible for it.**

How Medicare works with PG&E plans

All PG&E-sponsored Medicare plans work together with Medicare—even if you're not enrolled in Medicare Parts A and B.

Most PG&E plans coordinate benefits with Medicare. However, with the Medicare Advantage HMOs, you assign your Medicare benefits to the HMO. This allows Medicare to reimburse the HMO instead of reimbursing you.

Medicare is always your primary coverage, and your PG&E coverage is secondary. This means Medicare pays benefits first, and your PG&E plan pays any remaining eligible benefits second.

If you're not enrolled in Medicare Parts A and B, you won't get full benefits. See page 36 for details.

How claims are processed

**Comprehensive Access Plan (CAP)
Medicare Supplemental Plan (MSP)
Retiree Optional Plan (ROP)**

MEDICAL CLAIMS

Medicare processes your medical claims first:

- Medicare Parts A and B provide your primary coverage
- The CAP, MSP or ROP provides your secondary coverage

PRESCRIPTION DRUG CLAIMS

Express Scripts processes most prescription drug claims first:

- The CAP, MSP and ROP provide primary prescription drug coverage through Express Scripts for most prescription drugs
- Medicare provides primary coverage for Medicare Part B drugs—like diabetic and transplant drugs

**Medicare Coordination of Benefits (COB) HMOs
Medicare Advantage HMOs**

ALL CLAIMS

Medicare COB HMOs and Medicare Advantage HMOs work directly with Medicare:

You typically pay a copayment at the time of service—and you usually don't have to file claims

Prescription drug coverage and Medicare

All PG&E-sponsored plans have better prescription drug benefits than the basic Medicare Part D prescription drug benefit.

PG&E plans don't coordinate prescription drug benefits with Medicare, except for some drugs covered by Medicare Part B.

Enrolled in an Anthem plan (CAP, MSP, ROP)?

You have prescription drug coverage through Express Scripts. It's not a Medicare Part D prescription drug plan.

Enrolled in a Medicare COB HMO or Medicare Advantage HMO?

You're automatically enrolled in the HMO's Medicare Part D prescription drug plan—which is better than the standard Medicare Part D prescription drug plan.

DO NOT ENROLL in any Medicare Part D prescription drug plan or Medicare Advantage plan that is not sponsored by PG&E.



If you enroll in a Medicare Part D prescription drug plan or in any other external plan:

- You and your enrolled dependents will be disenrolled from your PG&E-sponsored plan—AND
- You will lose all of your prescription drug and medical coverage through PG&E.

That's because if you enroll in an external plan, your Medicare benefits will be paid to that plan—not to your PG&E-sponsored plan.

You can re-enroll in a PG&E-sponsored retiree medical plan during the next Open Enrollment, as long as you're eligible. See page 60 for information about who can't re-enroll.

PG&E-sponsored Medicare plans

Where you live determines what PG&E-sponsored Medicare plans are available.

Are you a PG&E retiree? You can choose from the available plans on your Personalized Enrollment Worksheet, mailed separately.

Do you have a dependent? He or she will get the same plan you have—or a corresponding plan if your dependent’s eligibility for Medicare is different than yours. See page 30 for corresponding plans.

This is a snapshot of the PG&E-sponsored Medicare plans. For details, see the **Medical Plan Comparison Chart** that was mailed with this guide.

Comprehensive Access Plan (CAP)¹

- You can use any licensed provider²
- Provides secondary coverage to Medicare Parts A and B
- Won’t pay any amount covered by Medicare

NOTES

If you don’t enroll in Medicare Part B, you’ll have to pay amounts Medicare would have covered³

Retiree Optional Plan (ROP)¹

- You can use any licensed provider²
- Lower monthly premium contributions—and higher out-of-pocket costs for services
- Provides secondary coverage to Medicare Parts A and B
- Together with Medicare, ensures you get at least 70% coverage for eligible expenses after you pay deductibles (the ROP pays nothing when Medicare pays more than 70%)
- Won’t pay any amount covered by Medicare

NOTES

If you don’t enroll in Medicare Part B, you’ll have to pay amounts Medicare would have covered³

Medicare Supplemental Plan (MSP)¹

- Available only to Medicare-eligible retirees and dependents
- You can use any licensed provider²
- Provides secondary coverage to Medicare Parts A and B
- Pays 80% of eligible expenses not paid by Medicare after you pay \$100 deductible
- Won't pay any amount covered by Medicare

NOTES

If you don't enroll in Medicare Part B, you can't enroll in the MSP

MSP has two lifetime maximums:

- A \$10,000 lifetime maximum medical benefit for each member—plus
- A separate \$10,000 lifetime maximum prescription drug benefit for each member
- Every year, the plan restores up to \$1,000 toward each of these two maximums
- Lifetime maximums do not include amounts paid by Medicare

Reach the maximum? Call the PG&E Benefits Service Center as soon as Anthem or Express Scripts notifies you that you've reached the \$10,000 lifetime maximum.

You can choose another plan in your service area within 31 days after you reach one or both lifetime maximums.

You'll have to pay any new deductibles in full if you switch plans midyear.

¹ Under the CAP, Anthem Blue Cross administers medical benefits and Beacon Health Options administers mental health and substance use disorder benefits. Under the MSP and ROP, Anthem Blue Cross administers both medical benefits and mental health and substance use disorder benefits. Express Scripts administers prescription drug benefits for the CAP, MSP and ROP.

² Only urgent/emergency care is covered outside the U.S.

³ Even if you have Medicare Parts A and B, you still may be required to pay part of the claim for expenses not covered at 100% by the CAP or ROP, like X-rays, which are covered at 90% under the CAP and 70% under the ROP.

continued on next page

Medicare Coordination of Benefits (COB) HMOs: Blue Shield Medicare COB HMO • Health Net Medicare COB HMO

Benefits are highest when you use your HMO's provider network:

- You pay a copayment at the time of service
- Your HMO will coordinate all payments with Medicare
- Usually, you'll have no additional payments beyond your copayment

You can use licensed providers outside the HMO's network:

You'll get traditional Medicare coverage at the standard level of Medicare benefits

You'll get your HMO's Medicare Part D prescription drug coverage:

- Better benefits than the standard Medicare Part D prescription drug benefit
- No prescription drug deductible or gaps in coverage



DO NOT ENROLL in any Medicare Part D plan that is not sponsored by PG&E.

If you do, your PG&E-sponsored retiree medical and prescription drug coverage will be terminated.

You can re-enroll in a PG&E-sponsored retiree medical plan during the next Open Enrollment, as long as you're eligible. See page 60 for information about who can't re-enroll.

NOTES

Special enrollment rules:

- You must be enrolled in Medicare Parts A and B to enroll in a Medicare COB HMO plan
- You'll need to complete and sign a separate enrollment form for each Medicare-eligible person enrolling

IMPORTANT: For coverage effective January 1, 2018, the HMO must receive your Medicare enrollment form(s) by **November 30, 2017**



- **Blue Shield Medicare COB HMO:** For each Medicare-eligible person enrolling, you'll need to complete a separate enrollment application for your HMO's Medicare Part D prescription drug coverage
- **Health Net Medicare COB HMO:** For each Medicare-eligible person enrolling, you'll need to complete two forms—one form to enroll in the HMO and another form to enroll in the SilverScript Medicare Prescription Drug program
- Download the form(s) from Mercer BenefitsCentral or call the PG&E Benefits Service Center to request the form(s) be mailed to you

Not enrolled in Medicare Parts A and B? Didn't turn in the separate enrollment form for your HMO's Medicare Part D prescription drug coverage?

If you don't follow **ALL** of the rules and you're trying to elect a Medicare COB HMO during Open Enrollment, you won't have Medicare COB HMO coverage effective January 1, 2018. Instead, you'll be automatically enrolled in the Comprehensive Access Plan (CAP), and you'll be responsible for monthly premium contributions for that plan.⁴ You won't be able to elect a Medicare COB HMO until the next Open Enrollment.

Newly eligible for Medicare? Early deadline for forms

If you want to switch to a Medicare Advantage or Medicare COB HMO when you or a dependent become eligible for Medicare, you'll need to submit the Medicare HMO form(s) to the plan you want to elect **the month before you become eligible for Medicare.**

Medicare Advantage HMOs:

Kaiser Permanente Senior Advantage (North and South) • Health Net Seniority Plus

You must use your HMO's network of doctors and hospitals—except for medical emergencies.

- You assign or give away control of your Medicare benefits to the HMO when you enroll
- You can't use your Medicare benefits outside of your HMO's network
- Coverage costs are typically lower than for Medicare COB HMOs

You'll get your HMO's Medicare Part D prescription drug coverage:

- Better benefits than the standard Medicare Part D prescription drug benefit
- No prescription drug deductibles or gaps in coverage



DO NOT ENROLL in any Medicare Part D plan that is not sponsored by PG&E.

If you do, your PG&E-sponsored retiree medical and prescription drug coverage will be terminated.

You can re-enroll in a PG&E-sponsored retiree medical plan during the next Open Enrollment, as long as you're eligible. See page 60 for information about who can't re-enroll.

NOTES

Special enrollment rules:

- You must be enrolled in Medicare Parts A and B to enroll in a Medicare Advantage HMO plan
- You'll need to complete and sign a Medicare Advantage HMO Group enrollment form for each Medicare-eligible person enrolling

IMPORTANT: For coverage effective January 1, 2018, the HMO must receive your Medicare Advantage HMO Group enrollment form by **November 30, 2017**



- The form authorizes assignment of your Medicare Part A and B benefits to the HMO, and acknowledges that you'll be enrolled in your HMO's Medicare Part D prescription drug coverage
- **Kaiser Permanente Senior Advantage:** For each Medicare-eligible person enrolling, you'll need to complete a Medicare HMO enrollment form (you may need to complete other forms or respond to other communications from Kaiser before your enrollment can be finalized)
- **Health Net Seniority Plus:** For each Medicare-eligible person enrolling, you'll need to complete a Medicare HMO enrollment form
- Download the Medicare HMO enrollment form from Mercer BenefitsCentral or call the PG&E Benefits Service Center to request the form be mailed to you

Not enrolled in Medicare Parts A and B? Didn't turn in the Medicare Advantage HMO Group enrollment form on time?

If you don't follow **ALL** of the rules and you're trying to elect a Medicare Advantage HMO during Open Enrollment, you won't have Medicare Advantage HMO coverage effective January 1, 2018. Instead, you'll be automatically enrolled in the Comprehensive Access Plan (CAP), and you'll be responsible for monthly premium contributions for that plan.⁴ You won't be able to elect a Medicare Advantage HMO until the next Open Enrollment.

⁴ Covered family members will be enrolled in the Comprehensive Access Plan (CAP) if they're Medicare-eligible — or in the Network Access Plan (NAP) or CAP if they're not Medicare-eligible, depending on your home ZIP code. See the chart on page 30 for corresponding Medicare/non-Medicare plans.

Want to switch out of your Medicare COB HMO or Medicare Advantage HMO?

In most cases, you'll need to disenroll from your HMO to regain control of your Medicare benefits so you can use them. Here's how:

- 1 Elect your new plan during Open Enrollment.
- 2 Call the PG&E Benefits Service Center to find out if you need a Medicare HMO disenrollment form. If the answer is "yes," each enrolled family member will need to complete a Medicare HMO disenrollment form. You can download the form from Mercer BenefitsCentral or ask the PG&E Benefits Service Center to mail it to you.
- 3 Mail or fax your completed Medicare HMO disenrollment form directly to your Medicare HMO plan by **November 30, 2017**. The HMOs don't allow email submissions.

Moving?



Before you move:

1. Call the PG&E Benefits Service Center and tell them you're moving.
2. Ask the PG&E Benefits Service Center if your Medicare COB or Medicare Advantage HMO plan will be available at your new home address. If it won't be available, you'll need to:
 - Elect a new medical plan.
 - Ask the PG&E Benefits Service Center if you need to fill out a Medicare HMO disenrollment form for your plan. If the answer is "yes," each enrolled family member will need to complete a Medicare HMO disenrollment form.

Note: If you move out of the service area and you report your address change to the Centers for Medicare & Medicaid Services (CMS), you won't need a disenrollment form.
3. Mail or fax your completed Medicare HMO disenrollment form(s) directly to your Medicare HMO plan **BEFORE the end of the month in which you report your address change**.

See the back cover for information about how to change your address.

LATE FORM? IT COULD COST YOU.

If your medical plan gets your completed Medicare HMO disenrollment form after the deadline, you could have unpaid claims under your new plan. **You'll be responsible for paying those claims.**

Medicare Part B premium reimbursement credits

You and your spouse will each get a \$15 monthly credit toward your Medicare Part B premium when you're enrolled in Medicare Part B and a PG&E-sponsored Medicare plan.

Think you should be getting the credit? Call the PG&E Benefits Service Center.

Disabled and under 65? You'll get a higher credit.

If you or your dependents are under 65 and eligible for Medicare due to a disability, you'll get the full standard amount of the Medicare Part B premium instead of the \$15 credit. In other words, PG&E will reimburse the standard Part B premium, excluding any income-based surcharges that Social Security may assess you. **Your Medicare Part B credit will be based on the year you were first approved for Medicare Part B.** When you or your dependents turn 65, the credit will change to \$15 per month.

You and up to two dependents can get this credit as long as each of you is:

- Disabled and under 65,
- Enrolled in Medicare Parts A and B, and
- Enrolled in a PG&E-sponsored medical plan.

Think you qualify for Social Security disability benefits?

Call Allsup, Inc., at [1-888-339-0743](tel:1-888-339-0743). PG&E has contracted with Allsup, Inc., to provide help with the Social Security disability application process at no cost to potentially eligible disabled retirees and dependents.



Paying for coverage

In most cases, you and PG&E* share the cost of your PG&E-sponsored retiree medical premiums through one of these programs:

Retiree Medical Employer Contribution (RMEC)

Available if you retired before 2011

OR

Retiree Medical Savings Account (RMSA)

Available if you retired in 2011 or later and have a remaining RMSA balance

Did you retire September 2009 through December 2010? You had a one-time, irrevocable choice of the RMEC or RMSA, effective January 1, 2011.

You can use these programs only to help pay the monthly premium cost of your PG&E-sponsored retiree medical coverage. You can't use these programs to pay for any other coverage or costs.

*As used in this section, "PG&E" means a Participating Employer with respect to such employer's employees and retirees. See page 4 for Participating Employers offering health coverage for 2018.

Key acronyms

Use these acronyms to help you understand the information on the following pages.

RMEC: Retiree Medical Employer Contribution

RPOA: Retiree Premium Offset Account
(available with the RMEC)

RMSA: Retiree Medical Savings Account

Will you be billed?

Usually, your share of the cost for your monthly premiums is deducted automatically from your monthly pension benefit.

You'll get a monthly bill for your share of the cost if:

Your share of the monthly medical premium would take 85% or more of your monthly pension benefit

OR

You received a lump-sum pension benefit when you retired instead of a monthly annuity

OR

You delayed the start of your pension payments



After your pension payments start, you'll need to call the PG&E Benefits Service Center if you want to stop getting monthly bills and switch to pension deductions.

RMEC

The amount the Retiree Medical Employer Contribution (RMEC) will pay for 2018 coverage is listed on your Personalized Enrollment Worksheet.

RMEC contributions are based on each individual's eligibility for Medicare. This means an enrolled family could get a combination of RMEC contributions for non-Medicare and Medicare coverage. The amounts are different because the cost of coverage is different.

All RMEC contributions and limits are scaled proportionately, based on years and months of credited service.

Not eligible for Medicare?

Each year, the RMEC will pay an equivalent of 65% of the monthly cost of the non-Medicare Network Access Plan (NAP) or Comprehensive Access Plan (CAP)—up to an annual dollar limit based on your years and months of credited service.

Non-Medicare retirees with 10 to 25 years of service will get a contribution **ranging from 50%–65% of the cost of NAP or CAP coverage**. Annual RMEC contributions can't exceed annual limits:

Enrolled non-Medicare retiree	Enrolled non-Medicare spouse or registered domestic partner	Enrolled non-Medicare children
\$13,000	+ \$13,000	+ \$13,000 total for all enrolled children if at least one child is not eligible for Medicare

Enrolling in a plan other than the NAP or CAP? The RMEC will pay the equivalent amount for your coverage—**up to 72% of the monthly cost** of coverage for your plan. **You pay at least 28%** of your monthly premium cost.



Eligible for Medicare?

For 2018, the base monthly RMEC contribution will be \$135.58.

PG&E will increase the amount annually until the amount the RMEC pays for Medicare retirees with 25 or more years of credited service reaches the maximum annual limit:

Enrolled Medicare retiree	+	Enrolled Medicare spouse or registered domestic partner	+	Enrolled Medicare children
\$2,500		\$2,500		\$2,500 total for all enrolled children if they are all eligible for Medicare

PG&E's base monthly contribution for a Medicare retiree with 10 to 25 years of service is scaled proportionately, from **\$43.39 to \$135.58** in 2018. Annual limits are scaled proportionately, too.

Medicare retirees with retirement dates in 2003 or earlier—and with fewer than 25 years of service—will continue to get the full base contribution up to the annual limit.

RPOA

Do you have the RMEC? Did you retire with at least 10 years of credited service? You have the Retiree Premium Offset Account (RPOA), too.

RPOA50

A one-time allotment of \$500 for each year of credited service beyond your first 10 years of credited service—up to \$7,500

You can use the RPOA50 to offset 50% of your share of monthly premium contributions



RPOA25

An extra allotment in addition to the RPOA50 if you retired before January 1, 2007

After you use up your RPOA50, you can use the RPOA25 to offset 25% of your share of monthly premium contributions

You can't use the RPOA25 until you've completely used up your RPOA50

Want to start or stop your RPOA? Call during Open Enrollment.

During Open Enrollment, you can elect to start or stop your RPOA by calling the PG&E Benefits Service Center. You need to call; you can't make this election online.

If you don't call, your current RPOA election will continue for 2018.

You can't change your RPOA election outside of Open Enrollment unless you have a life event that would allow for the change. See page 26 for information about life events, or see the *Summary of Benefits Handbook for Retirees and Surviving Dependents* at spd.mypgebenefits.com.

Why would you want to stop your RPOA?

Your spouse may be eligible to inherit it. See "Paying for coverage" on page 48 for details.

Low RPOA balance? Watch out.

If your RPOA balance runs out midyear, you'll be responsible for paying the amount the RPOA was paying. You won't be able to switch to a less expensive retiree medical plan during the year just because your RPOA runs out.

If your RPOA balance is low, consider switching to a less expensive plan during Open Enrollment.

RMSA

Each year, the Retiree Medical Savings Account (RMSA) pays a monthly percentage of your cost for PG&E-sponsored retiree medical coverage until your account is used up.

The percentage the RMSA pays is based on Medicare eligibility:

Not eligible for Medicare	Eligible for Medicare
55% of the cost of coverage	30% of the cost of coverage

What you pay

How much you pay depends on the total cost of your medical premium minus how much the RMSA pays.

EXAMPLE:

These are sample calculations for you and an enrolled spouse or registered domestic partner.*

Monthly premium:	\$3,000
– your RMSA payment	– \$1,000
– your spouse’s RMSA payment	– \$ 700
<hr/>	<hr/>
The amount you pay	\$1,300

*Dollar amounts are for illustration purposes only.

See your Personalized Enrollment Worksheet (mailed separately) for specific premium costs.

Do you have a Retiree Health Account?

You have this tax-free health reimbursement account if you:

- Are eligible for PG&E-sponsored retiree medical coverage;
- Were enrolled in the Anthem or Kaiser Health Account Plan (HAP) when you retired; and
- Had leftover Health Account credits when you retired.

Did you retire after January 1, 2017? Capped Sick Time for Management, A&T and ESC employees

You also could have a Retiree Health Account if you are eligible for PG&E-sponsored retiree medical coverage and you had Capped Sick Time when you retired—even if you were not enrolled in the Health Account Plan (HAP) as an employee. If you had Capped Sick Time when you retired, 25% of your Capped Sick balance was converted as credits to your Retiree Health Account.

IBEW- and SEIU-represented employees do not have Capped Sick Time.

How the Retiree Health Account works

You don't have to be enrolled in a PG&E-sponsored retiree medical plan to use your Retiree Health Account—just eligible for the coverage.

PG&E won't contribute to your Retiree Health Account after you retire, but you can use your credits to help pay for:

- Health care premiums—including PG&E-sponsored retiree medical premiums
- Medicare Part B premiums
- Eligible medical, prescription, dental, vision and mental health expenses

EXAMPLE:

Examples of eligible health expenses include—but aren't limited to:

- Prescriptions
- Eyeglasses and contact lenses
- Dental and vision exams
- Fillings
- Lab tests
- Crowns
- Durable medical equipment
- Oral surgery

You also can use your leftover credits to help pay for your dependents' eligible health expenses—even if they're not enrolled in a PG&E-sponsored plan.

continued on next page

Deadline for filing Retiree Health Account claims

Are you a retiree? There is no deadline for filing Retiree Health Account claims.

Are you a surviving dependent enrolled in a PG&E-sponsored retiree medical plan?

There is no deadline for filing Retiree Health Account claims. However, to use the account, you have to stay enrolled in a PG&E-sponsored retiree medical plan. If you drop PG&E-sponsored retiree medical coverage, you forfeit any remaining credits in the Retiree Health Account.

How to file claims

Your Retiree Health Account administrator is WageWorks if you:

- Were enrolled in the Anthem HAP as an employee and had leftover Health Account credits when you retired
- Had Capped Sick Time that was converted into a Retiree Health Account when you retired

You need to file claims manually.

WAGeworks

Call the PG&E Benefits Service Center at **1-866-271-8144** to request a claim form

OR

Log in to your WageWorks account: [wageworks.com](https://www.wageworks.com)

OR

Use the EZ Receipts free mobile app

Fax your completed claim form to WageWorks: **1-877-353-9236**

OR

Mail your completed form to:
Claims Administrator
P.O. Box 14053
Lexington, KY 40512

Do you want to authorize someone else to speak to WageWorks on your behalf? It's easy:

Log in to your **WageWorks** account; then click **Profile > Authorized Individuals**. Complete the requested information and click **Save Changes**.

Your Retiree Health Account administrator is Kaiser if you were enrolled in the Kaiser HAP as an employee and had leftover Health Account credits when you retired.

You can still use your Kaiser Health Payment Cards at the Kaiser pharmacy.

KAISER

You can file Retiree Health Account claims with Kaiser Permanente.

Go to kp.org/healthpayment to file a claim.

OR

Call Kaiser at **1-877-750-3399** for help filing claims.



What else you need to know

Medical benefits for surviving dependents

Your dependents will be eligible for PG&E-sponsored medical coverage only if they're enrolled under your coverage when you die.

Surviving spouses lose eligibility for PG&E coverage if they:

- Remarry or register a domestic partnership,
- Have other medical coverage (except Medicare),
- Don't enroll in a PG&E-sponsored medical plan when first eligible, or
- Cancel coverage for any reason.

IF A SURVIVING SPOUSE OR DEPENDENT BECOMES INELIGIBLE

Surviving spouses and dependents who become ineligible for PG&E-sponsored coverage should call the PG&E Benefits Service Center right away to avoid penalties.

EXAMPLE: A surviving spouse becomes ineligible for PG&E coverage at the end of the month he or she marries or enters into a domestic partnership—even if the new spouse or domestic partner has no other coverage.



Warning! Verification of dependent eligibility will be required

PG&E may at any time seek to verify your enrolled surviving spouse or dependents are eligible for coverage. If that happens, your enrolled surviving spouse or dependents will receive a notice in the mail with a phone number to call for information about the eligibility verification process.

If you want to enroll a dependent not listed on your Personalized Enrollment Worksheet, you'll need to provide verification of your dependent's eligibility to the PG&E Benefits Service Center.

See page 61 for details about the penalties your dependents may face if they're enrolled and ineligible for coverage.

Paying for coverage

Your spouse or other dependents will need to pay the full monthly premium. PG&E doesn't contribute toward the cost of medical coverage except in these three cases:

1. If your spouse has a remaining RMSA balance and isn't eligible for Medicare, he or she can continue to use the RMSA to help pay for premiums. Your spouse can use the RMSA until:
 - The account is used up,
 - Your spouse becomes eligible for Medicare, or
 - Your spouse becomes ineligible for PG&E coverage—whichever occurs first.
2. If you have a Retiree Health Account, your spouse may be eligible to inherit it, and can use remaining credits until the account is used up or until your spouse no longer has PG&E-sponsored retiree medical coverage.
3. If you have a remaining RPOA balance, your spouse may be eligible to inherit it, and can use it to help pay for premiums.

For details, see the *Summary of Benefits Handbook for Retirees and Surviving Dependents* at spd.mypgebenefits.com.

Who can't re-enroll

The following people can't ever re-enroll for PG&E-sponsored retiree or survivor medical coverage:

- Retirees who dropped coverage before January 1, 2003
- Surviving spouses or dependents who dropped PG&E-sponsored survivor medical coverage at any time



Warning! Penalties for ineligible dependents or missed payments

Did you enroll an ineligible dependent? Miss a payment? Watch out. Your coverage may be canceled. You're responsible for:

- Paying your required monthly premium contribution on time
- Making sure your enrolled dependents are eligible for coverage
- Paying any required restitution for covering ineligible dependents (you'll be billed for required restitution)

NOT SURE IF YOUR DEPENDENT IS ELIGIBLE?

Call the PG&E Benefits Service Center at 1-866-271-8144.

Representatives are available Monday–Friday, 7:30 a.m.–5 p.m. Pacific time.

You have 31 days to drop ineligible dependents

You must drop ineligible dependents from coverage within 31 days of the date they become ineligible.

If you cover an ineligible dependent, you'll be required to make restitution to the Participating Employer* for health care coverage—up to two full years' of the cost of coverage. Knowingly covering an ineligible dependent is considered fraud. For details, visit spd.mypgebenefits.com.

To drop ineligible dependents, call the PG&E Benefits Service Center or log in to Mercer BenefitsCentral.

*Participating Employers are listed on page 4.

Glossary



Allowed amount

The maximum charge your health plan allows for covered services from out-of-network health providers. The allowed amount is often based on the plan's definition of "reasonable and customary" charges.

When your out-of-network provider charges more than the plan's allowed amount, you have to pay the difference. These excess charges won't count toward the annual deductible or out-of-pocket maximum.

In-network or preferred providers have agreed to accept the plan's contracted rates for covered services, so you won't have charges that exceed the allowed amounts. See **balance billing**.

EXAMPLE

Suppose your plan allows \$100 for an office visit but your out-of-network doctor charges \$150. You'll have to pay the extra \$50—plus any amounts you owe for the office visit. The extra \$50 won't count toward your deductible or out-of-pocket maximum.

Balance billing

If your out-of-network expenses exceed the plan's allowed amount, your out-of-network doctor may bill you for the difference between his or her charge and the plan's allowed amount.

This is called balance billing. These excess amounts don't count toward the annual deductible or out-of-pocket maximum.

In-network or preferred providers have agreed to accept the plan's contracted rates for covered services. But you might get a bill from non-network or non-preferred providers—because they haven't agreed to accept the plan's allowed amount for covered services.

EXAMPLE

If your out-of-network doctor charges \$100 for a service and the allowed amount is \$60, your doctor may bill you for the remaining \$40. You'll be responsible for paying the \$40 in addition to any deductible, copayment or coinsurance you may owe.

Chronic condition

An ongoing physical or mental condition that requires long-term monitoring or management to control symptoms. Rheumatoid arthritis is an example of a chronic condition.

Coinsurance

Your share of the cost of covered health services after you pay the annual deductible. Coinsurance is usually 10% to 30% of the contracted or allowed amount under the PG&E-sponsored retiree medical plans.

EXAMPLE

- Jerry has a non-Medicare plan, and he has already paid his plan's calendar-year deductible.
- Jerry needs a lab test, which is covered at 90% after the deductible.
- Jerry's coinsurance for the lab test is 10%.
- Let's say the contracted or allowed amount for his lab test is \$80.
- Jerry's plan pays \$72 (90% of \$80), and Jerry pays the remaining \$8 (10% of \$80).

Copayment or copay

A fixed amount you pay for a covered service—usually when you receive the service.

EXAMPLE

Some plans charge a copay when you go to see the doctor. Copays are usually \$10 to \$30 per visit under the PG&E-sponsored retiree medical plans.

Lab tests and X-rays are covered separately from office visits, so you may owe more than the office visit copay. For details, see the **Medical Plan Comparison Charts** that were mailed with this guide.

Covered services

Health services covered by the plan. Charges for covered services are eligible expenses—up to the contracted or allowed amount.

Deductible

The amount you have to pay every year for covered services before the plan pays benefits for covered services. The HMO plans don't have deductibles.

Durable medical equipment

Equipment or supplies ordered by a health care provider for everyday or extended use.

EXAMPLE

Walkers, wheelchairs and oxygen equipment are all examples of durable medical equipment.

All of the PG&E-sponsored retiree medical plans provide some coverage for durable medical equipment. For details, see the **Medical Plan Comparison Charts** that were mailed with this guide.

Eligible expense

An expense covered by the plan. Eligible expenses are those that the plan considers medically necessary and that do not exceed the negotiated rate (for preferred providers), or the reasonable and customary cost levels (for out-of-network providers). Expenses that don't meet this definition are not covered by the plan.

Explanation of Benefits (EOB)

After you visit the doctor, you'll get a statement in the mail—an Explanation of Benefits (EOB) from your claims administrator. The EOB will show how much the plan paid for your treatment or service, and how much you owe.

If you have Medicare, you may receive two EOBs—one from Medicare showing what Medicare covered—and one from your claims administrator showing what your health plan covered.

Always keep your EOBs. You may need them to file a claim for reimbursement from your Health Account (if you have leftover credits) or to question a charge.

Formulary

A list of Food and Drug Administration (FDA)-approved, brand-name and generic prescription drugs that are proven to be effective and that are covered by the plan.

Generic

Generic drugs have the same active ingredients as brand-name drugs, and they're subject to the same FDA standards. Generic drugs generally cost less because they're no longer under patent.

In-network providers or network providers or preferred providers

Licensed health care providers (doctors, hospitals, medical groups) that charge lower rates negotiated by the claims administrator—and that meet quality standards required by the claims administrator. Network providers agree to accept as payment in full the plan's negotiated rates for services and treatment.

Maintenance medications

Medications that require regular, ongoing use to treat long-term or chronic conditions, such as asthma, diabetes, high blood pressure and high cholesterol.

Non-formulary

The most expensive prescription drugs. These drugs tend to be the latest, most heavily marketed brand-name drugs.

Out-of-network providers or non-network providers or non-preferred providers

Licensed health care providers (doctors, hospitals, medical groups) that have not signed a contract with a claims administrator to provide services at a negotiated rate. Non-network providers may charge more than the plan's allowed amount.

As a patient, you're responsible for paying any amounts charged by out-of-network providers that exceed the allowed amount. Charges that exceed the allowed amount don't count toward the annual deductible or out-of-pocket maximum.

Out-of-pocket maximum

The most you'll have to pay for covered services in a calendar year. After you spend this amount on deductibles, coinsurance and copayments, the plan will pay 100% of the cost of eligible expenses for the rest of the year.

The out-of-pocket maximum doesn't include amounts you pay for premiums, services that aren't covered or out-of-network charges that exceed the allowed amount.

Premium

The amount charged for health care coverage.

Preventive care

Care that focuses on disease prevention and health maintenance, including early diagnosis of health problems.

Primary care

Basic or general health care provided when you first seek care from a doctor.

Primary care physician (PCP) or primary care provider (PCP)

The doctor, nurse practitioner or physician assistant who provides or coordinates your care, referring you to specialists when needed.

Provider

Licensed health care professional or facility, including doctors, nurse practitioners, physician's assistants, hospitals, clinics, medical groups, pharmacies, durable medical equipment providers, labs and other licensed health care providers.

Reasonable and customary or usual, reasonable and customary (URC)

The amount paid for a medical service in a geographic area based on the amount providers in the area usually charge for the same or similar medical service. Allowed amounts typically are based on reasonable and customary charges.

Retiree Health Account

Did you retire in 2013 or later? Were you enrolled in the Anthem or Kaiser Health Account Plan (HAP) as an employee? You may have a Retiree Health Account.

PG&E set up and funded your Health Account while you were an employee enrolled in the Anthem or Kaiser HAP. When you retired, PG&E stopped funding your Health Account—and transferred any unused credits in your Health Account to a Retiree Health Account. In addition, if you were a Management, A&T or ESC employee who retired after January 1, 2017, with Capped Sick Time, 25% of your Capped Sick balance was converted as credits to your Retiree Health Account. IBEW- and SEIU-represented employees do not have Capped Sick Time.

You can use your Retiree Health Account to help pay for health care premiums (including PG&E-sponsored retiree medical premiums), Medicare Part B premiums and eligible, medical, dental, vision and mental health expenses. You can also use your Retiree Health Account to help pay for your dependents' eligible health expenses—even if they're not enrolled in a PG&E-sponsored plan. See page 55 for details.

Retiree Medical Employer Contribution (RMEC)

Available if you retired before 2011 and did not elect the Retiree Medical Savings Account (RMSA) during the special, one-time election period in 2010.

The RMEC is a PG&E-paid, non-taxable contribution that helps cover the cost of PG&E-sponsored retiree medical premiums. You can't use the RMEC for any other coverage—including active employee coverage. See page 50 for details.

Retiree Medical Savings Account (RMSA)

Available if you retired in 2011 or later—or if you elected it during the special, one-time election period in 2010.

The RMSA is an account-based, PG&E-paid, non-taxable contribution that accumulated over your career. You can only use your RMSA to help pay for PG&E-sponsored retiree medical coverage. You can't use it for any other coverage—including active employee coverage. See page 54 for details.

Retiree Premium Offset Account (RPOA)

Available if you have the Retiree Medical Employer Contribution (RMEC) and you retired with at least 10 years of credited service.

The RPOA50 is a one-time allotment of \$500 for each year of credited service beyond your first 10 years of credited service—up to \$7,500.

The RPOA25 is an extra allotment in addition to the RPOA 50 if you retired before January 1, 2007.




You can only use your RPOA to help pay for PG&E-sponsored retiree medical coverage. You can't use it for any other coverage—including active employee coverage.

You can start or stop your RPOA only during Open Enrollment. See page 52 for details.



Contact information

▶ Start here Have questions about your benefits? Need help enrolling?

CALL	EMAIL	CHAT
<p>Call the PG&E Benefits Service Center at 1-866-271-8144 Monday–Friday, 7:30 a.m.–5 p.m. Pacific time.</p> 	<p>Log in* to your Mercer BenefitsCentral account and send a secure message to a service representative. You'll get a reply within two business days.</p> 	<p>Log in* to your Mercer BenefitsCentral account and chat online with a service representative Monday–Friday, 7:30 a.m.–5 p.m. Pacific time.</p> 

*Go to mypgbenefits.com and click **Log In** under **Manage Your Benefits**.

Medical plan options and life insurance coverage

Retirees, surviving dependents and beneficiaries

I NEED TO:

- ▶ Talk to someone about my medical plan options, premium costs and Postretirement Life Insurance coverage
- ▶ Find out my Retiree Medical Savings Account (RMSA) balance, if eligible
- ▶ Update my Postretirement Life Insurance beneficiary
- ▶ Call to report a retiree's death
- ▶ Call to collect Postretirement Life Insurance benefits
- ▶ Get help with a Postretirement Life Insurance claim

PG&E Benefits Service Center

Representatives are available Monday–Friday, 7:30 a.m.–5 p.m. Pacific time

1-866-271-8144

Retirees and dependents

- ▶ Use the Retiree Medical Estimator
- ▶ Update my Postretirement Life Insurance beneficiary
- ▶ Get information about PG&E-sponsored retiree medical and Postretirement Life Insurance benefits

Mercer BenefitsCentralSM

Log on to your account from your computer or mobile device:

mypgebenefits.com

Medicare and Social Security benefits

I NEED TO:

- ▶ Enroll in Medicare
- ▶ Get a Medicare card

Social Security for Medicare

1-800-772-1213

socialsecurity.gov/medicare

- ▶ Get claims-specific or general Medicare information

Medicare

1-800-633-4227

medicare.gov

- ▶ Get help enrolling in Medicare for potentially eligible disabled retirees and dependents

Medicare disability

Social Security Advocacy is provided through Allsup, Inc.

Representatives are available Monday–Friday, 6 a.m.–3 p.m. Pacific time

1-888-339-0743

- ▶ Find information about what I need to provide to get survivors' benefits
- ▶ Learn how to apply

Social Security for survivors' benefits

ssa.gov/survivors

- ▶ Apply for survivors' benefits

Social Security for survivors' benefits

1-800-772-1213 or contact your local Social Security office

You can't apply online

Medical coverage

I NEED TO...

- Talk to my medical plan's Member Services about my benefits
- Find out if my provider belongs to the plan's network
- Get help filing a claim
- Preauthorize care
- Dispute a claim
- Get a medical plan ID card

Medical	Contact	Group Number
Blue Shield HMO and Medicare Coordination of Benefits (COB) HMO Representatives are available: <ul style="list-style-type: none"> • Monday–Thursday, 7 a.m.–7 p.m. Pacific time • Friday, 9 a.m.–7 p.m. Pacific time 	1-888-235-1765 blueshieldca.com/pge	H11473
Health Net HMO Representatives are available Monday–Friday, 8 a.m.–6 p.m. Pacific time	1-800-522-0088 healthnet.com	68992N
Health Net Medicare Coordination of Benefits (COB) HMO Medical questions: Health Net representatives are available Monday–Friday, 8 a.m.–6 p.m. Pacific time Pharmacy questions: SilverScript representatives are available 24/7; closed Thanksgiving and Christmas	Medical questions: 1-800-522-0088 Pharmacy questions: 1-888-648-9626 healthnet.com	68992M
Health Net Seniority Plus Representatives are available Monday–Friday, 7:30 a.m.–5 p.m. Pacific time	Current members: 1-800-275-4737 Prospective members: 1-800-596-6565 healthnet.com	68992S
Kaiser Permanente EPO (North and South) Representatives are available: <ul style="list-style-type: none"> • Monday–Friday, 7 a.m.–7 p.m. Pacific time • Saturday and Sunday, 7 a.m.–3 p.m. Pacific time 	NORTH: 1-800-663-1771 SOUTH: 1-800-533-1833 kp.org	NORTH Corporation: 738-003; Utility: 603702 SOUTH Corporation: 107932-5; Utility: 231142
Kaiser Permanente Senior Advantage (North and South) Representatives are available Monday–Friday, 8 a.m.–5 p.m. Pacific time	1-800-443-0815 kp.org	NORTH: 738 SOUTH: 107932
Hearing Aid Reimbursement for Blue Shield and Kaiser Senior Advantage Plans Contact the PG&E Benefits Service Center Representatives are available Monday–Friday, 7:30 a.m.–5 p.m. Pacific time	1-866-271-8144	N/A
Anthem Blue Cross-Administered Plans: Network Access Plan (NAP) Comprehensive Access Plan (CAP) Retiree Optional Plan (ROP) Medicare Supplemental Plan (MSP) Representatives are available Monday–Friday, 7 a.m.–8 p.m. Pacific time	1-800-964-0530 anthem.com/ca/pge	170157

Express Scripts prescription drug coverage

I NEED TO...

- Find out if my prescription drug is covered
- Dispute a claim
- Get help filing a claim
- Get an Express Scripts ID card

Prescription Drug	Contact	Group Number
Prescription Drug Plan Administered by Express Scripts For NAP, CAP, ROP and MSP Representatives are available 24/7; closed Thanksgiving and Christmas	1-800-718-6590 express-scripts.com	PGE0000

Prescription drug benefits for the HMOs are included in the HMO plans.

Mental health and substance use disorder coverage

I NEED TO...

- Find out if my treatment will be covered
- Get help filing a claim
- Preauthorize care
- Dispute a claim

Mental Health and Substance Use Disorder	Contact
Mental Health and Substance Use Disorder (MHSUD) Program Administered by Beacon Health Options (formerly ValueOptions) NAP, CAP: All mental health and substance use disorder services Kaiser EPO and all HMOs, including Medicare COB HMOs and Medicare Advantage HMOs: Substance use disorder services only (Kaiser EPO outpatient substance use disorder services are provided through Kaiser) Representatives are available 24/7	1-888-445-4436 beaconhealthoptions.com

Health Account

I NEED TO:

- ▶ Get help filing a claim or processing a reimbursement through the Health Account

Anthem Health Account

Administered by WageWorks
Representatives are available
Monday–Friday, 5 a.m.–5 p.m. Pacific time
1-866-271-8144 to request a claim form

Fax your completed claim form to WageWorks:
1-877-353-9236

or

Mail your completed claim form to:
Claims Administrator
P.O. Box 14053
Lexington, KY 40512

Kaiser Health Account

Administered by Kaiser Permanente
Representatives are available
Monday–Friday, 5 a.m.–7 p.m. Pacific time

1-877-750-3399

kp.org/healthpayment

Form 1095

- ▶ **AFTER JANUARY 31, 2018**—get a copy of my Form 1095 to verify to the IRS that I had minimum essential health coverage for 2017

Anthem Network Access Plan (NAP)
Anthem Comprehensive Access Plan (CAP)
Anthem Retiree Optional Plan (ROP)
Blue Shield HMO
Health Net HMO
Kaiser Permanente EPO
PG&E Benefits Service Center
1-866-271-8144

Blue Shield Medicare Coordination of Benefits (COB) HMO
Health Net Medicare COB HMO
Health Net Seniority Plus (a Medicare Advantage HMO)
Kaiser Permanente Senior Advantage HMO
Centers for Medicare & Medicaid Services (CMS)
1-800-MEDICARE (1-800-633-4227)
TTY: 1-877-486-2048

Reference **CMS Product No. 11865** when calling Medicare with questions about Form 1095

Other benefits

I NEED TO:

- ▶ • Find out when my COBRA coverage will end
- Pay my COBRA premium

COBRA

Administered by WageWorks
Representatives are available
Monday–Friday, 5 a.m.–5 p.m. Pacific time

1-866-271-8144, option 5
mybenefits.wageworks.com

- ▶ • Pay the bill I get for my monthly retiree medical plan premium
- Pay restitution for covering ineligible dependents in my PG&E-sponsored retiree medical plan

Direct billing

Administered by WageWorks
Representatives are available
Monday–Friday, 5 a.m.–5 p.m. Pacific time

1-866-271-8144, option 5
mybenefits.wageworks.com

- ▶ • Quit tobacco—and sign up for the free, five-session, telephonic tobacco cessation program through Provant

Provant tobacco cessation program

Representatives are available
Monday–Friday, 5 a.m.–5 p.m. Pacific time

1-866-271-8144, option 2

Pension: Retirement Plan

Retirees

I NEED TO:

- ▶ Change my direct deposit information:
 - Stop getting direct deposits and request paper checks
 - Start direct deposits or change my banking information

PG&E Payroll Service Center
415-973-3767, option 2

PG&E online Pension Center
<https://pge.benefitcenter.com>

- Select **Pension payment summary** in the **At your fingertips** section on the right side of the home page
- Click the **Update** button in the **Payment method & institution** section
- Select **Continue** and provide the requested account information

- ▶ Change my tax withholding

PG&E Payroll Service Center
415-973-3767, option 2

PG&E online Pension Center
<https://pge.benefitcenter.com>

- Select **Pension payment summary** in the **At your fingertips** section on the right side of the home page
- Click the **Update** button in the **Withholding elections** section
- Select **Continue** and make your elections

- ▶ Talk to someone for help with my pension payments

PG&E Pension Call Center
1-800-700-0057

- ▶ Learn about my pension benefits

PG&E online Pension Center
<https://pge.benefitcenter.com>

PG&E Pension Call Center
1-800-700-0057

Joint pensioners and surviving dependents

- ▶ • Start joint pension payments • Get help with survivor benefits

PG&E Pension Call Center
1-800-700-0057 or email HRPensionQuestions@pge.com

401(k): Retirement Savings Plan (RSP)

Retirees

I NEED TO:

- ▶ • Update my 401(k) beneficiary
- See my account balance
- Change my investment mix
- Request a distribution
- Use Fidelity's investment tools

Fidelity

Representatives are available Monday–Friday except New York Stock Exchange holidays, 5:30 a.m.–9 p.m. Pacific time

Log on to your NetBenefits account at 401k.com

1-877-PGE-401k (1-877-743-4015)

- ▶ Get professional management for my 401(k) account

Financial Engines

Fee-based Professional Management, available through your NetBenefits account

1-877-401-5762

financialengines.com/forpge

PG&E Payroll Service Center representatives are available Monday–Friday 8 a.m.–4 p.m. Pacific time.

PG&E Pension Call Center representatives are available Monday–Friday except holidays, 7:30 a.m.–3:30 p.m. Pacific time.

You can also email the PG&E Pension Call Center: HRPensionQuestions@pge.com

Contact Information (continued)



Address and phone updates

I NEED TO:

▶ Update my address or phone

Have a pension?

Retirees:

Go to the PG&E online Pension Center at

<https://pge.benefitcenter.com>

OR

Call the PG&E Pension Call Center at

1-800-700-0057

Surviving spouses and joint pensioners:

Call the PG&E Pension Call Center at

1-800-700-0057

Don't have a pension— but have retiree medical or life insurance?

Retirees, surviving spouses and joint pensioners:

Log in to your Mercer BenefitsCentral
account at

mypgebenefits.com

OR

Call the PG&E Benefits Service Center at

1-866-271-8144

Don't call your medical plan claims administrator

They can't help you update your address on file. Instead, they have to get updates directly from PG&E.

More details

I NEED TO:

▶ Read details about my benefits

Summary of Benefits Handbook

Call **1-866-271-8144** to request a free copy

Representatives are available

Monday–Friday, 7:30 a.m.–5 p.m. Pacific time

spd.mypgebenefits.com

2018 Medical Plan Comparison Chart for Retirees and Surviving Dependents Medicare-Eligible Members

Prescription Drug Benefits

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), Medicare Supplemental Plan (MSP) and Retiree Optional Plan (ROP)

Express Scripts administers prescription drug benefits for the CAP, MSP and ROP. If you have questions about your prescription drug benefits, call the member services number listed on your SilverScript ID card.

Health Maintenance Organizations (HMOs)

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



PROVISIONS	A COMPREHENSIVE ACCESS PLAN (CAP) Administered by Express Scripts	B PDBE MEDICARE SUPPLEMENTAL PLAN (MSP) Administered by Express Scripts	C RETIREE OPTIONAL PLAN (ROP) Administered by Express Scripts	D BLUE SHIELD MEDICARE COB HMO	E HEALTH NET MEDICARE COB HMO Administered by SilverScript	F HEALTH NET SENIORITY PLUS (Medicare Advantage HMO)	G Kaiser Permanente Senior Advantage North & South (Medicare Advantage HMO)
General	Retail and mail-order prescription drugs are administered by Express Scripts	All HMOs, except the Health Net Medicare COB HMO, administer retail and prescription drugs. All HMOs, including the Health Net Medicare COB HMO, are Medicare Part D plans.	All HMOs, except the Health Net Medicare COB HMO, administer retail and prescription drugs. All HMOs, including the Health Net Medicare COB HMO, are Medicare Part D plans.	All HMOs, except the Health Net Medicare COB HMO, administer retail and prescription drugs. All HMOs, including the Health Net Medicare COB HMO, are Medicare Part D plans.	All HMOs, except the Health Net Medicare COB HMO, administer retail and prescription drugs. All HMOs, including the Health Net Medicare COB HMO, are Medicare Part D plans.	All HMOs, except the Health Net Medicare COB HMO, administer retail and prescription drugs. All HMOs, including the Health Net Medicare COB HMO, are Medicare Part D plans.	All HMOs, except the Health Net Medicare COB HMO, administer retail and prescription drugs. All HMOs, including the Health Net Medicare COB HMO, are Medicare Part D plans.
Annual Prescription Drug Deductible	None	• \$100/person for retail and mail-order combined • No family maximum	• \$200/person for retail and mail-order combined • No family maximum	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	None	For retail and mail-order combined: • \$1,500/person • No more than \$3,000/family	None	None	None	None
Annual on Lifetime Prescription Drug Maximum Benefit Limit	None	Lifetime limit of \$10,000/person; up to \$1,000 restorer each year (does not apply to drugs purchased before 2004)	None	None	None	None	None
Retail Purchases	First three 30-day fills of maintenance drugs and all 30-day fills of non-maintenance drugs At participating pharmacy: • 75% for generic • 75% for brand You pay extra 5% co-pay for 4th refill and beyond of maintenance drugs Generic Incentive Provision applies*	Plan pays 75% Generic Incentive Provision applies*	Plan pays 60%	Medicare Part D plan For up to a 30-day supply—you pay: • \$10/generic • \$30/brand/formulary • \$70/non-formulary Open formulary No annual maximum Some drugs require preauthorization	Medicare Part D plan For up to a 30-day supply—you pay: • \$10/generic • \$30/brand/formulary • \$70/non-formulary Open formulary No annual maximum Some drugs require preauthorization	Medicare Part D plan For up to a 30-day supply—you pay: • \$10/generic • \$30/brand/formulary • \$70/non-formulary Open formulary No annual maximum Some drugs require preauthorization	Medicare Part D plan For up to a 30-day supply—you pay: • \$10/generic • \$30/brand/formulary • \$70/non-formulary Open formulary No annual maximum Some drugs require preauthorization
Mail-Order Purchases	Plan pays: • 100% for drugs on Express Scripts' Low-Cost Generic List All other drugs: • 90% for generic • 80% for brand Generic Incentive Provision applies*	Plan pays: • 100% for drugs on Express Scripts' Low-Cost Generic List All other drugs: • 80% for generic • 80% for brand Generic Incentive Provision applies*	Plan pays: • 100% for drugs on Express Scripts' Low-Cost Generic List All other drugs: • 70% for 90-day supply	Medicare Part D plan For up to a 90-day supply—you pay: • \$10/generic • \$30/brand/formulary • \$70/non-formulary Open formulary No annual maximum Call Health Net for details	Medicare Part D plan For up to a 90-day supply—you pay: • \$10/generic • \$30/brand/formulary • \$70/non-formulary Open formulary No annual maximum Call Health Net for details	Medicare Part D plan For up to a 90-day supply—you pay: • \$10/generic • \$30/brand/formulary • \$70/non-formulary Open formulary No annual maximum Call Health Net for details	Medicare Part D plan For up to a 90-day supply—you pay: • \$10/generic • \$30/brand/formulary • \$70/non-formulary Open formulary No annual maximum Call Health Net for details
Infertility, Sexual Dysfunction, Menopausal 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*	Covered only to treat serious medical conditions Generic Incentive Provision applies*	Plan pays 50%	Call Health Net for details	Call Health Net for details	Call Health Net for details	Up to a 100-day supply; you pay \$10 for contraceptives and other specialty drugs; 50% for infertility and sexual dysfunction drugs; Memory enhancement drugs not covered.

*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 co-insurance. Note: Any generic/brand price differential you pay is a non-covered expense and therefore does not count toward your annual deductible or out-of-pocket maximum (if applicable).



Mental Health and Substance Use Disorder (MHSUD) Benefits

The following chart provides an overview of mental health and substance use disorder (MHSUD) benefits for Medicare-eligible plan members. If you're enrolled in the CAP, your MHSUD benefits are administered by Anthem Blue Cross. If you're enrolled in an HMO, your MHSUD benefits are administered by both your HMO and by Beacon Health Options, depending on the type of care you receive.

When care is provided by Beacon Health Options:
• All inpatient and alternative levels of care must be medically necessary.
• Care that is not medically necessary will not be covered.

PROVISIONS	A COMPREHENSIVE ACCESS PLAN (CAP) Administered by Beacon Health Options	B PDBE MEDICARE SUPPLEMENTAL PLAN (MSP) Administered by Anthem Blue Cross	C RETIREE OPTIONAL PLAN (ROP) Administered by Anthem Blue Cross	D BLUE SHIELD MEDICARE COB HMO	E HEALTH NET MEDICARE COB HMO	F HEALTH NET SENIORITY PLUS (Medicare Advantage HMO)	G Kaiser Permanente Senior Advantage North & South (Medicare Advantage HMO)
General	Each plan's general medical plan provisions listed on the Medical Benefits chart also apply to MHSUD benefits. Your medical and MHSUD expenses are combined when determining deductibles and out-of-pocket maximums.*	Each plan's general medical plan provisions listed on the Medical Benefits chart also apply to MHSUD benefits. Your medical and MHSUD expenses are combined when determining deductibles and out-of-pocket maximums.*	Each plan's general medical plan provisions listed on the Medical Benefits chart also apply to MHSUD benefits. Your medical and MHSUD expenses are combined when determining deductibles and out-of-pocket maximums.*	Each plan's general medical plan provisions listed on the Medical Benefits chart also apply to MHSUD benefits. Your medical and MHSUD expenses are combined when determining deductibles and out-of-pocket maximums.*	Each plan's general medical plan provisions listed on the Medical Benefits chart also apply to MHSUD benefits. Your medical and MHSUD expenses are combined when determining deductibles and out-of-pocket maximums.*	Each plan's general medical plan provisions listed on the Medical Benefits chart also apply to MHSUD benefits. Your medical and MHSUD expenses are combined when determining deductibles and out-of-pocket maximums.*	Each plan's general medical plan provisions listed on the Medical Benefits chart also apply to MHSUD benefits. Your medical and MHSUD expenses are combined when determining deductibles and out-of-pocket maximums.*
Applied Behavioral Analysis (ABA)	Covered at 100% through Beacon Health Options; requires preauthorization by Beacon Health Options; no deductible and no limits.	Covered at 100% through Beacon Health Options; requires preauthorization by Beacon Health Options; no deductible and no limits.	Covered at 100% through Beacon Health Options; requires preauthorization by Beacon Health Options; no deductible and no limits.	Call Health Net for details	Call Health Net for details	Call Health Net for details	Call Health Net for details
Outpatient Mental Health	No charge for initial visit to psychiatrist for medication evaluation (individual) • \$5 copay/visit (group) • No visit limit	Not covered	• 70% after deductible • 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 preauthorization by Beacon Health Options • 100% for inpatient • \$200 penalty if you fail to notify within 48 hours • No limit on number of stays	• 80% of eligible expenses after Medicare, 90% after 48 hours • \$250 penalty if you fail to preauthorize • No limit on number of stays	• 70% after deductible • No visit limit	• No charge • No limit on number of stays	• No charge • No limit on number of stays	• No charge • No limit on number of stays	• No charge • No limit on number of stays
Outpatient Substance Use Disorder	• \$10 copay/visit (individual) • \$5 copay/visit (group) • No visit limit	Not covered	• 70% after deductible • No visit limit	Coverage through Beacon Health Options network only, not HMO. Requires preauthorization by Beacon Health Options. • \$10 copay/visit (individual) • \$5 copay/visit (group) • No visit limit	Coverage through Beacon Health Options network only, not HMO. Requires preauthorization by Beacon Health Options. • \$10 copay/visit (individual) • \$5 copay/visit (group) • No visit limit	Coverage through Beacon Health Options network only, not HMO. Requires preauthorization by Beacon Health Options. • \$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 Use Disorder	Requires preauthorization by Beacon Health Options • 100% after deductible • \$200 penalty if you fail to notify within 48 hours • No limit on number of stays	Not covered	Requires preauthorization by Anthem Blue Cross • 70% after deductible • 100% after 48 hours • \$250 penalty if you fail to preauthorize • No limit on number of stays	Coverage through Beacon Health Options network only, not HMO. Requires preauthorization by Beacon Health Options. • \$10 copay/visit (individual) • \$5 copay/visit (group) • No visit limit	Coverage through Beacon Health Options network only, not HMO. Requires preauthorization by Beacon Health Options. • \$10 copay/visit (individual) • \$5 copay/visit (group) • No visit limit	Coverage through Beacon Health Options network only, not HMO. Requires preauthorization by Beacon Health Options. • \$10 copay/visit (individual) • \$5 copay/visit (group) • No visit limit	May use Beacon Health Options or Kaiser for detoxification. All other residential inpatient treatment is available through Beacon Health Options network only, not Kaiser. All Beacon Health Options inpatient treatment requires preauthorization. • \$300 penalty if you fail to notify Beacon Health Options within 48 hours • 100% • No limit on number of stays

*Eligible Expenses are: (1) expenses for 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: Beacon Health Options, Anthem Blue Cross or your HMO, as listed in this chart.

Benefits 2018



Open Enrollment for 2018 benefits is November 7-21.
Benefits will be effective January 1, 2018.

Your Personalized Enrollment Worksheet shows your benefit options and costs for 2018.

For Management and A&T employees:

Available in your Mercer BenefitsCentralSM account starting **November 7**.

For Union-represented employees and employees on leave:

Mailed to your home. If you don't receive it by **November 7**, call the PG&E Benefits Service Center: **1-866-271-8144**.
 Also available in your Mercer BenefitsCentral account starting November 7.

Benefits you can elect

You can elect these benefits during Open Enrollment:

- Health: Medical, dental, vision
- Flexible Spending Account (FSA)—Health Care and/or Dependent Care
- For Management, A&T and ESC-represented employees: Planned Unpaid Vacation (PUV) days
- Opt-out option for the Voluntary Plan in order to remain with State Plan coverage effective January 1, 2018

You can elect or change these benefits anytime:

- Life and accident insurance
- Commuter Transit Program
- For Management and A&T employees in San Francisco, Emeryville, Oakland and Berkeley: Paid Sick Leave Designee
- You can opt in or out of the Voluntary Plan anytime during the year through Mercer BenefitsCentral, with changes effective according to a special schedule (visit mypgbenefits.com for details about the Voluntary Plan)

What's new?



Less to read

This trifold and your Personalized Enrollment Worksheet (available in your Mercer BenefitsCentral account) have the information you'll need for Open Enrollment. Want more details?

- **Mercer BenefitsCentral**—information will be available when you enroll.
- myggebenefits.com—find information about your benefits, and download **Your Benefits Guide** under **Resources > Open Enrollment Guides**. Printed copies will be available in January through the PG&E Benefits Service Center.
- spd.myggebenefits.com—review your **Summary of Benefits Handbook** for detailed information.

Covering dependents? Check your Personalized Enrollment Worksheet

PG&E recently conducted a dependent verification process to make sure dependents enrolled in a PG&E-sponsored health plan are eligible for the coverage. Your Personalized Enrollment Worksheet shows whether your dependents are covered. If the dependent you want to cover is:

N Not Covered
Not listed on your worksheet

P Pending Verification

You'll need to provide verification documents to the PG&E Benefits Service Center.

To add a dependent now or in the future, you will need to provide verification documents to the PG&E Benefits Service Center to confirm your new dependent's eligibility. See **Enrolling dependents** for details.

Higher limit for Health Care Flexible Spending Account contributions

You can elect to contribute up to \$2,600 of your before-tax pay for eligible 2018 health expenses. The most you could contribute for 2017 was \$2,550.

Anthem members: New Anthem ID card in January

You'll get a new Anthem ID card at the beginning of the year, showing a new phone number for Beacon Health Options. There are no changes to your ID number or plan information—just the new phone number for Beacon Health Options.

New Voluntary Plan

Eligible California Utility employees will automatically be covered under PG&E's Voluntary Disability and Paid Family Leave Benefit Plan (the "Voluntary Plan") effective January 1, 2018.

The Voluntary Plan provides better benefits and is offered in place of California State Disability Insurance (SDI) and Paid Family Leave plan (the "State Plan"). The Voluntary Plan's better benefits include: **1** 60% of your salary replaced—with no weekly cap; **2** eight weeks of Paid Family Leave versus the state's six weeks; **3** streamlined application and pay process, including pay through PG&E's payroll cycle; and **4** available to all eligible employees—regardless of tenure, and at no additional cost.

See inside—**Voluntary Plan: If you take no action**—for details about your options during Open Enrollment.

New name—mental health and substance use disorder (MHSUD)

PG&E has adopted the industry standard name for MHSUD benefits and no longer uses the term "mental health and substance abuse" (MHSA). Only the term used to describe MHSUD benefits is changing; there are no changes to the benefits themselves.

Management and A&T employees: Berkeley added to Paid Sick Leave Designation

If you're headquartered in San Francisco, Emeryville, Oakland or Berkeley, you can use up to 72 hours per calendar year of incidental sick time to care for a family member. **If you don't have a spouse or registered domestic partner**, you can use this time to care for a "designated person" that you have registered with PG&E.

Complete and submit a Sick Leave Designation Form, available at myggebenefits.com > **Time Off and Accommodations > Vacation, Holidays, Sick Time and Other Time Off**.

What you need to do



You'll need to make an election if you:

Want to **enroll in** or **waive health coverage** for 2018*

Want to **switch medical plans** or **add or drop dependents** from coverage

Want to participate in the Health Care or Dependent Care Flexible Spending Account (**FSA**) for 2018

Are a Management, A&T, PG&E Corporation or ESC-represented employee, and you want to elect **Planned Unpaid Vacation (PUV) days** for 2018

Are an eligible California Utility employee and you want to opt out of the **Voluntary Plan** for 2018 (see below)**

*If you waive medical coverage, you'll forfeit unused Health Account credits—but you'll have until March 31, 2018, to file Health Account claims and verify eligible expenses incurred while you were enrolled in the Health Account Plan (HAP).

If you don't enroll

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 2018 Personalized Enrollment Worksheet. 2018 rates are also available at myggebenefits.com.



Watch out: Your 2017 Flexible Spending Account (FSA) elections won't carry over to 2018. You'll need to enroll.

If you're a Management, A&T, PG&E Corporation or ESC-represented employee, and you want to elect Planned Unpaid Vacation (PUV) days for 2018, you'll need to enroll. Your 2017 PUV days won't carry over to 2018.

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

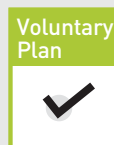
Not enrolled? If you don't enroll, you'll have no coverage for 2018.

MAKE SURE YOU HAVE MINIMUM ESSENTIAL COVERAGE

Planning to opt out of PG&E-sponsored medical coverage? Make sure you have other medical coverage for 2018 that meets the federal government's minimum essential coverage requirements. **If you don't, you could be subject to a tax penalty.**

Voluntary Plan: If you take no action

If you're an eligible California Utility employee, no action is needed to have Voluntary Plan coverage:



Eligible California Utility employees will be covered by the Voluntary Plan effective January 1, 2018—with better benefits than the State Plan.

Note: If you're on an unpaid leave as of December 31, 2017, coverage under the Voluntary Plan will become effective when you return to work.

****Want to opt out of the Voluntary Plan?** You can opt out of the Voluntary Plan, prior to its effective date, during Open Enrollment through Mercer BenefitsCentral. Unable to access Mercer BenefitsCentral? Call the PG&E Benefits Service Center to request a paper form. Anyone who opts out of the Voluntary Plan is required by state law to continue participating in the State Plan, which includes paying State Plan contributions and submitting claims for benefits through the state.

Visit myggebenefits.com for details about the Voluntary Plan and about changes to other PG&E short-term disability and paid family leave benefits.

PG&E Corporation employees will continue to be covered by the California State Disability Insurance (SDI) and Paid Family Leave plan (the "State Plan"). You don't need to enroll for this coverage.

How to enroll

You can enroll for 2018 benefits November 7–21.

Log in to your Mercer BenefitsCentral account:

From *PG&E@Work for Me*:

Click **About Me > My Benefits > Mercer BenefitsCentral** and you'll be automatically logged in to your Mercer BenefitsCentral account.

From your computer or mobile device:
Go to myggebenefits.com > Select **Log in** under **Manage Your Benefits**



You have until 11:59 p.m. Pacific time on November 21 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 21 to enroll by phone.



Enrolling dependents

As a PG&E employee, you have an opportunity to enroll your eligible dependents in PG&E-sponsored health coverage.

You'll need to provide your dependent's name, birth date and Social Security number when you enroll. Generally, you can enroll dependents online or by phone.

If you want to add or drop a Medicare-eligible dependent, you need to call the PG&E Benefits Service Center. You can't do this online.



Please check your Personalized Enrollment Worksheet to confirm the dependents you want to cover are listed as covered ("Y"). You'll see a Y, N or P by each dependent's name:

Y Covered **N** Not Covered **P** Pending Verification

If the dependent you want to cover is:

N Not Covered **P** Pending Verification Not listed on your worksheet

You'll need to provide verification documents to the PG&E Benefits Service Center.

PROVIDING DEPENDENT VERIFICATION

If you're enrolling online, the orange message box on the homepage will tell you that a dependent needs to be verified. Once you click the *Your Dependent(s) Information Requires Review* box, you'll be able to see:

- Which dependent needs verification
- What documents you need to submit

You can upload, mail or fax the required documents.

If you're enrolling by phone, the PG&E Benefits Service Center representative will help you with the verification process.

Change your mind? Make a mistake?

That's not a problem.

With Mercer BenefitsCentral, you can enroll or change your elections as often as you like until the Open Enrollment deadline.

Check your confirmation statement

In early December, you'll get a confirmation statement showing the benefits you'll have for 2018.

You'll get a paper confirmation statement if you:

- Enroll over the phone
- Enroll online and you don't have an email address on file with the PG&E Benefits Service Center
- Do nothing—make no changes and simply default to the same coverage for 2018

You'll get an online confirmation statement if you:

- Enroll online and have an email address on file with the PG&E Benefits Service Center

The PG&E Benefits Service Center will send you an email in early December notifying you when your confirmation statement is ready to print. You'll need to log in to your Mercer BenefitsCentral account if you want to print it.



IMPORTANT: You have until **December 29, 2017**, to call the PG&E Benefits Service Center to correct any errors for 2018. No changes will be accepted after that.

Earning Health Account credits

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 for taking an annual health screening and testing tobacco-free or completing the tobacco cessation program.

Earning 2018 credits

You can take your annual health screening and test tobacco-free or complete Provant's tobacco cessation program to earn 2018 credits **October 2, 2017, through September 30, 2018**.

If you take your screening and test tobacco-free, or you complete Provant's tobacco cessation program:




- **October or November 2017:** Your extra credits for 2018 will be in your account January 1, 2018.
- **December 1, 2017–September 30, 2018:** Your extra credits for 2018 will be in your account four to six weeks later.

Benefits 2018

Open Enrollment for 2018 benefits is November 7–21

 **Start here**

**Have questions about your benefits?
Need help enrolling?**

CALL	EMAIL	CHAT
<p>Call the PG&E Benefits Service Center at 1-866-271-8144 Monday–Friday, 7:30 a.m.–5 p.m. Pacific time</p> 	<p>Log in to your Mercer BenefitsCentral account and send a secure message to a service representative</p> <p>You'll get a reply within two business days</p> 	<p>Log in to your Mercer BenefitsCentral account and chat online with a service representative Monday–Friday, 7:30 a.m.–5 p.m. Pacific time</p> 

Summary of Material Modifications (October 2017)

This *Benefits 2018* trifold is for Management and Administrative & Technical (A&T) 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 2018 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 (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*, and *The Pacific Gas and Electric Company Dependent Care Flexible Spending Account 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.

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 trifold 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.

We do not discriminate.

Pacific Gas and Electric Company does not discriminate on the basis of race, color, national origin, sex, age, or disability in its health programs and activities.

Spanish ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al **1-866-271-8144** (TTY: 1-800-424-0253).

Chinese 注意：如果您使用繁體中文，您可以免費獲得語言援助服務。請致電 **1-866-271-8144** (TTY: 1-800-424-0253)。



PG&E Benefits Service Center
P.O. Box 9754
Providence, RI 02940



2019 Medical Plan Comparison Chart for Retirees and Surviving Dependents Non-Medicare-Eligible Members

Medical Benefits

This chart provides an overview of benefits available to non-Medicare-eligible participants.

For benefit administration by Anthem Blue Cross, Beacon Health Options, Express Scripts or Kaiser Permanente, the information contained in applicable service provider or Kaiser Permanente, the information contained in applicable Health Options, Express Scripts or Kaiser Permanente shall govern in case of conflict between this chart and the service provider agreement. For the Blue Shield and Health Net plans, the information about the plans contained in an applicable Evidence of Coverage (EOC) or service provider agreement between PG&E and the plan 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
 EOC: Evidence of Coverage
 EPD: Exclusive Provider Organization
 IPA: Independent Physicians Association or Independent Practice Association

HMO: Health Maintenance Organization
MHSUD: Mental Health and Substance Use Disorder
PCP: Primary Care Physician

HEALTH NET HMO

BLUE SHIELD HMO

RETIREE OPTIONAL PLAN (ROP)
 Administered by Anthem Blue Cross

COMPREHENSIVE ACCESS PLAN (CAP)
 Administered by Anthem Blue Cross

Non-Network

Network

Primary care—\$10 copay/visit

Specialist (including OB/GYN)—\$20 copay/visit

Lab/X-ray covered separately

See Prescription Drug Benefits chart for details

95%

80% for care approved by ASHN

80% for up to 20 visits/year from licensed acupuncturist or M.D.

90%

80%

\$35 copay for outpatient surgery; waived if admitted; lab/X-ray covered separately

100% after \$100 copay; preauthorization required for non-emergency care, \$300 penalty if not obtained; custodial care room (private if medically necessary)

90% for semi-private room after three days in hospital; preauthorization required, \$300 penalty if not obtained; excludes custodial care

90%; preauthorization required, \$300 penalty if not obtained; excludes custodial care

90%; preauthorization required, \$300 penalty if not obtained; excludes custodial care

80%; preauthorization required for purchase or rental over \$1,000; \$300 penalty if not obtained

80%; 1 per ear every 3 years

\$35 copay/visit; waived if admitted; lab/X-ray covered separately

See the Mental Health and Substance Use Disorder (MHSUD) Benefits chart for details

All Anthem Blue Cross-administered plan benefits and out-of-pocket maximums are based on Eligible Expenses only*

Primary care—\$10 copay/visit

Specialist (including OB/GYN)—\$20 copay/visit

Lab/X-ray covered separately

See Prescription Drug Benefits chart for details

95%

80% for medically necessary care only; preauthorization by ASHN required after initial visit

80% for up to 20 visits/year from licensed acupuncturist or M.D.

90%

80%

\$35 copay for outpatient surgery; waived if admitted; lab/X-ray covered separately

100% after \$100 copay; preauthorization required for non-emergency care, \$300 penalty if not obtained; custodial care room (private if medically necessary)

90% for semi-private room after three days in hospital; preauthorization required, \$300 penalty if not obtained; excludes custodial care

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90%; preauthorization required, \$300 penalty if not obtained; excludes custodial care

80%; preauthorization required for purchase or rental over \$1,000; \$300 penalty if not obtained

80%; 1 per ear every 3 years

\$35 copay/visit; waived if admitted; lab/X-ray covered separately

See the Mental Health and Substance Use Disorder (MHSUD) Benefits chart for details

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2019 Medical Plan Comparison Chart for Retirees and Surviving Dependents Non-Medicare-Eligible Members

Prescription Drug Benefits

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

Network Access Plan (NAP), Comprehensive Access Plan (CAP) and Retiree Optional Plan (ROP)
Express Scripts administers prescription drug benefits for the NAP, CAP and ROP. These plans provide retail and mail-order prescription drug coverage for their members. For specific information about your plan's drug coverage, contact your plan directly.

Blue Shield, Health Net and Kaiser Permanente
These plans provide retail and mail-order prescription drug coverage for their members. For specific information about your plan's drug coverage, contact your plan directly.

PROVISIONS	A	B	C	D	E	F	G
	NETWORK ACCESS PLAN (NAP)	NON-NETWORK	COMPREHENSIVE ACCESS PLAN (CAP)	RETIREE OPTIONAL PLAN (ROP)	BLUE SHIELD HMO	HEALTH NET HMO	KAISER PERMANENTE EPO NORTH & SOUTH
General	Network	Non-Network					
Annual Prescription Drug Deductible	None	None	\$200/person for retail and mail-order combined • No family maximum	None	None	None	None
Annual Prescription Drug Out-of-Pocket Maximum	None	None	For retail and mail-order combined: • \$1,500/person • No more than \$3,000/family	None	None	None	None
Annual or Lifetime Prescription Drug Maximum Benefit Limit	None	None					
Retail Purchases	First three 30-day fills of maintenance drugs and all 30-day fills of non-maintenance drugs Participating pharmacy: • At non-participating pharmacy: • 75% for brand • 70% for generic You pay extra 5% coinsurance for 4th retail and beyond of maintenance drugs Generic Incentive Provision applies*	At non-participating pharmacy: • 70% for brand • 60% for generic Generic Incentive Provision applies*	Plan pays 60%	Plan pays 60%	For up to a 30-day supply—you pay: • \$10/generic/formulary • \$15/brand/formulary • \$35/non-formulary Open formulary Some drugs require preauthorization	For up to a 30-day supply—you pay: • \$10/generic/formulary • \$15/brand/formulary • \$35/non-formulary Open formulary Some drugs require preauthorization	You pay \$10 for up to a 100-day supply when you are in a plan pharmacy Closed formulary
Mail-Order Purchases	Plan pays 50% for retail and mail-order, unless medically necessary Medically necessary drugs are covered at standard reimbursement rates Generic Incentive Provision applies*	All other drugs: • 70% for generic • 60% for brand Generic Incentive Provision applies*	Plan pays: • 100% for drugs on Express Script • 70% for drugs on Express Script • 70% for 90-day supply Exceptions may apply for specialty drugs	Plan pays: • 100% for drugs on Express Script • 70% for drugs on Express Script • 70% for 90-day supply Exceptions may apply for specialty drugs	For up to a 90-day supply—you pay: • \$10/generic/formulary • \$15/brand/formulary • \$70/non-formulary Open formulary Exceptions may apply for specialty drugs	For up to a 90-day supply—you pay: • \$10/generic/formulary • \$15/brand/formulary • \$70/non-formulary Open formulary	You pay \$10 for up to a 100-day supply Closed formulary
Inpatient, Sexual Dysfunction, Memory Impairment, and Contraceptive Drugs							
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 out-of-pocket maximum.							



Mental Health and Substance Use Disorder (MHSD) Benefits

The following chart provides an overview of mental health and substance use disorder (MHSD) benefits for non-Medicare-eligible plan members. If you're enrolled in the NAP or CAP, your MHSD benefits are administered by Anthem Blue Cross. If you're enrolled in Blue Shield, Health Net or Kaiser Permanente, your MHSD benefits are administered by both your plan and by Beacon Health Options, depending on the type of care you receive.

When care is provided by Beacon Health Options:
• All inpatient and all alternative levels of care must be medically necessary.
• Care that is not medically necessary will not be covered.

PROVISIONS	A	B	C	D	E	F	G
	NETWORK ACCESS PLAN (NAP)	NON-NETWORK	COMPREHENSIVE ACCESS PLAN (CAP)	RETIREE OPTIONAL PLAN (ROP)	BLUE SHIELD HMO	HEALTH NET HMO	KAISER PERMANENTE EPO NORTH & SOUTH
General	Network	Non-Network					
Applied Behavioral Analysis (ABA)	Each plan's general medical plan provisions listed on the Medical Benefits chart also apply to MHSD benefits. Your medical and MHSD expenses are combined when determining deductibles and out-of-pocket maximums.*	Covered at 100% through Beacon Health Options, require preauthorization by Beacon Health Options, no deductible and no limits.					
Outpatient Mental Health	No charge for initial visit to psychiatrist for • \$10 copay/visit (individual) • \$5 copay/visit (group) No visit limit. Requires preauthorization by Beacon Health Options • 100% after deductible • \$300 penalty if you fail to notify within 48 hours • No limit on number of stays	70% of usual and customary charges • No visit limit. Requires preauthorization by Beacon Health Options • 70% of usual and customary charges • \$300 penalty if you fail to notify within 48 hours • No limit on number of stays	No charge for initial visit to psychiatrist for • \$10 copay/visit (individual) • \$5 copay/visit (group) No visit limit. Requires preauthorization by Beacon Health Options • 100% after deductible • \$300 penalty if you fail to notify within 48 hours • No limit on number of stays	70% after deductible • No visit limit Requires preauthorization by Anthem Blue Cross • 70% after deductible • \$200 penalty if you fail to preauthorize • No limit on number of stays	\$10 copay/visit • No visit limit No charge • No limit on number of stays	\$10 copay/visit • No visit limit No charge • No limit on number of stays	\$10 copay/visit (individual) • No visit limit (group) No charge • No limit on number of stays
Inpatient Mental Health	Requires preauthorization by Beacon Health Options • 100% after deductible • \$300 penalty if you fail to notify within 48 hours • No limit on number of stays	Requires preauthorization by Beacon Health Options • 70% of usual and customary charges • \$300 penalty if you fail to notify within 48 hours • No limit on number of stays	Requires preauthorization by Beacon Health Options • 100% after deductible • \$300 penalty if you fail to notify within 48 hours • No limit on number of stays	Requires preauthorization by Anthem Blue Cross • 70% after deductible • \$250 penalty if you fail to preauthorize • No limit on number of stays	Coverage through Beacon Health Options network only, not HMO. • \$10 copay/visit (individual) • \$5 copay/visit (group) • No visit limit	Coverage through Beacon Health Options network only, not HMO. • \$10 copay/visit (individual) • \$5 copay/visit (group) • No visit limit	Coverage through Kaiser-Beacon Health Options (individual) • \$10 copay/visit (individual) • \$5 copay/visit (group) • No visit limit
Outpatient Substance Use Disorder	Requires preauthorization by Beacon Health Options • 100% after deductible • \$300 penalty if you fail to notify within 48 hours • No limit on number of stays	Requires preauthorization by Beacon Health Options • 70% of usual and customary charges • \$300 penalty if you fail to notify within 48 hours • No limit on number of stays	Requires preauthorization by Beacon Health Options • 100% after deductible • \$300 penalty if you fail to notify within 48 hours • No limit on number of stays	Requires preauthorization by Anthem Blue Cross • 70% after deductible • \$250 penalty if you fail to preauthorize • No limit on number of stays	Coverage through Health Net or Beacon Health Options. • \$10 copay/visit (individual) • \$5 copay/visit (group) • No visit limit	Coverage through Health Net or Beacon Health Options. • \$10 copay/visit (individual) • \$5 copay/visit (group) • No visit limit	Coverage through Kaiser-Beacon Health Options (individual) • \$10 copay/visit (individual) • \$5 copay/visit (group) • No visit limit
Inpatient Substance Use Disorder	Requires preauthorization by Beacon Health Options • 100% after deductible • \$300 penalty if you fail to notify within 48 hours • No limit on number of stays	Requires preauthorization by Beacon Health Options • 70% of usual and customary charges • \$300 penalty if you fail to notify within 48 hours • No limit on number of stays	Requires preauthorization by Beacon Health Options • 100% after deductible • \$300 penalty if you fail to notify within 48 hours • No limit on number of stays	Requires preauthorization by Anthem Blue Cross • 70% after deductible • \$250 penalty if you fail to preauthorize • No limit on number of stays	Coverage through Health Net or Beacon Health Options. • \$10 copay/visit (individual) • \$5 copay/visit (group) • No visit limit	Coverage through Health Net or Beacon Health Options. • \$10 copay/visit (individual) • \$5 copay/visit (group) • No visit limit	Coverage through Kaiser-Beacon Health Options (individual) • \$10 copay/visit (individual) • \$5 copay/visit (group) • No visit limit

*Eligible expenses are: 1) expenses for 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: Beacon Health Options, Anthem Blue Cross, Kaiser Permanente or your HMO, as listed in this chart.



Benefits 2019: Welcome!

Open Enrollment for 2019 benefits is November 5–19.

This is your opportunity to make changes to your benefits for 2019.

Benefits you can elect

You can elect or change these benefits during Open Enrollment:




- Health: Medical, dental, vision
- Flexible Spending Account (FSA): Health Care and/or Dependent Care
- Supplemental Life Insurance: You have a special, one-time opportunity to enroll in or apply for an increase to your coverage without having to answer a long questionnaire (see inside for details)
- For Management, Administrative & Technical (A&T), PG&E Corporation and ESC-represented employees: Planned Unpaid Vacation (PUV) days

You can elect or change these benefits anytime:

- Life and accident insurance
- 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 Mercer BenefitsCentral, with changes effective according to a special schedule (visit mypgbenefits.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	EMAIL	CHAT
<p>Call the PG&E Benefits Service Center at 1-866-271-8144 Monday–Friday, 7:30 a.m.–5 p.m. Pacific time</p> 	<p>Log in to your Mercer BenefitsCentral account and send a secure message to a service representative</p> <p>You'll get a reply within two business days</p> 	<p>Log in to your Mercer BenefitsCentral account and chat online with a service representative Monday–Friday, 7:30 a.m.–5 p.m. Pacific time</p> 

Want details?

This brochure and your **Personalized Enrollment Worksheet** (available in your Mercer BenefitsCentral account) have the information you'll need for Open Enrollment.

- **Mercer BenefitsCentral**—information will be available to you when you enroll.
- mypgbenefits.com—find information about your benefits and download **Your Benefits Guide** under Resources > Open Enrollment Guides.
- spd.mypgbenefits.com—review your **Summary of Benefits Handbook** for detailed information.

What's new?



Special MetLife “EnrollSmart” opportunity for Supplemental Life Insurance

Current coverage	EnrollSmart opportunity:	
	No medical questions	6 medical questions*
No coverage to 2x pay	3x pay	>3x pay
3x pay	4x pay	>4x pay
4x pay	5x pay	>5x pay
5x pay	6x pay	N/A

From **November 5–19**, you have a one-time opportunity to enroll in or apply for an increase to your Supplemental Life Insurance coverage without having to answer a long medical questionnaire. If approved by MetLife, your elections will be effective January 1, 2019.

After **November 19**, the current rules will apply. You'll need to answer a long

medical questionnaire to be considered for coverage of more than 2x your pay, and you'll have stricter limits for coverage increases. MetLife will mail details to your home.

*Depending on your answers to the six medical questions and based on MetLife's underwriting rules, MetLife may ask you to complete a long medical questionnaire to better evaluate your request for coverage.

Management and A&T employees: Lower maximum coverage amount for Voluntary Accidental Death & Dismemberment (AD&D) insurance

Starting January 1, 2019, the maximum amount for Voluntary Accidental Death & Dismemberment (AD&D) coverage for Management and A&T employees and their spouses will be lower.

There are no changes to maximums for Union-represented employees or for their spouses or children (\$1 million for employees, \$500,000 for spouses and \$150,000 for children).

Management and A&T employees

New maximum: \$2 million
(changing from \$4 million)

Employees currently enrolled for more than \$2 million in coverage will be allowed to keep that amount (they'll be “grandfathered”).

Spouses and children of Management and A&T employees

New spouse maximum: \$1 million
(changing from \$2 million)
New child maximum: \$300,000
(changing from \$600,000)

Spouses and children currently enrolled for more than the new maximum coverage amounts will be allowed to keep their current amounts (they'll be “grandfathered”).

Higher limit for Health Care Flexible Spending Account contributions

You can elect to contribute up to **\$2,650** of your before-tax pay for eligible 2019 health expenses. The most you could contribute for 2018 was \$2,600.

Onsite telemedicine kiosks discontinued

Some work locations had onsite telemedicine kiosks. As of October 1, 2018, those kiosks were discontinued because few employees used them. However, virtual telemedicine visits continue to be available through the LiveHealth Online mobile app or website: livehealthonline.com.

Anthem members: Anthem case management program replacing Optum cancer resources

Starting January 1, 2019, Anthem's case management program will replace Optum cancer resources. A nurse specially trained to support oncology patients will be available by phone to answer your questions, explain next steps, connect you with resources to support you and enroll you in outreach support from the American Cancer Society if you choose.

Are you currently undergoing treatment for cancer? If you have questions about benefits or resources, contact Anthem for referral to a case manager: [1-800-964-0530](tel:1-800-964-0530).

What you need to do



You'll need to make an election if you:

Want to **enroll in** or **waive health coverage** for 2019*

Want to **switch medical plans** or **add or drop dependents** from coverage

Want to **participate** in the Health Care or Dependent Care Flexible Spending Account (**FSA**) for 2019

Are a Management, A&T, PG&E Corporation or ESC-represented employee, and you want to **elect Planned Unpaid Vacation (PUV) days** for 2019

Want to **enroll in** or **apply for** an increase to **Supplemental Life Insurance** during MetLife's EnrollSmart period

*If you waive medical coverage, you'll forfeit unused Health Account credits—but you'll have until March 31, 2019, to file Health Account claims and verify eligible expenses incurred while you were enrolled in the Health Account Plan (HAP).

If you don't enroll

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 2019 Personalized Enrollment Worksheet. 2019 rates are also available at mypgbenefits.com.

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

Not enrolled? If you don't enroll, you'll have no coverage for 2019.

Reminders



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

Your 2018 FSA elections won't carry over to 2019. **You must enroll.**



Planned Unpaid Vacation (PUV): Your 2018 PUV days and your current PUV election won't carry over to 2019. **You must enroll.**

PUV days may be elected by Management, A&T, PG&E Corporation and ESC-represented employees. PUV days are not available for other employees.



Don't lose your benefits: Confirm your beneficiaries today

Have you had a change in life status? Did you get married or divorced? Have a baby or adopt a child? Be sure to elect or update your **pre-retirement pension, 401(k)** and **Life and Accident insurance** beneficiaries.

These are all separate elections. Your beneficiary elections for one benefit won't carry over to another benefit.

Did you know? Any vested benefit you have under the PG&E Retirement Plan will be forfeited if:

- You die before you start taking your pension benefit, and
- You're single or in a domestic partnership, and
- You haven't elected your pre-retirement pension beneficiary.

Visit mypgbenefits.com > **Financial Health** to learn how to elect or update your beneficiaries today.



Age 13 cutoff for Dependent Care FSA:

The Dependent Care FSA helps you pay for qualifying child and elder care expenses while you work. The IRS generally limits use of the account for children under age 13—but you can also use the account for older children and adults who are physically or mentally incapable of self-care.

EXAMPLE: Summer camp

For children under age 13	For children age 13 or older
<input checked="" type="checkbox"/> OK	<input type="checkbox"/> Not allowed unless the child is physically or mentally incapable of self-care

How to enroll

You can enroll for 2019 benefits November 5–19.

Log in to your Mercer BenefitsCentral account:



From *PG&E@Work for Me*:

Click **About Me > My Benefits > Mercer BenefitsCentral** and you'll be automatically logged in to your Mercer BenefitsCentral account.

From your computer or mobile device:

Go to mypgbenefits.com > **Select Log in** under **Manage Your Benefits**

You have until 11:59 p.m. Pacific time on November 19 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 19 to enroll by phone.



Log in securely: Each time you log in to your Mercer BenefitsCentral account outside of *PG&E@Work for Me*, you'll need your user ID, password—and a temporary numeric code that will be sent to your email address or mobile phone number. This multi-factor authentication will help keep your information secure.

Need help? Call the PG&E Benefits Service Center: **1-866-271-8144**.

Enrolling dependents

As a PG&E employee, you have an opportunity to enroll your eligible dependents in PG&E-sponsored health coverage.

You'll need to provide your dependent's name, birth date and Social Security number when you enroll. Generally, you can enroll dependents online or by phone.

If you want to add or drop a Medicare-eligible dependent, you need to call the PG&E Benefits Service Center. You can't do this online.



Please check your Personalized Enrollment Worksheet to confirm the dependents you want to cover are listed as covered ("Y").

You'll see a Y, N or P by each dependent's name:

Y Covered

N Not Covered

P Pending Verification

If the dependent you want to cover is:

N Not Covered

P Pending Verification

Not listed on your worksheet

You'll need to provide verification documents to the PG&E Benefits Service Center.

PROVIDING DEPENDENT VERIFICATION

If you're enrolling online, the orange message box on the homepage will tell you that a dependent needs to be verified. Once you click the *Your Dependent(s) Information Requires Review* box, you'll be able to see:

- Which dependent needs verification
- What documents you need to submit

You can upload, mail or fax the required documents.

If you're enrolling by phone, the PG&E Benefits Service Center representative will help you with the verification process.

Check your confirmation statement

In early December, you'll get a confirmation statement showing the benefits you'll have for 2019.

You'll get a paper confirmation statement if you:

- Enroll over the phone
- Enroll online and you don't have an email address on file with the PG&E Benefits Service Center
- Do nothing—make no changes and simply default to the same health coverage for 2019

You'll get an online confirmation statement if you:

- Enroll online and have an email address on file with the PG&E Benefits Service Center
- The PG&E Benefits Service Center will send you an email in early December notifying you when your confirmation statement is ready to print. You'll need to log in to your Mercer BenefitsCentral account if you want to print it.



IMPORTANT: You have until **December 28, 2018**, to call the PG&E Benefits Service Center to correct any errors for 2019. No changes will be accepted after that.

Earning Health Account credits

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 for taking an annual health screening and testing tobacco-free or completing the tobacco cessation program.

If you earn \$27.75 per hour or less as of January 1, 2019, PG&E will provide an additional \$500 in Health Account credits for 2019. If you get a raise later in the year, you can still keep the extra Health Account credits.

Earning 2019 credits

You can take your annual health screening and test tobacco-free or complete Provant's tobacco cessation program to earn 2019 credits **October 1, 2018, through September 30, 2019**.

If you take your screening and test tobacco-free, or you complete Provant's tobacco cessation program:

- **October or November 2018:** Your extra credits for 2019 will be in your account January 1, 2019.
- **December 1, 2018–September 30, 2019:** Your extra credits for 2019 will be in your account four to six weeks later.

Summary of Material Modifications (October 2018)

This *Benefits 2019* trifold is for Management and Administrative & Technical (A&T) 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 2019 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 Plan*, 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 mypgbenefits.com > Resources

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 trifold 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.

Benefits 2019



Open Enrollment for 2019 benefits is November 5-19. Benefits will be effective January 1, 2019.

Your Personalized Enrollment Worksheet shows your benefit options and costs for 2019.

For Management and A&T employees:

Available in your Mercer BenefitsCentralSM account starting **November 5**.

For Union-represented employees and employees on leave:

Mailed to your home. If you don't receive it by **November 5**, call the PG&E Benefits Service Center: **1-866-271-8144**. Also available in your Mercer BenefitsCentral account starting November 5.



PG&E Benefits Service Center
P.O. Box 622
Des Moines, IA 50306-0622

We do not discriminate.

Pacific Gas and Electric Company does not discriminate on the basis of race, color, national origin, sex, age, or disability in its health programs and activities.

Spanish ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al **1-866-271-8144** (TTY: **1-800-424-0253**).

Chinese 注意：如果您使用繁體中文，您可以免費獲得語言援助服務。請致電 **1-866-271-8144** (TTY: **1-800-424-0253**)。

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PG&E Public

2019 monthly medical rates



PG&E pays most of the cost of your medical coverage.
You pay for your share of the cost with before-tax contributions from your paycheck.

Management and A&T employees

Anthem HAP monthly cost of coverage	You pay monthly	PG&E pays monthly	Total monthly cost
Employee only	\$64.05	\$790.18	\$854.23
Employee + spouse/registered domestic partner	\$134.55	\$1,659.30	\$1,793.85
Employee + children	\$115.32	\$1,422.26	\$1,537.58
Employee + spouse/registered domestic partner + children	\$185.78	\$2,291.46	\$2,477.24

Kaiser HAP monthly cost of coverage	You pay monthly	PG&E pays monthly	Total monthly cost
Employee only	\$45.95	\$566.76	\$612.71
Employee + spouse/registered domestic partner	\$96.50	\$1,190.21	\$1,286.71
Employee + children	\$82.70	\$1,020.20	\$1,102.90
Employee + spouse/registered domestic partner + children	\$133.27	\$1,643.61	\$1,776.88

Union-represented full-time employees*

Anthem HAP monthly cost of coverage	You pay monthly	PG&E pays monthly	Total monthly cost
Employee only	\$62.24	\$767.64	\$829.88
Employee + spouse/registered domestic partner	\$130.71	\$1,612.05	\$1,742.76
Employee + children	\$112.03	\$1,381.75	\$1,493.78
Employee + spouse/registered domestic partner + children	\$180.50	\$2,226.18	\$2,406.68

Kaiser HAP monthly cost of coverage	You pay monthly	PG&E pays monthly	Total monthly cost
Employee only	\$49.34	\$608.57	\$657.91
Employee + spouse/registered domestic partner	\$103.62	\$1,278.04	\$1,381.66
Employee + children	\$88.82	\$1,095.43	\$1,184.25
Employee + spouse/registered domestic partner + children	\$143.10	\$1,764.89	\$1,907.99

*If you're a part-time employee, please see your 2019 Personalized Enrollment Worksheet for 2019 contributions.

Estimate your medical plan costs

Log in to your Mercer BenefitsCentral account to use the **Estimate Medical Plan Costs** tool.

2019 monthly dental rates

Management and A&T employees

PG&E pays most of the cost of your dental coverage.

You pay for your share of the cost with before-tax contributions from your paycheck.

Monthly cost of dental plan coverage Administered by Delta Dental	You pay monthly	PG&E pays monthly	Total monthly cost
Employee only	\$4.40	\$54.27	\$58.67
Employee + spouse/registered domestic partner	\$9.25	\$113.94	\$123.19
Employee + children	\$7.93	\$97.66	\$105.59
Employee + spouse/registered domestic partner + children	\$12.76	\$157.37	\$170.13

Union-represented full-time employees*

PG&E pays the full cost of dental coverage for full-time employees and their families.

Monthly cost of dental plan coverage Administered by Delta Dental	You pay monthly	PG&E pays monthly	Total monthly cost
Employee only	\$0.00	\$55.87	\$55.87
Employee + spouse/registered domestic partner	\$0.00	\$117.32	\$117.32
Employee + children	\$0.00	\$100.55	\$100.55
Employee + spouse/registered domestic partner + children	\$0.00	\$161.99	\$161.99

*If you're a part-time employee, please see your 2019 Personalized Enrollment Worksheet for 2019 contributions.

2019 monthly vision rates

Management and A&T employees

PG&E pays the full cost of vision coverage for you and your family.

Monthly cost of vision plan coverage Administered by Vision Service Plan (VSP)	You pay monthly	PG&E pays monthly	Total monthly cost
Employee only	\$0.00	\$6.25	\$6.25
Employee + spouse/registered domestic partner	\$0.00	\$13.12	\$13.12
Employee + children	\$0.00	\$11.26	\$11.26
Employee + spouse/registered domestic partner + children	\$0.00	\$18.14	\$18.14

Union-represented full-time employees*

PG&E pays the full cost of vision coverage for full-time employees and their families.

Monthly cost of vision plan coverage Administered by Vision Service Plan (VSP)	You pay monthly	PG&E pays monthly	Total monthly cost
Employee only	\$0.00	\$5.49	\$5.49
Employee + spouse/registered domestic partner	\$0.00	\$11.50	\$11.50
Employee + children	\$0.00	\$9.85	\$9.85
Employee + spouse/registered domestic partner + children	\$0.00	\$15.88	\$15.88

*If you're a part-time employee, please see your 2019 Personalized Enrollment Worksheet for 2019 contributions.

COBRA 2019 monthly health insurance rates

For former Management, A&T and PG&E Corporation employees

COBRA 2019 monthly Health Account Plan (HAP) rates

COBRA Anthem HAP monthly cost of coverage	You pay monthly
Employee only	\$871.31
Employee + spouse/registered domestic partner	\$1,829.73
Employee + children	\$1,568.33
Employee + spouse/registered domestic partner + children	\$2,526.78

COBRA Kaiser HAP monthly cost of coverage North and South	You pay monthly
Employee only	\$624.96
Employee + spouse/registered domestic partner	\$1,312.44
Employee + children	\$1,124.96
Employee + spouse/registered domestic partner + children	\$1,812.42

COBRA 2019 monthly dental rates

COBRA monthly cost of dental plan coverage Administered by Delta Dental	You pay monthly
Employee only	\$59.84
Employee + spouse/registered domestic partner	\$125.65
Employee + children	\$107.70
Employee + spouse/registered domestic partner + children	\$173.53

COBRA 2019 monthly vision rates

COBRA monthly cost of vision plan coverage Administered by Vision Service Plan (VSP)	You pay monthly
Employee only	\$6.38
Employee + spouse/registered domestic partner	\$13.38
Employee + children	\$11.49
Employee + spouse/registered domestic partner + children	\$18.50

COBRA 2019 monthly health insurance rates

For former Union-represented employees

COBRA 2019 monthly Health Account Plan (HAP) rates

COBRA Anthem HAP monthly cost of coverage	You pay monthly
Employee only	\$846.48
Employee + spouse/registered domestic partner	\$1,777.62
Employee + children	\$1,523.66
Employee + spouse/registered domestic partner + children	\$2,454.81

COBRA Kaiser HAP monthly cost of coverage North and South	You pay monthly
Employee only	\$671.07
Employee + spouse/registered domestic partner	\$1,409.29
Employee + children	\$1,207.94
Employee + spouse/registered domestic partner + children	\$1,946.15

COBRA 2019 monthly dental rates

COBRA monthly cost of dental plan coverage Administered by Delta Dental	You pay monthly
Employee only	\$56.99
Employee + spouse/registered domestic partner	\$119.67
Employee + children	\$102.56
Employee + spouse/registered domestic partner + children	\$165.23

COBRA 2019 monthly vision rates

COBRA monthly cost of vision plan coverage Administered by Vision Service Plan (VSP)	You pay monthly
Employee only	\$5.60
Employee + spouse/registered domestic partner	\$11.73
Employee + children	\$10.05
Employee + spouse/registered domestic partner + children	\$16.20



Account information and enrollment details.

Personalized Enrollment Worksheet

Your Personalized Enrollment Worksheet will be mailed separately.

If you don't receive it by **November 19**, please call the PG&E Benefits Service Center at **(311) 231-1111**.

Enrollment Period

Enrollment period is from **November 19, 2018** to **November 26, 2018**.

Online enrollment ends at **11:59 p.m. Pacific time** on **November 19, 2018**.

Phone enrollment ends at **5 p.m. Pacific time** on **November 19, 2018**.

See page 7 for details.

Multi-Factor Authentication

Mercer BenefitsCentral uses multi-factor authentication to keep your information secure. Each time you log in outside of *PG&E@Work for Me*, you'll need your:

- User ID
- Password
- Temporary numeric code that will be sent to your email address or mobile phone number (you'll need to receive a new code each time you log in)



Be sure to use a unique, long password—at least eight characters—to help keep your account secure.

Call the PG&E Benefits Service Center: **(311) 231-1111**.

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PG&E's Health Plans do not discriminate on the basis of race, color, national origin, age, disability or sex in their health programs and activities. For people with disabilities, PG&E's Health Plans provide free aids and services, such as qualified sign language interpreters and written information in other formats. If you need these services, contact PG&E's Integrated Disability Management Supervisor:

Email: :UUa__aVSf[a`e(KWc9bYW)Ua_

Phone: 4-0/(04(2-2+

For people whose primary language is not English, PG&E's Health Plans provide free language services, such as qualified interpreters and information written in other languages. If you need these services, contact the PG&E Benefits Service Center by phone:

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Spanish ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-866-271-8144 (TTY: 1-800-424-0253).

Chinese 注意：如果您使用繁體中文，您可以免費獲得語言援助服務。請致電 1-866-271-8144 (TTY: 1-800-424-0253)。

Vietnamese CHÚ Ý: Nếu bạn nói Tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn. Gọi số 1-866-271-8144 (TTY: 1-800-424-0253).

Tagalog PAUNAWA: Kung nagsasalita ka ng Tagalog, maaari kang gumamit ng mga serbisyo ng tulong sa wika nang walang bayad. Tumawag sa 1-866-271-8144 (TTY: 1-800-424-0253).

Korean 주의: 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. 1-866-271-8144 (TTY: 1-800-424-0253) 번으로 전화해 주십시오.

Armenian Ուիշուհի՞նի՞թ՞Յնի՞Ն՝ Եթե խոսում ե՛ք հայերեն, ապա ձեզ անվճար կարող ե՛ն տրամադրվել լեզվական աջակցության ծառայություններ: Զանգահարե՛ք 1-866-271-8144 (TTY (հեռատիպ)՝ 1-800-424-0253):

Farsi توجه: اگر به زبان فارسی گفتگو می کنید، تسهیلات زبانی بصورت رایگان برای شما فراهم می باشد. با 1-866-271-8144 (TTY: 1-800-424-0253) تماس بگیرید.

Russian ВНИМАНИЕ: Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. Звоните 1-866-271-8144 (TTY: телетайп: 1-800-424-0253).

Japanese 注意事項：日本語を話される場合、無料の言語支援をご利用いただけます。1-866-271-8144 (TTY: 1-800-424-0253) まで、お電話にてご連絡ください。

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Arabic ملحوظة: إذا كنت تتحدث اذكر اللغة، فإن خدمات المساعدة اللغوية تتوافر لك بالمجان.
اتصل برقم 1-866-271-8144 (رقم هاتف الصم والبكم: 1-800-424-0253).

Punjabi ਧਿਆਨ ਦਿਓ: ਜੇ ਤੁਸੀਂ ਪੰਜਾਬੀ ਬੋਲਦੇ ਹੋ, ਤਾਂ ਭਾਸ਼ਾ ਵਿੱਚ ਸਹਾਇਤਾ ਸੇਵਾ ਤੁਹਾਡੇ ਲਈ ਮੁਫਤ ਉਪਲਬਧ ਹੈ।
1-866-271-8144 (TTY: 1-800-424-0253) 'ਤੇ ਕਾਲ ਕਰੋ।

Cambodian ប្រយ័ត្ន: បើសិនជាអ្នកនិយាយភាសាខ្មែរ, សេវាជំនួយភ្នែកភាសា ដោយមិនគិតលុយ
ច្បា ទូរស័ព្ទ គឺអាចមានសំរាប់អ្នក។ 1-866-271-8144 (TTY: 1-800-424-0253) ។

Hmong LUS CEEV: Yog tias koj hais lus Hmoob, cov kev pab txog lus, muaj kev pab dawb
rau koj. Hu rau 1-866-271-8144 (TTY: 1-800-424-0253).

Hindi ध्यान दें: यदि आप हिंदी बोलते हैं तो आपके लिए मुफ्त में भाषा सहायता सेवाएं उपलब्ध हैं।
1-866-271-8144 (TTY: 1-800-424-0253) पर कॉल करें।

Thai เรียบ: ถ้าคุณพูดภาษาไทยคุณสามารถใช้บริการช่วยเหลือทางภาษาได้ฟรี โทร
1-866-271-8144 (TTY: 1-800-424-0253)

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If you think a PG&E Health Plan has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability or sex, you can file a grievance with PG&E's Plan Administrator, who has been designated to coordinate PG&E Health Plan's compliance with applicable nondiscrimination rules. To contact the Plan Administrator, call:

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You can file a grievance in person or by mail, fax or email. If you need help filing a grievance, PG&E's Plan Administrator is available to help you.

You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights, electronically through the Office for Civil Rights Complaint Portal, available at **Zffb5**aUdbadfs^)^Ze)Yah*aUd*badfs^*^aTtk)ex** or mail or phone at: Ā

U.S. Department of Health and Human Services
200 Independence Avenue SW
Room 509F, HHH Building
Washington, DC 20201

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Complaint forms are available at **Zffb5**iii)^Ze)Yah*aUd*aXX[UW*X[^W*['VWj)Zf_)^Ā**

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Your Anthem Gold Plan coverage start date depends on whether you're joining the Hiring Hall as a PG&E retiree—or with no prior service at PG&E.

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Your PG&E-sponsored retiree medical coverage will end on the last day of the month in which you become a Hiring Hall employee—even if you don't elect the Anthem Gold Plan.

That's because you can't be enrolled in the PG&E-sponsored retiree medical plan while you're an employee.

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You automatically get a Benefit Equivalent Allowance of:

IBEW employee: 25%	OR	ESC employee: \$8.22
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Äu elect the Anthem Gold Plan, your Benefit Equivalent Allowance will be reduced by **1).2ÄbWdÄZagtdÄ** each straight-time hour worked. Overtime hours worked won't get a reduction.

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Employee only	\$99.75	\$756.76
Employee + spouse/registered domestic partner	\$1,041.92	\$756.76
Employee + children	\$784.95	\$756.76
Employee + spouse/registered domestic partner + children	\$1,727.15	\$756.76

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Contributions for the Voluntary Plan is the same as for the State Plan. You're required by law to contribute to one or the other. Visit **_kbYWTW`WX[fe)Uaef** for details about the Voluntary Plan.

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Your total cost for Anthem Gold Plan coverage includes:

- Your share of the monthly premium cost, described in the table above—taken from the second paycheck each month

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- The \$4.37-per-hour reduction to your Benefit Equivalent Allowance on all straight-time hours worked—taken from every paycheck

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Call the PG&E Payroll Service Center at 1,0(42).(212 .

A payroll representative can view your paycheck and discuss your specific situation.

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If you take no action during Open Enrollment, you and your currently enrolled eligible dependents will have the same medical coverage you have now.

You'll be responsible for making any required contributions as listed on your 2019 Personalized Enrollment Worksheet—which was mailed separately.

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If you don't elect the Anthem Gold Plan during Open Enrollment, you'll have no PG&E-sponsored medical coverage effective the first of the month after your Hiring Hall assignment begins.

You'll continue to receive the Benefit Equivalent Allowance paid to you in addition to your Hiring Hall wages.

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Oa^g`fSdkÄ=[eST[^[fkÄS`VÄIS[VÄ?S_[^kÄEWSHwÄ;W`WX[fÄlaSgÄÄZMÄÄ(Sp\$)ÄÄ

If you're an eligible California Utility employee, you can opt in or out of the Voluntary Plan anytime during the year through your Mercer BenefitsCentral account, with changes effective according to a special schedule. PG&E Corporation employees are automatically covered by California's State Disability Insurance and Paid Family Leave Plan. Visit [_kbYWTW`WX\(fe\)Ua](#) for details about the Voluntary Plan.

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MZWÄ<a__gfWdÄMdS`e[fÄldaYdS_ÄZW^beÄ_S]WÄkagdÄUa__gfWdÄMdS`e[fÄldaYdS_5Ä>`da^^ÄadÄUZS`YWÄS`kf[_W
^Wff`YÄkagÄbSkÄXadÄfdS`e[fÄbdaVgUfeÄS`VÄeWdh[UWeÄS`WÄSÄVÄVgÄMSd][`YÄ
WjbW`eWeÄi[fZÄTWXadW(fSjÄUa`fd[Tgf[a`eÄVWVgUfWVÄXda_ÄkagdÄbSk)Ä

As a Hiring Hall employee, you can enroll anytime through WageWorks—but the cutoff is the first of the month for benefits to be ready the following month. Log in to your Mercer BenefitsCentral account and click the WageWorks link. Visit [_kbYWTW`WX\(fe\)Ua](#) for details about the Commuter Transit Program.



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WXXWUf[hWÄCS`gSdkÄ,`Ä-,4)Ä

You'll be responsible for making any required contributions as listed on your 2019 Personalized Enrollment Worksheet—which was mailed separately.Ä

HGEBG>Ä
Available 24/7

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GahW_TWdÄ,4ÄfaÄW`da^^Äa`Ä[W)Ä

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SUUag`f5Ä

?da_ÄPG&E@Work for Me5ÄÄ

Click :TagfÄFWÄ7ÄFkÄ;W`WX[feÄ7ÄFWdUWdÄ
;W`WX[fe<W`fdS^and you'll be automatically logged
in to your Mercer BenefitsCentral account.

?da_ÄkagdÄUa_bgfWdÄadÄ_aT[^ÄWÄVWh[UW5Ä
Go to _kbYWTW`WX[fe)UaÄ

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Available Monday–Friday
7:30 a.m.–5 p.m. Pacific time

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Representatives can:

- Help you enroll online or by phone
- Answer questions about the Anthem Gold Plan

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That's not a problem. With Mercer BenefitsCentral, you can enroll or change your elections as often as you like until the Open Enrollment deadline.

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KWY[efWd[`YÄ[eÄWSeK5ÄÄ

.)ÄFrom any computer or mobile device, go to _kbYWTW`WX[fe)UaÄand click EaYÄBünder
FS`SYWÄRagdÄ;W`WX[fe

.)ÄClick on MS]WÄFWÄfaÄfZWÄFWdUWdÄ;W`WX[fe<W`fdS^ÄEaY[`ÄISYWÄ

.)ÄClick @WfÄLfsdÄWÄer GWiÄNeWde

.)ÄFollow the prompts to register your account and set up your user ID and password

0)ÄConfirm your email address and add a mobile phone number as a contact method

1)ÄChoose your desired contact method to receive a temporary numeric code to confirm
your identity each time you log in

That's all it takes to get year-round access to your personalized benefits account. You'll be able to:

- See what benefits you have
- Update your dependents
- Find tools, resources and details about your benefits

Best of all, Mercer BenefitsCentral is always open—you can access it from your computer or mobile device 24 hours a day, 7 days a week.

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PS`fÄfaÄW`da^^ÄkagdÄUZ[^VdW`8Ä

RagÄUS`ÄW`da^^ÄkagdÄUZ[^VdW`ÄgbÄfaÄSÄWÄ-1 coverage. They can be employed or married—and they don't have to be students.

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If your child is disabled, under age 26 and currently enrolled in a PG&E-sponsored medical plan, you'll need to get your child medically certified as disabled TWXadWÄZWÄadÄeZWÄdWSUZWeÄSÄWÄ-1 coverage from age 26 onward. You'll need to get the certification directly from your medical plan.

You can cover disabled dependents age 26 or older a`^kÄ[X they meet both of these conditions:

They were already enrolled in a PG&E-sponsored plan when they turned 26

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They were medically certified as disabled by a PG&E-sponsored medical plan before they turned 26

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GafÄegdwÄ[XÄkagdÄVWbW`VW`fÄ[eÄW^[Y[T^W8Ä
Call the PG&E Benefits Service Center at ,(311(-2,(3,// .
Representatives are available Monday–Friday, 7:30 a.m.–5 p.m. Pacific time.Ä

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B`ÄWSd^kÄ=WUW`_TWd`Äkagq^^ÄYWfÄSÄUa`X[d_Sf[a`ÄefSfW`_W`fÄÄZÄWÄWÄX[fÄkagq^^ÄZShWÄ XadÄ-+,4)Ä

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Ragq^^ÄYWfÄSÄbSbWdÄUa`X[d_Sf[a`ÄefSfW`_W`fÄ[XÄkag5Ä

- Enroll over the phone
- Enroll online and you don't have an email address on file with the PG&E Benefits Service Center
- Do nothing—make no changes and simply default to the same coverage for 2019

Ragq^^ÄYWfÄS`Äa`^[`WÄUa`X[d_Sf[a`ÄefSfW`_W`fÄ[XÄkag5Ä

- Enroll online and have an email address on file with the PG&E Benefits Service Center

The PG&E Benefits Service Center will send you an email notifying you when your confirmation statement is ready to print.

You'll need to log in to your Mercer BenefitsCentral account if you want to print your confirmation statement.

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BFIHKM:GM5ÄYou have until =WUW`_TWdÄ-3`Ä-+,4)Ä call the PG&E Benefits Service Center to correct any errors: for 2019. No changes will be accepted after that.

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MZWÄ: `fZW_Ä@a^VÄI^S`ÄZW^beÄTg[^VÄSÄTWffWdÄkagÄTkÄÄXWVÄpDÄba_WVÄ`WÄS`VÄbd[_SdkÄ`_WV[US^ÄUSdWÄeaÄkagÄUS`ÄTWÄegdWÄkagqdWÄYWff[^VÄZWÄSÄpKZÄÄUSdW`Ä

The Anthem Gold Plan has a nationwide network of providers.* You can use any licensed provider you choose, but you'll pay less when you use in-network Anthem providers and Express Scripts-participating pharmacies. That's because they've agreed to accept Anthem and Express Scripts' negotiated rates.

*Only urgent/emergency care is covered outside the U.S.

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A primary care physician (PCP) can make a big difference to your health, saving you time and money by ensuring your overall care makes sense based on your history, specialists, medications and lab results. Your PCP can help you avoid costly duplication of tests, and check to make sure all of your medications work well together.

<a`fSufÄ: `fZW_ÄfaÄX[^VÄagfÄZaidgÄÄUS`ÄW^WUfÄS`Ä>`ZS`UWVÄbVÄaWS^fZÄ`SdWÄgWÄ`=[ef[^Uf[a`MafS^Ä<SdWÄVaUfaeÄÄ doctors help you get the right level of care, from the right kind of doctor, at the right time. Call Member Services at the number on your Anthem ID card or go to S`fZW_)Ua`*US and log in to get started. It only takes a few minutes. Ä

;W`WX[feÄahWdh[WiÄ

@>G>K:EÄ

:`gS^ÄVWVgUf[T^WÄ

- \$1,000 per person
- No more than \$2,000 per familyÄ

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- \$2,400 per person
- No more than \$4,800 per familyÄ

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The annual out-of-pocket maximum includes amounts you pay toward the annual deductible. It does not include any penalty charges, amounts in excess of the reasonable and customary amounts for out-of-network charges, or charges for services that aren't covered.

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GaÄbdW(Wj[ef[^YÄUa`V[f[a`ÄWjU^ge[a`eÄ

o=aÄkagÄebWS]ÄTW`WXÄfe8p

You'll see some technical terms that explain how the medical plan works. For help understanding, see the Glossary on page 22.

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Id[SdkÄ<SdWÄ Includes routine physical exams	=aUfadÄh[e]feÄ • No deductible • Four free visits a year per enrolled person; you're responsible for 10% of covered charges for additional visits GafW5Ä One of the first four visits is a physical exam, it counts toward your four free visits.Ä
LbWU[S^fkÄ<SdWÄ	• Deductible required • You're responsible for 20% of covered chargesÄ
IdWhW`f[hWÄLWdh[UWeÄ Example: Routine mammograms, pap smears, colonoscopies Go toÄ_kbYWTW`WX[fe)UÄ_r a list of free servicesÄ	• No deductible • Free if included on the list of free services and coded as preventive GafW5Ä Diagnostic tests and ancillary services like anesthesia and facility fees are covered separately and aren't free (see page 13 for Lab Tests and X-Rays and for Outpatient Hospital).Ä
B_g`[ISf[a`eÄ Go toÄ_kbYWTW`WX[fe)UÄ_r a list of free servicesÄ	• No deductible • Free if included on the list of free servicesÄ
FSfWd`[fkÄ<SdWÄ	HXX[UWÄh[e]feÄ • No deductible • FreeÄ LUDWW`[YeÄS`VÄWefeÄ#WY)'Äea`ÄdIS_ • Deductible required • You're responsible for 20% of covered charges Aaeb[fs^(TSeWVÄVW^hWdkÄ • Deductible required • You're responsible for 20% of covered charges Authorization required for delivery stays beyond 48 hours for normal delivery (96 hours for Cesarean section)Ä
PW^^(;STkÄ<SdWÄ Ä	• No deductible • Free to age twoÄ
B`XWdf[^[fkÄLWdh[UWeÄ	• Deductible required • You're responsible for 20% of covered charges • \$7,000 lifetime benefit maximum; includes balances from prior plansÄ
NdYW`fÄ<SdWÄ	Covered asÄbd[SdkÄUSÄW deductible; you're responsible for 10% of covered charges after the first four free primary care visitsÄ
>_WdYW`UkÄKaa_Ä	• Deductible required • You're responsible for 20% of covered chargesÄ
:_Tg^S`UWÄLWdh[UWeÄ	• Deductible required • You're responsible for 20% of covered chargesÄ

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ESTÄMWefeÄS`VÄQ(KSkeÄ Go to Ä_kbYWTW`WX(fe)UÄ_rÄ list of free servicesÄ	Kagf[WÄbdWhW`f[hWÄeUdWW`[ÄSÄZÄ`ÄfZWÄ^`[efÄaXÄXUWÄWÄeWdh <ul style="list-style-type: none"> • No deductible • Free :^^ÄafZWdÄbdaUWVgdWe'Ä[U^gV[YÄV[SY aef[UÄfWefeÄASTWÄfeÄÄ <ul style="list-style-type: none"> • Deductible required • You're responsible for 20% of covered chargesÄ
<Z[dabdSUf[UÄS`VÄ:Ugbg`UfgdW Ä Ä	Deductible required <ul style="list-style-type: none"> • You're responsible for 10% of covered charges for first five visits per year; 20% for additional visits Preauthorization required after five visitsÄ
HgfbSf[W`fÄIZke[US^ÄMZWdSbk'Ä LbWWUZÄMZWdSbk'Ä HUUgbSf[a`S^ÄMZWdSbÄÄ	Deductible required <ul style="list-style-type: none"> • You're responsible for 10% of covered charges for first five visits per year; 20% for additional visits Preauthorization required after 24 visitsÄ
HgfbSf[W`fÄAaeb[fS^Ä	<ul style="list-style-type: none"> • Deductible required • You're responsible for 20% of covered chargesÄ
Aaeb[fS^ÄLfSkÄ	<ul style="list-style-type: none"> • Deductible required • You're responsible for 20% of covered charges Preauthorization required for non-emergency care, \$300 penalty if not obtained; covers semi-private room (private if medically necessary)Ä
L][^ÄWVÄGgde[YÄ?SU[^fkÄ	<ul style="list-style-type: none"> • Deductible required • You're responsible for 20% of covered charges Preauthorization required, \$300 penalty if not obtained; excludes custodial care
Aa_WÄAWS^fZÄ<SdWÄ	<ul style="list-style-type: none"> • Deductible required • You're responsible for 20% of covered charges Preauthorization required, \$300 penalty if not obtained; excludes custodial care
Aaeb[UWÄ<SdWÄ	<ul style="list-style-type: none"> • No deductible • Free Preauthorization required, \$300 penalty if not obtained; excludes custodial care
=gdST^WÄFWV[US^Ä>cg[b_WfÄ	Deductible required <ul style="list-style-type: none"> • You're responsible for 20% of covered charges Preauthorization required for purchase or cumulative rental over \$1,000; \$300 penalty if not obtainedÄ
AWSd[YÄ:[VeÄ	<ul style="list-style-type: none"> • Deductible required • You're responsible for 20% of covered charges for evaluation, fittings, equipment • Limited to one medically necessary hearing aid per ear every three years

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E[efÄaXÄ?dWWÄldWeUd[bf[a`Ä` =dgYeÄ Go to _kbYWTW`WX[fe)Ua for a list of free medications	Select drugs are free, no deductible In order for the drug to be free, you must use the Express Scripts mail-order program
KWfS[^Ä=dgYeÄ	<ul style="list-style-type: none"> • Deductible required (combined with medical deductible) • You're responsible for 15% of covered charges for generic; 25% for brand (Generic Incentive Provision and Step Therapy Provision apply) • 30-day supply F S`VSfadkÄ_S[^ÄadVWdÄXadÄ_S`fW`S`UWÄVdgYe5 You can get the first three fills of the same prescription at a retail pharmacy; no coverage for additional fills except through the Express Scripts mail-order program
FS[^Ä(HdVWdÄ=dgYeÄ	For drugs not on the list of free medications: <ul style="list-style-type: none"> • Deductible required • You're responsible for 10% of covered charges for generic; 20% for brand (Generic Incentive Provision and Step Therapy Provision apply) • 90-day supply
@W`Wd[UÄB`UW`f[hWÄldah[e]a`Ä	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. Any generic/brand price differential you pay is a non-covered expense and therefore does not count toward your annual deductible or out-of-pocket maximum.
LfWbÄMZWdSbkÄldah[e]a`Ä	For certain medications, the Anthem Gold Plan requires that members try generic medication or lower-cost brand-name alternatives first, instead of higher-cost brand-name drugs. Members who require higher-cost brand-name drugs for medically necessary reasons can appeal to Express Scripts by having their doctor submit the reason why the higher-cost brand-name drug is required. Express Scripts will review and approve exceptions if the higher-cost brand-name drugs are required.
=dgYeÄXadÄB`XWdf[^Äfk`ÄLW]jgSDÄ` =keXg`Uf[a`ÄS`VÄFW`adkÄ` >`ZS`UW`W`fÄ	SDÄ deductible required <ul style="list-style-type: none"> • If medically necessary, standard retail and mail-order coverage applies • If not medically necessary, you're responsible for 50% of covered charges for retail and mail-order purchases

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F>GM:EÄÄ>:EMAÄ:G=ÄLN;LM:G<>ÄNL>Ä=BLHK=>KÄ All care provided and administered by Beacon Health Options (formerly ValueOptions)	
HgfbSf[W fÄW fS^ÄAWSÄfZ	<ul style="list-style-type: none"> • No deductible • You pay 10% of covered charges
B`bSf[W fÄFW fS^ÄAWS^fZÄ	<ul style="list-style-type: none"> • Deductible required • You pay 20% of covered charges <p>Requires preauthorization by Beacon Health Options; \$300 penalty if you fail to notify Beacon Health Options within 48 hours; no limit on number of stays</p>
HgfbSf[W fÄLgTefS`UWÄNeWÄ =e[VWdÄ	<ul style="list-style-type: none"> • No deductible • You pay 10% of covered charges
B`bSf[W fÄLgTefS`UMÄWÄ =e[VWdÄ	<ul style="list-style-type: none"> • Deductible required • You pay 20% of covered charges <p>Requires preauthorization by Beacon Health Options; \$300 penalty if you fail to notify Beacon Health Options within 48 hours; no limit on number of stays</p>
:bb^[WVÄ;WZSh[adS^Ä: S^ÄeÄ #:gf[e_ÄMdWSf_W f\$Ä	<ul style="list-style-type: none"> • No deductible • Free • No limits <p>Requires preauthorization by Beacon Health Options</p>

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<p>DWWbÄFWV[USdWÄSeÄkagÄÄÄ a`^kÄUahWdSYWÄ</p>	<p>DWWbÄFWV[USdWÄS`VÄWÄWÄfÄ fZWÄ: fZW_Ä@a^VÄI^S`Ä</p>	<p>fÄ[eW`da^^ÄXda_ÄFWV[USdWÄS`VÄ W^WUfÄfZWÄ: fZW_Ä@a^VÄI^S`Ä</p>
<p>Medicare will be your only source of medical coverage while you're a Hiring Hall employee.</p>	<p>Ä The Anthem Gold Plan will pay your medical bills first, and Medicare will be the secondary payer.</p>	<p>Ä The Anthem Gold Plan will be your only source of medical coverage while you're a Hiring Hall employee.</p>



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If you decide to disenroll from Medicare Part B, you'll need to be re-enrolled in Medicare Part B by the time you re-enroll in a PG&E-sponsored retiree medical plan. Otherwise, you'll have to pay the charges Medicare would have covered—~~gegS^^kÄSTagfÄÄÄXÄfZWÄTÄÄ~~ of your own pocket.

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- Medicare has specific rules about enrolling and disenrolling. For details, visit [_WV\[USdW\)YÄÄ](#) call Medicare at ,(3++(1..(-2 .
- The PG&E-sponsored Medicare Coordination of Benefits (COB) HMOs and Medicare Advantage HMOs have special enrollment rules and deadlines. For details, call the PG&E Benefits Service Center at ,(311(-2,(3,// .

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RagdÄ: `fZW_Ä@a^VÄI^S`ÄUahWdSYWÄi[^^ÄW`VÄa`ÄfZWÄ^SeÄÄZSfÄZSbbW`eÄiZW`ÄkagdÄA[d[`YÄAS^^ÄSee[Y`_W`fÄW`Ve)Ä

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You won't receive any other PG&E-sponsored health coverage unless you qualify as a PG&E employee or retiree.

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You won't be allowed to re-enroll in a PG&E-sponsored retiree medical plan after your Hiring Hall assignment ends.

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You will be allowed to re-enroll in a PG&E-sponsored retiree medical plan after your Hiring Hall assignment ends. That's because you're a PG&E retiree eligible for your own PG&E-sponsored retiree medical coverage.

>Q:FIE>5 You and your spouse were both PG&E retirees eligible for your own PG&E-sponsored retiree medical coverage. Instead of enrolling as a retiree, you enrolled as a dependent in your spouse's plan. After your spouse died, you went to work as a Hiring Hall employee, and your PG&E-sponsored retiree medical coverage ended.

Because you're a PG&E retiree eligible for your own PG&E-sponsored retiree medical coverage, you can re-enroll in a PG&E-sponsored retiree medical plan after your Hiring Hall assignment ends.

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You and your eligible dependents will be able to re-enroll in a PG&E-sponsored retiree medical plan.

Ragq^^ÄdWUW[hWÄSÄIWdea`S^[IWWÄ>`da^^_W`fÄPädjeZWWf address with instructions on how to enroll online through your Mercer BenefitsCentral account or by phone at ,(311(-2,(3,//)

The rules are a little different based on whether you enrolled in the Anthem Gold Plan as a Hiring Hall employee versus if you didn't.

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- Were eligible for PG&E-sponsored retiree medical coverage before becoming a Hiring Hall employee; AND
- Were enrolled in the Anthem or Kaiser Health Account Plan (HAP) and had leftover Health Account credits when you retired; OR
- Were a Management, A&T or ESC-represented employee retiring after January 1, 2017, with Capped Sick Time (25% of your Capped Sick Time balance was converted as credits to your Retiree Health Account). IBEW- and SEIU-represented employees do not have Capped Sick Time.

<S`ÄkagÄgeWÄkagdÄKWf[dWWÄAWS^fZÄ:UUag`f8Ä

RagdÄKWf[dWWÄAWS^fZÄ:UUag`f8Ä, it will be waiting for you and ready to use when your Hiring Hall assignment ends and you go back to your retiree status.

P ZW`ÄkagÄdWfgd`ÄfaÄdWf[dWWÄefSfge`Äkagq^^ÄTWÄST`WÄMÄÄWÄBÄgZÄKUag`fÄfaÄZW^bÄÄ bSkÄXad5Ä

- Health care premiums—including PG&E-sponsored retiree medical premiums
- Medicare Part B premiums
- Eligible medical, prescription, dental, vision and mental health expenses
- Your dependents' eligible health expenses—even if they're not enrolled in a PG&E-sponsored plan

PG&E won't contribute to your Retiree Health Account after you retire, but you can use your account until your credits are used up. You'll get more details about your Retiree Health Account when you return to retiree status.

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If you're not eligible for PG&E retiree medical coverage, you're not eligible for a Retiree Health Account—even if you had leftover Health Account credits or remaining Capped Sick Time when you retired.

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Oa^g`fSdkÄI^S`ÄS`VÄ<a__gfWdÄMdS`e[fÄUahWdSYWÄi[^^ÄW`VÄ**

When your Hiring Hall assignment ends, your PG&E Voluntary Plan and Commuter Transit coverage also will end.

If you go to work for another company, you may be covered by California's State Disability Insurance (SDI) and Paid Family Leave plan (the "State Plan") or your new employer's Voluntary Plan, if applicable. In some cases, you may be eligible for State Plan benefits even if you're unemployed.



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**GaÄdWXg`VeÄi[^^ÄTWÄY[hW`ÄXacÄWjgWÄÄMdS`e[fÄUa`fd[TgÄÄSXfWdÄkagdÄÄ[d[`YÄAS^^Ä
See[Y`_W`fÄW`Ve)Ä**

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<p>:^aiWVÄ S_ag`fÄ</p>	<p>The maximum charge your health plan allows for covered services from out-of-network health providers. The allowed amount is often based on the plan's definition of "reasonable and customary" charges.</p> <p>When your out-of-network provider charges more than the plan's allowed amount, you have to pay the difference. These excess charges won't count toward the annual deductible or out-of-pocket maximum.</p> <p>In-network or preferred providers have agreed to accept the plan's contracted rates for covered services, so you won't have charges that exceed the allowed amounts. See TS^S`UWÄT[^^[`Y</p> <p>>Q:FIE>Ä</p> <p>Suppose your plan allows \$100 for a specialist office visit but your out-of-network doctor charges \$150. You'll have to pay the extra \$50—plus any amounts you owe for the office visit. The extra \$50 won't count toward your deductible or out-of-pocket maximum.</p>
<p>;S^S`UWÄ T[^^[`Ä</p>	<p>If your out-of-network expenses exceed the plan's allowed amount, your doctor may bill you for the difference between his or her charge and the plan's allowed amount.</p> <p>This is called balance billing. These excess amounts don't count toward the annual deductible or out-of-pocket maximum.</p> <p>In-network or preferred providers have agreed to accept the plan's contracted rates for covered services. But you might get a bill from non-network or non-preferred providers—because they haven't agreed to accept the plan's allowed amount for covered services.</p> <p>>Q:FIE>Ä</p> <p>If your doctor charges \$100 for a service and the allowed amount is \$60, your doctor may bill you for the remaining \$40. You'll be responsible for paying the \$40 in addition to any deductible, copayment or coinsurance you may owe.</p>
<p><Zda`[UÄ Ua`V[f[a`Ä</p>	<p>An ongoing physical or mental condition that requires long-term monitoring or management to control symptoms. Rheumatoid arthritis is an example of a chronic condition.</p>
<p><a[`egdS`UWÄ</p>	<p>Your share of the cost of covered health services after you pay the annual deductible. Coinsurance is usually 10% to 20% of the allowed amount under the Anthem Gold Plan. See the chart starting on page 11 for details about your benefits.</p>
<p><abSk`_W`fÄÄ adÄÄ <abSkÄ</p>	<p>A copayment is a fixed amount you pay—for example, \$10 or \$20—at the time of service. MZWÄ: `fZW_Ä@a^VÄI^S`ÄVaWeÄ`afÄZShWÄUabSk`_W`fe)</p>
<p><ahWdWVÄ eWdh[UWeÄ</p>	<p>Health services covered by the plan. Charges for covered services are eligible expenses—up to the contracted or allowed amount.</p>
<p>=WVgUf[T^WÄ</p>	<p>The amount you have to pay every year for covered services before the plan pays benefits for covered services. See page 11 for details.</p>
<p>=gdST^WÄ _WV[US^Ä Wcg[b`_W`fÄ</p>	<p>Equipment or supplies ordered by a health care provider for everyday or extended use.</p> <p>>Q:FIE>Ä</p> <p>Walkers, wheelchairs and oxygen equipment are all examples of durable medical equipment.</p>

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<p>>^[Y[T^WÄ WjbW`eWÄ</p>	<p>An expense covered by the plan. Eligible expenses are those that the plan considers medically necessary and that do not exceed the negotiated rate (for preferred providers) or the reasonable and customary cost levels (for out-of-network providers). Expenses that don't meet this definition are not covered by the plan.</p>
<p>>jb^S`Sf[a`Ä aXÄ;W`WX[feÄ #>H;\$Ä</p>	<p>After you visit the doctor, you'll get a statement in the mail—an Explanation of Benefits (EOB)—from your claims administrator. The EOB will show how much the plan paid for your treatment or service, and how much you owe.</p> <p>:^iSkeÄ]WWbÄkagdÄ>H;Ä) you may need them to question a charge.</p>
<p>@W`Wd[UÄ</p>	<p>Generic drugs have the same active ingredients as brand-name drugs, and they're subject to the same FDA standards. Generic drugs generally cost less because the generic drug is not under patent.</p>
<p>B`(`Wfiad]Ä bdah[VWdeÄ adÄ GWfiad]Ä bdah[VWdeÄ adÄ IdWXWddWVÄ bdah[VWdeÄ</p>	<p>Licensed health care providers (doctors, hospitals, medical groups) that charge lower rates negotiated by the health plan claims administrator—and that meet quality standards required by the claims administrator.</p> <p>Network providers agree to accept as payment in full the plan's negotiated rates for services and treatment.</p>
<p>FS[`fW`S`UWA _WV[USf[a`eÄ</p>	<p>Medications that require regular, ongoing use to treat long-term or chronic conditions, such as asthma, diabetes, high blood pressure and high cholesterol.</p>
<p>Hgf(aX(`Wfiad]Ä bdah[VWdeÄ adÄ Ga`(`Wfiad]Ä bdah[VWdeÄ adÄ Ga`(bdWXWddWVÄ bdah[VWdeÄ</p>	<p>Licensed health care providers (doctors, hospitals, medical groups) that have not signed a contract with a health care claims administrator to provide services at a reduced negotiated rate.</p> <p>Non-network providers may charge more than the plan's allowed amount.</p> <p>As a patient, you're responsible for paying any amounts charged by out-of-network providers that exceed the allowed amount. Charges that exceed the allowed amount don't count toward the annual deductible or out-of-pocket maximum.</p>
<p>Hgf(aX(baU]WfÄ _Sj[_g_Ä</p>	<p>The most you'll have to pay for covered services in a calendar year. After you spend this amount on deductibles and coinsurance, the plan will pay 100% of the cost of eligible expenses for the rest of the year.</p> <p>The out-of-pocket maximum doesn't include amounts you pay for premiums, services that aren't covered or out-of-network charges that exceed the allowed amount.</p>
<p>IdW_[g_Ä</p>	<p>The monthly amount charged for health care coverage. You and PG&E share the cost of premiums.</p>
<p>IdWhW`f[hWÄ USdWÄ</p>	<p>Care that focuses on disease prevention and health maintenance, including early diagnosis of health problems.</p>
<p>Id[_SdÄUSdWÄ</p>	<p>Basic or general health care provided when you first seek care from a doctor. The Anthem Gold Plan provides four free primary care visits per year per enrolled person. See page 12 for details.</p>

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► Start here

Have questions about your benefits? Need help enrolling?

CALL	EMAIL	CHAT
Call the PG&E Benefits Service Center at 1-866-271-8144 Monday–Friday, 7:30 a.m.–5 p.m. Pacific time 	Log in* to your Mercer BenefitsCentral account and send a secure message to a service representative You'll get a reply within two business days 	Log in* to your Mercer BenefitsCentral account and chat online with a service representative Monday–Friday, 7:30 a.m.–5 p.m. Pacific time 

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*Go to mygebenefits.com and click **Log In** under **Manage Your Benefits**.


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- Talk to Member Services about my benefitsÄ
- Find out if my provider belongs to the plan's networkÄ

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- Preauthorize care Ä
- Get an Anthem Gold Plan ID cardÄ

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- Find out if my prescription drug is coveredÄ
- Get help with a claimÄ

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- Get an Express Scripts ID cardÄ

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- Find out if my treatment is coveredÄ
- Request preauthorizationÄ

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- Get help with a claimÄ

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Administered by Beacon Health Options Representatives are available 24/7Ä	,(333(//0(//.1Ä TWSUa`ZWS^fZabf[a`e)Ua_

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Continue Anthem Gold Plan coverage through COBRA after my Hiring Hall coverage ends

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Administered by WageWorks Representatives are available Monday–Friday, 5 a.m.–5 p.m. Pacific time	,(311(-2,(3,//Ä Hbf[a`Ä.Ä _kTW`WX[fe)iSYWiad]e)Ua_

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:XfWdÄCS`gSdKÄ.,'Ä-,4 get a copy of my Form 1095 to verify to the IRS that I had minimum essential health coverage for 2018
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Read details about my benefits

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Benefits 2019



Welcome to Open Enrollment for 2019 benefits.

Your Personalized Enrollment Worksheet will be sent separately.

If you don't receive it by November 5, call the PG&E Benefits Service Center at **1-866-271-8144**.

Please check your Personalized Enrollment Worksheet to confirm the dependents you want to cover are listed as covered. To add a dependent now or in the future, you will need to provide verification documents to the PG&E Benefits Service Center to confirm your new dependent's eligibility. See **Enrolling dependents** on page 16 for details.

There are very few changes for 2019. If you like what you have—and if there have been no changes to Medicare status for you or your enrolled dependents—you don't need to do anything. But if you've had some life changes—including changes to Medicare eligibility—you may need to elect a new plan.

Will you or an enrolled dependent become eligible for Medicare in 2019?

See page 9 for information about what you'll need to do.

Open Enrollment is November 5–19



**EMPLOYEES ON LONG-TERM
DISABILITY (LTD)**

Nondiscrimination and accessibility

PG&E's Health Plans do not discriminate on the basis of race, color, national origin, age, disability or sex in their health programs and activities. For people with disabilities, PG&E's Health Plans provide free aids and services, such as qualified sign language interpreters and written information in other formats. If you need these services, contact PG&E's Integrated Disability Management Supervisor:

Email: Accommodations-Req@pge.com

Phone: 925-459-7270

For people whose primary language is not English, PG&E's Health Plans provide free language services, such as qualified interpreters and information written in other languages. If you need these services, contact the PG&E Benefits Service Center by phone:

1-866-271-8144 (TTY: 1-800-424-0253)

Spanish ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al **1-866-271-8144 (TTY: 1-800-424-0253)**.

Chinese 注意：如果您使用繁體中文，您可以免費獲得語言援助服務。請致電 **1-866-271-8144 (TTY: 1-800-424-0253)**。

Vietnamese CHÚ Ý: Nếu bạn nói Tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn. Gọi số **1-866-271-8144 (TTY: 1-800-424-0253)**.

Tagalog PAUNAWA: Kung nagsasalita ka ng Tagalog, maaari kang gumamit ng mga serbisyo ng tulong sa wika nang walang bayad. Tumawag sa **1-866-271-8144 (TTY: 1-800-424-0253)**.

Korean 주의: 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. **1-866-271-8144 (TTY: 1-800-424-0253)** 번으로 전화해 주십시오.

Armenian Ուշադրություն՝ եթե խոսում եք հայերեն, ապա ձեզ անվճար կարող են տրամադրվել լեզվական աջակցության ծառայություններ: Զանգահարե՛ք **1-866-271-8144 (TTY (հեռատիպ)՝ 1-800-424-0253)**:

Farsi توجه: اگر به زبان فارسی گفتگو می کنید، تسهیلات زبانی بصورت رایگان برای شما فراهم می باشد. با **1-866-271-8144 (TTY: 1-800-424-0253)** تماس بگیرید.

Russian ВНИМАНИЕ: Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. Звоните **1-866-271-8144 (TTY: телетайп: 1-800-424-0253)**.

Japanese 注意事項:日本語を話される場合、無料の言語支援をご利用いただけます。
1-866-271-8144 (TTY: 1-800-424-0253) まで、お電話にてご連絡ください。

Arabic ملحوظة: إذا كنت تتحدث اذكر اللغة، فإن خدمات المساعدة اللغوية تتوافر لك بالمجان.
اتصل برقم 1-866-271-8144 (رقم هاتف الصم والبكم: 1-800-424-0253).

Punjabi ਧਿਆਨ ਦਿਓ: ਜੇ ਤੁਸੀਂ ਪੰਜਾਬੀ ਬੋਲਦੇ ਹੋ, ਤਾਂ ਭਾਸ਼ਾ ਵਿੱਚ ਸਹਾਇਤਾ ਸੇਵਾ ਤੁਹਾਡੇ ਲਈ ਮੁਫਤ ਉਪਲਬਧ ਹੈ।
1-866-271-8144 (TTY: 1-800-424-0253) 'ਤੇ ਕਾਲ ਕਰੋ।

Cambodian ប្រយ័ត្ន: បើសិនជាអ្នកនិយាយភាសាខ្មែរ, សេវាជំនួយភាសាដោយមិនគិតថ្លៃ
ចំពោះអ្នកគ្មានសំឡេងក៏ដូចជា 1-866-271-8144 (TTY: 1-800-424-0253) ។

Hmong LUS CEEV: Yog tias koj hais lus Hmoob, cov kev pab txog lus, muaj kev pab dawb
rau koj. Hu rau 1-866-271-8144 (TTY: 1-800-424-0253).

Hindi ध्यान दें: यदि आप हिंदी बोलते हैं तो आपके लिए मुफ्त में भाषा सहायता सेवाएं उपलब्ध हैं।
1-866-271-8144 (TTY: 1-800-424-0253) पर कॉल करें।

Thai ระวัง: ถ้าคุณพูดภาษาไทยคุณสามารถใช้บริการช่วยเหลือทางภาษาได้ฟรี โทร
1-866-271-8144 (TTY: 1-800-424-0253)

If you think a PG&E Health Plan has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability or sex, you can file a grievance with PG&E’s Plan Administrator, who has been designated to coordinate PG&E Health Plan’s compliance with applicable nondiscrimination rules. To contact the Plan Administrator, call: **1-866-271-8144 (TTY: 1-800-424-0253)**




You can file a grievance in person or by mail, fax or email. If you need help filing a grievance, PG&E’s Plan Administrator is available to help you.

You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights, electronically through the Office for Civil Rights Complaint Portal, available at <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>, or by mail or phone at:

U.S. Department of Health and Human Services
200 Independence Avenue SW
Room 509F, HHH Building
Washington, DC 20201
1-800-368-1019, 1-800-537-7697 (TDD)

Complaint forms are available at <http://www.hhs.gov/ocr/office/file/index.html>.

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Look for the flag.
It means you need to take action.

What's new?



There are a few changes to your benefits effective January 1, 2019.

Anthem members: Anthem case management program replacing Optum cancer resources

Starting January 1, 2019, Anthem's case management program will replace Optum cancer resources. Anthem's case management program offers resources that specialize in oncology. The program will help members understand what to expect and plan how to move forward with a cancer diagnosis.

A nurse specially trained to support oncology patients will be available by phone to:

- Answer your questions
- Explain next steps
- Connect you with resources to support you
- Enroll you in outreach support from the American Cancer Society if you choose

Are you currently undergoing treatment for cancer?

If you have questions about benefits or resources, please contact Anthem for referral to a case manager: [1-800-964-0530](tel:1-800-964-0530)

Management and Administrative & Technical (A&T) employees: Lower maximum coverage amount for Voluntary Accidental Death & Dismemberment (AD&D) insurance

Starting January 1, 2019, the maximum amount for Voluntary Accidental Death & Dismemberment (AD&D) coverage for Management and A&T employees and their spouses will be lower:

Management and A&T employees	Spouses of Management and A&T employees
New maximum: \$2 million (changing from \$4 million)	New maximum: \$1 million (changing from \$2 million)
Employees currently enrolled for more than \$2 million in coverage will be allowed to keep that amount (they'll be "grandfathered").	Spouses and children currently enrolled for more than the new maximum coverage amounts will be allowed to keep their current amounts (they'll be "grandfathered").

There are no changes to maximums for Union-represented employees or for their spouses or children (\$1 million for employees, \$500,000 for spouses and \$150,000 for children).

Reminders



Here are a few things to remember about your medical coverage.

Do you have leftover Health Account credits?

You can continue to use them for eligible health expenses. Remember:

There's no deadline for filing Health Account claims as long as you're enrolled in a PG&E-sponsored medical plan when you incur the expense and file the claim.

Is your coverage ending? You have up to 90 days after your PG&E-sponsored medical coverage ends to file Health Account claims incurred while you were enrolled. See page 39 for details.

Your dependents must be enrolled in your medical plan.

You can use your Health Account to help pay for your dependents' eligible health expenses—but only if they're enrolled in your medical plan.

Claims deadline for Flexible Spending Accounts (FSAs)

Did you participate in the Health Care or Dependent Care Flexible Spending Account (FSA) while you were an active employee—and do you have unused funds? You have until March 31 of the year after you contributed to the FSA(s) to file claims for eligible expenses.

Want to continue participating in the Health Care FSA? You can continue to contribute to the Health Care FSA on an after-tax basis through direct billing, administered by WageWorks. Only employees actively at work can participate in the Dependent Care FSA.

Questions? Contact the PG&E Benefits Service Center.

Anthem members

Do you have an Anthem Health Account? Share access with a family member

Does someone at home handle the bills? Do you want to authorize someone to speak to WageWorks on your behalf?

- Log in to your **WageWorks** account
- Click **Profile > Authorized Individuals**
- Complete the requested information
- Click **Save Changes**

See page 38 for details about the Health Account.

Medicare reminders

Did you or an enrolled dependent become eligible for Medicare? You need to do two things:

Enroll in Medicare Parts A and B—even if you elect PG&E-sponsored medical coverage.

AND

Notify the PG&E Benefits Service Center when you or a dependent becomes eligible for Medicare. Call 1-866-271-8144.

Why?

If you don't enroll in Medicare Parts A and B, you won't get full benefits.

Your PG&E-sponsored plan won't pay any charges that Medicare would have covered. You'll have to pay those charges—**usually about 80% of the bill**—out of your own pocket.

Why?

You may be offered the wrong plan, and your choice of PG&E-sponsored plans will be limited.

You won't be able to enroll in the Kaiser Permanente Senior Advantage HMO.



Warning:

If you don't do one or both of these things, you'll have to pay back any PG&E-sponsored medical benefits you received when you should have received Medicare benefits instead. **The amounts you have to repay may be substantial.**

Are you eligible for Medicare but your spouse is not (or vice versa)?

You and your spouse will need to elect corresponding Medicare/non-Medicare plans based on Medicare eligibility. Each of you might have different medical plans—but they must correspond according to the chart on page 23.



Enrolling in Kaiser Permanente Senior Advantage?

You'll need to complete a separate Medicare HMO enrollment form. If you don't, you won't be enrolled in the HMO. See page 33 for details.

What you need to do now



Before November 19, 2018:

Read this guide and decide if you want to make changes for 2019 or keep what you have.

You'll need to enroll if you want to switch medical plans, or add or drop dependents from coverage.

You may need to enroll in a new plan if you or a dependent has become eligible for Medicare.

EXAMPLE

You'll need to enroll in a different plan if you or any dependents are eligible for "early Medicare" (before age 65) due to disability, but have not yet been switched over to a Medicare plan.

See page 28 for details.

If you don't enroll:

Currently enrolled? You and your currently enrolled eligible dependents will have the same coverage you have now **unless you or a dependent has become eligible for Medicare coverage.**



If you or a dependent will be eligible for Medicare by January 1, 2019, you'll need to elect a Medicare plan during Open Enrollment.

Contact the PG&E Benefits Service Center to report Medicare eligibility and to find out about available medical plans.

Medical	Dental	Vision	You'll be responsible for making any required contributions as listed on your 2019 Personalized Enrollment Worksheet—which was mailed separately
✓	✓	✓	

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

Not enrolled? If you don't enroll, you'll have no PG&E-sponsored coverage for 2019.

YOUR NEXT CHANCE TO ENROLL

If you opt out of coverage for 2019, your next chance to enroll will be:

Next fall for coverage effective January 1, 2020

OR

When you experience a life event that would allow you to elect coverage outside of Open Enrollment—like having a baby or getting divorced

For more information about life events, see page 18 or go to spd.mypgebenefits.com and view your *Summary of Benefits Handbook*.

How to enroll

You can enroll for 2019 benefits November 5–19.

Log in to your Mercer BenefitsCentral account from your computer or mobile device:

myggebenefits.com

You have until 11:59 p.m. Pacific time on November 19 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 19 to enroll by phone.



Remember: Each time you log in to your Mercer BenefitsCentral account, you'll need your user ID, password—and a temporary numeric code that will be sent to your email address or mobile phone number. This multi-factor authentication will help keep your information secure.

Need help?

Call the PG&E Benefits Service Center: **1-866-271-8144.**



Enrolling in Kaiser Permanente Senior Advantage?

Kaiser Permanente Senior Advantage is a Medicare Advantage HMO. To enroll in this plan, you need to:

- 1 Make sure you're enrolled in Medicare Parts A and B.
- 2 Elect the Kaiser Senior Advantage HMO online through your Mercer BenefitsCentral account or by phone through the PG&E Benefits Service Center.
- 3 Complete a separate Medicare Advantage HMO enrollment form for each Medicare-eligible person enrolling:
 - Download the form from Mercer BenefitsCentral **OR**
 - Call the PG&E Benefits Service Center to request the form be mailed to you.
- 4 For coverage effective January 1, 2019, mail or fax your completed form directly to Kaiser by **November 30, 2018**. Kaiser does not allow email submissions.

You may need to complete other forms or respond to other communications from Kaiser before your enrollment can be finalized.



If Kaiser receives your form after November 30, 2018, you won't have Kaiser coverage.

Instead, you'll get default coverage in the Anthem Comprehensive Access Plan (CAP)—and you'll be responsible for making any required contributions for that plan. You'll need to wait until the next Open Enrollment to elect the Kaiser Senior Advantage HMO for the following year.

See page 33 for details.

Check your information

Make sure your information is up to date when you enroll.

Dependents: Need to add or drop a dependent?

Address and phone: Are they current? Some medical plans are only available in certain ZIP codes. You must use your current home address. If you live in a nursing home, your nursing home's street address is your home address.

Birth dates and Social Security numbers: Have you provided accurate birth dates and Social Security numbers for all enrolled dependents?

Medicare eligibility: Have you or a dependent become eligible for Medicare coverage—and have you told PG&E? It's your responsibility to notify the PG&E Benefits Service Center when you or a dependent become eligible for Medicare—whether due to age (65) or disability (under age 65). See page 28 for details.

Check your confirmation statement

In early December, you'll have access to a confirmation statement showing what benefits you'll have for 2019.

You'll get a paper confirmation statement if you:

- Enroll over the phone
- Enroll online and you don't have an email address on file with the PG&E Benefits Service Center
- Do nothing—make no changes and simply default to the same coverage for 2019

You'll get an online confirmation statement if you:

- Enroll online and have an email address on file with the PG&E Benefits Service Center

The PG&E Benefits Service Center will send you an email in early December notifying you when your confirmation statement is ready to print.

You'll need to log in to your Mercer BenefitsCentral account if you want to print your confirmation statement.



IMPORTANT:

You have until **December 28, 2018**, to call the PG&E Benefits Service Center to correct any errors for 2019. No changes will be accepted after that.

Need to set up your Mercer BenefitsCentral account?

Registering is easy:

1. Go to mypgbenefits.com and click **Log In** under **Manage Your Benefits**
2. Click on **Take Me to the Mercer BenefitsCentral Login Page**
3. Click **Get Started** under **New Users**
4. Follow the prompts to register your account and set up your user ID and password
5. Confirm your email address and add a mobile phone number as a contact method
6. Choose your desired contact method to receive a temporary numeric code to confirm your identity each time you log in

That's all it takes to get year-round access to your personalized benefits account. You'll be able to:

- See what benefits you have
- Update your dependents
- Check your beneficiaries—and add them if you have none listed
- Find tools, resources and details about your benefits

Best of all, Mercer BenefitsCentral is always open—you can access it from your computer or mobile device 24 hours a day, 7 days a week.

Logging in securely

Mercer BenefitsCentral uses multi-factor authentication to keep your information secure. Each time you log in, you'll need your:

- User ID
- Password
- Temporary numeric code that will be sent to your email address or mobile phone number (you'll need to receive a new code each time you log in)



Be sure to use a unique, long password—at least eight characters—to help keep your account secure.

Need help?

Call the PG&E Benefits Service Center: **1-866-271-8144**.

Enrolling dependents

As a PG&E employee, you have an opportunity to enroll your eligible dependents in PG&E-sponsored medical coverage.

You'll need to provide your dependent's name, birth date and Social Security number when you enroll. Generally, you can enroll dependents online or by phone:

Log in to your Mercer BenefitsCentral account via mypgbenefits.com

OR

Call the PG&E Benefits Service Center at 1-866-271-8144

If you want to add or drop a Medicare-eligible dependent, you need to call the PG&E Benefits Service Center. You can't do this online.



Please check your Personalized Enrollment Worksheet to confirm the dependents you want to cover are listed as covered ("Y"). You'll see a Y, N or P by each dependent's name:

Y Covered **N** Not Covered **P** Pending Verification

If the dependent you want to cover is:

N Not Covered **P** Pending Verification Not listed on your worksheet

You'll need to provide verification documents to the PG&E Benefits Service Center.

PROVIDING DEPENDENT VERIFICATION

If you're enrolling online, the orange message box on the homepage will tell you that a dependent needs to be verified. Once you click the *Your Dependent(s) Information Requires Review* box, you'll be able to see:

- Which dependent needs verification
- What documents you need to submit

You can upload, mail or fax the required documents.

If you're enrolling by phone, the PG&E Benefits Service Center representative will help you with the verification process.

Want to enroll your children?

You can enroll your children up to age 26 for medical coverage. They can be employed or married—and they don't have to be students.



Warning! Verification of dependent eligibility will be required

You will need to provide verification documents to the PG&E Benefits Service Center to confirm any new dependent's eligibility for health benefits. See page 19 for details about the penalties you may face if your enrolled dependent is ineligible for coverage.

Is your dependent child disabled?

If your child is disabled, under age 26 and currently enrolled in a PG&E-sponsored medical plan, you'll need to get your child medically certified as disabled **before he or she reaches age 26** to continue coverage from age 26 onward. You'll need to get the certification directly from your medical plan.

You can cover disabled dependents age 26 or older **only if** they meet both of these conditions:

They were already enrolled in a PG&E-sponsored plan when they turned 26

AND

They were medically certified as disabled by a PG&E-sponsored medical plan before they turned 26

You may not cover disabled dependents age 26 or older if they fail to meet either one of these conditions.

Are you or your dependents eligible for Medicare?



Be sure to enroll in Medicare Parts A and B as soon as you or your dependents become eligible for Medicare. If you don't, you won't get full medical benefits. See page 28 for details.

Changing coverage if your life changes

Getting married or divorced? Having a baby or adopting?

Big changes like these are **life events**. Chances are, you'll want to change your benefits coverage, too—like adding or dropping a dependent.

You have 31 days from the date of your life event to make allowable midyear changes to your coverage (180 days from the birth or adoption of a child).

WANT MORE INFORMATION?

For details about eligibility requirements and allowable midyear changes, see the *Summary of Benefits Handbook*:

Go to spd.mygbebenefits.com

OR

Call the PG&E Benefits Service Center to request a free copy

Update your beneficiaries

Be sure your beneficiaries are up to date for these benefits:

Life and accident insurance

Log in to your Mercer BenefitsCentral account: mygbebenefits.com

OR

Call the PG&E Benefits Service Center: **1-866-271-8144**

401(k)—PG&E Retirement Savings Plan

Log in to your NetBenefits account at 401k.com

Pension—PG&E Retirement Plan

Email HRPensionQuestions@pge.com

OR

Call the PG&E Pension Call Center: **1-800-700-0057**



These are all separate elections. Your beneficiary elections for one benefit won't carry over to another benefit.



Warning! Penalties for ineligible dependents or missed payments

Did you enroll an ineligible dependent? Miss a payment? Watch out. Your coverage may be canceled. You're responsible for:

- Paying your required monthly premium contribution on time
- Making sure your enrolled dependents are eligible for coverage
- Paying any required restitution for covering ineligible dependents (you'll be billed for required restitution)

NOT SURE IF YOUR DEPENDENT IS ELIGIBLE?

Call the PG&E Benefits Service Center at 1-866-271-8144.

Representatives are available Monday–Friday, 7:30 a.m.–5 p.m. Pacific time.

You have 31 days to drop ineligible dependents

You must drop ineligible dependents from coverage within 31 days of the date they become ineligible.

If you cover an ineligible dependent, you'll be required to make restitution to the Participating Employer* for health care coverage—up to two full years' of the cost of coverage.

Knowingly covering an ineligible dependent is considered fraud, and can be grounds for termination of employment. For details, visit spd.mypgebenefits.com.

To drop ineligible dependents, call the PG&E Benefits Service Center or log in to Mercer BenefitsCentral.

*Participating Employers are listed on the back cover.



Your wellness benefits

PG&E’s wellness benefits help build a better you by working hand in hand with your medical coverage to help you maintain or improve your health. These resources can help you do that.

Preventive Benefits

Your medical, dental and vision plans offers checkups that can help keep you healthy for the long term:

- Annual physicals
- Twice-a-year dental cleanings and checkups
- Annual eye exams
- Routine screenings as recommended by your medical plan—like OB/GYN exams, mammograms, prostate exams and colonoscopies

Free Flu Shots

Anthem members: You can get your seasonal flu shots at no cost at any of the retail pharmacies that sponsor flu shots in the Express Scripts retail pharmacy network. You’ll need to have your Express Scripts ID card with you for claims processing.

If you get your flu shot at your doctor’s office, it will be covered like any other immunization, but it won’t be free.

Kaiser members: You can get your free flu shot at your Kaiser clinic.

Tobacco Cessation

When it comes to quitting smoking or chewing, each person's challenges and needs are unique.

Provant offers a free tobacco cessation program for you and your spouse or domestic partner. You'll get a five-session, phone-based program with one-on-one support from a certified tobacco cessation specialist. Nicotine replacement therapy is available to complement the program.

To get started, call Provant via the PG&E Benefits Service Center:

1-866-271-8144, option 1, then option 3

Provant representatives are available Monday–Friday, 5 a.m.–5 p.m. Pacific time.

You can start participating in the program anytime; you don't have to wait for 2019.

Employee Assistance Program

Wellness isn't just about physical health; it's also about mental and emotional health.

The Employee Assistance Program (EAP) offers free, one-on-one, completely confidential support for a wide variety of life events and concerns. You and each of your family members are eligible for up to six sessions per six-month period to talk with a licensed EAP Counselor near you about:

- Stress management
- Family and relationship challenges
- Anxiety or depression
- Alcohol and drug issues

In addition, certified financial advisors, attorneys and work/life specialists are available for individual consultation:

- Help finding household or pet services
- Referrals to family-care resources (day care, elder care)
- Tips on paying off your debt
- Consultations on divorce, domestic violence and custody issues

Prefer to talk with a counselor by video? You can connect with a counselor via any desktop computer, tablet or smartphone that has video capabilities. When you call the EAP, a counselor will ask you about your technology access and send you an email link to connect you to a counselor by video at your session's scheduled time. Your video sessions are completely confidential and are not recorded.

Visit achievesolutions.net/pg to explore all the ways the EAP can help.

Call **1-888-445-4436** to speak to a licensed EAP Counselor, available 24 hours a day, 7 days a week.



Your medical plan options

The Personalized Enrollment Worksheet sent separately shows the medical plan options available to you. These options are based on:

Whether you're eligible for Medicare

AND

Where you live

Are you eligible for Medicare—and have you told PG&E you're eligible for Medicare?

It's your responsibility to notify the PG&E Benefits Service Center when you or a dependent becomes eligible for Medicare.

Otherwise, you'll be offered the wrong plans—and you'll have to pay back any PG&E-sponsored medical benefits you received when you should have received Medicare benefits instead. **The amounts you have to repay may be substantial.**

Find out what plans are available to you and your dependents:

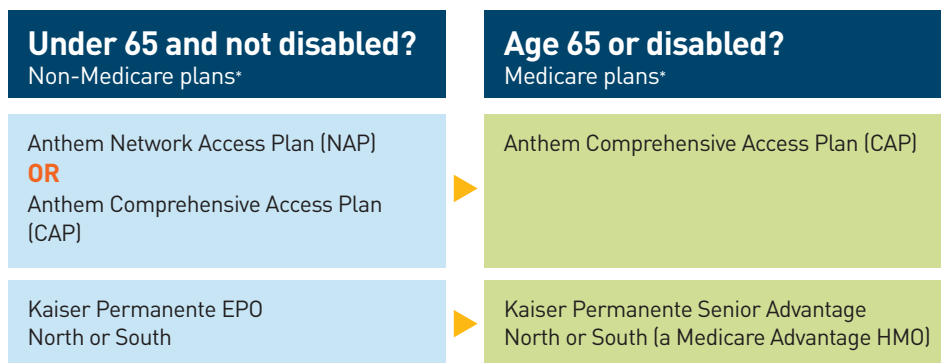
For you: See your Personalized Enrollment Worksheet for the plans available to you and the monthly costs.

For your dependents: See the chart on page 23 to find out what corresponding medical plans are available to dependents whose eligibility for Medicare is different than your own.

EXAMPLE

- You're eligible for Medicare, but your spouse and children are not.
- You enroll in the Kaiser Permanente Senior Advantage plan.
- Your spouse and children will be enrolled in the Kaiser Permanente EPO plan.

Corresponding non-Medicare and Medicare plans



*All plans are subject to availability based on your home ZIP code.

ID cards

Changing medical plans? Adding a dependent?

You'll get your new ID card:

- By January 2019 if you enroll during Open Enrollment
- Within 10 business days after your change takes effect if you enroll midyear

If you don't receive your new ID card on time, call your medical plan directly. If you need to see a doctor before your ID card arrives, use your confirmation statement as proof of coverage.

Don't want to wait? You can print a copy of your ID card from your plan's website. Anthem members also can print temporary ID cards for their prescription drug plan coverage at express-scripts.com.

Anthem members: Choose and register a primary care physician (PCP)

A primary care physician (PCP) can make a big difference to your health, saving you time and money by ensuring your overall care makes sense based on your history, specialists, medications and lab results. Your PCP can help you avoid costly duplication of tests, and check to make sure all of your medications work well together.

Contact Anthem to find out how you can elect an Enhanced Personal Health Care and Blue Distinction Total Care doctor. These doctors help you get the right level of care, from the right kind of doctor, at the right time. Call Member Services at the number on your Anthem ID card or go to [anthem.com/ca](https://www.anthem.com/ca) and log in to get started. It only takes a few minutes.

Moving?



You can switch to another plan midyear only if you're enrolled in a plan with a defined service area and you move out of that plan's service area.

Switching from the Kaiser Permanente Senior Advantage HMO to the CAP? Special rules apply. See page 34.

Did your doctor leave your plan?

You can't change medical plans if any of your primary care physicians (PCPs), specialists, medical groups, Independent Practice Associations (IPAs), hospitals or other providers leave your medical plan.

Instead, you'll need to use other providers in your plan's network. You can elect a different plan during the next Open Enrollment.

Not eligible for Medicare?



You're not eligible for Medicare if you're under 65 and you're not disabled.

PG&E-sponsored non-Medicare plans

Where you live determines what PG&E-sponsored non-Medicare plans are available.

Are you a PG&E employee? You can choose from the available plans on your Personalized Enrollment Worksheet, mailed separately.

Do you have a dependent? He or she will get the same plan you have—or a corresponding plan if your dependent's eligibility for Medicare is different than yours. See page 23 for corresponding plans.

This is a snapshot of the PG&E-sponsored non-Medicare plans. For details, see the **Medical Plan Comparison Chart** that was mailed with this guide.

Network Access Plan (NAP)*

You can use any licensed provider**

COSTS

- Annual deductible
- Lower out-of-pocket costs when you use network providers

Comprehensive Access Plan (CAP)*

- Available if you live outside the NAP's service area
- You can use any licensed provider**

COSTS

- Annual deductible
- You may be able to lower your costs by using network providers

Kaiser Permanente Exclusive Provider Organization (EPO)*

- Available for some ZIP codes
- Covers most services in full—but you must use Kaiser doctors and facilities to receive coverage

COSTS

- No deductible
- You pay a copayment for office visits and other services
- No charge for some services, such as hospital stays

*Under the NAP and CAP, Anthem Blue Cross administers medical benefits; Beacon Health Options administers mental health and substance use disorder benefits; and Express Scripts administers prescription drug benefits. Under the Kaiser Permanente EPO, inpatient substance use disorder benefits can be administered by Kaiser or by Beacon Health Options.

**Only urgent/emergency care is covered outside the U.S.

Are you enrolled as an employee in the Kaiser EPO—and as a dependent in another Kaiser plan?

You'll only get benefits from the Kaiser EPO. That's because you're enrolled in the Kaiser EPO as an employee—not as a dependent.

The Kaiser EPO won't coordinate benefits with other Kaiser plans.

EXAMPLE

If your wife is enrolled as a dependent in the PG&E-sponsored Kaiser EPO—and as an employee in her non-PG&E employer's Kaiser plan—she won't receive any benefits from the PG&E-sponsored Kaiser EPO. It won't coordinate benefits with other Kaiser plans.

Eligible for Medicare?



You're eligible for Medicare if you're under 65 and disabled—or 65 or older.

You must enroll in Medicare to get full benefits

If you don't enroll in Medicare Parts A and B when eligible:

- **Your PG&E-sponsored plan won't pay any charges** that Medicare would have covered. You'll have to pay those charges—**usually about 80% of the cost**—out of your own pocket.
- **Your choice of PG&E-sponsored plans will be limited.** You won't be able to enroll in the Kaiser Permanente Senior Advantage plan—a Medicare Advantage HMO.

Are you eligible for Medicare—and have you told PG&E you're eligible for Medicare?

It's your responsibility to notify the PG&E Benefits Service Center when you or a dependent becomes eligible for Medicare.

Otherwise, you'll be offered the wrong plans—and you'll have to pay back any PG&E-sponsored medical benefits you received when you should have received Medicare benefits instead. **The amounts you have to repay may be substantial.**

When to enroll in Medicare

The following rules apply to you and any eligible dependents you want to cover under your PG&E-sponsored medical plan.

Disabled?	Turning 65 soon?
<p>If you've been getting Social Security disability benefits for at least two years, you should be automatically enrolled in Medicare Parts A and B unless you declined or canceled Part B after becoming eligible.</p> <p>If you declined or canceled Medicare Part B after becoming eligible, you need to contact the Social Security Administration immediately to reinstate your Part B coverage.</p>	<p>You or your spouse must apply for Medicare Parts A and B three months before turning 65.</p>

If you enroll late

If you don't enroll in Medicare Parts A and B when you're first eligible, you'll have to pay a Medicare Part B late enrollment penalty for the rest of your life. You'll also need to pay back any PG&E-sponsored medical benefits you received when you should have received Medicare benefits instead. **The amounts you have to repay may be substantial.**

How to enroll in Medicare

There are three ways you can enroll in Medicare Parts A and B.

- Call the Social Security Administration at **1-800-772-1213**
- Visit your local Social Security office
- Enroll online at socialsecurity.gov/medicare



How Medicare works with PG&E plans

All PG&E-sponsored Medicare plans work together with Medicare—**even if you're not enrolled in Medicare Parts A and B.**

Most PG&E plans coordinate benefits with Medicare. However, with the Kaiser Permanente Senior Advantage HMO, you assign your Medicare benefits to the HMO. This allows Medicare to reimburse Kaiser instead of reimbursing you.

Medicare is always your primary coverage, and your PG&E coverage is secondary. This means Medicare pays benefits first, and your PG&E plan pays any remaining eligible benefits second.

If you're not enrolled in Medicare Parts A and B, you won't get full benefits.
See page 28 for details.

How claims are processed

Anthem Comprehensive Access Plan (CAP)

MEDICAL CLAIMS

Medicare processes your medical claims first:

- Medicare Parts A and B provide your primary coverage
- The CAP provides your secondary coverage

PRESCRIPTION DRUG CLAIMS

Express Scripts processes most prescription drug claims first:

- The CAP provides primary prescription drug coverage through Express Scripts for most prescription drugs
- Medicare provides primary coverage for Medicare Part B drugs—like diabetic and transplant drugs

Kaiser Permanente Senior Advantage HMO

ALL CLAIMS

The Kaiser Permanente Senior Advantage HMO is a Medicare Advantage HMO:

- The plan works directly with Medicare
- You typically pay a copayment at the time of service—and you usually don't have to file claims

Prescription drug coverage and Medicare

All PG&E-sponsored plans have better prescription drug benefits than the basic Medicare Part D prescription drug benefit.

PG&E plans don't coordinate prescription drug benefits with Medicare, except for some drugs covered by Medicare Part B.

Enrolled in the Anthem CAP? You have prescription drug coverage through Express Scripts. It's not a Medicare Part D prescription drug plan.

Enrolled in the Kaiser Permanente Senior Advantage HMO? You're automatically enrolled in Kaiser's Medicare Part D prescription drug plan—which is better than the standard Medicare Part D prescription drug plan.

DO NOT ENROLL in any Medicare Advantage plan or Medicare Part D prescription drug plan that is not sponsored by PG&E.



If you enroll in any other external plan or a Medicare Part D prescription drug plan:

- You and your enrolled dependents will be disenrolled from your PG&E-sponsored plan—AND
- You will lose all of your medical and prescription drug coverage through PG&E.

That's because if you enroll in an external plan, your Medicare benefits will be paid to that plan—not to your PG&E-sponsored plan.

You can re-enroll in a PG&E-sponsored plan during the next Open Enrollment, as long as you're eligible.

PG&E-sponsored Medicare plans

Where you live determines what PG&E-sponsored Medicare plans are available.

Are you a PG&E employee? You can choose from the available plans on your Personalized Enrollment Worksheet, mailed separately.

Do you have a dependent? He or she will get the same plan you have—or a corresponding plan if your dependent's eligibility for Medicare is different than yours. See page 23 for corresponding plans.

This is a snapshot of the PG&E-sponsored Medicare plans.

For details, see the **Medical Plan Comparison Chart** that was mailed with this guide.

Comprehensive Access Plan (CAP)¹

- You can use any licensed provider²
- Provides secondary coverage to Medicare Parts A and B
- Won't pay any amount covered by Medicare

NOTES

If you don't enroll in Medicare Part B, you'll have to pay amounts Medicare would have covered³

Kaiser Permanente Senior Advantage HMO North and South A Medicare Advantage HMO

You must use Kaiser doctors and hospitals—except for medical emergencies.

- You assign or give away control of your Medicare benefits to Kaiser when you enroll
- You can't use your Medicare benefits outside of Kaiser

Your prescription drug coverage will be through Kaiser:

- Better benefits than the standard Medicare Part D prescription drug benefit
- No prescription drug deductibles or gaps in coverage



DO NOT ENROLL in any Medicare Part D plan that is not sponsored by PG&E.

If you do, your PG&E-sponsored medical and prescription drug coverage will be terminated.

You can re-enroll in a PG&E-sponsored plan during the next Open Enrollment, as long as you're eligible.

NOTES

Special enrollment rules:

- You and your Medicare-eligible dependents must be enrolled in Medicare Parts A and B to enroll in this plan
- You'll need to sign a Medicare Advantage HMO Group enrollment form for each Medicare-eligible person enrolling BEFORE your coverage starts

IMPORTANT! For coverage effective January 1, 2019, Kaiser must receive your Medicare Advantage HMO enrollment form by **November 30, 2018**



- Download the Medicare Advantage HMO enrollment form from Mercer BenefitsCentral or call the PG&E Benefits Service Center to request the form be mailed to you
- The form authorizes assignment of your Medicare Part A and B benefits to Kaiser, and acknowledges that you'll be enrolled in Kaiser's Medicare Part D prescription drug coverage
- You may need to complete other forms or respond to other communications from Kaiser before your enrollment can be finalized

Not enrolled in Medicare Parts A and B? Didn't turn in the Medicare Advantage HMO enrollment form on time?

If you don't follow **ALL** of these rules and you're trying to elect the Kaiser Senior Advantage HMO during Open Enrollment, you won't have Kaiser coverage effective January 1, 2019. Instead, you'll be automatically enrolled in the Comprehensive Access Plan (CAP), and you'll be responsible for monthly premium contributions for that plan.⁴ You won't be able to elect the Kaiser Senior Advantage plan until the next Open Enrollment.

¹ Under the Comprehensive Access Plan (CAP), Anthem Blue Cross administers medical benefits; Beacon Health Options administers mental health and substance use disorder benefits; and Express Scripts administers prescription drug benefits.

² Only urgent/emergency care is covered outside the U.S.

³ Even if you have Medicare Parts A and B, you still may be required to pay part of the claim for expenses not covered at 100% by the CAP, like X-rays, which are covered at 90%.

⁴ Covered family members will be enrolled in the Comprehensive Access Plan (CAP) if they're Medicare-eligible—or in the Network Access Plan (NAP) or CAP if they're not Medicare-eligible, depending on your home ZIP code. See the chart on page 23 for corresponding Medicare/non-Medicare plans.

Switching out of the HMO? You'll need to fill out a disenrollment form. See page 34 for details.

Switching from the Kaiser Permanente Senior Advantage HMO to the Comprehensive Access Plan (CAP)?

You'll need to disenroll from Kaiser to regain control of your Medicare benefits so you can use them. Here's how:

- 1** Elect the CAP during Open Enrollment.
- 2** Call the PG&E Benefits Service Center to request a Medicare HMO disenrollment form.
- 3** Mail your completed Medicare HMO disenrollment form directly to Kaiser by **November 30, 2018**.

Moving?



Before you move:

1. Call the PG&E Benefits Service Center and tell them you're moving.
2. Ask the PG&E Benefits Service Center if the Kaiser Permanente Senior Advantage plan will be available at your new home address. If it won't be available, you'll need to:
 - Elect a new medical plan
 - Request a Medicare HMO disenrollment form for your plan (you'll need to fill out a disenrollment form for each family member enrolled in the Kaiser Senior Advantage HMO)

Note: If you move out of the service area and you report your address change to the Centers for Medicare & Medicaid Services (CMS), you won't need a disenrollment form.
3. Mail your completed HMO disenrollment form(s) directly to Kaiser **BEFORE the end of the month in which you report your address change**.

See page 51 for information about how to change your address.

LATE FORM? IT COULD COST YOU.

If Kaiser gets your completed HMO disenrollment form after the deadline, you could have unpaid claims under the CAP. **You'll be responsible for paying those claims.**

Medicare Part B premium reimbursement credits

If you or your dependents are under 65 and eligible for Medicare due to a disability, you'll get a monthly credit toward your Medicare Part B premium when you're enrolled in Medicare Part B and a PG&E-sponsored Medicare plan.

You and your disabled dependents will each get the full standard amount of the Medicare Part B premium. In other words, PG&E will reimburse the standard Part B premium, excluding any income-based surcharges that Social Security may assess you. **Your Medicare Part B credit will be based on the year you were first approved for Medicare Part B.** When you or your dependents turn 65, the credit will change to \$15 per month.

You and up to two dependents can get this credit as long as each of you is:

- Disabled and under 65,
- Enrolled in Medicare Parts A and B, and
- Enrolled in a PG&E-sponsored medical plan.

The maximum number of reimbursements a family can receive for disabled members is three.

Think you qualify for Social Security disability benefits?

Call Allsup, Inc., at **1-888-339-0743**. PG&E has contracted with Allsup, Inc., to provide help with the Social Security disability application process at no cost to potentially eligible disabled employees and dependents.

Dental

Administered by Delta Dental



You can use any dentist you choose, but you'll save the most money by using a Delta Dental PPO Network dentist.

Do you have leftover Health Account credits? You can use them on eligible dental expenses.

Dental Plan Provisions																
Choice of Dentist	Any; for maximum benefits, use a PPO or Premier Dentist Go to deltadentalins.com/pg&e for a list of PPO and Premier dentists															
Annual Deductible	Required for all covered services except diagnostic and preventive care. You pay only one deductible depending on the type of provider you use. <table border="0"> <tr> <td> Delta Dental PPO Network <ul style="list-style-type: none"> • \$25 per person; no more than \$75 per family • Applies if you use only PPO dentists </td> <td> Delta Dental Premier Network or Non-Participating Dentist <ul style="list-style-type: none"> • \$50 per person; no more than \$150 per family • Applies if you use a Premier Network or Non-Participating dentist—even if you only use them once and you use PPO dentists every other time </td> </tr> </table>	Delta Dental PPO Network <ul style="list-style-type: none"> • \$25 per person; no more than \$75 per family • Applies if you use only PPO dentists 	Delta Dental Premier Network or Non-Participating Dentist <ul style="list-style-type: none"> • \$50 per person; no more than \$150 per family • Applies if you use a Premier Network or Non-Participating dentist—even if you only use them once and you use PPO dentists every other time 													
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Diagnostic and Preventive Care	No deductible You're responsible for 15% of covered charges for preventive care: <table border="0"> <tr> <td>• Two exams per year</td> <td>• Fluoride treatments</td> </tr> <tr> <td>• Two cleanings per year</td> <td>• Space maintainers</td> </tr> <tr> <td colspan="2">• Full-mouth X-rays and Panorex films once every five years</td> </tr> <tr> <td colspan="2">• Bitewing X-rays twice a year for dependents up to age 18; once a year for adults ages 18 and older</td> </tr> </table>	• Two exams per year	• Fluoride treatments	• Two cleanings per year	• Space maintainers	• Full-mouth X-rays and Panorex films once every five years		• Bitewing X-rays twice a year for dependents up to age 18; once a year for adults ages 18 and older								
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• Bitewing X-rays twice a year for dependents up to age 18; once a year for adults ages 18 and older																
Basic Care	Deductible required You're responsible for 15% of covered charges for basic care: <table border="0"> <tr> <td>• Fillings</td> <td>• Root canals</td> <td>• Treatment of the gums (periodontia)</td> </tr> <tr> <td>• Oral surgery</td> <td>• Extractions</td> <td></td> </tr> <tr> <td colspan="3">• Sealants for eligible dependents under age 16</td> </tr> <tr> <td colspan="3"> • Permanent first molars through age eight</td> </tr> <tr> <td colspan="3"> • Second molars through age 15</td> </tr> </table>	• Fillings	• Root canals	• Treatment of the gums (periodontia)	• Oral surgery	• Extractions		• Sealants for eligible dependents under age 16			• Permanent first molars through age eight			• Second molars through age 15		
• Fillings	• Root canals	• Treatment of the gums (periodontia)														
• Oral surgery	• Extractions															
• Sealants for eligible dependents under age 16																
• Permanent first molars through age eight																
• Second molars through age 15																
Major Care	Deductible required You're responsible for 15% of covered charges for major care: <table border="0"> <tr> <td>• Crowns</td> <td>• Onlays</td> <td>• Cast restorations</td> </tr> <tr> <td>• Inlays</td> <td>• Implants</td> <td>• Bridges</td> </tr> </table>	• Crowns	• Onlays	• Cast restorations	• Inlays	• Implants	• Bridges									
• Crowns	• Onlays	• Cast restorations														
• Inlays	• Implants	• Bridges														
Annual Maximum Benefit	\$2,500 per person (excludes orthodontia)															
Orthodontia	50% up to a lifetime maximum benefit of \$2,000 per person															

Note: All benefits are subject to Delta Dental's usual, customary and reasonable allowances.

Vision

Administered by Vision Service Plan (VSP)



Under the VSP Choice Plan, you can use any licensed vision provider you choose, but you'll pay less when you use a VSP provider. If you use a non-VSP provider, you have to pay your bill in full, and VSP will reimburse you based on a schedule of benefits.

Do you have leftover Health Account credits? You can use them on eligible vision expenses.

Vision Benefits	
Choice of Doctor	Any; for maximum benefits, use a VSP doctor Go to vsp.com for a list of VSP providers
Copayments with VSP Doctor	<ul style="list-style-type: none"> • \$10 per exam • \$25 for materials (lenses and frames)*
Benefits with VSP Doctor	<ul style="list-style-type: none"> • Vision exams—every 12 months • Eyeglass lenses—every 12 months • Frames—covered up to \$150 once every 24 months • Elective contact lenses and contact lens exam (fitting and evaluation)—covered up to \$150 every 12 months; 15% off contact lens exam (you'll be eligible for a frames allowance 12 months after you get contact lenses) • Visually necessary contact lenses—covered in full when obtained from a participating doctor and only with prior authorization from VSP for medically necessary conditions • Ultraviolet lenses—covered • Photochromic lenses—covered • Lasik—covered up to \$250 per eye (lifetime limit)
Non-Covered Lens Options	Extra savings on additional glasses and sunglasses, including lens options, from a VSP doctor within 12 months of your last exam

*You're responsible for charges that exceed the plan's allowable expenses—and for the cost of cosmetic extras not covered by the plan, like blended, tinted or oversized lenses.

OTHER DISCOUNTS

Frames:

You can get an extra \$20 to spend on featured frame brands from your VSP doctor. Go to vsp.com/specialoffers for details and a complete list of featured brands.

Retinal Screenings:

You pay no more than a \$39 copayment on routine retinal screenings as an enhancement to your VSP exam.

Diabetic Eyecare Plus Program:





For an extra \$20 copay, you can get eye care services for members with Type 1 or Type 2 diabetes, glaucoma, and/or age-related macular degeneration (AMD)—plus retinal screenings for eligible members with diabetes.

Do you have leftover Health Account credits?



Were you enrolled in the Anthem or Kaiser Health Account Plan (HAP) as an active employee?

You can use leftover Health Account credits to pay for your eligible health care expenses. You can't use them to pay for premiums.

Deductibles	Whatever you pay out of pocket for eligible medical, dental, vision and mental health expenses	
Copayments	Use your Health Account to help pay for these things:	
Coinsurance	 Lasik surgery	 Contact lenses
	 Crown	 Glasses

Reminder: Dependents must be enrolled in your medical plan

You can use your leftover Health Account credits to help pay for your dependents' eligible health care expenses—but only if they're enrolled in your medical plan. You can't use your Health Account for their expenses if they're not enrolled as dependents in your medical plan.

No deadline for filing claims

You can file Health Account claims anytime, as long as:

You incurred the expense while you were enrolled in a PG&E-sponsored medical plan

AND

You file the claim while you're enrolled in a PG&E-sponsored medical plan

When your PG&E employment ends—and if you're not eligible for PG&E-sponsored retiree medical coverage—your PG&E-sponsored medical coverage will end. You'll have up to 90 days after your PG&E-sponsored medical coverage ends to file Health Account claims incurred while you were enrolled in a PG&E-sponsored medical plan.

How to file claims

Do you have an Anthem Health Account?

WAGeworks

Call the PG&E Benefits Service Center at **1-866-271-8144** to request a claim form

Log in to your WageWorks account:
wageworks.com

 **EZ Receipts app**

Fax your completed claim form to WageWorks at **1-877-353-9236**

OR

Mail your completed form to:
Claims Administrator
P.O. Box 14053
Lexington, KY 40512

Do you want to authorize someone else to contact WageWorks on your behalf? It's easy:

Log in to your **WageWorks** account; then click **Profile > Authorized Individuals**. Complete the requested information and click **Save Changes**.

Do you have a Kaiser Health Account?

KAISER

You can file Health Account claims with Kaiser Permanente.

Go to kp.org/healthpayment to file a claim

OR

Call Kaiser at **1-877-750-3399** for help filing claims

 **KP HRA/HSA/FSA Balance Tracker app**

REMINDER:

Former Anthem HAP members: You will need to file claims manually.

Former Kaiser HAP members: You can still use your Kaiser Health Payment Card at the Kaiser pharmacy.

Contact your Health Account administrator for help submitting claims for reimbursement.



Life insurance

Administered by MetLife

As an employee on LTD, you can't request life insurance coverage changes—but you can check your coverage details, update your beneficiary and get help with claims.

Log in to your Mercer BenefitsCentral account at mypgbenefits.com

OR

Call the PG&E Benefits Service Center at 1-866-271-8144

Check your beneficiary

Log in to your Mercer BenefitsCentral account to make sure you have the right beneficiary listed for your life insurance.

Extra benefits with Supplemental Life insurance

If you're enrolled in Supplemental Life insurance, you have access to these legal services free of charge:

Will preparation services

You can access Hyatt Legal Plans' network of 11,500+ participating attorneys to prepare:

- A will
- Testamentary trust
- Power of attorney



These services are available at no charge when you use a participating network attorney. An out-of-network reimbursement option is also available.

Estate resolution services

Your family can use Hyatt Legal Plans' Estate Resolution Services at no charge.

A Hyatt Legal Plan attorney will consult with your beneficiaries by phone or in person about the probate process for your estate. The attorney also will handle the probate of your estate for your executor or administrator.

Funeral discounts and planning services

Through MetLife AdvantagesSM, you and your family can use Dignity Memorial's funeral discount and planning services at no charge:

- Pre-negotiated discounts of up to 10% off of funeral, cremation and cemetery services
- Planning services to help you and your family manage final wishes
- Bereavement travel services to help with time-sensitive travel arrangements to be with loved ones

Visit finalwishesplanning.com or call **1-866-853-0954**.

Glossary



Allowed amount

The maximum charge your health plan allows for covered services from out-of-network health providers. The allowed amount is often based on the plan's definition of "reasonable and customary" charges.

When your out-of-network provider charges more than the plan's allowed amount, you have to pay the difference. These excess charges won't count toward the annual deductible or out-of-pocket maximum.

In-network or preferred providers have agreed to accept the plan's contracted rates for covered services, so you won't have charges that exceed the allowed amounts. See **balance billing**.

EXAMPLE

Suppose your plan allows \$100 for an office visit but your out-of-network doctor charges \$150. You'll have to pay the extra \$50—plus any amounts you owe for the office visit. The extra \$50 won't count toward your deductible or out-of-pocket maximum.

Balance billing

If your out-of-network expenses exceed the plan's allowed amount, your out-of-network doctor may bill you for the difference between his or her charge and the plan's allowed amount.

This is called balance billing. These excess amounts don't count toward the annual deductible or out-of-pocket maximum.

In-network or preferred providers have agreed to accept the plan's contracted rates for covered services. But you might get a bill from non-network or non-preferred providers—because they haven't agreed to accept the plan's allowed amount for covered services.

EXAMPLE

If your out-of-network doctor charges \$100 for a service and the allowed amount is \$60, your doctor may bill you for the remaining \$40. You'll be responsible for paying the \$40 in addition to any deductible, copayment or coinsurance you may owe.

Chronic condition

An ongoing physical or mental condition that requires long-term monitoring or management to control symptoms. Rheumatoid arthritis is an example of a chronic condition.

Coinsurance

Your share of the cost of covered health services after you pay the annual deductible. Coinsurance is usually 5% to 30% of the allowed amount under the PG&E-sponsored medical plans for employees on Long-Term Disability.

EXAMPLE

- Jerry has a non-Medicare plan, and he has already paid his plan's calendar-year deductible.
- Jerry needs a lab test, which is covered at 90% after the deductible.
- Jerry's coinsurance for the lab test is 10%.
- Let's say the contracted or allowed amount for his lab test is \$80.
- Jerry's plan pays \$72 (90% of \$80), and Jerry pays the remaining \$8 (10% of \$80).

Copayment or copay

A fixed amount you pay for a covered service—usually when you receive the service.

EXAMPLE

Some plans charge a copay when you go to see the doctor. Most copays are \$10 to \$20 per visit under the PG&E-sponsored medical plans for employees on Long-Term Disability.

Lab tests and X-rays are covered separately from office visits, so you may owe more than the office visit copay. For details, see the **Medical Plan Comparison Charts** that were mailed with this booklet.

Covered services

Health services covered by the plan. Charges for covered services are eligible expenses—up to the contracted or allowed amount.

Deductible

The amount you have to pay every year for covered services before the plan pays benefits for covered services. The Kaiser Permanente HMO plans don't have deductibles.

Durable medical equipment

Equipment or supplies ordered by a health care provider for everyday or extended use.

EXAMPLE

Walkers, wheelchairs and oxygen equipment are all examples of durable medical equipment.

All of the PG&E-sponsored medical plans for employees on Long-Term Disability provide some coverage for durable medical equipment. For details, see the **Medical Plan Comparison Charts** that were mailed with this guide.

Eligible expense

An expense covered by the plan. Eligible expenses are those that the plan considers medically necessary and that do not exceed the negotiated rate (for preferred providers), or the reasonable and customary cost levels (for out-of-network providers). Expenses that don't meet this definition are not covered by the plan.

Explanation of Benefits (EOB)

After you visit the doctor, you'll get a statement in the mail—an Explanation of Benefits (EOB) from your claims administrator. The EOB will show how much the plan paid for your treatment or service, and how much you owe.

If you have Medicare, you may receive two EOBs—one from Medicare showing what Medicare covered—and one from your claims administrator showing what your health plan covered.

Always keep your EOBs. You may need them to file a claim for reimbursement from your Health Account (if you have leftover credits) or to question a charge.

Formulary

A list of Food and Drug Administration (FDA)-approved, brand-name and generic prescription drugs that are proven to be effective and that are covered by the plan.

Generic

Generic drugs have the same active ingredients as brand-name drugs, and they're subject to the same FDA standards. Generic drugs generally cost less because they're no longer under patent.

Health Account

Were you enrolled in the Anthem or Kaiser Health Account Plan (HAP) as an active employee? You may have leftover Health Account credits.

If you're enrolled in a PG&E-sponsored health plan for employees on Long-Term Disability, you can use leftover Health Account credits to help pay for copayments, deductibles, coinsurance and whatever you pay out of pocket for eligible medical, dental, vision and mental health expenses—including crowns, braces, eyeglasses and contact lenses, among other things.

You also can use your leftover credits to help pay for your dependents' eligible health expenses—only if they're enrolled in your plan.

See page 39 for information about how to file claims with your Health Account.

In-network providers or network providers or preferred providers

Licensed health care providers (doctors, hospitals, medical groups) that charge lower rates negotiated by the claims administrator—and that meet quality standards required by the claims administrator. Network providers agree to accept as payment in full the plan's negotiated rates for services and treatment.

Maintenance medications

Medications that require regular, ongoing use to treat long-term or chronic conditions, such as asthma, diabetes, high blood pressure and high cholesterol.

Non-formulary

The most expensive prescription drugs. These drugs tend to be the latest, most heavily marketed brand-name drugs.

Out-of-network providers or non-network providers or non-preferred providers

Licensed health care providers (doctors, hospitals, medical groups) that have not signed a contract with a claims administrator to provide services at a negotiated rate. Non-network providers may charge more than the plan's allowed amount.

As a patient, you're responsible for paying any amounts charged by out-of-network providers that exceed the allowed amount. Charges that exceed the allowed amount don't count toward the annual deductible or out-of-pocket maximum.

Out-of-pocket maximum

The most you'll have to pay for covered services in a calendar year. After you spend this amount on deductibles, coinsurance and copayments, the plan will pay 100% of the cost of eligible expenses for the rest of the year.

The out-of-pocket maximum doesn't include amounts you pay for premiums, services that aren't covered or out-of-network charges that exceed the allowed amount.

Premium

The amount charged for health care coverage. You and PG&E share the cost of coverage.

Preventive care

Care that focuses on disease prevention and health maintenance, including early diagnosis of health problems.

Primary care

Basic or general health care provided when you first seek care from a doctor.

Primary care physician (PCP) or primary care provider (PCP)

The doctor, nurse practitioner or physician assistant who provides or coordinates your care, referring you to specialists when needed.

Provider

Licensed health care professional or facility, including doctors, nurse practitioners, physician's assistants, hospitals, clinics, medical groups, pharmacies, durable medical equipment providers, labs and other licensed health care providers.

Reasonable and customary or usual, reasonable and customary (URC)




The amount paid for a medical service in a geographic area based on the amount providers in the area usually charge for the same or similar medical service. Allowed amounts typically are based on reasonable and customary charges.



Contact information

▶ Start here

Have questions about your benefits? Need help enrolling?

CALL	EMAIL	CHAT
<p>Call the PG&E Benefits Service Center at 1-866-271-8144 Monday–Friday, 7:30 a.m.–5 p.m. Pacific time</p> 	<p>Log in* to your Mercer BenefitsCentral account and send a secure message to a service representative</p> <p>You'll get a reply within two business days</p> 	<p>Log in* to your Mercer BenefitsCentral account and chat online with a service representative Monday–Friday, 7:30 a.m.–5 p.m. Pacific time</p> 

*Go to mypgbenefits.com and click **Log In** under **Manage Your Benefits**.

PG&E benefits and coverage options

I NEED TO:

- ▶ Talk to someone about my medical, dental, vision and life insurance options and premium costs
- ▶ Get help with claims and billing issues

PG&E Benefits Service Center

Representatives are available
Monday–Friday, 7:30 a.m.–5 p.m. Pacific time

1-866-271-8144

Medicare and Social Security benefits

I NEED TO:

- ▶ Get help enrolling in Medicare for potentially eligible disabled employees and dependents

Medicare disability

Social Security Advocacy is provided through Allsup, Inc.

Representatives are available
Monday–Friday, 6 a.m.–3 p.m. Pacific time

1-888-339-0743

- ▶ Enroll in Medicare
- ▶ Get a Medicare card

Social Security for Medicare

1-800-772-1213

[socialsecurity.gov/medicare](https://www.socialsecurity.gov/medicare)

- ▶ Get claims-specific or general Medicare information

Medicare




1-800-633-4227

[medicare.gov](https://www.medicare.gov)

Medical coverage

I NEED TO:


- Talk to my medical plan's Member Services about my benefits
- Preauthorize care
- Find out if my provider belongs to the plan's network
- Get help filing a claim
- Dispute a claim
- Get a medical plan ID card

Medical	Contact	Group Number
Anthem Blue Cross-Administered Plans: Network Access Plan (NAP) Comprehensive Access Plan (CAP) Representatives are available Monday–Friday, 7 a.m.–8 p.m. Pacific time	1-800-964-0530 anthem.com/ca/pge  Anthem Anywhere app	170157
Kaiser Permanente EPO (North and South) Representatives are available: <ul style="list-style-type: none"> • Monday–Friday, 7 a.m.–7 p.m. Pacific time • Saturday and Sunday, 7 a.m.–3 p.m. Pacific time 	NORTH: 1-800-663-1771 SOUTH: 1-800-533-1833 kp.org  Kaiser Permanente app	North: 603702 South: 231142
Kaiser Permanente Senior Advantage (North and South) Representatives are available Monday–Friday, 8 a.m.–5 p.m. Pacific time	1-800-443-0815 kp.org  Kaiser Permanente app	North: 28 South: 107932
Hearing Aid Reimbursement for Kaiser Senior Advantage (North and South) Contact the PG&E Benefits Service Center Representatives are available Monday–Friday, 7:30 a.m.–5 p.m. Pacific time	1-866-271-8144	N/A

Express Scripts prescription drug coverage

I NEED TO:

- Find out if my prescription drug is covered
- Get help filing a claim
- Dispute a claim
- Get an Express Scripts ID card

Prescription Drug	Contact	Group Number
Prescription Drug Plan Administered by Express Scripts For NAP and CAP Representatives are available 24/7; closed Thanksgiving and Christmas	1-800-718-6590 express-scripts.com  Express Scripts app	PGE0000

Prescription drug benefits are included in the Kaiser Permanente plans.

Mental health and substance use disorder coverage

I NEED TO:


- Find out if my treatment will be covered
- Preauthorize care
- Get help filing a claim
- Dispute a claim

Mental Health and Substance Use Disorder	Contact
<p>Mental Health and Substance Use Disorder (MHSUD) Program Administered by Beacon Health Options (formerly ValueOptions) Representatives are available 24/7</p> <p>Anthem plans Beacon Health Options administers all mental health and substance use disorder services</p> <p>Kaiser plans Some services are administered only by Kaiser; some only by Beacon Health Options; and some by either Kaiser or Beacon Health Options. See the Medical Plan Comparison Charts for details.</p>	<p>1-888-445-4436 beaconhealthoptions.com</p>

Dental coverage

I NEED TO:


- Find out if my dentist is a Delta Dental PPO or Premier dentist
- Get a pre-treatment estimate
- Get help filing a claim
- Dispute a claim

Dental	Contact	Group Number
<p>Dental Plan Administered by Delta Dental Representatives are available Monday–Friday, 5 a.m.–8 p.m. Pacific time</p>	<p>1-888-217-5323 deltadentalins.com/pg&e  Delta Dental Mobile app</p>	<p>Management and A&T employees (Utility): 1515-0133 Management and A&T employees (Corporation): 1515-0233 IBEW- and SEIU-represented employees: 1515-0111 ESC-represented employees: 1515-0116</p>

Vision coverage

I NEED TO:

- Find out if my eye doctor is a VSP provider
- Get a cost estimate for vision services and products—such as exams, lenses, frames and Lasik surgery
- Find out about discounts on frames and retinal screenings
- Get help filing a claim
- Dispute a claim

Vision	Contact	Group Number
<p>Vision Plan Administered by Vision Service Plan (VSP) Representatives are available: • Monday–Friday, 5 a.m.–8 p.m. Pacific time • Saturday, 6 a.m.–5 p.m. Pacific time</p>	<p>1-800-877-7195 vsp.com  VSP Vision Care On the Go app</p>	<p>Management and A&T employees: 00401601–Div 103, Class 10 Union-represented employees: 00401601–Div 115, Class 3</p>

Health Account

I NEED TO:

- ▶ Get help filing a claim or processing a reimbursement through the Health Account

Anthem Health Account

Administered by WageWorks

Representatives are available

Monday–Friday, 5 a.m.–5 p.m. Pacific time

1-866-271-8144, option 1 and then **option 1** again to request a claim form

Fax your completed claim form to WageWorks:

1-877-353-9236

or

Mail your completed claim form to:

Claims Administrator

P.O. Box 14053

Lexington, KY 40512

Log in to your WageWorks account; then click **Profile > Authorized Individuals**. Complete the requested information and click **Save Changes**.

 EZ Receipts app

Kaiser Health Account

Administered by Kaiser Permanente

Representatives are available

Monday–Friday, 5 a.m.–7 p.m. Pacific time

1-877-750-3399

kp.org/healthpayment

 KP HRA/HSA/FSA Balance Tracker app

Form 1095

I NEED TO:

- ▶ **AFTER JANUARY 31, 2019**—get a copy of my Form 1095 to verify to the IRS that I had minimum essential health coverage for 2018

Anthem Network Access Plan (NAP)
Anthem Comprehensive Access Plan (CAP)
Kaiser Permanente EPO

PG&E Benefits Service Center

1-866-271-8144

Kaiser Permanente Senior Advantage HMO
Centers for Medicare & Medicaid Services (CMS)

1-800-MEDICARE (1-800-633-4227)

TTY: 1-877-486-2048

Reference **CMS Product No. 11865** when calling Medicare with questions about Form 1095

Other benefits

I NEED TO:

- ▶ Quit tobacco—and sign up for the free, five-session, telephonic tobacco cessation program through Provant

Provant tobacco cessation program

Representatives are available

Monday–Friday, 5 a.m.–5 p.m. Pacific time

1-866-271-8144, option 1, then **option 3**

- ▶ Talk with a licensed EAP counselor and get help with day-to-day stresses and concerns

Employee Assistance Program (EAP)

Administered by Beacon Health Options (formerly ValueOptions)

Representatives are available 24/7

1-888-445-4436

achievesolutions.net/pgc

- ▶ Update my life insurance beneficiary or get help with a claim

Life insurance

Administered by MetLife; Group Number 74300

Representatives are available

Monday–Friday, 7:30 a.m.–5 p.m. Pacific time

1-866-271-8144

Don't call MetLife. Instead, log in to your Mercer BenefitsCentral account

mypgbenefits.com

▶ Pay my COBRA premium or get help with my COBRA coverage

COBRA

Administered by WageWorks
Representatives are available
Monday–Friday, 5 a.m.–5 p.m. Pacific time

1-866-271-8144, option 3

mybenefits.wageworks.com

▶ Get help preparing a will or managing the probate process for my estate

Will preparation and estate resolution services

Administered by Hyatt Legal Plans;
Group Number 74300
Representatives are available
Monday–Friday, 5 a.m.–4 p.m. Pacific time

1-800-821-6400

▶ Get help planning or paying for a funeral

Funeral discount and planning services

Administered by MetLife Advantages and
Dignity Memorial
Dignity Memorial representatives are available
24/7, 365 days/year

1-866-853-0954

finalwishesplanning.com

▶ Pay restitution for covering ineligible dependents

Direct billing

Administered by WageWorks
Representatives are available
Monday–Friday, 5 a.m.–5 p.m. Pacific time

1-866-271-8144, option 3

mybenefits.wageworks.com

Address and phone updates

I NEED TO:

▶ Update my address or phone number

PG&E HR Solutions Center

Representatives are available
Monday–Friday, 8 a.m.–4 p.m. Pacific time

415-973-4357

Beneficiary updates

I NEED TO:

▶ Update my beneficiary

Life and accident insurance

Log in to your Mercer BenefitsCentral account:
mypgebenefits.com

OR

Call the PG&E Benefits Service Center:
1-866-271-8144

401(k)—PG&E Retirement Savings Plan

Log in to your NetBenefits account at
401k.com

Pension—PG&E Retirement Plan

Email HRPensionQuestions@pge.com

OR

Call the PG&E Pension Call Center:
1-800-700-0057

More details

I NEED TO:

▶ Read details about my benefits

Summary of Benefits Handbook

Representatives are available
Monday–Friday, 7:30 a.m.–5 p.m. Pacific time

1-866-271-8144 to request a free copy

spd.mypgebenefits.com

Summary of Material Modifications (October 2018)

This *Benefits 2019* guide for Employees on Long-Term Disability 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 (referred to as the Health Care Plan).

Your 2019 enrollment materials are not an exhaustive explanation of the Health Care Plan. Additional information about the Health Care Plan is contained in the documents entitled *The Pacific Gas and Electric Company Health Care Plan for Active Employees*, the *Summary of Benefits Handbook*, and any summaries of material modifications (SMMs). Those documents, the summary plan description for the Kaiser EPO, and the enrollment guides designated as SMMs collectively constitute the official plan document. You can find many of these documents at mypgbenefits.com > **Resources**.

The Employee Benefit Committee of PG&E Corporation is the Plan Administrator of the Health Care Plan and has the discretionary authority to interpret and construe the terms of the official plan document, to resolve any conflicts or discrepancies between the documents that comprise the official plan document, and to establish rules that are necessary for the administration of the Health Care Plan.

Unless otherwise noted, references to PG&E in this guide and in other 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 Health Care Plan 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 Health Care Plan will apply prospectively and will affect your rights and obligations under the Health Care Plan prospectively.

Grandfathered Health Plan Notice

The Anthem and Kaiser EPO benefit options available to employees in 2019 are "grandfathered" benefit options under the Patient Protection and Affordable Care Act of 2010 (PPACA). They are the only grandfathered benefit plans that are available under the Health Care Plan for Active Employees.

As permitted by the PPACA, a grandfathered health plan can preserve certain basic health coverage that already was in effect when that law was enacted. Being a grandfathered health plan means that your plan may not include certain consumer protections of the PPACA that apply to other plans—for example, the requirement for the provision of preventive health services without any cost sharing. However, grandfathered health plans must comply with certain other consumer protections in the PPACA, such as the elimination of lifetime limits on benefits.

Questions regarding which protections apply and which protections do not apply to a grandfathered health plan and what might cause a plan to lose grandfathered status can be directed to the plan administrator: Pacific Gas and Electric Company Plan Administrator, Benefits Department, P.O. Box 5546, Concord, CA 94524. Or, you may contact the Employee Benefits Security Administration, U.S. Department of Labor at **1-866-444-3272** or www.dol.gov/ebsa/healthreform. This website has a table summarizing the protections that apply to grandfathered health plans.

Benefits 2019



Welcome to Open Enrollment for 2019 benefits.

Your Personalized Enrollment Worksheet will be sent separately.

If you don't receive it by November 5, call the PG&E Benefits Service Center at **1-866-271-8144**.

Please check your Personalized Enrollment Worksheet to confirm the dependents you want to cover are listed as covered. To add a dependent now or in the future, you will need to provide verification documents to the PG&E Benefits Service Center to confirm your new dependent's eligibility. See **Enrolling dependents** on page 24 for details.

There are no changes to your benefits for 2019. If you like what you have—and if there have been no changes to Medicare status for you or your enrolled dependents—you don't need to do anything. But if you've had some life changes—including changes to Medicare eligibility—you may need to elect a new plan.

Will you or an enrolled dependent become eligible for Medicare in 2019?

See page 6 for information about what you'll need to do.

Open Enrollment is November 5–19



**RETIREES AND
SURVIVING DEPENDENTS**

Nondiscrimination and accessibility

PG&E's Health Plans do not discriminate on the basis of race, color, national origin, age, disability or sex in their health programs and activities. For people with disabilities, PG&E's Health Plans provide free aids and services, such as qualified sign language interpreters and written information in other formats. If you need these services, contact PG&E's Integrated Disability Management Supervisor:

Email: Accommodations-Req@pge.com

Phone: 925-459-7270

For people whose primary language is not English, PG&E's Health Plans provide free language services, such as qualified interpreters and information written in other languages. If you need these services, contact the PG&E Benefits Service Center by phone:

1-866-271-8144 (TTY: 1-800-424-0253)

Spanish ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al **1-866-271-8144 (TTY: 1-800-424-0253)**.

Chinese 注意：如果您使用繁體中文，您可以免費獲得語言援助服務。請致電 **1-866-271-8144 (TTY: 1-800-424-0253)**。

Vietnamese CHÚ Ý: Nếu bạn nói Tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn. Gọi số **1-866-271-8144 (TTY: 1-800-424-0253)**.

Tagalog PAUNAWA: Kung nagsasalita ka ng Tagalog, maaari kang gumamit ng mga serbisyo ng tulong sa wika nang walang bayad. Tumawag sa **1-866-271-8144 (TTY: 1-800-424-0253)**.

Korean 주의: 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. **1-866-271-8144 (TTY: 1-800-424-0253)** 번으로 전화해 주십시오.

Armenian ՈՒՇԱԴՐՈՒԹՅՈՒՆ՝ Եթե խոսում եք հայերեն, ապա ձեզ անվճար կարող են տրամադրվել լեզվական աջակցության ծառայություններ: Զանգահարեք **1-866-271-8144 (TTY (հեռատիպ)՝ 1-800-424-0253):**

Farsi توجه: اگر به زبان فارسی گفتگو می کنید، تسهیلات زبانی بصورت رایگان برای شما فراهم می باشد. با **1-866-271-8144 (TTY: 1-800-424-0253)** تماس بگیرید.

Russian ВНИМАНИЕ: Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. Звоните **1-866-271-8144 (TTY: телетайп: 1-800-424-0253)**.

Japanese 注意事項:日本語を話される場合、無料の言語支援をご利用いただけます。
1-866-271-8144 (TTY: 1-800-424-0253) まで、お電話にてご連絡ください。

Arabic ملحوظة: إذا كنت تتحدث اذكر اللغة، فإن خدمات المساعدة اللغوية تتوافر لك بالمجان.
اتصل برقم 1-866-271-8144 (رقم هاتف الصم والبكم: 1-800-424-0253).

Punjabi ਧਿਆਨ ਦਿਓ: ਜੇ ਤੁਸੀਂ ਪੰਜਾਬੀ ਬੋਲਦੇ ਹੋ, ਤਾਂ ਭਾਸ਼ਾ ਵਿੱਚ ਸਹਾਇਤਾ ਸੇਵਾ ਤੁਹਾਡੇ ਲਈ ਮੁਫਤ ਉਪਲਬਧ ਹੈ।
1-866-271-8144 (TTY: 1-800-424-0253) 'ਤੇ ਕਾਲ ਕਰੋ।

Cambodian ប្រយ័ត្ន: បើសិនជាអ្នកនិយាយភាសាខ្មែរ, សេវាជំនួយភាសាដោយមិនគិតថ្លៃ
ច្បា ទូរស័ព្ទ គឺអាចមានសំបាប់អ្នក។ 1-866-271-8144 (TTY: 1-800-424-0253) ។

Hmong LUS CEEV: Yog tias koj hais lus Hmoob, cov kev pab txog lus, muaj kev pab dawb
rau koj. Hu rau 1-866-271-8144 (TTY: 1-800-424-0253).

Hindi ध्यान दें: यदि आप हिंदी बोलते हैं तो आपके लिए मुफ्त में भाषा सहायता सेवाएं उपलब्ध हैं।
1-866-271-8144 (TTY: 1-800-424-0253) पर कॉल करें।

Thai ระวัง: ถ้าคุณพูดภาษาไทยคุณสามารถใช้บริการช่วยเหลือทางภาษาได้ฟรี โทร
1-866-271-8144 (TTY: 1-800-424-0253)

If you think a PG&E Health Plan has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability or sex, you can file a grievance with PG&E’s Plan Administrator, who has been designated to coordinate PG&E Health Plan’s compliance with applicable nondiscrimination rules. To contact the Plan Administrator, call: **1-866-271-8144 (TTY: 1-800-424-0253)**

You can file a grievance in person or by mail, fax or email. If you need help filing a grievance, PG&E’s Plan Administrator is available to help you.

You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights, electronically through the Office for Civil Rights Complaint Portal, available at <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>, or by mail or phone at:

U.S. Department of Health and Human Services
200 Independence Avenue SW
Room 509F, HHH Building
Washington, DC 20201
1-800-368-1019, 1-800-537-7697 (TDD)

Complaint forms are available at <http://www.hhs.gov/ocr/office/file/index.html>.

Summary of Material Modifications (October 2018)

This *Benefits 2019* guide for Retirees and Surviving Dependents 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 Retirees and Surviving Dependents (referred to as the "Health Care Plan").



Your 2019 enrollment materials are not an exhaustive explanation of the Health Care Plan. Additional information about the Health Care Plan is contained in the documents entitled *The Pacific Gas and Electric Company Health Care Plan for Retirees and Surviving Dependents*, the *Summary of Benefits Handbook* and any summaries of material modifications (SMMs). Those documents, the enrollment guides designated as SMMs, the summary plan description for the Kaiser EPO, and the evidence of coverage booklets or service provider agreements issued by the HMOs, collectively constitute the official plan document. You can find many of these documents at mypgbenefits.com > **Resources**.


The Employee Benefit Committee of PG&E Corporation is the Plan Administrator of the Health Care Plan and has the discretionary authority to interpret and construe the terms of the official plan document, to resolve any conflicts or discrepancies between the documents that comprise the official plan document, and to establish rules that are necessary for the administration of the Health Care Plan.

Unless otherwise noted, references to PG&E in this guide and in other 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 Health Care Plan 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 Health Care Plan will apply prospectively and will affect your rights and obligations under the Health Care Plan prospectively.

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 **Look for the flag.**
It means you need to take action.

Reminders



Here are a few things to remember about your medical coverage.

Did you or an enrolled dependent become eligible for Medicare? You need to do two things:

Enroll in Medicare Parts A and B—even if you elect PG&E-sponsored retiree medical coverage.

AND

Notify the PG&E Benefits Service Center when you or a dependent become eligible for Medicare. Call [1-866-271-8144](tel:1-866-271-8144).

Why?

If you don't enroll in Medicare Parts A and B, you won't get full benefits.

Your PG&E-sponsored plan won't pay any charges that Medicare would have covered. You'll have to pay those charges—**usually about 80% of the bill**—out of your own pocket.

Why?

You may be offered the wrong plan, and your choice of PG&E-sponsored plans will be limited.

You won't be able to enroll in the Medicare Supplemental Plan (MSP), a Medicare Coordination of Benefits (COB) HMO or a Medicare Advantage HMO.



Warning:

If you don't do one or both of these things, you'll have to pay back any PG&E-sponsored retiree medical benefits you received when you should have received Medicare benefits instead. **The amounts you have to repay may be substantial.**

Want to enroll in a Medicare Advantage or Medicare COB HMO?

You'll need to complete additional forms. If you don't, you won't be enrolled in the HMO. See page 8 for details.

Are you eligible for Medicare but your spouse is not (or vice versa)?

You and your spouse will need to elect corresponding non-Medicare/Medicare plans based on Medicare eligibility. Each of you might have different medical plans—but they must correspond according to the chart on page 30.

Newly eligible for Medicare? Early deadline for forms

If you want to switch to a Medicare Advantage or Medicare COB HMO when you or a dependent become eligible for Medicare, you'll need to submit the Medicare HMO form(s) to the plan you want to elect **the month before you become eligible for Medicare.**

Do you want to elect a Medicare Advantage or Medicare Coordination of Benefits (COB) HMO?

Follow these steps:

- 1** Make sure you're enrolled in Medicare Parts A and B.
- 2** Elect your new plan during Open Enrollment.
- 3** Complete a Medicare COB or Medicare Advantage HMO enrollment form for each Medicare-eligible person enrolling:
 - Download the form from Mercer BenefitsCentral **OR**
 - Call the PG&E Benefits Service Center to request the form be mailed to you
- 4** Mail or fax your completed form directly to the HMO by **November 30**. The HMOs don't allow email submissions.



If the HMO receives your form after the deadline, 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 making any required premium contributions for that plan. You'll need to wait until the next Open Enrollment to elect the plan you want for the following year. See pages 44 and 45 for details.

For coverage effective January 1, 2019, you'll need to submit your completed form directly to the HMO by November 30, 2018

Blue Shield Medicare COB HMO	Blue Shield Medicare Part D prescription drug enrollment form (no medical application is required)
Health Net Medicare COB HMO	<ul style="list-style-type: none">• Medicare HMO enrollment form• SilverScript Medicare Prescription Drug program enrollment form
Health Net Seniority Plus (a Medicare Advantage HMO)	Medicare HMO enrollment form
Kaiser Permanente Senior Advantage (a Medicare Advantage HMO)	Medicare HMO enrollment form You may need to complete other forms or respond to other communications from Kaiser before your enrollment can be finalized.



Switching out of a Medicare HMO?

Most switches from Medicare HMOs require disenrollment forms. Call the PG&E Benefits Service Center to find out if you need to complete a disenrollment form.

Rising health care costs



Coverage costs are up for 2019.

Monthly premiums will increase for 2019—and they're likely to continue to rise in future years.

PG&E's retiree health care costs have been rising approximately 6.5% annually—and are likely to rise even more with health care cost inflation. Greater use of health services, more surgeries and prescription drug costs are some of the biggest drivers of medical inflation.

Want more details?

Your Personalized Enrollment Worksheet showing available plans and coverage costs will be mailed separately.

You also can review this guide and the Medical Plan Comparison Charts for details about plan benefits.

What can you do?

There are a few ways you may be able to stretch your budget.

Did you retire before 2011 with at least 10 years of credited service? Do you have an unused Retiree Premium Offset Account (RPOA) balance?

You can use your RPOA balance to help pay for your share of monthly premium contributions. If you have the RPOA50, you can use it to offset 50% of your share of monthly premium contributions. If you also have the RPOA25, you can use it to offset 25% of your share of monthly premium contributions—after you've completely used up the RPOA50.

Not sure if you have an unused RPOA balance? Call the PG&E Benefits Service Center to find out: [1-866-271-8144](tel:1-866-271-8144).

You can elect to start or stop your RPOA during Open Enrollment by calling the PG&E Benefits Service Center. See pages 52 and 53 for details.

Did you retire in 2013 or later? Do you have a Retiree Health Account?

Were you enrolled in the Anthem or Kaiser Health Account Plan (HAP) while you were a PG&E employee? If so, you had a Health Account that PG&E set up and funded for you.

When you retired, PG&E stopped funding your Health Account—and transferred any unused credits in your Health Account to a Retiree Health Account. In addition, if you were a Management, A&T or ESC employee who retired after January 1, 2017, with Capped Sick Time, 25% of your Capped Sick balance was converted as credits to your Retiree Health Account. IBEW- and SEIU-represented employees do not have Capped Sick Time.

You can use your Retiree Health Account to help pay for health care premiums (including PG&E-sponsored retiree medical premiums), Medicare Part B premiums and out-of-pocket health expenses, provided you're eligible for PG&E-sponsored retiree medical coverage. See page 55 for details.

Here are a few options that may be more affordable.

- Does your spouse have a health plan at work?**
Consider enrolling as a dependent.
- Getting a new job?**
You may be able to enroll in an employee health plan.
- Not yet eligible for Medicare?**
You may qualify for government-subsidized coverage through [coveredca.com](https://www.coveredca.com) if you live in California—or another health exchange if you live outside California. Visit [healthcare.gov/marketplace-in-your-state](https://www.healthcare.gov/marketplace-in-your-state) for listings of other states' plans.
- Can your enrolled dependents get other coverage?**
Consider dropping them from your coverage to lower your costs. Before you drop your dependents, see page 60 for information about who can't re-enroll.

CONSIDERING A HIRING HALL POSITION?

Here's what you need to know about your medical coverage:

- 1** Your PG&E-sponsored retiree medical coverage will end on the last day of the month in which you become a Hiring Hall employee. If you have a Retiree Health Account, it will be suspended until you go back to retiree status.
- 2** You'll be able to enroll in the medical plan offered to Hiring Hall employees—the Anthem Gold Plan. This is just an option; you don't have to elect this coverage.

For example, your spouse could cover you as a dependent in his or her plan if your spouse:

Has employee coverage outside PG&E

OR

Is an active Union-represented PG&E employee enrolled in the Health Account Plan (HAP)

Active PG&E Management or A&T employees may not cover you as a dependent while you're a Hiring Hall employee.

- 3** You'll get information about the Anthem Gold Plan if you become a Hiring Hall employee. When your Hiring Hall assignment ends, you'll be able to re-enroll in a PG&E-sponsored retiree medical plan—and your Retiree Health Account (if you have one) will be ready to use.

Can you have PG&E-sponsored retiree medical plan coverage while you're a Hiring Hall employee?



No. You can't be enrolled in the PG&E-sponsored retiree medical plan while you're an employee. Your retiree medical coverage will end on the last day of the month in which you become a Hiring Hall employee—even if you don't enroll in the Anthem Gold Plan.

Hiring Hall coverage for dependents

Your PG&E-sponsored retiree medical coverage will end on the last day of the month in which you become a Hiring Hall employee. The rules for dependent coverage vary depending on your dependent's status.



Surviving spouses and dependents

Are you a surviving spouse or surviving dependent enrolled in a PG&E-sponsored retiree medical plan? You should think carefully about whether to accept a Hiring Hall position.

As a surviving spouse or surviving dependent, you will not be allowed to re-enroll in a PG&E-sponsored retiree medical plan after your Hiring Hall assignment ends.

Enrolled spouses and dependents

Are you enrolled as a dependent in a PG&E-sponsored retiree medical plan? You'll have the same medical coverage under the same rules as the retiree.

Spouses that are PG&E retirees

Are you a PG&E retiree—and also the spouse of a PG&E retiree who is working as a Hiring Hall employee? You'll keep your PG&E-sponsored retiree medical coverage while your spouse is a Hiring Hall employee.

Surviving spouses that are PG&E retirees

Were both you and your spouse PG&E retirees eligible for PG&E-sponsored retiree medical coverage? Are you enrolled as your spouse's dependent in a PG&E-sponsored retiree medical plan, even though you're also qualified for PG&E-sponsored retiree medical coverage as a retiree?

If you go to work as a Hiring Hall employee, you'll be able to re-enroll in a PG&E-sponsored retiree medical plan after your Hiring Hall assignment ends. That's because you're a PG&E retiree eligible for your own PG&E-sponsored retiree medical coverage.

Considering other coverage?

You may be able to save money by enrolling in a different plan.

Eligible PG&E retirees can drop PG&E retiree medical coverage during Open Enrollment and come back during any future Open Enrollment.

If you drop your spouse from coverage for 2019, you can re-enroll your spouse during the next Open Enrollment for 2020 coverage, provided your spouse is not an employee. However, if you die after dropping your spouse from coverage, your spouse will not be able to re-enroll. See below.

Surviving spouses or dependents that drop PG&E retiree medical coverage may **NOT** re-enroll in a PG&E-sponsored retiree or survivor plan in the future.* **This includes a surviving spouse or dependent that becomes a Hiring Hall employee.** Once a surviving spouse or dependent drops PG&E retiree medical coverage, he or she can't come back. See page 60 for details about who can't re-enroll.

*Surviving spouses or dependents that also are PG&E retirees eligible for their own PG&E-sponsored retiree medical coverage can re-enroll in a PG&E-sponsored retiree medical plan in the future.

Your PG&E-paid, non-taxable retiree medical contribution if you drop coverage

If you decide to drop your PG&E-sponsored retiree medical coverage for 2019 and enroll in any other medical plan—including an active employee plan, such as the Hiring Hall plan—you won't be able to use any PG&E-paid, non-taxable retiree medical contribution to help pay for this other coverage. You can only use your PG&E-paid, non-taxable retiree medical contribution to help pay for PG&E-sponsored retiree medical coverage. **Here's what will happen:**

Do you have the Retiree Medical Employer Contribution (RMEC)?

PG&E will not make RMEC contributions to pay for any other coverage you may choose to enroll in. PG&E will resume RMEC contributions if you later re-enroll in a PG&E-sponsored retiree medical plan.

Do you have a Retiree Premium Offset Account (RPOA) balance with your RMEC?

Your RPOA balance will be frozen when you drop PG&E-sponsored retiree medical coverage. Your RPOA balance will be unfrozen if you later re-enroll in a PG&E-sponsored retiree medical plan.

Do you have the Retiree Medical Savings Account (RMSA)?

Your RMSA balance will be frozen when you drop PG&E-sponsored retiree medical coverage. Your frozen balance will continue to earn interest even when you're not using it. Your RMSA balance will be unfrozen if you later re-enroll in a PG&E-sponsored retiree medical plan.

Do you have a Retiree Health Account?

If you become a PG&E employee: Your Retiree Health Account will be suspended while you're an active PG&E employee. Your Retiree Health Account will be waiting for you and ready to use when you go back to your retiree status.

If you become employed outside PG&E: You'll still be able to use your Retiree Health Account. It won't be suspended.

See page 48 for details.

What you need to do now



Before November 19, 2018:

Read this guide and decide whether to make changes for 2019 or keep what you have.

You'll need to enroll if you want to switch medical plans, or add or drop dependents from coverage.

You may need to enroll in a new plan if you or a dependent has become eligible for Medicare.

EXAMPLE

You'll need to enroll in a different plan if you or any dependents are eligible for "early Medicare" (before age 65) due to disability, but have not yet been switched over to a Medicare plan.

See page 30 for details.

If you don't enroll:

Currently enrolled? You and your currently enrolled eligible dependents will have the same medical coverage you have now **unless you or a dependent has become eligible for Medicare coverage.**



If you or a dependent will be eligible for Medicare by January 1, 2019, you'll need to elect a Medicare plan during Open Enrollment.

Contact the PG&E Benefits Service Center to report Medicare eligibility and to find out about available medical plans.

Medical



You'll be responsible for making any required contributions as listed on your 2019 Personalized Enrollment Worksheet—which was mailed separately.

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

Not enrolled? If you don't enroll, you'll have no PG&E-sponsored coverage for 2019.

YOUR NEXT CHANCE TO ENROLL

If you opt out of coverage for 2019, your next chance to enroll will be next fall for coverage effective January 1, 2020.

If you're eligible for PG&E-sponsored retiree medical coverage, you'll automatically receive Open Enrollment materials every fall. **You don't need to do anything to get your Open Enrollment materials.**

How to enroll

You can enroll for 2019 benefits November 5-19.

Log in to your Mercer BenefitsCentral account from your computer or mobile device:

mypgebenefits.com

You have until 11:59 p.m. Pacific time on November 19 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 19 to enroll by phone.



Remember: Each time you log in to your Mercer BenefitsCentral account, you'll need your user ID, password—and a temporary numeric code that will be sent to your email address or mobile phone number. This multi-factor authentication will help keep your information secure.

Need help?

Call the PG&E Benefits Service Center: **1-866-271-8144.**



Enrolling in a Medicare Coordination of Benefits (COB) or Medicare Advantage HMO?

To complete your enrollment, you'll need to submit a separate Medicare COB or Medicare Advantage HMO enrollment form after you enroll online or by phone.

You'll need to submit a separate form for each Medicare-eligible person enrolling.

If you don't submit the separate form on time, you won't be enrolled in the HMO you wanted to elect.

IMPORTANT: For coverage effective January 1, 2019, the HMO must receive your separate enrollment form by **November 30, 2018**.

Some plans require multiple forms. See pages 44 and 45 for special enrollment rules.

Switching out of a Medicare HMO?

Most switches from Medicare HMOs require a **disenrollment form**. Call the PG&E Benefits Service Center to find out if you need to complete a disenrollment form.

Newly eligible for Medicare? Early deadline for forms

If you want to switch to a Medicare Advantage or Medicare COB HMO when you or a dependent become eligible for Medicare, you'll need to submit the Medicare HMO form(s) to the plan you want to elect **the month before you become eligible for Medicare**.

Check your information

Make sure your information is up to date when you enroll.

Dependents: Need to add or drop a dependent?

Address and phone: Are they current? Some medical plans are only available in certain ZIP codes. You must use your current home address. If you live in a nursing home, the nursing home's street address is your home address.

Birth dates and Social Security numbers: Have you provided accurate birth dates and Social Security numbers for all enrolled dependents?

Medicare eligibility: Have you or a dependent become eligible for Medicare coverage—and have you told PG&E? It's your responsibility to notify the PG&E Benefits Service Center when you or a dependent become eligible for Medicare—whether due to age (65) or disability (under age 65). See page 36 for details.

Change your mind? Make a mistake?

That's not a problem. With Mercer BenefitsCentral, you can enroll or change your elections as often as you like until the Open Enrollment deadline.

Check your confirmation statement

In early December, you'll get a confirmation statement showing what benefits you'll have for 2019.

You'll get a paper confirmation statement if you:

- Enroll over the phone
- Enroll online and you don't have an email address on file with the PG&E Benefits Service Center
- Do nothing—make no changes and simply default to the same coverage for 2019

You'll get an online confirmation statement if you:

- Enroll online and have an email address on file with the PG&E Benefits Service Center

The PG&E Benefits Service Center will send you an email in early December notifying you when your confirmation statement is ready to print.

You'll need to log in to your Mercer BenefitsCentral account if you want to print your confirmation statement.



IMPORTANT:

You have until **December 28, 2018**, to call the PG&E Benefits Service Center to correct any errors for 2019. No changes will be accepted after that.

Need to set up your Mercer BenefitsCentral account?

Registering is easy:

1. Go to mypgbenefits.com and click **Log In** under **Manage Your Benefits**
2. Click on **Take Me to the Mercer BenefitsCentral Login Page**
3. Click **Get Started** under **New Users**
4. Follow the prompts to register your account and set up your user ID and password
5. Confirm your email address and add a mobile phone number as a contact method
6. Choose your desired contact method to receive a temporary numeric code to confirm your identity each time you log in

That's all it takes to get year-round access to your personalized benefits account. You'll be able to:

- See what benefits you have
- Update your dependents for PG&E-sponsored retiree medical coverage
- Update your beneficiary for Postretirement Life Insurance
- Find forms, tools, resources and details about your benefits

Best of all, Mercer BenefitsCentral is always open—you can access it from your computer or mobile device 24 hours a day, 7 days a week.

Logging in securely

Mercer BenefitsCentral uses multi-factor authentication to keep your information secure. Each time you log in, you'll need your:

- User ID
- Password
- Temporary numeric code that will be sent to your email address or mobile phone number (you'll need to receive a new code each time you log in)



Be sure to use a unique, long password—at least eight characters—to help keep your account secure.

Need help?

Call the PG&E Benefits Service Center: **1-866-271-8144**.

Enrolling dependents

As a PG&E retiree, you have an opportunity to enroll your eligible dependents in PG&E-sponsored retiree medical coverage.

You'll need to provide your dependent's name, birth date and Social Security number when you enroll. Generally, you can enroll dependents online or by phone:

Log in to your Mercer BenefitsCentral account via mypgbenefits.com

OR

Call the PG&E Benefits Service Center at 1-866-271-8144

If you want to add or drop a Medicare-eligible dependent, you need to call the PG&E Benefits Service Center. You can't do this online.



Please check your Personalized Enrollment Worksheet to confirm the dependents you want to cover are listed as covered ("Y"). You'll see a Y, N or P by each dependent's name:

Y Covered **N** Not Covered **P** Pending Verification

If the dependent you want to cover is:

N Not Covered **P** Pending Verification Not listed on your worksheet

You'll need to provide verification documents to the PG&E Benefits Service Center before your dependent can be enrolled.

PROVIDING DEPENDENT VERIFICATION

If you're enrolling online, you'll get a pop-up window telling you that a dependent needs to be verified. When you select the box, you'll be able to see:

- Which dependent needs verification
- What documents you need to submit

You can upload, mail or fax the required documents.

If you're enrolling by phone, the PG&E Benefits Service Center representative will help you with the verification process.

Want to enroll your children?

You can enroll your children up to age 26 as long as they're not eligible for coverage under another employer-sponsored health plan (except for a plan of their other parent). You'll need to provide verification of your dependents' eligibility to the PG&E Benefits Service Center.



Warning! Verification of dependent eligibility will be required

PG&E may at any time seek to verify your dependents are eligible for coverage. If that happens, you will receive a notice in the mail with a phone number to call for information about the eligibility verification process. See page 61 for details about the penalties you may face if your enrolled dependent is ineligible for coverage.

Is your dependent child disabled?

If your child is disabled, under age 26 and currently enrolled in a PG&E-sponsored medical plan, you'll need to get your child medically certified as disabled **before he or she reaches age 26** to continue coverage from age 26 onward. You'll need to get the certification directly from your medical plan.

You can cover disabled dependents age 26 or older **only if** they meet both of these conditions:

They were already enrolled in a PG&E-sponsored plan when they turned 26

AND

They were medically certified as disabled by a PG&E-sponsored medical plan before they turned 26

You may not cover disabled dependents age 26 or older if they fail to meet either one of these conditions.

Are you or your dependents eligible for Medicare?



Be sure to enroll in Medicare Parts A and B as soon as you or your dependents become eligible for Medicare. If you don't, you won't get full medical benefits. See page 36 for details.

Changing coverage if your life changes

Getting married or divorced? Adopting a child? Big changes like these are **life events**. Chances are, you'll want to change your benefits coverage, too—like adding or dropping a dependent.

Already enrolled? You have 31 days from the date of your life event to make allowable midyear changes to your coverage (180 days from the birth or adoption of a child).

Not enrolled? If you're not enrolled when you experience a life event, you'll need to wait until the next Open Enrollment period to elect coverage.

Is your spouse a PG&E employee with Health Account Plan (HAP) coverage—and did you waive your retiree medical coverage to enroll as a dependent in your spouse's plan? You can elect PG&E-sponsored retiree medical coverage if you lose your dependent coverage when your spouse retires or loses eligibility for PG&E-sponsored employee coverage.

WANT MORE INFORMATION?

For details about eligibility requirements and allowable midyear changes, see the *Summary of Benefits Handbook for Retirees and Surviving Dependents* at spd.mypgebenefits.com.



Want a free copy? Call the PG&E Benefits Service Center.

Update your beneficiaries

Be sure your beneficiaries are up to date for these benefits:

Life and accident insurance

Log in to your Mercer BenefitsCentral account:
myggebenefits.com

OR

Call the PG&E Benefits Service Center:
1-866-271-8144

401(k)—PG&E Retirement Savings Plan

Log in to your NetBenefits account at **401k.com**



These are separate elections. Your beneficiary elections for one benefit won't carry over to another benefit.



Your wellness benefits

PG&E’s wellness benefits help build a better you by working hand in hand with your medical coverage to help you maintain or improve your health.

Preventive Benefits

Your medical plan offers checkups that can help keep you healthy for the long term:

- Annual physicals
- Routine screenings as recommended by your medical plan—like colonoscopies, prostate exams, OB/GYN exams and mammograms

Tobacco Cessation

When it comes to quitting smoking or chewing, each person’s challenges and needs are unique.

Provant offers a free tobacco cessation program for you and your spouse or domestic partner. You’ll get a five-session, phone-based program with one-on-one support from a certified tobacco cessation specialist. Nicotine replacement therapy is available to complement the program.

To get started, call Provant via the PG&E Benefits Service Center at **1-866-271-8144, option 1, then option 3**. Provant representatives are available Monday through Friday, 5 a.m. to 5 p.m. Pacific time.

You can start participating in the program anytime; you don’t have to wait for 2019.

Free Flu Shots

Anthem members: You can get your seasonal flu shots at no cost at any of the retail pharmacies that sponsor flu shots in the Express Scripts retail pharmacy network. You’ll need to have your Express Scripts ID card with you for claims processing.

If you get your flu shot at your doctor’s office, it will be covered like any other immunization, but it won’t be free.

Blue Shield, Health Net and Kaiser members: You can get your free flu shot from your primary care physician (PCP).



Your medical plan options

The **Personalized Enrollment Worksheet** sent separately shows the medical plan options available to you. These options are based on:

Whether you're eligible for Medicare

AND

Where you live

Are you eligible for Medicare—and have you told PG&E you're eligible for Medicare?

It's your responsibility to notify the PG&E Benefits Service Center when you or a dependent becomes eligible for Medicare. Otherwise, you'll be offered the wrong plans—and you'll have to pay back any PG&E-sponsored retiree medical benefits you received when you should have received Medicare benefits instead. **The amounts you have to repay may be substantial.**

Find out what plans are available to you and your dependents:

For you: See your Personalized Enrollment Worksheet for the plans available to you and the monthly costs.

For your dependents: See the chart below to find out what corresponding medical plans are available to dependents whose eligibility for Medicare is different than your own.

EXAMPLE

- You're eligible for Medicare, but your spouse and children are not.
- You enroll in the Kaiser Permanente Senior Advantage plan.
- Your spouse and children will be enrolled in the Kaiser Permanente EPO plan.

Corresponding non-Medicare and Medicare plans

Under 65 and not disabled? Non-Medicare plans ¹	Age 65 or disabled? Medicare plans ¹
Anthem Network Access Plan (NAP) OR Anthem Comprehensive Access Plan (CAP)	Anthem Comprehensive Access Plan (CAP) OR Anthem Medicare Supplemental Plan (MSP) ²
Anthem Retiree Optional Plan (ROP)	Anthem Retiree Optional Plan (ROP)
Blue Shield HMO	Blue Shield Medicare Coordination of Benefits (COB) HMO
Health Net HMO	Health Net Medicare Coordination of Benefits (COB) HMO OR Health Net Seniority Plus (a Medicare Advantage HMO)
Kaiser Permanente EPO North or South	Kaiser Permanente Senior Advantage North or South (a Medicare Advantage HMO)

¹ Some plans are subject to availability based on your home ZIP code.

² The MSP is not available to Medicare-eligible dependents unless the PG&E retiree is also Medicare-eligible.

ID cards

Changing medical plans? Adding a dependent? You'll get your new ID card:

- By January 2019 if you enroll during Open Enrollment
- Within 10 business days after your change takes effect if you enroll midyear

If you don't receive your new ID card on time, call your medical plan directly. If you need to see a doctor before your ID card arrives, use your confirmation statement as proof of coverage.

Don't want to wait? You can print a copy of your ID card from your plan's website. Anthem members also can print temporary ID cards for their prescription drug plan coverage at express-scripts.com.

Anthem members: Choose and register a primary care physician (PCP)

A primary care physician (PCP) can make a big difference to your health, saving you time and money by ensuring your overall care makes sense based on your history, specialists, medications and lab results. Your PCP can help you avoid costly duplication of tests, and check to make sure all of your medications work well together.

Contact Anthem to find out how you can elect an Enhanced Personal Health Care and Blue Distinction Total Care doctor.

These doctors help you get the right level of care, from the right kind of doctor, at the right time. Call Member Services at the number on your Anthem ID card or go to anthem.com/ca and log in to get started. It only takes a few minutes.

Moving?



You can switch to another plan midyear only if you're enrolled in a plan with a defined service area and you move out of that plan's service area.

Switching from a Medicare Advantage or Medicare COB HMO? Special rules apply. See pages 44 and 45.

Did your doctor leave your plan?

You can't change medical plans midyear if any of your primary care physicians (PCPs), specialists, medical groups, Independent Practice Associations (IPAs), hospitals or other providers leave your medical plan.

Instead, you'll need to use other providers in your plan's network. You can elect a different plan during the next Open Enrollment.

Prescription drug coverage

Prescription drug coverage is included in all of the medical plans PG&E sponsors.

For Anthem Blue Cross NAP, CAP, ROP and MSP members

More than 300 generic prescription drugs are available free of charge when you order them through the Express Scripts mail-order prescription drug program.

Visit [express-scripts.com/lowcostgenerics](https://www.express-scripts.com/lowcostgenerics) to see a list of free generic mail-order drugs or call Express Scripts at **1-800-718-6590**.

Not eligible for Medicare?



You're not eligible for Medicare if you're under 65 and you're not disabled.

PG&E-sponsored non-Medicare plans

Where you live determines what PG&E-sponsored non-Medicare plans are available.

Are you a PG&E retiree? You can choose from the available plans on your Personalized Enrollment Worksheet, mailed separately.

Do you have a dependent? He or she will get the same plan you have—or a corresponding plan if your dependent's eligibility for Medicare is different than yours. See page 30 for corresponding plans.

This is a snapshot of the PG&E-sponsored non-Medicare plans. For details, see the **Medical Plan Comparison Chart** that was mailed with this guide.

Network Access Plan (NAP)¹

You can use any licensed provider²

COSTS

- Annual deductible
- Lower out-of-pocket costs when you use network providers

Comprehensive Access Plan (CAP)¹

- Available if you live outside the NAP's service area
- You can use any licensed provider²

COSTS

- Annual deductible
- You may be able to lower your costs by using network providers

Retiree Optional Plan (ROP)¹

You can use any licensed provider²

COSTS

- Annual deductible
- Lower monthly premium contributions than the NAP and CAP—but higher out-of-pocket costs for services
- You may be able to lower your costs by using network providers

Blue Shield HMO • Health Net HMO • Kaiser Permanente EPO¹

- Available for some ZIP codes
- These plans cover most services in full—but you must use your plan's network of providers located in California to receive coverage

COSTS

- No deductible
- You pay a copayment for office visits and other services
- No charge for some services, such as hospital stays

¹ Under the NAP and CAP, Anthem Blue Cross administers medical benefits and Beacon Health Options administers mental health and substance use disorder benefits. Under the ROP, Anthem Blue Cross administers both medical benefits and mental health and substance use disorder benefits. Express Scripts administers prescription drug benefits for the NAP, CAP and ROP. Under the Health Net HMO and Kaiser Permanente EPO, inpatient substance use disorder benefits can be administered by the plan or by Beacon Health Options.

² Only urgent/emergency care is covered outside the U.S.

**Are you enrolled as a retiree in the Kaiser EPO—
and as a dependent in another Kaiser plan?**

You'll only get benefits from the Kaiser EPO. That's because you're enrolled in the Kaiser EPO as a retiree—not as a dependent.

The Kaiser EPO won't coordinate benefits with other Kaiser plans.

EXAMPLE

If your wife is enrolled as a dependent in the PG&E-sponsored Kaiser EPO—and as an employee in her non-PG&E employer's Kaiser plan—she won't receive any benefits from the PG&E-sponsored Kaiser EPO. It won't coordinate benefits with other Kaiser plans.

Eligible for Medicare?



**You're eligible for Medicare if you're 65 or older—
or under 65 and disabled.**

You must enroll in Medicare to get full benefits

If you don't enroll in Medicare Parts A and B when eligible:

- **Your PG&E-sponsored plan won't pay any charges** that Medicare would have covered. You'll have to pay those charges—**usually about 80% of the cost**—out of your own pocket.
- **Your choice of PG&E-sponsored plans will be limited.** You won't be able to enroll in the Medicare Supplemental Plan (MSP), a Medicare Coordination of Benefits (COB) HMO or a Medicare Advantage HMO.

Are you eligible for Medicare— and have you told PG&E you’re eligible for Medicare?

It’s your responsibility to notify the PG&E Benefits Service Center when you or a dependent become eligible for Medicare.

Otherwise, you’ll be offered the wrong plans—and you’ll have to pay back any PG&E-sponsored retiree medical benefits you received when you should have received Medicare benefits instead. **The amounts you have to repay may be substantial.**

When to enroll in Medicare

The following rules apply to you and any eligible dependents you want to cover under your PG&E-sponsored retiree medical plan.

Turning 65 soon?

You or your spouse must apply for Medicare Parts A and B **three months before turning 65.**

Disabled?

If you’ve been getting Social Security disability benefits for at least two years, you should be automatically enrolled in Medicare Parts A and B unless you declined or canceled Part B after becoming eligible.

If you declined or canceled Medicare Part B after becoming eligible, you need to contact the Social Security Administration immediately to reinstate your Part B coverage.

If you enroll late

If you don’t enroll in Medicare Parts A and B when you’re first eligible, you’ll have to pay a Medicare Part B late enrollment penalty for the rest of your life. You’ll also need to pay back any PG&E-sponsored retiree medical benefits you received when you should have received Medicare benefits instead. **The amounts you have to repay may be substantial.**

How to enroll in Medicare



There are three ways you can enroll in Medicare Parts A and B.

- Call the Social Security Administration at **1-800-772-1213**
- Visit your local Social Security office
- Enroll online at [socialsecurity.gov/medicare](https://www.socialsecurity.gov/medicare)

When Medicare coverage starts

If you enroll at least three months before turning 65, your Medicare coverage will be effective the first day of the month you reach age 65. If your birthday is on the first day of the month, your Medicare coverage will be effective the first day of the prior month.

Under 65 and disabled? Your Medicare coverage should automatically start after you've been getting Social Security disability benefits for two years. **DO NOT decline Part B when you become eligible for it.**

How Medicare works with PG&E plans

All PG&E-sponsored Medicare plans work together with Medicare—even if you're not enrolled in Medicare Parts A and B.

Most PG&E plans coordinate benefits with Medicare. However, with the Medicare Advantage HMOs, you assign your Medicare benefits to the HMO. This allows Medicare to reimburse the HMO instead of reimbursing you.

Medicare is always your primary coverage, and your PG&E coverage is secondary. This means Medicare pays benefits first, and your PG&E plan pays any remaining eligible benefits second.

If you're not enrolled in Medicare Parts A and B, you won't get full benefits. See page 36 for details.

How claims are processed

Comprehensive Access Plan (CAP) Medicare Supplemental Plan (MSP) Retiree Optional Plan (ROP)

MEDICAL CLAIMS

Medicare processes your medical claims first:

- Medicare Parts A and B provide your primary coverage
- The CAP, MSP or ROP provides your secondary coverage

PRESCRIPTION DRUG CLAIMS

Express Scripts processes most prescription drug claims first:

- The CAP, MSP and ROP provide primary prescription drug coverage through Express Scripts for most prescription drugs
- Medicare provides primary coverage for Medicare Part B drugs—like diabetic and transplant drugs

Medicare Coordination of Benefits (COB) HMOs Medicare Advantage HMOs

ALL CLAIMS

Medicare COB HMOs and Medicare Advantage HMOs work directly with Medicare:

You typically pay a copayment at the time of service—and you usually don't have to file claims

Prescription drug coverage and Medicare

All PG&E-sponsored plans have better prescription drug benefits than the basic Medicare Part D prescription drug benefit.

PG&E plans don't coordinate prescription drug benefits with Medicare, except for some drugs covered by Medicare Part B.

Enrolled in an Anthem plan (CAP, MSP, ROP)?

You have prescription drug coverage through Express Scripts. It's not a Medicare Part D prescription drug plan.

Enrolled in a Medicare COB HMO or Medicare

Advantage HMO? You're automatically enrolled in the HMO's Medicare Part D prescription drug plan—which is better than the standard Medicare Part D prescription drug plan.

DO NOT ENROLL in any Medicare Advantage plan or Medicare Part D prescription drug plan that is not sponsored by PG&E.



If you enroll in any other external plan or a Medicare Part D prescription drug plan:

- You and your enrolled dependents will be disenrolled from your PG&E-sponsored plan—AND
- You will lose all of your medical and prescription drug coverage through PG&E.

That's because if you enroll in an external plan, your Medicare benefits will be paid to that plan—not to your PG&E-sponsored plan.

You can re-enroll in a PG&E-sponsored retiree medical plan during the next Open Enrollment, as long as you're eligible. See page 60 for information about who can't re-enroll.

PG&E-sponsored Medicare plans

Where you live determines what PG&E-sponsored Medicare plans are available.

Are you a PG&E retiree? You can choose from the available plans on your Personalized Enrollment Worksheet, mailed separately.

Do you have a dependent? He or she will get the same plan you have—or a corresponding plan if your dependent's eligibility for Medicare is different than yours. See page 30 for corresponding plans.

This is a snapshot of the PG&E-sponsored Medicare plans.

For details, see the **Medical Plan Comparison Chart** that was mailed with this guide.

Comprehensive Access Plan (CAP)¹

- You can use any licensed provider²
- Provides secondary coverage to Medicare Parts A and B
- Won't pay any amount covered by Medicare

NOTES

If you don't enroll in Medicare Part B, you'll have to pay amounts Medicare would have covered³

Retiree Optional Plan (ROP)¹

- You can use any licensed provider²
- Lower monthly premium contributions—and higher out-of-pocket costs for services
- Provides secondary coverage to Medicare Parts A and B
- Together with Medicare, ensures you get at least 70% coverage for eligible expenses after you pay deductibles (the ROP pays nothing when Medicare pays more than 70%)
- Won't pay any amount covered by Medicare

NOTES

If you don't enroll in Medicare Part B, you'll have to pay amounts Medicare would have covered³

Medicare Supplemental Plan (MSP)¹

- Available only to Medicare-eligible retirees and dependents
- You can use any licensed provider²
- Provides secondary coverage to Medicare Parts A and B
- Pays 80% of eligible expenses not paid by Medicare after you pay \$100 deductible
- Won't pay any amount covered by Medicare

NOTES

If you don't enroll in Medicare Part B, you can't enroll in the MSP

MSP has two lifetime maximums:

- A \$10,000 lifetime maximum medical benefit for each member—plus
- A separate \$10,000 lifetime maximum prescription drug benefit for each member
- Every year, the plan restores up to \$1,000 toward each of these two maximums
- Lifetime maximums do not include amounts paid by Medicare

Reach the maximum? Call the PG&E Benefits Service Center as soon as Anthem or Express Scripts notifies you that you've reached the \$10,000 lifetime maximum.

You can choose another plan in your service area within 31 days after you reach one or both lifetime maximums.

You'll have to pay any new deductibles in full if you switch plans midyear.

¹ Under the CAP, Anthem Blue Cross administers medical benefits and Beacon Health Options administers mental health and substance use disorder benefits. Under the MSP and ROP, Anthem Blue Cross administers both medical benefits and mental health and substance use disorder benefits. Express Scripts administers prescription drug benefits for the CAP, MSP and ROP.

² Only urgent/emergency care is covered outside the U.S.

³ Even if you have Medicare Parts A and B, you still may be required to pay part of the claim for expenses not covered at 100% by the CAP or ROP, like X-rays, which are covered at 90% under the CAP and 70% under the ROP.

continued on next page

Medicare Coordination of Benefits (COB) HMOs: Blue Shield Medicare COB HMO • Health Net Medicare COB HMO

Benefits are highest when you use your HMO's provider network:

- You pay a copayment at the time of service
- Your HMO will coordinate all payments with Medicare
- Usually, you'll have no additional payments beyond your copayment

You can use licensed providers outside the HMO's network:

You'll get traditional Medicare coverage at the standard level of Medicare benefits

You'll get your HMO's Medicare Part D prescription drug coverage:

- Better benefits than the standard Medicare Part D prescription drug benefit
- No prescription drug deductible or gaps in coverage



DO NOT ENROLL in any Medicare Part D plan that is not sponsored by PG&E.

If you do, your PG&E-sponsored retiree medical and prescription drug coverage will be terminated.

You can re-enroll in a PG&E-sponsored retiree medical plan during the next Open Enrollment, as long as you're eligible. See page 60 for information about who can't re-enroll.

NOTES

Special enrollment rules:

- You must be enrolled in Medicare Parts A and B to enroll in a Medicare COB HMO plan
- You'll need to complete and sign a separate enrollment form for each Medicare-eligible person enrolling

IMPORTANT: For coverage effective January 1, 2019, the HMO must receive your Medicare enrollment form(s) by **November 30, 2018**



- **Blue Shield Medicare COB HMO:** For each Medicare-eligible person enrolling, you'll need to complete a separate enrollment application for your HMO's Medicare Part D prescription drug coverage
- **Health Net Medicare COB HMO:** For each Medicare-eligible person enrolling, you'll need to complete two forms—one form to enroll in the HMO and another form to enroll in the SilverScript Medicare Prescription Drug program
- Download the form(s) from Mercer BenefitsCentral or call the PG&E Benefits Service Center to request the form(s) be mailed to you

Not enrolled in Medicare Parts A and B? Didn't turn in the separate enrollment form for your HMO's Medicare Part D prescription drug coverage?

If you don't follow **ALL** of the rules and you're trying to elect a Medicare COB HMO during Open Enrollment, you won't have Medicare COB HMO coverage effective January 1, 2019. Instead, you'll be automatically enrolled in the Comprehensive Access Plan (CAP), and you'll be responsible for monthly premium contributions for that plan.⁴ You won't be able to elect a Medicare COB HMO until the next Open Enrollment.

Newly eligible for Medicare? Early deadline for forms

If you want to switch to a Medicare Advantage or Medicare COB HMO when you or a dependent become eligible for Medicare, you'll need to submit the Medicare HMO form(s) to the plan you want to elect **the month before you become eligible for Medicare.**

Medicare Advantage HMOs:

Kaiser Permanente Senior Advantage (North and South) • Health Net Seniority Plus

You must use your HMO's network of doctors and hospitals—except for medical emergencies.

- You assign or give away control of your Medicare benefits to the HMO when you enroll
- You can't use your Medicare benefits outside of your HMO's network
- Coverage costs are typically lower than for Medicare COB HMOs

You'll get your HMO's Medicare Part D prescription drug coverage:

- Better benefits than the standard Medicare Part D prescription drug benefit
- No prescription drug deductibles or gaps in coverage



DO NOT ENROLL in any Medicare Part D plan that is not sponsored by PG&E.

If you do, your PG&E-sponsored retiree medical and prescription drug coverage will be terminated.

You can re-enroll in a PG&E-sponsored retiree medical plan during the next Open Enrollment, as long as you're eligible. See page 60 for information about who can't re-enroll.

NOTES

Special enrollment rules:

- You must be enrolled in Medicare Parts A and B to enroll in a Medicare Advantage HMO plan
- You'll need to complete and sign a Medicare Advantage HMO Group enrollment form for each Medicare-eligible person enrolling

IMPORTANT: For coverage effective January 1, 2019, the HMO must receive your Medicare Advantage HMO Group enrollment form by **November 30, 2018**



- The form authorizes assignment of your Medicare Part A and B benefits to the HMO, and acknowledges that you'll be enrolled in your HMO's Medicare Part D prescription drug coverage
- **Kaiser Permanente Senior Advantage:** For each Medicare-eligible person enrolling, you'll need to complete a Medicare HMO enrollment form (you may need to complete other forms or respond to other communications from Kaiser before your enrollment can be finalized)
- **Health Net Seniority Plus:** For each Medicare-eligible person enrolling, you'll need to complete a Medicare HMO enrollment form
- Download the Medicare HMO enrollment form from Mercer BenefitsCentral or call the PG&E Benefits Service Center to request the form be mailed to you

Not enrolled in Medicare Parts A and B? Didn't turn in the Medicare Advantage HMO Group enrollment form on time?

If you don't follow **ALL** of the rules and you're trying to elect a Medicare Advantage HMO during Open Enrollment, you won't have Medicare Advantage HMO coverage effective January 1, 2019. Instead, you'll be automatically enrolled in the Comprehensive Access Plan (CAP), and you'll be responsible for monthly premium contributions for that plan.⁴ You won't be able to elect a Medicare Advantage HMO until the next Open Enrollment.

⁴ Covered family members will be enrolled in the Comprehensive Access Plan (CAP) if they're Medicare-eligible — or in the Network Access Plan (NAP) or CAP if they're not Medicare-eligible, depending on your home ZIP code. See the chart on page 30 for corresponding Medicare/non-Medicare plans.

Want to switch out of your Medicare COB HMO or Medicare Advantage HMO?

In most cases, you'll need to disenroll from your HMO to regain control of your Medicare benefits so you can use them. Here's how:

- 1 Elect your new plan during Open Enrollment.
- 2 Call the PG&E Benefits Service Center to find out if you need a Medicare HMO disenrollment form. If the answer is "yes," each enrolled family member will need to complete a Medicare HMO disenrollment form. You can download the form from Mercer BenefitsCentral or ask the PG&E Benefits Service Center to mail it to you.
- 3 Mail or fax your completed Medicare HMO disenrollment form directly to your Medicare HMO plan by **November 30, 2018**. The HMOs don't allow email submissions.

Moving?

Before you move:



1. Call the PG&E Benefits Service Center and tell them you're moving.
2. Ask the PG&E Benefits Service Center if your Medicare COB or Medicare Advantage HMO plan will be available at your new home address. If it won't be available, you'll need to:
 - Elect a new medical plan.
 - Ask the PG&E Benefits Service Center if you need to fill out a Medicare HMO disenrollment form for your plan. If the answer is "yes," each enrolled family member will need to complete a Medicare HMO disenrollment form.

Note: If you move out of the service area and you report your address change to the Centers for Medicare & Medicaid Services (CMS), you won't need a disenrollment form.
3. Mail or fax your completed Medicare HMO disenrollment form(s) directly to your Medicare HMO plan **BEFORE the end of the month in which you report your address change**.

See the back cover for information about how to change your address.

LATE FORM? IT COULD COST YOU.

If your medical plan gets your completed Medicare HMO disenrollment form after the deadline, you could have unpaid claims under your new plan. **You'll be responsible for paying those claims.**

Medicare Part B premium reimbursement credits

You and your spouse will each get a \$15 monthly credit toward your Medicare Part B premium when you're enrolled in Medicare Part B and a PG&E-sponsored Medicare plan.

Think you should be getting the credit? Call the PG&E Benefits Service Center.

Disabled and under 65? You'll get a higher credit.

If you or your dependents are under 65 and eligible for Medicare due to a disability, you'll get the full standard amount of the Medicare Part B premium instead of the \$15 credit. In other words, PG&E will reimburse the standard Part B premium, excluding any income-based surcharges that Social Security may assess you. **Your Medicare Part B credit will be based on the year you were first approved for Medicare Part B.** When you or your dependents turn 65, the credit will change to \$15 per month.

You and up to two dependents can get this credit as long as each of you is:

- Disabled and under 65,
- Enrolled in Medicare Parts A and B, and
- Enrolled in a PG&E-sponsored medical plan.

Think you qualify for Social Security disability benefits?

Call Allsup, Inc., at [1-888-339-0743](tel:1-888-339-0743). PG&E has contracted with Allsup, Inc., to provide help with the Social Security disability application process at no cost to potentially eligible disabled retirees and dependents.



Paying for coverage

In most cases, you and PG&E* share the cost of your PG&E-sponsored retiree medical premiums through one of these programs:

Retiree Medical Employer Contribution (RMEC)

Available if you retired before 2011

OR

Retiree Medical Savings Account (RMSA)

Available if you retired in 2011 or later and have a remaining RMSA balance

Did you retire September 2009 through December 2010? You had a one-time, irrevocable choice of the RMEC or RMSA, effective January 1, 2011.

You can use these programs only to help pay the monthly premium cost of your PG&E-sponsored retiree medical coverage. You can't use these programs to pay for any other coverage or costs.

*As used in this section, "PG&E" means a Participating Employer with respect to such employer's employees and retirees. See page 4 for Participating Employers offering health coverage for 2019.

Key acronyms

Use these acronyms to help you understand the information on the following pages.

RMEC: Retiree Medical Employer Contribution

RPOA: Retiree Premium Offset Account
(available with the RMEC)

RMSA: Retiree Medical Savings Account

Will you be billed?

Usually, your share of the cost for your monthly premiums is deducted automatically from your monthly pension benefit.

You'll get a monthly bill for your share of the cost if:

Your share of the monthly medical premium would take 85% or more of your monthly pension benefit

OR

You received a lump-sum pension benefit when you retired instead of a monthly annuity

OR

You delayed the start of your pension payments



After your pension payments start, you'll need to call the PG&E Benefits Service Center if you want to stop getting monthly bills and switch to pension deductions.

RMEC

The amount the Retiree Medical Employer Contribution (RMEC) will pay for 2019 coverage is listed on your Personalized Enrollment Worksheet.

RMEC contributions are based on each individual's eligibility for Medicare. This means an enrolled family could get a combination of RMEC contributions for non-Medicare and Medicare coverage. The amounts are different because the cost of coverage is different.

All RMEC contributions and limits are scaled proportionately, based on years and months of credited service.

Not eligible for Medicare?

Each year, the RMEC will pay an equivalent of 65% of the monthly cost of the non-Medicare Network Access Plan (NAP) or Comprehensive Access Plan (CAP)—up to an annual dollar limit based on your years and months of credited service.

Non-Medicare retirees with 10 to 25 years of service will get a contribution **ranging from 50%–65% of the cost of NAP or CAP coverage**. Annual RMEC contributions can't exceed annual limits:

Maximum annual RMEC contribution for non-Medicare participants		
Enrolled non-Medicare retiree	Enrolled non-Medicare spouse or registered domestic partner	Enrolled non-Medicare children
\$13,000 Up to \$1,083.33 per month	+ \$13,000 Up to \$1,083.33 per month	+ \$13,000 total for all enrolled children if at least one child is not eligible for Medicare —up to \$1,083.33 per month

Enrolling in a plan other than the NAP or CAP? The RMEC will pay the equivalent amount for your coverage—**up to 72% of the monthly cost** of coverage for your plan—and no more than \$1,083.33 per month. **You pay at least 28%** of your monthly premium cost.



Eligible for Medicare?

For 2019, the base monthly RMEC contribution will be \$141.78.

PG&E will increase the amount annually until the amount the RMEC pays for Medicare retirees with 25 or more years of credited service reaches the maximum annual limit:

Maximum annual RMEC contribution for Medicare participants		
Enrolled Medicare retiree	Enrolled Medicare spouse or registered domestic partner	Enrolled Medicare children
\$2,500 Up to \$208.33 per month	+ \$2,500 Up to \$208.33 per month	+ \$2,500 total for all enrolled children if they are all eligible for Medicare —up to \$208.33 per month

PG&E's base monthly contribution for a Medicare retiree with 10 to 25 years of service is scaled proportionately, from **\$45.38** to **\$141.78** in 2019. Annual limits are scaled proportionately, too.

Medicare retirees with retirement dates in 2003 or earlier—and with fewer than 25 years of service—will continue to get the full base contribution up to the annual limit.

RPOA

Do you have the RMEC? Did you retire with at least 10 years of credited service? You have the Retiree Premium Offset Account (RPOA), too.

RPOA50

A one-time allotment of \$500 for each year of credited service beyond your first 10 years of credited service—up to \$7,500

You can use the RPOA50 to offset 50% of your share of monthly premium contributions



RPOA25

An extra allotment in addition to the RPOA50 if you retired before January 1, 2007

After you use up your RPOA50, you can use the RPOA25 to offset 25% of your share of monthly premium contributions

You can't use the RPOA25 until you've completely used up your RPOA50

Want to start or stop your RPOA? Call during Open Enrollment.

During Open Enrollment, you can elect to start or stop your RPOA by calling the PG&E Benefits Service Center. You need to call; you can't make this election online.

If you don't call, your current RPOA election will continue for 2019.

You can't change your RPOA election outside of Open Enrollment unless you have a life event that would allow for the change. See page 26 for information about life events, or see the *Summary of Benefits Handbook for Retirees and Surviving Dependents* at spd.mypgebenefits.com.

Why would you want to stop your RPOA?

Your spouse may be eligible to inherit it. See "Paying for coverage" on page 48 for details.

Low RPOA balance? Watch out.

If your RPOA balance runs out midyear, you'll be responsible for paying the amount the RPOA was paying. You won't be able to switch to a less expensive retiree medical plan during the year just because your RPOA runs out.

If your RPOA balance is low, consider switching to a less expensive plan during Open Enrollment.

RMSA

Each year, the Retiree Medical Savings Account (RMSA) pays a monthly percentage of your cost for PG&E-sponsored retiree medical coverage until your account is used up.

The percentage the RMSA pays is based on Medicare eligibility:

Not eligible for Medicare	Eligible for Medicare
55% of the cost of coverage	30% of the cost of coverage

What you pay

How much you pay depends on the total cost of your medical premium minus how much the RMSA pays.

EXAMPLE:

These are sample calculations for you and an enrolled spouse or registered domestic partner.*

Monthly premium:	\$3,000
- your RMSA payment	- \$1,000
- your spouse's RMSA payment	- \$ 700
<hr/>	
The amount you pay	\$1,300

*Dollar amounts are for illustration purposes only.

See your Personalized Enrollment Worksheet (mailed separately) for specific premium costs.

Do you have a Retiree Health Account?

You have this tax-free health reimbursement account if you:

- Are eligible for PG&E-sponsored retiree medical coverage;
- Were enrolled in the Anthem or Kaiser Health Account Plan (HAP) when you retired; and
- Had leftover Health Account credits when you retired.

Did you retire after January 1, 2017? Capped Sick Time for Management, A&T and ESC employees

You also could have a Retiree Health Account if you are eligible for PG&E-sponsored retiree medical coverage and you had Capped Sick Time when you retired—even if you were not enrolled in the Health Account Plan (HAP) as an employee. If you had Capped Sick Time when you retired, 25% of your Capped Sick balance was converted as credits to your Retiree Health Account. It takes six to eight weeks after your retirement date for credits to be applied to your Retiree Health Account.

IBEW- and SEIU-represented employees do not have Capped Sick Time.

How the Retiree Health Account works

You don't have to be enrolled in a PG&E-sponsored retiree medical plan to use your Retiree Health Account—just eligible for the coverage.

PG&E won't contribute to your Retiree Health Account after you retire, but you can use your credits to help pay for:

- Health care premiums—including PG&E-sponsored retiree medical premiums
- Medicare Part B premiums
- Eligible medical, prescription, dental, vision and mental health expenses

EXAMPLE:

Examples of eligible health expenses include—but aren't limited to:

- Prescriptions
- Eyeglasses and contact lenses
- Dental and vision exams
- Fillings
- Lab tests
- Crowns
- Durable medical equipment
- Oral surgery

You also can use your leftover credits to help pay for your dependents' eligible health expenses—even if they're not enrolled in a PG&E-sponsored plan.

continued on next page

Deadline for filing Retiree Health Account claims

Are you a retiree? There is no deadline for filing Retiree Health Account claims.

Are you a surviving dependent enrolled in a PG&E-sponsored retiree medical plan?

There is no deadline for filing Retiree Health Account claims. However, to use the account, you have to stay enrolled in a PG&E-sponsored retiree medical plan. If you drop PG&E-sponsored retiree medical coverage, you forfeit any remaining credits in the Retiree Health Account.

How to file claims

Your Retiree Health Account administrator is WageWorks if you:

- Were enrolled in the Anthem HAP as an employee and had leftover Health Account credits when you retired
- Had Capped Sick Time that was converted into a Retiree Health Account when you retired (it takes six to eight weeks after your retirement date for credits to be applied to your Retiree Health Account)

You need to file claims manually.

WAGeworks	
Call the PG&E Benefits Service Center at 1-866-271-8144 to request a claim form	Fax your completed claim form to WageWorks: 1-877-353-9236
OR	OR
Log in to your WageWorks account: wageworks.com	Mail your completed form to: Claims Administrator P.O. Box 14053 Lexington, KY 40512
OR	
Use the EZ Receipts free mobile app	

Do you want to authorize someone else to speak to WageWorks on your behalf? It's easy:

Log in to your **WageWorks** account; then click **Profile > Authorized Individuals**. Complete the requested information and click **Save Changes**.

Your Retiree Health Account administrator is Kaiser if you were enrolled in the Kaiser HAP as an employee and had leftover Health Account credits when you retired.

You can still use your Kaiser Health Payment Cards at the Kaiser pharmacy.

KAISER
You can file Retiree Health Account claims with Kaiser Permanente.
Go to kp.org/healthpayment to file a claim.
OR
Call Kaiser at 1-877-750-3399 for help filing claims.



What else you need to know

Medical benefits for surviving dependents

Your dependents will be eligible for PG&E-sponsored medical coverage only if they're enrolled under your coverage when you die.

Surviving spouses lose eligibility for PG&E coverage if they:

- Remarry or register a domestic partnership,
- Have other medical coverage (except Medicare),
- Don't enroll in a PG&E-sponsored medical plan when first eligible, or
- Cancel coverage for any reason.

IF A SURVIVING SPOUSE OR DEPENDENT BECOMES INELIGIBLE

Surviving spouses and dependents who become ineligible for PG&E-sponsored coverage should call the PG&E Benefits Service Center right away to avoid penalties.

EXAMPLE: A surviving spouse becomes ineligible for PG&E coverage at the end of the month he or she marries or enters into a domestic partnership—even if the new spouse or domestic partner has no other coverage.



Warning! Verification of dependent eligibility will be required

PG&E may at any time seek to verify your enrolled surviving spouse or dependents are eligible for coverage. If that happens, your enrolled surviving spouse or dependents will receive a notice in the mail with a phone number to call for information about the eligibility verification process.

If you want to enroll a dependent not listed on your Personalized Enrollment Worksheet, you'll need to provide verification of your dependent's eligibility to the PG&E Benefits Service Center.

See page 61 for details about the penalties your dependents may face if they're enrolled and ineligible for coverage.

Paying for coverage

Your spouse or other dependents will need to pay the full monthly premium. PG&E doesn't contribute toward the cost of medical coverage except in these three cases:

1. If your spouse has a remaining RMSA balance and isn't eligible for Medicare, he or she can continue to use the RMSA to help pay for premiums. Your spouse can use the RMSA until:
 - The account is used up,
 - Your spouse becomes eligible for Medicare, or
 - Your spouse becomes ineligible for PG&E coverage—whichever occurs first.
2. If you have a Retiree Health Account, your spouse may be eligible to inherit it, and can use remaining credits until the account is used up or until your spouse no longer has PG&E-sponsored retiree medical coverage.
3. If you have a remaining RPOA balance, your spouse may be eligible to inherit it, and can use it to help pay for premiums.

For details, see the *Summary of Benefits Handbook for Retirees and Surviving Dependents* at spd.myggebenefits.com.

Who can't re-enroll

The following people can't ever re-enroll for PG&E-sponsored retiree or survivor medical coverage:

- Retirees who dropped coverage before January 1, 2003
- Surviving spouses or dependents who dropped PG&E-sponsored survivor medical coverage at any time*

*If a surviving spouse or dependent is also a PG&E retiree eligible for PG&E-sponsored retiree medical coverage, he or she will be able to re-enroll in a PG&E-sponsored retiree medical plan—as a retiree.



Warning! Penalties for ineligible dependents or missed payments

Did you enroll an ineligible dependent? Miss a payment? Watch out. Your coverage may be canceled. You're responsible for:

- Paying your required monthly premium contribution on time
- Making sure your enrolled dependents are eligible for coverage
- Paying any required restitution for covering ineligible dependents (you'll be billed for required restitution)

NOT SURE IF YOUR DEPENDENT IS ELIGIBLE?

Call the PG&E Benefits Service Center at 1-866-271-8144.

Representatives are available Monday–Friday, 7:30 a.m.–5 p.m. Pacific time.

You have 31 days to drop ineligible dependents

You must drop ineligible dependents from coverage within 31 days of the date they become ineligible.

If you cover an ineligible dependent, you'll be required to make restitution to the Participating Employer* for health care coverage—up to two full years' of the cost of coverage. Knowingly covering an ineligible dependent is considered fraud. For details, visit spd.mypgebenefits.com.

To drop ineligible dependents, call the PG&E Benefits Service Center or log in to Mercer BenefitsCentral.

*Participating Employers are listed on page 4.

Glossary



Allowed amount

The maximum charge your health plan allows for covered services from out-of-network health providers. The allowed amount is often based on the plan's definition of "reasonable and customary" charges.

When your out-of-network provider charges more than the plan's allowed amount, you have to pay the difference. These excess charges won't count toward the annual deductible or out-of-pocket maximum.

In-network or preferred providers have agreed to accept the plan's contracted rates for covered services, so you won't have charges that exceed the allowed amounts. See **balance billing**.

EXAMPLE

Suppose your plan allows \$100 for an office visit but your out-of-network doctor charges \$150. You'll have to pay the extra \$50—plus any amounts you owe for the office visit. The extra \$50 won't count toward your deductible or out-of-pocket maximum.

Balance billing

If your out-of-network expenses exceed the plan's allowed amount, your out-of-network doctor may bill you for the difference between his or her charge and the plan's allowed amount.

This is called balance billing. These excess amounts don't count toward the annual deductible or out-of-pocket maximum.

In-network or preferred providers have agreed to accept the plan's contracted rates for covered services. But you might get a bill from non-network or non-preferred providers—because they haven't agreed to accept the plan's allowed amount for covered services.

EXAMPLE

If your out-of-network doctor charges \$100 for a service and the allowed amount is \$60, your doctor may bill you for the remaining \$40. You'll be responsible for paying the \$40 in addition to any deductible, copayment or coinsurance you may owe.

Chronic condition

An ongoing physical or mental condition that requires long-term monitoring or management to control symptoms. Rheumatoid arthritis is an example of a chronic condition.

Coinsurance

Your share of the cost of covered health services after you pay the annual deductible. Coinsurance is usually 10% to 30% of the contracted or allowed amount under the PG&E-sponsored retiree medical plans.

EXAMPLE

- Jerry has a non-Medicare plan, and he has already paid his plan's calendar-year deductible.
- Jerry needs a lab test, which is covered at 90% after the deductible.
- Jerry's coinsurance for the lab test is 10%.
- Let's say the contracted or allowed amount for his lab test is \$80.
- Jerry's plan pays \$72 (90% of \$80), and Jerry pays the remaining \$8 (10% of \$80).

Copayment or copay

A fixed amount you pay for a covered service—usually when you receive the service.

EXAMPLE

Some plans charge a copay when you go to see the doctor. Copays are usually \$10 to \$20 per visit under the PG&E-sponsored retiree medical plans.

Lab tests and X-rays are covered separately from office visits, so you may owe more than the office visit copay. For details, see the **Medical Plan Comparison Charts** that were mailed with this guide.

Covered services

Health services covered by the plan. Charges for covered services are eligible expenses—up to the contracted or allowed amount.

Deductible

The amount you have to pay every year for covered services before the plan pays benefits for covered services. The HMO plans don't have deductibles.

Durable medical equipment

Equipment or supplies ordered by a health care provider for everyday or extended use.

EXAMPLE

Walkers, wheelchairs and oxygen equipment are all examples of durable medical equipment.

All of the PG&E-sponsored retiree medical plans provide some coverage for durable medical equipment. For details, see the **Medical Plan Comparison Charts** that were mailed with this guide.

Eligible expense

An expense covered by the plan. Eligible expenses are those that the plan considers medically necessary and that do not exceed the negotiated rate (for preferred providers), or the reasonable and customary cost levels (for out-of-network providers). Expenses that don't meet this definition are not covered by the plan.

Explanation of Benefits (EOB)

After you visit the doctor, you'll get a statement in the mail—an Explanation of Benefits (EOB) from your claims administrator. The EOB will show how much the plan paid for your treatment or service, and how much you owe.

If you have Medicare, you may receive two EOBs— one from Medicare showing what Medicare covered—and one from your claims administrator showing what your health plan covered.

Always keep your EOBs. You may need them to file a claim for reimbursement from your Health Account (if you have leftover credits) or to question a charge.

Formulary

A list of Food and Drug Administration (FDA)-approved, brand-name and generic prescription drugs that are proven to be effective and that are covered by the plan.

Generic

Generic drugs have the same active ingredients as brand-name drugs, and they're subject to the same FDA standards. Generic drugs generally cost less because they're no longer under patent.

In-network providers or network providers or preferred providers

Licensed health care providers (doctors, hospitals, medical groups) that charge lower rates negotiated by the claims administrator—and that meet quality standards required by the claims administrator. Network providers agree to accept as payment in full the plan's negotiated rates for services and treatment.

Maintenance medications

Medications that require regular, ongoing use to treat long-term or chronic conditions, such as asthma, diabetes, high blood pressure and high cholesterol.

Non-formulary

The most expensive prescription drugs. These drugs tend to be the latest, most heavily marketed brand-name drugs.

Out-of-network providers or non-network providers or non-preferred providers

Licensed health care providers (doctors, hospitals, medical groups) that have not signed a contract with a claims administrator to provide services at a negotiated rate. Non-network providers may charge more than the plan's allowed amount.

As a patient, you're responsible for paying any amounts charged by out-of-network providers that exceed the allowed amount. Charges that exceed the allowed amount don't count toward the annual deductible or out-of-pocket maximum.

Out-of-pocket maximum

The most you'll have to pay for covered services in a calendar year. After you spend this amount on deductibles, coinsurance and copayments, the plan will pay 100% of the cost of eligible expenses for the rest of the year.

The out-of-pocket maximum doesn't include amounts you pay for premiums, services that aren't covered or out-of-network charges that exceed the allowed amount.

Premium

The amount charged for health care coverage.

Preventive care

Care that focuses on disease prevention and health maintenance, including early diagnosis of health problems.

Primary care

Basic or general health care provided when you first seek care from a doctor.

Primary care physician (PCP) or primary care provider (PCP)

The doctor, nurse practitioner or physician assistant who provides or coordinates your care, referring you to specialists when needed.

Provider

Licensed health care professional or facility, including doctors, nurse practitioners, physician's assistants, hospitals, clinics, medical groups, pharmacies, durable medical equipment providers, labs and other licensed health care providers.

Reasonable and customary or usual, reasonable and customary (URC)

The amount paid for a medical service in a geographic area based on the amount providers in the area usually charge for the same or similar medical service. Allowed amounts typically are based on reasonable and customary charges.

Retiree Health Account

Did you retire in 2013 or later? Were you enrolled in the Anthem or Kaiser Health Account Plan (HAP) as an employee? You may have a Retiree Health Account.

PG&E set up and funded your Health Account while you were an employee enrolled in the Anthem or Kaiser HAP. When you retired, PG&E stopped funding your Health Account—and transferred any unused credits in your Health Account to a Retiree Health Account. In addition, if you were a Management, A&T or ESC employee who retired after January 1, 2017, with Capped Sick Time, 25% of your Capped Sick balance was converted as credits to your Retiree Health Account. IBEW- and SEIU-represented employees do not have Capped Sick Time.

You can use your Retiree Health Account to help pay for health care premiums (including PG&E-sponsored retiree medical premiums), Medicare Part B premiums and eligible, medical, dental, vision and mental health expenses. You can also use your Retiree Health Account to help pay for your dependents' eligible health expenses—even if they're not enrolled in a PG&E-sponsored plan. See page 55 for details.

Retiree Medical Employer Contribution (RMEC)

Available if you retired before 2011 and did not elect the Retiree Medical Savings Account (RMSA) during the special, one-time election period in 2010.

The RMEC is a PG&E-paid, non-taxable contribution that helps cover the cost of PG&E-sponsored retiree medical premiums. You can't use the RMEC for any other coverage—including active employee coverage. See page 50 for details.

Retiree Medical Savings Account (RMSA)

Available if you retired in 2011 or later—or if you elected it during the special, one-time election period in 2010.

The RMSA is an account-based, PG&E-paid, non-taxable contribution that accumulated over your career. You can only use your RMSA to help pay for PG&E-sponsored retiree medical coverage. You can't use it for any other coverage—including active employee coverage. See page 54 for details.

Retiree Premium Offset Account (RPOA)

Available if you have the Retiree Medical Employer Contribution (RMEC) and you retired with at least 10 years of credited service.

The RPOA50 is a one-time allotment of \$500 for each year of credited service beyond your first 10 years of credited service—up to \$7,500.

The RPOA25 is an extra allotment in addition to the RPOA 50 if you retired before January 1, 2007.

You can only use your RPOA to help pay for PG&E-sponsored retiree medical coverage. You can't use it for any other coverage—including active employee coverage.




You can start or stop your RPOA only during Open Enrollment. See page 52 for details.



Contact information

▶ Start here

Have questions about your benefits? Need help enrolling?

CALL	EMAIL	CHAT
Call the PG&E Benefits Service Center at 1-866-271-8144 Monday–Friday, 7:30 a.m.–5 p.m. Pacific time.	Log in* to your Mercer BenefitsCentral account and send a secure message to a service representative. You'll get a reply within two business days.	Log in* to your Mercer BenefitsCentral account and chat online with a service representative Monday–Friday, 7:30 a.m.–5 p.m. Pacific time.
		

*Go to mypgbenefits.com and click **Log In** under **Manage Your Benefits**.

Medical plan options and life insurance coverage

Retirees, surviving dependents and beneficiaries

I NEED TO:

- ▶ Talk to someone about my medical plan options, premium costs and Postretirement Life Insurance coverage
- ▶ Find out my Retiree Medical Savings Account (RMSA) balance, if eligible
- ▶ Update my Postretirement Life Insurance beneficiary
- ▶ Call to report a retiree's death
- ▶ Call to collect Postretirement Life Insurance benefits
- ▶ Get help with a Postretirement Life Insurance claim

PG&E Benefits Service Center

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

Retirees and dependents

- ▶ Use the Retiree Medical Estimator
- ▶ Update my Postretirement Life Insurance beneficiary
- ▶ Get information about PG&E-sponsored retiree medical and Postretirement Life Insurance benefits

Mercer BenefitsCentralSM

Log on to your account from your computer or mobile device:
mypgbenefits.com

Medicare and Social Security benefits

I NEED TO:

- ▶ Enroll in Medicare
- ▶ Get a Medicare card

Social Security for Medicare
1-800-772-1213
[socialsecurity.gov/medicare](https://www.socialsecurity.gov/medicare)

- ▶ Get claims-specific or general Medicare information

Medicare
1-800-633-4227
[medicare.gov](https://www.medicare.gov)

- ▶ Get help enrolling in Medicare for potentially eligible disabled retirees and dependents

Medicare disability
Social Security Advocacy is provided through Allsup, Inc.
Representatives are available
Monday–Friday, 6 a.m.–3 p.m. Pacific time
1-888-339-0743

- ▶ Find information about what I need to provide to get survivors' benefits
- ▶ Learn how to apply

Social Security for survivors' benefits
[ssa.gov/survivors](https://www.ssa.gov/survivors)








- ▶ Apply for survivors' benefits

Social Security for survivors' benefits
1-800-772-1213 or contact your local Social Security office
You can't apply online

Medical coverage

I NEED TO:

- Talk to my medical plan's Member Services about my benefits
- Find out if my provider belongs to the plan's network
- Get help filing a claim
- Preauthorize care
- Dispute a claim
- Get a medical plan ID card

Medical	Contact	Group Number
Blue Shield HMO and Medicare Coordination of Benefits (COB) HMO Representatives are available: <ul style="list-style-type: none"> • Monday–Thursday, 7 a.m.–7 p.m. Pacific time • Friday, 9 a.m.–7 p.m. Pacific time 	1-888-235-1765 blueshieldca.com/pge  Blue Shield of California app	H11473
Health Net HMO Representatives are available Monday–Friday, 8 a.m.–6 p.m. Pacific time	1-800-522-0088 healthnet.com  Health Net Mobile app	68992N
Health Net Medicare Coordination of Benefits (COB) HMO Medical questions: Health Net representatives are available Monday–Friday, 8 a.m.–6 p.m. Pacific time Pharmacy questions: SilverScript representatives are available 24/7; closed Thanksgiving and Christmas	Medical questions: 1-800-522-0088 Pharmacy questions: 1-888-648-9626 healthnet.com  Health Net Mobile app	68992M
Health Net Seniority Plus Representatives are available Monday–Friday, 7:30 a.m.–5 p.m. Pacific time	Current members: 1-800-275-4737 Prospective members: 1-800-596-6565 healthnet.com  Health Net Mobile app	68992S
Kaiser Permanente EPO (North and South) Representatives are available: <ul style="list-style-type: none"> • Monday–Friday, 7 a.m.–7 p.m. Pacific time • Saturday and Sunday, 7 a.m.–3 p.m. Pacific time 	NORTH: 1-800-663-1771 SOUTH: 1-800-533-1833 kp.org  Kaiser Permanente app	NORTH Corporation: 738-003; Utility: 603702 SOUTH Corporation: 107932-5; Utility: 231142
Kaiser Permanente Senior Advantage (North and South) Representatives are available Monday–Friday, 8 a.m.–5 p.m. Pacific time	1-800-443-0815 kp.org  Kaiser Permanente app	NORTH: 738 SOUTH: 107932
Hearing Aid Reimbursement for Blue Shield and Kaiser Senior Advantage Plans Contact the PG&E Benefits Service Center Representatives are available Monday–Friday, 7:30 a.m.–5 p.m. Pacific time	1-866-271-8144	N/A
Anthem Blue Cross-Administered Plans: Network Access Plan (NAP) Comprehensive Access Plan (CAP) Retiree Optional Plan (ROP) Medicare Supplemental Plan (MSP) Representatives are available Monday–Friday, 7 a.m.–8 p.m. Pacific time	1-800-964-0530 anthem.com/ca/pge  Anthem Anywhere app	170157

Express Scripts prescription drug coverage

I NEED TO:

- Find out if my prescription drug is covered
- Get help filing a claim
- Dispute a claim
- Get an Express Scripts ID card

Prescription Drug	Contact	Group Number
Prescription Drug Plan Administered by Express Scripts For NAP, CAP, ROP and MSP Representatives are available 24/7; closed Thanksgiving and Christmas	1-800-718-6590 express-scripts.com  Express Scripts app	PGE0000

Prescription drug benefits for the HMOs are included in the HMO plans.

Mental health and substance use disorder coverage

I NEED TO:

- Find out if my treatment will be covered
- Preauthorize care
- Get help filing a claim
- Dispute a claim

Mental Health and Substance Use Disorder	Contact
Mental Health and Substance Use Disorder (MHSUD) Program Administered by Beacon Health Options (formerly ValueOptions) NAP, CAP: All mental health and substance use disorder services Kaiser EPO and all HMOs, including Medicare COB HMOs and Medicare Advantage HMOs: Substance use disorder services only (Kaiser EPO outpatient substance use disorder services are provided through Kaiser) Representatives are available 24/7	1-888-445-4436 beaconhealthoptions.com

Health Account

I NEED TO:

- ▶ Get help filing a claim or processing a reimbursement through the Health Account

Anthem Health Account

Administered by WageWorks
Representatives are available
Monday–Friday, 5 a.m.–5 p.m. Pacific time

1-866-271-8144 to request a claim form

Fax your completed claim form to WageWorks:

1-877-353-9236

or

Mail your completed claim form to:
Claims Administrator
P.O. Box 14053
Lexington, KY 40512

Kaiser Health Account

Administered by Kaiser Permanente
Representatives are available
Monday–Friday, 5 a.m.–7 p.m. Pacific time

1-877-750-3399

kp.org/healthpayment

Form 1095

- ▶ **AFTER JANUARY 31, 2019**—get a copy of my Form 1095 to verify to the IRS that I had minimum essential health coverage for 2018

Anthem Network Access Plan (NAP)
Anthem Comprehensive Access Plan (CAP)
Anthem Retiree Optional Plan (ROP)
Blue Shield HMO
Health Net HMO
Kaiser Permanente EPO

PG&E Benefits Service Center

1-866-271-8144

Blue Shield Medicare Coordination of Benefits (COB) HMO
Health Net Medicare COB HMO
Health Net Seniority Plus (a Medicare Advantage HMO)
Kaiser Permanente Senior Advantage HMO
Centers for Medicare & Medicaid Services (CMS)

1-800-MEDICARE (1-800-633-4227)

TTY: 1-877-486-2048

Reference **CMS Product No. 11865** when calling Medicare with questions about Form 1095

Other benefits

I NEED TO:

- ▶ • Find out when my COBRA coverage will end
- Pay my COBRA premium

COBRA

Administered by WageWorks
Representatives are available
Monday–Friday, 5 a.m.–5 p.m. Pacific time

1-866-271-8144, option 3

mybenefits.wageworks.com

- ▶ • Pay the bill I get for my monthly retiree medical plan premium
- Pay restitution for covering ineligible dependents in my PG&E-sponsored retiree medical plan

Direct billing

Administered by WageWorks
Representatives are available
Monday–Friday, 5 a.m.–5 p.m. Pacific time

1-866-271-8144, option 3

mybenefits.wageworks.com

- ▶ Quit tobacco—and sign up for the free, five-session, telephonic tobacco cessation program through Provant

Provant tobacco cessation program

Representatives are available
Monday–Friday, 5 a.m.–5 p.m. Pacific time

1-866-271-8144, option 1, then option 3

Pension: Retirement Plan

Retirees

I NEED TO:

- ▶ Change my direct deposit information:
 - Stop getting direct deposits and request paper checks
 - Start direct deposits or change my banking information

PG&E Payroll Service Center
415-973-3767, option 2

PG&E online Pension Center
<https://pge.benefitcenter.com>

- Select **Pension payment summary** in the **At your fingertips** section on the right side of the home page
- Click the **Update** button in the **Payment method & institution** section
- Select **Continue** and provide the requested account information

- ▶ Change my tax withholding

PG&E Payroll Service Center
415-973-3767, option 2

PG&E online Pension Center
<https://pge.benefitcenter.com>

- Select **Pension payment summary** in the **At your fingertips** section on the right side of the home page
- Click the **Update** button in the **Withholding elections** section
- Select **Continue** and make your elections

- ▶ Talk to someone for help with my pension payments

PG&E Pension Call Center
1-800-700-0057

- ▶ Learn about my pension benefits

PG&E online Pension Center
<https://pge.benefitcenter.com>

PG&E Pension Call Center
1-800-700-0057

Joint pensioners and surviving dependents

- ▶ • Start joint pension payments • Get help with survivor benefits

PG&E Pension Call Center
1-800-700-0057 or email HRPensionQuestions@pge.com

401(k): Retirement Savings Plan (RSP)

Retirees

I NEED TO:

- ▶ • Update my 401(k) beneficiary
- See my account balance
- Change my investment mix
- Request a distribution
- Use Fidelity's investment tools

Fidelity

Representatives are available Monday–Friday except New York Stock Exchange holidays, 5:30 a.m.–9 p.m. Pacific time

Log on to your NetBenefits account at 401k.com

1-877-PGE-401k (1-877-743-4015)

 NetBenefits app

- ▶ Get professional management for my 401(k) account

Financial Engines

Fee-based Professional Management, available through your NetBenefits account

1-877-401-5762

financialengines.com/forpge

PG&E Payroll Service Center representatives are available Monday–Friday 8 a.m.–4 p.m. Pacific time.

PG&E Pension Call Center representatives are available Monday–Friday except holidays, 7:30 a.m.–3:30 p.m. Pacific time. You can also email the PG&E Pension Call Center: HRPensionQuestions@pge.com

Contact Information (continued)



Address and phone updates

I NEED TO:

- ▶ Update my address or phone
You must use your home address, not a P.O. Box or other mailing address. If you live in a nursing home, your home address is your nursing home's street address.

Have a pension?

Retirees:

Go to the PG&E online Pension Center at

<https://pge.benefitcenter.com>

OR

Call the PG&E Pension Call Center at

1-800-700-0057

Surviving spouses and joint pensioners:

Call the PG&E Pension Call Center at

1-800-700-0057

Don't have a pension— but have retiree medical or life insurance?

Retirees, surviving spouses and joint pensioners:

Log in to your Mercer BenefitsCentral
account at

mypgebenefits.com

OR

Call the PG&E Benefits Service Center at

1-866-271-8144

Don't call your medical plan claims administrator

They can't help you update your address on file. Instead, they have to get updates directly from PG&E.

Beneficiary updates

I NEED TO:

- ▶ Update my beneficiary

Life and accident insurance

Log in to your Mercer BenefitsCentral account:

mypgebenefits.com

OR

Call the PG&E Benefits Service Center:

1-866-271-8144

401(k)—PG&E Retirement Savings Plan

Log in to your NetBenefits account at

401k.com



These are separate elections. Your beneficiary elections for one benefit won't carry over to another benefit.

More details

I NEED TO:

- ▶ Read details about my benefits

Summary of Benefits Handbook

Call **1-866-271-8144** to request a free copy

Representatives are available

Monday–Friday, 7:30 a.m.–5 p.m. Pacific time

spd.mypgebenefits.com



Your Benefits



Build a better you with PG&E's benefits.

Wondering where to start?

Read this guide and keep it handy for future reference. It highlights what you need to know and do to make the most of your PG&E benefits.

What's inside?

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Look for the flag.
It means you need to take action.

Nondiscrimination and accessibility

PG&E's Health Plans do not discriminate on the basis of race, color, national origin, age, disability or sex in their health programs and activities. For people with disabilities, PG&E's Health Plans provide free aids and services, such as qualified sign language interpreters and written information in other formats. If you need these services, contact PG&E's Integrated Disability Management Supervisor:

Email: Accommodations-Req@pge.com

Phone: 925-459-7270

For people whose primary language is not English, PG&E's Health Plans provide free language services, such as qualified interpreters and information written in other languages. If you need these services, contact the PG&E Benefits Service Center by phone:

1-866-271-8144 (TTY: 1-800-424-0253)

Spanish ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al **1-866-271-8144 (TTY: 1-800-424-0253)**.

Chinese 注意：如果您使用繁體中文，您可以免費獲得語言援助服務。請致電 **1-866-271-8144 (TTY: 1-800-424-0253)**。

Vietnamese CHÚ Ý: Nếu bạn nói Tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn. Gọi số **1-866-271-8144 (TTY: 1-800-424-0253)**.

Tagalog PAUNAWA: Kung nagsasalita ka ng Tagalog, maaari kang gumamit ng mga serbisyo ng tulong sa wika nang walang bayad. Tumawag sa **1-866-271-8144 (TTY: 1-800-424-0253)**.

Korean 주의: 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. **1-866-271-8144 (TTY: 1-800-424-0253)** 번으로 전화해 주십시오.

Armenian ՈՒՇԱԴՐՈՒԹՅՈՒՆՆԵՐ՝ Եթե խոսում եք հայերեն, ապա ձեզ անվճար կարող են տրամադրվել լեզվական աջակցության ծառայություններ: Զանգահարե՛ք **1-866-271-8144 (TTY (հեռատիպ)՝ 1-800-424-0253):**

Farsi توجه: اگر به زبان فارسی گفتگو می کنید، تسهیلات زبانی بصورت رایگان برای شما فراهم می باشد. با **1-866-271-8144 (TTY: 1-800-424-0253)** تماس بگیرید.

Russian ВНИМАНИЕ: Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. Звоните **1-866-271-8144 (TTY: телетайп: 1-800-424-0253)**.

Japanese 注意事項:日本語を話される場合、無料の言語支援をご利用いただけます。
1-866-271-8144 (TTY: 1-800-424-0253) まで、お電話にてご連絡ください。

Arabic ملحوظة: إذا كنت تتحدث اذكر اللغة، فإن خدمات المساعدة اللغوية تتوافر لك بالمجان.
اتصل برقم 1-866-271-8144 (رقم هاتف الصم والبكم: 1-800-424-0253).

Punjabi ਸਿਖਾਨ ਦਿਓ: ਜੇ ਤੁਸੀਂ ਪੰਜਾਬੀ ਬੋਲਦੇ ਹੋ, ਤਾਂ ਭਾਸ਼ਾ ਵਿੱਚ ਸਹਾਇਤਾ ਸੇਵਾ ਤੁਹਾਡੇ ਲਈ ਮੁਫਤ ਉਪਲਬਧ ਹੈ।
1-866-271-8144 (TTY: 1-800-424-0253) 'ਤੇ ਕਾਲ ਕਰੋ।

Cambodian ប្រយ័ត្ន: បើសិនជាអ្នកនិយាយភាសាខ្មែរ, យោងទៅលើភាសា អោយដឹងពីការប្តូរ
ថ្មី ទូរស័ព្ទ គឺអាចមានសំណុំបំណិយ្យការ 1-866-271-8144 (TTY: 1-800-424-0253) ។

Hmong LUS CEEV: Yog tias koj hais lus Hmoob, cov kev pab txog lus, muaj kev pab dawb
rau koj. Hu rau 1-866-271-8144 (TTY: 1-800-424-0253).

Hindi ध्यान दें: यदि आप हिंदी बोलते हैं तो आपके लिए मुफ्त में भाषा सहायता सेवाएं उपलब्ध हैं।
1-866-271-8144 (TTY: 1-800-424-0253) पर कॉल करें।

Thai ระวัง: ถ้าคุณพูดภาษาไทยคุณสามารถใช้บริการช่วยเหลือทางภาษาได้ฟรี โทร
1-866-271-8144 (TTY: 1-800-424-0253)

If you think a PG&E Health Plan has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability or sex, you can file a grievance with PG&E’s Plan Administrator, who has been designated to coordinate PG&E Health Plan’s compliance with applicable nondiscrimination rules. To contact the Plan Administrator, call: **1-866-271-8144 (TTY: 1-800-424-0253)**

You can file a grievance in person or by mail, fax or email. If you need help filing a grievance, PG&E’s Plan Administrator is available to help you.

You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights, electronically through the Office for Civil Rights Complaint Portal, available at <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>, or by mail or phone at:

U.S. Department of Health and Human Services
200 Independence Avenue SW
Room 509F, HHH Building
Washington, DC 20201
1-800-368-1019, 1-800-537-7697 (TDD)

Complaint forms are available at <http://www.hhs.gov/ocr/office/file/index.html>.

Where to find legal information about your benefits

These legal documents provide more details about your benefits:

<p>Annual Summary of Benefits and Coverage (SBC) The annual SBC is an easy-to-understand summary of a health plan, showing how you and the plan would share the cost for covered services. SBCs allow you to make apples-to-apples comparisons of different health plans, which can make it easier to choose a plan.</p>	<p>Electronic version: Go to mypgbenefits.com > Resources > Legal Notices.</p>
<p>Annual Legal Information Booklet The annual Legal Information booklet provides important information about your rights under PG&E's health plan. This booklet includes legal notices that are required to be distributed annually.</p>	<p>Paper version: Call the PG&E Benefits Service Center at 1-877-271-8144 to request a paper copy.</p>
<p>Summary Plan Description (SPD) The Summary of Benefits Handbook (PG&E's SPD) is an important document that explains:</p> <ul style="list-style-type: none">• The provisions of your health, retirement and welfare benefit plans• How the plans work• Eligibility rules for coverage• How benefits are calculated and paid• How to file a claim and appeal claim denials	<p>Electronic version: Go to spd.mypgbenefits.com.</p> <p>Paper version: Call the PG&E Benefits Service Center at 1-877-271-8144 to request a paper copy.</p>

This **Your Benefits** guide is a summary of your benefits. It does not include the important legal definitions or limits that are in plan documents or contracts governing your benefits, and it does not replace those legal documents. In case of conflict, those legal documents govern your benefits. Since future conditions affecting the company cannot be foreseen, the company reserves the right to amend or terminate the plans at any time, subject to notice provisions required under applicable collective bargaining agreements.

You can find additional plan details in the **Summary of Benefits Handbook**, available at spd.mypgbenefits.com or by calling the PG&E Benefits Service Center.

New employees


Welcome to PG&E!



At PG&E, we put safety first—through our Mission, our Vision and our Culture. Of all the different aspects of our Culture, none is more important than safety.

Our benefits reflect this commitment to safety by encouraging your own safety and wellbeing. We offer a wide range of benefits that can help you take care of your physical, emotional and financial health.

Explore this guide to learn how to make the most of your PG&E benefits.

Your benefits at a glance

Benefit	When you're eligible
Medical Health Account Plan (HAP) + Health Account	Immediately If you want coverage, you must enroll within 31 days of your hire date 
Dental	
Vision	
Flexible Spending Accounts Health Care Dependent Care	
Health and wellness	Immediately
Life and accident insurance	Management, Administrative & Technical (A&T) and PG&E Corporation employees: <ul style="list-style-type: none"> You're eligible to enroll or change your elected coverage anytime On your hire date, you automatically get \$10,000 of company-paid basic life insurance and either \$10,000 or \$250,000 of company-paid basic accidental death and dismemberment (AD&D) insurance, depending on your job level Union-represented employees: <ul style="list-style-type: none"> You're eligible to enroll after you have six months of service and attain regular status You can enroll or change your elected coverage anytime after you become eligible to enroll After you attain regular status, you automatically get \$10,000 of company-paid basic life insurance and either \$10,000 or \$250,000 of company-paid basic accidental death and dismemberment (AD&D) insurance, depending on your job level Elect your beneficiary See page 108 for details 
Commuter Transit Program	Immediately <ul style="list-style-type: none"> You can enroll or change your elections anytime The cutoff is the fifth of the month for benefits to be ready the following month

Benefit	When you're eligible
401(k) Retirement Savings Plan	<p>All employees: Immediately: You can enroll and start making contributions Anytime: You can change, stop or re-start your contributions</p> <p>Management, A&T and PG&E Corporation employees: 30 days after you're hired: If you haven't already enrolled, you'll be automatically enrolled at an 8% contribution level with a company match</p> <p>Union-represented employees: After one year of service: If you haven't already enrolled, you'll be automatically enrolled at an 8% contribution level with a company match</p> <p>Elect your beneficiary See page 131 for details </p>
Pension PG&E Retirement Plan	<p>Immediately eligible to participate You become fully vested in the cash balance pension formula after three years of service or age 55 (employees with the final pay pension formula become fully vested in the final pay pension formula after five years of service or age 55)</p> <p>Elect your pre-retirement beneficiary See page 132 for details </p>
Retiree medical	When you retire after age 55 with at least 10 years of service
Postretirement life insurance	When you retire after age 55
Voluntary Plan	<p>Immediately Eligible California Pacific Gas and Electric Company (Utility) employees are automatically covered under PG&E's Voluntary Disability and Paid Family Leave Plan</p> <p>You can opt out of the Voluntary Plan within 31 days of your hire date in order to remain with State Plan coverage retroactive to your hire date (see page 11 for details)</p>
Time off + other work/life benefits	<p>Various rules See pages 120–123 for details</p>

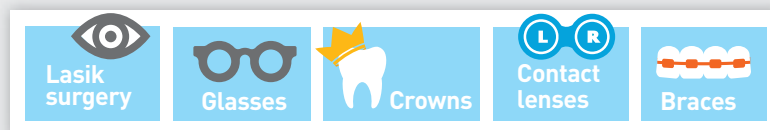


Benefit details

Earning Health Account credits

You get a Health Account when you enroll in the Anthem or Kaiser Health Account Plan (HAP).

When you're first hired and every January 1 after that, PG&E credits your Health Account just for being enrolled in the HAP—plus, you can earn extra Health Account credits to spend on eligible health expenses.



If you were hired before August 1

You can earn Health Account credits for the year you were hired by taking the annual health screening and by testing tobacco-free or completing Provant's tobacco cessation program. You have until the end of September to complete these wellness activities to earn credits for the year you were hired.

If you were hired on or after August 1

You can earn Health Account credits for the year you were hired and the year after you were hired by taking one health screening and by testing tobacco-free or completing Provant's tobacco cessation program. You have until December 31 of the year you were hired to complete these wellness activities to earn credits for the year you were hired and the year after you were hired.

See page 27 for details.

Where to get your health screening

You can get your health screening at your new employee orientation or at four convenient options:

1. At your worksite
2. At your doctor's office
3. At a Quest Diagnostics location
4. At a remote concierge appointment

See page 29 for details about how to get a screening at one of these locations.

Enrolling in the Anthem HAP? Participating in the Commuter Transit Program?

WageWorks is your claims administrator, offering an easy-to-use website and the EZ Receipts® free mobile app for you to manage your accounts and get fast reimbursements.



You can register your WageWorks account and create your profile **within 10 business days** of electing your benefits.

Ready to get started with WageWorks? Find out how on pages 82 (health care) and 116 (Commuter Transit Program).

Extra life and accident insurance

As an employee, you automatically get Basic Life and Basic Accidental Death & Dismemberment (AD&D) coverage at no cost to you.

You can elect and pay for additional coverage anytime after you become eligible. There is no special enrollment period.

Management, A&T and PG&E Corporation employees:

You're eligible immediately.

Union-represented employees:

You're eligible after you have six months of service and you attain regular status.

Voluntary Disability and Paid Family Leave Benefit Plan (the “Voluntary Plan”)

Eligible California Pacific Gas and Electric Company (Utility) employees are automatically covered under PG&E’s Voluntary Disability and Paid Family Leave Benefit Plan. As a new employee, you’re eligible immediately.

This plan provides better benefits and is offered in place of the California State Disability Insurance (SDI) and Paid Family Leave plan (the “State Plan”). The Voluntary Plan’s better benefits include:

- 60%* of your weekly salary replaced—with no weekly cap
- Eight weeks of Paid Family Leave versus the state’s six weeks
- Streamlined application and pay process, including pay through PG&E’s payroll cycle
- Available to all eligible employees—regardless of tenure, and at no additional cost (same cost as the State Plan)

If you prefer to remain in the State Plan, you can opt out of the Voluntary Plan through your Mercer BenefitsCentral account **within 31 days of your hire date**. Your State Plan coverage will be effective retroactive to your hire date.

After your first 31 days, you can opt in or out of the Voluntary Plan anytime during the year, with changes effective according to a special schedule available at mypgbenefits.com > **Time Off and Accommodations > Voluntary Plan**.

Anyone who opts out of the PG&E Voluntary Plan is required by state law to continue participating in the State Plan, which includes paying State Plan contributions and submitting claims for benefits through the state.

To see information about the State Plan versus the Voluntary Plan and a summary of Voluntary Plan coverage, go to mypgbenefits.com. To see information about State Plan benefits, visit edd.ca.gov.



WARNING: If you’re a California Utility employee and you opt out of the Voluntary Plan, you won’t receive PG&E-sponsored Supplemental Short-Term Disability or Paid Family Leave wage continuation benefits.

*55% benefit with no weekly cap (and no supplemental wage continuation benefits) for Hiring Hall, outage, temporary additional, probationary intermittent, interns and summer hire employees. At no time will an employee’s weekly benefit amount under the Voluntary Plan be less than what the state would have otherwise provided.

What you need to do



Within 31 days of your hire date

1. Read this guide.

2. Review the benefits you can elect now:

- Health Account Plan (HAP): Medical coverage through Anthem or Kaiser
- Dental
- Vision
- Health Care Flexible Spending Account (FSA)
- Dependent Care FSA

Management, A&T, PG&E Corporation and ESC-represented employees can also elect Planned Unpaid Vacation days. See page 125 for details.



3. Decide what benefits you want to elect, and enroll online or by phone no later than 31 days after your hire date.

If you're an eligible California Utility employee, you can opt out of the Voluntary Plan within 31 days of your hire date in order to remain with State Plan coverage effective retroactive to your hire date (see pages 122 and 123 for details).

DON'T BE LATE

Enroll online or by phone within 31 days of your hire date. If you're late, your elections won't be accepted, and you'll have no PG&E-sponsored health coverage.

Your next chance to enroll will be the next fall during Open Enrollment or when you experience a life event that would allow you to add or drop a dependent—like getting married or divorced. See page 19 for details.

Elect your beneficiaries

You'll need to elect beneficiaries for these benefits:

- Life and accident insurance—see page 108
- 401(k)—see page 131
- Pension pre-retirement beneficiary—see page 132



These are all separate elections. Your beneficiary elections for one benefit won't carry over to another benefit.

How to enroll

You can enroll online or by phone.



Online

Log in to your Mercer BenefitsCentralSM account.

Registering is easy:

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

OR

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

1. Click **Get Started** under **New Users**
2. Follow the prompts to register your account and set up your user ID and password
3. Confirm your email address and add a mobile phone number as a contact method
4. Choose your desired contact method to receive a temporary numeric code to confirm your identity each time you log in

That's all it takes to get 24/7 access to your personalized benefits account. You'll be able to see your benefits; update your dependents; and find tools, resources and details about your benefits.



By phone

Call the PG&E Benefits Service Center:

1-866-271-8144

Monday–Friday, 7:30 a.m.–5 p.m. Pacific time

LOGGING IN SECURELY

Mercer BenefitsCentral uses multi-factor authentication to keep your information secure. Each time you log in outside of *PG&E@Work for Me*, you'll need your:

- User ID
- Password
- Temporary numeric code that will be sent to your email address or mobile phone number (you'll need to receive a new code each time you log in)



Be sure to use a unique, long password—at least eight characters—to help keep your account secure.

Need help? Call the PG&E Benefits Service Center: **1-866-271-8144**.

Ready to enroll?

 **Review your options.**

Decide what benefits to elect and what family members to cover.

 **Check your address.**

The Kaiser Health Account Plan (HAP) is only available in some ZIP codes. Make sure your home address is correct.

 **Review your dependents.**

As an employee, you have an opportunity to enroll your eligible dependents in PG&E-sponsored health coverage.



Generally, you can enroll dependents online or by phone. You'll need to provide your dependent's name, birth date and Social Security number. You will be asked to provide other dependent verification documents to the PG&E Benefits Service Center to confirm your dependent's eligibility.

If you want to enroll a Medicare-eligible dependent, you'll need to call the PG&E Benefits Service Center. You can't enroll a Medicare-eligible dependent online.

You can enroll your children up to age 26 for medical coverage. They can be employed or married—and they don't have to be students.

You can cover disabled dependents age 26 or older only if they meet both of these conditions:

- They were already enrolled in a PG&E-sponsored medical plan when they turned 26—and
- They were medically certified as disabled by a PG&E-sponsored medical plan before they turned 26

You may not cover disabled dependents age 26 or older if they fail to meet either one of these conditions.

Steps to enroll dependents

If you're enrolling online, the orange message box on the homepage will tell you that a dependent needs to be verified. Once you click the *Your Dependent(s) Information Requires Review* box, you'll be able to see:



- Which dependent needs verification
- What documents you need to submit

You can upload, mail or fax the required documents.

If you're enrolling by phone, the PG&E Benefits Service Center representative will help you with the verification process.



 **Check your confirmation statement.**

You'll get a paper confirmation statement if you:

- Enroll over the phone
- Enroll online and you don't have an email address on file with the PG&E Benefits Service Center

You'll get an online confirmation statement if you:

- Enroll online and have an email address on file with the PG&E Benefits Service Center

The PG&E Benefits Service Center will send you an email notifying you when your confirmation statement is ready to print. You'll need to log in to your Mercer BenefitsCentral account to print your confirmation statement.

Is there an error? You have up to 10 business days after you enroll to call the PG&E Benefits Service Center to correct any enrollment errors. No changes will be accepted after that.

Your next opportunity to change your coverage will be the next Open Enrollment for benefits effective the following year—or when you have an eligible life event, such as getting married or having a baby. See page 19 for more information about life events.

If you don't enroll

Planning to opt out of PG&E-sponsored health coverage?

You'll have no PG&E-sponsored health coverage. Your next opportunity to enroll will be the next Open Enrollment for benefits effective the following year—or when you have an eligible life event, such as getting married or having a baby. See page 19 for more information about life events.

All employees

At PG&E, we put safety first—through our Mission, our Vision and our Culture. Of all the different aspects of our Culture, none is more important than safety. Protecting public, employee and contractor safety is our number-one responsibility, period.

Our benefits reflect this commitment to safety by encouraging your own safety and wellbeing. We offer a wide range of benefits that can build a better you by supporting your physical, emotional and financial health.

We also offer job-specific programs designed to support and improve your physical and mental resilience—so you can be at your best on or off the job.

Explore this guide to learn how to make the most of your PG&E benefits.

Benefits you can elect

You can elect or change these benefits once a year during Open Enrollment:

- Health: Medical, dental, vision
- Flexible Spending Account (FSA)—Health Care and/or Dependent Care
- For Management, A&T, ESC-represented and PG&E Corporation employees: Planned Unpaid Vacation (PUV) days

You can elect or change these benefits anytime:

- Life and accident insurance
- Commuter Transit Program
- For Management and A&T employees in San Francisco, Emeryville, Oakland and Berkeley: Paid Sick Leave Designee
- Eligible PG&E Utility employees can opt in or out of the Voluntary Plan anytime during the year through Mercer BenefitsCentral, with changes effective according to a special schedule (visit mypgbenefits.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

Participation rules for health coverage

Changing coverage if your life changes

Getting married or divorced? Having a baby or adopting?

Big changes like these are **life events**. Chances are, you'll want to change your benefits coverage, too—like adding or dropping a dependent.

You have 31 days from the date of an eligible life event to make allowable midyear changes to your coverage (180 days from the birth or adoption of a child).

WANT MORE INFORMATION?

For details about eligibility requirements and allowable midyear changes, see the *Summary of Benefits Handbook* at spd.mypgebenefits.com.

Warning! Penalties for ineligible dependents



It's your responsibility to make sure your enrolled dependents are eligible.

You must drop ineligible dependents from coverage within 31 days of the date they become ineligible. If you cover an ineligible dependent, you'll be required to pay back the cost of their health care coverage—up to two full years' worth. In addition, you may be subject to termination of employment.

To drop ineligible dependents, call the PG&E Benefits Service Center or log in to Mercer BenefitsCentral.

Medical

PG&E pays most of the cost of your medical coverage—92.5%.

You pay the rest—just 7.5%—with before-tax contributions from your paycheck. Nationally, employees pay on average 20% to 25% of the cost of their coverage.

Visit mypgbenefits.com > **Resources** > **Rates** to see monthly medical premiums.





Health Account Plan (HAP) + Health Account

The Health Account Plan (HAP) is available through Anthem or Kaiser, depending where you live.

The HAP helps build a better you by doing more than protecting you when you're under the weather—it helps you improve your health. You'll have access to:

- Four free primary care visits a year for each enrolled person—that's four per enrolled dependent, not just four per enrolled family
- Some free prescription drugs, some free immunizations and some free preventive services
- Built-in financial incentives for making healthy choices—the PG&E-funded Health Account
- Free, annual health screenings so you can take action to improve or maintain your health numbers
- A no-cost tobacco-free program to help you kick that habit for good
- Virtual doctor's appointments anytime and anywhere through the telemedicine program
- Wellness programs with something for just about everyone:

Online wellness portals	Telephonic health coaching and tobacco cessation	Gym and fitness discounts
Team challenges	Confidential support for a variety of life concerns through the Employee Assistance Program	Confidential help with alcohol and substance use disorder issues through the Peer Volunteer Program

Definitions

Use these definitions to help you understand the information on the following pages.

Premiums

The monthly amount charged for health care coverage. You and PG&E share the cost of premiums.

PG&E pays most of the cost of your medical coverage. You pay for your share of premiums with before-tax contributions from your paycheck.

Health Account

A non-taxable account funded by PG&E to use for eligible health expenses. You automatically get the Health Account when you enroll in the Health Account Plan (HAP). See page 26 for details.

Annual deductible

The amount you have to pay every year for covered services before the HAP pays.

You can use the Health Account to help pay the annual deductible.

Coinsurance

Your share of the cost of covered health services after you meet the annual deductible. Coinsurance is usually 10% or 20% of the allowed amount under the HAP.

You can use the Health Account to help pay your coinsurance.

Annual out-of-pocket maximum

The annual out-of-pocket maximum is your financial safety net. It limits how much you're responsible for paying for eligible expenses in a calendar year—whether you use your own funds or your PG&E-paid Health Account credits.

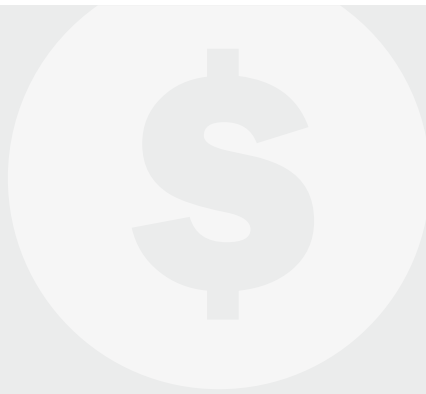
After you reach the annual out-of-pocket maximum, the HAP pays 100% of covered services for the rest of the year. The out-of-pocket maximum includes amounts you pay for deductibles and coinsurance.

You can use the Health Account to help pay expenses that count toward your annual out-of-pocket maximum.

Acronyms

FSA: Flexible Spending Account

HAP: Health Account Plan



How the HAP and Health Account work together

1 Each calendar year:

- You and each enrolled family member get four free primary care visits, with no deductible required (see page 36 for details).
- For services and prescriptions that are subject to the annual deductible, you have to pay 100% of your covered expenses until you meet the annual deductible.
- Then, the HAP will start to pay its share of benefits for covered expenses.

2 You can use the Health Account to pay these costs.

If you earn maximum Health Account credits, you'll have enough to pay the entire HAP **deductible**:

- \$1,000 for single coverage
- No more than \$2,000 for family coverage

3 Next up? Coinsurance.

After you pay the annual deductible, you pay 10% or 20% of most covered services and the plan pays the rest. That's called coinsurance. But you only have to pay coinsurance up to a point.

There are no copays under the HAP, not even for prescriptions. If your doctor or pharmacy wants to charge a copay, tell them there are no copays under this plan—just coinsurance.

4 You're protected by the out-of-pocket maximum.

Each year, you'll never be responsible for paying more for covered expenses than the out-of-pocket maximum:

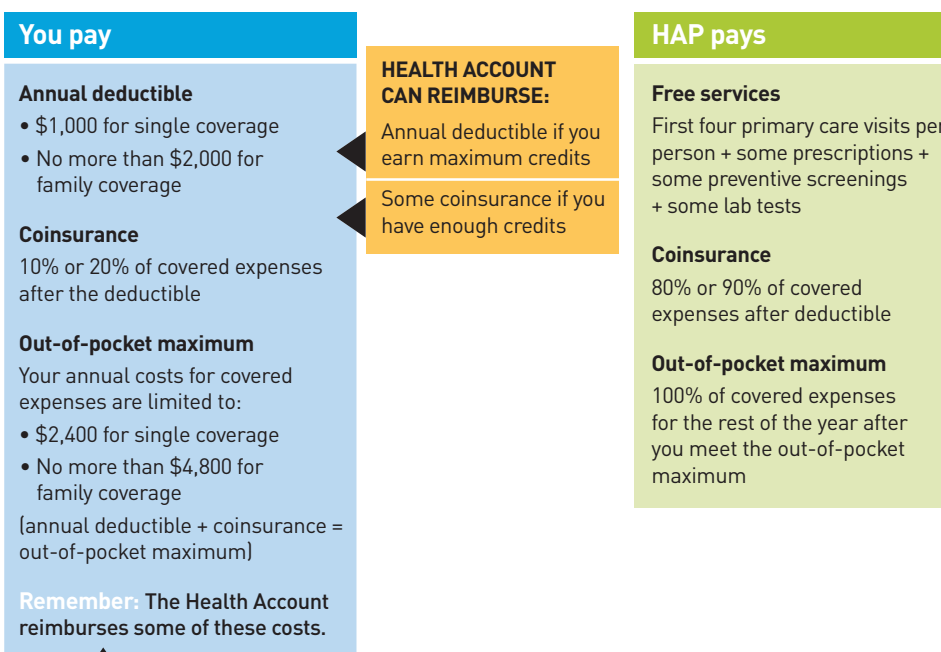
- \$2,400 for single coverage
- No more than \$4,800 for family coverage

Out-of-pocket maximum = deductible + coinsurance

5 And—this is **BIG**:

You'll never actually have to pay the full out-of-pocket maximum with your own money because the Health Account helps pay for these costs.

Putting it all together: Paying for your HAP expenses



BOTTOM LINE:
If you earn maximum Health Account credits, the most you'll pay out of pocket for covered expenses in a year is:

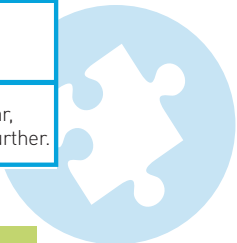
\$1,400 for single coverage	No more than \$2,800 for family coverage
\$2,400 out-of-pocket maximum	\$4,800 out-of-pocket maximum
-\$1,000 maximum Health Account credits	-\$2,000 maximum Health Account credits

++ LEFTOVER CREDITS: If you have leftover Health Account credits at the end of the year, they'll still be available in next year's account—and they can reduce your bottom line even further.

Track your Health Account balance

Anthem: Log in to your **WageWorks** account through your Mercer BenefitsCentral account

Kaiser: Go to kp.org/healthpayment





Health Account details

You get a Health Account when you enroll in the HAP. You can use your Health Account to pay for almost everything except premiums:

- **Deductibles**
- **Coinsurance**
- **Whatever you pay out of pocket for eligible medical, prescription drug, dental, vision, mental health and substance use disorder expenses**

Here’s how it works:

When you’re first hired and every January 1 after that, PG&E credits your Health Account just for being enrolled in the HAP. You can earn even more credits for healthier choices. The credits have no cash value, earn no interest and aren’t taxed.

If you enroll in the HAP	SINGLE COVERAGE	FAMILY COVERAGE
You automatically get:	\$500	\$1,000
If you take an annual health screening:	\$250	\$500
If you test tobacco-free or complete the free tobacco cessation program:	\$250	\$500
Yearly total:	\$1,000	\$2,000

++ LEFTOVER CREDITS: Any Health Account credits you don’t use will still be available in next year’s account, giving you an even bigger balance to spend.*

If you move from single to family coverage midyear, you’ll get the family level of credits.

*You keep your unused Health Account credits as long as you’re enrolled in a PG&E medical plan (including COBRA coverage). You can even use the Health Account later on—for retiree medical expenses—as long as you’re eligible for retiree medical coverage.

Who qualifies for additional credits?

If your base rate of pay is lower than a certain amount as of January 1, you'll get extra Health Account credits on January 1 of that year. If you get a raise later in the year, you can still keep the extra Health Account credits.

The qualifying wage and extra Health Account credits may change every year. For details, visit mygebenefits.com > Physical Health > Health Account Plan and Health Account > How the HAP and Health Account Work Together.

How to earn Health Account credits*

Build a better you—and earn annual Health Account credits—by taking an annual health screening and by testing tobacco-free or completing Provant's tobacco cessation program.

The annual health screenings and tobacco tests are for employees only. Provant—PG&E's wellness partner—conducts the screenings and tests.

***Reasonable accommodation or alternative standard**

If you are unable to participate in any of the health screenings or tests required to earn Health Account credits, you may be entitled to a reasonable accommodation or an alternative standard. You may request a reasonable accommodation or an alternative standard by contacting Provant at **1-866-271-8144**, option 1 and then option 3, or at pgesupport@provanthealth.com.

Health screenings for employees

The first step to good health is knowing how you're doing.

Screenings can assess your risk of developing serious conditions like heart disease or diabetes even before you feel any symptoms. Early detection can help prevent safety incidents and save your life.

Each year under the HAP, you can get a free health screening—and after you take your screening, you'll earn extra Health Account credits for the year:

Simply take an annual health screening and you'll earn your extra credits for the year:

\$250 if you have single coverage

OR

\$500 if you have family coverage

There is no pass or fail for the health screenings.

Your health screening results will be sent to a third-party data warehouse and later reported in the aggregate to help PG&E make improvements to the health and wellness program. PG&E will never see individual results.

The only individual who will receive your personally identifiable health information is a health coach in order to provide you with services under the wellness program, unless you authorize other health care providers to view this information.

Tobacco-free program

Whether or not you use tobacco, the tobacco-free program offers something for you.



Each year, you can earn extra Health Account credits—**\$250 for single coverage or \$500 for family coverage**—by participating in the tobacco-free program:

Tobacco tests for employees

Test tobacco-free during an optional annual test at your onsite health screening, at a lab or as part of your remote concierge health screening (you can't do a concierge screening just for a tobacco test).

OR

Tobacco cessation program for employees, spouses and registered domestic partners

As an employee, you can complete Provant's free, telephonic tobacco cessation program if you test positive for tobacco or if you opt out of the tobacco test because you currently use tobacco.

Quit together: This free program is available to spouses and registered domestic partners, too.

READY TO QUIT TOBACCO—FOR GOOD?

Provant offers a five-session, phone-based tobacco cessation program that gives you one-on-one support from a certified tobacco cessation specialist. Free nicotine replacement therapy is available if needed.

Only PG&E employees can earn Health Account credits by completing the program. However, your spouse or registered domestic partner can use this program free of charge, and you can access the online resources anytime—for as long as you want—to stay tobacco-free.

Quit together: It's easier to quit tobacco when your spouse or registered domestic partner quits, too. You and your spouse or registered domestic partner can enroll online at PG&E@Work for Me > **About Me** > **My Benefits > Wellness Portal** or at pge.provantone.com.

How to get the annual screening and tobacco test

Annual health screenings and tobacco tests are for employees only. The screening takes about 30 minutes, and is easy to access.

You have four convenient options:

OPTION

1

At your worksite (recommended)

You'll have the opportunity to discuss your real-time results with a qualified health coach at an onsite screening.

Log in to **PG&E@Work for Me > About Me > My Benefits > Wellness Portal** or at pge.provantage.com to register and find an onsite screening near you.

For screening events with online registration, click **Register for a Screening** under **My Events** at least 24 hours before the screening date.

Don't see your worksite? Email pgesupport@provanthealth.com or call Provant at 1-866-271-8144, option 1 and then option 3, for other available options.

OPTION

2

At your doctor's office

Download the physician health screening form. Log in to **PG&E@Work for Me > About Me > My Benefits > Wellness Portal** or at pge.provantage.com and click **Physician Form** under **My Resources**. Print the form and take it to your doctor to complete and fax to Provant at 401-236-6575.

Please note: The optional tobacco test needs to be done separately at an onsite event.

OPTION

3

At a Quest Diagnostics location

Quest Diagnostics offers screenings at nearly 750 locations in the PG&E territory. You can complete your health screening at a Quest Diagnostics location if you're unable to take advantage of Option 1 or 2.

Log in to **PG&E@Work for Me > About Me > My Benefits > Wellness Portal** or at pge.provantage.com to schedule your screening at a Quest Diagnostics location.

OPTION

4

Through a remote concierge screening

If you're nowhere near an onsite screening, you can request a health screening and tobacco test at your home or worksite through Provant's remote concierge service. You can't do a concierge screening just for a tobacco test.

Call Provant at least two weeks in advance to schedule a remote concierge screening: 1-866-271-8144, option 1 and then option 3, Monday–Friday, 5 a.m.–5 p.m. Pacific time.

You'll get a call back within two business days of your request with your confirmed appointment date and time.

TIME FRAME

Generally, you have until the end of September to complete the annual health screening and to test tobacco-free or complete Provant's tobacco cessation program to earn Health Account credits for the current year. Your extra credits will be in your Health Account two to three weeks later.

Leftover credits

If you don't spend all your Health Account credits in a year, they'll still be available in your Health Account as long as you're still enrolled in a PG&E-sponsored medical plan. You also get to keep your unused Health Account credits if you:

- Terminate PG&E employment but enroll in the HAP through COBRA
- Go on Long-Term Disability and are enrolled in a PG&E-sponsored medical plan
- Are eligible for PG&E retiree medical coverage and a Retiree Health Account, even if you don't enroll in a PG&E-sponsored retiree medical plan when you retire


Track your Health Account balance

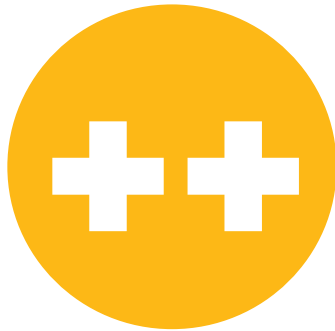
Log in to see your available Health Account balance:

Anthem: Log in to your **WageWorks** account through your Mercer BenefitsCentral account

 **EZ Receipts app**

Kaiser: Go to kp.org/healthpayment

 **KP HRA/HSA/FSA Balance Tracker app**



Health Account Plan (HAP) details

Your choices:
Anthem or Kaiser?

**The big choice for medical coverage is
the administrators.**

Benefits under both Anthem and Kaiser are the same,
with just a few exceptions (see the benefits overview chart
starting on page 37).

Anthem HAP

**Do you like being able to use any doctor you choose?
Have a child who is away at school?**

The Anthem HAP may be best for you because it has a nationwide network of providers. Outside of the United States, only urgent/emergency care is covered.

You'll pay less when you use in-network Anthem providers and Express Scripts-participating pharmacies because they've agreed to accept Anthem and Express Scripts' negotiated rates.

You may pay a lot more with out-of-network providers—and amounts you pay that are over Anthem's allowed amount won't count toward your annual deductible or out-of-pocket maximum.

Kaiser HAP

**Do you live within Kaiser's service area?
Like getting all your care in one place?**

The Kaiser HAP may be best for you. To get benefits, you need to use Kaiser doctors and facilities—for everything from doctor visits to pharmacies. The only exception is if you have a Kaiser-qualified medical emergency while you're traveling.

The cost of services will always be within Kaiser's allowed amount because out-of-network care isn't covered, except for Kaiser-approved emergency care.

How the HAP works

About the annual deductible

Each year, you're responsible for paying 100% of covered charges until you meet the annual deductible:

**\$1,000 for
single coverage**

**No more than \$2,000 for
family coverage**
(maximum \$1,000 per person)

Any HAP services that aren't subject to the annual deductible or that are free—like some preventive and primary care—don't apply to your deductible. Most medical, prescription drug and mental health and substance use disorder services do apply to the deductible.

COVER YOUR DEDUCTIBLE

The Health Account is designed to cover your entire medical deductible if you earn maximum extra credits—but it's your choice.

If you earn maximum credits and you use your Health Account just for eligible medical expenses, you'll have enough to pay your entire medical deductible.

How the family deductible works

The family deductible is for family coverage—when you enroll yourself plus one or more family members.

The family deductible is \$2,000 at the most, no matter how big your family is—and no more than \$1,000 per person. If only one person in the family is accumulating a lot of expenses, the annual deductible is capped at \$1,000 for that person—even if the full \$2,000 family deductible hasn't yet been met.

This means:

The most one person will have to pay to meet the annual deductible is \$1,000—whether that person has single or family coverage.

The most a family will have to pay to meet the annual deductible is \$2,000—no matter how big the family is (\$1,000 per person—up to \$2,000 for the entire family).

Here are two examples.

	Family 1	Family 2	
Family deductible not met but individual deductible met for Ron—so Ron's coinsurance kicks in.	Ron's expenses: \$1,000	Jim's expenses: \$500	Family deductible met, so coinsurance kicks in for everyone in the family.
	Mary's expenses: \$500	Jane's expenses: \$800	
		Johnny's expenses: \$300	
		Jerry's expenses: \$400	
	Total family expenses: \$1,500	Total family expenses: \$2,000	

Remember:

You can pay your entire medical deductible—which is a big part of your out-of-pocket maximum—with Health Account credits if:

- You earn maximum credits
- +
- You don't spend your credits on other expenses like dental and vision.

About the out-of-pocket maximum

The annual out-of-pocket maximum works like a financial safety net by limiting how much you pay for eligible expenses each year.

Your out-of-pocket maximum is the most you'll have to pay for covered services in a calendar year. After you spend this amount on deductibles and coinsurance, the HAP will pay 100% of the cost of covered services for the rest of the year.

The out-of-pocket maximum doesn't include amounts you pay for premiums or penalties; amounts that aren't covered; or amounts that exceed the reasonable and customary amounts for out-of-network charges.

TIP



If you've met your annual deductible or out-of-pocket maximum, you may want to get **prescription refills or take care of upcoming doctor visits or treatments** before January 1, when your deductible and out-of-pocket maximum will reset to zero.

Free primary care

Under the HAP, you and each enrolled family member get four free primary care visits every year. That's four visits per person—not four visits per family.

For example, if you have three people in your family, your family gets 12 free visits; if you have five people, your family gets 20 free visits—four per person. No matter how big your family is, you each get four free primary care visits a year. For additional primary care visits, you pay 10% of the cost with no deductible required.

Primary care doctors and services include:

- General or family practitioners
- Internal medicine doctors
- Pediatricians
- Family nurse practitioners
- OB/GYNs
- Non-hospital urgent care services

Primary care isn't just preventive care. Primary care visits are good for managing chronic conditions like diabetes, hypertension and asthma—as well as for annual physicals, ear aches, sprains and strains, sports injuries, trouble sleeping and much more.

Please note that free doctor visits may include additional tests or services during the visit, which may be covered but won't be free.

Want to know what services are free? Visit mypgbenefits.com for details.

PRIMARY CARE IS YOUR KEY TO BETTER HEALTH

Primary care is about choosing a family doctor who knows you and who cares about your “whole person” health—not just your list of conditions. It's about making your primary care doctor your first choice for everything from chronic disease management to school physicals and remedies for that winter cold.



Benefits overview: HAP benefits for Anthem and Kaiser

General

Annual deductible

- \$1,000 per person
- No more than \$2,000 per family

Annual out-of-pocket maximum

- \$2,400 per person
- No more than \$4,800 per family

Remember:

Out-of-pocket maximum = deductible + coinsurance

If you earn maximum Health Account credits, they can pay for your entire medical deductible—which is a big part of your annual out-of-pocket maximum.

The annual out-of-pocket maximum includes amounts you pay toward the annual deductible—whether you pay with Health Account credits or with your money. It does not include any penalty charges, amounts in excess of the reasonable and customary amounts for out-of-network charges, or charges for services that aren't covered.

No lifetime benefit maximum except for infertility services

No pre-existing condition exclusions

Medical	
Primary Care Includes routine physical exams	Doctor visits <ul style="list-style-type: none">• No deductible• Four free visits a year per enrolled person; you're responsible for 10% of covered charges for additional visits Note: If one of the first four visits is a physical exam, it counts toward your four free visits.
Specialty Care	<ul style="list-style-type: none">• Deductible required• You're responsible for 20% of covered charges
Preventive Services and Immunizations Example: Routine mammograms, pap smears, colonoscopies For a list of free services, go to mypgbenefits.com > Physical Health > Medical Anthem Member or Medical Kaiser Member	<ul style="list-style-type: none">• No deductible• Free if included on the list of free services and coded as preventive Note: Diagnostic tests and ancillary services like anesthesia and facility fees are covered separately and aren't free (see page 40 for Lab Tests and X-Rays, and for Outpatient Hospital).

DIAGNOSTIC SCREENINGS AREN'T FREE

Your medical plan administrator will determine which screenings are preventive (free) and which screenings are diagnostic (not free).

Preventive screenings—such as mammograms and colonoscopies—are free, unless they're coded as diagnostic.

For example, if your doctor sees something in a preventive mammogram and orders followup mammograms, those followup mammograms will be coded as diagnostic and will not be free—even if you're getting them in subsequent years after your free preventive mammogram.

Remember—you can use the Health Account to help pay for these expenses.



Medical	
Maternity Care	<p>Office visits</p> <ul style="list-style-type: none"> • No deductible • Free <p>Screenings and tests (e.g., sonograms)</p> <ul style="list-style-type: none"> • Deductible required • You're responsible for 20% of covered charges <p>Hospital-based delivery</p> <ul style="list-style-type: none"> • Deductible required • You're responsible for 20% of covered charges <p>Anthem members: Authorization required for delivery stays beyond 48 hours for normal delivery (96 hours for Cesarean section)</p>
Well-Baby Care	<ul style="list-style-type: none"> • No deductible • Free to age two
Infertility Services	<ul style="list-style-type: none"> • Deductible required • You're responsible for 20% of covered charges • \$7,000 lifetime benefit maximum; includes balances from prior plans
Urgent Care	Covered as primary care —no deductible; you're responsible for 10% of covered charges after the first four free primary care visits

continued on next page



Avoid emergency room rates for primary and urgent care

Some hospitals advertise themselves as primary and urgent care centers when in fact, they're hospital-based. They charge higher, outpatient hospital or emergency room rates for primary and urgent care. This can make a big difference in how much you pay out of your own pocket.

Always check to see if the facility you want to use is really an urgent care center.

Anthem members:

- Go to [anthem.com/ca/pge](https://www.anthem.com/ca/pge).
- Enter **urgent care** and the **ZIP code** where you want to go.
- Anthem will find the nearest urgent care center for you.
- You can also find urgent care centers using the **Anthem BlueCross smartphone app**.

Kaiser members:

- Urgent care is only available where there are medical centers with specific hours.
- Call Kaiser Member Services and ask them for the nearest urgent care center and hours.
- If you go to a Kaiser medical office located within a Kaiser hospital, it's likely to be billed as an emergency, not as urgent care.

LAB AND X-RAY COVERED SEPARATELY

Most lab tests and X-rays aren't free.

If your doctor orders lab tests or X-rays as part of your office visit, the exam may be free if it's one of your four free visits—but you could be charged for the lab tests and X-rays.

Also, be sure to find out if your lab is a network lab. You'll pay more for out-of-network labs.

Remember—you can use the Health Account to help pay for these expenses.

Medical	
Emergency Room	<ul style="list-style-type: none"> • Deductible required • You're responsible for 20% of covered charges
Ambulance Services	<ul style="list-style-type: none"> • Deductible required • You're responsible for 20% of covered charges
Lab Tests and X-Rays For a list of free services, go to mypgbenefits.com > Physical Health > Medical Anthem Member or Medical Kaiser Member	<p>Routine preventive screenings that are on the list of free services</p> <ul style="list-style-type: none"> • No deductible • Free <p>All other procedures, including diagnostic tests and most lab tests</p> <ul style="list-style-type: none"> • Deductible required • You're responsible for 20% of covered charges
Chiropractic and Acupuncture	<ul style="list-style-type: none"> • Deductible required • You're responsible for 10% of covered charges for first five visits per year; 20% for additional visits <p>Kaiser members: You can self-refer to an American Specialty Health (ASH) provider</p> <p>Anthem members: Preauthorization required after five visits per year</p>
Outpatient Physical Therapy, Speech Therapy, Occupational Therapy	<ul style="list-style-type: none"> • Deductible required • You're responsible for 10% of covered charges for first five visits per year; 20% for additional visits <p>Anthem members: Preauthorization required after 24 visits per year</p>
Outpatient Hospital	<ul style="list-style-type: none"> • Deductible required • You're responsible for 20% of covered charges

Medical	
Hospital Stay	<ul style="list-style-type: none"> • Deductible required • You're responsible for 20% of covered charges <p>Anthem members: Preauthorization required for non-emergency care, \$300 penalty if not obtained; covers semi-private room (private if medically necessary)</p>
Skilled Nursing Facility	<ul style="list-style-type: none"> • Deductible required • You're responsible for 20% of covered charges <p>Anthem members: Preauthorization required, \$300 penalty if not obtained</p> <p>Anthem and Kaiser members: Excludes custodial care</p>
Home Health Care	<ul style="list-style-type: none"> • Deductible required • You're responsible for 20% of covered charges <p>Anthem members: Preauthorization required, \$300 penalty if not obtained</p> <p>Anthem and Kaiser members: Excludes custodial care</p>
Hospice Care	<ul style="list-style-type: none"> • No deductible • Free <p>Anthem members: Preauthorization required, \$300 penalty if not obtained</p> <p>Anthem and Kaiser members: Excludes custodial care</p>
Durable Medical Equipment	<ul style="list-style-type: none"> • Deductible required • You're responsible for 20% of covered charges <p>Anthem members: Preauthorization required for purchase or cumulative rental over \$1,000; \$300 penalty if not obtained</p>
Hearing Aids	<ul style="list-style-type: none"> • Deductible required • You're responsible for 20% of covered charges for evaluation, fittings, equipment • Limited to one medically necessary hearing aid per ear every three years

continued on next page

Mental Health and Substance Use Disorder Care

Administered by Beacon Health Options and Kaiser Permanente (see details below)

Outpatient Mental Health

- No deductible
- You pay 10% of covered charges

Anthem HAP: Beacon Health Options provides this care

Kaiser HAP: Kaiser provides this care

Inpatient Mental Health

- Deductible required
- You pay 20% of covered charges

Anthem HAP: Beacon Health Options provides this care. Requires preauthorization by Beacon Health Options; \$300 penalty if you fail to notify Beacon Health Options within 48 hours; no limit on number of stays

Kaiser HAP: Kaiser provides this care

Outpatient Substance Use Disorder Care

- No deductible
- You pay 10% of covered charges

Anthem HAP: Beacon Health Options provides this care

Kaiser HAP: Kaiser provides this care

Inpatient Substance Use Disorder Care

- Deductible required
- You pay 20% of covered charges

Anthem HAP: Beacon Health Options provides this care. Requires preauthorization by Beacon Health Options; \$300 penalty if you fail to notify Beacon Health Options within 48 hours; no limit on number of stays

Kaiser HAP: You can use Beacon Health Options or Kaiser for inpatient detoxification. All other inpatient treatment is available through Beacon Health Options network only, not Kaiser. All Beacon Health Options treatment requires preauthorization; \$300 penalty if you fail to notify Beacon Health Options within 48 hours; no limit on number of stays

Applied Behavioral Analysis (Autism Treatment)

- No deductible
- Free
- No limits through Beacon Health Options

Anthem HAP: Beacon Health Options provides this care

Kaiser HAP: You may use Beacon Health Options or Kaiser

Preauthorization required with Beacon Health Options

TIP



Need guidance from someone who has successfully dealt with his or her own substance use disorder?

Contact a Peer Volunteer (see page 62).

Prescription Drugs	
List of Free Prescription Drugs For a list of free services, go to mygebenefits.com > Physical Health > Medical Anthem Member or Medical Kaiser Member	Select drugs are free, no deductible Anthem members: In order for the drug to be free, you must use the Express Scripts mail-order program Kaiser members: You must use either a Kaiser pharmacy or Kaiser's mail-order program for medications on the list of free prescription drugs
Retail Drugs	<ul style="list-style-type: none">• Deductible required (combined with medical deductible)• You're responsible for 15% of covered charges for generic; 25% for brand (Anthem members: Generic Incentive Provision and Step Therapy Provision apply)• 30-day supply Anthem members—mandatory mail order for most maintenance drugs: You can get the first three fills of the same maintenance drug at a retail pharmacy; no coverage for additional fills except through the Express Scripts mail-order program Kaiser members: No mandatory mail order; you can use a Kaiser pharmacy or Kaiser mail order for maintenance drugs

continued on next page

How were medications selected for the list of free prescription drugs?



Pharmacists and outside consultants did extensive studies to identify the drugs that are most often needed for chronic conditions and that are sometimes not taken by the people who should be taking them.

The idea is that by offering these prescription drugs free of charge, people who *should* take them *will* take them—for example, people with hypertension or high cholesterol. By making these prescription drugs free of charge, we're making it easier for people with these common conditions to improve their health. The list was never meant to include all conditions, all medications or all dosage variations.

Prescription Drugs	
Mail-Order Drugs	<p>For drugs not on the list of free medications</p> <ul style="list-style-type: none"> • Deductible required • You're responsible for 10% of covered charges for generic; 20% for brand (Anthem members: Generic Incentive Provision and Step Therapy Provision apply) <p>Anthem members: 90-day supply Kaiser members: 100-day supply</p>
For Anthem Members Only: Generic Incentive Provision	<p>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.</p> <p>Any generic/brand price differential you pay is a non-covered expense and therefore does not count toward your annual deductible or out-of-pocket maximum.</p>
For Anthem Members Only: Step Therapy Provision	<p>For certain medications, the HAP requires that members try generic medication or lower-cost brand-name alternatives first, instead of higher-cost brand-name drugs.</p> <p>Members who require higher-cost brand-name drugs for medically necessary reasons can appeal to Express Scripts by having their doctor submit the reason why the higher-cost brand-name drug is required. Express Scripts will review and approve exceptions if the higher-cost brand-name drugs are required.</p>
Drugs for Infertility, Sexual Dysfunction and Memory Enhancement	<ul style="list-style-type: none"> • Deductible required • If medically necessary, standard retail and mail-order coverage applies • If not medically necessary, you're responsible for 50% of covered charges for retail and mail-order purchases

ONE DEDUCTIBLE AND ONE OUT-OF-POCKET MAXIMUM

Under the HAP, there are no separate deductibles or out-of-pocket maximums for prescription drug benefits or for mental health and substance use disorder services.

Instead, there's only one overall annual deductible and one overall out-of-pocket maximum for all HAP benefits.

Remember—you can use the Health Account to help pay for your deductible.





Extra medical resources when you need extra care

**PG&E supports the health, wellness and safety
of our employees—a core value for PG&E.**

To help you get the right care right away, PG&E offers a variety of medical resources—whether for personal health issues or work-related discomfort or injuries.





Virtual doctor's appointments: Telemedicine

Need to consult with a doctor—but don't have time to go to the doctor's office? PG&E makes it easier for you to manage your health by bringing professional medical advice directly to you.

HAP participants

Anthem's telemedicine program through LiveHealth Online gets you instant access to a board-certified doctor through your computer or mobile device.

<p>Home</p> <p>Connect through your computer or mobile device.</p> 	<p>Work</p> <p>Connect through your cell service—not through PG&E's Wi-Fi.</p> 
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Get started by registering at livehealthonline.com—or download the free iPhone or Android app:  **LiveHealth Online app**

- Anthem members pay \$4.90 per visit
- Kaiser members pay the full cost—\$49 per visit

You can use your Health Account to pay for these visits.

Want more information about LiveHealth Online?

Email customersupport@livehealthonline.com or call **1-855-603-7985**.

Kaiser members: Free Video Visits

Kaiser Permanente's free Video Visits program lets you connect with a Kaiser doctor through your computer or mobile device anywhere, anytime. Connecting from work? You'll need to use your cell service—not PG&E's Wi-Fi.

To get started, go to kp.org/mydoctor/videovisits. You'll need to log in to your Kaiser account to register for the free service. Ask your doctor about scheduling a Video Visit.

Anthem Blue Distinction Centers for Specialty Care®

Are you an Anthem member? You have access to the Blue Distinction Specialty Care program for the following serious health problems:

Bariatric surgery	Knee and hip replacement
Cardiac care	Spine surgery
Complex and rare cancers	Solid organ and bone marrow transplants

Anthem's Blue Distinction Specialty Care program helps you find Anthem network hospitals that are recognized for excellent care, with faster recovery times and lower costs. Blue Distinction Centers have met strict standards created by expert doctors and health care groups—standards that include:

- Better treatment results
- Fewer complications
- Fewer re-admissions than other hospitals

It's easy to find Blue Distinction Centers:

1. Log in to [anthem.com/ca](https://www.anthem.com/ca).
2. Choose **Find a Doctor**.
3. Under *I'm looking for a*, pick **Hospitals and Facilities**.
4. From the *Who specializes in* list, choose **General/Acute Care Hospitals**. Be sure to include the location.
5. Choose **Search**. If a facility listed is a Blue Distinction Center, you'll find a Blue Distinction mark in the **Quality Snapshot** next to the facility name.

Cancer resources

Anthem cancer case management program

Anthem’s case management program offers resources that specialize in oncology, and is designed to help members understand what to expect and plan how to move forward with a cancer diagnosis.

A nurse specially trained to support oncology patients will be available by phone to:

- Answer your questions
- Explain next steps
- Connect you with resources to support you
- Enroll you in outreach support from the American Cancer Society if you choose

Are you currently undergoing treatment for cancer? If you have questions about benefits or resources, please contact Anthem for referral to a case manager: [1-888-613-1130](tel:1-888-613-1130).

Kaiser Permanente coordinated cancer care

If you’re a Kaiser member, your cancer care will be coordinated for you. Kaiser offers specialized cancer centers in regions throughout California—so you can get the right care for your specific type of cancer closer to your home. A dedicated, coordinated cancer team will help you understand treatment options and map out your care.

Kaiser’s specialized cancer physicians provide treatment for:

Bladder cancer	Esophageal cancer	Pancreatic cancer
Acute leukemia	Gynecologic cancer	Thyroid cancer
Brain cancer	Head and neck cancer	Radiation oncology
Pediatric brain cancer	Liver cancer	Pediatric oncology
	Ocular melanoma	

For more information about Kaiser’s cancer resources, contact your doctor.

Want to learn more?

For details, visit the Anthem and Kaiser member pages at mygebenefits.com > **Physical Health > Medical Anthem Member** or **Medical Kaiser Member > Cancer Resources**.

KnovaSolutions: Confidential help managing health concerns

For employees and families enrolled in the Anthem or Kaiser Health Account Plan (HAP)

KnovaSolutions is a confidential, voluntary and free personal health service provided by an independent team of advanced practice and highly experienced nurses and pharmacists.

The nurse/pharmacist team can help you better understand and manage medical care, treatments and medications, so you can make the best health decisions possible. These individualized services are completely confidential, and are intended to enhance—not replace—the patient-doctor relationship.

Contact KnovaSolutions: **1-800-355-0885**

Representatives are available Monday–Thursday 7 a.m.–6 p.m. and Friday 7 a.m.–4 p.m. Pacific time.

Email: **ContactKnova@hcmsgroup.com**

For details, visit myggebenefits.com > **Physical Health > KnovaSolutions.**

24/7 Nurse Care Line: For work-related health concerns

For all employees—if you're injured on the job or experiencing work-related discomfort

The 24/7 Nurse Care Line, administered by WorkCare, provides **immediate access** to a nurse or doctor for work-related discomfort or injury—so you don't have to travel or spend hours in a waiting room.

Even if you don't immediately feel pain, it's important to report and treat all work-related discomfort and injuries as early as possible so they don't worsen over time.

If you experience a work-related discomfort or injury, call **1-888-449-7787** and notify your supervisor. If your injury is severe and warrants immediate medical attention, call 911.

For details, visit mypgbenefits.com > **Physical Health > 24/7 Nurse Care Line.**

PG&E Health Center: Holistic health services at the San Francisco General Office

For all active HAP-eligible employees

The PG&E Health Center was specially designed for PG&E employees. Everything from the layout, staff, services and third-party vendor—Premise Health—is designed to provide high-quality, convenient, affordable care, with the focus on primary and preventive care.

The clinic's medical team takes a holistic approach—learning about your medical history and lifestyle to provide care and treatment options that make sense for you—making you a partner in your own health.

The medical team includes an onsite physician, nurse practitioner, physical therapist, chiropractor and health risk condition management nurse/wellness coach, along with registered nurses and certified medical assistants.

Key services include:

- Coordinated and customized primary and preventive care services
- Same-day acute and urgent care services
- Chiropractic and acupuncture treatments
- Secure electronic medical records
- Clinical lab services
- Health education and coaching
- Condition management
- Physical therapy
- Occupational health

If you're enrolled in the Anthem HAP: The clinic will bill Anthem just like other clinics do. If there's an outstanding balance, **you'll be responsible for paying it.** You can file a claim for reimbursement from your Health Account or Health Care Flexible Spending Account (FSA), if you have one.

If you're enrolled in the Kaiser HAP: You'll have to pay the full cost at the time of service. You can file a claim for reimbursement from your Health Account or Health Care FSA, if you have one.

Health education coaching and condition management are provided at no cost to you regardless of your insurance plan. Chiropractic and acupuncture treatments will be billed as usual for Anthem and Kaiser members.

You can make appointments, complete clinic forms and secure-message your provider after creating an account at the clinic's Patient Portal: PGEHealthCenters.goandbewell.com.

For details about the PG&E Health Center—including costs—go to mypgbenefits.com > **Physical Health > PG&E Health Center.**

Location: 77 Beale Street, 3rd floor, San Francisco, CA 94105

Phone: **628-201-3555** (walk-ins welcome)

Clinic hours: Monday–Friday, 7 a.m.–4 p.m.

Lab hours: Monday–Friday, 7 a.m.–3:30 p.m.

Health and wellness

Build a better you with PG&E's health and wellness programs. These programs are available to all HAP-eligible employees.



Telephonic health coaching and tobacco cessation

Wish you could get healthier but don't know where to start?

Provant, PG&E's health and wellness partner, can help you build a better you by matching you to the right wellness tools and resources for your specific health goals.

In the health coaching program, you'll be teamed up with a dedicated health coach and you'll start by setting goals based on your health risks, needs and interests.

In the tobacco cessation program, you'll be teamed up with a certified tobacco cessation specialist who can teach you the necessary behavioral skills to achieve a tobacco-free life. See page 28 for information on Provant's free Tobacco Cessation program.

1

Call Provant at **1-866-271-8144**, option 1 and then option 3 (Monday–Friday, 5 a.m.–5 p.m. Pacific time), to set up your first phone appointment with your very own health coach.

2

After your first call, your coach will schedule regular follow-up calls to see how you're doing in meeting your goals, answer your questions and offer suggestions on how to get past any obstacles.

Health coaching appointments are available Monday–Friday, 7 a.m.–7 p.m. Pacific time.

LOOKING FOR HELP ONLINE?

Go to *PG&E@Work for Me* > About Me > My Benefits > Wellness Portal or visit **pge.provantone.com** to talk to a trainer or dietitian, or participate in interactive workshops on a variety of health topics.

Health & Wellness portal

Looking for health information? Want an easy way to track your nutrition and fitness progress?

The Health & Wellness portal—**PG&E@Work for Me > About Me > My Benefits > Wellness Portal** or **pge.provantone.com**—gives you easy access to all sorts of useful information and tools—in one location, ready when you are:

Wellness workshops
on many health topics


Health tools—
meal planners, exercise
planners, daily food logs,
physical activity logs

**Schedule and registration
instructions** for health
screenings and flu shots

**A nutrition and meal planning digital
platform** offering personalized recipes,
weekly meal plans, meal kits and grocery
lists and discounts—all tailored to your
personal preferences and dietary needs

“Talk to a Dietitian” and **“Talk to a Trainer”**
tools—send questions to experts in nutrition
and exercise

Health risk assessment—identify your
health risks and create a personalized plan
so you can maintain or improve your health

 **On the go?** Download Provant’s Humology app.

GET STARTED

Visit the **Health & Wellness portal** to see what’s available and sign up for programs: **PG&E@Work for Me > About Me > My Benefits > Wellness Portal** or **pge.provantone.com**

First visit?

- On the landing page, click **Sign Up**.
- Then, fill out the online registration form to get your username and password.

On the go?

Download Provant’s Humology app at the Apple AppStore or GooglePlay for Android.

You’ll be able to access your food and physical activity logs from your smartphone.

Musculoskeletal Disorders (MSD) Strains and Sprains Program

Industrial Athlete Program

If you're an employee in PG&E's physical workforce, you have access to sports medicine professionals that offer Onsite Prevention Specialist (OPS) services for every division. These professionals routinely visit many work locations. If your location isn't part of their normal circuit, you can request a service. OPS services include:

- One-on-one assessments for discomfort (think of having your own occupational/physical therapist or athletic trainer at work)
- One-on-one preventive services (stretching, exercise routines, strength, nutrition)
- Group training and "health topic of the month" sessions, where you can learn how to prevent injuries and improve health
- Job observation with an OPS, to get help with body mechanics, posture, rest-work cycles and recovery times (if your work requires an industrial ergonomic evaluation, the OPS will ask the industrial ergonomics team to review your situation)

Contact industrialathlete@pge.com for more details.

Ergonomics: Preventing injuries at work

All employees have access to office and field ergonomics programs that are designed to assess your work tasks, job demands, physical layout, equipment and environmental factors that may contribute to musculoskeletal disorders.

Are you an office worker? Follow these guidelines to make sure you're working safely:

- Complete the annual Office Ergonomic Suite (OES) training, available at <http://pgeweb/sharedservices/safety/ergonomics>.
- Make a habit of taking your prompted stretch breaks. These are critical to preventing musculoskeletal disorders.
- Request a work station evaluation from your RSIGuard dashboard when you:
 - Begin your employment with PG&E
 - Change your office or work station
 - Feel the slightest discomfort

For more information, search **ergonomic programs** on the *PG&E@Work For Me* intranet or email ergonomics@pge.com.

Gym and fitness discounts

Nothing beats stress like a good workout.

You and your family are eligible for the lowest corporate rates available at more than 600 fitness clubs throughout California, as well as discounts on popular home fitness equipment and fitness trackers/wearables.

To find a participating gym near you or to learn about home fitness discounts, visit ***PG&E@Work for Me > About Me > My Benefits > Wellness Portal*** or pge.provantage.com—or call 1-866-271-8144, option 1 and then option 3.

Movement Matters

This comprehensive office worker safety and health toolkit provides key ways to reduce the risks of prolonged sitting.

To download the kit, search for “**Movement Matters**” on the PG&E intranet homepage.

Team challenges

Build a better you through healthy competition.

Join your colleagues to compete in the health and wellness challenges offered throughout the year. You can invite your spouse or registered domestic partner to join you in a challenge, too.

Want to learn more?

Visit *PG&E@Work for Me* > **About Me** > **My Benefits** > **Wellness Portal** or mypgbenefits.com—or call **1-866-271-8144**, option 1 and then option 3.



Wellness Ambassadors

PG&E's Wellness Ambassadors are employees who volunteer to help communicate and coordinate wellness initiatives at their workplace locations.

They have the opportunity to:

- Share information
- Encourage fellow PG&Eers to participate in wellness programs
- Create excitement around leading a healthy lifestyle

To find a Wellness Ambassador at your location or for more information about volunteering for the role, email wellness@pge.com.

Local resources

The needs and preferences of employees vary based on the kind of work they do and where they work.

Wherever possible, PG&E supports locally developed programs designed to meet local needs:

- Onsite flu shot clinics and health screenings
- PG&E Health Center at the San Francisco General Office
- Onsite exercise classes like yoga and Zumba®
- Onsite and Web-based EAP counselors
- Onsite prevention specialists (physical workforce only)
- Team competitions

Email wellness@pge.com to get connected with your local Wellness Ambassador for information about your worksite.

Nursing Mothers

Are you breastfeeding? PG&E offers a supportive environment to enable nursing mothers to express milk during work hours.

In many locations, PG&E offers sanitary, lockable Mothers' Rooms at Work, where you can safely and privately express milk. For locations, visit mypgebenefits.com > **Work/Life Benefits > Mothers' Rooms at Work.**

Questions or concerns? Email wellness@pge.com.



Employee Assistance Program

Wellness isn't just about physical health; it's also about mental and emotional well-being.

The Employee Assistance Program (EAP) offers free, one-on-one, completely confidential support for a wide variety of life events and concerns. You and each of your dependents and household members are eligible for up to six free sessions per six-month period to talk with a licensed EAP counselor near you about:

- Stress management
- Anxiety or depression
- Alcohol and drug issues
- Family and relationship challenges, and more

In addition, the EAP offers you financial, legal, and work/life resources:

- Help finding household or pet services
- Referrals to family-care resources (day care, elder care)
- Free 30-minute consultation with certified financial advisor for tips on paying off your debt or other financial challenges—and reduced fees if you continue to use their services
- Free 30-minute consultation with a trusts and estates attorney in your area—and reduced fees if you continue to use their services
- Free 30-minute legal consultations on divorce, domestic violence, custody and other legal issues—and reduced fees if you retain the attorney's services

Visit mypgbenefits.com to explore all the ways the EAP can help and to find a list of EAP onsite counselors.

Call **1-888-445-4436** to speak to a licensed EAP counselor, available 24 hours a day, 7 days a week.

Visit achievesolutions.net/pg for online emotional health resources and more.

Prefer to talk with a counselor by video? You can connect with a counselor via any desktop computer, tablet or smartphone that has video capabilities.

When you call the EAP, a counselor will ask you about your technology access and send you an email link to connect you to a counselor by video at your session's scheduled time. **Your video sessions are completely confidential and are not recorded.**

Peer Volunteer Program

Help with alcohol and substance use disorders

Are you or a family member struggling with alcohol or substance use disorders? You're not alone.

Employees with alcohol or substance use issues are more likely to be involved in workplace accidents—putting their PG&E co-workers and the community at risk. Safety is a core value at PG&E, which is why PG&E offers the free Peer Volunteer Program.

You and your family members can get information about treatment for alcohol and substance use disorders from fellow PG&E employees who are in long-term recovery for their own alcohol/substance use disorder, or that of a loved one. The free program is available in all PG&E service areas.

How it works

For you and your family. You or any family member can call a Peer Volunteer for help. Alcohol and substance use disorders affect all members of the family—not just the person who is using.

Completely confidential. You can ask for help anonymously over the phone. Peer Volunteers will not share your information with anyone else without your permission—including other Peer Volunteers.

People who've walked in your shoes. All Peer Volunteers are PG&E employees who have at least two years of recovery for a substance use disorder or that of a loved one. Many Peer Volunteers have been clean and sober for more than 10 years. All have personally experienced the judgment, shame and guilt that comes with a drinking or drug problem—and they're here to help. Peer Volunteers have been trained by EAP representatives, and they have access to licensed mental health professionals, if needed.

Get in touch

Call any Peer Volunteer listed at peervolunteers.org. Peer Volunteers are available 24/7.

Can't reach a Peer Volunteer? Call the EAP hotline at **1-888-445-4436**, and ask to have a Peer Volunteer call you back.

Interested in becoming a Peer Volunteer, or just want more information? Email PVP@pge.com or visit peervolunteers.org to request a brochure or to schedule a 10-minute presentation with a Peer Volunteer.

Dental


Administered by Delta Dental

PG&E pays most of the cost of dental coverage for Management and A&T employees, and all of the cost of dental coverage for Union-represented, full-time employees.

Visit myggebenefits.com > **Resources** > **Rates** to see monthly dental premiums.



You can use any dentist you choose, but you'll save the most money by using a Delta Dental PPO Network dentist.

Want to estimate your dental costs and see the current status of your calendar-year deductibles and maximums? Use the Cost Estimator Tool at deltadentalins.com/pg&e or through the Delta Dental Mobile app. 



Remember, you can use your Health Account to pay for coinsurance and other dental charges.

Dental Plan Provisions			
Choice of Dentist	Any; for maximum benefits, use a PPO or Premier Dentist Go to deltadentalins.com/pg&e for a list of PPO and Premier dentists		
Calendar-Year Deductible	Required for all covered services except diagnostic care, preventive care and orthodontics. You pay only one deductible depending on the type of provider you use. <table border="0" style="width: 100%;"> <tr> <td style="width: 50%; vertical-align: top;"> Delta Dental PPO Network <ul style="list-style-type: none"> • \$25 per person; no more than \$75 per family • Applies if you use only PPO dentists </td> <td style="width: 50%; vertical-align: top;"> Delta Dental Premier Network or Non-Participating Dentist <ul style="list-style-type: none"> • \$50 per person; no more than \$150 per family • Applies if you use a Premier Network or Non-Participating dentist—even if you only use them once and you use PPO dentists every other time </td> </tr> </table>	Delta Dental PPO Network <ul style="list-style-type: none"> • \$25 per person; no more than \$75 per family • Applies if you use only PPO dentists 	Delta Dental Premier Network or Non-Participating Dentist <ul style="list-style-type: none"> • \$50 per person; no more than \$150 per family • Applies if you use a Premier Network or Non-Participating dentist—even if you only use them once and you use PPO dentists every other time
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Diagnostic and Preventive Care	No deductible You're responsible for 15% of covered charges for preventive care: <ul style="list-style-type: none"> • Two exams per year • Two cleanings per year • Full-mouth X-rays and Panorex films once every five years • Bitewing X-rays twice a year for dependents up to age 18; once a year for adults ages 18 and older • Fluoride treatments • Space maintainers 		
Basic Care	Deductible required You're responsible for 15% of covered charges for basic care: <ul style="list-style-type: none"> • Fillings • Oral surgery • Sealants for eligible dependents under age 16 <ul style="list-style-type: none"> • Permanent first molars through age eight • Second molars through age 15 • Root canals • Extractions • Treatment of the gums (periodontia) 		
Major Care	Deductible required You're responsible for 15% of covered charges for major care: <ul style="list-style-type: none"> • Crowns • Inlays • Onlays • Implants • Cast restorations • Bridges 		
Calendar-Year Maximum Benefit	\$2,500 per person (excludes orthodontia)		
Orthodontia	50% up to a lifetime maximum benefit of \$2,000 per person		

Note: All benefits are subject to Delta Dental's usual, customary and reasonable allowances.

Vision

Administered by Vision Service Plan (VSP)

PG&E pays the full cost of vision coverage for Management and A&T employees and their families, and the full cost of vision coverage for Union-represented, full-time employees and their families.

Visit myggebenefits.com > **Resources** > **Rates** to see how much PG&E pays for monthly vision premiums.





Under the VSP Choice Plan, you can use any licensed vision provider you choose, but you'll pay less when you use a VSP provider. If you use a non-VSP provider, you have to pay your bill in full, and VSP will reimburse you based on a schedule of benefits.

Remember, you can use your Health Account to pay for copayments and other vision charges.

Vision Benefits	
Choice of Doctor	Any; for maximum benefits, use a VSP doctor Go to vsp.com for a list of VSP providers
Copayments with VSP Doctor	<ul style="list-style-type: none"> • \$10 per exam • \$25 for materials (lenses and/or frames)*
Benefits with VSP Doctor	<ul style="list-style-type: none"> • Vision exams—every 12 months • Eyeglass lenses—every 12 months • Frames—covered up to \$150 once every 24 months • Elective contact lenses and contact lens exam (fitting and evaluation)—covered up to \$150 every 12 months; 15% off contact lens exam (you'll be eligible for a frames allowance 12 months after you get contact lenses) • Visually necessary contact lenses—covered in full when obtained from a participating doctor and only with prior authorization from VSP for medically necessary conditions • Ultraviolet lenses—covered • Photochromic lenses—covered • Lasik—covered up to \$250 per eye (lifetime limit)
Non-Covered Lens Options	<ul style="list-style-type: none"> • Extra savings on additional glasses and sunglasses, including lens options, from a VSP doctor within 12 months of your last exam

*You're responsible for charges that exceed the plan's allowable expenses—and for the cost of cosmetic extras not covered by the plan, like blended, tinted or oversized lenses.

OTHER DISCOUNTS

Frames:

You can get an extra \$20 to spend on featured frame brands from your VSP doctor. Go to vsp.com/specialoffers for details and a complete list of featured brands.

Retinal Screenings:

You pay no more than a \$39 copayment on routine retinal screenings as an enhancement to your VSP exam.

Diabetic Eyecare Plus Program:

For an extra \$20 copay, you can get eye care services for members with Type 1 or Type 2 diabetes, glaucoma, and/or age-related macular degeneration (AMD)—plus retinal screenings for eligible members with diabetes.

Flexible Spending Accounts

A Flexible Spending Account (FSA) lets you set aside a portion of your before-tax earnings to pay for qualified expenses—reducing your taxable income and saving you money.

There are two different FSAs—the Health Care FSA and the Dependent Care FSA. You can elect one or both when you're first hired and every year during Open Enrollment.



Flexible Spending Accounts (FSAs)

You fund the Flexible Spending Accounts (FSAs) with your own money. Your contributions are deducted from your pay before taxes are calculated—reducing your taxable income and saving you money.

Health Care FSA

This account is for eligible health care expenses— medical, dental, vision, mental health and substance use disorder expenses the IRS considers eligible for reimbursement.

You can use the account for yourself—and for your dependents' health care expenses—even if they're not enrolled in your plan.



You can't use this account for dependent day care expenses.

It's only for eligible health care expenses.

Dependent Care FSA

This account is for eligible dependent care services for your dependent family members so you can work.

The IRS allows you to use the account for child and elder care while you work—such as day care or adult care, babysitters, at-home caregivers, preschool, before- or after-school programs and summer day camp.

The IRS generally limits use of the account for children under age 13—but you can also use the account for older children and adults who are physically or mentally incapable of self-care.



You can't use this account for your dependents' health care expenses.

It's only for dependent care services that allow you to work.

Find lists of eligible health care and dependent care expenses at mypgbenefits.com
> **Financial Health > Spending Accounts.**

Flexible Spending Account (FSA) rules

- 1** **Each year during Open Enrollment, you must enroll** in the Flexible Spending Accounts (FSAs) if you want to participate for the following year. Your current-year FSA elections won't carry over to the next year.
- 2** **The Health Care and Dependent Care FSAs are completely separate accounts.** You can sign up for either or both, but you can't transfer funds from one account to the other.
- 3** **Your FSA administrator depends on your medical coverage:**
 - **If you're enrolled in the Anthem HAP—WageWorks** administers your FSA.
 - **If you're enrolled in the Kaiser HAP—Kaiser Permanente** administers your FSA.
 - **If you waive medical coverage but you elect an FSA—**WageWorks administers your FSA.

DEADLINE FOR FILING FSA CLAIMS

Current-year expenses:

You have until March 31 of the following year to file claims for expenses incurred through December 31 of the current year.

Health Care Flexible Spending Account (FSA)

You can set aside up to \$2,650 of your before-tax pay. The IRS may increase this limit in future years.

- You can be reimbursed even before you have money in your Health Care FSA to cover your claim, up to the annual amount you elected to contribute.

EXAMPLE

You elect to contribute \$1,200 for the year. You incur \$1,000 in expenses in February—but you've only contributed \$200 to your account so far. You can be reimbursed for the full \$1,000 right away.

- You can carry over unused balances up to \$500 to the next year as long as you're eligible to participate in the Health Care FSA as of January 1 of the next year.
- You forfeit unused amounts over \$500 at the end of the plan year (for example, if you have an unused balance of \$501, you can carry over \$500 and you'll forfeit \$1).

Why participate?

Will you have high out-of-pocket expenses? Do you purchase glasses or contacts every year? Will you need to pay for braces? Do you need extra money to pay for your health expenses—or for your dependents' health expenses?

You may be able to save on taxes by contributing to the Health Care FSA. You use your own money—but it's before-tax money, so you could pay less in taxes.

Estimate carefully. You can only carry over up to \$500 in your Health Care FSA. You forfeit the rest if you don't use it.

Need help estimating?

Log in to your Mercer BenefitsCentral account to use the **Estimate Medical Plan Costs** tool.

Dependent Care Flexible Spending Account (FSA)

Do you have children or elderly parents that need day care so you can work?

The Dependent Care FSA lets you set aside before-tax pay to reimburse eligible dependent care expenses so you can work.

The IRS generally limits use of the account for children under age 13—but you can also use the account for older children and adults who are physically or mentally incapable of self-care.

EXAMPLE: Summer camp

For children under age 13	For children age 13 or older
 OK	 Not allowed unless the child is physically or mentally incapable of self-care

This account is not for dependent health care expenses.

How the Dependent Care FSA works

You use your own money to pay expenses and then file claims for reimbursement. There are no debit cards for the Dependent Care FSA.

You can be reimbursed only when you have enough money in your Dependent Care FSA to cover your claim.

You forfeit unused amounts at the end of the plan year. You can't carry over unused amounts.

How much you can contribute

The Internal Revenue Code determines how much you can contribute to the Dependent Care FSA based on your tax filing status and other factors:

\$5,000 a year if you're:	\$2,500 a year if you're:
<ul style="list-style-type: none"> • Married filing jointly—OR • Single—OR • Filing a return as head of household 	<ul style="list-style-type: none"> • Married filing separately



Married?

As a couple, you have a combined \$5,000 limit—even if you each have access to a separate Dependent Care FSA.

Your annual contributions can't exceed your own or your spouse's income.

How to get reimbursed for health expenses

There are two accounts that can help you pay for your health expenses:

Health Account	Health Care Flexible Spending Account (FSA)
<p>You automatically participate</p> <p>You automatically get the PG&E-funded Health Account when you're enrolled in the Health Account Plan (HAP).</p> <p>Each year, you can earn extra Health Account credits when you complete an annual health screening and test tobacco-free or complete the tobacco-free program. See page 26 for details.</p>	<p>You elect to participate</p> <p>You don't have to be enrolled in the Health Account Plan (HAP) to elect the Health Care FSA.</p> <p>If you want to participate in the Health Care FSA, you have to elect it during Open Enrollment or within 31 days of your hire date. If you don't elect it, you won't have it.</p>
<p>PG&E pays</p> <p>PG&E funds the Health Account for you. You pay nothing.</p>	<p>You pay</p> <p>You fund the FSA with contributions deducted from your pay before taxes are calculated, saving you money. PG&E pays nothing.</p>
<p>Keep your unused balance</p> <p>You generally keep unused Health Account credits. They roll over for future use as long as you stay enrolled in a PG&E-sponsored medical plan.</p>	<p>Forfeit part of your unused balance</p> <p>You forfeit unused amounts over \$500 at the end of the plan year. You can carry over a maximum of \$500 as long as you're eligible to participate in the Health Care FSA as of January 1 of the next year.</p>
<p>Dependents must be enrolled</p> <p>You can use the Health Account to help pay for your family's eligible health expenses—only if they're enrolled as dependents in your Health Account Plan (HAP).</p>	<p>Dependents don't have to be enrolled</p> <p>You can use the Health Care FSA to help pay for your family's eligible health expenses—even if they're not enrolled as dependents in your Health Account Plan (HAP).</p>

WHICH ACCOUNT PAYS FIRST?

Do you have the Health Account and the Health Care FSA?

Your Health Care FSA is automatically debited first—before your Health Account—to help you avoid forfeiting unused amounts in your FSA.

Want to see how to get reimbursed?



Watch a short video at myggebenefits.com > Resources > BeneTV. Click on the video that applies to you—Anthem Members or Kaiser Members: How to file a claim for reimbursement.

What expenses are eligible?

You can use the Health Account and the Health Care Flexible Spending Account (FSA) to pay for almost all your health expenses except premiums.

Deductibles, coinsurance and whatever you pay out of pocket for eligible medical, prescription, dental, vision and mental health and substance use disorder expenses are eligible for reimbursement. Here are a few examples:

Medical expenses

- Extra doctor visits beyond your four free preventive visits per year
- Lab tests and X-rays
- Chiropractic and acupuncture visits
- Hospital stays
- Durable medical equipment

Prescription expenses

- Retail drugs
 - Mail-order drugs that aren't on the free mail-order drug list
- Download the Anthem and Kaiser free drug lists at myggebenefits.com > Physical Health > Medical Anthem Member > **OR** Medical Kaiser Member > Prescription Drug Coverage

Dental expenses

- Office visits
- Fillings
- Oral surgery
- Crowns
- Braces

Vision expenses

- Office visits
- Glasses
- Contact lenses
- Lasik surgery

Mental health and substance use disorder expenses

- Outpatient visits
- Inpatient treatment

Use your **Health Account** or **Health Care FSA** to help pay for these things:



Lasik surgery



Glasses



Crowns



Contact lenses



Braces

Save your EOB

An EOB is an Explanation of Benefits from the claims administrator.

After you visit your doctor, dentist or other health care provider, the claims administrator will mail an EOB to you—a statement that shows how much your health plan paid for your treatment or service—and how much, if anything, you'll owe.

Your Health Account or Health Care Flexible Spending Account (FSA) administrator—WageWorks or Kaiser—needs these five pieces of information from your EOB or detailed receipt to verify your expenses are eligible:

- Date of service
- Amount of service
- Provider's name
- Patient's name
- Service provided

Watch out! If your Health Account or Health Care FSA administrator can't verify that your expenses were eligible, the amount of the unverified expense may be added to your taxable income in the following tax year unless you reimburse your account.

DOWNLOAD YOUR EOB

Don't want to wait for your EOB to arrive in the mail? Log in to your claims administrator's website—Anthem, Kaiser, Delta Dental, VSP, Express Scripts, Beacon Health Options—and download your EOB.



Your EOB is not a bill. Don't pay anything until you first get your EOB and then a bill from your provider.

Anthem members...

...and Health Care FSA participants who waive medical coverage

You'll get the WageWorks Healthcare Card if you elect the Anthem HAP or if you waive medical coverage and elect the Health Care FSA.



Here's how the WageWorks Healthcare Card works:

✓	Health Account credits	Your card will be loaded with your annual Health Account credits. Any leftover balances from the current year will be available at the start of the new year.
✓	Health Care FSA* contributions *If you elect it	If you elect the Health Care FSA, your card will be loaded with your annual FSA contribution. Up to \$500 of carryover balances from the current year will be available in May of the next year.
✓	Medical expenses	You can use the card at the time of service—but it's best to ask your doctor to process your claim first and then bill you after your claim has been processed.
✓	Prescriptions	Use the card at Express Scripts-participating pharmacies or with the mail-order program.
✓	Dental and vision expenses	You can use the card at the time of service—but it's best to ask your dentist or eye doctor to process your claim first and then bill you after your claim has been processed.

Want a quick overview?

Watch a short video about how to get reimbursed. Visit mypgbenefits.com > Resources > BeneTV > Anthem Members: How to file a claim for reimbursement.



WageWorks reimbursement rules

There are three things you need to know about getting reimbursed through WageWorks:

- 1 Claims filing deadline
- 2 When you can use the WageWorks health payment debit card
- 3 Deadline for verifying expenses if you use the WageWorks health payment debit card

	Getting reimbursed	Health Account	Health Care Flexible Spending Account (FSA)
1	What's the latest you can file a claim?	No deadline for active participants	March 31 for expenses incurred through December 31 of the prior year
2	Can you use your WageWorks health payment debit card?	Yes —even for prior-year expenses	Yes for current-year expenses No for prior-year expenses
3	If WageWorks requests more information—what's the latest you can verify your expense?	No deadline*	March 31 for expenses incurred through December 31 of the prior year

*If you haven't verified your expense within 90 days from the date of the card transaction, WageWorks will deduct the amount of the transaction from any future claims you submit through **Pay Me Back**.

How to get your expenses paid through WageWorks

With WageWorks, you have three ways to get your expenses paid through your Health Account and Health Care Flexible Spending Account (FSA), if you elect it:

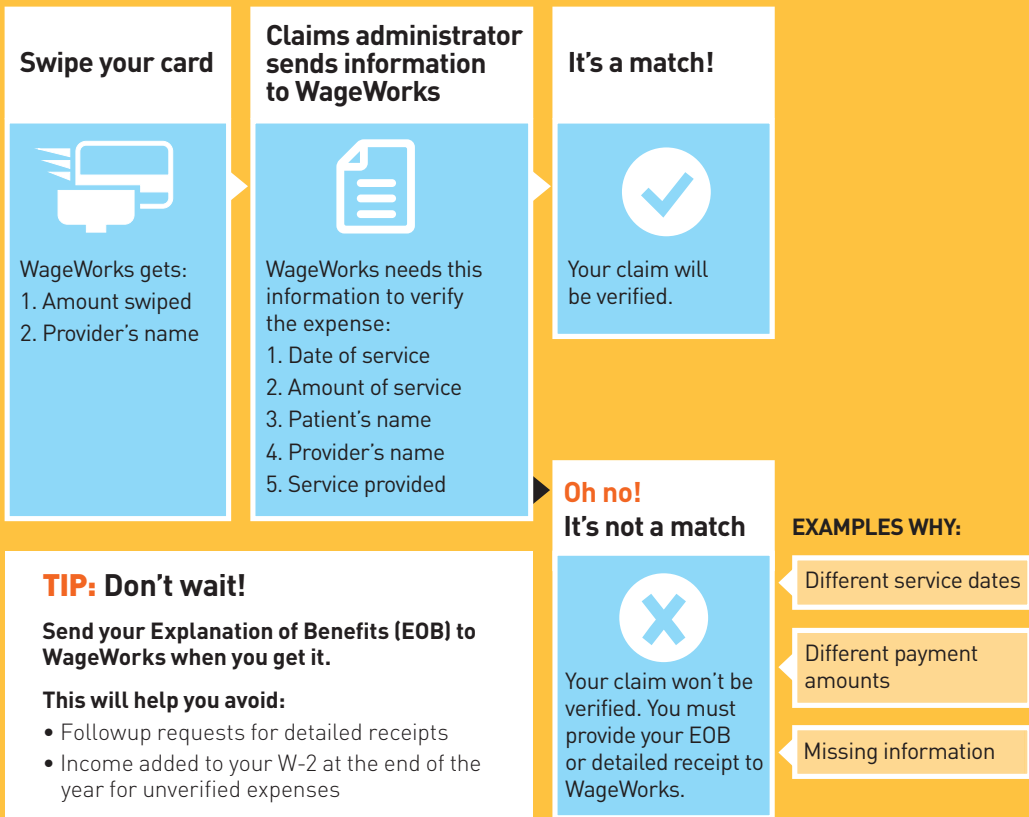
WageWorks card	Pay My Provider	Pay Me Back
<p>You can use your WageWorks card for most expenses.</p> <p>If WageWorks asks you to verify an expense on your card, you'll need to submit an Explanation of Benefits (EOB) or itemized receipt.</p>	<p>Pay My Provider sends money to your provider for amounts not paid by your health plan.</p> <p>Log in to your WageWorks account and use Pay My Provider. You'll need to upload your EOB or itemized receipt.</p>	<p>Download the free WageWorks app—EZ Receipts®—for an easy way to use Pay Me Back.</p> <p>Log in to your WageWorks account and use Pay Me Back if you already paid an eligible expense out of your own pocket, and you want to get reimbursed.</p>

WageWorks automatically debits your Health Care FSA first if you elected it; then your Health Account if you have one.

Don't have enough in your Health Care FSA or Health Account to cover the charge? You'll need to pay with your own money.



What happens when you use your WageWorks card?



Verifying expenses

WageWorks may ask you to verify expenses when you use your WageWorks health payment debit card.

If you have a card transaction that needs verification, WageWorks may request an itemized receipt or Explanation of Benefits (EOB), or may ask you to repay your account for the amount of the unverified transaction.

If you don't submit the requested documentation or repay your account, then:

- **90 days from the date of the card transaction**, WageWorks will deduct the amount of the transaction from any future claims you submit through **Pay Me Back**.

Use your **Health Account** or **Health Care FSA** to help pay for these things:

 Lasik surgery	 Glasses	 Crowns	 Contact lenses	 Braces
--	--	---	---	---

If:

- WageWorks can't recover the full unverified amount from any future Pay Me Back claims you submit—and
- You don't repay your account—then:

The amount of your unverified card transactions may be added to your taxable income in the following year.

You'll see a notification when you log in to your WageWorks account if you need to submit a receipt to verify a card transaction. You can also sign up to receive email alerts.

Getting started with WageWorks

You can register your WageWorks account and create your profile within 10 business days of electing your benefits.

How to set up your WageWorks account

From Mercer BenefitsCentral:

Log in to your Mercer BenefitsCentral account and click the WageWorks link. You'll be able to go straight to your WageWorks account without creating a username and password.

From wageworks.com or the EZ Receipts app:

WageWorks won't know who you are—so you'll need to register your account the first time you visit WageWorks outside of Mercer BenefitsCentral. You'll need to provide the last four digits of your Social Security number just once—when you register your account.

Follow the prompts to create your WageWorks profile:

The screenshot displays the WageWorks user profile management interface. At the top right, the user is identified as 'John Smith' with links for 'PROFILE', 'HELP', and 'LOG OUT'. The navigation bar includes 'DASHBOARD', 'CLAIMS & ACTIVITY', 'CALCULATORS', 'CARD-CENTER', and 'EXTRA BENEFITS'. The left sidebar lists 'CONTACT INFORMATION', 'PREFERENCES', 'REIMBURSEMENT METHOD', 'TAX SAVINGS', and 'USERNAME & PASSWORD', with the latter being the active section. The main content area features a security notice and a form with the following fields: Username (johnsmith), Old Password (masked), New Password, and Confirm Password. A 'Save Changes' button is located at the bottom of the form.

You're in control

After you set up your WageWorks account, you'll be able to:

- Sign up for emails about your account activity
- Sign up for direct deposit for reimbursements
- See alerts and messages—like when you need to submit a receipt
- See all your claims activity
- View a dashboard, where you can see your account activity, submit a claim, look up an eligible expense or submit a receipt
- Order extra cards

Do you want to share access to your WageWorks account?

Does someone at home handle the bills?

You can authorize someone to speak to WageWorks on your behalf:

- Log in to your **WageWorks account**
- Click **Profile > Authorized Individuals**
- Complete the requested information
- Click **Save Changes**

On the go?

Download the EZ Receipts® free mobile app to your iPhone, Android or Blackberry mobile device. You'll have full access to your WageWorks account to:



- Check balances
- Snap and submit photos of your receipts
- File claims
- Sign up for email alerts

Need extra cards?

After you receive your own card, you can order extra cards for family members:

- Log in to your WageWorks account
- Click on **Card Center**
- Order as many cards as you like for free—with your name or your dependent's name on the card

The extra cards should arrive within 10 business days.



Payment options

Need to pay your provider directly—or need to be reimbursed for health expenses you paid out of your pocket?

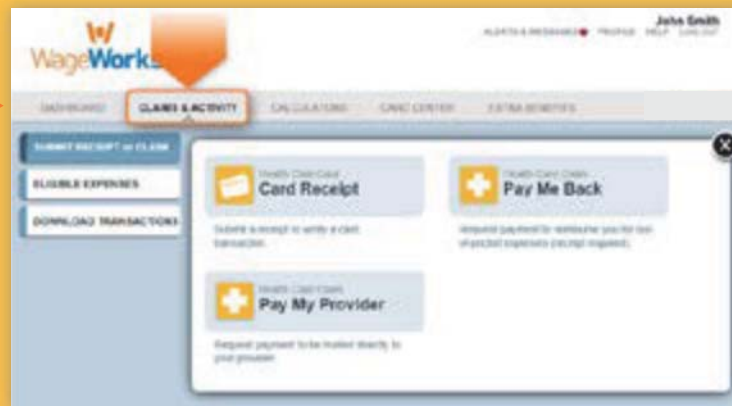
WageWorks gives you easy options:

Use the **Pay My Provider** option to have WageWorks pay your doctor from an account you select

OR

Use the **Pay Me Back** option if you've already paid an eligible expense out of your own pocket

This is where you submit your Explanation of Benefits (EOB)



Paying for doctor visits

You'll need your Anthem ID card and your WageWorks card.



Need help filing claims for out-of-network expenses?
Call Anthem: **1-800-964-0530**. Anthem representatives are available Monday–Friday, 7 a.m.–8 p.m. Pacific time.



Be careful using out-of-network providers—you'll usually pay more.

When you see that the Anthem HAP pays 80% of a covered charge for an out-of-network service, that means the HAP pays 80% of **Anthem's allowed amount** for your region—not necessarily 80% of the total fees charged by the out-of-network provider.

The **allowed amount** is the maximum charge Anthem will pay for covered services from health care providers.

For in-network providers:

The allowed amount is based on negotiated fees with Anthem. In-network providers always accept the plan's allowed amount, so you'll never have to pay additional amounts charged by the provider.

For out-of-network providers:

The allowed amount is based on reasonable and customary charges as determined by Anthem. When an out-of-network provider charges more than the plan's allowed amount, you're responsible for paying the difference.

With the Anthem HAP, you can use any provider you choose, but be careful. Out-of-network providers often charge more than the allowed amount. You'll be responsible for paying the difference—which can be substantial.

If you need inpatient surgery or hospitalization, the out-of-network amounts you'll have to pay could be overwhelming—and these excess charges **don't count toward the annual deductible or out-of-pocket maximum.**

You can use the Health Account to help pay for these excess charges—but you'll use up your Health Account credits faster this way.

Watch out for out-of-network labs

Your in-network doctor may send you to an out-of-network lab—which will cost you more. Ask the lab if it's in the Anthem network.

Want an example?

Let's say:

You use an out-of-network doctor for outpatient surgery **AND** You've already met your annual deductible, so the plan should pay benefits.

Here's how it works:

1	Anthem allows:	\$2,500	
	But your out-of-network doctor charges more:	\$5,000	
2	You've already met the deductible, so the Anthem HAP pays 80% of the allowed amount :	\$2,000	80% of \$2,500 = \$2,000
	You're responsible for the remaining 20% of the allowed amount:	\$ 500	This \$500 you pay counts toward your out-of-pocket maximum because it's your share of coinsurance (20%) toward Anthem's allowed amount.
3	AND		
	You're responsible for 100% of the out-of-network charges that are above Anthem's allowed amount:	\$2,500	This \$2,500 you pay DOES NOT COUNT toward your out-of-pocket maximum because it's not an eligible expense.
4	TOTAL YOU OWE:	\$3,000	
	\$500 toward Anthem's allowed amount (your 20% coinsurance toward the \$2,500 allowed amount)		
	+ \$2,500 to cover the out-of-network doctor's charges above Anthem's allowed amount		

BOTTOM LINE:

Be ready to pay a lot when you use out-of-network providers.

IF YOU GO OUT OF NETWORK, YOU MAY HAVE TO PAY FOR “FREE” SERVICES

When you go out-of-network, you may have to pay for services that are “free” when they’re in-network—like your first four primary care visits.

EXAMPLE:

Let’s say you go to an out-of-network doctor for one of your four free primary care visits—and your out-of-network doctor charges above Anthem’s allowed amount.

Here’s how it works:

If Anthem allows **\$90—**
and

Your out-of-network doctor charges **\$130—**
then

Anthem will pay \$90—but you’ll have to pay the \$40 that exceeds Anthem’s allowed amount.

The \$40 you pay **will not count** toward your annual deductible or out-of-pocket maximum.

BOTTOM LINE:

You’re better off using Anthem in-network providers because they’ll never require payment beyond the allowed amount.

USE THE ANTHEM ANYWHERE APP



Trying to find a doctor or an urgent care center?

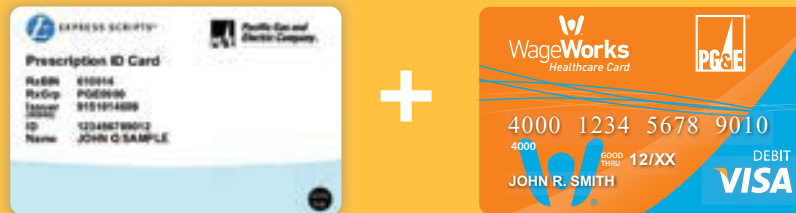
The Anthem Anywhere app can help you find in-network providers and urgent care centers so you can be sure you’re getting the best price for services.



Paying for prescriptions

You can use your WageWorks Healthcare Card when you buy prescriptions from an Express Scripts-participating pharmacy or when you use the mail-order program.

You'll need your Express Scripts ID card and your WageWorks card when you visit an Express Scripts-participating pharmacy.



If you use a pharmacy that doesn't accept your WageWorks card, you'll have to use your own money and then file a claim for reimbursement from your Health Account or Health Care FSA, if you elect it.



Stay safe: How to dispose of unused meds

Do you have unused or expired prescription medications? Protect yourself and your family members from accidental overdose by disposing of your meds safely:

DEA Take Back Day: Visit takebackday.dea.gov for the next Prescription Drug Take Back Day and drop-off locations.

ExpressScripts disposal bags: ExpressScripts will mail disposal bags to your home (visit express-scripts.com/pgc).

Cal Recycle: Find prescription drug disposal options at calrecycle.ca.gov/HomeHazWaste/Medications/Household.



SOME PRESCRIPTION DRUGS ARE FREE

You can get select prescription drugs for free when you use the Express Scripts mail-order program.

To see which drugs are free, download the Express Scripts Free Mail-Order Drug List at mypgbenefits.com > Physical Health > Medical Anthem Member > Prescription Drug Coverage.

NEED THE PRICE OF MEDICATION?

Anthem members can look up how much drugs cost at Express Scripts-participating pharmacies by visiting express-scripts.com.

You'll be able to see how much your drug will cost both before and after the HAP's annual deductible has been met.

At the pharmacy

You can use any pharmacy for prescriptions, but you'll have lower costs when you use an Express Scripts-participating pharmacy. To find out if your pharmacy is an Express Scripts-participating pharmacy:

- Ask your pharmacy if it's an Express Scripts-participating pharmacy
- Call Express Scripts at **1-800-718-6590**
- Look up your pharmacy at **express-scripts.com** or on the Express Scripts mobile app

Express Scripts-participating pharmacies

- Express Scripts-participating pharmacies can tell you how much you owe under the HAP.
- Your prescription may cost less.

Other pharmacies

- Other pharmacies won't know how much you owe under the HAP.
- Your prescription may cost more.
- You might not be able to use your WageWorks card. Some small, independent pharmacies don't have the necessary computer systems to validate your transaction.
- You'll probably be required to pay 100% up front, and you'll have to file a claim for reimbursement with Express Scripts.

USE THE EXPRESS SCRIPTS APP



Want to manage your prescriptions on the go?

Use the mobile app to log in to your Express Scripts account. You can:

- Request refills and renewals
- Track your mail-order prescriptions
- Look up lower-cost options
- View your medications and set reminders
- Get personalized alerts about possible drug interactions
- Display your virtual Express Scripts ID card

By mail

You can get up to a 90-day supply of medication for each prescription when you use the Express Scripts mail-order program.

Your prescription may cost less than it would at a retail pharmacy.

You can use your WageWorks card.

The first time you place an order with Express Scripts, you'll need to complete a health assessment questionnaire in addition to the mail-order form. You'll need to mail the completed forms with your original prescription to:

Express Scripts, HMQ Processing Center, P.O. Box 14238, Lexington, KY 40512-4238

To get the Express Scripts mail-order form, health assessment questionnaire and mail-order envelopes:

- Call Express Scripts Member Services at **1-800-718-6590**
- Download the mail-order form and health assessment questionnaire at **express-scripts.com**

You can also download the mail-order form and health assessment questionnaire at **myggebenefits.com**, but you need to call or log in to Express Scripts to request the mail-order envelope.

Maintenance medication

You must use the Express Scripts mail-order program for certain maintenance medications.

To download the Express Scripts Mandatory Mail-Order Maintenance Drug List, go to **myggebenefits.com** > Physical Health > Medical Anthem Member > Filling Prescriptions.

You can get up to three fills of the same maintenance drug from a retail pharmacy before you have to switch to mail order. If you don't switch to mail order after three fills, you'll have to pay 100% of the cost at the pharmacy—and this does not apply to your deductible or out-of-pocket maximum.

Most narcotics, ADHD drugs and compound drugs are not part of the mandatory mail-order requirement; you can purchase these at a retail pharmacy.

Paying for dental and vision expenses

You can use your WageWorks card at the time of service—but it's best to ask your dentist or eye doctor to process your claim first and then bill you after your claim has been processed.

Most providers won't know exactly how much your benefit plans will pay.



If you use your WageWorks card to pay your dentist or eye doctor at the time of service



If your dental or vision plan also pays the amount you've paid

THEN

You'll have to ask your provider for a refund
AND
You'll have to reimburse your Health Account or Health Care FSA

Need to reimburse your Health Account or Health Care FSA?

Call WageWorks for instructions, via the PG&E Benefits Service Center: 1-866-271-8144, option 1 and then option 1 again.



Paying for mental health and substance use disorder care

Beacon Health Options administers all mental health and substance use disorder services for Anthem HAP members.

To preauthorize care, contact a Beacon Health Options care manager at 1-888-445-4436.

How to preauthorize Applied Behavioral Analysis services (autism treatment)

Beacon Health Options provides Applied Behavioral Analysis (ABA) services at no charge, with no deductible.

To preauthorize or precertify treatment, call Beacon Health Options at 1-888-445-4436. During this call, a care manager will request basic information—including, but not limited to:

- A child's diagnosis
- Who made the diagnosis
- What the presenting symptoms are (for example, developmentally delayed skills, problem behaviors).

Getting reimbursed for mental health and substance use disorder care

After you receive care from a Beacon Health Options provider, you'll need to wait a few weeks for Beacon Health Options to process your claim, determine what you owe and mail you an Explanation of Benefits (EOB) form.

After you get your EOB, you can use your WageWorks card to pay your provider the amount you owe—as long as you have enough in your Health Account or Health Care FSA, if you elect it.

Kaiser members

You'll get the Kaiser Visa Health Payment Card if you elect the Kaiser HAP.



Here's how the Kaiser Visa Health Payment Card works:

✓	Health Account credits	Your card will be loaded with your annual Health Account credits. Any leftover balances from the current year will be available at the start of the next year.
✓	Health Care FSA* contributions *If you elect it	If you elect the Health Care FSA, your card will be loaded with your annual FSA contribution. Carryover balances from the current year will be available in May of the next year.
✓	Medical expenses	When you go to a Kaiser doctor, you don't need to do anything to get reimbursed for medical expenses. Kaiser automatically processes these expenses through your Health Account or Health Care FSA so you don't need to use your Kaiser Health Payment Visa card or file a claim for reimbursement.
✓	Prescriptions	Use the card at the Kaiser pharmacy.
✓	Dental and vision expenses	You can't use your Kaiser Visa Health Payment Card to pay for dental and vision expenses. See page 104 for details.

Kaiser reimbursement rules


There are two things you need to know about getting reimbursed through Kaiser:

- 1 Claims filing and expense verification deadline
- 2 When you can use your Kaiser Visa Health Payment card

	Getting reimbursed	Health Account	Health Care Flexible Spending Account (FSA)
1	What's the latest you can file a claim and verify an expense?	No deadline for active participants	March 31 for expenses incurred through December 31 of the prior year
2	Can you use your Kaiser Visa Health Payment card?	For prescription drugs—only at the Kaiser pharmacy You'll need to file a claim for most other expenses except medical claims, which are automatically processed by Kaiser	

Want a quick overview?

Watch a short video about how to get reimbursed. Visit mygbenefits.com > Resources > BeneTV > Kaiser Members: **How to file a claim for reimbursement.**



How to file a claim through Kaiser

There are two paths to getting your expenses paid through the Health Care FSA and Health Account.

From kp.org	From kp.org/healthpayment
<ul style="list-style-type: none">• Log in with your Kaiser username and password• Click on My Coverage and Costs• Under Plan Ahead, click on Health Payment Accounts• Follow the remaining steps below	<ul style="list-style-type: none">• Log in with your Kaiser username and password• Follow the remaining steps below
<ul style="list-style-type: none">• Click on File a Claim• Select a payee (yourself or your health care provider)• Upload your itemized receipt or EOB• Follow the prompts on the menu screen to submit your claim <p>You'll need to enter the date of service, amount of service, provider's name, patient's name and service provided in order to verify your expense.</p>	
<p>Kaiser automatically debits your Health Care FSA first if you elected it; then your Health Account.</p>	
<p>TIP: Upload both your credit card or cash payment receipt and the statement or Explanation of Benefits (EOB) from your dentist or eye doctor that itemizes the services you received.</p>	



Paying for doctor visits

You'll need your Kaiser member ID card.



You only need to show your Kaiser member ID card when you visit the doctor.

Do you have enough in your Health Care FSA or Health Account to cover the charge?

YES



Kaiser automatically debits your Health Care FSA or Health Account. You'll get an EOB showing your expense has been paid.

NO

You'll get a bill from Kaiser, and you'll have to pay with your own money.



Be ready to cover the bill for some services.

Your first four primary care doctor visits are free—but please note that free doctor visits may include lab tests or other services. Those tests and services may be covered but they may not be free.

Want to know what services are free?

Visit mypgbenefits.com > Physical Health > Medical Kaiser Member > Free Services and Costs for a list of free services.

Find out how much services cost

Log in to your Mercer BenefitsCentral account and click on the **Estimate Medical Plan Costs** link under **Tools** at the bottom of the page.

You can also log in to kp.org and check the Sample Fee List or go to: kp.org/treatmentestimates.

TIP



Log in to see your Health Account balance:
kp.org/healthpayment

TRACK YOUR SPENDING ON THE GO

Use the **KP HRA/HSA/FSA Balance Tracker** app to see your health care spending and to file claims for reimbursement from your Health Account or Health Care FSA, if you elect it.



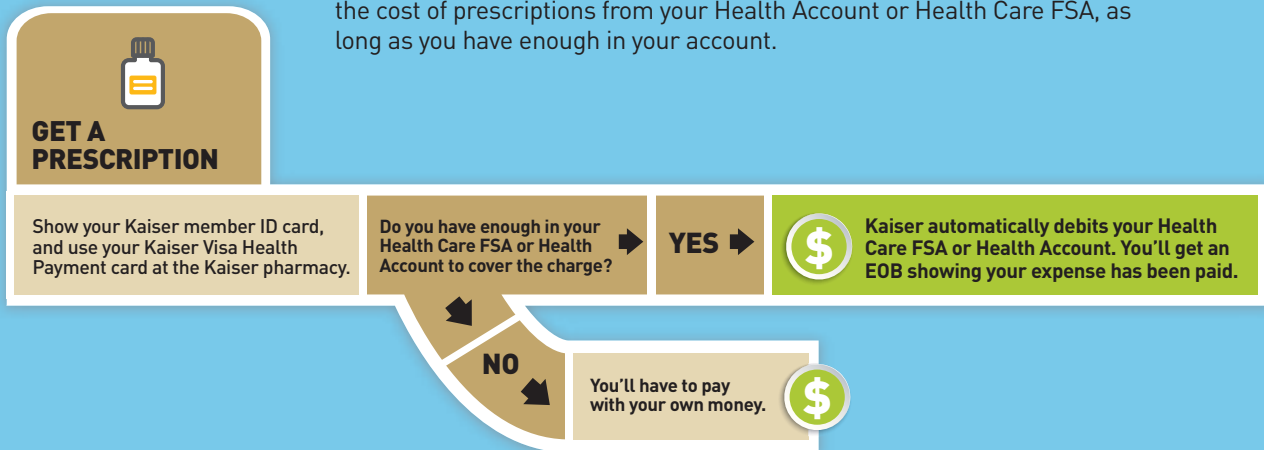


Paying for prescriptions

You'll need your Kaiser member ID card and your Kaiser Visa Health Payment Card when you visit the Kaiser pharmacy:



You can use your **Kaiser Visa Health Payment Card** to pay your share of the cost of prescriptions from your Health Account or Health Care FSA, as long as you have enough in your account.



You can get your prescription at the pharmacy or by mail.

Kaiser pharmacy

- Use your Kaiser Visa Health Payment Card to pay for prescriptions.
- The pharmacy will charge exactly how much you owe.
- You'll get a receipt with the exact cost.

Mail order

Log in to your Kaiser account at kp.org/rxrefill to order prescriptions by mail.

Some mail-order drugs are free. Visit mygebenefits.com > **Physical Health > Medical Kaiser Member > Free Services and Costs** for a list of free mail-order drugs.

Refills

You can order refills:

- By calling or visiting your Kaiser pharmacy
- Through Kaiser's mail-order service
- Through Kaiser's website at kp.org/rxrefill

Maintenance medication

You can order refills from a Kaiser pharmacy, through Kaiser Permanente's mail-order service or through Kaiser's website at kp.org/rxrefill.

You don't have to use mail order for maintenance/chronic condition medication from Kaiser.



Stay safe: How to dispose of unused meds

Do you have unused or expired prescription medications? Protect yourself and your family members from accidental overdose by disposing of your meds safely:

DEA Take Back Day: Visit takebackday.dea.gov for the next Prescription Drug Take Back Day and drop-off locations.

Kaiser kiosks: Visit kp.org/facilities for locations of secure collection kiosks in some Kaiser pharmacy lobbies.

Cal Recycle: Find prescription drug disposal options at calrecycle.ca.gov/HomeHazWaste/Medications/Household.

Paying for dental and vision expenses

IMPORTANT: You can't use your Kaiser Visa Health Payment card to pay for dental and vision expenses. You'll need to file a claim to access your Health Account funds for these expenses.



Waiting for a bill before you pay?

If you don't have to pay your dentist or eye doctor at the time of service, you'll need to wait for your Explanation of Benefits (EOB) to see how much you owe. Once you know how much you owe, you'll need to pay your dentist or eye doctor and file a claim with Kaiser to be reimbursed from your Health Account or Health Care FSA.

Paying an in-network provider at the time of service?

Sometimes, in-network dentists and eye doctors know exactly how much your share of the cost is, and they'll require you to pay it at the time of service. You'll need to spend your own money and then file a claim with Kaiser to be reimbursed from your Health Account or Health Care FSA.

TIP Don't overpay



If your dentist or eye doctor requires you to pay the full amount at the time of service, keep track of how much you pay versus how much your insurance pays. You'll need to seek reimbursement from your dentist or eye doctor for the amount paid by your insurance if you paid that amount, too.

It's best to ask your dentist or eye doctor to first file a claim with your insurance and then bill you for any amount not covered.

Paying for mental health and substance use disorder care

Kaiser provides most mental health services for its members.

You can use Beacon Health Options or Kaiser for inpatient detoxification. All other inpatient substance use disorder treatment is available through the Beacon Health Options network only, not Kaiser—and it requires preauthorization.

To preauthorize Beacon Health Options care, contact a Beacon Health Options care manager at **1-888-445-4436**.

Special rules for Applied Behavioral Analysis services (autism treatment)

Both Kaiser and Beacon Health Options provide Applied Behavioral Analysis (ABA) services at no charge, with no deductible.

You don't need to preauthorize care from Kaiser. If you're using Beacon Health Options, you'll need to preauthorize or precertify care by calling Beacon Health Options at **1-888-445-4436**. During this call, a care manager will request basic information—including, but not limited to:

- A child's diagnosis
- Who made the diagnosis
- What the presenting symptoms are (for example, developmentally delayed skills, problem behaviors)

Getting reimbursed for substance use disorder care and Applied Behavioral Analysis (ABA) services

Inpatient detox and substance use disorder care

After you receive inpatient detox or substance use disorder care from Beacon Health Options, your Beacon Health options claim will be processed through Kaiser. Any amount you still owe will be paid to your provider from funds in your Health Account or Health Care FSA. If you don't have enough in these accounts to pay what you owe, you'll be billed.

Applied Behavioral Analysis (ABA)

After you receive ABA treatment from Beacon Health Options, your Beacon Health options claim will be processed through Kaiser. ABA is covered at 100% with no deductible required, so your claim will be paid in full even if you have no funds in your Health Account or Health Care FSA.

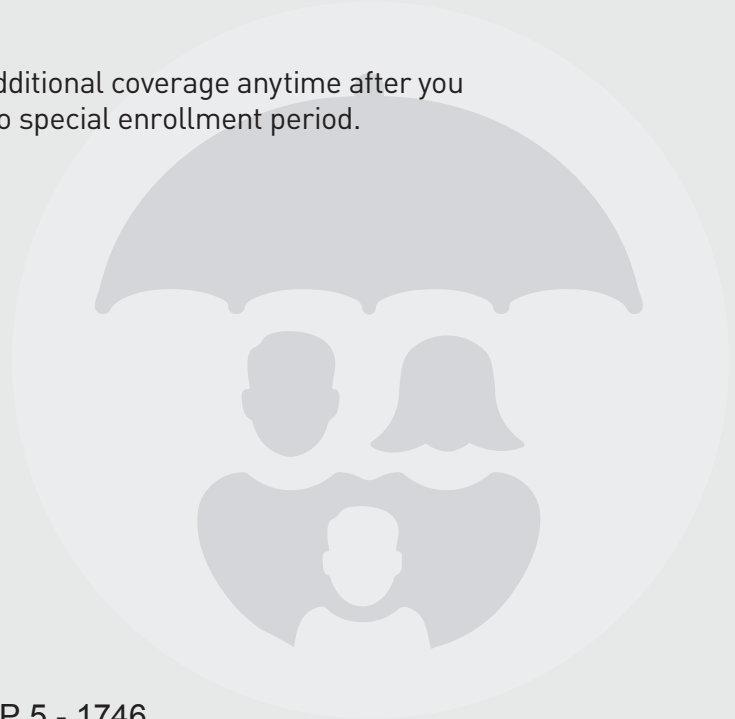
Life and accident insurance

Insured by MetLife

Life and accident insurance gives you financial protection by paying a benefit if you die or are seriously injured in an accident.

To help you provide financial security for your loved ones in the event of your death or serious injury, PG&E automatically provides Basic Life and Basic Accidental Death & Dismemberment (AD&D) coverage at no cost to you.

You can elect and pay for additional coverage anytime after you become eligible. There is no special enrollment period.



Your coverage when eligible

When you become eligible for coverage, PG&E automatically provides \$10,000 of Basic Life and \$10,000 of Basic Accidental Death & Dismemberment (AD&D) coverage at no cost to you.*

You can request to buy Supplemental Life, Dependent Life and Voluntary AD&D coverage at any time during the year through Mercer BenefitsCentral.

Management, A&T and PG&E Corporation employees:

You're eligible immediately.

Union-represented employees:

You're eligible after you have six months of service and you attain regular status.

*Directors/Chiefs and above receive \$250,000 of Basic AD&D at no cost.



Elect your beneficiary

You'll need to elect your beneficiary for your PG&E-paid Basic Life and Basic AD&D insurance:

Log in to your Mercer BenefitsCentral account

OR

Call the PG&E Benefits Service Center

You can elect or change life and accident coverage anytime

You can enroll or change life and accident coverage anytime after you become eligible for coverage. Log in to your Mercer BenefitsCentral account to enroll, change coverage, check your current coverage details or update your beneficiary.

How much coverage do you need?

Your insurance needs change as your life changes—for example, when you marry, start a family or buy a house.

Log in to your Mercer BenefitsCentral account at mypgbenefits.com and use the life insurance calculator to see how much insurance you need to keep your family secure.

Do you have family members who depend on you financially—spouse, children, elderly parents?

PG&E-sponsored life and accident insurance can help you better protect your family's financial health. After all, the more people who depend on you, the more coverage you may need to help your family keep the household running:

- Mortgage or rent payments
- Insurance premiums
- Transportation
- Utilities
- Child care/education fees
- Credit card bills

Your choices

Supplemental Life	Within 90 days of becoming eligible	Anytime after first 90 days of eligibility
Union-represented employees	<ul style="list-style-type: none"> You can elect coverage up to two times your annual base pay without proof of good health. You can request coverage in the amount of three to six times your pay (maximum \$1 million) with a full statement of health.* 	
Management, A&T and PG&E Corporation employees	You can elect coverage up to six times your pay (maximum \$4 million) without proof of good health.	<ul style="list-style-type: none"> You can elect coverage up to two times your pay without proof of good health. You can request coverage in the amount of three to six times your pay (maximum \$4 million) with a full statement of health.*

Dependent Life	Within 90 days of becoming eligible	Anytime after first 90 days of eligibility
Spouse or domestic partner coverage**	<ul style="list-style-type: none"> You can elect coverage up to \$25,000 without proof of good health. You can request coverage up to \$100,000 with a full statement of health.* 	You'll need to provide a full statement of health* to request any amount of coverage up to \$100,000.
Child coverage	You can elect coverage up to \$25,000 without proof of good health.	

*A full statement of health may include answering health questions and taking a physical exam.

**To elect Dependent Life coverage for your eligible spouse or domestic partner, you must also elect Supplemental Life Insurance coverage for yourself. The coverage amount for your spouse or domestic partner cannot be more than 50% of your total Basic and Supplemental Life Insurance coverage amounts.

Voluntary AD&D	As soon as you're eligible and anytime thereafter
Union-represented employees	You can elect coverage up to six times your pay for you only or for you and your dependents (maximum \$1 million for employees, \$500,000 for spouses and \$150,000 for children).
Management, A&T and PG&E Corporation employees	You can elect coverage up to six times your pay for you only or for you and your dependents (maximum \$2 million for employees, \$1 million for spouses and \$300,000 for children).

Low costs for Voluntary AD&D

You can get a lot of protection for a little money with Voluntary AD&D insurance.

You pay just two cents for every \$1,000 of coverage for yourself, and three cents for every \$1,000 of coverage for the Family Protection Plan Plus (you and your dependents).

That works out to about \$4.50 per month for \$150,000 of coverage under the Family Protection Plan Plus.

You can enroll anytime with no health questions or physical exam.

Extra benefits with Supplemental Life insurance

When you enroll in Supplemental Life insurance, you have access to these services free of charge:

Will Preparation Services

You can access Hyatt Legal Plans' network of 11,500+ participating attorneys to prepare a will, testamentary trust and power of attorney. These services are available at no charge when you use a participating network attorney. An out-of-network reimbursement option is also available. Call Hyatt Legal Plans at **1-800-821-6400** to access this benefit.

Estate Resolution Services

Your family can use Hyatt Legal Plans' Estate Resolution Services at no charge. A Hyatt Legal Plan attorney will consult with your beneficiaries by phone or in person about the probate process for your estate. The attorney also will handle the probate of your estate for your executor or administrator. Call Hyatt Legal Plans at **1-800-821-6400** to access this benefit.

Funeral discounts and planning services

Through MetLife AdvantagesSM, you and your family can use Dignity Memorial's funeral discount and planning services at no charge:

- Pre-negotiated discounts of up to 10% off of funeral, cremation and cemetery services
- Planning services to help you and your family manage final wishes
- Bereavement travel services to help with time-sensitive travel arrangements to be with loved ones

Visit finalwishesplanning.com or call **1-866-853-0954**.

Trusts and estate planning through the EAP

Contact the Employee Assistance Program (EAP) at **1-888-445-4436** to request a trusts and estates attorney in your area. The first 30-minute consultation is free, and you'll get a 25% discount on fees if you continue to use their services.

Travel Assistance



Business Travel Insurance

- You automatically get three times your annual base pay up to a maximum of \$1 million in Business Travel Insurance coverage while traveling on company business.
- PG&E provides this coverage at no cost to you. AXA Assistance USA, Inc., administers this benefit.

Planning a trip?

Your Basic AD&D insurance gives you access to Travel Assistance services, administered by AXA Assistance USA, Inc. These services are available at no cost to you.




Call Travel Assistance if:

- You're planning a trip and need general travel information
- You need medical assistance while traveling
- You lose documents, credit cards or luggage while traveling
- You require medical evacuation
- You experience local language problems
- You want to request the theft and resolution guide
- You're a victim of identity theft and you need personal help

For more details or to use the Travel Assistance program, call 1-800-454-3679 or log in to webcorp.axa-assistance.com

Login: **axa** Password: **travelassist**

Questions?

CALL	EMAIL	CHAT
<p>Call the PG&E Benefits Service Center at 1-866-271-8144 Monday–Friday, 7:30 a.m.–5 p.m. Pacific time.</p> 	<p>Log in to your Mercer BenefitsCentral account and send a secure message to a service representative. You'll get a reply within two business days.</p> 	<p>Log in to your Mercer BenefitsCentral account and chat online with a service representative Monday–Friday, 7:30 a.m.–5 p.m. Pacific time.</p> 

Work/life benefits

**PG&E offers a range of benefits
designed to make life a little easier.**





Commuter Transit Program

Administered by WageWorks

The Commuter Transit Program helps make your commute a little easier by letting you pay for transit products and services and commute-related parking expenses with before-tax contributions deducted from your pay.

Want to participate?

You can enroll anytime through WageWorks—but **the cutoff is the fifth of the month** for benefits to be ready the following month.

You can use your contributions only for eligible transportation costs.

Getting started

You'll need to set up your WageWorks account before you can enroll.

From Mercer BenefitsCentral:

Log in to your Mercer BenefitsCentral account and click the WageWorks link. You'll be able to go straight to your WageWorks account without creating a username and password.

To get to the WageWorks link from your Mercer BenefitsCentral dashboard, go to **Maximize Your Health > Voluntary Benefits > Commuter Program > Learn More & Sign Up**.

From wageworks.com or the EZ Receipts app:

WageWorks won't know who you are—so you'll need to register your account the first time you visit WageWorks outside of Mercer BenefitsCentral. You'll need to provide the last four digits of your Social Security number just once—when you register your account. Follow the prompts to create your profile.

How to enroll

1. On your WageWorks account Dashboard, select **Enroll in Commuter**
2. Select **Transit, Van Pool or Parking**—any or all, whatever you need
3. Follow the prompts to **select your options**—transit operator, pass needed or parking option and frequency
4. Select **Next**; then confirm your order and view your account

You'll get a confirmation email verifying your election.

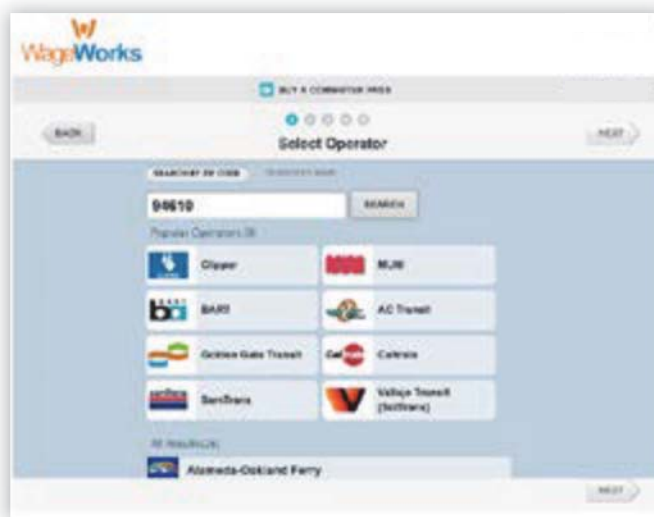
Good to go

Around the 25th to the first of the following month, you'll get your transit pass, commuter pass or debit card in the mail.

You can place an order once—and it will continue until you change it or cancel it.

Commuter transit options

Transit pass: Log in to your WageWorks account and choose the pass you want to buy. Any pass you choose except the Clipper Card will be mailed automatically every month to your home until you change your election.



Clipper Card: Choose the **Load My Smart Card** option. You can order a new Clipper Card or fund your existing card. Your Clipper Card will be loaded with your order by the first of the month.

Debit card: Choose the **Pay by Debit Card** option. You'll get a WageWorks Transit card in the mail, and you can decide how much money to load onto your Transit card each month to cover your monthly transit costs.



Commuter Parking Account

Pay for parking at work? Log in to your WageWorks account and click the **Place Your Order** button under the **Commuter Parking Account**.

Payment options

Pay Me Back: To get reimbursed from your Parking Account, you need to elect this option for the month you want to claim reimbursement. You pay out of pocket and choose to be reimbursed by check or by direct deposit.

Pay My Provider: Log in to your WageWorks account to complete an online request to have WageWorks pay your parking garage or parking provider directly from your Parking Account.

Pay by Debit Card: Choose this option and you'll get a WageWorks Parking card in the mail. You decide how much money to load onto your card each month to cover your monthly parking costs.



Time off

Everyone needs time off to recharge. PG&E provides a variety of time off options for diverse needs.

Time off	Union-represented employees	Management and A&T employees	PG&E Corporation employees
Vacation	<p>You're eligible to use your accrued vacation after you have six months of service and attain regular status.*</p> <ul style="list-style-type: none"> You accrue vacation based on your years of service. You can carry over unused vacation up to a maximum of two times your annual vacation accrual rate. <p>Management, A&T and ESC-represented employees start accruing up to 120 hours per year.**</p> <p>IBEW- and SEIU-represented employees start accruing up to 80 hours per year.**</p>	<p>You're eligible to accrue and begin using vacation on your first day at work.</p>	N/A
Sick pay	<p>Incidental Sick Time for Management, A&T and ESC-represented employees:</p> <ul style="list-style-type: none"> Accrue eight hours per month.** Accrual is awarded on the first calendar day of each month. Sick time accrues up to a maximum of 96 hours and carries over to the following year. Use for absences of seven consecutive calendar days or less. <p>IBEW- and SEIU-represented employees (after one year of service, regular-status employees are eligible for the following):</p> <ul style="list-style-type: none"> You are awarded 80 hours of regular sick pay per year.** Unused sick pay carries over to the following year up to a total of 640 hours. You must work in the calendar year to receive and use the annual allowance of current sick pay. You may qualify for additional sick pay hours at 10 and 20 years of service through low sick pay usage.** 		N/A
Holidays	<p>After completing six months of service and attaining regular status:*</p> <ul style="list-style-type: none"> You're eligible for paid holidays. You earn 10 fixed holidays and 24 hours of floating holidays each calendar year. 	<p>You earn 10 fixed holidays and 24 hours of floating holidays each calendar year.</p>	

*ESC-represented monthly-paid employees are considered regular status upon date of hire for vacation and holidays. They do not have to wait six months before earning vacation and holidays.

**Amount is prorated for part-time employees.

PG&E Corporation Employees: Paid Time Off

PG&E Corporation employees accrue paid time off (PTO) in lieu of vacation and sick time:

- You accrue PTO based on years of service.
- Unused PTO is carried over to the following year up to a maximum of two times your annual PTO accrual rate.
- You start accruing up to 120 hours per year.

Workplace accommodations

Do you need an accommodation due to a limitation or impairment—or other need PG&E may not be aware of—that could help you stay at work and perform the essential functions of your job?

To request an accommodation, email the Stay at Work/Return to Work team at Accommodations-Req@pge.com, or use the reasonable accommodation request form located at mypgebenefits.com > **Time Off and Accommodations** > **Workplace Accommodations and Internal Job Search Program** > **Related Steps**.

You can also talk to or email your supervisor or HR Representative about your request.

Paid family leave and disability benefits

PG&E offers support when you need to be away from work to care for a family member, bond with a new child or recover from an illness or injury.

PG&E's Voluntary Disability and Paid Family Leave Benefit Plan (the "Voluntary Plan") provides better benefits and is offered in place of the California State Disability Insurance (SDI) and Paid Family Leave plan (the "State Plan"). The Voluntary Plan's better benefits include:

- 60%* of your weekly salary replaced—with no weekly cap
- Eight weeks of Paid Family Leave versus the state's six weeks
- Streamlined application and pay process, including pay through PG&E's payroll cycle
- Available to all eligible employees—regardless of tenure, and at no additional cost (same cost as the State Plan)

*55% benefit with no weekly cap (and no supplemental wage continuation benefits) for Hiring Hall, outage, temporary additional, probationary intermittent, interns and summer hire employees. At no time will an employee's weekly benefit amount under the Voluntary Plan be less than what the state would have otherwise provided.

The Voluntary Plan

Eligible California Utility employees are automatically covered under PG&E's Voluntary Disability and Paid Family Leave Benefit Plan (the "Voluntary Plan").

If you prefer to remain in the State Plan, you can opt out of the Voluntary Plan through your Mercer BenefitsCentral account within 31 days of your hire date or within 31 days of becoming an eligible employee under the Voluntary Plan. Your State Plan coverage will be effective retroactive to your hire date or eligibility date.

After your first 31 days, you can opt in or out of the Voluntary Plan anytime during the year, with changes effective according to a special schedule available at mypgbenefits.com > **Time Off and Accommodations > Voluntary Plan**.

Anyone who opts out of the PG&E Voluntary Plan is required by state law to continue participating in the State Plan, which includes paying State Plan contributions and submitting claims for benefits through the state.

To see information about the State Plan versus the Voluntary Plan and a summary of Voluntary Plan coverage, go to mypgbenefits.com > **Time Off and Accommodations**. To see information about State Plan benefits, visit edd.ca.gov.



WARNING: If you're a California Utility employee and you opt out of the Voluntary Plan, you won't receive PG&E-sponsored Supplemental Short-Term Disability or Paid Family Leave wage continuation benefits.

PG&E CORPORATION EMPLOYEES

PG&E Corporation employees in California will continue to be covered by the California State Disability Insurance (SDI) and Paid Family Leave plan (the "State Plan"). You don't need to enroll for this coverage.

Time off	Union-represented employees	Management and A&T employees	PG&E Corporation employees
<p>Paid Family Leave (PFL)**</p> <p>Monthly-paid employees: You'll get 100% wage replacement based on a weekly wage—not monthly. This means you're likely to get more in longer months (March) and less in shorter months (February).</p>	<p>For California Utility employees covered under the PG&E Voluntary Plan:*</p> <ul style="list-style-type: none"> You're eligible for benefits on the first day of your leave to care for an eligible family member or to bond with a new child. You contribute to the Voluntary Plan via payroll deductions (same cost as State Plan). Benefits for up to eight weeks per 12-month period. <p>Benefit amount:</p> <ul style="list-style-type: none"> 60% weekly* Voluntary Paid Family Leave (VPFL) benefits; federally taxable; no cap. Total weekly benefit of 100% pre-leave basic wage rate through fully taxable PG&E Wage Continuation Supplement (60% VPFL + PG&E Wage Continuation Supplement). 		<p>For eligible PG&E Corporation employees:</p> <ul style="list-style-type: none"> You're eligible for benefits on the first day of your leave to care for an eligible family member or to bond with a new child. You contribute to the State Plan via payroll deductions (California employees). Benefits for up to eight weeks per 12-month period. <p>Benefit amount:</p> <ul style="list-style-type: none"> 60% weekly California PFL benefits, up to the weekly maximum for six weeks; federally taxable (California employees). Total weekly benefit of 100% (fully taxable) pre-leave basic wage rate through fully taxable PG&E Wage Continuation Supplement (60% CA PFL + PG&E Wage Continuation Supplement).
<p>PG&E Voluntary Plan Disability Insurance (VPDI) and Short-Term Disability (STD)**</p> <p>Monthly-paid employees: You'll get 100% wage replacement based on a weekly wage—not monthly. This means you're likely to get more in longer months (March) and less in shorter months (February).</p>	<p>For California Utility employees covered under the PG&E Voluntary Plan:*</p> <ul style="list-style-type: none"> You contribute to the Voluntary Plan via payroll deductions (same cost as State Plan). You become eligible for Voluntary Plan Disability Insurance (VPDI) benefits after you use up all sick pay or Capped Sick Time—or after seven consecutive calendar days of disability (waiting period may be waived)—whichever is later. 60% weekly* VPDI benefits; non-taxable; no cap. Benefits for up to 52 weeks of disability. Receipt of VPDI is not an approval of leave. <p>Eligible Management, A&T and ESC-represented employees only:</p> <ul style="list-style-type: none"> After Capped Sick Time ends, weekly after-tax benefit of 70% of pre-disability basic wage rate (60% VPDI + PG&E Wage Continuation Supplement); no cap. STD benefits/leave for up to 52 weeks of disability. 		<p>For eligible PG&E Corporation employees:</p> <ul style="list-style-type: none"> You contribute to the State Plan via payroll deductions (California employees). Participating employers provide STD benefits at no cost to you. STD benefits start on the first day of hospitalization/accidental injury or after seven days of disability. 60% weekly CA SDI benefits up to the state maximum (California employees). Eligible employees get income protection of 66-2/3% of covered salary up to \$2,564 per week, less offsets (such as CA SDI), for up to six months (180 days) of disability.
<p>Long-Term Disability (LTD)</p>	<p>For eligible Management, A&T and Union-represented Utility employees:</p> <ul style="list-style-type: none"> PG&E provides this benefit at no cost to you. Eligible employees get a monthly benefit of 70% of covered salary, fully taxable and less any offsets, after 52 weeks of disability. Benefits continue for two years. If you qualify for Social Security after two years, then benefits continue until normal retirement age if you still qualify for benefits under the LTD Plan. Work Incentive Benefit up to five years. No pension service credits will be earned while on LTD. You can resume earning pension service credits upon your return to work. 		<p>For eligible PG&E Corporation employees:</p> <ul style="list-style-type: none"> Participating employers provide this benefit at no cost to you. Benefits start after six consecutive months of disability. Eligible employees get a monthly benefit of 66-2/3% of covered salary up to \$11,111 per month, less offsets.

*Interns, Hiring Hall, Temporary Additional, Outage and non-regular status intermittent employees are eligible for 55% Voluntary Paid Family Leave (VPFL) and Voluntary Plan Disability Insurance (VPDI) benefit and no supplemental benefits.

At no time will an employee's weekly benefit amount under the Voluntary Plan be less than what the state would have otherwise provided.

**If you're an eligible Management, A&T or ESC-represented employee working outside California, PG&E PFL and STD Wage Continuation supplements any state disability and paid family leave program for which you may be eligible.

Other work/life benefits

Here are highlights of other PG&E benefits that can help you balance work and life.

Benefits	Union-represented employees	Management and A&T employees	PG&E Corporation employees
Tuition Refund	<ul style="list-style-type: none"> You can enroll in approved courses that will help you perform your current duties and assume new duties in the future. The amount of the tuition refund is based on your employment classification.* 		
Adoption Reimbursement For when an employee adopts a child	<ul style="list-style-type: none"> After six months of service, you'll be eligible for the Adoption Reimbursement program. You can receive up to \$2,000 for reimbursement of eligible expenses related to adopting children under age 18, including stepchildren. 		
Employee Rates	<ul style="list-style-type: none"> After you have six months of service and attain regular status, you'll be eligible for a 25% discount off PG&E-supplied electricity and gas as long as you live in the company's service territory. The 25% discount applies to basic rates for one primary residence located in the company's service territory. 	<ul style="list-style-type: none"> After six months of service, you'll be eligible for a 25% discount off PG&E-supplied electricity and gas as long as you live in the company's service territory. The 25% discount applies to basic rates for one primary residence located in the company's service territory. 	N/A

*Employees represented by the IBEW, ESC or SEIU should refer to their Agreement for details.



Want more information?

Visit mypgbenefits.com > **Work/Life Benefits** for details about these programs.



Planned Unpaid Vacation (PUV) Program

The Planned Unpaid Vacation (PUV) Program allows you to elect up to five additional unpaid vacation days. All Management, A&T, PG&E Corporation and ESC-represented employees can elect PUV days.

Here's how PUV days work:

- You elect and use PUV days in whole-day increments. You'll need your supervisor's approval to take PUV days, as with all other time off. You don't have to use up your vacation or paid time off (PTO) before you use your PUV days.
- You won't be paid for the PUV days you use. It's unpaid time off.
- You won't lose any money if you don't take your PUV days.

Your unused PUV days will expire **December 31**. Your current PUV election won't carry over to the next year. You'll need to elect new PUV days each year during Open Enrollment.

See myggebenefits.com for details, including the estimated costs of using a PUV day.

Paid Sick Leave Designee

If you're a Management or A&T employee headquartered in San Francisco, Emeryville, Oakland or Berkeley, you can use up to 72 hours per calendar year of incidental sick time to care for a family member.

If you don't have a spouse or registered domestic partner, you can use this time to care for a "designated person" that you have registered with PG&E.

Go to **mypgbenefits.com** to download the form to select your Paid Sick Leave Designee. You'll need to send your completed form to your supervisor and the HR Solutions Center.

Contact the HR Solutions Center to:

- Add a designee
- Drop a designee
- Change information about a designee



QUESTIONS?

Contact the HR Solutions Center:

Submit an AskHR Request by visiting **<http://AskHR>**

Call **415-973-4357**

Representatives are available Monday–Friday,
8 a.m.–4 p.m. Pacific time

Retirement benefits

**PG&E's retirement benefits can help you
build financial security for the future.**





401(k): Retirement Savings Plan

The Retirement Savings Plan (RSP) is a 401(k) plan that gives you a way to save for retirement through your own before-tax or after-tax contributions plus company matching contributions.

How the 401(k) plan works

The participation and contribution rules for PG&E's 401(k) plan—the Retirement Savings Plan (RSP)—are different depending on which pension formula you have.

Were you hired on or after January 1, 2013—or did you elect the cash balance pension formula in 2013? You'll be automatically enrolled in the 401(k) plan at an 8% contribution level when you're first eligible and every January 1 if you stop contributing or reduce your contributions below 8% during the year.

You can change, stop or re-start your contributions at any time. In addition, there are different rules for contributions based on your employment classification:

Union-represented employees

Your contributions

As soon as you're hired, you can enroll and start making contributions.

After one year of service—if you haven't already enrolled, you'll be automatically enrolled at an 8% contribution level.

You can contribute up to 20% of your base salary—up to the annual dollar limit set by the IRS.

Every January 1—if you stopped contributing—or if you're contributing less than 8%—you'll be automatically enrolled at an 8% contribution level.

Employees can contribute up to the annual IRS limit in before-tax contributions.

Employees age 50 or older can contribute more in before-tax "catch up" contributions—up to the annual IRS limit.

Company contributions

After one year of service, PG&E will match \$0.75 per \$1 of your before-tax and/or after-tax contributions that do not exceed 8% of your basic weekly pay.

Management, A&T and PG&E Corporation employees

Your contributions

As soon as you're hired, you can enroll and start making contributions.

30 days after you're hired—if you haven't already enrolled, you'll be automatically enrolled at an 8% contribution level.

You can contribute up to 50% of your base salary—up to the annual dollar limit set by the IRS.

Company contributions

PG&E will match \$0.75 per \$1 of your before-tax and/or after-tax contributions that do not exceed 8% of your base pay.

Were you hired before 2013—and did you elect the final pay pension formula?

How much you and the company can contribute to your 401(k) account depends on whether you're in a Union-represented position:

Union-represented employees	Management, A&T and PG&E Corporation employees
<p>When you have 3+ years of service, PG&E will match \$0.60 per \$1 of your before-tax and/or after-tax contributions that do not exceed 6% of your basic weekly pay.</p>	<p>As soon as you begin contributing to the 401(k) plan, PG&E will match \$0.75 per \$1 of your before-tax and/or after-tax contributions that do not exceed 6% of your base pay.</p>

Visit mypgbenefits.com > **Financial Health > Retirement** or log in to your Fidelity NetBenefits account at 401k.com for details about your Retirement Savings Plan (RSP) benefits.

Retirement Savings Plan (RSP) features

These features apply for all eligible employees:

- ✔ You can **change, stop or re-start** your contributions anytime.
- ✔ You're **immediately 100% vested** in the full RSP account balance.
- ✔ You have a choice of accessing **free online investment advice or fee-based professional management services** at a reduced corporate rate through Financial Engines®.
- ✔ You can **roll over balances** from another employer's qualified retirement plan or IRA into the RSP.
- ✔ You can **choose from a wide variety of investment funds**, and you change your investments anytime.
- ✔ **Benefits under the RSP fluctuate** with investment returns.

GETTING STARTED

Fidelity Investments® administers the RSP. You can set up your personalized online account through Fidelity NetBenefits® at [401k.com](https://www.fidelity.com/401k) for 24/7 access.



Access your RSP account anywhere, anytime, with the NetBenefits mobile app.



Elect your beneficiary

Log in to your NetBenefits account at [401k.com](https://www.fidelity.com/401k.com) to elect your 401(k) beneficiary.

This is a separate election from your life insurance and pension beneficiary elections. Your beneficiary elections for one benefit won't carry over to another benefit.



Pension: PG&E Retirement Plan

The PG&E Retirement Plan is a defined benefit plan—meaning the benefit you receive is defined by a formula. The plan has two formulas based on when you were hired:

- **The cash balance formula** if you were hired on or after January 1, 2013—or if you elected the cash balance formula during a special, one-time election period in 2013.
- **The final pay formula** if you were hired before 2013—or if you elected the final pay formula during a special, one-time election period in 2013.



**Don't lose your pension benefit:
Confirm your pre-retirement pension beneficiary today**

You'll need to elect or update your pre-retirement pension beneficiary in case something happens to you before you retire.

Did you get married or divorced? Have a baby or adopt a child? Check your pre-retirement pension beneficiary election to see if you want to make changes.

Log in to pge.benefitcenter.com or call the PG&E Pension Call Center to make your election.

DID YOU KNOW?

Any vested benefit you have under the PG&E Retirement Plan will be forfeited if:

- You die before you start taking your pension benefit, and
- You're single or in a domestic partnership, and
- **You haven't elected your pre-retirement pension beneficiary.**



Cash balance formula

The cash balance formula lets your pension benefit accumulate for each year you work in a pension-eligible position—not just at the end of your employment.

You accrue annual pay credits based on full years of age and full years of credited service—plus, your account is credited with interest on the last day of each calendar quarter.

Here's how it works:

1

The plan provides annual “pay credits” of 5%–10% of your pay (based on your age and service at the end of each year), plus quarterly interest credits based on 30-year Treasury rates.

2

You build an account balance (much like a savings account) based on your accumulated annual pay credits plus quarterly interest credits. While your benefit varies with interest credits, your account balance isn't dependent on the investment returns of the pension plan assets.

3

You become fully vested after three years of service or age 55.

Your vested account balance is portable when your employment ends. You can take your vested account balance as:

- A monthly payment for your lifetime only or for the combined lifetime of you and your spouse or beneficiary—or
- A single lump-sum payment that you can roll over to an IRA or other qualified employer plan.

Were you rehired by PG&E? Past service will count toward vesting and points.

Cash balance formula: Annual pay credits

Annual pay credits are based on a point system of full years of age and full years of credited service as of December 31 each year:

Annual pay credits based on points (age + service):	
Fewer than 40 points	5% of pay
40–49 points	6% of pay
50–59 points	7% of pay
60–69 points	8% of pay
70–79 points	9% of pay
80 or more points	10% of pay

EXAMPLE:

55 years old + 21 years of service =
76 points (55 + 21)

This person would get an annual pay credit of 9% of pay.

Cash balance formula: Quarterly interest credits

Quarterly interest credits* are credited to your account on the last day of each calendar quarter.

The quarterly interest rate is based on the average 30-year Treasury rate for the preceding quarter, divided by four to determine the quarterly equivalent of the average annual yield.

EXAMPLE:

April through June quarterly rate = an average of the monthly rates for January through March—divided by four.

*For any calendar quarter, the quarterly interest rate can't be less than 0.4875%. This is the quarterly equivalent of the minimum annual interest rate that PG&E guarantees in the Retirement Plan regardless of the Treasury rate.

Example: How your cash balance pension account can grow

Let's assume Sam is age 45 with 10 years of service and currently earns \$90,000 a year. Sam's annual pay increases by 3% each year, and interest credits are 3% per year (0.75% per quarter).

Here's how Sam's account can grow over a five-year period.

	YEAR 1	YEAR 2	YEAR 3	YEAR 4	YEAR 5
Beginning Balance	\$0.00	\$6,300.00	\$12,980.13	\$20,057.61	\$28,533.77
Points (Age + Service)	55 (45 + 10)	57 (46 + 11)	59 (47 + 12)	61 (48 + 13)	63 (49 + 14)
Annual Pay	\$90,000	\$92,700	\$95,481	\$98,345.43	\$101,295.79
Q1 Interest Credits	\$0.00	\$47.25	\$97.35	\$150.43	\$214.00
Q1 Ending Balance	\$0.00	\$6,347.25	\$13,077.48	\$20,208.04	\$28,747.77
Q2 Interest Credits	\$0.00	\$47.60	\$98.08	\$151.56	\$215.61
Q2 Ending Balance	\$0.00	\$6,394.85	\$13,175.56	\$20,359.60	\$28,963.38
Q3 Interest Credits	\$0.00	\$47.96	\$98.82	\$152.70	\$217.23
Q3 Ending Balance	\$0.00	\$6,442.81	\$13,274.38	\$20,512.30	\$29,180.61
Q4 Interest Credits	\$0.00	\$48.32	\$99.56	\$153.84	\$218.85
Pay Credit Rate	7%	7%	7%	8%	8%
Pay Credit	\$6,300.00	\$6,489.00	\$6,683.67	\$7,867.63	\$8,103.66
Ending Balance	\$6,300.00	\$12,980.13	\$20,057.61	\$28,533.77	\$37,503.12

In this example, the value of the cash balance account after five years is \$37,503.12.

Final pay formula

The final pay formula is based on your final pay and your years of service. You may have this formula if you were hired before 2013—or if you elected the final pay formula during a special, one-time election period in 2013.

You become fully vested in the final pay pension formula after five years of service or age 55.

If you have the final pay formula, you can calculate your estimated monthly benefit with the PG&E Pension Estimator tool. You'll be automatically logged in to the tool when you go to ***PG&E@Work for Me* > About Me > My Retirement > Welcome > PG&E Pension Center > At Your Fingertips > Pension Estimator.**



MORE INFORMATION

Log in to pge.benefitcenter.com—the Pension Center website—for details about your pension benefit.



Retiree medical coverage

PG&E offers retiree medical coverage for you and your eligible dependents when you retire at age 55 or older with at least 10 years of service.

In addition to retiree medical coverage, you and your spouse or registered domestic partner can each receive a company-paid **Retiree Medical Savings Account (RMSA)** when you retire. You can use the RMSA to help pay for your PG&E-sponsored retiree medical premiums. The RMSA is notional, which means it has no cash value. Your starting RMSA balances are based on your date of hire, age and years of service.

For more information about PG&E-sponsored retiree medical coverage, visit mypgbenefits.com > **Financial Health > Retirement > Retiree Medical.**

Postretirement life insurance

When you retire after age 55, PG&E provides company-paid postretirement life insurance at no cost to you.

Union-represented employees are eligible for coverage of \$8,000.




Management, A&T and PG&E Corporation employees are eligible for coverage of \$8,000 or up to \$50,000 based on years of service.

Call the PG&E Benefits Service Center for more information.

Contact information



▶ Start here Have questions about your benefits? Need help enrolling?

CALL	EMAIL	CHAT
<p>Call the PG&E Benefits Service Center at 1-866-271-8144 Monday–Friday, 7:30 a.m.–5 p.m. Pacific time.</p> 	<p>Log in* to your Mercer BenefitsCentral account and send a secure message to a service representative. You'll get a reply within two business days.</p> 	<p>Log in* to your Mercer BenefitsCentral account and chat online with a service representative Monday–Friday, 7:30 a.m.–5 p.m. Pacific time.</p> 

*Go to mypgbenefits.com and click **Log In** under **Manage Your Benefits**.

LOG IN SECURELY

Mercer BenefitsCentral uses multi-factor authentication to keep your information secure when you log in outside the network. Each time you log in outside of *PG&E@Work for Me*, you'll need your:

- User ID
- Password
- Temporary numeric code that will be sent to your email address or mobile phone number (you'll need to receive a new code each time you log in)




Be sure to use a unique, long password—at least eight characters—to help keep your account secure.

Need help? Call the PG&E Benefits Service Center: **1-866-271-8144**.

Health and wellness

I NEED TO:

- Sign up for a health screening or tobacco test
- Enroll in Provant's tobacco cessation program

Health and Wellness	Contact
<p>Provant For health screenings and tobacco cessation Representatives are available Monday–Friday, 5 a.m.–5 p.m. Pacific time</p>	<p>1-866-271-8144, option 1, then option 3 PG&E@Work for Me > About Me > My Benefits > Wellness Portal pge.provantone.com  Provant's Humology app Email pgesupport@provanthealth.com</p>

Medical coverage

I NEED TO:


- Talk to my medical plan's Member Services about my benefits
- Preauthorize care
- Find out if my provider belongs to the plan's network
- Get help filing a claim
- Dispute a claim
- Get a medical plan ID card

Medical	Contact	Group Number
<p>Anthem Blue Cross Health Account Plan (HAP) Representatives are available Monday–Friday, 7 a.m.–8 p.m. Pacific time</p>	<p>1-800-964-0530 anthem.com/ca/pge  Anthem Anywhere app</p>	170157
<p>Kaiser Permanente Health Account Plan (HAP) Representatives are available: • Monday–Friday, 7 a.m.–7 p.m. Pacific time • Saturday and Sunday, 7 a.m.–3 p.m. Pacific time</p>	<p>NORTH: 1-800-663-1771 SOUTH: 1-800-533-1833 kp.org  Kaiser Permanente app</p>	North: 603702 South: 231142
<p>FOR CHIROPRACTIC AND ACUPUNCTURE: American Specialty Health Network (ASH) Representatives are available: • Monday–Friday, 4 a.m.–7 p.m. Pacific time • Saturday, 7 a.m.–5 p.m. Pacific time Closed on holidays</p>	<p>1-800-678-9133 ashcompanies.com</p>	N/A

Express Scripts prescription drug coverage

I NEED TO:

- Find out if my prescription drug is covered
- Get help filing a claim
- Dispute a claim
- Get an Express Scripts ID card

Prescription Drug	Contact	Group Number
Prescription Drug Plan Administered by Express Scripts For Anthem HAP members Representatives are available 24/7; closed Thanksgiving and Christmas	1-800-718-6590 express-scripts.com  Express Scripts app	PGE0000

Prescription drug benefits are included in the Kaiser HAP

Mental health and substance use disorder coverage

I NEED TO:

- Find out if my treatment will be covered
- Preauthorize care
- Get help filing a claim
- Dispute a claim

Mental Health and Substance Use Disorder	Contact
Mental Health and Substance Use Disorder (MHSUD) Program Administered by Beacon Health Options For Anthem and Kaiser members Representatives are available 24/7	1-888-445-4436 beaconhealthoptions.com

Dental coverage

I NEED TO:


- Find out if my dentist is a Delta Dental PPO or Premier dentist
- Get a pre-treatment estimate
- Get help filing a claim
- Dispute a claim

Dental	Contact	Group Number
Dental Plan Administered by Delta Dental Representatives are available Monday–Friday, 5 a.m.–8 p.m. Pacific time	1-888-217-5323 deltadentalins.com/pg&e  Delta Dental Mobile app	Utility Dental Plan: 1515-0132 Corporation Dental Plan: 1515-0232 IBEW- and SEIU-represented employees: 1515-0101 ESC-represented employees: 1515-0106

Vision coverage

I NEED TO:

- Find out if my eye doctor is a VSP provider
- Get a cost estimate for vision services and products—
such as exams, lenses, frames and Lasik surgery
- Find out about discounts on frames and retinal screenings
- Get help filing a claim
- Dispute a claim

Vision	Contact	Group Number
Vision Plan Administered by Vision Service Plan (VSP) Representatives are available: <ul style="list-style-type: none"> • Monday–Friday, 5 a.m.–8 p.m. Pacific time • Saturday, 6 a.m.–5 p.m. Pacific time 	1-800-877-7195 vsp.com  VSP Vision Care On the Go app	Management and A&T employees: 00401601–Div 103, Class 10 Union-represented employees: 00401601–Div 115, Class 3

Health Account

I NEED TO:

- ▶ Get help filing a claim or processing a reimbursement through the Health Account

Anthem Health Account

Administered by WageWorks
Representatives are available
Monday–Friday, 5 a.m.–5 p.m. Pacific time

1-866-271-8144, option 1 and then **option 1** again, to request a claim form


Fax your completed claim form to WageWorks:

1-877-353-9236

or

Mail your completed claim form to:
Claims Administrator
P.O. Box 14053
Lexington, KY 40512

 EZ Receipts app


 Watch a short video about how to get reimbursed:
mypgbenefits.com > Resources > BeneTV > Anthem Members: How to file a claim for reimbursement

Kaiser Health Account

Administered by Kaiser Permanente
Representatives are available
Monday–Friday, 5 a.m.–7 p.m. Pacific time

1-877-750-3399, option 1 and then **option 2**
kp.org/healthpayment

 Kaiser HRA/HSA/FSA Balance Tracker app

 Watch a short video about how to get reimbursed:
mypgbenefits.com > Resources > BeneTV > Kaiser Members: How to file a claim for reimbursement

Flexible Spending Accounts (FSAs)

I NEED TO:

- ▶ Get help filing a claim or processing a reimbursement through the Health Care or Dependent Care Flexible Spending Account (FSA)

Enrolled in the Anthem Health Account Plan (HAP)? Waive medical coverage + enroll in an FSA for 2017?


WageWorks

Representatives are available
Monday–Friday, 5 a.m.–5 p.m. Pacific time

1-866-271-8144, option 1 and then **option 1** again

Log in to your Mercer BenefitsCentral account or go to wageworks.com

 EZ Receipts app

 Watch a short video about how to get reimbursed:
mypgbenefits.com > Resources > BeneTV > Anthem Members: How to file a claim for reimbursement


Enrolled in the Kaiser Health Account Plan (HAP)?

Kaiser Permanente

Representatives are available
Monday–Friday, 5 a.m.–7 p.m. Pacific time

1-866-271-8144, option 1 and then **option 2**
kp.org/healthpayment

 Kaiser HRA/HSA/FSA Balance Tracker app

 Watch a short video about how to get reimbursed:
mypgbenefits.com > Resources > BeneTV > Kaiser Members: How to file a claim for reimbursement

Form 1095

I NEED TO:

- ▶ **AFTER JANUARY**—Get a copy of my Form 1095 to verify to the IRS that I had minimum essential health coverage for the prior year

Anthem Health Account Plan (HAP)
Kaiser Health Account Plan (HAP)
PG&E Benefits Service Center
1-866-271-8144

Other health and wellness benefits


I NEED TO:

- Quit tobacco through Provant's five-session, telephonic tobacco cessation program

Provant tobacco cessation program

Representatives are available
Monday–Friday, 5 a.m.–5 p.m. Pacific time

1-866-271-8144, option 1 and then **option 3**

 Provant's Humology app

- Find out how to schedule a virtual doctor's appointment

Telemedicine

1-855-603-7985

Email customersupport@livehealthonline.com

Kaiser Video Visits

kp.org/mydoctor/videovisits

- Talk with a licensed EAP counselor and get help with day-to-day stresses and concerns

Employee Assistance Program (EAP)

Administered by Beacon Health Options
Representatives are available 24/7

1-888-445-4436

achievesolutions.net/pge

- Anthem members:
Learn about Anthem's cancer case management program

Anthem cancer case management program

Representatives are available
Monday–Friday, 9 a.m.–8 p.m. and
Saturday 9 a.m.–4:30 p.m. Pacific time

1-888-613-1130

- Find out about COBRA coverage and costs

COBRA

Administered by WageWorks
Representatives are available
Monday–Friday, 5 a.m.–5 p.m. Pacific time

1-866-271-8144, option 3

mybenefits.wageworks.com

- Get confidential help managing health concerns

KnovaSolutions

Representatives are available
Monday–Thursday, 7 a.m.–6 p.m. and
Friday 7 a.m.–4 p.m. Pacific time

1-800-355-0885

- Open a Leave or Disability Claim

Sedgwick, CMS

Representatives are available
Monday–Friday, 5 a.m.–5 p.m.

1-855-732-8217

claimlookup.com/pge

- Find out about the PG&E Health Center

PG&E Health Center

Location: 77 Beale Street, 3rd floor,
San Francisco, CA 94105

Clinic hours: Monday–Friday, 7 a.m.–4 p.m.

Lab hours: Monday–Friday, 7 a.m.–3:30 p.m.

628-201-3555 (walk-ins welcome)

- Pay restitution for covering ineligible dependents

Direct billing

Administered by WageWorks
Representatives are available
Monday–Friday, 5 a.m.–5 p.m. Pacific time

1-866-271-8144, option 3

mybenefits.wageworks.com

- Report work-related discomfort or injury

24/7 Nurse Care Line

1-888-449-7787

▶ Get free sports medicine and ergonomic help at work

Industrial Athlete and Ergonomics
Email industrialathlete@pge.com or ergonomics@pge.com

▶ Talk to someone who has successfully dealt with his or her own substance use disorder or that of a loved one

Peer Volunteer Program
Peer Volunteers are available 24/7
Call any Peer Volunteer listed at peervolunteers.org or call the EAP at **1-888-445-4436**, and ask to have a Peer Volunteer call you back
Email PVP@pge.com

Retirement benefits

I NEED TO:

▶ Get help with my 401(k)

Fidelity
Representatives are available Monday–Friday except New York Stock Exchange holidays, 5:30 a.m.–9 p.m. Pacific time
Log in to your NetBenefits account at 401k.com
1-877-PGE-401k (1-877-743-4015)
 NetBenefits app

▶ Get help with my retirement questions

PG&E Pension Call Center
Representatives are available Monday–Friday except holidays, 7:30 a.m.–3:30 p.m. Pacific time
1-800-700-0057
Email HRPensionQuestions@pge.com

Beneficiary updates


I NEED TO:

▶ Elect or update my beneficiary for life and accident insurance

Log in to your Mercer BenefitsCentral account mypgebenefits.com

OR
Call the PG&E Benefits Service Center **1-866-271-8144, option 1** and then **option 4**

▶ Elect or update my beneficiary for the 401(k)—PG&E Retirement Savings Plan

Log in to your NetBenefits account 401k.com
 NetBenefits app

▶ Elect or update my pre-retirement beneficiary for the pension—PG&E Retirement Plan

Email HRPensionQuestions@pge.com

OR
Call the PG&E Benefits Service Center **1-800-700-0057**

Other work/life benefits

I NEED TO:

- ▶ Enroll in the Commuter Transit Program, change or cancel my order or file a claim

Commuter Transit Program

Administered by WageWorks
 Representatives are available
 Monday–Friday, 5 a.m.–5 p.m. Pacific time
1-866-271-8144, option 1 and then **option 1**
 again
 Log in to your WageWorks account through Mercer
 BenefitsCentral or wageworks.com

- ▶ Change my Paid Sick Leave Designee

PG&E HR Solutions Center

Representatives are available
 Monday–Friday 8 a.m.–4 p.m.
415-973-4357
<http://askhr>

- ▶ Request medical assistance or get help with lost items while traveling

Travel assistance

Administered by AXA Assistance USA, Inc.
 Representatives are available 24/7
1-800-454-3679
webcorp.axa-assistance.com
 Login: axa/Password: travelassist

- ▶ Find locations of Mothers’ Rooms at Work

Mothers’ Rooms at Work
myggebenefits.com >
Work/Life Benefits > Mothers’ Rooms at Work

- ▶ Learn about work accommodations for special needs

**Stay at Work, Return to Work, Absence
 and Accommodations**
 Email accommodations-req.pge.com

More details

I NEED TO:

- ▶ Read details about my benefits

Summary of Benefits Handbook
 Representatives are available
 Monday–Friday, 7:30 a.m.–5 p.m. Pacific time
1-866-271-8144, option 1 and then
option 4, to request a free copy
spd.myggebenefits.com

- ▶ Access my legal notices

myggebenefits.com >
Resources > Legal Notices

- ▶ Get information and publications from the Internal Revenue Service (IRS)

IRS Publications
1-800-829-3676
www.irs.gov

Safety

I NEED TO:

- ▶ Report a motor vehicle incident (MVI)

Motor Vehicle Incident
pgeweb/sharedservices/safety

- ▶ Report a near hit

Share Near Hit
1-866-268-6682

Other financial services

I NEED TO:

- ▶ Make life insurance changes

Life insurance

Insured by MetLife; Group Number 74300
Representatives are available
Monday–Friday, 7:30 a.m.–5 p.m. Pacific time

1-866-271-8144, option 1 and then **option 4**

Don't call MetLife. Instead, log in to your Mercer BenefitsCentral account
myggebenefits.com

- ▶ Get help preparing a will or managing the probate process for my estate

Will preparation and estate resolution services

Administered by Hyatt Legal Plans;
Group Number 74300
Representatives are available
Monday–Friday, 5 a.m.–4 p.m. Pacific time

1-800-821-6400

Trusts and estate planning

Free consultation and discounted services are available through the Employee Assistance Program (EAP)

1-888-445-4436

- ▶ Get help planning or paying for a funeral

Funeral discount and planning services

Administered by MetLife Advantages and Dignity Memorial
Dignity Memorial representatives are available
24/7, 365 days/year

1-866-853-0954

finalwishesplanning.com

Work-related concerns

I NEED TO:

- ▶ Ask about my job classification or title

HR Solutions Center

Representatives are available
Monday–Friday, 8 a.m.–4 p.m. Pacific time

1-800-788-2363

<http://askhr>

- ▶ Access my work-related information

PG&E@Work for Me

<https://myportal.pge.com> (PG&E intranet)

- ▶ Get help with computer and phone issues, including remote access

PG&E Technology Service Center (TSC)

Representatives are available
24 hours a day, 7 days a week

Utility employees: **415-973-9000**

PG&E Corporation employees: **415-267-7025**

- ▶ Find out about my pay, benefits, time off and other HR-related questions

PG&E@Work for Me > Human Resources

<http://pgeweb/hr/pages/default.aspx>
(PG&E intranet)



Don't lose your benefits: Confirm your beneficiaries today

Have you had a change in life status? Did you get married or divorced? Have a baby or adopt a child? Be sure to elect or update your pre-retirement pension, 401(k) and Life and Accident insurance beneficiaries.

Did you know? Any vested benefit you have under the PG&E Retirement Plan **will be forfeited** if:

- You die before you start taking your pension benefit, and
- You're single or in a domestic partnership, and
- **You haven't elected your pre-retirement pension beneficiary.**

Pension—PG&E Retirement Plan

Email HRPensionQuestions@pge.com

OR

Call the PG&E Pension Call Center: **1-800-700-0057**

401(k)—PG&E Retirement Savings Plan

Log in to your NetBenefits account at 401k.com

Life and accident insurance

Log in to your Mercer BenefitsCentral account:
mypgebenefits.com

OR

Call the PG&E Benefits Service Center: **1-866-271-8144**



These are all separate elections. Your beneficiary elections for one benefit won't carry over to another benefit.



2019 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, Beacon Health Options or Express Scripts, the information contained in applicable service provider agreements between PG&E and Anthem Blue Cross, Beacon Health Options or Express Scripts shall govern in case of conflict between this chart and the service provider agreement. For Kaiser Permanente Senior Advantage, the information about the HMO 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
EOC: Evidence of Coverage
HMO: Health Maintenance Organization
MHSUD: Mental Health and Substance Use Disorder

Medical Benefits

PROVISIONS	A COMPREHENSIVE ACCESS PLAN (CAP) Administered by Anthem Blue Cross	B KAISER PERMANENTE SENIOR ADVANTAGE NORTH & SOUTH (Medicare Advantage HMO) Must use Kaiser's referral and authorization process
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*	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 	No charge
Office Visits, Urgent Care	<ul style="list-style-type: none"> Primary care—\$10 copay/visit Specialist (including OB/GYN)—\$20 copay/visit Lab/X-ray covered separately 	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%	<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; preauthorization by ASHN required after initial visit	\$10 copay/visit; preauthorization required; self-referral not allowed
Acupuncture	80% for up to 20 visits/year from licensed acupuncturist or M.D.	\$10 copay/visit; preauthorization required; self-referral not allowed
X-Rays and Lab Tests	90%	No charge
Outpatient Physical Therapy	80%	\$10 copay/visit
Outpatient Hospital	\$35 copay for outpatient surgery; waived if admitted; lab/X-ray covered separately	\$10 copay/procedure for outpatient surgery
Hospital Stay	100% after \$100 copay; preauthorization required for non-emergency care. \$300 penalty if not obtained; covers semi-private room (private if medically necessary)	No charge
Skilled Nursing Facility	90% for semi-private room after three days in hospital; preauthorization required, \$300 penalty if not obtained; excludes custodial care	No charge to members in service area for up to 100 days per benefit period when prescribed by a plan physician
Home Health Care	90%; preauthorization required, \$300 penalty if not obtained; excludes custodial care	No charge
Hospice Care	90%; preauthorization required, \$300 penalty if not obtained; excludes custodial care	No charge
Durable Medical Equipment	80%; preauthorization required for purchase or cumulative rentals over \$1,000; \$300 penalty if not obtained	No charge; see plan EOC for limitations and exclusions
Hearing Aids	80%; 1 per ear every 3 years	Hearing aid benefit administered by WageWorks; 100% up to \$1,000 per ear or 80% of total cost, whichever is greater; 1 per ear every 3 years.
Emergency Room	\$35 copay/visit; waived if admitted; lab/X-ray covered separately	\$25 copay/visit for emergencies (waived if admitted directly to the hospital within 24 hours for the same condition)
Mental Health and Substance Use Disorder (MHSUD)	See the Mental Health and Substance Use Disorder (MHSUD) Benefits chart for details	

* Eligible Expenses are: (1) expenses for 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.

2019 Medical Plan Comparison Chart for Employees on Long-Term Disability Medicare-Eligible Members



Prescription Drug Benefits

	A	B
	COMPREHENSIVE ACCESS PLAN (CAP)	KAISER PERMANENTE SENIOR ADVANTAGE NORTH & SOUTH (Medicare Advantage HMO)
PROVISIONS		
General	Retail and mail-order prescription drugs are administered by Express Scripts	Retail and mail-order prescription drugs are administered by Kaiser Permanente
Annual Prescription Drug Deductible	None	None
Annual Prescription Drug Out-of-Pocket Maximum Separate from medical plan annual out-of-pocket maximum	For retail and mail-order combined: <ul style="list-style-type: none"> • \$500/person • No more than \$1,000/family 	None
Annual or Lifetime Prescription Drug Maximum Benefit Limit	None	None
Retail Purchases	First three 30-day fills of maintenance drugs and all 30-day fills of non-maintenance drugs At participating pharmacy: <ul style="list-style-type: none"> • 85% for generic • 75% for brand You pay extra 5% coinsurance for 4th refill and beyond of maintenance drugs Generic Incentive Provision applies*	Medicare Part D plan You pay \$10 for up to a 100-day supply Closed formulary No annual maximum
Mail-Order Purchases	Plan pays: <ul style="list-style-type: none"> • 100% for drugs on Express Scripts' Low-Cost Generic List All other drugs: <ul style="list-style-type: none"> • 90% for generic • 80% for brand Generic Incentive Provision applies*	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*	Up to a 100-day supply; you pay \$10 for contraceptives and other specialty drugs; 50% for infertility and sexual dysfunction drugs. Memory enhancement drugs not covered.

* **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.



Mental Health and Substance Use Disorder (MHSUD) Benefits

The following chart provides an overview of mental health and substance use disorder (MHSUD) benefits for Medicare-eligible plan members. If you're enrolled in the CAP, your MHSUD benefits are administered by Beacon Health Options. If you're enrolled in Kaiser Permanente Senior Advantage, your MHSUD benefits are administered by both Kaiser Permanente and Beacon Health Options, depending on the type of care you receive.

When care is provided by Beacon Health Options:

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

	A	B
	COMPREHENSIVE ACCESS PLAN (CAP) Administered by Beacon Health Options	KAISER PERMANENTE SENIOR ADVANTAGE NORTH & SOUTH (Medicare Advantage HMO) Must use Kaiser's referral and authorization process
PROVISIONS		
General	Each plan's general medical plan provisions listed on the Medical Benefits chart also apply to MHSUD benefits. Your medical and MHSUD expenses are combined when determining deductibles and out-of-pocket maximums.*	May use Beacon Health Options (preauthorization required) or Kaiser. Covered at 100%; no deductible and no limits.
Applied Behavioral Analysis (ABA)	Covered at 100% through Beacon Health Options; requires preauthorization by Beacon Health Options; no deductible and no limits	• \$10 copay/visit (individual) • \$5 copay/visit (group) • No visit limit
Outpatient Mental Health	• No charge for initial visit to psychiatrist for medication evaluation • \$10 copay/visit (individual) • \$5 copay/visit (group)	No charge; no day limit
Inpatient Mental Health	Requires preauthorization by Beacon Health Options: <ul style="list-style-type: none"> • 100% after deductible • \$300 penalty if you fail to notify within 48 hours 	Coverage through Kaiser: <ul style="list-style-type: none"> • \$5 copay/visit (group) • \$10 copay/visit (individual) • No visit limit
Outpatient Substance Use Disorder	Requires preauthorization by Beacon Health Options: <ul style="list-style-type: none"> • 100% after deductible • \$300 penalty if you fail to notify within 48 hours • No limit on number of stays 	May use Beacon Health Options or Kaiser for detoxification. All other residential inpatient treatment is available through Beacon Health Options network only, not Kaiser. All Beacon Health Options treatment—including residential inpatient treatment—requires preauthorization; \$300 penalty if you fail to notify Beacon Health Options within 48 hours <ul style="list-style-type: none"> • 100% • No limit on number of stays

* **Eligible Expenses are:** (1) expenses for 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: Beacon Health Options or Kaiser Permanente, as listed in this chart.

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)

Express Scripts administers prescription drug benefits for the CAP. Your prescription drug annual out-of-pocket maximum is separate from your medical plan out-of-pocket maximum. Some drugs may require special authorization from Express Scripts. If you have questions, contact Express Scripts by calling the member services number listed on your Express Scripts ID card or visit www.express-scripts.com.

Kaiser Permanente

Kaiser Permanente provides retail and mail-order prescription drug coverage for its members, not Express Scripts. For specific information about your drug coverage, contact Kaiser directly.



2019 Medical Plan Comparison Chart for Employees on Long-Term Disability Non-Medicare-Eligible Members



ACRONYMS AT A GLANCE

- ASHN: American Specialty Health Network
- EPO: Exclusive Provider Organization
- MHSUD: Mental Health and Substance Use Disorder

This chart provides an overview of benefits available to non-Medicare-eligible participants. The information contained in applicable service provider agreements between PG&E and Anthem Blue Cross, Kaiser Permanente, Beacon Health Options or Express Scripts shall govern in case of conflict between this chart and the service provider agreement.

Medical Benefits

PROVISIONS	A NETWORK ACCESS PLAN (NAP) Administered by Anthem Blue Cross		C COMPREHENSIVE ACCESS PLAN (CAP) Administered by Anthem Blue Cross		D KAISER PERMANENTE EPO NORTH & SOUTH
	Network	Non-Network			Must use Kaiser's referral and authorization process
General	Care provided by network providers Annual deductible: • \$120/person; \$240/two people; \$320/three or more people Annual out-of-pocket maximum (includes deductible): • \$750/person; \$1,500/two or more people No lifetime benefit maximum No pre-existing condition exclusions	Care provided by non-network providers Annual deductible: • \$240/person; \$480/two people; \$680/three or more people Annual out-of-pocket maximum (includes deductible): • \$1,000/person; \$2,000/two or more people No lifetime benefit maximum No pre-existing condition exclusions	May use provider of choice (may experience savings with network providers) Annual deductible: • \$120/person; \$240/two people; \$320/three or more people Annual out-of-pocket maximum (includes deductible): • \$750/person; \$1,500/two or more people No lifetime benefit maximum No pre-existing condition exclusions		Must use Kaiser Permanente facilities and doctors No annual deductible Annual out-of-pocket maximum: • \$1,500/person; \$3,000/two or more people (excludes prescription drugs and infertility services) No lifetime benefit maximum No pre-existing condition exclusions
	Network benefits and limits may not be combined with non-network benefits and limits				
	All Anthem Blue Cross-administered plan benefits and out-of-pocket maximums are based on Eligible Expenses only*				
Routine Preventive Care	<ul style="list-style-type: none"> • Primary care—\$10 copay/visit • Specialist—\$20 copay/visit • Lab/X-ray covered separately 	70%	<ul style="list-style-type: none"> • Primary care—\$10 copay/visit • Specialist—\$20 copay/visit • Lab/X-ray covered separately 		\$10 copay/visit
Office Visits, Urgent Care	<ul style="list-style-type: none"> • Primary care—\$10 copay/visit • Specialist (including OB/GYN)—\$20 copay/visit • Lab/X-ray covered separately 	70%	<ul style="list-style-type: none"> • Primary care—\$10 copay/visit • Specialist (including OB/GYN)—\$20 copay/visit • Lab/X-ray covered separately 		<ul style="list-style-type: none"> • \$10 copay/office or urgent care visit • No charge/home visit
Prescription Drugs	See Prescription Drug Benefits chart for details				See Prescription Drug Benefits chart for details
Immunizations and Injections	95%	70%	95%		<ul style="list-style-type: none"> • \$10 copay/visit for allergy testing • \$5 copay/visit for allergy injection • No charge for immunizations
Chiropractic Care	80% for care approved by ASHN	70% for up to 15 visits for medically necessary care	80% for medically necessary care only; preauthorization by ASHN required after initial visit		\$10 copay/visit; self-referral allowed; no preauthorization needed
Acupuncture	80% for up to 20 visits/year from licensed acupuncturist or M.D.	70% for up to 15 visits/year from licensed acupuncturist or M.D.	80% for up to 20 visits/year from licensed acupuncturist or M.D.		\$10 copay/visit; referral required from a Kaiser physician
Maternity Care	Covered as any other condition	Covered as any other condition	Covered as any other condition		No charge
X-Rays and Lab Tests	90%	70%	90%		No charge
Outpatient Physical Therapy	80%	70%	80%		\$10 copay/visit; therapy is given if, in the judgment of a plan physician, significant improvement is achievable
Outpatient Hospital	\$35 copay for outpatient surgery; waived if admitted; lab/X-ray covered separately	70%	\$35 copay for outpatient surgery; waived if admitted; lab/X-ray covered separately		\$10 copay/procedure for outpatient surgery; \$10 copay/visit for all other outpatient services
Hospital Stay	100% after \$100 copay; preauthorization required for non-emergency care, \$300 penalty if not obtained; covers semi-private room (private if medically necessary)	70%; preauthorization required for non-emergency care, \$300 penalty if not obtained; covers semi-private room (private if medically necessary)	100% after \$100 copay; preauthorization required for non-emergency care, \$300 penalty if not obtained; covers semi-private room (private if medically necessary)		No charge
Skilled Nursing Facility	90% for semi-private room after three days in hospital; preauthorization required, \$300 penalty if not obtained; excludes custodial care	70% for semi-private room after three days in hospital; preauthorization required, \$300 penalty if not obtained; excludes custodial care	90% for semi-private room after three days in hospital; preauthorization required, \$300 penalty if not obtained; excludes custodial care		No charge to members in service area for up to 100 days per benefit period when prescribed by a plan physician; not covered for members living outside of service area; excludes custodial care
Home Health Care	90%; preauthorization required, \$300 penalty if not obtained; excludes custodial care	70%; preauthorization required, \$300 penalty if not obtained; excludes custodial care	90%; preauthorization required, \$300 penalty if not obtained; excludes custodial care		No charge to members in service area when prescribed by a plan physician; 100-day limit/calendar year; not covered for members living outside of service area
Hospice Care	90%; preauthorization required, \$300 penalty if not obtained; excludes custodial care	70%; preauthorization required, \$300 penalty if not obtained; excludes custodial care	90%; preauthorization required, \$300 penalty if not obtained; excludes custodial care		No charge to members in service area when prescribed by a plan physician; not covered for members living outside of service area
Durable Medical Equipment	80%; preauthorization required for purchase or cumulative rentals over \$1,000; \$300 penalty if not obtained	70%; preauthorization required for purchase or cumulative rentals over \$1,000; \$300 penalty if not obtained	80%; preauthorization required for purchase or cumulative rentals over \$1,000; \$300 penalty if not obtained		No charge to members in service area when prescribed by a plan physician; limitations and exclusions apply; not covered for members living outside of service area
Hearing Aids	80%; 1 per ear every 3 years	80%; 1 per ear every 3 years	80%; 1 per ear every 3 years		80%; 1 per ear every 3 years
Emergency Room	\$35 copay/visit; waived if admitted; lab/X-ray covered separately	\$35 copay/visit; waived if admitted; lab/X-ray covered separately	\$35 copay/visit; waived if admitted; lab/X-ray covered separately		\$25 copay/visit for emergencies (waived if admitted directly to the hospital within 24 hours for the same condition)
Mental Health and Substance Use Disorder (MHSUD)	See the Mental Health and Substance Use Disorder (MHSUD) Benefits chart for details				

*Eligible Expenses are: (1) expenses for 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.

2019 Medical Plan Comparison Chart for Employees on Long-Term Disability Non-Medicare-Eligible Members



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

Network Access Plan (NAP) and Comprehensive Access Plan (CAP)

Express Scripts administers prescription drug benefits for the NAP and CAP:

- Your prescription drug annual out-of-pocket maximums are separate from your medical plan out-of-pocket maximums.
- Some drugs may require special authorization from Express Scripts. If you have questions, contact Express Scripts by calling the member services number listed on your Express Scripts ID card or visit www.express-scripts.com.

Kaiser Permanente

Kaiser Permanente provides retail and mail-order prescription drug coverage for its members, not Express Scripts. For specific information about your drug coverage, contact Kaiser directly.

Prescription Drug Benefits

PROVISIONS	A		B	C	D
	NETWORK ACCESS PLAN (NAP)			COMPREHENSIVE ACCESS PLAN (CAP)	KAISER PERMANENTE EPO NORTH & SOUTH
	Network	Non-Network			
General	Retail and mail-order prescription drugs are administered by Express Scripts				Retail and mail-order prescription drugs are administered by Kaiser Permanente
Annual Prescription Drug Deductible <small>Separate from medical plan annual deductible</small>	None				None
Annual Prescription Drug Out-of-Pocket Maximum <small>Separate from medical plan annual out-of-pocket maximum</small>	For retail and mail-order combined: <ul style="list-style-type: none"> \$500/person No more than \$1,000/family 				None
Annual or Lifetime Prescription Drug Maximum Benefit Limit	None				None
Retail Purchases	First three 30-day fills of maintenance drugs and all 30-day fills of non-maintenance drugs At participating pharmacy: <ul style="list-style-type: none"> 85% for generic 75% for brand You pay extra 5% coinsurance for 4th refill and beyond of maintenance drugs Generic Incentive Provision applies*		At non-participating pharmacy: <ul style="list-style-type: none"> 80% for generic 70% for brand 		You pay \$10 for up to a 100-day supply when obtained at a plan pharmacy Closed formulary
Mail-Order Purchases	Plan pays: <ul style="list-style-type: none"> 100% for drugs on Express Scripts' Low-Cost Generic List Generic Incentive Provision applies*		All other drugs: <ul style="list-style-type: none"> 90% for generic 80% for brand 		You pay \$10 for up to a 100-day supply Closed formulary
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*				Up to a 100-day supply; you pay \$10 for contraceptives and other specialty drugs; 50% for infertility and sexual dysfunction drugs. Memory enhancement drugs not covered.

* 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.



Mental Health and Substance Use Disorder (MHSUD) Benefits

The following chart provides an overview of mental health and substance use disorder (MHSUD) benefits for non-Medicare-eligible plan members. If you're enrolled in the NAP or CAP, your MHSUD benefits are administered by Beacon Health Options. If you're enrolled in Kaiser Permanente, your MHSUD benefits are administered by both Kaiser Permanente and Beacon Health Options, depending on the type of care you receive.

When care is provided by Beacon Health Options:

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

PROVISIONS	A		B	C	D
	NETWORK ACCESS PLAN (NAP)			COMPREHENSIVE ACCESS PLAN (CAP)	KAISER PERMANENTE EPO NORTH & SOUTH
	Administered by Beacon Health Options			Administered by Beacon Health Options	
	Network	Non-Network			Must use Kaiser's referral and authorization process
General	Each plan's general medical plan provisions listed on the Medical Benefits chart also apply to MHSUD benefits. Your medical and MHSUD expenses are combined when determining deductibles and out-of-pocket maximums.*				
Applied Behavioral Analysis (ABA)	Covered at 100% through Beacon Health Options; requires preauthorization by Beacon Health Options; no deductible and no limits.				May use Beacon Health Options (preauthorization required) or Kaiser. \$10 copay; no deductible and no limits.
Outpatient Mental Health	<ul style="list-style-type: none"> No charge for initial visit to psychiatrist for medication evaluation \$10 copay/visit (individual) \$5 copay/visit (group) No visit limit 	<ul style="list-style-type: none"> 70% of usual and customary charges No visit limit 	<ul style="list-style-type: none"> No charge for initial visit to psychiatrist for medication evaluation \$10 copay/visit (individual) \$5 copay/visit (group) No visit limit 	<ul style="list-style-type: none"> \$10 copay/visit (individual) \$5 copay/visit (group) No visit limit 	
Inpatient Mental Health	<ul style="list-style-type: none"> Requires preauthorization by Beacon Health Options 100% after deductible \$300 penalty if you fail to notify within 48 hours No limit on number of stays 	<ul style="list-style-type: none"> Requires preauthorization by Beacon Health Options 70% of usual and customary charges \$300 penalty if you fail to notify within 48 hours No limit on number of stays 	<ul style="list-style-type: none"> Requires preauthorization by Beacon Health Options 100% after deductible \$300 penalty if you fail to notify within 48 hours No limit on number of stays 	<ul style="list-style-type: none"> No charge No limit on number of stays 	
Outpatient Substance Use Disorder	<ul style="list-style-type: none"> \$10 copay/visit (individual) \$5 copay/visit (group) No visit limit 	<ul style="list-style-type: none"> 70% of usual and customary charges No visit limit 	<ul style="list-style-type: none"> \$10 copay/visit (individual) \$5 copay/visit (group) No visit limit 	<ul style="list-style-type: none"> Coverage through Kaiser: <ul style="list-style-type: none"> \$10 copay/visit (individual) \$5 copay/visit (group) No visit limit 	
Inpatient Substance Use Disorder	<ul style="list-style-type: none"> Requires preauthorization by Beacon Health Options 100% after deductible \$300 penalty if you fail to notify within 48 hours No limit on number of stays 	<ul style="list-style-type: none"> Requires preauthorization by Beacon Health Options 70% of usual and customary charges \$300 penalty if you fail to notify within 48 hours No limit on number of stays 	<ul style="list-style-type: none"> Requires preauthorization by Beacon Health Options 100% after deductible \$300 penalty if you fail to notify within 48 hours No limit on number of stays 	<ul style="list-style-type: none"> May use Beacon Health Options or Kaiser for detoxification. All other residential inpatient treatment is available through Beacon Health Options network only, not Kaiser. All Beacon Health Options treatment—including residential inpatient treatment—requires preauthorization; \$300 penalty if you fail to notify Beacon Health Options within 48 hours 100% No limit on number of stays 	

* Eligible Expenses are: (1) expenses for 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 any questions, contact the claims administrator for your plan: Beacon Health Options or Kaiser Permanente, as listed in this chart.

2019 Medical Plan Comparison Chart for Retirees and Surviving Dependents Medicare-Eligible Members

Medical Benefits

This chart provides an overview of benefits available to Medicare-eligible participants. For benefits administered by Anthem Blue Cross, Beacon Health Options or Express Scripts, the information contained in applicable service provider agreements between PG&E and Anthem Blue Cross, Beacon Health Options or Express Scripts shall govern in case of conflict between this chart and 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
IPA: Independent Physicians Association or Independent Practice Association



	A	B	C	D	E	F	G
	COMPREHENSIVE ACCESS PLAN (CAP) Administered by Anthem Blue Cross	PG&E MEDICARE SUPPLEMENTAL PLAN (MSP) Administered by Anthem Blue Cross	RETIREE OPTIONAL PLAN (ROP) Administered by Anthem Blue Cross	BLUE SHIELD MEDICARE COB HMO Must use HMO shield and authorization process	HEALTH NET MEDICARE COB HMO Must use providers affiliated with Health Net HMO	HEALTH NET SENIORITY PLUS (Medicare Advantage HMO)	KAISER PERMANENTE SENIOR ADVANTAGE NORTH & SOUTH (Medicare Advantage HMO)
General	May use provider of choice Annual deductible: • \$120 (two people) • \$320 (three or more people) Annual out-of-pocket maximum (includes deductible): • \$1,000/person • \$1,500/person; up to \$1,000 restored each year No pre-existing condition exclusions	Applicable to all Medicare-eligible retirees and their Medicare-eligible dependents (if retiree elects Medicare Supplemental Plan and dependent does not have Medicare, dependent will be enrolled in the Anthem MAP or CAP, depending on home ZIP code) Annual deductible: • \$100/person No annual out-of-pocket maximum • \$1,000/person; up to \$1,000 restored each year No pre-existing condition exclusions	May use provider of choice Annual deductible: • \$120 (two people) • \$320 (three or more people) Annual out-of-pocket maximum (includes deductible): • \$1,000/person; no more than \$8,000/family • For medical claims on which Medicare pays 80%, the ROP will only pay the AFTER 20% benefit maximum Annual out-of-pocket maximum: • \$1,000/person; up to \$1,000 restored each year No pre-existing condition exclusions	Must use Blue Shield HMO network 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: • \$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: • \$3,400/person (excludes Part D benefits and maternity services) No lifetime benefit maximum No pre-existing condition exclusions	
Routine Preventive Care	All plan benefits and out-of-pocket maximums are based on Eligible Expenses only* • Primary care—\$10 copay/visit • Specialist—\$20 copay/visit • Lab/X-ray covered separately	Not covered	70%	\$10 copay/visit according to health plan schedule	\$10 copay/visit for basic, periodic, health evaluation	No charge for periodic health evaluation	No charge
Office Visits, Urgent Care	• Primary care—\$10 copay/visit • Specialist (including OB/GYN)—\$20 copay/visit • Lab/X-ray covered separately	80% of eligible expenses after Medicare	70%	• \$10 copay/office, home or urgent care visit Office visits: • \$30 copay/visit without referral (Access+ Special)—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: • No charge/home visit • \$10 copay/office visit Urgent care: • \$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	Not covered	70%	• Immunizations (age 18 and older)—all copay/visit • Allergy injections included in office visit (Acases+ Special)—must be in the same Medical Group or IPA • Allergy serum purchased separately for treatment—no charge	• Immunizations—no charge • Allergy injections included in office visit (Acases+ Special)—must be in the same Medical Group or IPA • Allergy serum purchased separately for treatment—no charge	• Immunizations—no charge • Allergy injections included in office visit (Acases+ Special)—must be in the same Medical Group or IPA • Allergy serum purchased separately for treatment—no charge	• \$10 copay/visit for allergy testing • \$10 copay/visit for immunization • No charge for immunizations
Immunizations and Injections	95%	Not covered	70%	• Immunizations (age 18 and older)—all copay/visit • Allergy injections included in office visit (Acases+ Special)—must be in the same Medical Group or IPA • Allergy serum purchased separately for treatment—no charge	• Immunizations—no charge • Allergy injections included in office visit (Acases+ Special)—must be in the same Medical Group or IPA • Allergy serum purchased separately for treatment—no charge	• Immunizations—no charge • Allergy injections included in office visit (Acases+ Special)—must be in the same Medical Group or IPA • Allergy serum purchased separately for treatment—no charge	• \$10 copay/visit for allergy testing • \$10 copay/visit for immunization • No charge for immunizations
Chiropractic Care	80% for medically necessary care only; pre-authorization by ASHN required after initial visit	80% of eligible expenses after Medicare; services must be medically necessary	70%; 10-visit maximum per year	Discounts available; contact Member Services for details	Discounts available; contact Member Services for details	Discounts available; contact Member Services for details	\$10 copay/visit; preauthorization required; self-referral not allowed
Acupuncture	80% for up to 20 visits/year from licensed acupuncturist or M.D.	Not covered	70%; 10-visit maximum per year	Discounts available; contact Member Services for details	Discounts available; contact Member Services for details	Discounts available; contact Member Services for details	Self-referral not allowed
X-Rays and Lab Tests	90%	80% of eligible expenses after Medicare	70%	No charge	No charge	No charge	No charge
Outpatient Physical Therapy	80%	80% of eligible expenses after Medicare	70%	\$10 copay/visit; as long as continued treatment is medically necessary pursuant to the treatment plan	\$10 copay/visit	\$10 copay/visit	\$10 copay/visit
Outpatient Hospital	\$35 copay for outpatient surgery; waived if admitted; lab/X-ray covered separately	80% of eligible expenses after Medicare	70%	\$10 copay/visit	\$10 copay/visit	\$10 copay/visit	\$10 copay/procedure for outpatient surgery
Hospital Stay	100% after \$100 copay; preauthorization required for non-emergency care, \$300 penalty for non-emergency care, \$500 penalty for private room (private if medically necessary)	80% of eligible hospital expenses after Medicare (private if medically necessary)	70%; preauthorization required for non-emergency care, \$250 penalty if not preauthorized, \$500 penalty if private (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; preauthorization required, \$300 penalty if not obtained; excludes custodial care	80% of member copay amount per Medicare (21st to 100th day of confinement; excludes custodial care)	70% for semi-private room after three days in hospital; preauthorization required; 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; 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
Home Health Care	90%; preauthorization required; \$300 penalty if not obtained; excludes custodial care	80% of eligible expenses after Medicare; excludes custodial care	70%; preauthorization required; excludes custodial care	No charge, 100 visits/calendar year	No charge, no day limit	No charge, no day limit	No charge
Hospice Care	90%; preauthorization required; \$300 penalty if not obtained; excludes custodial care	80% of eligible expenses after Medicare; excludes custodial care	70%; preauthorization required; excludes custodial care	No charge	No charge	Covered by Medicare	No charge
Durable Medical Equipment	80%; preauthorization required for purchase or cumulative rentals over \$1,000; \$300 penalty if not obtained	80% of eligible expenses after Medicare	70%	No charge; preauthorization 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; see plan EOC for limitations and exclusions
Hearing Aids	80%; 1 per ear every 3 years	80%; 1 per ear every 3 years	80%; 1 per ear every 3 years	Hearing aid benefit administered by Wellbikes; 100% up to \$1,000 every 2 years or 80% of total allowable cost every 3 years, whichever is greater	80%; 1 per ear every 3 years	80%; 1 per ear every 3 years	Hearing aid benefit administered by Wellbikes; 100% up to \$1,000 per ear or 80% of total cost, whichever is greater; 1 per ear every 3 years.
Emergency Room	\$35 copay/visit; waived if admitted; lab/X-ray covered separately	80% of eligible expenses after Medicare	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 Use Disorder (MHSUD)	See the Mental Health and Substance Use Disorder (MHSUD) Benefits chart for details	80% of eligible expenses after Medicare	70%	See the Mental Health and Substance Use Disorder (MHSUD) Benefits chart for details	See the Mental Health and Substance Use Disorder (MHSUD) Benefits chart for details	See the Mental Health and Substance Use Disorder (MHSUD) Benefits chart for details	See the Mental Health and Substance Use Disorder (MHSUD) Benefits chart for details

* Eligible Expenses are: (1) expenses for 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.

2019 Medical Plan Comparison Chart for Retirees and Surviving Dependents Medicare-Eligible Members

Prescription Drug Benefits

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), Medicare Supplemental Plan (MSP) and Retiree Optional Plan (ROP)

Express Scripts administers prescription drug benefits for the CAP, MSP and ROP. If you have questions about your prescription drug benefits, call the member services number listed on your SilverScript ID card.

Health Maintenance Organizations (HMOs)

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



G **Kaiser Permanente Senior Advantage North & South (Medicare Advantage HMO)**

F **Health Net Seniority Plus (Medicare Advantage HMO)**

E **Health Net Medicare COB HMO (Administered by SilverScript)**

D **Blue Shield Medicare COB HMO**

C **Retiree Optional Plan (ROP) (Administered by Express Scripts)**

B **POSE Medicare Supplemental Plan (MSP) (Administered by Express Scripts)**

A **Comprehensive Access Plan (CAP) (Administered by Express Scripts)**

PROVISIONS	A	B	C	D	E	F	G
General	Retail and mail-order prescription drugs are administered by Express Scripts	Retail and mail-order prescription drugs are administered by Express Scripts	Administered by Express Scripts	Administered by SilverScript	Administered by SilverScript	Medicare Advantage HMO	Medicare Advantage HMO
Annual Prescription Drug Deductible	None	• \$100/person for retail and mail-order combined • No family maximum	• \$200/person for retail and mail-order combined • No family maximum	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	None	For retail and mail-order combined: • No more than \$3,000/family	None	None	None	None
Annual on Lifetime Prescription Drug Maximum Benefit Limit	None	Lifetime limit of \$10,000/person; up to \$1,000 restored each year (does not apply to drugs purchased before 2004)	None	None	None	None	None
Retail Purchases	First three 30-day fills of maintenance drugs and all 30-day fills of non-maintenance drugs At participating pharmacy: • 100% for generic • 75% for brand You pay only 5% coinsurance for 4th refill and beyond of maintenance drugs Generic Incentive Provision applies*	Plan pays 75% Generic Incentive Provision applies*	Plan pays 60%	Medicare Part D plan For up to a 30-day supply—you pay: • \$10/generic • \$30/brand/formulary • \$70/non-formulary Open formulary No annual maximum Some drugs require preauthorization Exceptions may apply for self-injectable and specialty drugs	Medicare Part D plan For up to a 30-day supply—you pay: • \$10/generic • \$30/brand/formulary • \$70/non-formulary Open formulary No annual maximum Some drugs require preauthorization Exceptions may apply for self-injectable and specialty drugs	Medicare Part D plan For up to a 30-day supply—you pay: • \$10/generic • \$30/brand/formulary • \$70/non-formulary Open formulary No annual maximum Some drugs require preauthorization Exceptions may apply for self-injectable and specialty drugs	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 Express Scripts' Low-Cost Generic List All other drugs: • 90% for generic • 80% for brand Generic Incentive Provision applies*	Plan pays: • 100% for drugs on Express Scripts' Low-Cost Generic List All other drugs: • 80% Generic Incentive Provision applies*	Plan pays: • 100% for drugs on Express Scripts' Low-Cost Generic List All other drugs: • 70% for 90-day supply	Medicare Part D plan For up to a 90-day supply—you pay: • \$10/generic • \$30/brand/formulary • \$70/non-formulary Open formulary No annual maximum Call Health Net for details	Medicare Part D plan For up to a 90-day supply—you pay: • \$10/generic • \$30/brand/formulary • \$70/non-formulary Open formulary No annual maximum Call Health Net for details	Medicare Part D plan For up to a 90-day supply—you pay: • \$10/generic • \$30/brand/formulary • \$70/non-formulary Open formulary No annual maximum Call Health Net for details	Medicare Part D plan You pay \$10 for up to a 100-day supply Closed formulary No annual maximum
Infertility, Sexual Dysfunction, Menopausal 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*	Covered only to treat serious medical conditions Generic Incentive Provision applies*	Plan pays 50%	Call Health Net for details	Call Health Net for details	Call Health Net for details	Up to a 100-day supply; you pay \$10 for contraceptives and other specialty drugs; 50% for infertility and sexual dysfunction drugs; Memory enhancement drugs not covered.

*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 deductible or out-of-pocket maximum (if applicable).



Mental Health and Substance Use Disorder (MHSUD) Benefits

The following chart provides an overview of mental health and substance use disorder (MHSUD) benefits for Medicare-eligible plan members. If you're enrolled in the CAP, your MHSUD benefits are administered by Beacon Health Options. If you're enrolled in the MSP or ROP, your MHSUD benefits are administered by Anthem Blue Cross. If you're enrolled in an HMO, your MHSUD benefits are administered by both your HMO and by Beacon Health Options, depending on the type of care you receive.

When care is provided by Beacon Health Options:
• All inpatient and alternative levels of care must be medically necessary.
• Care that is not medically necessary will not be covered.

G **Kaiser Permanente Senior Advantage North & South (Medicare Advantage HMO)**

F **Health Net Seniority Plus (Medicare Advantage HMO)**

E **Health Net Medicare COB HMO**

D **Blue Shield Medicare COB HMO**

C **Retiree Optional Plan (ROP) (Administered by Anthem Blue Cross)**

B **POSE Medicare Supplemental Plan (MSP) (Administered by Anthem Blue Cross)**

A **Comprehensive Access Plan (CAP) (Administered by Beacon Health Options)**

PROVISIONS	A	B	C	D	E	F	G
General	Each plan's general medical plan provisions listed on the Medical Benefits chart also apply to MHSUD benefits. Your medical and MHSUD expenses are combined when determining deductibles and out-of-pocket maximums.*	POSE Medicare Supplemental Plan (MSP) (Administered by Anthem Blue Cross)	Administered by Anthem Blue Cross	Must use HMO referral and authorization process	Health Net Medicare COB HMO	Health Net Seniority Plus (Medicare Advantage HMO)	Kaiser Permanente Senior Advantage North & South (Medicare Advantage HMO)
Applied Behavioral Analysis (ABA)	Covered at 100% through Beacon Health Options; requires preauthorization by Beacon Health Options; no deductible and no limits.	Not covered	70% after deductible • 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	May use Beacon Health Options (preauthorization required) or Kaiser. Covered at 100%; no deductible
Outpatient Mental Health	No charge for initial visit to psychiatrist for medication evaluation (individual) • \$5 copay/visit (group) • No visit limit	Not covered	70% after deductible • 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	• \$10 copay/visit (individual) • \$5 copay/visit (group) • No visit limit
Inpatient Mental Health	Requires preauthorization by Beacon Health Options • 100% for initial 48 hours • \$200 penalty if you fail to notify within 48 hours • No limit on number of stays	80% of eligible expenses after Medicare. • No limit on number of stays	70% after deductible • No visit limit	• No charge • No limit on number of stays	• No charge • No limit on number of stays	• No charge • No limit on number of stays	Coverage through Kaiser: • \$10 copay/visit (individual) • \$5 copay/visit (group) • No visit limit
Outpatient Substance Use Disorder	• \$10 copay/visit (individual) • \$5 copay/visit (group) • No visit limit	Not covered	70% after deductible • No visit limit	• No charge • No limit on number of stays	• No charge • No limit on number of stays	• No charge • No limit on number of stays	Coverage through Kaiser: • \$10 copay/visit (individual) • \$5 copay/visit (group) • No visit limit
Inpatient Substance Use Disorder	Requires preauthorization by Beacon Health Options • 100% after deductible • \$200 penalty if you fail to notify within 48 hours • No limit on number of stays	Not covered	70% after deductible • No visit limit	• No charge • No limit on number of stays	• No charge • No limit on number of stays	• No charge • No limit on number of stays	May use Beacon Health Options or Kaiser for detoxification. All other residential inpatient treatment is available through Beacon Health Options network only, not Kaiser. All Beacon Health Options inpatient treatment requires preauthorization by Beacon Health Options • 100% • \$300 penalty if you fail to notify Beacon Health Options within 48 hours • No limit on number of stays

*Eligible Expenses are: (1) expenses for 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: Beacon Health Options, Anthem Blue Cross or your HMO, as listed in this chart.

**PACIFIC GAS AND ELECTRIC COMPANY
RETIREMENT PLAN**

**FINANCIAL STATEMENTS AS OF AND FOR THE
YEARS ENDED DECEMBER 31, 2016 AND 2015,
SUPPLEMENTAL SCHEDULES AS OF AND FOR THE
YEAR ENDED DECEMBER 31, 2016,
AND REPORT OF INDEPENDENT AUDITORS**

**PACIFIC GAS AND ELECTRIC COMPANY
RETIREMENT PLAN**

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REPORT OF INDEPENDENT AUDITORS

To the Participants and Plan Administrator
Pacific Gas and Electric Company Retirement Plan

Report on the Financial Statements

We were engaged to audit the accompanying financial statements of the Pacific Gas and Electric Company Retirement Plan (the Plan), which comprise the statements of net assets available for benefits as of December 31, 2016 and 2015, the related statements of changes in net assets available for benefits for the years then ended, the statement of accumulated plan benefits as of December 31, 2015, and the statement of changes in accumulated plan benefits for the year then ended, and the related notes to the financial statements.

Management's Responsibility for the Financial Statements

Management is responsible for the preparation and fair presentation of these financial statements in accordance with accounting principles generally accepted in the United States of America; this includes the design, implementation, and maintenance of internal control relevant to the preparation and fair presentation of financial statements that are free from material misstatement, whether due to fraud or error.

Auditor's Responsibility

Our responsibility is to express an opinion on these financial statements based on conducting the audit in accordance with auditing standards generally accepted in the United States of America. Because of the matter described in the Basis for Disclaimer of Opinion paragraph, however, we were not able to obtain sufficient appropriate audit evidence to provide a basis for an audit opinion on the financial statements.

Basis for Disclaimer of Opinion on the 2016 Financial Statements

As permitted by 29 CFR 2520.103-8 of the Department of Labor's (DOL's) Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974 (ERISA), the plan administrator instructed us not to perform, and we did not perform, any auditing procedures with respect to the information summarized in Note 7, which was certified by The Bank of New York Mellon/BNY Mellon, N.A., the trustee of the Plan, except for comparing such information with the related information included in the financial statements. We have been informed by the plan administrator that the trustee holds the Plan's investment assets and executes investment transactions. The plan administrator has obtained a certification from the trustee as of December 31, 2016 and 2015, and for the years then ended, that the information provided to the plan administrator by the trustee is complete and accurate.

Disclaimer of Opinion

Because of the significance of the matter described in the Basis for Disclaimer of Opinion on the Financial Statements paragraph, we have not been able to obtain sufficient appropriate audit evidence to provide a basis for an audit opinion. Accordingly, we do not express an opinion on these financial statements.

Other Matters – Supplemental schedule

The Schedule H, Part IV, Line 4(i) – Schedule of Assets (Held at End of Year) as of December 31, 2016, is required by the DOL's Rules and Regulations for Reporting and Disclosure under ERISA and is presented for the purpose of additional analysis and is not a required part of the financial statements. Because of the significance of the matter described in the Basis for Disclaimer of Opinion paragraph, we do not express an opinion on this supplemental schedule.

Report on Form and Content in Compliance with DOL Rules and Regulations for 2016 Financial Statements

The form and content of the information included in the financial statements and supplemental schedule, other than that derived from the information certified by the trustee, have been audited by us in accordance with auditing standards generally accepted in the United States of America and, in our opinion, are presented in compliance with the DOL's Rules and Regulations for Reporting and Disclosure under ERISA.

Moss Adams LLP

Campbell, California
September 29, 2017

**PACIFIC GAS AND ELECTRIC COMPANY
RETIREMENT PLAN**

**STATEMENTS OF NET ASSETS AVAILABLE FOR PLAN BENEFITS
(in thousands)**

	<u>2016</u>	<u>2015</u>
ASSETS		
Investment in Master Trust	\$ 14,722,280	\$ 13,738,292
Net assets held in 401(h) account	<u>238,910</u>	<u>200,467</u>
	14,961,190	13,938,759
Receivables		
Employer contributions	<u>240,180</u>	<u>240,345</u>
TOTAL ASSETS	<u>15,201,370</u>	<u>14,179,104</u>
LIABILITIES		
Amounts related to obligations of 401(h) account	<u>238,910</u>	<u>200,467</u>
NET ASSETS AVAILABLE FOR PLAN BENEFITS	<u>\$ 14,962,460</u>	<u>\$ 13,978,637</u>

See accompanying Notes to the Financial Statements.

**PACIFIC GAS AND ELECTRIC COMPANY
RETIREMENT PLAN**

**STATEMENTS OF CHANGES IN NET ASSETS AVAILABLE FOR PLAN BENEFITS
(in thousands)**

	<u>2016</u>	<u>2015</u>
ADDITIONS TO NET ASSETS ATTRIBUTED TO:		
Employer Contributions	\$ 327,000	\$ 327,000
Plan interest in Master Trust investment income (loss)	1,356,865	(172,414)
TOTAL ADDITIONS	<u>1,683,865</u>	<u>154,586</u>
DEDUCTIONS FROM NET ASSETS ATTRIBUTED TO:		
Benefit distributions to participants	664,634	585,895
Administrative and other expenses	35,408	35,643
TOTAL DEDUCTIONS	<u>700,042</u>	<u>621,538</u>
NET INCREASE (DECREASE)	983,823	(466,952)
NET ASSETS AVAILABLE FOR BENEFITS		
Beginning of year	<u>13,978,637</u>	<u>14,445,589</u>
End of year	<u>\$ 14,962,460</u>	<u>\$ 13,978,637</u>

See accompanying Notes to the Financial Statements.

**PACIFIC GAS AND ELECTRIC COMPANY
RETIREMENT PLAN**

**STATEMENT OF ACCUMULATED PLAN BENEFITS
(in thousands)**

	<u>December 31, 2015</u>
ACCUMULATED PLAN BENEFITS	
VESTED BENEFITS:	
Participants currently receiving benefits	\$ 6,825,034
Other participants	<u>4,865,860</u>
Total vested benefits	<u>11,690,894</u>
NONVESTED BENEFITS	<u>158,788</u>
TOTAL ACCUMULATED PLAN BENEFITS	<u><u>\$ 11,849,682</u></u>

See accompanying Notes to the Financial Statements.

**PACIFIC GAS AND ELECTRIC COMPANY
RETIREMENT PLAN**

**STATEMENT OF CHANGES IN ACCUMULATED PLAN BENEFITS
(in thousands)**

	Year ended December 31, 2015
INCREASE (DECREASE) ATTRIBUTABLE TO:	
Benefits accumulated	\$ 344,162
Benefits paid	(585,985)
Interest on discounted accumulated benefit obligations	681,578
Actuarial gains	(6,284)
Change in plan benefits from amendments	3,469
Change in assumptions	130,992
NET INCREASE	567,932
ACCUMULATED PLAN BENEFITS	
Beginning of year	11,281,750
End of year	<u>\$ 11,849,682</u>

See accompanying Notes to the Financial Statements.

PACIFIC GAS AND ELECTRIC COMPANY RETIREMENT PLAN

NOTES TO THE FINANCIAL STATEMENTS

NOTE 1: DESCRIPTION OF PLAN

The following is a brief description of the Pacific Gas and Electric Company Retirement Plan (“Plan”). The Pacific Gas and Electric Company Retirement Plan document (“Plan Document”) provides a more complete description of the Plan’s provisions.

General - The Plan was established on January 1, 1937, and has been amended periodically since that date. The Plan provides retirement benefits primarily for employees of Pacific Gas and Electric Company (“Utility”) and their beneficiaries. Employees of certain affiliated companies including its parent company, PG&E Corporation, are also covered under the Plan along with their beneficiaries. The Plan is subject to certain requirements of the Internal Revenue Code (“IRC” or “Code”), as amended, and the provisions of the Employee Retirement Income Security Act of 1974 (“ERISA”), as amended.

The Employee Benefit Committee (“EBC”) provides corporate governance and oversight over the administration and financial management of affiliated company employee benefit plans. The EBC retains Willis Towers Watson as the Plan’s actuary (“Actuary”) and The Bank of New York Mellon/BNY Mellon, N.A. as the trustee (“Trustee”) of the PG&E Corporation Retirement Master Trust (“Master Trust”).

The Plan is the only participant in the Master Trust for the years ended December 31, 2016 and 2015.

Eligibility - All employees of the Utility and participating affiliated companies are eligible to participate in the Plan, subject to vesting provisions as defined in the Plan Document.

Funding - The Plan is funded by contributions from the Utility and PG&E Corporation based on the EBC’s funding policy, which is to contribute amounts that are tax-deductible and consistent with applicable regulatory decisions and federal minimum funding requirements.

The California Public Utilities Commission (“CPUC”) has authorized revenues based on contributions to the Retirement Plan trust of \$327 million in each of 2016 and 2015. In addition, the CPUC allows the Utility to request approval to increase the annual contributions should the funded status of the Plan fall below 85%. Under Internal Revenue Service (“IRS”) regulations, the Utility is able to contribute funds during the current year and attribute the contributions to the prior plan year. PG&E Corporation and the Utility made total contributions of approximately \$327 million in each of 2016 and 2015, as allowed under IRS regulations.

The funding requirements under ERISA were met for the 2016 plan year. As of January 1, 2016, the Plan was overfunded on an ERISA funding basis by approximately 26%.

401(h) Account – The Plan includes a medical benefit component in addition to the normal retirement benefits to fund a portion of the postretirement obligations for retirees and their beneficiaries (the “Health Care Plan”) in accordance with Section 401(h) of the IRC. A separate account has been established and maintained in the Plan for the net assets related to the medical benefit component (401(h) account) comprised primarily of commingled funds. In accordance with IRC Section 401(h), the Plan’s investments in the 401(h) account may not be used for, or diverted to, any purpose other than providing health benefits for retirees and their beneficiaries. The related obligations for health benefits are not included in this Plan’s obligations in the statement of accumulated plan benefits but are recorded as obligations of the Health Care Plan. Plan participants do not contribute to the 401(h) account. Employer contributions to the 401(h) account are determined annually, are at the discretion of the Plan sponsor and are not recorded as contributions in this Plan’s statements of changes in net assets available for benefits.

Pension Benefits and Vesting – Plan benefits are determined based on benefit provisions described in either Part I or Part II of the Plan Document for employees hired before 2013: Part I for non-union represented employees and Part II for union represented employees. Generally, under Parts I and II of the Plan, retirement benefits are based on the: (1) age of the participant, (2) years of credited service, and (3) participant’s base salary. For all Utility employees, and for employees of PG&E Corporation and PG&E Corporation Support Services, Inc., eligible to participate in the Plan prior to April 1, 2007, “years of credited service” is calculated beginning with the employee’s original hire date. For PG&E Corporation employees and employees of certain affiliated companies eligible to participate in the Plan beginning April 1, 2007, “years of credited service” is calculated beginning with the later of April 1, 2007 or the employee’s original hire date. Upon completion of five years of service or attaining age 55, each employee has a vested right to receive a pension commencing on the first day of any month following his or her 55th birthday (a pension benefit received by an eligible participant who is between the age of 55 and 65 is considered an early retirement benefit). A participant’s normal retirement date is the first day of the month following his or her 65th birthday.

Effective January 1, 2013, the Plan was amended to include a Part III to the Plan that describes the new cash balance benefit provisions applicable to both management and union-represented populations eligible for the cash balance benefit. Generally, employees hired or re-hired on or after January 1, 2013, are eligible to participate in Part III of the Plan. Employees hired prior to January 1, 2013, were given a one-time opportunity to choose to participate in Part III of the Plan prospectively, effective as of January 1, 2014. Generally, upon completion of three years of service or attaining age 55, employees participating in Part III of the Plan have a vested right to receive a pension benefit under the Plan. Benefits under the cash balance formula under Part III of the Plan are determined based on the (1) accumulated pay credits based on a percentage of a participant’s base salary credited on the last day of each year, and (2) quarterly interest credits based on 30-year Treasury rates. Contributions under Part III are credited on January 1, for benefits earned by participants in the previous year.

Forms of Pension - Participants can choose one of three options at retirement: (1) basic pension, (2) joint pension with spouse, and (3) joint pension with non-spouse.

Basic Pension - The amount payable beginning on the participant’s benefit commencement date which continues on the first day of each month for the remainder of the participant’s lifetime.

Joint Pension with Spouse - For participants who are married on their retirement date, a marital pension, which provides a survivor benefit of at least one-half of the reduced basic pension paid to the participant, and will continue to the spouse for the remainder of the spouse’s life. In lieu of the marital pension, married participants may elect with the consent of their spouse from three options: the basic pension, a joint pension with a spouse of less than half of the reduced basic pension, or a joint pension with a non-spouse.

Joint Pension with Non-Spouse - For participants who are unmarried on the retirement date, a basic pension, which terminates on the participant’s death, is the normal form of pension provided. However, participants may elect a joint pension with a non-spouse, which reduces the amount of the participant’s basic pension in exchange for continued payments to the non-spouse beneficiary for the remainder of that person’s lifetime.

In addition, participants with a benefit payable under Part III of the Plan have the option to receive their vested and accrued benefit under Part III of the Plan as a one-time lump sum payment.

Lump-sum Distributions - Participants with a vested benefit that has a present value of less than \$5,000 at the date of severance from service or retirement, must receive a single lump-sum distribution either in cash or as a rollover to another qualified plan or account. A participant with a vested benefit that has a present value of more than \$1,000 but less than \$5,000 and who does not make a distribution election, will have his or her benefit automatically rolled over into an individual retirement account designated by the Plan. A participant with a vested benefit that has a present value of less than \$1,000 and who does not make a distribution election will have his or her benefit automatically paid in cash. In addition, participants with a benefit payable under Part III of the Plan have the option to receive their vested and accrued benefit under Part III of the Plan as a one-time lump sum payment.

Pre-Retirement Survivor's Pension - The Plan provides for a spouse's pension upon the death of a currently employed participant if they were at least age 55 or if the sum of their age and years of credited service is equal to or greater than 70. In compliance with the Retirement Equity Act of 1984, the Plan also provides for a survivor's benefit for spouses or designated beneficiaries of participants who die before age 55 with more than five years of credited service. This benefit is payable to the surviving spouse or designated beneficiaries, on the first day of the month following the later of (i) the date of death or (ii) the month in which the deceased participant or former employee would have attained his 55th birthday.

Administrative Expenses - The Utility pays certain costs of administering the Plan. Investment management fees, trustee fees, and other administrative expenses of the Master Trust are paid from trust assets.

Plan Termination and Merger - The Utility's Board of Directors reserves the right to amend or terminate the Plan at any time, subject to the provisions of ERISA and the applicable collective bargaining agreements.

In the event the Plan is partially terminated, terminated, or suspended, all employer contributions with respect to the affected participants shall cease and the accrued benefits of the affected participants shall become nonforfeitable. Subject to applicable requirements of notice to the Pension Benefit Guaranty Corporation ("PBGC") governing the termination of pension benefit plans, the funds held under the Plan by the Trustee shall be applied to provide the pensions accrued to the date of termination or suspension. At such time, the EBC shall direct the purchase of paid-up annuities, distribution installments, or lump-sum distributions, in conformance with the requirements and priorities established by various governmental agencies that oversee plan suspensions and terminations.

Vested benefits are guaranteed by the PBGC upon termination of the Plan. The maximum payments made by the PBGC for terminations they guaranteed during 2016 and 2015 were \$5,369 and \$5,011 per month, respectively. The maximum payments apply to those participants who elect to receive their benefits in the form of a single-life annuity and are at least 65 years old at the time of retirement or plan termination, whichever comes later.

Any funds remaining with the Trustee after termination, and after all liabilities for the payment of pension benefits to the date of termination have been satisfied or provided for, shall be returned to the Utility, net of applicable taxes.

No Plan changes may be made that would adversely affect the rights that any participant, retired employee, former employee, spouse, joint pensioner, or beneficiary may have with respect to funds then being held by the Trustee. Those funds may not revert to an employer or be used for any purpose except for the exclusive benefit of participants, pensioners and their spouses, joint pensioners, and beneficiaries.

The Plan may not be merged into or consolidated with any other plan nor may any of its assets or liabilities be transferred to any other plan, unless, the benefit received by each Plan participant under such other plan (assuming such other plan was then to terminate) would be equal to or greater than the benefit such participant would have been entitled to receive immediately before such merger, consolidation, or transfer.

Related Party Transactions - The Master Trust's investments may include shares of the Trustee's common stock, shares of a short-term investment fund managed by the Trustee, and shares of PG&E Corporation's common stock. These transactions qualify as party-in-interest transactions under ERISA. As of December 31, 2016 and 2015, there were no material party-in-interest transactions.

NOTE 2: SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

Basis of Accounting - The accompanying financial statements of the Plan have been prepared on the accrual basis of accounting in accordance with U.S. generally accepted accounting principles ("GAAP").

Use of Estimates - The preparation of financial statements in conformity with GAAP requires management to make estimates and assumptions. These estimates and assumptions affect the reported amounts of assets and liabilities and changes therein, and the disclosure of contingencies. Actual results could differ from these estimates.

Investment Valuation - Investments in the Master Trust are stated at fair value. The Plan's Trustee certifies the fair market value of all investments (asset and liability positions). If available, quoted market prices are used to value investments. Fair value is defined as the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date, or the "exit price." The Plan's management utilizes a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value and gives precedence to observable inputs in determining fair value. An instrument's level within the hierarchy is based on the lowest level of any significant input to the fair value measurement. The hierarchy gives the highest priority to unadjusted quoted prices in active markets for identical assets or liabilities (Level 1 measurements) and the lowest priority to unobservable inputs (Level 3 measurements). Assets and liabilities are classified based on the lowest level of input that is significant to the fair value measurement.

Income Recognition of the Master Trust - Interest income is recorded on an accrual basis; dividends are recorded on the ex-dividend date, which is two business days before the declared date of record.

Net appreciation or depreciation in fair value of investments consists of: (1) the net change in unrealized appreciation or depreciation on investments held during the year, and (2) the realized gain or loss recognized on the sale of investments during the year.

Purchases and sales of securities are recorded on a trade date basis. Realized gains and losses from security transactions are calculated on an average cost basis.

Accumulated Plan Benefits - The Plan measures accumulated plan benefits at the beginning of the Plan year. The Plan's Actuary estimates the accumulated plan benefits in accordance with generally accepted actuarial principles and practices.

Accumulated plan benefits represent the actuarially estimated present value of future periodic payments, including lump-sum distributions that are attributable under the Plan's provisions to service rendered by the employees to the valuation date. Accumulated plan benefits include benefits expected to be paid to (a) retired or terminated employees or their beneficiaries, and (b) present employees or their beneficiaries. Benefits payable under all circumstances (retirement, death, disability, and termination of employment) are included to the extent that they are deemed attributable to employee service rendered on or prior to the valuation date.

The present value of such accumulated plan benefits is calculated by adjusting the total estimated future periodic payments to reflect (1) the time value of money (through discounts of interest), and (2) the probability of payment (by means of decrements such as for death, disability, withdrawal or retirement) between the valuation date and the expected date of payment.

Significant assumptions underlying the actuarial valuation are as follows:

Assumption	Plan Year Beginning	
	January 1, 2016	January 1, 2015
Discount rate	6.1 percent	6.2 percent
Mortality	RP-2014 without collar adjustments	RP-2014 without collar adjustments
Average retirement age	Rates vary by age, service and union status; average age 62	Rates vary by age, service and union status; average age 62

These actuarial assumptions are based on the presumption that the Plan will continue. If the Plan is terminated, different actuarial assumptions and other factors might be applicable in determining the actuarial present value of accumulated plan benefits.

Actuarial assumptions that changed during the year resulted in an increase to accumulated plan benefits. The increase to accumulated plan benefits was due to a decrease in the discount rate from 6.2% to 6.1%. The discount rate is based on the expected return on assets.

Payment of Benefits - Benefit payments to participants are recorded upon distribution.

Recently Adopted Accounting Guidance – In May 2016, the Financial Accounting Standards Board (FASB) issued Accounting Standards Update (ASU) No. 2016-07, *Disclosures for Investments in Certain Entities That Calculate Net Asset Value per Share (or Its Equivalent)*, which standardizes reporting practices related to the fair value hierarchy for all investments for which fair value is measured using the net asset value (NAV) per share. The accounting standards update will be effective for fiscal years beginning after December 15, 2016.

The amendments remove the requirement to categorize within the fair value hierarchy all investments for which fair value is measured using the (NAV per share practical expedient. The ASU has been adopted for the December 31, 2016 Plan year end; however, the retrospective approach requires that an investment for which fair value is measured using NAV be removed from the fair value hierarchy in all periods presented in the financial statements. Accordingly, the investment disclosures in Note 5 have been modified as of December 31, 2015 as well.

Accounting Standards Issued But Not Yet Adopted – In February 2017, the FASB issued ASU 2017-06, Employee Benefit Plan Master Trust Reporting. The amendments require that a Plan:

- Present its interest in the master trust and the change in its interest in the master trust in separate line items in the statements of net assets available for benefits and the statements of changes in net assets available for benefits, respectively.
- Disclose each general type of investment held by the master trust, and the dollar amount of the Plan’s interest in each of those general types of investment held by the master trust.
- Disclose the master trust’s other assets and liabilities and the dollar amount of the Plan’s interest in each of those other assets and liabilities.
- Disclose the net appreciation or depreciation in the fair value of investments in the master trust and investment income for each period that a statement of changes in net assets available for benefits is presented.
- Describe the basis used to allocate net assets and total investment income to the Plan.
- Disclose its percentage interest in the master trust for each period that a statement of net assets available for benefits is presented. This disclosure applies only to a plan with an undivided interest in the master trust (that is, when the plan has a proportionate, rather than a specific, interest in the master trust). FASB ASU No. 2017-06 removes the requirement to disclose the percentage interest in the master trust for a plan with divided interests.

This standard is effective for fiscal years beginning after December 15, 2018. Early adoption is permitted. The Utility is currently evaluating the impact the adoption of this new standard will have on the Plan’s financial statements.

NOTE 3: INVESTMENTS IN MASTER TRUST

The Plan invests its assets in the Master Trust. The Master Trust’s investments are managed by the Trustee and various investment managers who have discretionary investment authority over the investments within established guidelines. The EBC is responsible for the selection of the Master Trust’s investment managers, but not the selection of the underlying investments. Neither the EBC nor the Utility is involved in the Master Trust investment fund’s day-to-day investment operations.

The Master Trust utilizes various investment instruments. Investment securities, in general, are exposed to various risks, such as interest rate, credit, and overall market volatility. Due to the level of risk associated with certain investment securities, it is reasonably possible that changes in the values of investment securities could occur in the near term and such changes could materially affect the amounts reported in the financial statements.

The net assets of the Master Trust are as follows:

(in thousands)	Balance At December 31,	
	2016	2015
MASTER TRUST ASSETS		
U.S. government securities	\$ 1,888,491	\$ 2,040,917
Corporate debt instruments	4,049,909	3,674,311
Corporate stocks	1,500,933	1,406,467
Partnership/joint venture interests	666,739	370,161
Common collective trusts	5,160,766	4,688,511
Pooled separate accounts	678,535	652,158
Registered investment companies	321,303	369,259
Other	564,248	556,370
Total investments	14,830,924	13,758,154
Receivables:		
Investments sold	32,544	19,483
Foreign currency contracts	1,273,624	1,181,245
Interest and dividends	68,662	76,745
Other	452	35
Total receivables	1,375,282	1,277,508
Total Master Trust Assets	16,206,206	15,035,662
MASTER TRUST LIABILITIES		
Investments purchased	219,724	104,118
Foreign currency contracts	1,257,627	1,185,095
Other	6,575	8,157
Total Master Trust Liabilities	1,483,926	1,297,370
NET MASTER TRUST ASSETS AVAILABLE FOR BENEFITS	\$ 14,722,280	\$ 13,738,292

The net investment income (loss) of the Master Trust is as follows:

(in thousands)	Year ended December 31,	
	2016	2015
Net appreciation (depreciation) in fair value of investments	\$ 1,022,463	\$ (508,116)
Dividends	78,865	76,092
Interest income	253,888	259,046
Other income	1,649	564
Net investment income (loss)	\$ 1,356,865	\$ (172,414)

NOTE 4: DERIVATIVES

The EBC adopted a “Position Statement on Risk Management” that applies to the Master Trust. This statement recognizes that guidelines for certain plan investment managers allow the use of derivative instruments to achieve investment objectives. It is the investment managers’ responsibility to understand the potential impact of derivative instruments on the total portfolio under various market risk scenarios and to comply with these guidelines. As with other marketable securities, all derivatives are recorded at fair value.

Derivatives are subject to risks which include the possible inability of the counterparty to meet the terms of the contracts (counterparty risk), and adverse market movements (market risk).

During the years ended December 31, 2016 and 2015, the following types of derivative instruments were used in the Master Trust:

Foreign Currency Contracts - The Plan's international equity portfolio includes equity securities denominated in foreign currencies. The EBC has retained an investment manager to hedge a portion of the foreign currency risk associated with these securities. Consistent with this strategy, the investment manager enters into forward foreign currency agreements to exchange foreign currencies at a specified future date and at a specified rate.

The Trustee's commitments to buy and sell foreign currencies on behalf of the Master Trust totaled approximately \$1.3 billion and \$1.2 billion at December 31, 2016 and December 31, 2015, respectively. Commitments at December 31, 2016 expire through March 2016.

Futures Contracts - The Plan's futures contracts are used to maintain existing equity exposure while adding exposure to fixed-income securities. In addition, the equity index futures, commodities futures, and fixed income futures are used to rebalance the fixed income/equity allocation of the pension's portfolio. At December 31, 2016 and 2015, the Master Trust's notional exposure related to these derivatives was approximately \$1.7 billion and \$1.6 billion, respectively.

Interest Rate and Credit Default Swaps - The Plan's fixed income portfolio includes interest rate and credit default swaps. Interest rate swaps involve an agreement to exchange periodic interest payment streams (typically fixed vs. variable) calculated on an agreed upon periodic interest rate multiplied by a predetermined notional principal amount. Risk arises from movements in interest rates (market risk). Credit default swaps involve an arrangement with a counterparty to exchange a premium to compensate for losses upon the occurrence of a specified credit event. Risk may arise as a result of the failure of the counterparty to the swap contract to comply with the terms of the swap contract. At December 31, 2016 and 2015, the Master Trust's notional exposure related to these swaps was approximately \$473 million and \$149 million, respectively.

In the Plan's Statement of Net Assets, all derivative financial instruments are carried at fair value. The fair value of the Plan's derivative financial instruments are as follows:

(In thousands, except for number of contracts)				
Asset derivatives		Liability derivatives		Number of Open Contracts
December 31, 2016		December 31, 2016		
Type of Exposure	Fair Value	Type of Exposure	Fair Value	
<i>Cash equivalents</i>		<i>Cash equivalents</i>		
Foreign Currency	\$4,837	Foreign Currency	\$1,089	72
<i>Other Assets</i>		<i>Other Assets</i>		
Interest Rate	\$8,944	Interest Rate Swap	\$8,024	38
Credit Default	\$937	Credit Default	\$227	42
Swap Futures	\$8,013	Futures	\$10,685	185

(In thousands, except for number of contracts)

Asset derivatives		Liability derivatives		Number of Open Contracts
December 31, 2015		December 31, 2015		
Type of Exposure	Fair Value	Type of Exposure	Fair Value	
<i>Cash equivalents</i>		<i>Cash equivalents</i>		
Foreign Currency	\$ 5,284	Foreign Currency	\$ 7,296	100
<i>Other Assets</i>		<i>Other Assets</i>		
Interest Rate	\$658.00	Interest Rate Swap	\$1,282	25
Credit Default	\$0	Credit Default	\$121	6
Swap Futures	\$9,084.00	Futures	\$6,822	72

The Plan's derivative instruments are fully collateralized. Therefore the Plan is not required to post any additional collateral associated with any credit events.

NOTE 5: FAIR VALUE MEASUREMENTS

A three-tier fair value hierarchy is established as a basis for considering such assumptions and for inputs used in the valuation methodologies in measuring fair value:

Level 1: Observable inputs that reflect quoted prices (unadjusted) for identical assets or liabilities in active markets.

Level 2: Include other inputs that are directly or indirectly observable in the marketplace.

Level 3: Unobservable inputs which are supported by little or no market activities.

The following tables present the fair value of plan assets and liabilities by major asset category as of December 31, 2016 and 2015:

Assets (in thousands)	Fair Value Measurements at December 31, 2016			
	Level 1	Level 2	Level 3	Total
Short-Term Investments	\$ 364,017	\$ 368,193	\$ -	\$ 732,210
Global Equity	995,871	-	-	995,871
Real Assets	610,368	-	280	610,648
Fixed Income	1,753,597	4,784,076	4,546	6,542,219
Total assets in the fair value hierarchy	3,723,853	5,152,269	4,826	8,880,948
Investments measured at NAV (practical expedient)	-	-	-	5,949,976
Master Trust Assets	3,723,853	5,152,269	4,826	14,830,924
401(h) account:				
Short-Term Investments	7,812	-	-	7,812
Global Equity	1,001	-	-	1,001
Investments measured at NAV (practical expedient)	-	-	-	229,694
401(h) Assets	8,813	-	-	238,507
Total Assets	\$ 3,732,666	\$ 5,152,269	\$ 4,826	\$ 15,069,431

Fair Value Measurements at December 31, 2015				
Assets (in thousands)	Level 1	Level 2	Level 3	Total
Short-Term Investments	\$ 246,576	\$ 375,403	\$ -	\$ 621,979
Global Equity	903,337	-	-	903,337
Real Assets	581,126	4	-	581,130
Fixed Income	1,841,035	4,499,304	3,192	6,343,531
Total assets in the fair value hierarchy	3,572,074	4,874,711	3,192	8,449,977
Investments measured at NAV (practical expedient)	-	-	-	5,308,177
Master Trust Assets	3,572,074	4,874,711	3,192	13,758,154
401(h) account:				
Short-Term Investments	5,238	-	-	5,238
Investments measured at NAV (practical expedient)	-	-	-	195,254
401(h) Assets	5,238	-	-	200,492
Total Assets	\$ 3,577,312	\$ 4,874,711	\$ 3,192	\$ 13,958,646

The following describes the valuation techniques used to measure the fair value of the assets and liabilities shown in the table above. All investments that are valued using a net asset value per share can be redeemed quarterly with a notice not to exceed 90 days.

Short-Term Investments – Short-term investments consist primarily of commingled funds across government, credit, and asset-backed sectors. These securities are categorized as Level 1 and Level 2 assets.

Global Equity – The global equity category includes investments in common stock, equity-index futures, and commingled funds comprised of equity securities spread across multiple industries and regions of the world. Equity investments in common stock are actively traded on public exchanges and are therefore considered Level 1 assets. These equity investments are generally valued based on unadjusted prices in active markets for identical securities. Equity-index futures are valued based on unadjusted prices in active markets and are Level 1 assets. Commingled equity funds are valued using a net asset value per share and are maintained by investment companies for large institutional investors and are not publicly traded. Commingled equity funds are comprised primarily of underlying equity securities that are publicly traded on exchanges, and price quotes for the assets held by these funds are readily observable and available. Commingled equity funds are categorized as Level 1 and Level 2 assets.

Real Assets – The real asset category includes portfolios of commodity futures, global REITS, global listed infrastructure equities, and private real estate funds. The commodity futures, global REITS, and global listed infrastructure equities are actively traded on a public exchange and are therefore considered Level 1 assets. Private real estate funds are valued using a net asset value per share derived using appraisals, pricing models, and valuation inputs that are unobservable and are considered Level 3 assets.

Fixed Income – The fixed-income category includes U.S. government securities, corporate securities, and other fixed-income securities.

U.S. government fixed-income primarily consists of U.S. Treasury notes and U.S. government bonds that are valued based on quoted market prices or evaluated pricing data for similar securities adjusted for observable differences. These securities are categorized as Level 1 or Level 2 assets.

Corporate fixed-income primarily includes investment grade bonds of U.S. issuers across multiple industries that are valued based on a compilation of primarily observable information or broker quotes in non-active markets. The fair value of corporate bonds is determined using recently executed transactions, market price quotations (where observable), bond spreads or credit default swap spreads obtained from independent external parties such as vendors and brokers adjusted for any basis difference between cash and derivative instruments. These securities are classified as Level 2 assets. Corporate fixed-income also includes privately placed debt portfolios which are valued using a net asset value per share using pricing models and valuation inputs that are unobservable and are considered Level 3 assets.

Other fixed-income primarily includes pass-through and asset-backed securities. Pass-through securities are valued based on observable market inputs and are Level 2 assets. Asset-backed securities are primarily valued based on broker quotes and are considered Level 2 assets. Other fixed-income also includes municipal bonds and Treasury futures. Municipal bonds are valued based on a compilation of primarily observable information or broker quotes in non-active markets and are considered Level 2 assets. Futures are valued based on unadjusted prices in active markets and are Level 1 assets.

Transfers Between Levels

Any transfers between levels in the fair value hierarchy are recognized as of the end of the reporting period. No material transfers between levels occurred in the years ended December 31, 2016 and 2015.

Level 3 Rollforward

The following tables are a reconciliation of changes in fair value of instruments that have been classified as Level 3 for the years ended December 31, 2016 and 2015:

(in thousands)	<u>Fixed Income</u>	<u>Real Assets</u>	<u>Total</u>
Asset Balance as of December 31, 2015	\$ 3,192	\$ -	\$ 3,192
Realized gains (losses)	(51)	8	(43)
Unrealized gains	2,674	(8)	2,666
Purchases	-	768	768
Settlements	(1,269)	(488)	(1,757)
Asset Balance as of December 31, 2016	<u>\$ 4,546</u>	<u>\$ 280</u>	<u>\$ 4,826</u>

The Utility's Investments and Benefit Finance department (IBF), which reports to the Treasurer is responsible for determining the fair value of the pension's investments. Valuations for Level 3 investments are typically carried out by third-party appraisers or administrators. IBF periodically reviews the processes, personnel and service providers involved in developing the fair value of the Level 3 investments. In addition, period-to-period changes in fair value are assessed for reasonableness by comparing them to appropriate market benchmarks or changes reported by investment managers employing similar strategies.

NOTE 6: TAX STATUS

The Plan obtained its latest determination letter on March 10, 2017, in which the IRS stated that the plan, as then designated, was in compliance with the applicable requirements of the IRC and is exempt from federal income taxes. Accordingly, no provision for federal income taxes has been made in the accompanying financial statements. The EBC, as Plan Administrator, believes that the Plan continues to be designed and operated in accordance with the applicable requirements of the Code.

Plan management evaluates tax positions taken and recognizes a tax liability (or asset) if the Plan has taken an uncertain position that more likely than not would not be sustained upon examination by the Internal Revenue Service. No uncertain positions have been identified that would require recognition of a liability (or asset) or disclosure in the financial statements as of December 31, 2016. The Plan is subject to routine audits by taxing jurisdictions; however, there are currently no audits for any tax periods in progress.

NOTE 7: CERTIFIED INFORMATION

The Plan administrator has elected the method of compliance permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. Accordingly, the Trustee of the Plan, has certified to the completeness and accuracy of:

- Plan's interest in the Master Trust and 401(h) account reflected on the accompanying statement of net assets available for benefits as of December 31, 2016 and 2015.
- Net investment loss from the Master Trust, reflected on the accompanying statement of changes in net assets available for benefits for the years ended December 31, 2016 and 2015.
- Investments held in the Master Trust as of December 31, 2016 and 2015 as disclosed in Note 3.
- Net investment and other income reflected on the changes in net assets of the Master Trust for the years ended December 31, 2016 and 2015 in Note 3.
- Investments reflected on the schedule of assets (held at end of year).

NOTE 8: RECONCILIATION OF FINANCIAL STATEMENTS TO FORM 5500

Following is a reconciliation of the net assets available for benefits between the financial statements and the Form 5500:

(in thousands)	At December 31, 2016	At December 31, 2015
Net assets available for benefits per the financial statements	\$ 14,962,460	\$ 13,978,637
401(h) account net assets included as assets in the Form 5500	238,910	200,467
Net assets available for benefits per the Form 5500	\$ 15,201,370	\$ 14,179,104

The net assets of the 401(h) account included in the Form 5500 are not available to pay pension benefits but can only be used to pay retiree medical benefits.

The following is a reconciliation of the changes in net assets per the financial statements to the Form 5500 for the year ended December 31, 2016:

(in thousands)	Amounts per the financial statements	401(h) account	Amounts per the Form 5500
Plan interest in Master Trust investment income (loss)	\$ 1,356,865	\$ 18,983	\$ 1,375,848
Employer Contributions	\$ 327,000	\$ 38,409	\$ 365,409
Benefit distributions to participants	\$ (664,634)	\$ (17,890)	\$ (682,524)
Administrative and other expenses	\$ (35,408)	\$ (1,059)	\$ (36,467)

NOTE 9: SUBSEQUENT EVENTS

In preparing the financial statements, transactions and events were evaluated for potential recognition. Plan management determined that there are no subsequent transactions and events that require disclosure to or adjustment in the financial statements.

**PACIFIC GAS AND ELECTRIC COMPANY
RETIREMENT PLAN**

**EIN #: 94-0742640
PLAN #: 001**

**FORM 5500, SCHEDULE H, PART IV, LINE 4(i) –
SCHEDULE OF ASSETS HELD
AS OF DECEMBER 31, 2016
(in thousands, except share amounts)**

(a) Identity of issue, borrower, lessor or similar party	(b) Description of Investment	(c) Number of Shares	(d) Cost	(e) Current value
401(h) Account				
Collective U.S. Government STIF 15 BPS	Short-Term Investments	8,812,815	\$ 8,813	\$ 8,813
BlackRock Long Duration AlphaCredit Fund	Fixed Income	3,432,323	57,925	64,743
BlackRock Russell 3000 Index Fund	Global Equity	4,077,880	82,870	102,697
BlackRock's Russell Developed Ex-U.S. Large Cap Index Non-Lendable Fund	Global Equity	5,362,835	60,196	62,254
			<u>\$ 209,804</u>	<u>\$ 238,507</u>

**THE PACIFIC GAS AND ELECTRIC COMPANY
HEALTH CARE PLAN FOR RETIREES AND SURVIVING
DEPENDENTS**

**FINANCIAL STATEMENTS AS OF
DECEMBER 31, 2016 AND 2015, AND
FOR THE YEAR ENDED DECEMBER 31, 2016,
SUPPLEMENTAL SCHEDULES AS OF AND FOR
THE YEAR ENDED DECEMBER 31, 2016, AND
REPORT OF INDEPENDENT AUDITORS**

**THE PACIFIC GAS AND ELECTRIC COMPANY
HEALTH CARE PLAN FOR RETIREES AND SURVIVING DEPENDENTS**

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REPORT OF INDEPENDENT AUDITORS

To the Participants and Administrator
Pacific Gas and Electric Company
Health Care Plan for Retirees and Surviving Dependents

Report on the Financial Statements

We were engaged to audit the accompanying financial statements of the Pacific Gas and Electric Company Health Care Plan for Retirees and Surviving Dependents (the Plan), which comprise the statements of net assets available for benefits as of December 31, 2016 and 2015, the related statement of changes in net assets available for benefits for the year ended December 31, 2016, the statements of plan benefit obligations as of December 31, 2016 and 2015, and the statement of changes in plan benefit obligations for the year ended December 31, 2016, and the related notes to the financial statements.

Management's Responsibility for the Financial Statements

Management is responsible for the preparation and fair presentation of these financial statements in accordance with accounting principles generally accepted in the United States of America; this includes the design, implementation, and maintenance of internal control relevant to the preparation and fair presentation of financial statements that are free from material misstatement, whether due to fraud or error.

Auditor's Responsibility

Our responsibility is to express an opinion on these financial statements based on conducting the audit in accordance with auditing standards generally accepted in the United States of America. Because of the matter described in the Basis for Disclaimer of Opinion paragraph, however, we were not able to obtain sufficient appropriate audit evidence to provide a basis for an audit opinion on the financial statements.

Basis for Disclaimer of Opinion on the Financial Statements

As permitted by 29 CFR 2520.103-8 of the Department of Labor's (DOL's) Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974 (ERISA), the plan administrator instructed us not to perform, and we did not perform, any auditing procedures with respect to the information summarized in Note 5, which was certified by The Bank of New York Mellon/BNY Mellon, N.A., the trustee of the Plan, except for comparing such information with the related information included in the financial statements. We have been informed by the plan administrator that the trustee holds the Plan's investment assets and executes investment transactions. The plan administrator has obtained a certification from the trustee as of December 31, 2016 and 2015, and for the year ended December 31, 2016, that the information provided to the plan administrator by the trustee is complete and accurate.

Disclaimer of Opinion

Because of the significance of the matter described in the Basis for Disclaimer of Opinion on the Financial Statements paragraph, we have not been able to obtain sufficient appropriate audit evidence to provide a basis for an audit opinion. Accordingly, we do not express an opinion on these financial statements.

Other Matters – Supplemental schedules

The Schedule H, Part IV, Line 4(a) – Schedule of Delinquent Participant Contributions for the year ended December 31, 2016, the Schedule H, Part IV, Line 4(i) – Schedule of Assets (Held at End of Year) as of December 31, 2016, and the Schedule H, Part IV, Line 4(j) – Schedule of Reportable Transactions for the year ended December 31, 2016, are required by the DOL's Rules and Regulations for Reporting and Disclosure under ERISA and are presented for the purpose of additional analysis and are not a required part of the financial statements. Because of the significance of the matter described in the Basis for Disclaimer of Opinion paragraph, we do not express an opinion on this supplemental schedules.

Report on Form and Content in Compliance with DOL Rules and Regulations for Financial Statements

The form and content of the information included in the financial statements and supplemental schedules, other than that derived from the information certified by the trustee, have been audited by us in accordance with auditing standards generally accepted in the United States of America and, in our opinion, are presented in compliance with the DOL's Rules and Regulations for Reporting and Disclosure under ERISA.

Moss Adams LLP

Campbell, California
September 29, 2017

**THE PACIFIC GAS AND ELECTRIC COMPANY
HEALTH CARE PLAN FOR RETIREES AND SURVIVING DEPENDENTS**

**STATEMENTS OF NET ASSETS AVAILABLE FOR PLAN BENEFITS
(in thousands)**

	December 31,	
	2016	2015
ASSETS		
Investments, at fair value		
Cash	\$ 2,714	\$ 2,237
Common collective trusts	541,832	540,240
Corporate debt instruments	398,608	379,283
Corporate stocks	124,165	116,491
Partnership/joint venture interests	92,120	57,084
Registered investment companies	330,870	303,906
U.S. government securities	159,335	161,364
Other	42,188	46,213
Total investments at fair value	<u>1,691,832</u>	<u>1,606,818</u>
Net assets held in Pacific Gas and Electric Company defined benefit plan - restricted for 401(h) account (Notes 1 and 7)	238,910	200,467
Receivables:		
Investments sold	1,443	2,292
Forward foreign currency contracts	99,332	100,005
Interest and dividends	6,919	7,334
Other	-	214
Total receivables	<u>107,694</u>	<u>109,845</u>
TOTAL ASSETS	<u>2,038,436</u>	<u>1,917,130</u>
LIABILITIES		
Investments purchased	2,207	4,735
Forward foreign currency contracts	97,917	99,759
Income taxes payable	165	43
Deferred taxes payable	10,919	10,190
Other	1,396	573
TOTAL LIABILITIES	<u>112,604</u>	<u>115,300</u>
NET ASSETS AVAILABLE FOR PLAN BENEFITS	<u>\$ 1,925,832</u>	<u>\$ 1,801,830</u>

See accompanying Notes to the Financial Statements.

**THE PACIFIC GAS AND ELECTRIC COMPANY
HEALTH CARE PLAN FOR RETIREES AND SURVIVING DEPENDENTS**

**STATEMENT OF CHANGES IN NET ASSETS AVAILABLE FOR PLAN BENEFITS
(in thousands)**

	Year ended December 31, 2016
ADDITIONS TO NET ASSETS ATTRIBUTABLE TO:	
Investment income:	
Interest, dividends, and other income	\$ 42,516
Net appreciation in fair value of investments	89,229
Total investment income	<u>131,745</u>
Participant contributions	82,719
Employer contributions	2,459
Net increase in 401(h) account (Note 7)	38,442
Total additions	<u>255,365</u>
DEDUCTIONS FROM NET ASSETS ATTRIBUTABLE TO:	
Insurance premiums paid	30,025
Benefits paid	88,059
Administrative and other expenses	10,695
Income tax expense	2,586
Total deductions	<u>131,365</u>
NET INCREASE	124,000
NET ASSETS AVAILABLE FOR PLAN BENEFITS	
Beginning of year	<u>1,801,832</u>
End of year	<u><u>\$ 1,925,832</u></u>

See accompanying Notes to the Financial Statements.

**THE PACIFIC GAS AND ELECTRIC COMPANY
HEALTH CARE PLAN FOR RETIREES AND SURVIVING DEPENDENTS**

**STATEMENTS OF PLAN BENEFIT OBLIGATIONS
(in thousands)**

	December 31,	
	2016	2015
POSTRETIREMENT BENEFIT OBLIGATIONS		
Retired and disabled participants	\$ 640,960	\$ 613,710
Other participants not fully eligible	885,900	817,049
Other participants fully eligible	28,549	23,846
TOTAL PLAN BENEFIT OBLIGATIONS	<u>\$ 1,555,409</u>	<u>\$ 1,454,605</u>

See accompanying Notes to the Financial Statements.

**THE PACIFIC GAS AND ELECTRIC COMPANY
HEALTH CARE PLAN FOR RETIREES AND SURVIVING DEPENDENTS**

**STATEMENT OF CHANGES IN PLAN BENEFIT OBLIGATIONS
(in thousands)**

	Year ended December 31, 2016
POSTRETIREMENT BENEFIT OBLIGATIONS	
Increase (decrease) attributable to:	
Benefits earned and disbursed	\$ 61,731
Change in actuarial assumption	2,738
Plan change	36,335
NET INCREASE	100,804
Beginning of year	1,454,605
TOTAL PLAN BENEFIT OBLIGATIONS	\$ 1,555,409

See accompanying Notes to the Financial Statements

THE PACIFIC GAS AND ELECTRIC COMPANY HEALTH CARE PLAN FOR RETIREES AND SURVIVING DEPENDENTS

NOTES TO THE FINANCIAL STATEMENTS

NOTE 1: DESCRIPTION OF PLAN

The following is a brief description of the Pacific Gas and Electric Company Health Care Plan for Retirees and Surviving Dependents (“Plan”). The Plan document (“Plan Document”) provides a more complete description of Plan provisions.

General – The Plan provides health benefits covering eligible retired employees of Pacific Gas and Electric Company (“Utility”), PG&E Corporation, certain affiliated companies, and their eligible dependents. Two separate Pacific Gas and Electric Company Postretirement Medical Trusts (“Trusts”) are maintained under this Plan. One trust holds the assets for the retired non-bargaining unit participants, and the other trust holds the assets for the retired bargaining unit participants. The Plan is subject to certain applicable requirements of the Internal Revenue Code (“Code”), as amended, and the provisions of the Employee Retirement Income Security Act of 1974 (“ERISA”), as amended.

The Plan incorporates the following Utility employee benefit programs: various medical plans including the self-funded medical plans administered by Anthem Blue Cross, as well as insured Health Maintenance Organization Plans (“HMOs”), and other ancillary health benefit plans including the self-funded Mental Health, Alcohol, and Drug Care Program, and the Prescription Drug Plan.

The Employee Benefit Committee (“EBC”) provides corporate governance and oversight over the administration and financial management of affiliated company employee benefit plans. The EBC provides corporate governance and administrative oversight on behalf of the Plan. All Plan assets are held in the Trusts, and the EBC retained The Bank of New York Mellon, N.A. (“BNY Mellon”), to serve as the Trustee of the Trusts (“Trustee”) as of December 31, 2016 and 2015, and for the year ended December 31, 2016. The EBC retains Towers Watson as the actuary of the Plan (“Actuary”).

Eligibility – The Plan covers eligible retirees of the Utility and retirees of other participating employers and their eligible dependents. A retiree is an employee who terminates employment with the Utility or another affiliated participating employer after attaining age 55. Bargaining unit participants who retire January 1, 2004, or later, and all non-bargaining unit participants who are hired January 1, 2004, or later, must have at least ten years of service upon retirement to be eligible for the coverage. Prior to 2004, there were no service requirements.

Contributions – The Plan is funded by contributions from the Utility, other participating employers, and the Plan’s participants. Eligible participants under the existing retiree medical employer contribution program make premium contributions based upon their age and years of service.

As of December 31, 2016 and 2015, the Plan was approximately 124 percent funded.

401(h) Account – The Pacific Gas and Electric Company Retirement Plan (the “Pension Plan”) includes a medical-benefit component to fund a portion of the postretirement obligation for retirees and their beneficiaries in accordance with Section 401(h) of the Code. A separate account has been established and maintained in the Pension Plan for such contributions. In accordance with Section 401(h) of the Code, the investments in the 401(h) account may not be used for or diverted to any purpose other than providing health benefit for retirees and their beneficiaries. The related obligations for health benefits are not included in the Retirement Plan’s obligations in the statement of accumulated plan benefits, but are reported as obligations in the financial statements of the Plan.

Benefits – The Plan provides medical benefits, including hospital, surgical, mental health, counseling, and prescription drug benefits for eligible retirees and their eligible dependents. Plan participants may choose among various self-insured plan options administered by Anthem Blue Cross as the primary third-party administrator, or various insured prepaid HMOs. Plan participants may choose their medical plans during an annual open enrollment period. The prescription drug and mental health components of the self-insured medical plan options are administered by Medco Health and ValueOptions.

When a retiree becomes eligible for Medicare (at age 65, or sooner if due to disability), the Plan assumes that Medicare is the primary medical payor and the Plan is the secondary payor for members enrolled in Medicare supplemental or Medicare Coordination plans for the purpose of processing claims. Other members may enroll in an insured Medicare Advantage Health Plan (“Medicare Part C Plan”).

The Plan reduces premiums used to calculate retiree contributions by the amount of the Medicare Part D subsidy the Plan expects to receive, net of any additional costs the Plan expects to incur as a result of receiving the Part D subsidy.

Benefit Payments – Payments of Plan benefit claims and insurance premiums are generally made by the Trusts. Health care expenses paid are net of any participant deductibles, co-insurances, or co-payments required by the Plan.

Administrative Expenses – The Utility pays certain costs of administering the Plan. The Plan pays investment management fees, trustee fees, and certain other administrative expenses, including monthly administration fees to health care administrators that provide health care coverage.

Plan Termination – The Utility’s Board of Directors reserves the right to amend or terminate the Plan at any time, subject to the provisions of ERISA and the applicable collective bargaining agreements. No Plan assets may revert to the Utility, PG&E Corporation, or any other participating employers as long as the Plan is in existence or has unpaid obligations.

Related-Party Transactions – The Plan’s investments include shares of the Trustee’s common stock, shares of a short-term investment fund managed by the Trustee, shares of PG&E Corporation’s common stock, and PG&E Corporation corporate bonds. These transactions qualify as party-in-interest transactions under ERISA. During the year ended December 31, 2016, there were no material party-in-interest transactions.

NOTE 2: SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

Basis of Accounting – The accompanying financial statements of the Plan have been prepared on the accrual basis of accounting in accordance with U.S. generally accepted accounting principles (“GAAP”).

Use of Estimates – The preparation of financial statements in conformity with GAAP requires management to make estimates and assumptions. These estimates and assumptions affect the reported amounts of assets and liabilities and changes therein, and the disclosure of contingencies. Actual results could differ from these estimates. See below for the significant assumptions used in the actuarial valuation.

Investment Valuation – The Plan’s investments are stated at fair value. The Plan’s Trustee certifies the fair market value of all investments (asset and liability positions). If available, quoted market prices are used to value investments. Fair value is defined as the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date, or the “exit price.” The Plan’s management utilizes a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value and give precedence to observable inputs in determining fair value. An instrument’s level within the hierarchy is based on the lowest level of any significant input to the fair value measurement. The hierarchy gives the highest priority to unadjusted quoted prices in active markets for identical assets or liabilities (Level 1) and the lowest priority to unobservable inputs (Level 3). Assets and liabilities are classified based on the lowest level of input that is significant to the fair value measurement.

Investment Valuation and Income Recognition – Interest income is recorded on an accrual basis; dividends are recorded on the ex-dividend date, which is two business days before the declared date of record that normally precedes the payment date.

Net appreciation or depreciation in fair value of investments consists of: (1) the net change in unrealized appreciation or depreciation on investments held during the year and (2) the realized gain or loss recognized on the sale of investments during the year.

Purchases and sales of securities are recorded on a trade date basis. Realized gains and losses from security transactions are reported on an average cost basis.

Postretirement Benefit Obligations – The postretirement benefit obligations represent the actuarial present value of those estimated future Plan benefits attributed to employee service rendered through December 31, 2016 and 2015. The postretirement benefit obligations include future benefits expected to be paid to or for: (1) currently retired participants and their eligible beneficiaries and covered dependents and (2) active participants and their beneficiaries and covered dependents after retirement. Health claims incurred by participants but not yet reported at December 31 are included in postretirement benefit obligations.

Actuarial Estimates and Assumptions – The Actuary determines the actuarial present value of the postretirement benefit obligations by applying actuarial assumptions to historical premium cost data to estimate future annual premiums per participant, discounted for the time value of money, and the probability of payment between the valuation date and the expected date of payment.

For measurement purposes, the assumed health care cost trend rate for 2016 is approximately 7.20 percent, decreasing gradually to an ultimate trend rate in 2025 and beyond of approximately 4.50 percent.

The following are other significant assumptions used in the valuations as of December 31, 2016, and 2015:

Weighted-average discount rate	4.05 percent for 2016 and 4.27 percent for 2015
Retirement	Rates vary by age, service, and union status. Assumes 100% retirement at age 65 for all participants
Termination	Rates vary by age, service, gender, and union status
Disability	Rates based on a multiple of the 1987 Commissioners' Group Disability Table with a six-month elimination period
Mortality	RP-2014 combined healthy male and female rates with generational improvement using Scale MP-2014 with modifications
Disabled mortality	50 percent of ultimate rates based on the 1987 Commissioners' Group Disabled Life Mortality Table

Were the Plan to terminate, different actuarial assumptions and other factors might be applicable in determining the actuarial present value of the Plan's postretirement benefit obligations.

The weighted-average health care cost-trend rate assumption has a significant effect on the amounts reported in the accompanying financial statements. If the assumed rates increased by 1 percentage point in each year, it would increase the postretirement benefit obligations by approximately \$119 million as of December 31, 2016, and by approximately \$113 million as of December 31, 2015. If the assumed rates decreased by 1 percentage point in each year, it would decrease the postretirement benefit obligations by approximately \$120 million as of December 31, 2016, and by approximately \$114 million as of December 31, 2015.

Recently Adopted Accounting Guidance – In May 2015, the FASB issued Accounting Standards Update (ASU) No. 2015-07, *Disclosures for Investments in Certain Entities That Calculate Net Asset Value per Share (or Its Equivalent)*, which standardizes reporting practices related to the fair value hierarchy for all investments for which fair value is measured using the net asset value per share. The accounting standards are effective for fiscal years beginning after December 15, 2016.

The amendments remove the requirement to categorize within the fair value hierarchy all investments for which fair values is measured using the net asset value (NAV) per share practical expedient. The Utility adopted this standard for plan year 2016; however, the retrospective approach requires that an investment for which fair value is measured using NAV practical expedient be removed from the fair value hierarchy in all periods presented in the financial statements. Accordingly, the investment disclosures in Note 2 have been modified as of December 31, 2015, as well.

NOTE 3: DERIVATIVES

Subject to certain guidelines, the EBC allows the Plan investment managers to use derivative instruments to achieve investment objectives. It is the investment manager's responsibility to understand the potential impact of derivatives on the total portfolio under various market risk scenarios, and to comply with these guidelines. As with other marketable securities, all derivatives are recorded at fair value.

Derivatives are subject to risks, which include the possible inability of the counterparty to meet the terms of the contracts (counterparty risk) and movements in foreign currency exchange rates, and adverse market movements (market risk).

During the years ended December 31, 2016 and 2015, the following types of derivatives were used in the Plan:

Foreign Currency Contracts – The Plan's international equity portfolio includes equity securities denominated in foreign currencies. The EBC has retained an investment manager to hedge a portion of the foreign currency risk associated with these securities. Consistent with this strategy, the investment manager enters into forward foreign currency agreements to exchange foreign currencies at a specified future date and at a specified rate.

Foreign currency contracts are recorded at fair value in the statements of net assets available for plan benefits and are shown as assets and liabilities. Realized and unrealized gains (losses) on foreign currency contracts are recorded in net appreciation in fair value of investments on the statement of changes in net assets available for plan benefits. As of December 31, 2016 and 2015, the Trustee's commitments to buy and sell foreign currencies on behalf of the Plan, totaled approximately \$99 and \$100 million, respectively. Commitments as of December 31, 2016 expire through March 2017.

Futures Contracts – The Plan's guidelines stipulate asset allocation targets and ranges for U.S. equity, Non-U.S. equity, and fixed income assets. If the equities or fixed income allocation weighting moves outside its target range, the investment portfolio is rebalanced. During rebalancing, futures contracts may be used to return asset allocations to policy ranges. In addition, equity futures and commodity futures are used to convert investment manager cash balances to stock exposure. Certain managers may invest in derivatives, including agreements to swap fixed for floating interest rates, fixed income or equity futures contracts, and options to buy or sell bonds or equities at a certain price within a certain period of time. Realized and unrealized gains (losses) on futures contracts are recorded in net appreciation in fair value of investments on the statement of changes in net assets available for plan benefits. The notional value of futures exposure was \$31 million and \$25 million at December 31, 2016 and 2015, respectively.

Interest Rate and Credit Default Swaps – The Plan’s fixed income portfolio includes interest rate and credit default swaps. Interest rate swaps involve an agreement to exchange periodic interest payment streams (typically fixed vs. variable) calculated on an agreed upon periodic interest rate multiplied by a predetermined notional principal amount. Risk arises from movements in interest rates (market risk). Credit default swaps involve an arrangement with a counterparty to exchange a premium to compensate for losses upon the occurrence of a specified credit event. Risk may arise as a result of the failure of the counterparty to the swap contract to comply with the terms of the swap contract. At December 31, 2016 and 2015, the notional exposure related to these swaps was approximately \$0.5 million and \$11 million.

The Plan’s derivative instruments are fully collateralized. Therefore, the Plan is not required to post any additional collateral associated with any credit events. In the Plan’s statement of net assets available for plan benefits, all derivative financial instruments are carried at fair value. The fair value of the Plan’s derivative financial instruments are as follows:

(In thousands, except for number of contracts)

Asset derivatives		Liability derivatives		Number of Open Contracts
December 31, 2016		December 31, 2016		
Type of Exposure	Fair Value	Type of Exposure	Fair Value	
Cash equivalents	\$ 448	Cash equivalents	\$ -	52
<i>Other Assets</i>		<i>Other Assets</i>		
Futures	17	Futures	2	14
Credit Default Swap	264	Credit Default Swap	5	3
Interest Rate Swap	-	Interest Rate Swap	4	4

(In thousands, except for number of contracts)

Asset derivatives		Liability derivatives		Number of Open Contracts
December 31, 2015		December 31, 2015		
Type of Exposure	Fair Value	Type of Exposure	Fair Value	
Cash equivalents	\$ 595	Cash equivalents	\$ 71	51
<i>Other Assets</i>		<i>Other Assets</i>		
Futures	55	Futures	12	9
Credit Default Swap	430	Credit Default Swap	466	6
Interest Rate Swap	17	Interest Rate Swap	16	11

NOTE 4: FAIR VALUE MEASUREMENTS

A three-tier fair value hierarchy is established as a basis for considering such assumptions and for inputs used in the valuation methodologies in measuring fair value:

Level 1: Observable inputs that reflect quoted prices (unadjusted) for identical assets or liabilities in active markets.

Level 2: Include other inputs that are directly or indirectly observable in the marketplace.

Level 3: Unobservable inputs which are supported by little or no market activities.

The following tables present the fair value of plan assets and liabilities by major asset category as of December 31, 2016 and 2015:

(in thousands)	Fair Value Measurements at December 31, 2016			
	Level 1	Level 2	Level 3	Total
Assets				
Cash and cash equivalents	\$ 2,716	\$ -	\$ -	\$ 2,716
Short-term investments	25,058	-	-	25,058
Global equity	113,644	32	-	113,676
Fixed income	149,939	655,057	615	805,611
Real assets	70,574	-	-	70,574
Absolute return	1	-	-	1
Total in fair value hierarchy	<u>\$ 361,932</u>	<u>\$ 655,089</u>	<u>\$ 615</u>	<u>\$ 1,017,636</u>
Investments measured at NAV (practical expedient)				<u>\$ 674,196</u>
Plan Subtotal				<u>\$ 1,691,832</u>
401(h) account:				
Short-term investments	\$ 7,812	\$ -	\$ -	\$ 7,812
Fixed income	1,001	-	-	1,001
Total in fair value hierarchy	<u>\$ 8,813</u>	<u>\$ -</u>	<u>\$ -</u>	<u>\$ 8,813</u>
Investments measured at NAV (practical expedient)				<u>\$ 229,694</u>
401(h) Subtotal				<u>\$ 238,507</u>
Total Assets	<u>\$ 370,745</u>	<u>\$ 655,089</u>	<u>\$ 615</u>	<u>\$ 1,930,339</u>

Fair Value Measurements at December 31, 2015				
(in thousands)	Level 1	Level 2	Level 3	Total
Assets				
Cash and cash equivalents	\$ 2,237	\$ -	\$ -	\$ 2,237
Short-term investments	14,384	-	-	14,384
Global equity	104,129	-	-	104,129
Fixed income	149,846	631,382	271	781,499
Real assets	69,203	-	-	69,203
Absolute return	-	-	-	-
Total in fair value hierarchy	<u>\$ 339,799</u>	<u>\$ 631,382</u>	<u>\$ 271</u>	<u>\$ 971,452</u>
Investments measured at NAV (practical expedient)				<u>\$ 635,366</u>
Plan Subtotal				<u>\$ 1,606,818</u>
401(h) account:				
Short-term investments	\$ 5,238	\$ -	\$ -	\$ 5,238
Total in fair value hierarchy	<u>\$ 5,238</u>	<u>\$ -</u>	<u>\$ -</u>	<u>\$ 5,238</u>
Investments measured at NAV (practical expedient)				<u>\$ 195,254</u>
401(h) Subtotal				<u>\$ 200,492</u>
Total Assets	<u>\$ 345,037</u>	<u>\$ 631,382</u>	<u>\$ 271</u>	<u>\$ 1,807,310</u>

The Plan's fair value measurements incorporate various factors such as the credit standing of the counterparties involved, the applicable exit market, and specific risks inherent in the instrument. All investments that are valued using a net asset value per share can be redeemed quarterly with a notice not to exceed 90 days.

Cash Equivalents – Cash equivalents consist primarily of interest bearing cash held by the Plan.

Short-Term Investments – Short-term investments consist primarily of commingled funds across government, credit, and asset-backed sectors. These securities are categorized as Level 1 if they are traded and valued using prices from an active public exchange, and at NAV as practical expedient for those traded and valued using prices from an active public exchange.

Global Equity – The global equity category includes investments in common stock, equity-index futures, and commingled funds comprised of equity securities spread across multiple industries and regions of the world. Equity investments in common stock are actively traded on public exchanges and are therefore considered Level 1 assets. These equity investments are generally valued based on unadjusted prices in active markets for identical securities. Equity-index futures are valued based on unadjusted prices in active markets and are Level 1 assets. Commingled equity funds are valued using a net asset value per share and are maintained by investment companies for large institutional investors and are not publicly traded. Commingled equity funds are comprised primarily of underlying equity securities that are publicly traded on exchanges, and price quotes for the assets held by these funds are readily observable and available. Commingled equity funds are categorized as Level 1 if they are traded and valued using prices from an active public exchange, and at NAV as practical expedient for those traded and valued using prices from an active public exchange.

Fixed Income – The fixed income category includes U.S. government securities, corporate securities, and other fixed-income securities.

U.S. government fixed income primarily consists of U.S. Treasury notes and U.S. government bonds that are valued based on quoted market prices or evaluated pricing data for similar securities adjusted for observable differences. These securities are categorized as Level 1 or Level 2 assets.

Corporate fixed income primarily includes investment grade bonds of U.S. issuers across multiple industries that are valued based on a compilation of primarily observable information or broker quotes in non-active markets. The fair value of corporate bonds is determined using recently executed transactions, market price quotations (where observable), bond spreads, or credit default swap spreads obtained from independent external parties such as vendors and brokers adjusted for any basis difference between cash and derivative instruments. These securities are classified as Level 2 assets. Corporate fixed income also includes commingled funds that are valued using a net asset value per share and are comprised of corporate debt instruments. Commingled funds are valued at NAV as practical expedient. Corporate fixed-income also includes privately placed debt portfolios, which are valued using a net asset value per share using pricing models and valuation inputs that are unobservable and are considered Level 3 assets.

Other fixed-income primarily includes pass-through and asset-backed securities. Pass-through securities are valued based on observable market inputs and are Level 2 assets. Asset-backed securities are primarily valued based on broker quotes and are considered Level 2 assets. Other fixed income also includes municipal bonds and Treasury futures. Municipal bonds are valued based on a compilation of primarily observable information or broker quotes in non-active markets and are considered Level 2 assets. Futures are valued based on unadjusted prices in active markets and are Level 1 assets.

Real Assets – The real asset category includes portfolios of commodity futures, global REITS, global listed infrastructure equities, and private real estate funds. The commodity futures, global REITS, and global listed infrastructure equities are actively traded on a public exchange and are therefore considered Level 1 assets. Private real estate funds are valued at NAV as practical expedient.

Absolute Return – The absolute return category includes portfolios of hedge funds that are valued using a net asset value per share based on a variety of proprietary and non-proprietary valuation methods, including unadjusted prices for publicly-traded securities in active markets. Hedge funds are valued at NAV as practical expedient.

Transfers Between Levels

The Plan’s management recognizes any transfers between levels in the fair value hierarchy as of the end of the reporting period. No material transfers between levels occurred in the years ended December 31, 2016 and 2015.

Level 3 Rollforward

The following table is a reconciliation of changes in fair value of instruments that have been classified as Level 3 for the years ended December 31, 2016 and 2015:

(in thousands)	Fixed Income
Asset Balance as of December 31, 2015	\$ 271
Realized gains (losses)	(9)
Unrealized gains	235
Purchases	228
Settlements	(110)
Asset Balance as of December 31, 2016	\$ 615

The Utility’s Investments and Benefit Finance department (“IBF”) is responsible for determining the fair value of the pension’s investments. IBF reports to the Treasurer. Valuations for Level 3 investments are typically carried out by third-party appraisers or administrators. IBF periodically reviews the processes, personnel, and service providers involved in developing the fair value of the Level 3 investments. In addition, period to period changes in fair value are assessed for reasonableness by comparing them to appropriate market benchmarks or changes reported by investment managers employing similar strategies.

NOTE 5: CERTIFIED INFORMATION

The plan administrator has elected the method of compliance permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. Accordingly, BNY Mellon, the trustee of the Plan, has certified to the completeness and accuracy of:

- Investments reflected on the accompanying statements of net assets available for plan benefits as of December 31, 2016 and 2015.
- Net appreciation in fair value of investments, dividends, interest and other income reflected on the accompanying statement of changes in net assets available for plan benefits for the year ended December 31, 2016.
- Investments reflected on the schedule of assets (held at end of year).
- Schedule of reportable transactions.

NOTE 6: TAX STATUS

The Plan received a ruling dated March 9, 1992, from Internal Revenue Service stating that the Trusts established under the Plan to hold the Plan's net assets are qualified pursuant to Section 501(c)(9) of the Code. Accordingly, the Trusts are exempt from state and most federal income taxes. The Plan has since been amended. The EBC, as plan administrator, believes that the Plan, as amended, is designed and continues to be operated in accordance with the applicable requirements of the Code.

Although the Plan for non-bargaining unit retirees and the related trust are designed in accordance with applicable sections of the Code, and the trust is exempt from most federal income taxes, investment income of the trust holding the assets for the non-bargaining unit retirees constitutes unrelated business income. This income subjects the non-bargaining unit retirees' trust to federal unrelated business income tax. The tax provision for the non-bargaining unit retirees' trust consists of the following components:

	Year ended
	December 31, 2016
(in thousands)	
Current income tax expense	\$ 1,857
Deferred income tax expense	729
Income tax expense	<u>\$ 2,586</u>

A deferred tax payable of approximately \$11 million at December 31, 2016, and approximately \$10 million at December 31, 2015, has been recorded related to the difference in the timing of recognition of unrealized net appreciation (depreciation) in investments for financial reporting and income tax purposes.

Plan management evaluates tax positions taken and recognizes a tax liability (or asset) if the Plan has taken an uncertain position that more likely than not would not be sustained upon examination by the Internal Revenue Service. No uncertain positions have been identified that would require recognition of a liability (or asset) or disclosure in the financial statements as of December 31, 2016. The Plan is subject to routine audits by taxing jurisdictions; however, there are currently no audits for any tax periods in progress.

NOTE 7: 401(h) ACCOUNT

A portion of the Plan's obligations are funded through contributions by the Utility to the Pension Plan in accordance with Section 401(h) of the Code. Investment at fair value and related investment income related to the 401(h) account have been certified by BNY Mellon as complete and accurate. The following tables present the components of the net assets available for such obligations and the related changes in net assets available.

	Net Assets Available for Postretirement Account at December 31,	
	2016	2015
(in thousands)		
Investments at fair value	\$ 238,507	\$ 200,493
Forward foreign currency contracts payable	(26,284)	-
Forward foreign currency contracts receivable	26,687	(26)
	<u>\$ 238,910</u>	<u>\$ 200,467</u>

	Changes in Net Assets in 401(h) Account for the year ended December 31, 2016
(in thousands)	
Employer contributions	\$ 38,409
Net gain from investments	18,983
Benefits paid	(17,890)
Administrative expenses	(1,059)
	<u>\$ 38,443</u>

NOTE 8: SUBSEQUENT EVENTS

In preparing the financial statements, transactions and events were evaluated through September 29, 2017, for potential recognition. Plan management determined that there are no subsequent transactions or events that require disclosure in or adjustment to the financial statements.

NOTE 9: RECONCILIATION OF FINANCIAL STATEMENTS TO FORM 5500

Following is a reconciliation of the net assets available for benefits between the financial statements and the Form 5500:

	At December 31, 2016	At December 31, 2015
(in thousands)		
Net assets available for benefits per the financial statements	\$ 1,925,832	\$ 1,801,830
Net assets held in defined benefit plan - 401(h) account	(238,910)	(200,467)
Net assets available for benefits per the Form 5500	<u>\$ 1,686,922</u>	<u>\$ 1,601,363</u>

The following is a reconciliation of the affected components of the changes in the net assets available for plan benefits per the financial statements to the Form 5500 for the year ended December 31, 2016:

(in thousands)	Amounts per the financial statements	Adjustments	Amounts per the Form 5500
Net increase in 401(h) account	\$ 38,442	\$ (38,442)	\$ -

**THE PACIFIC GAS AND ELECTRIC COMPANY
HEALTH CARE PLAN FOR RETIREES AND SURVIVING DEPENDENTS**

EIN #: 94-0742640

PLAN #: 535

**FORM 5500, SCHEDULE H, PART IV, LINE 4(a) –
SCHEDULE OF DELINQUENT PARTICIPANT CONTRIBUTIONS
YEAR ENDED DECEMBER 31, 2016 (in thousands)**

(a)	(b)	(c)	(d)	(e)
Participant Contributions Transferred Late to Plan	Contributions Not Corrected	Contributions Corrected Outside VFCP	Contributions Pending Correction in VFCP	Expenses Total Fully Corrected Under VFCP and PTE 2002-51
\$ 124	\$ 124	\$ -	\$ -	\$ -

**THE PACIFIC GAS AND ELECTRIC COMPANY
HEALTH CARE PLAN FOR RETIREES AND SURVIVING DEPENDENTS**

EIN #: 94-0742640

PLAN #: 535

**FORM 5500, SCHEDULE H, PART IV, LINE 4(i) –
SCHEDULE OF ASSETS HELD
AS OF DECEMBER 31, 2016**

Identity of Issuer, borrower, lessor or similar party	Description of investment including maturity date, rate of interest, collateral, par or maturity value	Cost	Current Value
PG&E CASH-B VEBA	VAR RT 12/31/2049 DD 05/01/01	353,533.22	0.00
BOSTON COMPANY	EMERGING MKT	4,688,968.92	15,069,824.43
BGI RUSSELL 1000	COMMON/COLLECTIVE TRUST	16.00	16.00
BR RUSSELL GBL EQ	COMMON/COLLECTIVE TRUST	5.00	5.00
BGI RUSSELL 1000	COMMON/COLLECTIVE TRUST	70,373,238.76	165,146,098.24
BR RUSSELL GBL EQ	CAP INDEX NON-LENDABLE FUND	80,147,585.99	101,085,381.94
AQR LOW VOLITILITY	FUND	33,905,905.96	40,698,513.44
BGI LONG CREDIT	COMMON/COLLECTIVE TRUST	39,473,275.67	65,242,743.70
MS PRIME PROPERTY FD	COMMON/COLLECTIVE TRUST	38,489,972.90	47,402,273.95
UBS TRUMBUL PRPTY	FUND LP	13,188,729.76	15,946,267.00
INVESCO CORE RE	ESTATE-USA LP	16,087,135.03	22,339,074.00
BGI-FIXED INCOME	COMMON/COLLECTIVE TRUST	9.00	9.00
BGI-FIXED INCOME	COMMON/COLLECTIVE TRUST	93,781,019.06	130,182,234.21
BLACKROCK	6.125% 02/15/2033 DD 02/11/03	153,910.50	192,153.00
LEGAL & GENERAL	6.875% 03/15/2039 DD 03/13/09	398,104.15	374,392.00
BLACKROCK	3.300% 03/01/2035 DD 02/20/15	29,115.60	28,073.40
NISA LONG CREDIT	3.375% 06/15/2046 DD 05/18/16	67,707.50	63,749.00
WELLINGTON LONG CR	4.850% 09/15/2041 DD 09/09/11	10,201.40	11,005.00
LEGAL & GENERAL	4.850% 09/15/2041 DD 09/09/11	143,706.30	154,070.00
NISA LONG CREDIT	4.850% 09/15/2041 DD 09/09/11	297,873.05	302,637.50
BLACKROCK	4.070% 12/15/2042 DD 12/14/12	188,003.49	198,397.05
WELLINGTON LONG CR	4.070% 12/15/2042 DD 12/14/12	31,886.05	34,546.75
NISA LONG CREDIT	4.070% 12/15/2042 DD 12/14/12	311,703.55	291,179.75
WELLINGTON LONG CR	3.600% 03/01/2035 DD 02/20/15	153,724.95	147,250.00
BLACKROCK	3.600% 03/01/2035 DD 02/20/15	54,525.90	52,250.00
NISA LONG CREDIT	3.800% 03/01/2045 DD 02/20/15	244,890.40	246,225.20
BLACKROCK	3.800% 03/01/2045 DD 02/20/15	84,082.00	80,496.70
LEGAL & GENERAL	4.500% 05/15/2036 DD 11/23/15	58,874.40	63,790.80
BLACKROCK	4.700% 05/15/2046 DD 11/23/15	111,800.61	117,474.84
WELLINGTON LONG CR	4.700% 05/15/2046 DD 11/23/15	373,132.75	402,460.10
NISA LONG CREDIT	4.700% 05/15/2046 DD 11/23/15	69,498.00	65,263.80
LEGAL & GENERAL	4.750% 06/01/2043 DD 05/31/13	363,546.20	397,667.50
BLACKROCK	7.000% 11/01/2028 DD 11/05/98	64,949.40	76,591.20
WELLINGTON LONG CR	4.200% 12/15/2044 DD 12/02/14	24,813.75	25,546.25
BLACKROCK	5.400% 05/01/2035 DD 04/29/05	126,784.00	117,020.00
BLACKROCK	6.050% 06/01/2036 DD 05/26/06	189,877.40	237,980.70
LEGAL & GENERAL	5.700% 04/15/2040 DD 02/26/10	402,866.70	378,940.90
LEGAL & GENERAL	4.500% 06/01/2042 DD 06/01/12	228,298.60	224,784.00
NISA LONG CREDIT	4.500% 06/01/2042 DD 06/01/12	715,237.63	700,041.60
WELLINGTON LONG CR	4.500% 06/01/2042 DD 06/01/12	341,912.80	363,936.00
BLACKROCK	4.500% 06/01/2042 DD 06/01/12	133,335.45	144,504.00
BLACKROCK	3.750% 11/01/2046 DD 11/01/16	123,488.75	118,961.25
NISA LONG CREDIT	3.750% 11/01/2046 DD 11/01/16	33,538.75	33,309.15
LEGAL & GENERAL	8.500% 01/18/2031 DD 01/18/01	111,275.50	105,430.50
OAKTREE	5.375% 09/15/2021 DD 08/02/13	35,262.50	36,268.75
OAKTREE	5.500% 12/15/2024 DD 12/09/14	100,537.50	107,100.00
LEGAL & GENERAL	7.400% 11/01/2046 DD 11/01/96	177,323.40	189,501.95
WELLINGTON LONG CR	6.625% 10/01/2028 DD 09/30/98	122,732.40	123,444.30
NISA LONG CREDIT	6.375% 02/01/2029 DD 02/09/99	120,459.15	119,770.35
WELLINGTON LONG CR	7.450% 07/16/2031 DD 07/16/99	191,073.00	194,532.75
NISA LONG CREDIT	7.450% 07/16/2031 DD 07/16/99	390,169.80	389,065.50
NISA LONG CREDIT	4.750% 01/15/2043 DD 01/08/13	302,774.30	294,317.10
WELLINGTON LONG CR	4.750% 01/15/2043 DD 01/08/13	79,651.50	75,952.80
LEGAL & GENERAL	4.750% 01/15/2043 DD 01/08/13	59,064.65	52,217.55
NISA LONG CREDIT	4.346% 12/08/2026 DD 12/08/16	100,000.00	101,050.00
LEGAL & GENERAL	5.291% 12/08/2046 DD 12/08/16	250,000.00	253,247.50
NISA LONG CREDIT	5.291% 12/08/2046 DD 12/08/16	149,662.50	151,948.50
WELLINGTON LONG CR	5.291% 12/08/2046 DD 12/08/16	175,000.00	177,273.25
BLACKROCK	6.250% 10/02/2043 DD 04/02/14	225,710.63	248,733.00

**THE PACIFIC GAS AND ELECTRIC COMPANY
HEALTH CARE PLAN FOR RETIREES AND SURVIVING DEPENDENTS**

EIN #: 94-0742640

PLAN #: 535

**FORM 5500, SCHEDULE H, PART IV, LINE 4(i) –
SCHEDULE OF ASSETS HELD
AS OF DECEMBER 31, 2016**

Identity of Issuer, borrower, lessor or similar party	Description of investment including maturity date, rate of interest, collateral, par or maturity value	Cost	Current Value
LEGAL & GENERAL	6.250% 10/02/2043 DD 04/02/14	437,125.15	453,246.80
NISA LONG CREDIT	6.250% 10/02/2043 DD 04/02/14	112,602.00	116,075.40
WELLINGTON LONG CR	6.250% 10/02/2043 DD 04/02/14	246,062.50	270,842.60
NISA LONG CREDIT	5.200% 04/01/2045 DD 11/12/14	52,852.20	57,834.60
WELLINGTON LONG CR	5.200% 04/01/2045 DD 11/12/14	33,451.95	33,736.85
LEGAL & GENERAL	6.600% 04/01/2036 DD 02/23/16	146,619.65	160,021.40
NISA LONG CREDIT	6.600% 04/01/2036 DD 02/23/16	798,277.40	834,397.30
WELLINGTON LONG CR	6.600% 04/01/2036 DD 02/23/16	194,057.90	205,741.80
WELLINGTON LONG CR	6.750% 04/01/2046 DD 02/23/16	48,449.00	46,907.60
LEGAL & GENERAL	6.750% 04/01/2046 DD 02/23/16	26,717.50	29,317.25
OAKTREE	7.000% 05/15/2022 DD 02/28/12	49,975.00	52,750.00
OAKTREE	5.125% 11/15/2023 DD 11/05/15	15,000.00	15,450.00
OAKTREE	4.625% 10/30/2020 DD 10/21/15	60,000.00	62,400.00
BLACKROCK	4.125% 02/13/2022 DD 02/13/15	192,086.70	193,293.75
OAKTREE	4.125% 02/13/2022 DD 02/13/15	290,632.92	294,401.25
OAKTREE	4.625% 05/19/2022 DD 05/19/15	83,628.95	85,956.25
WELLINGTON LONG CR	8.000% 04/29/2027 DD 04/29/97	90,384.75	97,974.75
NISA LONG CREDIT	6.000% 10/15/2036 DD 10/26/06	119,658.70	114,614.65
LEGAL & GENERAL	6.000% 10/15/2036 DD 10/26/06	285,260.60	289,552.80
BLACKROCK	5.700% 01/24/2022 DD 01/24/12	182,610.15	174,102.20
NISA LONG CREDIT	5.875% 02/07/2042 DD 02/07/12	139,106.25	151,081.25
WELLINGTON LONG CR	5.000% 01/21/2044 DD 01/21/14	110,115.10	120,459.90
LEGAL & GENERAL	5.000% 01/21/2044 DD 01/21/14	104,773.20	114,984.45
NISA LONG CREDIT	5.000% 01/21/2044 DD 01/21/14	288,519.15	312,100.65
BLACKROCK	5.000% 01/21/2044 DD 01/21/14	121,302.00	109,509.00
LEGAL & GENERAL	4.875% 04/01/2044 DD 04/01/14	79,826.75	81,380.25
WELLINGTON LONG CR	4.875% 04/01/2044 DD 04/01/14	142,181.65	151,909.80
BLACKROCK	4.200% 08/26/2024 DD 08/26/14	229,832.10	234,301.00
BLACKROCK	4.000% 01/22/2025 DD 01/22/15	326,322.70	320,403.20
BLACKROCK	3.950% 04/21/2025 DD 04/21/15	184,454.25	184,165.65
WELLINGTON LONG CR	3.950% 04/21/2025 DD 04/21/15	207,366.60	209,052.90
BLACKROCK	4.750% 04/21/2045 DD 04/21/15	44,416.42	50,700.50
LEGAL & GENERAL	4.450% 03/03/2026 DD 03/03/16	200,937.05	206,108.00
BLACKROCK	4.450% 03/03/2026 DD 03/03/16	300,078.00	309,162.00
WELLINGTON LONG CR	3.500% 04/19/2026 DD 04/19/16	59,899.80	59,200.20
NISA LONG CREDIT	3.248% 10/21/2027 DD 10/21/16	520,295.00	496,444.00
WELLINGTON LONG CR	3.248% 10/21/2027 DD 10/21/16	200,180.50	190,940.00
LEGAL & GENERAL	3.248% 10/21/2027 DD 10/21/16	215,000.00	205,260.50
NISA LONG CREDIT	4.183% 11/25/2027 DD 11/25/16	370,000.00	370,236.80
LEGAL & GENERAL	4.183% 11/25/2027 DD 11/25/16	459,639.20	460,294.40
WELLINGTON LONG CR	4.183% 11/25/2027 DD 11/25/16	349,842.10	350,224.00
BLACKROCK	5.200% 05/12/2026 DD 05/12/16	299,976.00	304,965.00
OAKTREE	5.375% 05/15/2020 DD 05/04/12	30,000.00	31,875.00
OAKTREE	5.000% 08/15/2022 DD 08/03/12	162,612.50	172,012.50
BLACKROCK	4.750% 07/15/2021 DD 07/19/11	124,421.25	135,197.50
WELLINGTON LONG CR	4.200% 10/29/2025 DD 10/29/15	74,994.00	75,249.75
WELLINGTON LONG CR	3.750% 07/28/2026 DD 07/28/16	114,591.75	111,481.00
DODGE & COX	6.625% 06/15/2032 DD 06/06/02	1,170,826.83	1,413,249.85
LEGAL & GENERAL	6.625% 06/15/2032 DD 06/06/02	180,957.10	175,898.05
NISA LONG CREDIT	6.625% 06/15/2032 DD 06/06/02	159,115.60	169,832.60
WELLINGTON LONG CR	8.125% 07/15/2039 DD 07/23/09	24,455.00	29,718.60
BLACKROCK	8.125% 07/15/2039 DD 07/23/09	47,026.08	71,324.64
NISA LONG CREDIT	8.125% 07/15/2039 DD 07/23/09	241,179.25	252,608.10
LEGAL & GENERAL	5.875% 01/30/2042 DD 01/26/12	76,706.40	71,086.20
WELLINGTON LONG CR	5.500% 09/13/2025 DD 09/13/13	219,725.65	225,297.05
WELLINGTON LONG CR	5.300% 05/06/2044 DD 05/06/14	61,108.72	62,476.44
NISA LONG CREDIT	5.300% 05/06/2044 DD 05/06/14	149,646.45	145,419.30
LEGAL & GENERAL	4.300% 11/20/2026 DD 11/20/14	66,484.50	65,593.45
WELLINGTON LONG CR	4.650% 07/30/2045 DD 07/30/15	188,700.70	199,215.45
NISA LONG CREDIT	4.650% 07/30/2045 DD 07/30/15	162,353.49	166,539.90

**THE PACIFIC GAS AND ELECTRIC COMPANY
HEALTH CARE PLAN FOR RETIREES AND SURVIVING DEPENDENTS**

EIN #: 94-0742640

PLAN #: 535

**FORM 5500, SCHEDULE H, PART IV, LINE 4(i) –
SCHEDULE OF ASSETS HELD
AS OF DECEMBER 31, 2016**

Identity of Issuer, borrower, lessor or similar party	Description of investment including maturity date, rate of interest, collateral, par or maturity value	Cost	Current Value
DODGE & COX	4.650% 07/30/2045 DD 07/30/15	279,594.00	295,134.00
WELLINGTON LONG CR	4.450% 09/29/2027 DD 09/29/15	344,337.70	350,468.25
BLACKROCK	4.450% 09/29/2027 DD 09/29/15	395,283.75	380,943.75
LEGAL & GENERAL	4.450% 09/29/2027 DD 09/29/15	629,289.30	639,985.50
BLACKROCK	4.600% 03/09/2026 DD 03/09/16	279,445.60	289,402.40
LEGAL & GENERAL	4.600% 03/09/2026 DD 03/09/16	139,638.25	144,701.20
WELLINGTON LONG CR	4.600% 03/09/2026 DD 03/09/16	29,940.60	31,007.40
WELLINGTON LONG CR	4.750% 05/18/2046 DD 05/18/16	79,155.45	80,092.00
LEGAL & GENERAL	4.750% 05/18/2046 DD 05/18/16	173,122.25	175,201.25
NISA LONG CREDIT	4.750% 05/18/2046 DD 05/18/16	376,303.10	380,437.00
WELLINGTON LONG CR	4.125% 07/25/2028 DD 07/25/16	194,397.45	192,624.90
NISA LONG CREDIT	3.200% 10/21/2026 DD 10/21/16	400,190.95	392,050.20
LEGAL & GENERAL	3.200% 10/21/2026 DD 10/21/16	179,893.80	172,119.60
WELLINGTON LONG CR	3.200% 10/21/2026 DD 10/21/16	129,923.30	124,308.60
WELLINGTON LONG CR	5.250% 08/04/2045 DD 08/04/15	255,840.00	271,620.00
WELLINGTON LONG CR	3.750% 07/21/2026 DD 07/21/16	251,850.00	245,062.50
NISA LONG CREDIT	5.250% 05/24/2041 DD 05/24/11	18,348.90	17,458.20
BLACKROCK	4.550% 04/17/2026 DD 10/18/16	249,940.00	259,645.00
WELLINGTON LONG CR	8.250% 03/01/2038 DD 03/04/08	29,656.25	34,751.00
NISA LONG CREDIT	STEP 08/01/2026 DD 08/01/1996	99,336.30	87,014.90
LEGAL & GENERAL	9.300% 03/01/2030 DD 03/01/98	332,285.60	319,313.30
BLACKROCK	4.418% 11/15/2035 DD 05/15/16	219,329.65	310,181.36
DODGE & COX	4.418% 11/15/2035 DD 05/15/16	1,027,998.63	1,142,221.90
WELLINGTON LONG CR	4.418% 11/15/2035 DD 05/15/16	620,446.09	919,017.07
LEGAL & GENERAL	4.418% 11/15/2035 DD 05/15/16	1,563,575.09	1,683,991.37
NISA LONG CREDIT	4.418% 11/15/2035 DD 05/15/16	892,634.38	955,693.92
LEGAL & GENERAL	5.250% 03/01/2026 DD 03/01/16	129,530.70	136,563.70
WELLINGTON LONG CR	5.250% 03/01/2026 DD 03/01/16	74,729.25	78,786.75
LEGAL & GENERAL	4.800% 07/08/2044 DD 07/08/14	418,168.40	440,928.60
WELLINGTON LONG CR	4.800% 07/08/2044 DD 07/08/14	255,290.30	246,710.05
BLACKROCK	6.125% 02/15/2033 DD 02/13/03	199,185.00	211,510.25
WELLINGTON LONG CR	6.125% 02/15/2033 DD 02/13/03	77,294.25	90,647.25
NISA LONG CREDIT	6.125% 02/15/2033 DD 02/13/03	217,679.75	229,639.70
BLACKROCK	5.950% 01/15/2027 DD 11/09/06	187,696.00	227,934.00
BLACKROCK	6.750% 10/01/2037 DD 10/03/07	244,196.73	376,629.25
NISA LONG CREDIT	6.750% 10/01/2037 DD 10/03/07	445,941.10	487,765.75
WELLINGTON LONG CR	6.750% 10/01/2037 DD 10/03/07	560,022.34	691,516.00
NISA LONG CREDIT	6.250% 02/01/2041 DD 01/28/11	212,182.80	210,726.90
WELLINGTON LONG CR	6.250% 02/01/2041 DD 01/28/11	122,808.00	123,957.00
BLACKROCK	4.250% 10/21/2025 DD 10/21/15	39,720.00	40,633.60
WELLINGTON LONG CR	4.750% 10/21/2045 DD 10/21/15	137,231.35	142,511.40
LEGAL & GENERAL	4.750% 10/21/2045 DD 10/21/15	166,988.60	158,346.00
BLACKROCK	VAR RT 10/28/2027 DD 10/28/16	175,000.00	178,395.00
WELLINGTON LONG CR	3.750% 02/25/2026 DD 02/25/16	60,020.50	60,176.40
LEGAL & GENERAL	6.450% 05/01/2036 DD 04/18/06	64,538.10	65,547.35
NISA LONG CREDIT	3.500% 11/16/2026 DD 11/16/16	104,728.05	102,583.95
LEGAL & GENERAL	3.500% 11/16/2026 DD 11/16/16	264,313.65	258,902.35
WELLINGTON LONG CR	3.500% 11/16/2026 DD 11/16/16	278,794.00	273,557.20
WELLINGTON LONG CR	5.150% 05/22/2045 DD 05/22/15	117,688.35	126,199.20
LEGAL & GENERAL	5.150% 05/22/2045 DD 05/22/15	448,656.85	473,247.00
NISA LONG CREDIT	5.150% 05/22/2045 DD 05/22/15	165,123.20	168,265.60
BLACKROCK	5.150% 05/22/2045 DD 05/22/15	44,707.50	47,324.70
NISA LONG CREDIT	7.625% 05/17/2032 DD 05/17/05	37,965.30	38,883.30
DODGE & COX	6.500% 05/02/2036 DD 05/03/06	1,761,982.25	2,127,304.50
WELLINGTON LONG CR	6.500% 05/02/2036 DD 05/03/06	165,484.80	209,647.40
BLACKROCK	6.500% 09/15/2037 DD 09/12/07	183,378.00	247,938.00
WELLINGTON LONG CR	6.800% 06/01/2038 DD 05/27/08	157,380.00	189,955.50
NISA LONG CREDIT	6.100% 01/14/2042 DD 11/17/11	378,820.40	348,210.80
WELLINGTON LONG CR	4.250% 08/18/2025 DD 08/18/15	198,360.00	201,830.00
WELLINGTON LONG CR	3.900% 05/25/2026 DD 05/25/16	199,294.00	201,366.00

**THE PACIFIC GAS AND ELECTRIC COMPANY
HEALTH CARE PLAN FOR RETIREES AND SURVIVING DEPENDENTS**

EIN #: 94-0742640

PLAN #: 535

**FORM 5500, SCHEDULE H, PART IV, LINE 4(i) –
SCHEDULE OF ASSETS HELD
AS OF DECEMBER 31, 2016**

Identity of Issuer, borrower, lessor or similar party	Description of investment including maturity date, rate of interest, collateral, par or maturity value	Cost	Current Value
BLACKROCK	4.375% 11/23/2026 DD 11/23/16	202,150.00	201,484.00
WELLINGTON LONG CR	4.375% 11/23/2026 DD 11/23/16	201,840.00	201,484.00
NISA LONG CREDIT	4.375% 11/23/2026 DD 11/23/16	70,655.90	70,519.40
LEGAL & GENERAL	5.875% 11/01/2034 DD 10/25/04	129,808.80	139,707.60
LEGAL & GENERAL	5.625% 08/15/2035 DD 08/17/05	39,866.75	39,792.55
NISA LONG CREDIT	5.625% 08/15/2035 DD 08/17/05	219,185.35	233,070.65
NISA LONG CREDIT	7.000% 01/15/2039 DD 06/18/08	338,460.60	336,949.35
LEGAL & GENERAL	7.000% 01/15/2039 DD 06/18/08	131,095.35	138,743.85
BLACKROCK	6.000% 08/01/2020 DD 08/01/13	110,160.00	110,295.00
LEGAL & GENERAL	3.750% 12/01/2025 DD 11/24/15	214,963.45	220,817.90
OAKTREE	4.625% 04/15/2021 DD 03/11/13	25,000.00	25,906.25
WELLINGTON LONG CR	6.400% 05/15/2038 DD 05/22/08	331,840.50	356,339.50
BLACKROCK	5.500% 10/15/2040 DD 10/21/10	161,095.00	147,652.50
DODGE & COX	5.500% 10/15/2040 DD 10/21/10	222,556.50	265,774.50
LEGAL & GENERAL	5.500% 10/15/2040 DD 10/21/10	36,317.40	35,436.60
NISA LONG CREDIT	5.500% 10/15/2040 DD 10/21/10	377,657.85	372,084.30
DODGE & COX	5.600% 07/15/2041 DD 07/21/11	484,755.50	508,215.00
NISA LONG CREDIT	5.600% 07/15/2041 DD 07/21/11	156,744.70	173,391.00
BLACKROCK	5.625% 08/16/2043 DD 08/21/13	149,386.50	172,129.50
WELLINGTON LONG CR	5.625% 08/16/2043 DD 08/21/13	183,681.90	212,293.05
NISA LONG CREDIT	4.850% 02/01/2044 DD 01/28/14	72,387.00	66,765.60
WELLINGTON LONG CR	4.950% 06/01/2045 DD 05/29/15	74,466.00	79,973.25
BLACKROCK	4.950% 06/01/2045 DD 05/29/15	310,974.00	319,893.00
LEGAL & GENERAL	4.950% 06/01/2045 DD 05/29/15	89,359.20	95,967.90
DODGE & COX	4.950% 06/01/2045 DD 05/29/15	296,793.00	319,893.00
WELLINGTON LONG CR	4.250% 10/01/2027 DD 09/25/15	164,430.75	169,525.95
LEGAL & GENERAL	4.250% 10/01/2027 DD 09/25/15	277,362.90	277,406.10
NISA LONG CREDIT	3.300% 04/01/2026 DD 03/23/16	88,894.70	83,516.75
LEGAL & GENERAL	3.300% 04/01/2026 DD 03/23/16	108,555.30	103,167.75
BLACKROCK	3.300% 04/01/2026 DD 03/23/16	340,334.60	334,067.00
LEGAL & GENERAL	3.200% 06/15/2026 DD 06/07/16	94,959.15	92,981.25
NISA LONG CREDIT	3.200% 06/15/2026 DD 06/07/16	761,888.20	753,637.50
WELLINGTON LONG CR	3.200% 06/15/2026 DD 06/07/16	124,946.25	122,343.75
WELLINGTON LONG CR	2.950% 10/01/2026 DD 07/21/16	174,622.00	167,035.75
NISA LONG CREDIT	2.950% 10/01/2026 DD 07/21/16	448,585.60	429,520.50
LEGAL & GENERAL	3.625% 12/01/2027 DD 11/16/16	214,628.05	208,590.85
BLACKROCK	5.400% 01/06/2042 DD 12/22/11	205,972.85	199,187.30
LEGAL & GENERAL	5.400% 01/06/2042 DD 12/22/11	109,564.67	106,623.79
NISA LONG CREDIT	5.400% 01/06/2042 DD 12/22/11	101,831.40	93,735.20
OAKTREE	8.750% 12/01/2016 DD 11/24/06	0.00	0.53
NISA LONG CREDIT	5.625% 01/15/2044 DD 01/22/14	58,183.40	53,559.00
BLACKROCK	0.000% 07/17/2037 DD 07/19/07	0.00	0.00
DODGE & COX	5.300% 12/01/2045 DD 06/01/16	592,948.00	619,608.00
NISA LONG CREDIT	2.950% 11/21/2026 DD 11/21/16	89,837.10	88,993.80
NISA LONG CREDIT	3.800% 11/21/2046 DD 11/21/16	98,328.00	98,020.00
BLACKROCK	6.750% 06/01/2028 DD 06/03/98	117,578.00	119,283.00
NISA LONG CREDIT	6.110% 01/29/2037 DD 01/29/07	355,657.50	369,274.50
BLACKROCK	6.110% 01/29/2037 DD 01/29/07	138,605.22	137,159.10
WELLINGTON LONG CR	6.110% 01/29/2037 DD 01/29/07	84,108.00	117,230.00
NISA LONG CREDIT	7.750% 05/14/2038 DD 05/14/08	99,574.30	96,376.00
WELLINGTON LONG CR	7.750% 05/14/2038 DD 05/14/08	222,770.25	309,780.00
WELLINGTON LONG CR	4.350% 09/08/2026 DD 09/08/14	49,912.00	51,237.50
LEGAL & GENERAL	4.350% 09/08/2026 DD 09/08/14	146,735.75	148,588.75
LEGAL & GENERAL	4.000% 07/23/2025 DD 07/23/15	269,989.85	276,755.40
WELLINGTON LONG CR	7.250% 04/01/2032 DD 04/03/02	92,059.50	101,619.00
WELLINGTON LONG CR	3.875% 01/27/2026 DD 01/27/16	291,915.40	282,830.80
LEGAL & GENERAL	4.300% 01/27/2045 DD 01/27/15	336,177.35	343,816.65
BLACKROCK	4.300% 01/27/2045 DD 01/27/15	191,922.50	174,399.75
WELLINGTON LONG CR	6.375% 07/24/2042 DD 07/24/12	93,923.65	122,091.15
LEGAL & GENERAL	6.375% 07/24/2042 DD 07/24/12	297,262.15	334,144.20

**THE PACIFIC GAS AND ELECTRIC COMPANY
HEALTH CARE PLAN FOR RETIREES AND SURVIVING DEPENDENTS**

EIN #: 94-0742640

PLAN #: 535

**FORM 5500, SCHEDULE H, PART IV, LINE 4(i) –
SCHEDULE OF ASSETS HELD
AS OF DECEMBER 31, 2016**

Identity of Issuer, borrower, lessor or similar party	Description of investment including maturity date, rate of interest, collateral, par or maturity value	Cost	Current Value
NISA LONG CREDIT	6.375% 07/24/2042 DD 07/24/12	949,983.00	931,748.25
LEGAL & GENERAL	3.125% 07/27/2026 DD 07/25/16	114,218.00	109,868.70
WELLINGTON LONG CR	3.125% 07/27/2026 DD 07/25/16	193,674.00	186,299.10
NISA LONG CREDIT	3.125% 07/27/2026 DD 07/25/16	40,019.20	38,215.20
WELLINGTON LONG CR	3.950% 04/23/2027 DD 04/23/15	234,154.00	232,628.85
WELLINGTON LONG CR	4.023% 11/01/2032 DD 10/16/12	46,283.82	46,824.32
OAKTREE	5.000% 10/26/2020 DD 11/06/14	179,446.50	183,600.00
OAKTREE	0.000% 08/01/2027 DD 08/01/97	0.00	0.00
OAKTREE	0.000% 11/15/2013 DD 11/03/03	0.00	0.00
NISA LONG CREDIT	7.200% 07/15/2097 DD 07/22/97	62,994.00	66,786.00
DODGE & COX	6.000% 12/19/2023 DD 12/19/13	585,059.25	597,252.50
BLACKROCK	6.000% 12/19/2023 DD 12/19/13	230,768.25	233,707.50
DODGE & COX	6.125% 12/15/2022 DD 12/04/12	694,364.00	744,331.00
OAKTREE	5.500% 01/15/2019 DD 09/20/13	97,856.25	98,562.50
OAKTREE	4.875% 06/17/2019 DD 12/16/13	131,718.75	139,725.00
WELLINGTON LONG CR	4.500% 07/17/2025 DD 07/17/15	165,300.75	163,968.75
WELLINGTON LONG CR	4.250% 08/15/2024 DD 08/11/14	99,806.00	101,795.00
WELLINGTON LONG CR	4.500% 07/23/2025 DD 07/23/15	69,867.80	71,901.90
WELLINGTON LONG CR	3.700% 08/04/2026 DD 08/04/16	79,695.20	76,901.60
BLACKROCK	4.150% 12/14/2035 DD 12/14/15	39,946.00	41,879.20
WELLINGTON LONG CR	4.150% 12/14/2035 DD 12/14/15	154,790.75	162,281.90
WELLINGTON LONG CR	4.300% 12/14/2045 DD 12/14/15	154,741.15	163,604.05
BLACKROCK	4.300% 12/14/2045 DD 12/14/15	156,897.17	159,382.01
LEGAL & GENERAL	4.300% 12/14/2045 DD 12/14/15	384,357.05	406,371.35
NISA LONG CREDIT	4.300% 12/14/2045 DD 12/14/15	216,047.30	211,102.00
NISA LONG CREDIT	5.850% 02/01/2037 DD 01/29/07	96,118.40	94,232.80
DODGE & COX	6.600% 01/15/2038 DD 12/07/07	1,106,286.00	1,399,255.00
NISA LONG CREDIT	6.600% 01/15/2038 DD 12/07/07	207,348.10	197,167.75
WELLINGTON LONG CR	5.500% 08/01/2035 DD 08/01/05	259,348.50	276,812.50
OAKTREE	7.875% 12/15/2021 DD 06/15/14	89,993.75	72,787.50
WELLINGTON LONG CR	5.375% 02/07/2035 DD 02/07/05	88,395.00	85,212.00
NISA LONG CREDIT	5.375% 02/07/2035 DD 02/07/05	45,567.20	45,446.40
BLACKROCK	5.606% 01/15/2044 DD 11/26/13	463,845.21	515,533.20
WELLINGTON LONG CR	5.606% 01/15/2044 DD 11/26/13	351,706.81	390,898.80
LEGAL & GENERAL	5.606% 01/15/2044 DD 11/26/13	175,994.32	196,015.92
WELLINGTON LONG CR	3.000% 10/23/2026 DD 10/25/16	64,849.85	61,906.00
BLACKROCK	3.000% 10/23/2026 DD 10/25/16	64,849.85	61,906.00
NISA LONG CREDIT	3.000% 10/23/2026 DD 10/25/16	270,342.65	257,148.00
BLACKROCK	5.375% 11/02/2043 DD 10/28/13	224,334.00	248,321.25
WELLINGTON LONG CR	5.375% 11/02/2043 DD 10/28/13	251,143.60	270,394.25
BLACKROCK	4.650% 11/04/2044 DD 11/04/14	139,036.80	137,792.20
LEGAL & GENERAL	4.650% 11/04/2044 DD 11/04/14	273,238.50	270,663.25
DODGE & COX	4.650% 11/04/2044 DD 11/04/14	397,248.00	393,692.00
WELLINGTON LONG CR	4.650% 11/04/2044 DD 11/04/14	148,908.15	147,634.50
NISA LONG CREDIT	4.650% 11/04/2044 DD 11/04/14	151,254.70	142,713.35
LEGAL & GENERAL	3.900% 05/01/2045 DD 04/30/15	69,675.75	71,138.25
NISA LONG CREDIT	3.900% 05/01/2045 DD 04/30/15	124,000.15	128,048.85
WELLINGTON LONG CR	4.300% 07/22/2027 DD 07/22/15	94,861.15	97,714.15
NISA LONG CREDIT	4.900% 11/17/2045 DD 11/17/15	408,864.95	405,712.40
LEGAL & GENERAL	4.900% 11/17/2045 DD 11/17/15	196,970.50	200,288.40
WELLINGTON LONG CR	4.900% 11/17/2045 DD 11/17/15	158,309.90	159,203.60
WELLINGTON LONG CR	4.400% 06/14/2046 DD 06/14/16	69,985.30	66,993.50
LEGAL & GENERAL	4.400% 06/14/2046 DD 06/14/16	280,149.80	267,974.00
NISA LONG CREDIT	4.400% 06/14/2046 DD 06/14/16	267,519.30	258,403.50
BLACKROCK	4.400% 06/14/2046 DD 06/14/16	154,820.20	148,342.75
WELLINGTON LONG CR	4.750% 12/07/2046 DD 12/08/16	74,857.50	76,114.50
LEGAL & GENERAL	4.750% 12/07/2046 DD 12/08/16	355,177.20	360,275.30
NISA LONG CREDIT	4.750% 12/07/2046 DD 12/08/16	150,156.75	152,229.00
BLACKROCK	4.750% 12/07/2046 DD 12/08/16	84,838.50	86,263.10
NISA LONG CREDIT	5.950% 08/26/2036 DD 08/29/06	43,136.45	41,203.75

**THE PACIFIC GAS AND ELECTRIC COMPANY
HEALTH CARE PLAN FOR RETIREES AND SURVIVING DEPENDENTS**

EIN #: 94-0742640

PLAN #: 535

**FORM 5500, SCHEDULE H, PART IV, LINE 4(i) –
SCHEDULE OF ASSETS HELD
AS OF DECEMBER 31, 2016**

Identity of Issuer, borrower, lessor or similar party	Description of investment including maturity date, rate of interest, collateral, par or maturity value	Cost	Current Value
BLACKROCK	VAR RT 01/29/2049 DD 01/22/14	200,000.00	215,500.00
OAKTREE	3.875% 07/16/2018 DD 06/26/15	54,803.10	55,893.75
OAKTREE	4.375% 11/06/2020 DD 11/06/15	31,550.00	35,918.75
LEGAL & GENERAL	3.900% 06/09/2042 DD 06/08/12	202,364.50	195,261.30
BLACKROCK	4.000% 11/02/2032 DD 11/02/13	65,898.65	69,994.64
LEGAL & GENERAL	4.000% 11/02/2032 DD 11/02/13	259,188.80	256,318.40
BLACKROCK	4.150% 11/02/2042 DD 11/02/13	49,805.50	48,873.50
WELLINGTON LONG CR	4.150% 11/02/2042 DD 11/02/13	66,831.75	73,310.25
WELLINGTON LONG CR	4.125% 10/09/2042 DD 10/09/12	59,662.20	60,531.00
NISA LONG CREDIT	4.125% 10/09/2042 DD 10/09/12	18,079.40	20,177.00
LEGAL & GENERAL	4.125% 10/09/2042 DD 10/09/12	162,021.50	156,371.75
BLACKROCK	4.125% 10/09/2042 DD 10/09/12	339,167.70	337,964.75
DODGE & COX	6.150% 08/07/2037 DD 08/07/07	323,550.50	436,263.36
WELLINGTON LONG CR	6.150% 08/07/2037 DD 08/07/07	42,207.04	52,919.52
NISA LONG CREDIT	6.150% 08/07/2037 DD 08/07/07	83,268.05	83,896.80
BLACKROCK	6.150% 08/07/2037 DD 08/07/07	199,402.00	258,144.00
WELLINGTON LONG CR	5.875% 01/14/2038 DD 01/14/08	243,102.75	346,095.75
NISA LONG CREDIT	5.875% 01/14/2038 DD 01/14/08	192,652.30	188,779.50
BLACKROCK	5.875% 01/14/2038 DD 01/14/08	238,579.00	251,706.00
NISA LONG CREDIT	6.875% 01/10/2039 DD 01/09/09	64,770.30	63,447.30
BLACKROCK	6.750% 03/15/2032 DD 03/20/02	87,511.02	114,477.18
WELLINGTON LONG CR	6.750% 03/15/2032 DD 03/20/02	213,649.25	266,226.00
NISA LONG CREDIT	6.750% 03/15/2032 DD 03/20/02	312,398.15	326,126.85
BLACKROCK	3.800% 12/15/2026 DD 12/19/16	109,982.40	110,848.10
WELLINGTON LONG CR	4.900% 06/01/2043 DD 05/31/13	51,778.50	49,811.50
BLACKROCK	5.375% 03/15/2044 DD 03/11/14	208,946.65	181,568.20
BLACKROCK	5.150% 03/15/2034 DD 03/11/14	99,480.00	85,000.00
DODGE & COX	9.400% 05/15/2039 DD 05/13/09	1,769,085.00	2,094,538.50
BLACKROCK	5.250% 11/15/2041 DD 11/14/11	180,944.75	189,073.50
NISA LONG CREDIT	4.375% 11/15/2042 DD 11/14/12	447,780.80	446,531.20
WELLINGTON LONG CR	4.375% 11/15/2042 DD 11/14/12	76,521.75	72,804.00
WELLINGTON LONG CR	4.250% 10/01/2034 DD 09/16/14	83,008.35	83,772.60
BLACKROCK	4.800% 09/01/2042 DD 06/05/12	127,326.25	124,220.00
BLACKROCK	5.250% 07/15/2043 DD 07/16/13	72,753.00	80,635.50
BLACKROCK	4.625% 02/26/2055 DD 03/05/15	98,353.00	92,924.00
WELLINGTON LONG CR	5.650% 12/01/2044 DD 11/18/14	128,140.60	135,978.40
BLACKROCK	4.200% 07/15/2034 DD 07/01/14	29,806.50	28,837.80
BLACKROCK	4.400% 07/15/2044 DD 07/01/14	24,801.75	24,162.50
WELLINGTON LONG CR	4.700% 07/15/2064 DD 07/01/14	31,243.50	31,524.50
NISA LONG CREDIT	4.700% 07/15/2064 DD 07/01/14	116,989.60	126,098.00
BLACKROCK	3.950% 04/15/2045 DD 04/10/15	112,380.00	109,680.00
LEGAL & GENERAL	7.850% 07/15/2029 DD 07/06/99	848,534.80	811,152.00
WELLINGTON LONG CR	4.550% 08/01/2045 DD 07/31/15	31,493.70	29,775.60
OAKTREE	6.375% 08/15/2020 DD 08/15/13	127,537.50	121,550.00
BLACKROCK	4.300% 09/15/2044 DD 08/07/14	100,000.00	98,163.00
BLACKROCK	3.885% 07/01/2116 DD 08/02/16	105,000.00	89,833.80
LEGAL & GENERAL	5.250% 07/15/2044 DD 07/16/14	304,989.00	330,648.00
BLACKROCK	4.643% 12/01/2044 DD 10/29/13	125,000.00	141,651.25
OAKTREE	6.625% 11/15/2020 DD 05/15/11	22,543.75	22,875.00
OAKTREE	4.750% 05/01/2021 DD 11/01/13	203,525.00	178,708.00
OAKTREE	5.375% 05/15/2024 DD 05/12/14	72,625.00	72,975.00
BLACKROCK	4.800% 04/01/2026 DD 03/17/16	99,730.00	107,752.00
OAKTREE	6.125% 06/15/2023 DD 10/30/12	35,000.00	37,100.00
OAKTREE	7.625% 04/15/2022 DD 10/15/12	24,000.00	25,260.00
OAKTREE	5.500% 07/15/2025 DD 03/26/15	50,000.00	51,000.00
OAKTREE	5.500% 05/15/2027 DD 11/07/16	5,000.00	4,962.50
LEGAL & GENERAL	5.250% 10/01/2111 DD 08/17/11	275,353.95	243,706.80
BLACKROCK	4.800% 12/05/2034 DD 12/05/14	54,048.00	55,033.00
WELLINGTON LONG CR	4.800% 12/05/2034 DD 12/05/14	95,315.40	99,059.40
WELLINGTON LONG CR	4.950% 12/05/2044 DD 12/05/14	84,058.40	91,244.00

**THE PACIFIC GAS AND ELECTRIC COMPANY
HEALTH CARE PLAN FOR RETIREES AND SURVIVING DEPENDENTS**

EIN #: 94-0742640

PLAN #: 535

**FORM 5500, SCHEDULE H, PART IV, LINE 4(i) –
SCHEDULE OF ASSETS HELD
AS OF DECEMBER 31, 2016**

Identity of Issuer, borrower, lessor or similar party	Description of investment including maturity date, rate of interest, collateral, par or maturity value	Cost	Current Value	
BLACKROCK	4.950% 12/05/2044 DD 12/05/14	CORPORATE DEBT INSTRUMENTS	167,511.58	172,223.05
WELLINGTON LONG CR	4.900% 08/15/2044 DD 08/19/14	CORPORATE DEBT INSTRUMENTS	118,366.80	120,118.80
WELLINGTON LONG CR	4.600% 01/15/2045 DD 01/12/15	CORPORATE DEBT INSTRUMENTS	89,099.50	96,245.00
OAKTREE	5.250% 03/15/2021 DD 09/15/13	CORPORATE DEBT INSTRUMENTS	50,000.00	51,500.00
OAKTREE	5.250% 06/01/2024 DD 05/23/14	CORPORATE DEBT INSTRUMENTS	109,431.25	122,187.50
BLACKROCK	6.384% 10/23/2035 DD 10/23/16	CORPORATE DEBT INSTRUMENTS	114,798.66	130,168.85
LEGAL & GENERAL	6.384% 10/23/2035 DD 10/23/16	CORPORATE DEBT INSTRUMENTS	633,412.75	719,354.16
NISA LONG CREDIT	6.384% 10/23/2035 DD 10/23/16	CORPORATE DEBT INSTRUMENTS	311,300.75	319,712.96
WELLINGTON LONG CR	6.384% 10/23/2035 DD 10/23/16	CORPORATE DEBT INSTRUMENTS	513,992.30	559,497.68
BLACKROCK	6.484% 10/23/2045 DD 10/23/16	CORPORATE DEBT INSTRUMENTS	717,802.93	821,972.88
WELLINGTON LONG CR	6.484% 10/23/2045 DD 10/23/16	CORPORATE DEBT INSTRUMENTS	211,096.20	242,776.80
WELLINGTON LONG CR	6.834% 10/23/2055 DD 10/23/16	CORPORATE DEBT INSTRUMENTS	40,000.00	46,892.80
NISA LONG CREDIT	6.834% 10/23/2055 DD 10/23/16	CORPORATE DEBT INSTRUMENTS	173,891.20	187,571.20
BLACKROCK	6.834% 10/23/2055 DD 10/23/16	CORPORATE DEBT INSTRUMENTS	170,787.19	199,294.40
NISA LONG CREDIT	7.050% 03/15/2033 DD 03/14/03	CORPORATE DEBT INSTRUMENTS	51,398.80	53,699.60
LEGAL & GENERAL	5.650% 06/15/2035 DD 06/09/05	CORPORATE DEBT INSTRUMENTS	48,812.80	47,806.00
NISA LONG CREDIT	6.500% 11/15/2035 DD 11/14/05	CORPORATE DEBT INSTRUMENTS	84,292.80	76,834.80
NISA LONG CREDIT	6.450% 03/15/2037 DD 03/02/06	CORPORATE DEBT INSTRUMENTS	353,460.40	361,522.00
WELLINGTON LONG CR	6.450% 03/15/2037 DD 03/02/06	CORPORATE DEBT INSTRUMENTS	652,248.76	774,690.00
BLACKROCK	6.450% 03/15/2037 DD 03/02/06	CORPORATE DEBT INSTRUMENTS	155,870.45	219,495.50
LEGAL & GENERAL	6.950% 08/15/2037 DD 08/23/07	CORPORATE DEBT INSTRUMENTS	758,425.85	756,970.05
WELLINGTON LONG CR	6.950% 08/15/2037 DD 08/23/07	CORPORATE DEBT INSTRUMENTS	82,894.50	88,654.15
BLACKROCK	6.950% 08/15/2037 DD 08/23/07	CORPORATE DEBT INSTRUMENTS	281,048.10	381,894.80
DODGE & COX	6.950% 08/15/2037 DD 08/23/07	CORPORATE DEBT INSTRUMENTS	634,609.75	784,248.25
NISA LONG CREDIT	6.400% 05/15/2038 DD 05/07/08	CORPORATE DEBT INSTRUMENTS	125,780.00	128,050.00
NISA LONG CREDIT	6.550% 07/01/2039 DD 06/18/09	CORPORATE DEBT INSTRUMENTS	184,796.45	176,116.95
WELLINGTON LONG CR	6.550% 07/01/2039 DD 06/18/09	CORPORATE DEBT INSTRUMENTS	228,311.60	273,959.70
LEGAL & GENERAL	4.650% 07/15/2042 DD 07/02/12	CORPORATE DEBT INSTRUMENTS	122,452.10	124,934.40
NISA LONG CREDIT	4.650% 07/15/2042 DD 07/02/12	CORPORATE DEBT INSTRUMENTS	193,416.00	192,607.20
BLACKROCK	4.650% 07/15/2042 DD 07/02/12	CORPORATE DEBT INSTRUMENTS	49,959.00	52,056.00
NISA LONG CREDIT	4.500% 01/15/2043 DD 01/14/13	CORPORATE DEBT INSTRUMENTS	80,033.85	77,326.50
BLACKROCK	4.500% 01/15/2043 DD 01/14/13	CORPORATE DEBT INSTRUMENTS	45,852.50	51,551.00
LEGAL & GENERAL	4.250% 01/15/2033 DD 01/14/13	CORPORATE DEBT INSTRUMENTS	83,056.05	88,456.95
BLACKROCK	4.250% 01/15/2033 DD 01/14/13	CORPORATE DEBT INSTRUMENTS	46,607.50	52,033.50
NISA LONG CREDIT	4.750% 03/01/2044 DD 02/26/14	CORPORATE DEBT INSTRUMENTS	147,315.00	134,066.25
LEGAL & GENERAL	4.200% 08/15/2034 DD 08/12/14	CORPORATE DEBT INSTRUMENTS	219,172.80	224,723.40
WELLINGTON LONG CR	4.200% 08/15/2034 DD 08/12/14	CORPORATE DEBT INSTRUMENTS	59,774.40	61,288.20
WELLINGTON LONG CR	4.600% 08/15/2045 DD 05/27/15	CORPORATE DEBT INSTRUMENTS	110,005.40	115,309.70
LEGAL & GENERAL	4.600% 08/15/2045 DD 05/27/15	CORPORATE DEBT INSTRUMENTS	44,936.10	47,172.15
NISA LONG CREDIT	4.600% 08/15/2045 DD 05/27/15	CORPORATE DEBT INSTRUMENTS	93,606.40	83,861.60
BLACKROCK	4.600% 08/15/2045 DD 05/27/15	CORPORATE DEBT INSTRUMENTS	182,607.50	178,205.90
BLACKROCK	3.200% 07/15/2036 DD 07/19/16	CORPORATE DEBT INSTRUMENTS	69,519.10	62,962.90
WELLINGTON LONG CR	3.200% 07/15/2036 DD 07/19/16	CORPORATE DEBT INSTRUMENTS	124,141.25	112,433.75
WELLINGTON LONG CR	3.400% 07/15/2046 DD 07/19/16	CORPORATE DEBT INSTRUMENTS	74,344.50	65,498.25
DODGE & COX	6.800% 08/01/2028 DD 07/27/98	CORPORATE DEBT INSTRUMENTS	734,366.75	824,165.50
BLACKROCK	4.875% 04/01/2043 DD 03/19/13	CORPORATE DEBT INSTRUMENTS	245,886.10	244,883.85
OAKTREE	5.875% 07/15/2022 DD 05/16/12	CORPORATE DEBT INSTRUMENTS	55,000.00	57,887.50
OAKTREE	5.000% 03/15/2023 DD 12/27/12	CORPORATE DEBT INSTRUMENTS	167,162.50	169,150.00
OAKTREE	5.875% 11/15/2024 DD 11/20/14	CORPORATE DEBT INSTRUMENTS	60,456.25	66,885.00
OAKTREE	7.750% 07/01/2026 DD 06/13/16	CORPORATE DEBT INSTRUMENTS	60,000.00	67,650.00
BLACKROCK	6.625% 01/15/2040 DD 11/30/09	CORPORATE DEBT INSTRUMENTS	188,380.50	183,379.00
LEGAL & GENERAL	5.000% 05/13/2045 DD 05/13/14	CORPORATE DEBT INSTRUMENTS	290,609.80	254,577.00
LEGAL & GENERAL	6.125% 01/31/2046 DD 11/24/15	CORPORATE DEBT INSTRUMENTS	215,511.30	213,363.85
DODGE & COX	6.125% 01/31/2046 DD 11/24/15	CORPORATE DEBT INSTRUMENTS	648,821.00	645,053.50
OAKTREE	5.000% 05/01/2023 DD 10/30/12	CORPORATE DEBT INSTRUMENTS	74,925.00	77,250.00
OAKTREE	5.750% 02/01/2026 DD 08/01/16	CORPORATE DEBT INSTRUMENTS	78,981.25	78,937.50
WELLINGTON LONG CR	6.400% 04/30/2040 DD 04/30/11	CORPORATE DEBT INSTRUMENTS	101,049.10	129,312.00
NISA LONG CREDIT	6.400% 04/30/2040 DD 04/30/11	CORPORATE DEBT INSTRUMENTS	269,354.85	271,555.20
BLACKROCK	5.950% 04/01/2041 DD 04/01/11	CORPORATE DEBT INSTRUMENTS	276,036.65	289,541.15
NISA LONG CREDIT	4.450% 01/15/2043 DD 10/05/12	CORPORATE DEBT INSTRUMENTS	30,311.10	30,656.10

**THE PACIFIC GAS AND ELECTRIC COMPANY
HEALTH CARE PLAN FOR RETIREES AND SURVIVING DEPENDENTS**

EIN #: 94-0742640

PLAN #: 535

**FORM 5500, SCHEDULE H, PART IV, LINE 4(i) –
SCHEDULE OF ASSETS HELD
AS OF DECEMBER 31, 2016**

Identity of Issuer, borrower, lessor or similar party	Description of investment including maturity date, rate of interest, collateral, par or maturity value	Cost	Current Value	
BLACKROCK	4.450% 01/15/2043 DD 10/05/12	CORPORATE DEBT INSTRUMENTS	375,218.12	390,354.34
LEGAL & GENERAL	7.875% 02/15/2026 DD 02/14/96	CORPORATE DEBT INSTRUMENTS	217,902.60	201,340.50
NISA LONG CREDIT	7.875% 02/15/2026 DD 02/14/96	CORPORATE DEBT INSTRUMENTS	195,731.10	181,206.45
BLACKROCK	7.125% 02/15/2028 DD 02/24/98	CORPORATE DEBT INSTRUMENTS	53,776.00	66,127.00
BLACKROCK	7.570% 02/01/2024 DD 10/07/97	CORPORATE DEBT INSTRUMENTS	108,732.00	123,660.00
NISA LONG CREDIT	6.200% 03/15/2040 DD 03/11/10	CORPORATE DEBT INSTRUMENTS	161,488.80	161,607.60
NISA LONG CREDIT	6.100% 07/15/2040 DD 07/14/10	CORPORATE DEBT INSTRUMENTS	562,142.50	513,688.50
LEGAL & GENERAL	6.250% 03/29/2041 DD 04/01/11	CORPORATE DEBT INSTRUMENTS	167,265.80	151,681.40
NISA LONG CREDIT	4.900% 06/15/2042 DD 06/13/12	CORPORATE DEBT INSTRUMENTS	200,927.85	190,068.40
WELLINGTON LONG CR	5.350% 12/15/2043 DD 12/16/13	CORPORATE DEBT INSTRUMENTS	49,970.50	53,162.00
BLACKROCK	4.650% 06/01/2044 DD 05/28/14	CORPORATE DEBT INSTRUMENTS	23,304.60	21,035.30
WELLINGTON LONG CR	4.650% 06/01/2044 DD 05/28/14	CORPORATE DEBT INSTRUMENTS	98,930.00	95,615.00
WELLINGTON LONG CR	4.850% 07/15/2045 DD 06/04/15	CORPORATE DEBT INSTRUMENTS	29,794.50	30,032.70
BLACKROCK	4.850% 07/15/2045 DD 06/04/15	CORPORATE DEBT INSTRUMENTS	83,578.94	78,085.02
LEGAL & GENERAL	3.800% 02/15/2027 DD 12/08/16	CORPORATE DEBT INSTRUMENTS	89,653.50	89,488.80
BLACKROCK	3.800% 02/15/2027 DD 12/08/16	CORPORATE DEBT INSTRUMENTS	94,634.25	94,460.40
BLACKROCK	8.375% 07/15/2033 DD 01/15/94	CORPORATE DEBT INSTRUMENTS	41,703.48	47,167.56
WELLINGTON LONG CR	8.375% 07/15/2033 DD 01/15/94	CORPORATE DEBT INSTRUMENTS	114,113.05	124,469.95
WELLINGTON LONG CR	6.550% 05/01/2037 DD 04/09/07	CORPORATE DEBT INSTRUMENTS	191,299.25	209,429.25
DODGE & COX	6.550% 05/01/2037 DD 04/09/07	CORPORATE DEBT INSTRUMENTS	126,482.00	113,205.00
NISA LONG CREDIT	6.550% 05/01/2037 DD 04/09/07	CORPORATE DEBT INSTRUMENTS	446,329.05	447,159.75
DODGE & COX	7.300% 07/01/2038 DD 06/19/08	CORPORATE DEBT INSTRUMENTS	1,215,494.75	1,383,907.50
NISA LONG CREDIT	7.300% 07/01/2038 DD 06/19/08	CORPORATE DEBT INSTRUMENTS	194,509.05	221,425.20
LEGAL & GENERAL	7.300% 07/01/2038 DD 06/19/08	CORPORATE DEBT INSTRUMENTS	125,585.00	123,014.00
WELLINGTON LONG CR	7.300% 07/01/2038 DD 06/19/08	CORPORATE DEBT INSTRUMENTS	116,589.60	110,712.60
LEGAL & GENERAL	6.750% 06/15/2039 DD 06/29/09	CORPORATE DEBT INSTRUMENTS	124,984.65	122,070.90
WELLINGTON LONG CR	6.750% 06/15/2039 DD 06/29/09	CORPORATE DEBT INSTRUMENTS	27,071.00	29,064.50
DODGE & COX	6.750% 06/15/2039 DD 06/29/09	CORPORATE DEBT INSTRUMENTS	489,862.00	581,290.00
NISA LONG CREDIT	6.750% 06/15/2039 DD 06/29/09	CORPORATE DEBT INSTRUMENTS	446,778.15	435,967.50
NISA LONG CREDIT	5.875% 11/15/2040 DD 11/15/10	CORPORATE DEBT INSTRUMENTS	215,513.50	245,283.50
LEGAL & GENERAL	5.875% 11/15/2040 DD 11/15/10	CORPORATE DEBT INSTRUMENTS	117,495.90	117,309.50
BLACKROCK	5.500% 09/01/2041 DD 09/12/11	CORPORATE DEBT INSTRUMENTS	156,067.50	152,491.50
WELLINGTON LONG CR	5.500% 09/01/2041 DD 09/12/11	CORPORATE DEBT INSTRUMENTS	88,394.40	91,494.90
NISA LONG CREDIT	5.500% 09/01/2041 DD 09/12/11	CORPORATE DEBT INSTRUMENTS	36,167.95	35,581.35
LEGAL & GENERAL	4.500% 09/15/2042 DD 08/10/12	CORPORATE DEBT INSTRUMENTS	106,299.60	108,679.20
BLACKROCK	4.500% 09/15/2042 DD 08/10/12	CORPORATE DEBT INSTRUMENTS	26,901.44	28,981.12
WELLINGTON LONG CR	4.500% 09/15/2042 DD 08/10/12	CORPORATE DEBT INSTRUMENTS	132,099.90	117,735.80
LEGAL & GENERAL	5.400% 10/01/2043 DD 09/30/13	CORPORATE DEBT INSTRUMENTS	5,468.95	5,384.00
LEGAL & GENERAL	6.550% 03/15/2033 DD 09/15/03	CORPORATE DEBT INSTRUMENTS	88,452.00	91,042.50
DODGE & COX	6.200% 12/15/2034 DD 12/03/04	CORPORATE DEBT INSTRUMENTS	316,461.00	352,434.00
BLACKROCK	6.400% 12/15/2035 DD 12/23/05	CORPORATE DEBT INSTRUMENTS	392,507.15	513,699.50
DODGE & COX	6.400% 12/15/2035 DD 12/23/05	CORPORATE DEBT INSTRUMENTS	877,381.00	895,987.50
NISA LONG CREDIT	6.400% 12/15/2035 DD 12/23/05	CORPORATE DEBT INSTRUMENTS	710,324.80	740,683.00
DODGE & COX	6.150% 03/01/2037 DD 03/02/07	CORPORATE DEBT INSTRUMENTS	246,597.75	263,308.50
NISA LONG CREDIT	6.150% 03/01/2037 DD 03/02/07	CORPORATE DEBT INSTRUMENTS	174,557.90	181,390.30
NISA LONG CREDIT	6.650% 11/15/2037 DD 11/14/07	CORPORATE DEBT INSTRUMENTS	382,506.15	393,779.20
LEGAL & GENERAL	6.650% 11/15/2037 DD 11/14/07	CORPORATE DEBT INSTRUMENTS	500,092.10	467,612.80
DODGE & COX	6.650% 11/15/2037 DD 11/14/07	CORPORATE DEBT INSTRUMENTS	503,665.75	522,988.00
NISA LONG CREDIT	7.850% 03/01/2039 DD 02/13/09	CORPORATE DEBT INSTRUMENTS	121,828.00	107,466.40
WELLINGTON LONG CR	7.850% 03/01/2039 DD 02/13/09	CORPORATE DEBT INSTRUMENTS	244,358.10	282,099.30
WELLINGTON LONG CR	6.900% 08/15/2039 DD 02/15/10	CORPORATE DEBT INSTRUMENTS	164,631.75	188,362.50
LEGAL & GENERAL	6.150% 02/15/2041 DD 08/15/11	CORPORATE DEBT INSTRUMENTS	12,256.25	11,827.70
NISA LONG CREDIT	6.150% 02/15/2041 DD 08/15/11	CORPORATE DEBT INSTRUMENTS	141,807.85	136,018.55
WELLINGTON LONG CR	7.750% 12/01/2045 DD 12/01/95	CORPORATE DEBT INSTRUMENTS	102,081.00	138,674.00
LEGAL & GENERAL	4.950% 10/15/2045 DD 10/21/15	CORPORATE DEBT INSTRUMENTS	69,556.90	71,939.00
WELLINGTON LONG CR	4.950% 10/15/2045 DD 10/21/15	CORPORATE DEBT INSTRUMENTS	59,620.20	61,662.00
BLACKROCK	4.625% 05/01/2023 DD 04/16/13	CORPORATE DEBT INSTRUMENTS	100,000.00	101,000.00
LEGAL & GENERAL	6.875% 04/30/2036 DD 04/12/06	CORPORATE DEBT INSTRUMENTS	64,334.05	59,974.75
NISA LONG CREDIT	6.875% 04/30/2036 DD 04/12/06	CORPORATE DEBT INSTRUMENTS	130,119.05	125,401.75
NISA LONG CREDIT	4.500% 02/27/2042 DD 02/28/12	CORPORATE DEBT INSTRUMENTS	52,078.80	49,738.80

**THE PACIFIC GAS AND ELECTRIC COMPANY
HEALTH CARE PLAN FOR RETIREES AND SURVIVING DEPENDENTS**

EIN #: 94-0742640

PLAN #: 535

**FORM 5500, SCHEDULE H, PART IV, LINE 4(i) –
SCHEDULE OF ASSETS HELD
AS OF DECEMBER 31, 2016**

Identity of Issuer, borrower, lessor or similar party	Description of investment including maturity date, rate of interest, collateral, par or maturity value	Cost	Current Value
NISA LONG CREDIT	4.375% 03/15/2043 DD 03/15/13	121,691.20	127,449.60
LEGAL & GENERAL	5.850% 09/01/2043 DD 08/19/13	592,656.45	573,300.00
BLACKROCK	5.250% 04/01/2044 DD 03/11/14	176,635.70	159,204.50
LEGAL & GENERAL	4.850% 12/15/2034 DD 12/10/14	104,520.15	93,604.35
NISA LONG CREDIT	4.850% 12/15/2034 DD 12/10/14	185,574.95	173,836.65
WELLINGTON LONG CR	3.450% 10/04/2026 DD 10/04/16	84,558.85	78,557.00
WELLINGTON LONG CR	8.500% 03/11/2032	45,804.00	48,995.16
WELLINGTON LONG CR	6.125% 01/31/2046	201,762.00	198,477.20
WELLINGTON LONG CR	4.250% 08/09/2042 DD 08/09/12	94,024.80	93,491.40
BLACKROCK	4.250% 08/09/2042 DD 08/09/12	299,884.25	319,839.00
NISA LONG CREDIT	4.250% 08/09/2042 DD 08/09/12	74,879.25	73,809.00
BLACKROCK	4.500% 05/02/2043 DD 05/02/13	208,814.98	179,897.49
LEGAL & GENERAL	5.375% 01/31/2044 DD 10/31/13	219,062.80	254,126.40
WELLINGTON LONG CR	3.875% 09/16/2046 DD 09/16/16	265,990.50	249,180.30
BLACKROCK	3.875% 09/16/2046 DD 09/16/16	39,406.00	36,915.60
NISA LONG CREDIT	3.875% 09/16/2046 DD 09/16/16	81,795.60	83,060.10
NISA LONG CREDIT	6.800% 01/15/2031 DD 12/19/00	172,719.40	180,409.60
NISA LONG CREDIT	6.800% 08/20/2032 DD 06/22/01	356,998.88	335,187.08
NISA LONG CREDIT	6.500% 05/01/2042 DD 05/02/02	95,027.40	82,888.00
NISA LONG CREDIT	5.750% 04/01/2036 DD 03/10/06	39,141.90	41,086.85
NISA LONG CREDIT	6.450% 09/01/2037 DD 08/24/07	147,479.00	159,295.00
NISA LONG CREDIT	6.375% 01/15/2040 DD 10/16/09	157,808.40	149,647.20
WELLINGTON LONG CR	8.200% 01/15/2039 DD 01/15/11	342,895.50	413,569.75
WELLINGTON LONG CR	3.750% 07/15/2042 DD 07/16/12	79,608.05	76,448.15
WELLINGTON LONG CR	4.950% 01/15/2042 DD 07/15/16	217,566.00	217,712.00
WELLINGTON LONG CR	4.000% 01/17/2043 DD 01/17/13	40,114.05	42,808.95
BLACKROCK	4.000% 01/17/2043 DD 01/17/13	178,486.00	190,262.00
BLACKROCK	4.700% 02/01/2036 DD 01/25/16	421,455.50	447,044.75
NISA LONG CREDIT	4.700% 02/01/2036 DD 01/25/16	523,481.65	531,194.35
LEGAL & GENERAL	4.700% 02/01/2036 DD 01/25/16	352,915.90	368,154.50
WELLINGTON LONG CR	4.700% 02/01/2036 DD 01/25/16	262,789.90	278,745.55
NISA LONG CREDIT	4.900% 02/01/2046 DD 01/25/16	518,999.35	524,221.95
LEGAL & GENERAL	4.900% 02/01/2046 DD 01/25/16	1,139,869.15	1,097,083.05
WELLINGTON LONG CR	4.900% 02/01/2046 DD 01/25/16	892,070.65	961,974.30
BLACKROCK	4.900% 02/01/2046 DD 01/25/16	1,015,074.97	1,051,686.51
DODGE & COX	4.900% 02/01/2046 DD 01/25/16	1,172,238.75	1,270,022.25
WELLINGTON LONG CR	3.650% 02/01/2026 DD 01/25/16	206,992.55	208,113.95
LEGAL & GENERAL	3.650% 02/01/2026 DD 01/25/16	84,095.20	81,215.20
BLACKROCK	3.875% 04/29/2043 DD 04/29/13	123,166.25	119,077.50
LEGAL & GENERAL	3.875% 04/29/2043 DD 04/29/13	254,204.40	247,681.20
WELLINGTON LONG CR	5.000% 05/01/2042 DD 05/03/12	49,387.50	52,267.50
LEGAL & GENERAL	3.000% 07/15/2026 DD 07/07/16	179,721.00	170,155.80
LEGAL & GENERAL	4.200% 07/15/2046 DD 07/07/16	99,357.00	93,233.00
WELLINGTON LONG CR	4.200% 07/15/2046 DD 07/07/16	175,788.75	163,157.75
BLACKROCK	4.200% 07/15/2046 DD 07/07/16	226,194.95	209,774.25
DODGE & COX	4.200% 07/15/2046 DD 07/07/16	496,785.00	466,165.00
NISA LONG CREDIT	7.000% 03/01/2029 DD 03/08/99	546,772.25	512,696.25
NISA LONG CREDIT	5.500% 01/15/2040 DD 01/14/10	51,639.60	48,028.40
NISA LONG CREDIT	4.875% 11/01/2040 DD 10/26/10	53,460.00	49,851.00
LEGAL & GENERAL	3.600% 08/13/2042 DD 08/13/12	220,507.00	242,392.80
NISA LONG CREDIT	4.250% 10/22/2044 DD 10/22/14	157,159.70	149,745.85
WELLINGTON LONG CR	4.600% 07/17/2045 DD 07/17/15	34,875.75	38,145.10
LEGAL & GENERAL	3.450% 10/06/2046 DD 10/06/16	345,358.50	318,846.50
WELLINGTON LONG CR	3.450% 10/06/2046 DD 10/06/16	94,226.70	86,544.05
NISA LONG CREDIT	3.450% 10/06/2046 DD 10/06/16	99,186.00	91,099.00
WELLINGTON LONG CR	6.375% 05/16/2038 DD 05/16/08	65,714.40	76,934.40
BLACKROCK	6.375% 05/16/2038 DD 05/16/08	112,463.75	147,457.60
NISA LONG CREDIT	4.375% 11/15/2041 DD 11/15/11	218,712.15	211,722.00
BLACKROCK	4.500% 03/20/2042 DD 03/20/12	195,110.00	204,086.00
NISA LONG CREDIT	4.500% 03/20/2042 DD 03/20/12	122,165.70	122,451.60

**THE PACIFIC GAS AND ELECTRIC COMPANY
HEALTH CARE PLAN FOR RETIREES AND SURVIVING DEPENDENTS**

EIN #: 94-0742640

PLAN #: 535

**FORM 5500, SCHEDULE H, PART IV, LINE 4(i) –
SCHEDULE OF ASSETS HELD
AS OF DECEMBER 31, 2016**

Identity of Issuer, borrower, lessor or similar party	Description of investment including maturity date, rate of interest, collateral, par or maturity value	Cost	Current Value
BLACKROCK	3.875% 08/21/2042 DD 08/21/12	72,428.51	71,496.04
LEGAL & GENERAL	3.875% 08/21/2042 DD 08/21/12	360,849.60	334,267.20
LEGAL & GENERAL	4.125% 03/04/2043 DD 03/04/13	164,567.40	164,507.30
NISA LONG CREDIT	4.125% 03/04/2043 DD 03/04/13	190,454.75	198,376.45
WELLINGTON LONG CR	4.125% 03/04/2043 DD 03/04/13	72,897.75	72,576.75
WELLINGTON LONG CR	4.875% 11/15/2043 DD 11/12/13	49,711.00	53,781.50
LEGAL & GENERAL	4.875% 11/15/2043 DD 11/12/13	243,969.90	263,529.35
NISA LONG CREDIT	4.875% 11/15/2043 DD 11/12/13	235,895.00	236,638.60
WELLINGTON LONG CR	4.250% 11/10/2044 DD 11/10/14	180,316.10	177,733.80
WELLINGTON LONG CR	7.250% 06/15/2037 DD 06/21/07	97,343.00	131,022.00
BLACKROCK	7.250% 06/15/2037 DD 06/21/07	49,999.60	52,408.80
BLACKROCK	6.150% 09/15/2043 DD 09/17/13	48,980.33	51,884.66
WELLINGTON LONG CR	5.700% 08/15/2035 DD 06/12/15	34,845.30	40,202.40
WELLINGTON LONG CR	5.850% 08/15/2045 DD 06/12/15	64,659.40	76,968.45
BLACKROCK	5.850% 08/15/2045 DD 06/12/15	291,098.05	313,794.45
BLACKROCK	8.125% 05/01/2040 DD 11/01/15	123,895.00	133,525.00
BLACKROCK	7.000% 08/04/2041 DD 08/04/15	113,514.00	119,738.00
OAKTREE	4.625% 06/01/2021 DD 06/04/13	145,850.00	147,900.00
LEGAL & GENERAL	3.375% 08/15/2046 DD 08/09/16	94,537.35	84,108.25
OAKTREE	5.750% 06/15/2023 DD 06/12/13	257,650.00	262,012.50
BLACKROCK	5.000% 06/04/2042 DD 12/04/12	52,874.00	51,197.00
BLACKROCK	6.875% 01/26/2039 DD 07/26/12	57,704.61	72,868.30
WELLINGTON LONG CR	6.875% 01/26/2039 DD 07/26/12	37,806.20	47,741.30
NISA LONG CREDIT	4.375% 06/01/2046 DD 05/24/16	475,406.10	437,555.70
LEGAL & GENERAL	4.375% 06/01/2046 DD 05/24/16	488,451.60	461,080.20
BLACKROCK	4.375% 06/01/2046 DD 05/24/16	164,478.60	155,261.70
WELLINGTON LONG CR	4.375% 06/01/2046 DD 05/24/16	359,333.80	338,752.80
WELLINGTON LONG CR	5.000% 07/15/2035 DD 07/15/16	69,334.30	73,437.00
LEGAL & GENERAL	5.000% 07/15/2035 DD 07/15/16	238,584.60	251,784.00
BLACKROCK	5.000% 07/15/2035 DD 07/15/16	84,191.65	89,173.50
WELLINGTON LONG CR	5.200% 07/15/2045 DD 07/15/16	34,862.10	36,638.35
DODGE & COX	5.200% 07/15/2045 DD 07/15/16	1,492,659.00	1,491,704.25
BLACKROCK	5.200% 07/15/2045 DD 07/15/16	245,674.40	251,234.40
WELLINGTON LONG CR	7.500% 04/01/2031 DD 05/11/01	263,935.15	289,499.65
WELLINGTON LONG CR	3.875% 10/15/2046 DD 10/03/16	70,509.65	63,725.90
OAKTREE	4.875% 05/01/2021 DD 11/01/13	165,256.25	169,950.00
OAKTREE	6.625% 08/15/2022 DD 08/01/12	134,600.00	142,256.25
WELLINGTON LONG CR	4.250% 03/15/2035 DD 09/15/15	14,944.05	15,143.70
WELLINGTON LONG CR	4.375% 03/15/2045 DD 09/15/15	39,324.00	39,688.00
WELLINGTON LONG CR	4.500% 04/01/2046 DD 04/01/16	69,759.90	70,573.30
LEGAL & GENERAL	5.900% 11/15/2032 DD 11/12/02	352,854.40	324,207.50
NISA LONG CREDIT	3.750% 11/30/2026 DD 11/22/16	119,107.20	119,170.80
NISA LONG CREDIT	4.750% 11/30/2036 DD 11/22/16	233,616.00	238,905.70
BLACKROCK	4.750% 11/30/2036 DD 11/22/16	75,645.75	76,246.50
DODGE & COX	4.900% 11/30/2046 DD 11/22/16	768,962.75	795,413.50
NISA LONG CREDIT	4.900% 11/30/2046 DD 11/22/16	105,375.50	107,765.70
BLACKROCK	4.400% 11/06/2042 DD 05/06/13	330,867.00	319,855.00
NISA LONG CREDIT	4.500% 05/14/2035 DD 05/14/15	424,437.20	402,837.30
LEGAL & GENERAL	4.500% 05/14/2035 DD 05/14/15	507,408.90	501,090.30
WELLINGTON LONG CR	4.500% 05/14/2035 DD 05/14/15	134,067.15	132,641.55
BLACKROCK	4.500% 05/14/2035 DD 05/14/15	293,055.30	289,846.35
NISA LONG CREDIT	4.700% 05/14/2045 DD 05/14/15	181,027.11	169,735.49
LEGAL & GENERAL	4.700% 05/14/2045 DD 05/14/15	92,897.45	93,207.35
NISA LONG CREDIT	4.300% 05/14/2036 DD 05/12/16	70,126.00	66,703.70
BLACKROCK	4.300% 05/14/2036 DD 05/12/16	74,591.25	71,468.25
WELLINGTON LONG CR	4.300% 05/14/2036 DD 05/12/16	84,536.75	80,997.35
NISA LONG CREDIT	4.450% 05/14/2046 DD 05/12/16	393,400.85	378,224.35
BLACKROCK	4.450% 05/14/2046 DD 05/12/16	74,496.00	71,814.75
WELLINGTON LONG CR	4.450% 05/14/2046 DD 05/12/16	49,664.00	47,876.50
OAKTREE	5.125% 07/01/2022 DD 07/01/14	210,025.00	208,687.50

**THE PACIFIC GAS AND ELECTRIC COMPANY
HEALTH CARE PLAN FOR RETIREES AND SURVIVING DEPENDENTS**

EIN #: 94-0742640

PLAN #: 535

**FORM 5500, SCHEDULE H, PART IV, LINE 4(i) –
SCHEDULE OF ASSETS HELD
AS OF DECEMBER 31, 2016**

Identity of Issuer, borrower, lessor or similar party	Description of investment including maturity date, rate of interest, collateral, par or maturity value	Cost	Current Value
OAKTREE	5.625% 02/15/2023 DD 08/15/15	109,450.00	110,000.00
NISA LONG CREDIT	4.850% 06/15/2044 DD 06/19/14	72,112.05	74,362.50
BLACKROCK	4.850% 06/15/2044 DD 06/19/14	324,358.25	322,237.50
LEGAL & GENERAL	4.850% 06/15/2044 DD 06/19/14	84,849.60	79,320.00
WELLINGTON LONG CR	4.550% 03/15/2035 DD 03/12/15	461,618.00	465,201.30
NISA LONG CREDIT	4.550% 03/15/2035 DD 03/12/15	967,485.40	950,198.40
BLACKROCK	4.550% 03/15/2035 DD 03/12/15	164,290.50	163,315.35
LEGAL & GENERAL	4.750% 03/15/2045 DD 03/12/15	230,319.00	215,980.60
DODGE & COX	4.750% 03/15/2045 DD 03/12/15	571,992.75	564,494.75
BLACKROCK	4.750% 03/15/2045 DD 03/12/15	148,481.76	145,296.04
WELLINGTON LONG CR	4.125% 11/15/2042 DD 11/07/12	68,919.90	66,781.40
BLACKROCK	4.750% 03/15/2044 DD 03/07/14	107,783.70	105,199.00
BLACKROCK	3.500% 11/15/2024 DD 11/10/14	78,959.44	77,105.80
BLACKROCK	2.800% 06/15/2023 DD 06/09/16	49,927.00	49,250.50
BLACKROCK	3.200% 06/15/2026 DD 06/09/16	154,420.30	153,336.85
WELLINGTON LONG CR	3.200% 06/15/2026 DD 06/09/16	119,551.20	118,712.40
WELLINGTON LONG CR	4.375% 06/15/2046 DD 06/09/16	124,875.00	125,518.75
LEGAL & GENERAL	4.375% 06/15/2046 DD 06/09/16	179,820.00	180,747.00
WELLINGTON LONG CR	4.250% 06/15/2036 DD 06/09/16	84,647.25	85,225.25
LEGAL & GENERAL	4.250% 06/15/2036 DD 06/09/16	184,232.25	185,490.25
BLACKROCK	4.250% 06/15/2036 DD 06/09/16	114,522.75	115,304.75
NISA LONG CREDIT	4.950% 10/01/2041 DD 09/16/10	466,444.15	451,356.00
NISA LONG CREDIT	5.150% 11/15/2041 DD 11/10/11	158,779.50	174,429.75
LEGAL & GENERAL	4.400% 05/01/2045 DD 05/01/15	84,430.40	77,684.00
WELLINGTON LONG CR	4.400% 05/01/2045 DD 05/01/15	67,265.25	62,305.75
BLACKROCK	4.400% 05/01/2045 DD 05/01/15	110,396.10	100,647.75
OAKTREE	5.625% 07/15/2022 DD 01/15/15	280,385.00	283,525.00
WELLINGTON LONG CR	3.945% 11/15/2046 DD 05/11/16	55,000.00	52,515.10
WELLINGTON LONG CR	6.450% 09/15/2037 DD 09/12/07	33,531.00	38,810.70
BLACKROCK	4.375% 11/16/2045 DD 11/16/15	73,951.50	75,281.25
WELLINGTON LONG CR	4.375% 11/16/2045 DD 11/16/15	223,412.70	220,825.00
BLACKROCK	4.000% 06/23/2025 DD 12/23/15	66,703.86	67,195.64
LEGAL & GENERAL	5.250% 06/23/2045 DD 12/23/15	350,303.40	314,888.90
NISA LONG CREDIT	5.250% 06/23/2045 DD 12/23/15	81,814.60	74,719.40
BLACKROCK	5.250% 06/23/2045 DD 12/23/15	95,377.52	104,607.16
DODGE & COX	4.685% 12/15/2044 DD 12/15/14	477,105.25	492,076.25
DODGE & COX	VAR RT 11/15/2035 DD 11/17/05	405,431.25	586,598.40
DODGE & COX	7.375% 01/15/2040 DD 12/14/09	207,484.50	186,559.50
BLACKROCK	3.250% 08/01/2042 DD 07/31/12	83,507.00	89,451.00
BLACKROCK	4.500% 03/01/2044 DD 10/31/13	49,545.00	54,225.50
OAKTREE	6.875% 02/01/2022 DD 08/01/14	378,528.13	260,625.00
DODGE & COX	STEP 01/15/2033 DD 07/15/1998	446,497.52	513,149.40
DODGE & COX	6.150% 11/15/2036 DD 11/10/06	490,479.35	736,314.25
LEGAL & GENERAL	3.200% 03/15/2023 DD 02/22/13	49,367.70	50,452.00
WELLINGTON LONG CR	4.500% 11/15/2044 DD 11/19/14	59,058.00	59,478.00
WELLINGTON LONG CR	4.625% 05/15/2044 DD 05/15/14	169,398.20	166,450.40
OAKTREE	4.750% 05/15/2022 DD 04/29/14	45,787.50	45,450.00
OAKTREE	5.625% 02/15/2021 DD 02/11/16	85,000.00	89,369.00
OAKTREE	6.125% 02/15/2024 DD 02/11/16	65,000.00	68,493.75
OAKTREE	4.750% 01/15/2025 DD 11/09/16	155,000.00	151,318.75
BLACKROCK	4.268% 05/15/2044 DD 11/06/14	167,000.00	165,825.99
WELLINGTON LONG CR	5.623% 11/15/2043 DD 07/25/13	115,732.75	117,535.00
NISA LONG CREDIT	6.550% 10/15/2037 DD 04/15/08	95,984.00	90,783.00
OAKTREE	5.125% 07/15/2024 DD 06/13/14	295,068.75	289,275.00
OAKTREE	5.000% 05/01/2025 DD 04/17/15	59,093.75	59,025.00
WELLINGTON LONG CR	5.267% 11/01/2064 DD 10/15/14	100,394.90	97,553.00
BLACKROCK	5.267% 11/01/2064 DD 10/15/14	125,000.00	121,941.25
LEGAL & GENERAL	3.400% 03/01/2027 DD 07/05/16	94,961.05	89,006.45
LEGAL & GENERAL	4.800% 07/15/2046 DD 07/05/16	446,377.75	421,269.20
WELLINGTON LONG CR	5.650% 12/01/2041 DD 12/13/11	34,920.55	40,454.05

**THE PACIFIC GAS AND ELECTRIC COMPANY
HEALTH CARE PLAN FOR RETIREES AND SURVIVING DEPENDENTS**

EIN #: 94-0742640

PLAN #: 535

**FORM 5500, SCHEDULE H, PART IV, LINE 4(i) –
SCHEDULE OF ASSETS HELD
AS OF DECEMBER 31, 2016**

Identity of Issuer, borrower, lessor or similar party	Description of investment including maturity date, rate of interest, collateral, par or maturity value	Cost	Current Value
NISA LONG CREDIT	4.800% 04/01/2044 DD 03/07/14	469,804.05	462,074.65
WELLINGTON LONG CR	4.800% 04/01/2044 DD 03/07/14	54,893.30	57,110.35
NISA LONG CREDIT	4.500% 02/01/2045 DD 11/17/14	339,552.55	339,714.40
BLACKROCK	4.500% 02/01/2045 DD 11/17/14	6,282.36	5,994.96
WELLINGTON LONG CR	4.500% 02/01/2045 DD 11/17/14	55,672.50	49,958.00
LEGAL & GENERAL	4.500% 02/01/2045 DD 11/17/14	138,050.90	129,890.80
BLACKROCK	4.750% 03/01/2046 DD 09/14/15	265,538.49	269,014.20
WELLINGTON LONG CR	4.750% 03/01/2046 DD 09/14/15	94,607.65	98,293.65
LEGAL & GENERAL	4.750% 03/01/2046 DD 09/14/15	253,946.85	263,840.85
LEGAL & GENERAL	4.600% 09/01/2035 DD 09/14/15	204,313.25	212,623.95
WELLINGTON LONG CR	4.600% 09/01/2035 DD 09/14/15	79,732.00	82,975.20
BLACKROCK	4.600% 09/01/2035 DD 09/14/15	44,849.25	46,673.55
BLACKROCK	4.000% 09/01/2036 DD 09/20/16	89,487.00	86,298.30
NISA LONG CREDIT	4.000% 09/01/2036 DD 09/20/16	124,287.50	119,858.75
LEGAL & GENERAL	4.000% 09/01/2036 DD 09/20/16	89,487.00	86,298.30
WELLINGTON LONG CR	4.150% 03/01/2047 DD 09/20/16	124,103.75	118,725.00
LEGAL & GENERAL	4.150% 03/01/2047 DD 09/20/16	134,032.05	128,223.00
BLACKROCK	4.150% 03/01/2047 DD 09/20/16	213,458.45	204,207.00
LEGAL & GENERAL	2.950% 03/01/2027 DD 09/20/16	169,955.80	162,700.20
WELLINGTON LONG CR	6.375% 05/15/2038 DD 05/13/08	39,395.65	46,033.75
BLACKROCK	6.375% 05/15/2038 DD 05/13/08	99,694.00	131,525.00
DODGE & COX	7.500% 11/06/2033 DD 11/06/03	258,000.00	318,000.00
OAKTREE	5.375% 02/01/2025 DD 01/16/15	30,000.00	30,075.00
BLACKROCK	5.250% 06/15/2026 DD 03/15/16	105,067.50	105,442.50
OAKTREE	5.250% 06/15/2026 DD 03/15/16	55,000.00	56,856.25
BLACKROCK	4.500% 02/15/2027 DD 08/15/16	117,512.50	117,900.00
OAKTREE	5.875% 05/01/2023 DD 10/23/12	37,362.50	37,187.50
OAKTREE	6.250% 02/15/2021 DD 12/06/12	324,200.00	328,256.25
OAKTREE	5.750% 11/01/2024 DD 09/11/12	146,250.00	146,812.50
OAKTREE	5.125% 03/15/2023 DD 03/12/15	84,837.50	84,150.00
LEGAL & GENERAL	4.625% 12/01/2042 DD 12/10/12	39,455.20	38,376.40
WELLINGTON LONG CR	4.625% 12/01/2042 DD 12/10/12	15,263.40	14,391.15
WELLINGTON LONG CR	4.950% 10/01/2044 DD 09/19/14	119,421.60	126,128.40
LEGAL & GENERAL	4.950% 10/01/2044 DD 09/19/14	88,083.80	89,340.95
BLACKROCK	3.837% 05/15/2046 DD 11/10/16	57,000.00	54,051.39
BLACKROCK	3.550% 03/01/2036 DD 03/01/16	371,663.10	370,225.70
WELLINGTON LONG CR	3.550% 03/01/2036 DD 03/01/16	73,959.90	70,042.70
NISA LONG CREDIT	3.550% 03/01/2036 DD 03/01/16	94,501.25	95,057.95
NISA LONG CREDIT	3.700% 03/01/2046 DD 03/01/16	206,280.05	177,364.80
BLACKROCK	3.700% 03/01/2046 DD 03/01/16	150,178.00	148,789.36
WELLINGTON LONG CR	3.700% 03/01/2046 DD 03/01/16	144,037.20	142,877.20
WELLINGTON LONG CR	4.875% 04/01/2042 DD 04/11/12	49,619.00	55,082.50
WELLINGTON LONG CR	4.700% 02/01/2045 DD 01/30/15	39,694.40	39,509.60
OAKTREE	5.500% 12/01/2021 DD 06/01/14	41,700.00	41,600.00
OAKTREE	5.875% 12/01/2023 DD 12/04/15	70,287.50	70,875.00
BLACKROCK	3.700% 03/01/2045 DD 03/05/15	49,757.50	47,431.00
WELLINGTON LONG CR	3.700% 03/01/2045 DD 03/05/15	74,636.25	71,146.50
LEGAL & GENERAL	4.883% 03/15/2044 DD 03/10/14	170,000.00	172,934.20
WELLINGTON LONG CR	4.883% 03/15/2044 DD 03/10/14	59,933.40	61,035.60
NISA LONG CREDIT	4.500% 03/15/2042 DD 03/19/12	66,900.30	67,822.95
NISA LONG CREDIT	4.625% 03/15/2044 DD 02/27/14	112,654.30	118,157.60
LEGAL & GENERAL	4.375% 03/15/2035 DD 03/15/15	231,933.78	247,555.62
NISA LONG CREDIT	4.375% 03/15/2035 DD 03/15/15	373,610.95	380,854.80
WELLINGTON LONG CR	4.375% 03/15/2035 DD 03/15/15	229,951.44	245,439.76
BLACKROCK	4.375% 03/15/2035 DD 03/15/15	231,933.78	247,555.62
BLACKROCK	4.625% 03/15/2045 DD 03/15/15	319,142.40	346,054.40
NISA LONG CREDIT	4.625% 03/15/2045 DD 03/15/15	311,013.65	313,611.80
LEGAL & GENERAL	4.625% 03/15/2045 DD 03/15/15	389,222.00	421,753.80
WELLINGTON LONG CR	4.625% 03/15/2045 DD 03/15/15	259,303.20	281,169.20
NISA LONG CREDIT	5.850% 06/30/2039 DD 06/25/09	145,778.60	144,927.60

**THE PACIFIC GAS AND ELECTRIC COMPANY
HEALTH CARE PLAN FOR RETIREES AND SURVIVING DEPENDENTS**

EIN #: 94-0742640

PLAN #: 535

**FORM 5500, SCHEDULE H, PART IV, LINE 4(i) –
SCHEDULE OF ASSETS HELD
AS OF DECEMBER 31, 2016**

Identity of Issuer, borrower, lessor or similar party	Description of investment including maturity date, rate of interest, collateral, par or maturity value	Cost	Current Value
NISA LONG CREDIT	3.600% 09/15/2042 DD 09/13/12	112,664.60	122,250.70
LEGAL & GENERAL	3.600% 09/15/2042 DD 09/13/12	89,248.20	84,635.10
WELLINGTON LONG CR	4.150% 05/18/2043 DD 05/20/13	24,923.50	25,679.50
LEGAL & GENERAL	3.700% 02/10/2045 DD 02/10/15	390,669.55	376,648.30
BLACKROCK	3.700% 02/10/2045 DD 02/10/15	153,607.90	147,798.70
NISA LONG CREDIT	3.700% 02/10/2045 DD 02/10/15	149,761.60	152,566.40
WELLINGTON LONG CR	3.700% 02/10/2045 DD 02/10/15	171,336.65	166,869.50
WELLINGTON LONG CR	5.400% 11/29/2043 DD 11/29/13	145,554.30	135,785.25
BLACKROCK	4.024% 08/01/2045 DD 02/05/15	250,000.00	242,642.50
LEGAL & GENERAL	4.400% 05/06/2044 DD 02/21/14	431,502.60	469,121.40
BLACKROCK	4.400% 05/06/2044 DD 02/21/14	133,886.25	134,805.00
NISA LONG CREDIT	4.000% 11/20/2045 DD 11/20/15	87,178.00	85,781.15
NISA LONG CREDIT	7.200% 03/15/2039 DD 03/24/09	260,694.00	281,675.55
WELLINGTON LONG CR	7.200% 03/15/2039 DD 03/24/09	31,104.75	36,112.25
WELLINGTON LONG CR	4.400% 05/15/2044 DD 05/15/14	57,186.00	52,813.00
NISA LONG CREDIT	5.600% 09/15/2040 DD 09/15/15	181,168.35	187,046.25
NISA LONG CREDIT	4.000% 12/15/2036 DD 11/21/16	154,254.45	158,805.25
LEGAL & GENERAL	4.000% 12/15/2036 DD 11/21/16	199,038.00	204,910.00
WELLINGTON LONG CR	4.000% 12/15/2036 DD 11/21/16	144,292.95	148,559.75
NISA LONG CREDIT	4.125% 12/15/2046 DD 11/21/16	89,843.40	91,553.40
LEGAL & GENERAL	4.125% 12/15/2046 DD 11/21/16	364,364.90	371,299.90
WELLINGTON LONG CR	3.744% 10/01/2047 DD 09/28/16	55,194.40	50,749.60
BLACKROCK	4.750% 04/15/2043 DD 04/02/13	170,328.00	171,290.00
LEGAL & GENERAL	3.200% 09/23/2026 DD 09/23/16	589,297.90	551,260.60
BLACKROCK	3.200% 09/23/2026 DD 09/23/16	164,803.65	154,166.10
BLACKROCK	4.625% 03/15/2046 DD 03/10/16	39,557.60	40,787.20
WELLINGTON LONG CR	4.625% 03/15/2046 DD 03/10/16	79,115.20	81,574.40
OAKTREE	4.875% 06/01/2026 DD 05/16/16	175,275.00	173,250.00
OAKTREE	4.500% 04/01/2021 DD 02/05/13	185,143.75	183,150.00
OAKTREE	4.375% 10/01/2021 DD 05/30/13	44,725.00	44,606.25
OAKTREE	6.750% 06/15/2023 DD 06/16/15	166,518.75	145,612.50
BLACKROCK	6.150% 02/01/2036 DD 01/31/06	4,622.55	5,581.95
BLACKROCK	3.150% 10/01/2026 DD 07/21/16	44,880.30	41,486.85
LEGAL & GENERAL	3.150% 10/01/2026 DD 07/21/16	149,601.00	138,289.50
WELLINGTON LONG CR	3.150% 10/01/2026 DD 07/21/16	79,787.20	73,754.40
LEGAL & GENERAL	4.100% 10/01/2046 DD 07/21/16	210,483.40	188,509.20
BLACKROCK	4.100% 10/01/2046 DD 07/21/16	200,259.99	170,515.14
WELLINGTON LONG CR	4.100% 10/01/2046 DD 07/21/16	54,541.85	47,127.30
BLACKROCK	5.300% 02/01/2044 DD 12/11/13	76,999.50	83,913.75
DODGE & COX	5.800% 03/15/2036 DD 03/02/06	634,194.00	772,725.15
BLACKROCK	5.800% 03/15/2036 DD 03/02/06	123,667.80	121,689.00
WELLINGTON LONG CR	6.500% 06/15/2037 DD 12/15/07	65,236.50	64,258.50
NISA LONG CREDIT	6.625% 11/15/2037 DD 11/19/07	844,380.50	804,456.90
BLACKROCK	6.625% 11/15/2037 DD 11/19/07	169,672.50	163,507.50
WELLINGTON LONG CR	6.875% 02/15/2038 DD 02/07/08	203,602.00	272,160.00
DODGE & COX	5.700% 10/15/2040 DD 10/25/10	198,724.00	243,830.00
LEGAL & GENERAL	5.700% 10/15/2040 DD 10/25/10	88,536.00	85,340.50
NISA LONG CREDIT	5.950% 02/15/2041 DD 02/17/11	82,132.70	81,108.30
NISA LONG CREDIT	4.625% 11/15/2041 DD 11/10/11	162,297.15	153,141.75
BLACKROCK	4.375% 03/15/2042 DD 03/08/12	20,337.80	20,273.80
BLACKROCK	3.950% 10/15/2042 DD 10/22/12	96,752.70	96,412.14
LEGAL & GENERAL	3.950% 10/15/2042 DD 10/22/12	27,433.00	29,215.80
BLACKROCK	4.250% 03/15/2043 DD 02/28/13	178,265.70	183,693.60
WELLINGTON LONG CR	4.625% 07/15/2035 DD 07/23/15	107,372.85	114,454.20
LEGAL & GENERAL	4.625% 07/15/2035 DD 07/23/15	114,986.20	125,354.60
NISA LONG CREDIT	4.625% 07/15/2035 DD 07/23/15	83,712.80	87,203.20
BLACKROCK	4.625% 07/15/2035 DD 07/23/15	39,995.20	43,601.60
BLACKROCK	4.750% 07/15/2045 DD 07/23/15	140,240.89	149,820.32
WELLINGTON LONG CR	4.750% 07/15/2045 DD 07/23/15	194,342.30	209,307.80
LEGAL & GENERAL	4.750% 07/15/2045 DD 07/23/15	80,667.20	77,113.40

**THE PACIFIC GAS AND ELECTRIC COMPANY
HEALTH CARE PLAN FOR RETIREES AND SURVIVING DEPENDENTS**

EIN #: 94-0742640

PLAN #: 535

**FORM 5500, SCHEDULE H, PART IV, LINE 4(i) –
SCHEDULE OF ASSETS HELD
AS OF DECEMBER 31, 2016**

Identity of Issuer, borrower, lessor or similar party	Description of investment including maturity date, rate of interest, collateral, par or maturity value	Cost	Current Value
LEGAL & GENERAL	4.200% 01/15/2047 DD 12/20/16	94,290.35	96,092.50
NISA LONG CREDIT	4.625% 10/01/2042 DD 10/02/12	57,068.40	58,101.00
BLACKROCK	4.625% 10/01/2042 DD 10/02/12	114,652.25	121,043.75
WELLINGTON LONG CR	5.950% 12/15/2034 DD 12/09/04	82,462.40	91,357.60
NISA LONG CREDIT	5.950% 12/15/2034 DD 12/09/04	68,667.60	68,518.20
DODGE & COX	5.850% 01/15/2036 DD 01/10/06	973,952.75	1,236,444.00
WELLINGTON LONG CR	6.375% 06/15/2037 DD 06/08/07	43,962.80	42,045.50
DODGE & COX	6.375% 06/15/2037 DD 06/08/07	808,705.91	798,864.50
NISA LONG CREDIT	6.375% 06/15/2037 DD 06/08/07	46,632.40	48,052.00
NISA LONG CREDIT	5.800% 08/15/2040 DD 08/12/10	60,211.80	62,286.95
BLACKROCK	4.625% 05/15/2042 DD 05/07/12	96,967.00	100,477.00
WELLINGTON LONG CR	4.625% 05/15/2042 DD 05/07/12	250,779.00	251,192.50
NISA LONG CREDIT	4.625% 05/15/2042 DD 05/07/12	580,433.80	577,742.75
NISA LONG CREDIT	4.650% 01/15/2043 DD 09/10/12	63,916.30	70,273.00
BLACKROCK	5.100% 01/15/2044 DD 08/06/13	99,865.00	106,555.00
LEGAL & GENERAL	5.100% 01/15/2044 DD 08/06/13	151,001.60	138,521.50
WELLINGTON LONG CR	5.100% 01/15/2044 DD 08/06/13	29,271.50	26,638.75
BLACKROCK	4.650% 08/15/2044 DD 08/12/14	59,874.60	60,737.40
WELLINGTON LONG CR	6.000% 02/15/2036 DD 11/14/05	237,655.80	274,135.40
NISA LONG CREDIT	6.000% 02/15/2036 DD 11/14/05	65,354.50	62,303.50
NISA LONG CREDIT	5.950% 04/01/2037 DD 03/27/07	372,187.40	390,119.50
BLACKROCK	5.950% 04/01/2037 DD 03/27/07	396,882.50	503,380.00
DODGE & COX	4.700% 02/01/2043 DD 08/01/13	1,541,810.25	1,533,057.75
OAKTREE	6.750% 04/30/2020 DD 04/30/13	69,925.00	73,500.00
OAKTREE	6.625% 11/15/2022 DD 11/15/13	123,068.75	127,500.00
OAKTREE	5.750% 07/15/2025 DD 01/15/16	70,000.00	72,625.00
BLACKROCK	6.000% 01/15/2043 DD 01/10/13	150,000.00	126,000.00
OAKTREE	5.750% 10/15/2022 DD 10/15/15	115,000.00	121,555.00
OAKTREE	5.500% 05/15/2022 DD 05/12/14	199,937.50	208,000.00
OAKTREE	5.125% 07/15/2023 DD 06/05/15	40,800.00	40,700.00
BLACKROCK	3.803% 08/15/2042 DD 08/15/12	91,072.70	91,277.90
WELLINGTON LONG CR	4.300% 05/15/2044 DD 05/08/14	44,622.80	46,661.85
LEGAL & GENERAL	4.750% 05/15/2064 DD 05/08/14	367,116.00	389,192.20
OAKTREE	5.250% 08/01/2020 DD 07/30/12	159,262.50	158,681.25
OAKTREE	15.000% 03/31/2007 DD 03/31/00	51,406.00	0.00
OAKTREE	7.250% 12/01/2020 DD 12/01/10	110,000.00	112,365.00
OAKTREE	6.375% 10/01/2022 DD 03/19/12	58,250.00	60,881.40
OAKTREE	5.875% 03/01/2024 DD 03/06/14	40,650.00	38,500.00
WELLINGTON LONG CR	5.200% 03/15/2044 DD 03/04/14	34,951.70	34,633.55
NISA LONG CREDIT	3.375% 11/01/2046 DD 10/21/16	132,085.05	121,907.70
WELLINGTON LONG CR	3.375% 11/01/2046 DD 10/21/16	128,568.70	117,392.60
OAKTREE	VAR RT 02/15/2021 DD 02/15/12	51,850.84	53,354.51
OAKTREE	5.750% 10/15/2020 DD 09/28/12	80,000.00	82,500.00
OAKTREE	4.875% 07/15/2022 DD 01/15/15	180,950.00	182,700.00
OAKTREE	5.125% 10/01/2021 DD 04/01/15	140,181.25	146,011.60
OAKTREE	5.625% 10/15/2023 DD 09/24/15	60,375.00	61,950.00
OAKTREE	5.500% 06/15/2026 DD 05/24/16	216,687.50	216,075.00
NISA LONG CREDIT	6.875% 11/21/2036 DD 11/21/06	540,136.25	556,525.00
NISA LONG CREDIT	6.875% 11/10/2039 DD 11/10/09	112,843.75	111,837.50
WELLINGTON LONG CR	3.900% 03/01/2035 DD 02/26/15	37,451.20	39,768.00
WELLINGTON LONG CR	6.875% 11/10/2039	115,900.00	116,700.00
WELLINGTON LONG CR	4.600% 06/14/2044 DD 05/28/14	204,464.95	202,525.65
BLACKROCK	4.600% 06/14/2044 DD 05/28/14	252,803.25	246,982.50
WELLINGTON LONG CR	3.875% 12/15/2025 DD 03/01/16	59,983.20	61,157.40
NISA LONG CREDIT	4.350% 11/03/2045 DD 11/03/15	704,649.35	702,439.50
BLACKROCK	VAR RT 08/15/2053 DD 08/08/13	237,375.00	227,458.00
WELLINGTON LONG CR	VAR RT 08/15/2053 DD 08/08/13	65,000.00	67,203.50
NISA LONG CREDIT	6.250% 05/01/2036 DD 04/20/06	243,228.85	233,184.90
NISA LONG CREDIT	VAR RT 03/15/2087 DD 03/13/07	56,650.00	55,275.00
NISA LONG CREDIT	VAR RT 05/15/2068 DD 05/15/09	135,199.50	132,825.00

**THE PACIFIC GAS AND ELECTRIC COMPANY
HEALTH CARE PLAN FOR RETIREES AND SURVIVING DEPENDENTS**

EIN #: 94-0742640

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**FORM 5500, SCHEDULE H, PART IV, LINE 4(i) –
SCHEDULE OF ASSETS HELD
AS OF DECEMBER 31, 2016**

Identity of Issuer, borrower, lessor or similar party	Description of investment including maturity date, rate of interest, collateral, par or maturity value	Cost	Current Value
NISA LONG CREDIT	6.820% 11/15/2037 DD 05/15/12	67,906.50	62,916.50
LEGAL & GENERAL	4.125% 02/15/2024 DD 10/02/13	151,730.90	150,541.90
BLACKROCK	4.500% 07/16/2044 DD 07/16/14	511,369.58	497,970.40
WELLINGTON LONG CR	4.500% 07/16/2044 DD 07/16/14	263,402.05	261,311.20
LEGAL & GENERAL	4.500% 07/16/2044 DD 07/16/14	131,650.90	138,051.20
NISA LONG CREDIT	4.500% 07/16/2044 DD 07/16/14	184,821.00	197,216.00
NISA LONG CREDIT	4.375% 01/15/2055 DD 01/15/15	186,007.20	178,653.15
NISA LONG CREDIT	4.700% 07/10/2035 DD 07/10/15	195,361.35	202,101.90
WELLINGTON LONG CR	4.700% 07/10/2035 DD 07/10/15	54,668.35	57,003.10
BLACKROCK	3.900% 04/01/2026 DD 03/22/16	194,902.50	198,428.10
WELLINGTON LONG CR	4.300% 05/15/2043 DD 05/15/13	99,183.00	103,313.00
LEGAL & GENERAL	4.300% 05/15/2043 DD 05/15/13	79,346.40	82,650.40
WELLINGTON LONG CR	4.500% 02/11/2043 DD 02/11/13	123,357.50	132,913.75
LEGAL & GENERAL	4.500% 02/11/2043 DD 02/11/13	152,963.30	164,813.05
NISA LONG CREDIT	6.500% 05/15/2038 DD 05/06/08	39,880.20	40,210.50
DODGE & COX	6.500% 05/15/2038 DD 05/06/08	628,447.60	710,385.50
LEGAL & GENERAL	6.100% 10/01/2041 DD 10/10/06	52,138.25	52,807.05
WELLINGTON LONG CR	VAR RT 06/15/2068 DD 06/06/08	134,025.00	123,165.00
LEGAL & GENERAL	6.625% 03/30/2040 DD 03/23/10	244,209.30	222,130.80
WELLINGTON LONG CR	6.625% 04/15/2042 DD 04/05/12	100,247.45	104,228.70
WELLINGTON LONG CR	7.000% 06/15/2040 DD 06/18/10	59,873.40	75,753.00
BLACKROCK	3.750% 03/14/2026 DD 09/14/15	29,976.90	30,562.50
NISA LONG CREDIT	6.375% 06/15/2034 DD 06/03/04	123,720.50	125,841.00
LEGAL & GENERAL	6.375% 06/15/2034 DD 06/03/04	152,066.40	151,009.20
LEGAL & GENERAL	5.700% 06/15/2035 DD 06/23/05	42,545.30	41,182.40
NISA LONG CREDIT	6.400% 12/15/2066 DD 12/21/06	64,965.00	70,200.00
NISA LONG CREDIT	10.750% 08/01/2069 DD 07/08/09	278,082.15	276,300.00
NISA LONG CREDIT	5.875% 02/06/2041 DD 08/06/10	109,775.80	109,327.50
NISA LONG CREDIT	4.125% 08/13/2042 DD 08/13/12	105,771.25	113,179.55
WELLINGTON LONG CR	4.125% 08/13/2042 DD 08/13/12	96,884.60	93,496.15
NISA LONG CREDIT	4.875% 11/13/2043 DD 11/13/13	139,370.40	146,159.10
LEGAL & GENERAL	4.875% 11/13/2043 DD 11/13/13	74,209.60	81,199.50
BLACKROCK	VAR RT 12/15/2044 DD 09/15/14	80,750.56	85,131.20
NISA LONG CREDIT	VAR RT 12/15/2044 DD 09/15/14	273,895.37	276,676.40
LEGAL & GENERAL	4.050% 03/01/2045 DD 03/05/15	79,140.50	76,716.00
NISA LONG CREDIT	4.050% 03/01/2045 DD 03/05/15	130,035.60	124,663.50
WELLINGTON LONG CR	4.600% 05/13/2046 DD 11/13/15	112,011.35	115,800.30
DODGE & COX	7.250% 03/15/2028 DD 03/16/98	192,903.20	218,869.80
NISA LONG CREDIT	5.750% 07/15/2033 DD 07/07/03	11,707.50	11,418.10
NISA LONG CREDIT	5.400% 06/13/2035 DD 06/13/05	43,485.20	44,915.60
WELLINGTON LONG CR	6.625% 12/01/2037 DD 12/03/07	162,047.40	216,112.50
NISA LONG CREDIT	6.625% 06/21/2040 DD 06/21/10	58,490.55	57,160.35
LEGAL & GENERAL	6.200% 11/15/2040 DD 11/18/10	166,163.30	164,974.05
NISA LONG CREDIT	6.200% 11/15/2040 DD 11/18/10	68,250.05	67,211.65
NISA LONG CREDIT	5.800% 11/16/2041 DD 11/16/11	58,127.00	58,751.00
BLACKROCK	4.300% 08/25/2045 DD 08/25/15	99,216.00	103,586.00
LEGAL & GENERAL	6.375% 03/15/2033 DD 03/11/03	194,481.25	183,101.65
NISA LONG CREDIT	6.125% 08/15/2043 DD 08/15/13	83,247.00	80,176.50
DODGE & COX	6.750% 12/15/2028 DD 12/18/98	31,023.36	36,115.52
OAKTREE	5.375% 06/01/2024 DD 12/01/14	160,050.00	164,800.00
OAKTREE	5.375% 12/15/2021 DD 12/16/13	225,275.00	228,250.00
OAKTREE	4.375% 04/15/2021 DD 04/28/16	45,000.00	46,687.50
OAKTREE	5.375% 04/15/2026 DD 04/28/16	110,000.00	114,719.00
OAKTREE	6.625% 12/15/2021 DD 12/20/12	70,000.00	78,225.00
OAKTREE	5.250% 03/31/2020 DD 12/19/13	30,225.00	31,725.00
LEGAL & GENERAL	STEP 07/02/2044 DD 07/02/2016	162,735.90	168,760.70
LEGAL & GENERAL	STEP 07/02/2064 DD 07/02/2016	122,413.20	121,232.80
DODGE & COX	5.125% 09/14/2045 DD 09/14/16	996,683.00	1,010,743.00
DODGE & COX	7.125% 07/15/2036 DD 07/18/06	1,380,152.25	1,845,783.75
OAKTREE	6.125% 07/15/2023 DD 07/08/15	264,806.25	271,953.60

**THE PACIFIC GAS AND ELECTRIC COMPANY
HEALTH CARE PLAN FOR RETIREES AND SURVIVING DEPENDENTS**

EIN #: 94-0742640

PLAN #: 535

**FORM 5500, SCHEDULE H, PART IV, LINE 4(i) –
SCHEDULE OF ASSETS HELD
AS OF DECEMBER 31, 2016**

Identity of Issuer, borrower, lessor or similar party	Description of investment including maturity date, rate of interest, collateral, par or maturity value	Cost	Current Value
DODGE & COX	7.150% 11/30/2037 DD 12/11/07	1,412,741.00	1,583,375.00
LEGAL & GENERAL	6.125% 12/15/2033 DD 12/08/03	282,584.80	243,502.60
BLACKROCK	5.000% 09/30/2043 DD 09/30/13	149,977.50	167,544.00
WELLINGTON LONG CR	5.000% 09/30/2043 DD 09/30/13	90,345.15	100,526.40
BLACKROCK	5.700% 05/30/2041 DD 06/01/11	66,055.44	67,360.26
BLACKROCK	5.750% 05/01/2043 DD 05/02/13	81,970.40	84,091.20
WELLINGTON LONG CR	5.750% 05/01/2043 DD 05/02/13	102,560.25	110,369.70
LEGAL & GENERAL	5.750% 05/01/2043 DD 05/02/13	220,915.60	273,296.40
LEGAL & GENERAL	5.950% 10/15/2039 DD 10/16/09	91,765.80	95,186.70
WELLINGTON LONG CR	5.450% 06/09/2044 DD 06/09/14	42,139.85	39,235.60
LEGAL & GENERAL	5.875% 04/01/2035 DD 03/22/05	249,271.90	278,192.20
LEGAL & GENERAL	6.250% 10/01/2039 DD 09/18/09	116,967.65	126,518.40
WELLINGTON LONG CR	4.875% 03/15/2042 DD 03/08/12	75,788.00	79,751.25
LEGAL & GENERAL	4.875% 03/15/2042 DD 03/08/12	213,565.40	201,723.75
LEGAL & GENERAL	6.450% 10/15/2035 DD 04/15/04	63,940.20	63,067.80
BLACKROCK	7.125% 07/15/2028 DD 06/27/08	266,974.40	254,600.83
WELLINGTON LONG CR	4.125% 08/21/2042 DD 08/21/12	80,569.90	83,487.00
LEGAL & GENERAL	5.875% 04/23/2045 DD 04/23/15	367,743.80	373,057.40
BLACKROCK	5.875% 04/23/2045 DD 04/23/15	172,259.79	171,802.75
WELLINGTON LONG CR	5.875% 04/23/2045 DD 04/23/15	24,137.50	24,543.25
WELLINGTON LONG CR	7.875% 10/01/2029 DD 10/01/99	248,440.50	253,203.30
WELLINGTON LONG CR	7.300% 08/15/2031 DD 08/15/01	122,150.00	116,472.00
WELLINGTON LONG CR	7.500% 05/01/2031 DD 04/26/01	225,796.20	267,256.50
LEGAL & GENERAL	7.500% 05/01/2031 DD 04/26/01	658,956.05	623,598.50
NISA LONG CREDIT	6.200% 03/15/2040 DD 03/16/10	623,141.30	629,909.50
WELLINGTON LONG CR	6.450% 09/15/2036 DD 09/19/06	113,279.00	119,017.00
NISA LONG CREDIT	0.000% 10/10/2036 DD 08/19/09	141,752.00	161,724.00
WELLINGTON LONG CR	4.500% 07/15/2044 DD 07/07/14	126,987.00	126,839.25
WELLINGTON LONG CR	6.600% 03/15/2046 DD 03/17/16	15,987.68	19,733.76
BLACKROCK	6.600% 03/15/2046 DD 03/17/16	425,800.58	487,177.20
DODGE & COX	6.600% 03/15/2046 DD 03/17/16	806,746.25	832,518.00
LEGAL & GENERAL	6.600% 03/15/2046 DD 03/17/16	99,923.00	123,336.00
OAKTREE	5.375% 11/01/2021 DD 05/01/14	38,650.00	40,900.00
OAKTREE	5.125% 12/01/2022 DD 12/01/14	19,027.15	20,200.00
OAKTREE	5.625% 06/01/2023 DD 12/01/15	48,100.00	51,187.50
BLACKROCK	5.100% 09/01/2040 DD 08/20/10	7,525.35	9,415.62
NISA LONG CREDIT	5.100% 09/01/2040 DD 08/20/10	352,662.20	392,317.50
WELLINGTON LONG CR	4.750% 04/15/2043 DD 04/09/12	132,490.00	139,054.05
NISA LONG CREDIT	4.750% 04/15/2043 DD 04/09/12	163,617.60	164,804.80
LEGAL & GENERAL	4.250% 01/15/2044 DD 12/03/12	56,094.80	59,149.20
BLACKROCK	4.250% 01/15/2044 DD 12/03/12	74,355.00	73,936.50
BLACKROCK	5.850% 11/15/2043 DD 11/14/13	98,581.00	103,102.00
BLACKROCK	7.400% 12/01/2031 DD 06/01/02	168,879.00	195,633.00
BLACKROCK	3.500% 05/05/2025 DD 05/05/15	297,225.00	291,582.00
WELLINGTON LONG CR	6.250% 03/15/2038 DD 03/19/07	110,413.80	119,454.30
OAKTREE	6.250% 04/15/2023 DD 04/28/15	25,000.00	25,625.00
WELLINGTON LONG CR	6.750% 11/15/2039 DD 05/15/10	106,960.00	122,646.70
OAKTREE	5.375% 06/15/2021 DD 04/01/13	70,125.00	65,625.00
OAKTREE	4.875% 04/15/2022 DD 04/24/14	45,000.00	41,062.50
LEGAL & GENERAL	4.500% 06/01/2025 DD 12/01/15	94,854.65	99,804.15
LEGAL & GENERAL	5.800% 06/01/2045 DD 12/01/15	164,438.60	178,245.35
LEGAL & GENERAL	6.950% 04/15/2029 DD 04/20/99	885,307.90	779,687.20
BLACKROCK	5.900% 10/15/2032 DD 10/09/02	158,335.50	172,933.50
NISA LONG CREDIT	5.900% 10/15/2032 DD 10/09/02	104,751.00	103,760.10
NISA LONG CREDIT	5.900% 05/15/2038 DD 05/08/08	169,738.75	147,090.00
DODGE & COX	6.500% 02/01/2039 DD 02/03/09	1,176,398.00	1,297,557.75
WELLINGTON LONG CR	6.500% 02/01/2039 DD 02/03/09	253,643.00	272,170.65
WELLINGTON LONG CR	4.300% 11/15/2044 DD 11/12/14	57,660.20	59,682.60
NISA LONG CREDIT	4.150% 11/15/2034 DD 11/12/14	134,919.45	131,954.40
BLACKROCK	5.950% 03/15/2046 DD 03/08/16	109,550.67	137,358.06

**THE PACIFIC GAS AND ELECTRIC COMPANY
HEALTH CARE PLAN FOR RETIREES AND SURVIVING DEPENDENTS**

EIN #: 94-0742640

PLAN #: 535

**FORM 5500, SCHEDULE H, PART IV, LINE 4(i) –
SCHEDULE OF ASSETS HELD
AS OF DECEMBER 31, 2016**

Identity of Issuer, borrower, lessor or similar party	Description of investment including maturity date, rate of interest, collateral, par or maturity value	Cost	Current Value
WELLINGTON LONG CR	5.950% 03/15/2046 DD 03/08/16	84,803.50	105,184.10
BLACKROCK	4.900% 06/01/2044 DD 05/19/14	192,107.70	200,925.00
OAKTREE	5.500% 05/01/2022 DD 04/30/14	105,000.00	91,612.50
WELLINGTON LONG CR	7.950% 04/15/2032 DD 03/25/02	53,937.50	63,311.00
BLACKROCK	5.600% 07/15/2041 DD 07/12/11	137,100.00	154,500.00
WELLINGTON LONG CR	5.600% 07/15/2041 DD 07/12/11	209,352.45	247,200.00
BLACKROCK	5.000% 06/15/2045 DD 06/16/15	207,945.87	228,885.22
WELLINGTON LONG CR	7.875% 09/30/2031 DD 10/03/01	163,487.70	171,293.40
LEGAL & GENERAL	7.875% 09/30/2031 DD 10/03/01	325,788.60	279,144.80
WELLINGTON LONG CR	5.100% 01/15/2036 DD 01/14/16	16,228.05	16,316.10
NISA LONG CREDIT	7.800% 08/01/2031 DD 07/30/01	123,550.00	123,630.00
BLACKROCK	7.750% 01/15/2032 DD 01/11/02	157,500.00	171,563.00
NISA LONG CREDIT	7.750% 01/15/2032 DD 01/11/02	192,045.00	189,944.75
BLACKROCK	VAR RT 06/15/2032 DD 06/15/03	177,708.75	155,015.00
LEGAL & GENERAL	VAR RT 06/15/2032 DD 06/15/03	1,147,363.30	973,494.20
BLACKROCK	6.500% 04/01/2020 DD 03/30/10	319,826.50	320,995.20
NISA LONG CREDIT	4.700% 11/01/2042 DD 11/08/12	47,829.60	60,559.85
WELLINGTON LONG CR	6.500% 02/01/2038 DD 12/04/07	148,519.95	167,517.80
BLACKROCK	5.500% 12/01/2046 DD 11/29/16	249,015.00	267,505.00
WELLINGTON LONG CR	6.625% 10/15/2036 DD 10/23/06	213,325.25	222,131.85
NISA LONG CREDIT	6.625% 10/15/2036 DD 10/23/06	29,692.25	37,924.95
WELLINGTON LONG CR	6.050% 06/01/2041 DD 05/12/11	4,925.40	5,133.80
BLACKROCK	6.500% 02/01/2042 DD 01/17/12	309,566.35	329,512.85
NISA LONG CREDIT	6.500% 02/01/2042 DD 01/17/12	590,303.15	577,997.95
NISA LONG CREDIT	5.150% 02/01/2043 DD 01/22/13	74,514.00	93,186.00
WELLINGTON LONG CR	5.150% 02/01/2043 DD 01/22/13	153,244.80	149,097.60
LEGAL & GENERAL	5.950% 10/01/2043 DD 09/19/13	126,941.10	133,981.90
LEGAL & GENERAL	4.900% 03/15/2035 DD 03/12/15	124,762.50	116,816.25
WELLINGTON LONG CR	4.900% 03/15/2035 DD 03/12/15	49,905.00	46,726.50
NISA LONG CREDIT	4.900% 03/15/2035 DD 03/12/15	109,791.00	102,798.30
WELLINGTON LONG CR	5.150% 03/15/2045 DD 03/12/15	36,054.50	43,158.60
LEGAL & GENERAL	5.150% 03/15/2045 DD 03/12/15	284,444.90	278,133.20
BLACKROCK	6.125% 12/15/2045 DD 06/23/15	89,806.96	106,394.00
LEGAL & GENERAL	6.125% 12/15/2045 DD 06/23/15	167,888.60	180,869.80
OAKTREE	5.875% 01/15/2024 DD 12/02/13	10,175.00	10,325.00
BLACKROCK	4.850% 07/15/2026 DD 07/14/16	99,859.00	100,873.00
NISA LONG CREDIT	6.875% 03/01/2033 DD 02/14/03	134,012.95	140,540.35
BLACKROCK	6.875% 03/01/2033 DD 02/14/03	169,728.90	232,197.10
LEGAL & GENERAL	6.875% 03/01/2033 DD 02/14/03	168,405.90	158,871.70
LEGAL & GENERAL	6.650% 10/15/2034 DD 10/04/04	285,878.20	264,666.60
NISA LONG CREDIT	5.750% 03/01/2035 DD 03/02/05	107,130.00	109,219.00
WELLINGTON LONG CR	6.125% 10/15/2039 DD 10/05/09	170,605.75	198,926.00
NISA LONG CREDIT	6.125% 10/15/2039 DD 10/05/09	300,208.80	295,547.20
NISA LONG CREDIT	7.550% 04/15/2038 DD 10/15/09	561,879.15	536,254.70
BLACKROCK	6.450% 09/01/2040 DD 05/20/10	99,525.00	118,864.00
BLACKROCK	5.950% 02/01/2041 DD 01/13/11	137,410.00	141,112.50
BLACKROCK	5.700% 02/15/2042 DD 08/24/11	278,734.35	279,490.20
WELLINGTON LONG CR	4.850% 08/15/2042 DD 02/15/12	32,547.05	34,993.70
NISA LONG CREDIT	4.850% 08/15/2042 DD 02/15/12	385,689.20	399,928.00
WELLINGTON LONG CR	4.450% 02/15/2043 DD 08/13/12	10,776.81	10,426.02
WELLINGTON LONG CR	4.850% 03/15/2044 DD 03/18/13	106,064.45	106,008.00
BLACKROCK	5.100% 02/15/2045 DD 02/12/14	99,845.00	105,465.00
LEGAL & GENERAL	3.750% 02/15/2025 DD 10/14/14	104,665.05	106,686.30
WELLINGTON LONG CR	4.950% 10/15/2054 DD 10/14/14	44,260.20	43,610.85
LEGAL & GENERAL	4.950% 10/15/2054 DD 10/14/14	144,242.65	140,523.85
LEGAL & GENERAL	4.900% 05/15/2046 DD 05/07/15	19,927.00	20,530.00
WELLINGTON LONG CR	4.900% 05/15/2046 DD 05/07/15	133,151.50	133,445.00
WELLINGTON LONG CR	4.114% 03/01/2046 DD 03/03/16	59,166.25	56,334.85
OAKTREE	6.625% 05/01/2023 DD 04/21/15	122,581.25	125,400.00
NISA LONG CREDIT	4.500% 11/15/2041 DD 11/14/11	87,796.80	88,378.20

**THE PACIFIC GAS AND ELECTRIC COMPANY
HEALTH CARE PLAN FOR RETIREES AND SURVIVING DEPENDENTS**

EIN #: 94-0742640

PLAN #: 535

**FORM 5500, SCHEDULE H, PART IV, LINE 4(i) –
SCHEDULE OF ASSETS HELD
AS OF DECEMBER 31, 2016**

Identity of Issuer, borrower, lessor or similar party	Description of investment including maturity date, rate of interest, collateral, par or maturity value	Cost	Current Value
NISA LONG CREDIT	4.750% 08/01/2043 DD 08/05/13	57,575.65	56,479.50
BLACKROCK	4.850% 11/15/2035 DD 11/13/15	84,977.90	89,643.55
LEGAL & GENERAL	4.850% 11/15/2035 DD 11/13/15	204,946.70	216,199.15
NISA LONG CREDIT	5.000% 11/15/2045 DD 11/13/15	481,502.55	533,832.75
LEGAL & GENERAL	5.000% 11/15/2045 DD 11/13/15	346,836.75	382,849.75
BLACKROCK	5.000% 11/15/2045 DD 11/13/15	214,327.77	221,082.25
WELLINGTON LONG CR	5.000% 11/15/2045 DD 11/13/15	134,958.15	145,590.75
WELLINGTON LONG CR	6.000% 01/15/2040 DD 12/14/09	17,499.00	20,631.80
WELLINGTON LONG CR	5.600% 02/15/2041 DD 08/10/10	202,226.80	202,228.00
WELLINGTON LONG CR	5.800% 04/01/2047 DD 09/28/16	109,980.35	114,160.20
OAKTREE	6.750% 04/01/2022 DD 10/01/14	175,031.25	161,925.00
NISA LONG CREDIT	5.800% 03/15/2035 DD 03/15/05	438,026.50	396,457.50
WELLINGTON LONG CR	5.800% 03/15/2035 DD 03/15/05	75,565.70	89,863.70
WELLINGTON LONG CR	6.500% 02/01/2037 DD 01/30/07	76,691.25	82,188.00
DODGE & COX	6.500% 02/01/2037 DD 01/30/07	213,837.50	273,960.00
NISA LONG CREDIT	6.500% 02/01/2037 DD 01/30/07	175,334.60	153,417.60
WELLINGTON LONG CR	6.950% 01/15/2038 DD 06/21/07	94,727.70	104,397.30
DODGE & COX	6.950% 01/15/2038 DD 06/21/07	1,309,250.05	1,335,125.47
BLACKROCK	6.500% 09/01/2039 DD 09/16/09	120,415.20	131,754.00
WELLINGTON LONG CR	6.500% 09/01/2039 DD 09/16/09	99,118.00	109,795.00
NISA LONG CREDIT	6.550% 09/15/2040 DD 05/19/10	92,631.20	87,970.40
WELLINGTON LONG CR	6.375% 03/01/2041 DD 03/04/11	98,913.75	103,053.15
NISA LONG CREDIT	6.375% 03/01/2041 DD 03/04/11	311,225.25	314,583.30
BLACKROCK	6.375% 03/01/2041 DD 03/04/11	125,773.66	135,596.25
BLACKROCK	5.000% 03/01/2043 DD 02/28/13	53,959.20	57,856.20
BLACKROCK	5.500% 03/01/2044 DD 02/24/14	74,410.50	76,463.25
WELLINGTON LONG CR	5.500% 03/01/2044 DD 02/24/14	91,099.00	101,951.00
NISA LONG CREDIT	5.400% 09/01/2044 DD 09/11/14	49,340.50	49,837.00
DODGE & COX	5.400% 09/01/2044 DD 09/11/14	552,057.00	548,207.00
LEGAL & GENERAL	5.300% 12/01/2034 DD 11/26/14	89,746.20	91,336.50
NISA LONG CREDIT	5.300% 12/01/2034 DD 11/26/14	357,880.50	390,717.25
WELLINGTON LONG CR	5.300% 12/01/2034 DD 11/26/14	58,666.90	71,039.50
WELLINGTON LONG CR	5.550% 06/01/2045 DD 11/26/14	72,345.25	84,141.60
WELLINGTON LONG CR	5.050% 02/15/2046 DD 02/26/15	141,327.55	143,536.95
OAKTREE	5.625% 01/15/2022 DD 01/23/14	194,225.00	196,462.50
LEGAL & GENERAL	7.300% 11/15/2027 DD 11/12/97	418,940.40	376,748.20
OAKTREE	5.500% 02/15/2023 DD 08/15/16	148,522.50	156,054.00
WELLINGTON LONG CR	5.150% 10/15/2043 DD 10/10/13	33,749.10	36,377.25
WELLINGTON LONG CR	5.000% 03/01/2026 DD 02/29/16	62,912.40	65,794.20
WELLINGTON LONG CR	4.250% 09/15/2046 DD 09/13/16	34,566.70	32,884.95
WELLINGTON LONG CR	2.800% 11/01/2022 DD 10/29/12	80,417.95	100,407.30
WELLINGTON LONG CR	5.200% 06/01/2045 DD 06/10/15	204,775.40	207,361.00
BLACKROCK	6.500% 03/01/2041 DD 09/01/11	149,106.06	151,883.20
BLACKROCK	5.850% 12/15/2045 DD 12/14/15	79,797.60	79,520.00
OAKTREE	5.750% 01/30/2022 DD 09/30/11	138,600.00	147,525.00
WELLINGTON LONG CR	6.000% 03/01/2041 DD 02/18/11	105,575.80	116,583.60
BLACKROCK	5.250% 11/15/2043 DD 11/08/13	84,515.50	86,581.85
WELLINGTON LONG CR	5.250% 11/15/2043 DD 11/08/13	51,215.50	50,930.50
WELLINGTON LONG CR	5.050% 11/15/2044 DD 11/07/14	108,509.90	115,339.25
BLACKROCK	5.050% 11/15/2044 DD 11/07/14	113,073.60	120,354.00
LEGAL & GENERAL	5.050% 11/15/2044 DD 11/07/14	280,607.85	280,826.00
OAKTREE	6.500% 11/01/2021 DD 11/10/11	74,562.50	76,406.25
OAKTREE	6.875% 01/15/2023 DD 07/02/12	39,556.25	61,500.00
BLACKROCK	4.100% 02/15/2047 DD 11/07/16	224,496.00	219,159.00
OAKTREE	5.250% 03/15/2019 DD 03/17/14	161,262.50	150,400.00
DODGE & COX	6.750% 01/27/2041 DD 01/27/11	1,107,310.25	840,000.00
DODGE & COX	7.250% 03/17/2044 DD 03/17/14	198,332.00	176,540.00
LEGAL & GENERAL	5.500% 06/27/2044 DD 06/26/12	81,742.30	65,743.80
BLACKROCK	5.500% 06/27/2044 DD 06/26/12	76,736.00	73,233.60
BLACKROCK	3.500% 01/30/2023 DD 07/30/13	299,172.00	275,400.00

**THE PACIFIC GAS AND ELECTRIC COMPANY
HEALTH CARE PLAN FOR RETIREES AND SURVIVING DEPENDENTS**

EIN #: 94-0742640

PLAN #: 535

**FORM 5500, SCHEDULE H, PART IV, LINE 4(i) –
SCHEDULE OF ASSETS HELD
AS OF DECEMBER 31, 2016**

Identity of Issuer, borrower, lessor or similar party	Description of investment including maturity date, rate of interest, collateral, par or maturity value	Cost	Current Value
LEGAL & GENERAL	6.375% 01/23/2045 DD 07/23/14	209,612.50	186,550.00
BLACKROCK	6.375% 01/23/2045 DD 07/23/14	74,439.00	68,250.00
DODGE & COX	6.375% 01/23/2045 DD 07/23/14	2,311,500.25	2,093,000.00
LEGAL & GENERAL	5.625% 01/23/2046 DD 01/23/16	173,729.50	145,250.00
BLACKROCK	5.625% 01/23/2046 DD 01/23/16	205,595.00	166,000.00
LEGAL & GENERAL	4.650% 11/15/2034 DD 11/17/14	78,995.20	83,273.60
LEGAL & GENERAL	4.875% 11/15/2044 DD 11/17/14	107,908.90	116,167.70
WELLINGTON LONG CR	4.900% 10/01/2046 DD 10/14/16	44,686.35	43,213.05
BLACKROCK	4.450% 01/15/2026 DD 12/07/15	333,450.35	333,761.40
BLACKROCK	4.700% 06/15/2044 DD 04/23/14	199,015.32	181,770.12
WELLINGTON LONG CR	4.900% 02/15/2045 DD 12/09/14	49,938.00	46,191.00
BLACKROCK	4.650% 10/15/2025 DD 08/24/15	60,906.06	63,020.93
OAKTREE	6.625% 11/15/2020 DD 05/15/11	59,920.40	60,687.84
OAKTREE	5.750% 09/01/2020 DD 09/11/13	55,000.00	59,473.15
OAKTREE	5.875% 03/01/2022 DD 02/10/14	88,580.70	99,005.40
OAKTREE	5.000% 10/01/2022 DD 07/25/14	54,536.90	58,283.50
OAKTREE	7.250% 05/01/2023 DD 11/01/15	44,654.85	47,700.00
OAKTREE	6.125% 11/15/2022 DD 05/15/15	30,075.00	30,375.00
OAKTREE	6.750% 09/15/2026 DD 09/12/16	20,000.00	20,600.00
OAKTREE	VAR RT 04/15/2023 DD 10/15/13	24,931.25	26,562.50
OAKTREE	VAR RT 02/01/2021 DD 02/01/14	59,900.00	64,200.00
BLACKROCK	5.750% 05/15/2024 DD 11/15/14	140,000.00	150,150.00
OAKTREE	5.625% 03/01/2025 DD 09/01/15	20,000.00	21,400.00
BLACKROCK	5.625% 03/01/2025 DD 09/01/15	105,000.00	112,350.00
NISA LONG CREDIT	3.625% 08/21/2042 DD 08/21/12	220,943.05	221,497.15
LEGAL & GENERAL	4.550% 08/12/2043 DD 08/12/13	210,680.50	218,994.30
WELLINGTON LONG CR	4.550% 08/12/2043 DD 08/12/13	295,599.50	307,634.85
BLACKROCK	4.550% 08/12/2043 DD 08/12/13	222,712.50	234,636.75
LEGAL & GENERAL	4.125% 05/11/2035 DD 05/11/15	282,623.10	291,002.10
WELLINGTON LONG CR	4.125% 05/11/2035 DD 05/11/15	64,457.90	66,368.90
BLACKROCK	4.375% 05/11/2045 DD 05/11/15	149,701.50	151,947.00
LEGAL & GENERAL	4.375% 05/11/2045 DD 05/11/15	214,572.15	217,790.70
WELLINGTON LONG CR	4.375% 05/11/2045 DD 05/11/15	59,880.60	60,778.80
NISA LONG CREDIT	4.375% 05/11/2045 DD 05/11/15	347,655.40	349,478.10
WELLINGTON LONG CR	4.000% 05/10/2046 DD 05/10/16	65,854.40	62,156.90
LEGAL & GENERAL	4.000% 05/10/2046 DD 05/10/16	196,396.00	191,252.00
NISA LONG CREDIT	4.000% 05/10/2046 DD 05/10/16	47,119.00	47,813.00
OAKTREE	4.100% 03/15/2022 DD 09/15/12	63,900.00	75,584.00
OAKTREE	VAR RT 01/23/2025 DD 01/23/15	53,325.00	61,350.00
WELLINGTON LONG CR	5.950% 09/25/2043 DD 09/25/13	41,158.60	39,611.95
WELLINGTON LONG CR	4.500% 03/15/2045 DD 03/12/15	40,265.20	38,034.00
NISA LONG CREDIT	3.950% 05/15/2043 DD 05/15/13	157,917.80	152,614.40
WELLINGTON LONG CR	3.950% 05/15/2043 DD 05/15/13	294,921.80	290,921.20
BLACKROCK	4.950% 01/15/2043 DD 01/10/13	99,303.00	91,501.00
NISA LONG CREDIT	5.300% 04/01/2044 DD 04/03/14	74,717.25	72,411.75
WELLINGTON LONG CR	5.300% 04/01/2044 DD 04/03/14	47,913.40	48,274.50
LEGAL & GENERAL	5.350% 05/15/2045 DD 11/17/14	417,964.10	395,920.60
NISA LONG CREDIT	5.350% 05/15/2045 DD 11/17/14	130,489.25	135,192.40
WELLINGTON LONG CR	5.350% 05/15/2045 DD 11/17/14	155,530.00	168,990.50
LEGAL & GENERAL	4.375% 03/13/2025 DD 03/13/15	129,448.80	131,050.40
OAKTREE	6.750% 03/15/2024 DD 09/14/15	137,956.25	150,150.00
BLACKROCK	7.000% 03/15/2027 DD 03/13/97	244,125.00	261,873.00
LEGAL & GENERAL	7.000% 10/15/2028 DD 10/09/98	465,930.90	397,259.40
OAKTREE	5.500% 10/15/2019 DD 10/15/15	131,200.00	137,475.00
OAKTREE	6.375% 05/01/2024 DD 05/12/16	65,000.00	69,550.00
LEGAL & GENERAL	7.000% 07/15/2032 DD 07/02/02	149,425.95	152,655.00
BLACKROCK	6.100% 06/01/2040 DD 06/01/10	121,721.40	124,303.00
NISA LONG CREDIT	6.100% 06/01/2040 DD 06/01/10	308,072.70	335,618.10
BLACKROCK	5.000% 10/16/2043 DD 10/07/13	173,299.05	189,946.80
LEGAL & GENERAL	4.625% 03/01/2034 DD 02/28/14	233,937.80	247,805.15

**THE PACIFIC GAS AND ELECTRIC COMPANY
HEALTH CARE PLAN FOR RETIREES AND SURVIVING DEPENDENTS**

EIN #: 94-0742640

PLAN #: 535

**FORM 5500, SCHEDULE H, PART IV, LINE 4(i) –
SCHEDULE OF ASSETS HELD
AS OF DECEMBER 31, 2016**

Identity of Issuer, borrower, lessor or similar party	Description of investment including maturity date, rate of interest, collateral, par or maturity value	Cost	Current Value
BLACKROCK	VAR RT 08/15/2076 DD 08/11/16	130,000.00	135,200.00
LEGAL & GENERAL	4.450% 08/01/2042 DD 07/13/12	633,915.10	547,944.00
WELLINGTON LONG CR	6.625% 06/15/2037 DD 06/08/07	8,772.80	11,703.60
BLACKROCK	6.625% 06/15/2037 DD 06/08/07	94,176.00	117,036.00
WELLINGTON LONG CR	4.900% 03/15/2045 DD 03/13/15	161,626.95	164,429.10
WELLINGTON LONG CR	3.400% 09/15/2026 DD 09/12/16	174,396.25	167,651.75
WELLINGTON LONG CR	4.375% 12/15/2026 DD 12/09/16	75,254.45	75,672.00
BLACKROCK	5.450% 04/01/2044 DD 03/20/14	98,443.00	102,996.00
WELLINGTON LONG CR	5.100% 09/15/2045 DD 03/03/15	48,935.50	47,522.50
WELLINGTON LONG CR	6.300% 04/15/2040 DD 02/09/10	79,520.80	85,391.20
BLACKROCK	5.800% 11/15/2043 DD 11/15/13	223,512.75	230,123.25
WELLINGTON LONG CR	5.400% 03/04/2044 DD 03/04/14	14,951.40	14,537.10
NISA LONG CREDIT	5.400% 03/04/2044 DD 03/04/14	89,173.70	106,605.40
BLACKROCK	4.900% 01/15/2045 DD 06/27/14	148,843.50	138,631.50
WELLINGTON LONG CR	4.900% 01/15/2045 DD 06/27/14	43,034.40	41,589.45
WELLINGTON LONG CR	5.500% 06/27/2044	139,712.50	132,319.80
WELLINGTON LONG CR	5.625% 01/23/2046	245,919.30	211,650.00
OAKTREE	9.125% 10/01/2018 DD 04/01/14	147,009.45	144,750.00
NISA LONG CREDIT	5.500% 04/01/2046 DD 03/30/16	128,377.70	132,023.45
BLACKROCK	5.500% 04/01/2046 DD 03/30/16	178,724.38	177,944.65
OAKTREE	7.625% 08/01/2019 DD 07/26/11	15,620.00	15,800.00
OAKTREE	7.375% 02/01/2020 DD 08/01/15	163,443.75	159,200.00
WELLINGTON LONG CR	8.700% 06/15/2038 DD 06/04/08	103,237.25	144,615.00
WELLINGTON LONG CR	7.300% 11/15/2039 DD 12/07/09	81,186.95	82,824.30
BLACKROCK	6.000% 11/15/2041 DD 11/16/11	218,115.00	224,602.00
WELLINGTON LONG CR	4.800% 06/15/2044 DD 06/10/14	79,583.20	79,460.00
BLACKROCK	4.400% 08/15/2047 DD 08/11/16	169,828.30	160,651.70
BLACKROCK	VAR RT 12/29/2049 DD 09/13/16	200,000.00	199,664.00
BLACKROCK	2.950% 02/15/2046 DD 07/26/11	75,150.49	75,866.12
LEGAL & GENERAL	3.551% 04/10/2034 DD 05/01/12	351,030.47	365,806.00
LEGAL & GENERAL	VAR RT 01/05/2043 DD 02/01/15	72,257.81	73,762.50
OAKTREE	5.250% 12/15/2024 DD 12/22/16	100,000.00	100,688.00
WELLINGTON LONG CR	4.000% 12/01/2046 DD 11/21/16	14,752.35	14,879.55
LEGAL & GENERAL	6.900% 03/15/2032 DD 03/20/02	821,872.00	778,219.70
OAKTREE	6.625% 06/15/2024 DD 05/31/16	110,200.00	114,675.00
OAKTREE	5.750% 03/15/2025 DD 08/09/16	160,031.25	158,400.00
OAKTREE	5.000% 10/01/2024 DD 09/23/16	205,856.25	207,050.00
OAKTREE	5.500% 05/15/2026 DD 04/26/16	175,000.00	178,500.00
OAKTREE	5.625% 04/15/2021 DD 04/16/13	158,400.00	164,800.00
BLACKROCK	5.250% 01/15/2022 DD 12/15/09	199,828.00	221,348.00
WELLINGTON LONG CR	4.563% 06/15/2048 DD 06/14/16	278,723.50	262,127.46
WELLINGTON LONG CR	4.663% 06/15/2051 DD 06/14/16	163,961.34	151,855.38
BLACKROCK	4.663% 06/15/2051 DD 06/14/16	424,801.08	393,093.99
LEGAL & GENERAL	4.663% 06/15/2051 DD 06/14/16	235,273.00	216,249.75
OAKTREE	5.375% 09/15/2024 DD 09/13/16	25,000.00	25,250.00
OAKTREE	7.125% 03/15/2023 DD 03/04/15	162,681.25	158,100.00
OAKTREE	6.500% 07/15/2022 DD 07/16/12	99,640.00	98,465.00
OAKTREE	4.875% 08/15/2024 DD 08/16/16	134,447.85	135,000.00
WELLINGTON LONG CR	4.750% 10/07/2044 DD 10/07/14	49,531.50	50,597.00
OAKTREE	7.000% 02/01/2021 DD 02/01/13	219,943.75	192,425.00
OAKTREE	5.500% 10/01/2024 DD 09/15/16	70,000.00	69,825.00
WELLINGTON LONG CR	5.150% 07/21/2024 DD 01/21/14	206,662.00	203,322.00
OAKTREE	5.125% 06/01/2021 DD 06/06/14	79,037.50	72,200.00
OAKTREE	7.000% 02/01/2019 DD 01/31/14	200,770.00	199,875.00
OAKTREE	6.000% 10/15/2022 DD 04/03/14	35,112.50	37,600.00
OAKTREE	6.375% 04/01/2026 DD 03/28/16	136,400.00	145,395.00
WELLINGTON LONG CR	6.500% 10/15/2035 DD 10/20/05	106,790.00	114,215.00
OAKTREE	5.375% 11/15/2024 DD 11/10/14	50,287.50	51,375.00
OAKTREE	6.000% 10/15/2025 DD 10/05/15	220,000.00	231,550.00
OAKTREE	5.125% 05/01/2023 DD 04/21/15	275,437.50	283,250.00

**THE PACIFIC GAS AND ELECTRIC COMPANY
HEALTH CARE PLAN FOR RETIREES AND SURVIVING DEPENDENTS**

EIN #: 94-0742640

PLAN #: 535

**FORM 5500, SCHEDULE H, PART IV, LINE 4(i) –
SCHEDULE OF ASSETS HELD
AS OF DECEMBER 31, 2016**

Identity of Issuer, borrower, lessor or similar party	Description of investment including maturity date, rate of interest, collateral, par or maturity value	Cost	Current Value
OAKTREE	5.875% 04/01/2024 DD 02/19/16	50,000.00	53,375.00
OAKTREE	5.500% 05/01/2026 DD 04/21/16	20,000.00	20,400.00
OAKTREE	5.500% 02/15/2019 DD 02/07/12	90,000.00	94,950.00
BLACKROCK	5.000% 05/15/2018 DD 12/23/16	101,813.00	101,250.00
DODGE & COX	5.125% 05/18/2045 DD 05/18/15	1,063,605.75	1,119,462.00
OAKTREE	5.500% 04/15/2027 DD 09/23/16	75,000.00	75,937.50
OAKTREE	5.750% 06/15/2022 DD 06/17/15	135,918.75	139,050.00
WELLINGTON LONG CR	4.100% 11/01/2042 DD 10/29/12	199,622.00	191,610.00
WELLINGTON LONG CR	4.760% 11/23/2045 DD 11/23/15	99,459.30	101,941.65
OAKTREE	5.500% 07/15/2022 DD 06/19/14	229,687.50	233,450.00
OAKTREE	5.750% 07/15/2023 DD 05/19/15	4,781.25	5,075.00
OAKTREE	7.000% 06/30/2024 DD 05/18/16	100,000.00	108,250.00
OAKTREE	5.875% 03/31/2025 DD 12/09/16	25,000.00	25,507.75
OAKTREE	6.250% 08/15/2022 DD 07/29/14	145,000.00	150,800.00
WELLINGTON LONG CR	4.973% 05/01/2046 DD 05/17/16	159,129.50	156,911.15
OAKTREE	8.250% 03/31/2020 DD 03/30/15	133,248.90	153,300.00
OAKTREE	5.000% 06/15/2021 DD 05/30/14	70,000.00	72,100.00
OAKTREE	5.500% 06/15/2024 DD 05/30/14	95,237.50	98,325.00
LEGAL & GENERAL	4.250% 07/17/2042 DD 07/17/12	152,009.30	157,757.25
DODGE & COX	4.875% 11/04/2044 DD 11/04/14	421,622.50	441,598.50
LEGAL & GENERAL	4.875% 11/04/2044 DD 11/04/14	186,994.85	201,172.65
LEGAL & GENERAL	4.500% 09/16/2025 DD 09/16/15	118,149.60	121,818.00
BLACKROCK	8.375% 03/01/2039 DD 02/20/09	130,074.99	145,909.53
DODGE & COX	8.375% 03/01/2039 DD 02/20/09	1,363,441.75	1,465,330.75
WELLINGTON LONG CR	8.375% 03/01/2039 DD 02/20/09	203,359.20	205,769.85
WELLINGTON LONG CR	4.700% 12/15/2042 DD 11/29/12	74,303.95	82,607.25
WELLINGTON LONG CR	4.500% 06/30/2043 DD 05/01/13	113,557.15	118,550.60
WELLINGTON LONG CR	4.800% 02/01/2035 DD 12/08/14	124,217.50	116,435.00
BLACKROCK	3.350% 09/15/2026 DD 09/13/16	24,957.75	23,873.50
BLACKROCK	6.113% 01/15/2040 DD 01/15/10	300,000.00	325,038.00
OAKTREE	9.000% 05/15/2021 DD 05/10/16	59,362.50	64,950.00
OAKTREE	5.450% 06/15/2023 DD 06/01/16	59,974.20	63,644.40
OAKTREE	6.020% 06/15/2026 DD 06/01/16	151,970.00	162,495.00
WELLINGTON LONG CR	6.020% 06/15/2026 DD 06/01/16	77,381.00	81,247.50
WELLINGTON LONG CR	8.100% 07/15/2036 DD 06/01/16	85,837.65	89,218.50
BLACKROCK	8.350% 07/15/2046 DD 06/01/16	234,207.44	283,196.70
LEGAL & GENERAL	8.350% 07/15/2046 DD 06/01/16	232,043.65	277,040.25
WELLINGTON LONG CR	8.350% 07/15/2046 DD 06/01/16	99,920.00	123,129.00
WELLINGTON LONG CR	4.875% 01/22/2044 DD 01/22/14	67,708.20	70,137.20
LEGAL & GENERAL	6.000% 01/22/2039 DD 01/22/14	184,210.70	184,339.90
LEGAL & GENERAL	4.750% 10/13/2035 DD 10/13/15	112,587.30	115,378.35
WELLINGTON LONG CR	4.950% 10/13/2045 DD 10/13/15	119,702.40	121,413.60
LEGAL & GENERAL	4.950% 10/13/2045 DD 10/13/15	404,516.10	409,770.90
OAKTREE	7.625% 06/15/2024 DD 06/03/16	90,300.00	97,200.00
WELLINGTON LONG CR	7.000% 10/15/2037 DD 10/17/07	68,777.15	95,029.50
WELLINGTON LONG CR	5.625% 03/15/2042 DD 03/15/12	64,165.40	71,648.20
WELLINGTON LONG CR	4.500% 02/15/2045 DD 02/18/15	19,769.60	19,071.60
OAKTREE	5.250% 05/01/2025 DD 05/15/15	194,481.25	194,025.00
OAKTREE	6.125% 12/15/2020 DD 12/13/12	108,987.50	111,650.00
BLACKROCK	4.750% 06/15/2046 DD 06/16/16	297,864.00	302,535.00
WELLINGTON LONG CR	4.750% 06/15/2046 DD 06/16/16	95,204.80	95,802.75
DODGE & COX	6.800% 09/15/2037 DD 09/20/07	801,978.25	972,560.00
OAKTREE	5.750% 01/15/2022 DD 12/19/13	70,000.00	61,775.00
OAKTREE	VAR RT 01/15/2023 DD 06/30/14	94,050.00	80,512.50
OAKTREE	5.500% 06/15/2025 DD 06/01/15	110,443.75	110,275.00
OAKTREE	5.125% 07/01/2022 DD 06/18/14	222,937.50	224,156.25
OAKTREE	7.500% 03/15/2022 DD 03/19/15	75,000.00	69,937.50
OAKTREE	8.250% 08/15/2021 DD 08/09/16	184,025.00	189,900.00
OAKTREE	7.875% 07/15/2021 DD 07/18/16	185,000.00	197,950.00
WELLINGTON LONG CR	VAR RT 10/15/2054 DD 10/07/14	280,000.00	272,680.80

**THE PACIFIC GAS AND ELECTRIC COMPANY
HEALTH CARE PLAN FOR RETIREES AND SURVIVING DEPENDENTS**

EIN #: 94-0742640

PLAN #: 535

**FORM 5500, SCHEDULE H, PART IV, LINE 4(i) –
SCHEDULE OF ASSETS HELD
AS OF DECEMBER 31, 2016**

Identity of Issuer, borrower, lessor or similar party	Description of investment including maturity date, rate of interest, collateral, par or maturity value	Cost	Current Value
OAKTREE	5.875% 04/01/2024 DD 02/19/16	50,000.00	53,375.00
OAKTREE	5.500% 05/01/2026 DD 04/21/16	20,000.00	20,400.00
OAKTREE	5.500% 02/15/2019 DD 02/07/12	90,000.00	94,950.00
BLACKROCK	5.000% 05/15/2018 DD 12/23/16	101,813.00	101,250.00
DODGE & COX	5.125% 05/18/2045 DD 05/18/15	1,063,605.75	1,119,462.00
OAKTREE	5.500% 04/15/2027 DD 09/23/16	75,000.00	75,937.50
OAKTREE	5.750% 06/15/2022 DD 06/17/15	135,918.75	139,050.00
WELLINGTON LONG CR	4.100% 11/01/2042 DD 10/29/12	199,622.00	191,610.00
WELLINGTON LONG CR	4.760% 11/23/2045 DD 11/23/15	99,459.30	101,941.65
OAKTREE	5.500% 07/15/2022 DD 06/19/14	229,687.50	233,450.00
OAKTREE	5.750% 07/15/2023 DD 05/19/15	4,781.25	5,075.00
OAKTREE	7.000% 06/30/2024 DD 05/18/16	100,000.00	108,250.00
OAKTREE	5.875% 03/31/2025 DD 12/09/16	25,000.00	25,507.75
OAKTREE	6.250% 08/15/2022 DD 07/29/14	145,000.00	150,800.00
WELLINGTON LONG CR	4.973% 05/01/2046 DD 05/17/16	159,129.50	156,911.15
OAKTREE	8.250% 03/31/2020 DD 03/30/15	133,248.90	153,300.00
OAKTREE	5.000% 06/15/2021 DD 05/30/14	70,000.00	72,100.00
OAKTREE	5.500% 06/15/2024 DD 05/30/14	95,237.50	98,325.00
LEGAL & GENERAL	4.250% 07/17/2042 DD 07/17/12	152,009.30	157,757.25
DODGE & COX	4.875% 11/04/2044 DD 11/04/14	421,622.50	441,598.50
LEGAL & GENERAL	4.875% 11/04/2044 DD 11/04/14	186,994.85	201,172.65
LEGAL & GENERAL	4.500% 09/16/2025 DD 09/16/15	118,149.60	121,818.00
BLACKROCK	8.375% 03/01/2039 DD 02/20/09	130,074.99	145,909.53
DODGE & COX	8.375% 03/01/2039 DD 02/20/09	1,363,441.75	1,465,330.75
WELLINGTON LONG CR	8.375% 03/01/2039 DD 02/20/09	203,359.20	205,769.85
WELLINGTON LONG CR	4.700% 12/15/2042 DD 11/29/12	74,303.95	82,607.25
WELLINGTON LONG CR	4.500% 06/30/2043 DD 05/01/13	113,557.15	118,550.60
WELLINGTON LONG CR	4.800% 02/01/2035 DD 12/08/14	124,217.50	116,435.00
BLACKROCK	3.350% 09/15/2026 DD 09/13/16	24,957.75	23,873.50
BLACKROCK	6.113% 01/15/2040 DD 01/15/10	300,000.00	325,038.00
OAKTREE	9.000% 05/15/2021 DD 05/10/16	59,362.50	64,950.00
OAKTREE	5.450% 06/15/2023 DD 06/01/16	59,974.20	63,644.40
OAKTREE	6.020% 06/15/2026 DD 06/01/16	151,970.00	162,495.00
WELLINGTON LONG CR	6.020% 06/15/2026 DD 06/01/16	77,381.00	81,247.50
WELLINGTON LONG CR	8.100% 07/15/2036 DD 06/01/16	85,837.65	89,218.50
BLACKROCK	8.350% 07/15/2046 DD 06/01/16	234,207.44	283,196.70
LEGAL & GENERAL	8.350% 07/15/2046 DD 06/01/16	232,043.65	277,040.25
WELLINGTON LONG CR	8.350% 07/15/2046 DD 06/01/16	99,920.00	123,129.00
WELLINGTON LONG CR	4.875% 01/22/2044 DD 01/22/14	67,708.20	70,137.20
LEGAL & GENERAL	6.000% 01/22/2039 DD 01/22/14	184,210.70	184,339.90
LEGAL & GENERAL	4.750% 10/13/2035 DD 10/13/15	112,587.30	115,378.35
WELLINGTON LONG CR	4.950% 10/13/2045 DD 10/13/15	119,702.40	121,413.60
LEGAL & GENERAL	4.950% 10/13/2045 DD 10/13/15	404,516.10	409,770.90
OAKTREE	7.625% 06/15/2024 DD 06/03/16	90,300.00	97,200.00
WELLINGTON LONG CR	7.000% 10/15/2037 DD 10/17/07	68,777.15	95,029.50
WELLINGTON LONG CR	5.625% 03/15/2042 DD 03/15/12	64,165.40	71,648.20
WELLINGTON LONG CR	4.500% 02/15/2045 DD 02/18/15	19,769.60	19,071.60
OAKTREE	5.250% 05/01/2025 DD 05/15/15	194,481.25	194,025.00
OAKTREE	6.125% 12/15/2020 DD 12/13/12	108,987.50	111,650.00
BLACKROCK	4.750% 06/15/2046 DD 06/16/16	297,864.00	302,535.00
WELLINGTON LONG CR	4.750% 06/15/2046 DD 06/16/16	95,204.80	95,802.75
DODGE & COX	6.800% 09/15/2037 DD 09/20/07	801,978.25	972,560.00
OAKTREE	5.750% 01/15/2022 DD 12/19/13	70,000.00	61,775.00
OAKTREE	VAR RT 01/15/2023 DD 06/30/14	94,050.00	80,512.50
OAKTREE	5.500% 06/15/2025 DD 06/01/15	110,443.75	110,275.00
OAKTREE	5.125% 07/01/2022 DD 06/18/14	222,937.50	224,156.25
OAKTREE	7.500% 03/15/2022 DD 03/19/15	75,000.00	69,937.50
OAKTREE	8.250% 08/15/2021 DD 08/09/16	184,025.00	189,900.00
OAKTREE	7.875% 07/15/2021 DD 07/18/16	185,000.00	197,950.00
WELLINGTON LONG CR	VAR RT 10/15/2054 DD 10/07/14	280,000.00	272,680.80

**THE PACIFIC GAS AND ELECTRIC COMPANY
HEALTH CARE PLAN FOR RETIREES AND SURVIVING DEPENDENTS**

EIN #: 94-0742640

PLAN #: 535

**FORM 5500, SCHEDULE H, PART IV, LINE 4(i) –
SCHEDULE OF ASSETS HELD
AS OF DECEMBER 31, 2016**

Identity of Issuer, borrower, lessor or similar party	Description of investment including maturity date, rate of interest, collateral, par or maturity value	Cost	Current Value
WELLINGTON LONG CR	5.875% 05/15/2033 DD 05/08/03	82,752.00	118,925.00
NISA LONG CREDIT	4.119% 11/28/2042 DD 11/28/12	100,000.00	96,538.00
OAKTREE	5.000% 04/15/2022 DD 04/11/14	229,662.50	229,218.75
BLACKROCK	4.750% 03/04/2029 DD 04/10/14	103,407.15	91,875.00
OAKTREE	6.250% 08/15/2024 DD 08/29/16	143,300.00	148,400.00
OAKTREE	5.875% 09/30/2026 DD 09/14/16	130,000.00	131,300.00
OAKTREE	7.875% 07/31/2023 DD 07/31/15	120,000.00	121,200.00
OAKTREE	4.625% 01/15/2022 DD 05/22/15	115,075.00	117,300.00
OAKTREE	5.625% 01/15/2023 DD 01/15/15	175,687.50	182,875.00
OAKTREE	5.875% 06/01/2026 DD 05/31/16	55,962.50	58,025.00
OAKTREE	5.875% 08/15/2023 DD 08/24/15	197,430.05	208,500.00
OAKTREE	5.000% 01/15/2022 DD 12/03/14	43,412.50	46,012.50
OAKTREE	6.750% 11/15/2022 DD 05/04/16	117,400.00	123,050.00
OAKTREE	6.125% 08/15/2023 DD 08/19/15	203,056.25	209,000.00
OAKTREE	5.500% 06/01/2024 DD 05/17/16	131,705.75	130,975.00
BLACKROCK	6.875% 08/04/2026 DD 02/04/16	154,713.25	163,525.00
LEGAL & GENERAL	6.875% 08/04/2026 DD 02/04/16	134,750.25	142,425.00
BLACKROCK	6.750% 09/21/2047 DD 09/21/16	249,487.00	245,648.00
DODGE & COX	6.750% 09/21/2047 DD 09/21/16	471,763.05	406,264.00
LEGAL & GENERAL	6.750% 09/21/2047 DD 09/21/16	544,145.70	500,744.00
LEGAL & GENERAL	6.500% 03/13/2027 DD 12/13/16	232,870.90	242,402.50
WELLINGTON LONG CR	6.500% 03/13/2027 DD 12/13/16	113,958.10	118,622.50
BLACKROCK	6.500% 03/13/2027 DD 12/13/16	94,139.30	97,992.50
OAKTREE	5.750% 03/15/2025 DD 03/11/15	85,125.00	84,787.50
OAKTREE	5.500% 05/31/2023 DD 05/27/15	201,687.50	202,000.00
OAKTREE	6.500% 10/01/2021 DD 10/07/13	230,000.00	240,350.00
OAKTREE	6.500% 02/01/2022 DD 02/02/15	187,425.00	196,462.50
OAKTREE	6.750% 12/01/2021 DD 11/18/13	166,006.25	176,137.50
OAKTREE	5.000% 08/15/2026 DD 08/03/16	65,000.00	62,237.50
OAKTREE	7.750% 12/15/2023 DD 11/04/16	85,000.00	89,675.00
LEGAL & GENERAL	6.500% 01/15/2039 DD 12/12/08	193,019.65	191,631.15
OAKTREE	5.375% 12/15/2021 DD 12/17/13	165,950.00	169,950.00
OAKTREE	6.375% 03/01/2024 DD 02/19/16	40,000.00	42,000.00
OAKTREE	5.000% 08/15/2022 DD 09/16/16	145,118.75	154,031.25
OAKTREE	5.125% 07/15/2023 DD 06/27/16	165,000.00	168,506.25
DODGE & COX	9.750% 01/06/2027 DD 11/21/14	1,094,192.37	1,057,831.99
OAKTREE	6.125% 04/01/2023 DD 04/02/15	176,023.25	188,125.00
OAKTREE	4.875% 09/01/2024 DD 08/15/16	74,465.70	74,062.50
OAKTREE	5.875% 06/30/2026 DD 06/14/16	95,000.00	102,362.50
OAKTREE	7.000% 01/01/2022 DD 11/21/14	145,625.00	155,512.50
OAKTREE	6.000% 10/15/2023 DD 10/13/15	15,937.50	15,862.50
BLACKROCK	6.125% 08/17/2026 DD 08/16/06	104,268.00	122,799.00
OAKTREE	5.250% 01/15/2021 DD 12/21/12	29,237.50	30,675.00
OAKTREE	4.875% 07/31/2024 DD 06/16/16	130,250.00	128,375.00
OAKTREE	5.250% 10/01/2022 DD 09/27/12	139,956.25	137,550.00
BLACKROCK	9.000% 11/15/2018 DD 11/09/11	145,000.00	159,862.50
BLACKROCK	4.250% 12/06/2042 DD 12/06/12	48,248.09	46,874.88
WELLINGTON LONG CR	4.125% 11/01/2024 DD 10/30/14	99,886.00	101,003.00
LEGAL & GENERAL	4.125% 11/01/2024 DD 10/30/14	175,108.50	176,755.25
OAKTREE	7.625% 10/15/2021 DD 10/16/13	193,195.50	181,450.00
OAKTREE	5.125% 02/01/2025 DD 10/06/16	55,000.00	54,587.50
WELLINGTON LONG CR	6.850% 12/16/2039 DD 12/16/09	82,240.98	96,031.28
LEGAL & GENERAL	6.850% 12/16/2039 DD 12/16/09	121,711.50	110,306.20
NISA LONG CREDIT	6.850% 12/16/2039 DD 12/16/09	40,836.90	38,931.60
BLACKROCK	6.850% 12/16/2039 DD 12/16/09	224,714.25	291,987.00
LEGAL & GENERAL	4.900% 09/15/2044 DD 09/18/14	189,823.30	205,534.40
OAKTREE	8.500% 06/01/2024 DD 06/07/16	71,156.25	80,675.00
OAKTREE	7.500% 01/01/2022 DD 12/01/16	175,000.00	182,437.50
OAKTREE	STEP 02/01/2023 DD 01/28/2015	237,659.55	237,937.50
BLACKROCK	5.125% 12/15/2026 DD 12/22/16	200,475.00	202,280.00

**THE PACIFIC GAS AND ELECTRIC COMPANY
HEALTH CARE PLAN FOR RETIREES AND SURVIVING DEPENDENTS**

EIN #: 94-0742640

PLAN #: 535

**FORM 5500, SCHEDULE H, PART IV, LINE 4(i) –
SCHEDULE OF ASSETS HELD
AS OF DECEMBER 31, 2016**

Identity of Issuer, borrower, lessor or similar party	Description of investment including maturity date, rate of interest, collateral, par or maturity value			Cost	Current Value	
WELLINGTON LONG CR	5.125%	12/15/2026	DD 12/22/16	CORPORATE DEBT INSTRUMENTS	65,000.00	65,741.00
NISA LONG CREDIT	7.850%	02/01/2026	DD 01/22/16	CORPORATE DEBT INSTRUMENTS	89,842.50	113,487.30
LEGAL & GENERAL	7.850%	02/01/2026	DD 01/22/16	CORPORATE DEBT INSTRUMENTS	299,475.00	378,291.00
OAKTREE	6.000%	02/15/2024	DD 01/29/16	CORPORATE DEBT INSTRUMENTS	73,937.50	73,500.00
WELLINGTON LONG CR	4.750%	11/15/2046	DD 11/18/16	CORPORATE DEBT INSTRUMENTS	34,961.15	35,104.30
OAKTREE	5.875%	06/15/2024	DD 06/27/16	CORPORATE DEBT INSTRUMENTS	135,850.00	139,725.00
OAKTREE	5.500%	03/01/2025	DD 02/24/15	CORPORATE DEBT INSTRUMENTS	101,012.50	102,750.00
LEGAL & GENERAL	4.125%	09/24/2025	DD 09/24/15	CORPORATE DEBT INSTRUMENTS	59,887.80	61,156.20
OAKTREE	5.125%	05/15/2023	DD 05/21/13	CORPORATE DEBT INSTRUMENTS	225,600.00	219,655.00
OAKTREE	5.375%	03/15/2020	DD 03/27/15	CORPORATE DEBT INSTRUMENTS	212,818.75	219,700.00
OAKTREE	5.875%	05/15/2023	DD 03/27/15	CORPORATE DEBT INSTRUMENTS	55,000.00	41,525.00
OAKTREE	5.625%	12/01/2021	DD 12/02/13	CORPORATE DEBT INSTRUMENTS	131,606.25	120,125.00
OAKTREE	6.750%	08/15/2021	DD 02/08/11	CORPORATE DEBT INSTRUMENTS	158,225.00	136,950.00
OAKTREE	7.250%	07/15/2022	DD 03/08/11	CORPORATE DEBT INSTRUMENTS	73,593.75	61,312.50
LEGAL & GENERAL	4.750%	09/17/2044	DD 09/17/14	CORPORATE DEBT INSTRUMENTS	154,508.65	153,212.85
OAKTREE	6.625%	04/15/2022	DD 04/09/14	CORPORATE DEBT INSTRUMENTS	262,920.00	273,240.00
OAKTREE	6.375%	04/01/2023	DD 03/22/13	CORPORATE DEBT INSTRUMENTS	180,087.50	186,300.00
OAKTREE	4.500%	04/29/2022	DD 04/29/15	CORPORATE DEBT INSTRUMENTS	148,890.00	154,687.50
WELLINGTON LONG CR	6.750%	09/21/2047		CORPORATE DEBT INSTRUMENTS	498,391.59	438,387.20
WELLINGTON LONG CR	6.125%	06/16/2045		CORPORATE DEBT INSTRUMENTS	223,078.50	215,437.50
OAKTREE	5.875%	04/01/2024	DD 03/25/14	CORPORATE DEBT INSTRUMENTS	105,112.50	106,968.75
LEGAL & GENERAL	4.300%	01/15/2026	DD 11/17/15	CORPORATE DEBT INSTRUMENTS	104,605.20	107,912.70
BLACKROCK	4.700%	03/15/2022	DD 03/12/12	CORPORATE DEBT INSTRUMENTS	339,354.00	363,075.80
BLACKROCK	4.000%	06/01/2025	DD 05/07/15	CORPORATE DEBT INSTRUMENTS	148,842.00	150,382.50
BLACKROCK	3.125%	01/15/2027	DD 09/30/16	CORPORATE DEBT INSTRUMENTS	174,882.75	161,465.50
WELLINGTON LONG CR	4.550%	10/01/2029	DD 09/16/14	CORPORATE DEBT INSTRUMENTS	213,260.65	210,433.40
OAKTREE	4.625%	05/01/2023	DD 04/04/13	CORPORATE DEBT INSTRUMENTS	161,087.50	177,300.00
OAKTREE	5.000%	10/15/2022	DD 09/25/15	CORPORATE DEBT INSTRUMENTS	4,587.50	4,987.50
BLACKROCK	5.250%	01/15/2023	DD 10/15/12	CORPORATE DEBT INSTRUMENTS	212,355.00	212,021.25
BLACKROCK	4.450%	02/15/2026	DD 02/08/16	CORPORATE DEBT INSTRUMENTS	132,562.43	137,600.47
DODGE & COX	4.500%	07/01/2044	DD 06/19/14	CORPORATE DEBT INSTRUMENTS	550,389.50	558,893.50
OAKTREE	5.125%	04/01/2023	DD 10/01/13	CORPORATE DEBT INSTRUMENTS	176,568.75	168,000.00
OAKTREE	6.000%	04/15/2026	DD 04/18/16	CORPORATE DEBT INSTRUMENTS	61,587.50	63,862.50
WELLINGTON LONG CR	6.500%	03/15/2041	DD 03/14/11	CORPORATE DEBT INSTRUMENTS	84,174.60	101,661.70
LEGAL & GENERAL	4.000%	06/01/2025	DD 05/26/15	CORPORATE DEBT INSTRUMENTS	4,948.55	5,109.95
WELLINGTON LONG CR	4.250%	04/01/2045	DD 03/30/15	CORPORATE DEBT INSTRUMENTS	118,089.85	115,406.40
OAKTREE	5.250%	08/01/2026	DD 07/22/16	CORPORATE DEBT INSTRUMENTS	100,000.00	98,000.00
LEGAL & GENERAL	3.300%	04/15/2023	DD 04/15/13	CORPORATE DEBT INSTRUMENTS	158,814.40	159,062.40
OAKTREE	5.000%	04/15/2023	DD 04/14/15	CORPORATE DEBT INSTRUMENTS	139,300.00	141,400.00
LEGAL & GENERAL	3.000%	01/15/2027	DD 10/12/16	CORPORATE DEBT INSTRUMENTS	59,217.30	56,490.00
LEGAL & GENERAL	4.750%	03/15/2042	DD 03/13/12	CORPORATE DEBT INSTRUMENTS	251,874.90	238,857.75
LEGAL & GENERAL	4.250%	10/01/2044	DD 09/10/14	CORPORATE DEBT INSTRUMENTS	18,949.80	19,734.60
WELLINGTON LONG CR	5.700%	09/30/2043	DD 09/26/13	CORPORATE DEBT INSTRUMENTS	112,818.85	123,567.40
LEGAL & GENERAL	4.250%	04/01/2026	DD 03/01/16	CORPORATE DEBT INSTRUMENTS	138,917.80	145,122.60
OAKTREE	7.000%	05/20/2022	DD 01/12/12	CORPORATE DEBT INSTRUMENTS	53,265.00	55,782.50
BLACKROCK	5.300%	12/05/2043	DD 12/05/13	CORPORATE DEBT INSTRUMENTS	108,847.00	113,309.00
NISA LONG CREDIT	5.300%	12/05/2043	DD 12/05/13	CORPORATE DEBT INSTRUMENTS	287,311.10	271,941.60
LEGAL & GENERAL	5.125%	07/20/2045	DD 07/20/15	CORPORATE DEBT INSTRUMENTS	239,124.00	267,468.00
WELLINGTON LONG CR	5.125%	07/20/2045	DD 07/20/15	CORPORATE DEBT INSTRUMENTS	531,223.70	562,797.25
BLACKROCK	5.125%	07/20/2045	DD 07/20/15	CORPORATE DEBT INSTRUMENTS	174,361.25	195,028.75
NISA LONG CREDIT	5.125%	07/20/2045	DD 07/20/15	CORPORATE DEBT INSTRUMENTS	653,043.10	601,803.00
LEGAL & GENERAL	2.875%	06/01/2026	DD 05/25/16	CORPORATE DEBT INSTRUMENTS	98,968.00	95,317.00
DODGE & COX	7.750%	07/15/2026	DD 07/17/96	CORPORATE DEBT INSTRUMENTS	72,750.00	85,875.00
DODGE & COX	7.750%	05/15/2027	DD 05/15/97	CORPORATE DEBT INSTRUMENTS	149,250.00	175,875.00
DODGE & COX	6.900%	04/01/2029	DD 03/24/99	CORPORATE DEBT INSTRUMENTS	558,292.25	651,170.25
WELLINGTON LONG CR	5.875%	12/16/2036	DD 12/19/06	CORPORATE DEBT INSTRUMENTS	400,843.30	480,076.80
NISA LONG CREDIT	5.400%	09/15/2040	DD 09/10/10	CORPORATE DEBT INSTRUMENTS	163,393.75	160,871.40
BLACKROCK	5.950%	04/01/2041	DD 03/31/11	CORPORATE DEBT INSTRUMENTS	94,718.25	95,345.25
NISA LONG CREDIT	5.950%	04/01/2041	DD 03/31/11	CORPORATE DEBT INSTRUMENTS	344,919.30	349,599.25
BLACKROCK	4.200%	04/01/2043	DD 04/05/13	CORPORATE DEBT INSTRUMENTS	191,967.00	206,070.00

**THE PACIFIC GAS AND ELECTRIC COMPANY
HEALTH CARE PLAN FOR RETIREES AND SURVIVING DEPENDENTS**

EIN #: 94-0742640

PLAN #: 535

**FORM 5500, SCHEDULE H, PART IV, LINE 4(i) –
SCHEDULE OF ASSETS HELD
AS OF DECEMBER 31, 2016**

Identity of Issuer, borrower, lessor or similar party	Description of investment including maturity date, rate of interest, collateral, par or maturity value	Cost	Current Value	
WELLINGTON LONG CR	4.200% 04/01/2043 DD 04/05/13	CORPORATE DEBT INSTRUMENTS	39,831.20	41,214.00
NISA LONG CREDIT	4.200% 04/01/2043 DD 04/05/13	CORPORATE DEBT INSTRUMENTS	210,247.65	216,373.50
NISA LONG CREDIT	4.875% 02/15/2044 DD 09/10/13	CORPORATE DEBT INSTRUMENTS	207,375.30	185,390.70
BLACKROCK	4.875% 02/15/2044 DD 09/10/13	CORPORATE DEBT INSTRUMENTS	59,103.60	67,414.80
LEGAL & GENERAL	4.875% 02/15/2044 DD 09/10/13	CORPORATE DEBT INSTRUMENTS	207,717.20	235,951.80
WELLINGTON LONG CR	4.400% 03/15/2045 DD 06/12/14	CORPORATE DEBT INSTRUMENTS	36,429.70	37,299.50
NISA LONG CREDIT	4.400% 03/15/2045 DD 06/12/14	CORPORATE DEBT INSTRUMENTS	96,248.05	90,584.50
BLACKROCK	4.400% 03/15/2045 DD 06/12/14	CORPORATE DEBT INSTRUMENTS	44,301.15	47,956.50
WELLINGTON LONG CR	4.250% 04/01/2046 DD 06/02/15	CORPORATE DEBT INSTRUMENTS	34,912.15	36,745.10
BLACKROCK	4.250% 04/01/2046 DD 06/02/15	CORPORATE DEBT INSTRUMENTS	176,053.50	183,725.50
WELLINGTON LONG CR	3.500% 09/15/2056 DD 09/15/16	CORPORATE DEBT INSTRUMENTS	44,143.65	39,390.75
NISA LONG CREDIT	6.875% 02/15/2028 DD 02/09/98	CORPORATE DEBT INSTRUMENTS	69,136.00	65,351.00
WELLINGTON LONG CR	5.800% 10/15/2036 DD 10/10/06	CORPORATE DEBT INSTRUMENTS	57,135.00	60,583.50
WELLINGTON LONG CR	6.650% 09/15/2037 DD 09/11/07	CORPORATE DEBT INSTRUMENTS	137,619.25	152,307.15
NISA LONG CREDIT	5.800% 04/15/2040 DD 04/15/10	CORPORATE DEBT INSTRUMENTS	334,881.90	330,968.70
LEGAL & GENERAL	5.125% 11/15/2041 DD 11/23/11	CORPORATE DEBT INSTRUMENTS	142,314.00	136,033.20
BLACKROCK	4.650% 04/15/2042 DD 04/23/12	CORPORATE DEBT INSTRUMENTS	240,699.00	240,455.25
NISA LONG CREDIT	4.375% 09/15/2045 DD 09/16/15	CORPORATE DEBT INSTRUMENTS	63,460.80	66,962.35
LEGAL & GENERAL	4.375% 09/15/2045 DD 09/16/15	CORPORATE DEBT INSTRUMENTS	127,471.15	133,924.70
BLACKROCK	3.700% 04/15/2046 DD 04/20/16	CORPORATE DEBT INSTRUMENTS	74,583.00	70,008.75
WELLINGTON LONG CR	3.700% 04/15/2046 DD 04/20/16	CORPORATE DEBT INSTRUMENTS	387,831.60	364,045.50
DODGE & COX	6.700% 07/15/2034 DD 07/20/04	CORPORATE DEBT INSTRUMENTS	642,770.75	980,811.00
WELLINGTON LONG CR	6.300% 10/15/2037 DD 10/18/07	CORPORATE DEBT INSTRUMENTS	191,717.75	219,866.50
NISA LONG CREDIT	6.300% 03/01/2038 DD 02/29/08	CORPORATE DEBT INSTRUMENTS	107,007.35	105,926.15
NISA LONG CREDIT	4.875% 07/15/2040 DD 08/02/10	CORPORATE DEBT INSTRUMENTS	143,126.00	137,373.60
NISA LONG CREDIT	3.700% 02/15/2042 DD 02/07/12	CORPORATE DEBT INSTRUMENTS	78,316.45	75,741.80
WELLINGTON LONG CR	4.600% 05/26/2045 DD 05/26/15	CORPORATE DEBT INSTRUMENTS	42,794.00	41,302.40
LEGAL & GENERAL	4.600% 05/26/2045 DD 05/26/15	CORPORATE DEBT INSTRUMENTS	266,974.40	242,651.60
NISA LONG CREDIT	4.600% 05/26/2045 DD 05/26/15	CORPORATE DEBT INSTRUMENTS	387,524.10	371,721.60
BLACKROCK	4.700% 12/09/2035 DD 12/09/15	CORPORATE DEBT INSTRUMENTS	238,599.75	238,032.00
WELLINGTON LONG CR	4.875% 12/09/2045 DD 12/09/15	CORPORATE DEBT INSTRUMENTS	146,679.20	144,594.45
BLACKROCK	4.875% 12/09/2045 DD 12/09/15	CORPORATE DEBT INSTRUMENTS	190,699.00	203,503.30
DODGE & COX	6.950% 03/15/2028 DD 03/16/98	CORPORATE DEBT INSTRUMENTS	318,834.50	363,060.00
DODGE & COX	5.000% 01/15/2044 DD 12/12/13	CORPORATE DEBT INSTRUMENTS	558,225.84	734,100.65
OAKTREE	5.750% 10/01/2022 DD 04/01/13	CORPORATE DEBT INSTRUMENTS	125,062.50	128,750.00
BLACKROCK	5.125% 07/02/2022 DD 01/02/13	CORPORATE DEBT INSTRUMENTS	110,000.00	113,869.80
OAKTREE	5.750% 06/01/2022 DD 05/18/12	CORPORATE DEBT INSTRUMENTS	79,687.50	77,906.25
OAKTREE	7.375% 08/01/2021 DD 08/01/12	CORPORATE DEBT INSTRUMENTS	129,375.00	124,200.00
OAKTREE	5.500% 06/01/2024 DD 05/27/14	CORPORATE DEBT INSTRUMENTS	4,875.00	5,062.50
OAKTREE	5.750% 03/01/2025 DD 02/25/15	CORPORATE DEBT INSTRUMENTS	68,625.00	71,050.00
WELLINGTON LONG CR	6.350% 11/01/2032 DD 10/31/02	CORPORATE DEBT INSTRUMENTS	59,479.92	69,142.68
BLACKROCK	4.000% 07/01/2042 DD 06/26/12	CORPORATE DEBT INSTRUMENTS	52,740.60	59,666.40
LEGAL & GENERAL	4.000% 07/01/2042 DD 06/26/12	CORPORATE DEBT INSTRUMENTS	356,015.80	372,915.00
BLACKROCK	5.250% 09/01/2035 DD 08/31/05	CORPORATE DEBT INSTRUMENTS	107,211.25	149,503.75
WELLINGTON LONG CR	6.500% 08/15/2037 DD 08/24/07	CORPORATE DEBT INSTRUMENTS	54,708.80	54,208.40
BLACKROCK	6.500% 08/15/2037 DD 08/24/07	CORPORATE DEBT INSTRUMENTS	412,535.75	539,373.58
DODGE & COX	6.200% 04/15/2038 DD 04/15/08	CORPORATE DEBT INSTRUMENTS	968,808.00	1,054,552.00
WELLINGTON LONG CR	6.200% 04/15/2038 DD 04/15/08	CORPORATE DEBT INSTRUMENTS	274,566.25	296,592.75
NISA LONG CREDIT	6.200% 04/15/2038 DD 04/15/08	CORPORATE DEBT INSTRUMENTS	158,902.80	151,591.85
BLACKROCK	6.200% 04/15/2038 DD 04/15/08	CORPORATE DEBT INSTRUMENTS	136,465.00	131,819.00
WELLINGTON LONG CR	5.625% 04/01/2040 DD 04/01/10	CORPORATE DEBT INSTRUMENTS	109,127.20	98,964.00
NISA LONG CREDIT	5.625% 04/01/2040 DD 04/01/10	CORPORATE DEBT INSTRUMENTS	237,908.45	241,224.75
BLACKROCK	5.625% 04/01/2040 DD 04/01/10	CORPORATE DEBT INSTRUMENTS	205,081.25	216,483.75
LEGAL & GENERAL	5.000% 10/25/2040 DD 10/25/10	CORPORATE DEBT INSTRUMENTS	508,928.40	483,365.40
NISA LONG CREDIT	5.000% 10/25/2040 DD 10/25/10	CORPORATE DEBT INSTRUMENTS	133,085.20	132,350.05
WELLINGTON LONG CR	5.625% 04/15/2041 DD 04/18/11	CORPORATE DEBT INSTRUMENTS	170,425.50	167,886.00
NISA LONG CREDIT	5.625% 04/15/2041 DD 04/18/11	CORPORATE DEBT INSTRUMENTS	361,805.40	385,516.00
WELLINGTON LONG CR	4.750% 10/02/2043 DD 10/02/13	CORPORATE DEBT INSTRUMENTS	49,652.00	56,067.00
NISA LONG CREDIT	4.750% 10/02/2043 DD 10/02/13	CORPORATE DEBT INSTRUMENTS	130,630.60	134,560.80
WELLINGTON LONG CR	4.300% 04/22/2044 DD 04/22/14	CORPORATE DEBT INSTRUMENTS	300,671.70	316,581.00

**THE PACIFIC GAS AND ELECTRIC COMPANY
HEALTH CARE PLAN FOR RETIREES AND SURVIVING DEPENDENTS**

EIN #: 94-0742640

PLAN #: 535

**FORM 5500, SCHEDULE H, PART IV, LINE 4(i) –
SCHEDULE OF ASSETS HELD
AS OF DECEMBER 31, 2016**

Identity of Issuer, borrower, lessor or similar party	Description of investment including maturity date, rate of interest, collateral, par or maturity value	Cost	Current Value	
LEGAL & GENERAL	4.300% 04/22/2044 DD 04/22/14	CORPORATE DEBT INSTRUMENTS	119,218.80	126,632.40
LEGAL & GENERAL	4.500% 11/18/2034 DD 11/18/14	CORPORATE DEBT INSTRUMENTS	114,235.25	115,718.75
BLACKROCK	4.500% 11/18/2034 DD 11/18/14	CORPORATE DEBT INSTRUMENTS	85,405.45	85,531.25
BLACKROCK	4.800% 11/18/2044 DD 11/18/14	CORPORATE DEBT INSTRUMENTS	172,832.11	190,144.85
LEGAL & GENERAL	4.800% 11/18/2044 DD 11/18/14	CORPORATE DEBT INSTRUMENTS	244,308.60	246,674.40
WELLINGTON LONG CR	3.450% 06/01/2026 DD 06/01/16	CORPORATE DEBT INSTRUMENTS	209,631.60	206,136.00
BLACKROCK	5.300% 12/15/2045 DD 12/14/15	CORPORATE DEBT INSTRUMENTS	57,301.02	59,380.56
BLACKROCK	3.500% 12/05/2026 DD 12/05/16	CORPORATE DEBT INSTRUMENTS	169,203.45	168,427.50
LEGAL & GENERAL	3.850% 05/04/2043 DD 05/03/13	CORPORATE DEBT INSTRUMENTS	312,534.30	315,559.20
BLACKROCK	3.850% 05/04/2043 DD 05/03/13	CORPORATE DEBT INSTRUMENTS	195,087.00	191,248.00
NISA LONG CREDIT	3.850% 05/04/2043 DD 05/03/13	CORPORATE DEBT INSTRUMENTS	118,100.25	119,530.00
NISA LONG CREDIT	3.450% 02/09/2045 DD 02/09/15	CORPORATE DEBT INSTRUMENTS	467,285.30	450,151.50
LEGAL & GENERAL	3.450% 02/09/2045 DD 02/09/15	CORPORATE DEBT INSTRUMENTS	180,376.65	167,703.50
BLACKROCK	3.450% 02/09/2045 DD 02/09/15	CORPORATE DEBT INSTRUMENTS	64,423.45	57,372.25
WELLINGTON LONG CR	3.450% 02/09/2045 DD 02/09/15	CORPORATE DEBT INSTRUMENTS	84,246.05	75,025.25
WELLINGTON LONG CR	4.375% 05/13/2045 DD 05/13/15	CORPORATE DEBT INSTRUMENTS	114,580.25	118,141.80
BLACKROCK	4.375% 05/13/2045 DD 05/13/15	CORPORATE DEBT INSTRUMENTS	129,525.50	133,551.60
LEGAL & GENERAL	4.500% 02/23/2036 DD 02/23/16	CORPORATE DEBT INSTRUMENTS	169,201.00	181,548.10
BLACKROCK	4.500% 02/23/2036 DD 02/23/16	CORPORATE DEBT INSTRUMENTS	124,412.50	133,491.25
WELLINGTON LONG CR	4.650% 02/23/2046 DD 02/23/16	CORPORATE DEBT INSTRUMENTS	220,256.90	237,567.00
LEGAL & GENERAL	4.650% 02/23/2046 DD 02/23/16	CORPORATE DEBT INSTRUMENTS	293,843.00	296,958.75
NISA LONG CREDIT	4.650% 02/23/2046 DD 02/23/16	CORPORATE DEBT INSTRUMENTS	549,333.30	556,122.75
BLACKROCK	4.650% 02/23/2046 DD 02/23/16	CORPORATE DEBT INSTRUMENTS	326,696.95	345,552.00
BLACKROCK	3.850% 08/04/2046 DD 08/04/16	CORPORATE DEBT INSTRUMENTS	349,072.50	335,349.00
WELLINGTON LONG CR	3.850% 08/04/2046 DD 08/04/16	CORPORATE DEBT INSTRUMENTS	154,689.75	148,511.70
LEGAL & GENERAL	3.850% 08/04/2046 DD 08/04/16	CORPORATE DEBT INSTRUMENTS	44,960.20	43,116.30
BLACKROCK	5.000% 10/15/2025 DD 10/20/15	CORPORATE DEBT INSTRUMENTS	109,701.90	119,804.30
WELLINGTON LONG CR	4.500% 08/15/2046 DD 08/16/16	CORPORATE DEBT INSTRUMENTS	128,155.50	123,766.50
BLACKROCK	4.500% 08/15/2046 DD 08/16/16	CORPORATE DEBT INSTRUMENTS	113,194.50	109,485.75
DODGE & COX	6.000% 09/15/2041 DD 09/19/11	CORPORATE DEBT INSTRUMENTS	574,212.25	579,962.25
WELLINGTON LONG CR	VAR RT 10/15/2045 DD 10/15/16	CORPORATE DEBT INSTRUMENTS	129,128.80	131,313.00
LEGAL & GENERAL	4.000% 10/01/2041 DD 09/19/11	CORPORATE DEBT INSTRUMENTS	252,358.20	242,182.60
LEGAL & GENERAL	4.000% 12/15/2032 DD 12/11/12	CORPORATE DEBT INSTRUMENTS	242,831.75	252,585.20
NISA LONG CREDIT	4.250% 12/15/2042 DD 12/11/12	CORPORATE DEBT INSTRUMENTS	151,883.10	136,285.20
WELLINGTON LONG CR	4.900% 07/29/2045 DD 07/29/15	CORPORATE DEBT INSTRUMENTS	115,083.55	123,054.80
LEGAL & GENERAL	4.900% 07/29/2045 DD 07/29/15	CORPORATE DEBT INSTRUMENTS	308,080.95	335,604.00
WELLINGTON LONG CR	4.100% 05/19/2046 DD 05/19/16	CORPORATE DEBT INSTRUMENTS	89,492.40	89,206.20
NISA LONG CREDIT	4.100% 05/19/2046 DD 05/19/16	CORPORATE DEBT INSTRUMENTS	159,097.60	158,588.80
DODGE & COX	6.875% 03/11/2038 DD 03/11/08	CORPORATE DEBT INSTRUMENTS	1,213,330.00	1,421,986.50
DODGE & COX	5.000% 03/15/2042 DD 03/09/12	CORPORATE DEBT INSTRUMENTS	132,082.65	137,871.45
LEGAL & GENERAL	4.500% 10/01/2040 DD 09/27/10	CORPORATE DEBT INSTRUMENTS	131,688.10	122,197.85
BLACKROCK	3.500% 11/15/2042 DD 11/07/12	CORPORATE DEBT INSTRUMENTS	115,520.00	114,122.50
NISA LONG CREDIT	3.750% 05/01/2043 DD 05/02/13	CORPORATE DEBT INSTRUMENTS	98,616.00	94,533.00
LEGAL & GENERAL	3.500% 02/12/2035 DD 02/12/15	CORPORATE DEBT INSTRUMENTS	44,482.50	43,316.10
BLACKROCK	3.500% 02/12/2035 DD 02/12/15	CORPORATE DEBT INSTRUMENTS	84,022.50	81,819.30
BLACKROCK	3.750% 02/12/2045 DD 02/12/15	CORPORATE DEBT INSTRUMENTS	21,685.92	19,692.75
WELLINGTON LONG CR	3.750% 02/12/2045 DD 02/12/15	CORPORATE DEBT INSTRUMENTS	238,575.60	225,060.00
LEGAL & GENERAL	3.750% 02/12/2045 DD 02/12/15	CORPORATE DEBT INSTRUMENTS	61,888.40	56,265.00
BLACKROCK	4.000% 02/12/2055 DD 02/12/15	CORPORATE DEBT INSTRUMENTS	234,473.00	236,445.00
LEGAL & GENERAL	4.000% 02/12/2055 DD 02/12/15	CORPORATE DEBT INSTRUMENTS	127,933.00	122,951.40
NISA LONG CREDIT	4.000% 02/12/2055 DD 02/12/15	CORPORATE DEBT INSTRUMENTS	682,910.95	666,774.90
WELLINGTON LONG CR	4.450% 11/03/2045 DD 11/03/15	CORPORATE DEBT INSTRUMENTS	189,344.50	202,429.80
BLACKROCK	4.450% 11/03/2045 DD 11/03/15	CORPORATE DEBT INSTRUMENTS	92,299.98	94,822.38
WELLINGTON LONG CR	4.750% 11/03/2055 DD 11/03/15	CORPORATE DEBT INSTRUMENTS	154,421.85	168,591.95
WELLINGTON LONG CR	3.450% 08/08/2036 DD 08/08/16	CORPORATE DEBT INSTRUMENTS	189,264.70	180,568.40
LEGAL & GENERAL	3.450% 08/08/2036 DD 08/08/16	CORPORATE DEBT INSTRUMENTS	409,585.50	389,647.60
BLACKROCK	3.450% 08/08/2036 DD 08/08/16	CORPORATE DEBT INSTRUMENTS	323,742.25	308,867.00
BLACKROCK	3.700% 08/08/2046 DD 08/08/16	CORPORATE DEBT INSTRUMENTS	268,690.50	254,196.90
WELLINGTON LONG CR	3.700% 08/08/2046 DD 08/08/16	CORPORATE DEBT INSTRUMENTS	228,884.50	216,538.10
LEGAL & GENERAL	3.700% 08/08/2046 DD 08/08/16	CORPORATE DEBT INSTRUMENTS	316,823.10	296,563.05

**THE PACIFIC GAS AND ELECTRIC COMPANY
HEALTH CARE PLAN FOR RETIREES AND SURVIVING DEPENDENTS**

EIN #: 94-0742640

PLAN #: 535

**FORM 5500, SCHEDULE H, PART IV, LINE 4(i) –
SCHEDULE OF ASSETS HELD
AS OF DECEMBER 31, 2016**

Identity of Issuer, borrower, lessor or similar party	Description of investment including maturity date, rate of interest, collateral, par or maturity value	Cost	Current Value
NISA LONG CREDIT	3.700% 08/08/2046 DD 08/08/16 CORPORATE DEBT INSTRUMENTS	655,754.60	611,955.50
LEGAL & GENERAL	3.950% 08/08/2056 DD 08/08/16 CORPORATE DEBT INSTRUMENTS	248,637.75	240,842.40
BLACKROCK	3.950% 08/08/2056 DD 08/08/16 CORPORATE DEBT INSTRUMENTS	219,386.25	212,508.00
WELLINGTON LONG CR	3.950% 08/08/2056 DD 08/08/16 CORPORATE DEBT INSTRUMENTS	234,012.00	226,675.20
OAKTREE	5.875% 12/15/2021 DD 06/15/14 CORPORATE DEBT INSTRUMENTS	4,837.50	5,237.50
OAKTREE	6.375% 12/15/2023 DD 06/15/14 CORPORATE DEBT INSTRUMENTS	263,593.75	279,500.00
BLACKROCK	3.200% 09/16/2026 DD 09/16/16 CORPORATE DEBT INSTRUMENTS	174,643.00	168,255.50
WELLINGTON LONG CR	6.500% 04/15/2038 DD 04/09/08 CORPORATE DEBT INSTRUMENTS	82,787.00	78,395.40
BLACKROCK	6.125% 07/08/2039 DD 07/08/09 CORPORATE DEBT INSTRUMENTS	67,424.40	75,503.40
WELLINGTON LONG CR	6.125% 07/08/2039 DD 07/08/09 CORPORATE DEBT INSTRUMENTS	93,633.85	94,379.25
NISA LONG CREDIT	5.375% 07/15/2040 DD 07/15/11 CORPORATE DEBT INSTRUMENTS	542,512.35	505,517.85
BLACKROCK	5.375% 07/15/2040 DD 07/15/11 CORPORATE DEBT INSTRUMENTS	170,372.20	197,558.70
LEGAL & GENERAL	4.300% 07/08/2034 DD 07/08/14 CORPORATE DEBT INSTRUMENTS	364,854.00	377,402.70
WELLINGTON LONG CR	4.300% 07/08/2034 DD 07/08/14 CORPORATE DEBT INSTRUMENTS	85,015.20	82,718.40
NISA LONG CREDIT	4.300% 07/08/2034 DD 07/08/14 CORPORATE DEBT INSTRUMENTS	64,675.80	62,038.80
BLACKROCK	4.300% 07/08/2034 DD 07/08/14 CORPORATE DEBT INSTRUMENTS	49,980.00	51,699.00
NISA LONG CREDIT	3.900% 05/15/2035 DD 05/05/15 CORPORATE DEBT INSTRUMENTS	89,392.50	88,767.90
WELLINGTON LONG CR	3.900% 05/15/2035 DD 05/05/15 CORPORATE DEBT INSTRUMENTS	148,987.50	147,946.50
BLACKROCK	4.125% 05/15/2045 DD 05/05/15 CORPORATE DEBT INSTRUMENTS	380,885.65	373,126.60
LEGAL & GENERAL	4.125% 05/15/2045 DD 05/05/15 CORPORATE DEBT INSTRUMENTS	224,075.25	218,061.00
NISA LONG CREDIT	4.125% 05/15/2045 DD 05/05/15 CORPORATE DEBT INSTRUMENTS	744,952.00	741,407.40
NISA LONG CREDIT	4.375% 05/15/2055 DD 05/05/15 CORPORATE DEBT INSTRUMENTS	150,901.50	159,139.20
BLACKROCK	3.850% 07/15/2036 DD 07/07/16 CORPORATE DEBT INSTRUMENTS	174,973.75	170,786.00
NISA LONG CREDIT	4.000% 07/15/2046 DD 07/07/16 CORPORATE DEBT INSTRUMENTS	190,754.00	191,300.00
WELLINGTON LONG CR	4.000% 07/15/2046 DD 07/07/16 CORPORATE DEBT INSTRUMENTS	338,896.70	320,427.50
BLACKROCK	4.000% 07/15/2046 DD 07/07/16 CORPORATE DEBT INSTRUMENTS	374,195.30	354,861.50
BLACKROCK	4.800% 05/20/2045 DD 05/20/15 CORPORATE DEBT INSTRUMENTS	42,752.40	51,294.24
OAKTREE	5.875% 07/15/2023 DD 01/15/16 CORPORATE DEBT INSTRUMENTS	90,100.00	93,262.50
DODGE & COX	7.125% 10/01/2037 DD 04/01/08 CORPORATE DEBT INSTRUMENTS	125,120.10	136,739.40
DODGE & COX	6.750% 12/15/2039 DD 12/04/09 CORPORATE DEBT INSTRUMENTS	328,773.60	311,240.00
WELLINGTON LONG CR	5.750% 05/01/2040 DD 05/17/10 CORPORATE DEBT INSTRUMENTS	82,123.30	85,428.70
DODGE & COX	5.750% 05/01/2040 DD 05/17/10 CORPORATE DEBT INSTRUMENTS	771,517.75	701,735.75
WELLINGTON LONG CR	5.050% 03/01/2041 DD 09/10/10 CORPORATE DEBT INSTRUMENTS	74,413.50	85,112.25
NISA LONG CREDIT	5.400% 06/01/2041 DD 05/19/11 CORPORATE DEBT INSTRUMENTS	127,917.30	123,938.85
NISA LONG CREDIT	4.950% 09/15/2041 DD 08/22/11 CORPORATE DEBT INSTRUMENTS	107,063.10	106,335.40
NISA LONG CREDIT	4.400% 03/15/2042 DD 03/02/12 CORPORATE DEBT INSTRUMENTS	46,457.50	52,130.00
DODGE & COX	4.400% 03/15/2042 DD 03/02/12 CORPORATE DEBT INSTRUMENTS	286,167.00	312,780.00
WELLINGTON LONG CR	4.375% 09/01/2042 DD 08/23/12 CORPORATE DEBT INSTRUMENTS	172,578.00	181,863.50
BLACKROCK	4.450% 03/15/2043 DD 03/12/13 CORPORATE DEBT INSTRUMENTS	474,919.25	497,800.00
WELLINGTON LONG CR	5.150% 09/01/2043 DD 08/22/13 CORPORATE DEBT INSTRUMENTS	49,704.00	57,422.50
NISA LONG CREDIT	5.150% 09/01/2043 DD 08/22/13 CORPORATE DEBT INSTRUMENTS	36,074.40	34,453.50
BLACKROCK	4.900% 04/01/2044 DD 03/07/14 CORPORATE DEBT INSTRUMENTS	74,844.00	84,046.50
DODGE & COX	4.900% 04/01/2044 DD 03/07/14 CORPORATE DEBT INSTRUMENTS	174,636.00	196,108.50
WELLINGTON LONG CR	4.900% 04/01/2044 DD 03/07/14 CORPORATE DEBT INSTRUMENTS	78,641.25	84,046.50
WELLINGTON LONG CR	4.550% 09/01/2044 DD 08/18/14 CORPORATE DEBT INSTRUMENTS	135,765.00	148,855.00
LEGAL & GENERAL	4.150% 04/01/2045 DD 03/09/15 CORPORATE DEBT INSTRUMENTS	104,656.65	106,481.55
BLACKROCK	4.100% 04/01/2045 DD 03/09/15 CORPORATE DEBT INSTRUMENTS	59,803.80	60,846.60
NISA LONG CREDIT	4.700% 09/01/2045 DD 08/20/15 CORPORATE DEBT INSTRUMENTS	314,212.50	295,517.70
NISA LONG CREDIT	7.250% 08/01/2097 DD 07/29/97 CORPORATE DEBT INSTRUMENTS	97,757.25	102,960.00
DODGE & COX	6.150% 05/01/2037 DD 04/13/07 CORPORATE DEBT INSTRUMENTS	269,321.05	338,458.00
LEGAL & GENERAL	6.150% 05/01/2037 DD 04/13/07 CORPORATE DEBT INSTRUMENTS	455,014.10	434,248.00
WELLINGTON LONG CR	6.000% 10/01/2036 DD 09/20/06 CORPORATE DEBT INSTRUMENTS	115,590.30	125,418.30
DODGE & COX	6.000% 10/01/2036 DD 09/20/06 CORPORATE DEBT INSTRUMENTS	273,866.90	316,531.90
DODGE & COX	6.150% 05/01/2037 DD 04/25/07 CORPORATE DEBT INSTRUMENTS	606,555.00	614,230.00
DODGE & COX	6.220% 04/30/2040 DD 03/24/10 CORPORATE DEBT INSTRUMENTS	761,439.98	847,538.40
WELLINGTON LONG CR	6.220% 04/30/2040 DD 03/24/10 CORPORATE DEBT INSTRUMENTS	121,608.75	124,638.00
NISA LONG CREDIT	6.220% 04/30/2040 DD 03/24/10 CORPORATE DEBT INSTRUMENTS	61,092.00	56,087.10
BLACKROCK	5.500% 04/15/2041 DD 10/21/10 CORPORATE DEBT INSTRUMENTS	168,085.50	172,192.50
WELLINGTON LONG CR	4.750% 05/30/2042 DD 11/01/11 CORPORATE DEBT INSTRUMENTS	50,935.50	52,045.50
BLACKROCK	4.400% 03/01/2043 DD 02/28/12 CORPORATE DEBT INSTRUMENTS	126,636.25	126,123.75

**THE PACIFIC GAS AND ELECTRIC COMPANY
HEALTH CARE PLAN FOR RETIREES AND SURVIVING DEPENDENTS**

EIN #: 94-0742640

PLAN #: 535

**FORM 5500, SCHEDULE H, PART IV, LINE 4(i) –
SCHEDULE OF ASSETS HELD
AS OF DECEMBER 31, 2016**

Identity of Issuer, borrower, lessor or similar party	Description of investment including maturity date, rate of interest, collateral, par or maturity value	Cost	Current Value
NISA LONG CREDIT	4.400% 03/01/2043 DD 02/28/12	82,068.00	80,719.20
NISA LONG CREDIT	4.500% 08/01/2054 DD 07/21/14	148,321.35	137,200.00
NISA LONG CREDIT	3.950% 05/01/2050 DD 04/21/15	77,481.60	71,944.00
NISA LONG CREDIT	3.800% 11/01/2046 DD 10/18/16	74,573.25	69,531.00
NISA LONG CREDIT	4.250% 11/01/2066 DD 10/18/16	177,022.85	168,827.30
WELLINGTON LONG CR	5.950% 05/15/2037 DD 05/08/07	54,747.50	59,580.00
BLACKROCK	5.750% 01/15/2042 DD 12/01/11	172,707.00	180,255.00
DODGE & COX	5.750% 01/15/2042 DD 12/01/11	1,343,545.00	1,562,210.00
BLACKROCK	3.875% 08/01/2042 DD 07/27/12	128,862.95	132,340.05
NISA LONG CREDIT	4.100% 04/15/2043 DD 04/11/13	50,829.90	51,366.15
NISA LONG CREDIT	5.100% 01/15/2044 DD 01/09/14	222,697.40	217,008.00
WELLINGTON LONG CR	5.100% 01/15/2044 DD 01/09/14	204,710.85	222,433.20
WELLINGTON LONG CR	3.900% 02/01/2035 DD 01/09/15	69,679.40	67,216.10
WELLINGTON LONG CR	4.100% 02/01/2045 DD 01/09/15	81,643.44	85,206.94
BLACKROCK	4.100% 02/01/2045 DD 01/09/15	67,354.70	65,543.80
NISA LONG CREDIT	4.100% 02/01/2045 DD 01/09/15	526,659.20	514,987.00
DODGE & COX	4.100% 02/01/2045 DD 01/09/15	673,859.75	632,029.50
NISA LONG CREDIT	4.500% 02/01/2065 DD 01/09/15	110,291.50	106,250.80
WELLINGTON LONG CR	4.750% 11/15/2045 DD 10/23/15	39,845.65	41,426.80
DODGE & COX	4.750% 11/15/2045 DD 10/23/15	372,631.50	388,376.25
WELLINGTON LONG CR	4.550% 04/01/2046 DD 03/24/16	70,011.75	70,539.70
BLACKROCK	4.550% 04/01/2046 DD 03/24/16	175,811.29	174,333.83
BLACKROCK	4.300% 05/15/2043 DD 05/15/16	123,851.25	115,305.00
NISA LONG CREDIT	6.000% 03/15/2039 DD 03/11/05	61,460.50	58,463.50
LEGAL & GENERAL	6.000% 05/23/2111 DD 05/23/11	176,471.20	163,774.80
WELLINGTON LONG CR	4.837% 10/01/2041 DD 04/01/12	53,551.30	59,723.95
DODGE & COX	4.837% 10/01/2041 DD 04/01/12	1,020,573.93	1,018,564.82
NISA LONG CREDIT	3.950% 10/01/2042 DD 09/07/12	42,125.50	47,496.00
BLACKROCK	3.950% 10/01/2042 DD 09/07/12	107,215.00	118,740.00
WELLINGTON LONG CR	4.800% 08/15/2043 DD 08/13/13	193,375.65	212,261.40
LEGAL & GENERAL	4.650% 01/15/2046 DD 11/03/15	104,293.35	111,642.30
BLACKROCK	4.300% 06/15/2042 DD 06/11/12	62,925.66	65,267.37
NISA LONG CREDIT	4.821% 02/01/2044 DD 08/21/13	103,400.80	94,190.20
NISA LONG CREDIT	4.750% 12/15/2043 DD 10/25/13	47,190.00	43,558.40
NISA LONG CREDIT	4.150% 01/15/2045 DD 08/12/14	38,574.55	35,246.75
WELLINGTON LONG CR	4.375% 11/15/2065 DD 10/29/15	91,370.85	94,475.60
NISA LONG CREDIT	4.375% 11/15/2065 DD 10/29/15	364,580.65	343,095.60
WELLINGTON LONG CR	4.050% 03/01/2046 DD 03/01/16	74,011.50	75,214.50
DODGE & COX	3.799% 10/01/2051 DD 10/04/16	437,943.20	401,392.10
WELLINGTON LONG CR	3.799% 10/01/2051 DD 10/04/16	24,843.25	23,336.75
LEGAL & GENERAL	3.799% 10/01/2051 DD 10/04/16	287,092.94	251,103.43
BLACKROCK	3.799% 10/01/2051 DD 10/04/16	79,120.80	82,145.36
BLACKROCK	3.450% 01/07/2030 DD 06/13/16	150,000.00	145,875.00
BLACKROCK	3.625% 10/01/2042 DD 09/27/12	98,754.00	95,360.00
WELLINGTON LONG CR	3.400% 11/15/2046 DD 10/24/16	89,210.70	82,963.80
OAKTREE	6.000% 05/15/2026 DD 05/25/16	135,237.50	137,025.00
NISA LONG CREDIT	4.100% 01/15/2042 DD 01/18/12	75,596.50	69,648.60
NISA LONG CREDIT	3.850% 12/01/2042 DD 12/05/12	428,701.60	401,482.20
NISA LONG CREDIT	4.150% 08/15/2044 DD 08/26/14	50,494.00	50,248.50
WELLINGTON LONG CR	3.750% 03/01/2045 DD 03/11/15	84,555.75	80,313.10
DODGE & COX	4.300% 01/02/2046 DD 01/13/16	275,427.50	284,553.50
NISA LONG CREDIT	4.800% 12/15/2043 DD 12/10/13	59,678.40	67,027.80
WELLINGTON LONG CR	4.400% 05/15/2044 DD 05/08/14	153,924.30	157,280.05
WELLINGTON LONG CR	6.350% 10/01/2036 DD 04/01/07	208,320.45	247,550.55
NISA LONG CREDIT	3.500% 08/15/2046 DD 08/18/16	89,917.20	80,981.10
BLACKROCK	3.500% 08/15/2046 DD 08/18/16	74,931.00	67,484.25
NISA LONG CREDIT	4.500% 02/01/2045 DD 12/04/14	238,905.85	223,045.30
DODGE & COX	4.500% 02/01/2045 DD 12/04/14	223,067.25	233,419.50
BLACKROCK	4.500% 02/01/2045 DD 12/04/14	148,711.50	155,613.00
LEGAL & GENERAL	6.850% 06/01/2034 DD 07/13/07	335,717.18	93,826.96

**THE PACIFIC GAS AND ELECTRIC COMPANY
HEALTH CARE PLAN FOR RETIREES AND SURVIVING DEPENDENTS**

EIN #: 94-0742640

PLAN #: 535

**FORM 5500, SCHEDULE H, PART IV, LINE 4(i) –
SCHEDULE OF ASSETS HELD
AS OF DECEMBER 31, 2016**

Identity of Issuer, borrower, lessor or similar party	Description of investment including maturity date, rate of interest, collateral, par or maturity value	Cost	Current Value
BLACKROCK	2.950% 02/15/2027 DD 11/03/16	64,773.15	61,690.85
NISA LONG CREDIT	4.100% 05/15/2042 DD 05/18/12	108,037.30	109,373.00
LEGAL & GENERAL	4.100% 05/15/2042 DD 05/18/12	343,781.80	367,891.00
WELLINGTON LONG CR	4.100% 05/15/2042 DD 05/18/12	44,776.80	44,743.50
BLACKROCK	4.100% 05/15/2042 DD 05/18/12	124,380.00	124,287.50
WELLINGTON LONG CR	4.100% 03/15/2043 DD 03/12/13	109,191.50	109,986.80
NISA LONG CREDIT	6.600% 03/01/2033 DD 09/01/03	69,234.00	67,225.95
BLACKROCK	6.600% 03/01/2033 DD 09/01/03	369,119.00	378,909.90
WELLINGTON LONG CR	6.450% 01/15/2038 DD 01/16/08	60,845.50	65,615.00
NISA LONG CREDIT	6.450% 01/15/2038 DD 01/16/08	101,888.00	104,984.00
NISA LONG CREDIT	3.800% 10/01/2042 DD 10/01/12	235,554.75	215,865.00
WELLINGTON LONG CR	4.700% 01/15/2044 DD 01/10/14	50,010.50	55,076.50
DODGE & COX	4.350% 11/15/2045 DD 11/19/15	272,860.50	287,127.50
WELLINGTON LONG CR	3.650% 06/15/2046 DD 06/27/16	9,935.10	9,397.60
NISA LONG CREDIT	5.850% 03/15/2036 DD 03/09/06	193,593.85	175,010.65
WELLINGTON LONG CR	6.200% 06/15/2036 DD 06/15/06	42,563.60	50,235.60
WELLINGTON LONG CR	6.750% 04/01/2038 DD 04/04/08	166,964.00	169,181.25
WELLINGTON LONG CR	5.500% 12/01/2039 DD 12/04/09	59,773.20	70,647.60
NISA LONG CREDIT	4.200% 03/15/2042 DD 03/13/12	80,518.40	80,214.40
NISA LONG CREDIT	3.950% 03/01/2043 DD 02/28/13	67,397.85	62,910.90
NISA LONG CREDIT	4.450% 03/15/2044 DD 03/06/14	430,589.30	442,467.50
NISA LONG CREDIT	4.625% 12/01/2054 DD 11/24/14	178,423.40	188,830.80
WELLINGTON LONG CR	4.625% 12/01/2054 DD 11/24/14	116,752.45	120,641.90
WELLINGTON LONG CR	4.500% 12/01/2045 DD 11/17/15	94,953.90	95,432.40
WELLINGTON LONG CR	4.300% 12/01/2056 DD 11/16/16	238,373.60	239,671.20
LEGAL & GENERAL	4.300% 12/01/2056 DD 11/16/16	94,172.55	94,869.85
NISA LONG CREDIT	7.600% 04/01/2032 DD 03/26/02	109,795.50	118,089.90
BLACKROCK	4.300% 07/01/2044 DD 07/02/14	249,622.50	262,502.50
WELLINGTON LONG CR	7.000% 06/15/2038 DD 06/17/08	216,633.25	223,501.25
NISA LONG CREDIT	4.900% 08/01/2041 DD 08/05/11	343,103.10	335,936.00
WELLINGTON LONG CR	4.050% 09/15/2042 DD 09/13/12	402,172.60	399,005.60
DODGE & COX	4.700% 12/01/2044 DD 11/25/14	149,448.00	154,207.50
NISA LONG CREDIT	4.700% 12/01/2044 DD 11/25/14	69,742.40	71,963.50
WELLINGTON LONG CR	4.200% 03/15/2042 DD 03/15/12	68,105.75	74,277.75
WELLINGTON LONG CR	4.900% 07/15/2043 DD 07/11/13	70,263.10	77,564.90
LEGAL & GENERAL	4.900% 07/15/2043 DD 07/11/13	29,864.10	33,242.10
BLACKROCK	4.800% 12/15/2045 DD 11/19/15	99,664.00	105,697.00
WELLINGTON LONG CR	3.750% 09/01/2046 DD 08/12/16	44,974.80	40,509.45
BLACKROCK	3.750% 09/01/2046 DD 08/12/16	24,986.00	22,505.25
WELLINGTON LONG CR	6.100% 06/01/2037 DD 06/05/07	17,967.00	18,457.80
BLACKROCK	6.100% 06/01/2037 DD 06/05/07	111,310.30	135,357.20
BLACKROCK	6.000% 01/15/2038 DD 01/10/08	174,877.50	216,758.50
WELLINGTON LONG CR	6.000% 01/15/2038 DD 01/10/08	18,036.15	18,579.30
WELLINGTON LONG CR	4.250% 12/15/2041 DD 12/08/11	39,932.40	40,919.60
NISA LONG CREDIT	4.250% 12/15/2041 DD 12/08/11	285,730.40	271,092.35
NISA LONG CREDIT	4.000% 09/30/2042 DD 09/21/12	63,639.60	59,586.00
WELLINGTON LONG CR	3.750% 06/01/2045 DD 03/12/15	218,165.20	209,424.60
WELLINGTON LONG CR	3.875% 03/15/2046 DD 03/11/16	54,805.85	53,801.55
NISA LONG CREDIT	3.700% 06/15/2046 DD 06/23/16	49,650.50	47,265.50
WELLINGTON LONG CR	4.375% 03/30/2044 DD 03/06/14	31,583.40	31,086.90
BLACKROCK	4.375% 03/30/2044 DD 03/06/14	74,985.00	77,717.25
NISA LONG CREDIT	4.375% 03/30/2044 DD 03/06/14	139,401.25	129,528.75
NISA LONG CREDIT	4.150% 12/01/2044 DD 11/20/14	74,743.50	74,513.25
WELLINGTON LONG CR	4.200% 08/15/2045 DD 08/13/15	109,442.30	111,930.50
NISA LONG CREDIT	4.200% 08/15/2045 DD 08/13/15	139,290.20	142,457.00
NISA LONG CREDIT	2.858% 03/01/2035 DD 06/22/16	34,998.25	32,137.70
BLACKROCK	3.400% 10/01/2046 DD 09/09/16	198,876.00	177,956.00
OAKTREE	5.875% 06/01/2023 DD 12/01/13	84,100.00	73,737.50
OAKTREE	6.750% 11/01/2019 DD 05/01/15	34,650.00	35,612.50
LEGAL & GENERAL	3.700% 06/01/2024 DD 03/14/14	170,236.30	176,128.50

**THE PACIFIC GAS AND ELECTRIC COMPANY
HEALTH CARE PLAN FOR RETIREES AND SURVIVING DEPENDENTS**

EIN #: 94-0742640

PLAN #: 535

**FORM 5500, SCHEDULE H, PART IV, LINE 4(i) –
SCHEDULE OF ASSETS HELD
AS OF DECEMBER 31, 2016**

Identity of Issuer, borrower, lessor or similar party	Description of investment including maturity date, rate of interest, collateral, par or maturity value	Cost	Current Value
BLACKROCK	2.950% 09/01/2026 DD 08/19/16	54,876.25	51,449.20
BLACKROCK	3.250% 04/01/2028 DD 03/24/16	124,987.50	123,310.00
NISA LONG CREDIT	5.750% 10/01/2041 DD 09/30/10	120,489.20	122,012.80
LEGAL & GENERAL	5.600% 06/15/2042 DD 12/15/12	404,592.00	370,340.00
NISA LONG CREDIT	5.600% 06/15/2042 DD 12/15/12	98,600.25	83,326.50
NISA LONG CREDIT	5.625% 06/15/2035 DD 06/09/05	141,203.25	149,380.20
LEGAL & GENERAL	4.950% 06/15/2035 DD 12/15/15	169,527.40	180,354.70
DODGE & COX	5.100% 06/15/2045 DD 12/15/15	702,758.00	744,100.00
BLACKROCK	5.100% 06/15/2045 DD 12/15/15	149,496.00	159,450.00
NISA LONG CREDIT	5.100% 06/15/2045 DD 12/15/15	44,848.80	47,835.00
NISA LONG CREDIT	4.450% 04/15/2046 DD 04/07/16	64,668.50	63,630.45
BLACKROCK	4.450% 04/15/2046 DD 04/07/16	29,847.00	29,367.90
WELLINGTON LONG CR	7.375% 11/15/2031 DD 11/15/01	234,811.80	232,002.00
LEGAL & GENERAL	5.950% 10/01/2033 DD 10/15/03	338,049.50	311,765.00
NISA LONG CREDIT	4.950% 06/01/2035 DD 06/07/05	117,824.00	114,088.00
NISA LONG CREDIT	5.650% 02/01/2037 DD 01/18/06	326,079.16	295,679.20
WELLINGTON LONG CR	5.960% 04/01/2039 DD 03/17/09	268,953.00	290,583.00
NISA LONG CREDIT	5.690% 03/01/2040 DD 02/09/10	49,779.60	49,708.80
NISA LONG CREDIT	4.050% 06/01/2042 DD 05/15/12	59,780.05	56,069.20
BLACKROCK	4.050% 10/01/2044 DD 09/10/14	119,604.00	122,950.80
BLACKROCK	6.350% 09/15/2037 DD 09/18/07	262,064.75	322,147.50
LEGAL & GENERAL	6.350% 09/15/2037 DD 09/18/07	864,791.50	811,811.70
NISA LONG CREDIT	6.400% 06/15/2038 DD 06/18/08	150,639.30	138,444.60
NISA LONG CREDIT	5.650% 04/01/2040 DD 03/25/10	337,134.20	315,036.80
WELLINGTON LONG CR	5.400% 06/01/2040 DD 06/03/10	202,785.00	228,550.00
WELLINGTON LONG CR	4.750% 09/01/2040 DD 08/31/10	49,518.00	52,487.50
LEGAL & GENERAL	4.300% 03/15/2042 DD 03/06/12	256,747.00	242,865.60
NISA LONG CREDIT	4.300% 03/15/2042 DD 03/06/12	284,466.00	263,104.40
WELLINGTON LONG CR	4.300% 03/15/2043 DD 03/15/13	136,477.50	136,161.25
LEGAL & GENERAL	5.300% 07/01/2043 DD 07/03/13	134,638.20	147,673.80
WELLINGTON LONG CR	3.250% 06/30/2026 DD 07/05/16	59,919.00	58,287.00
NISA LONG CREDIT	6.150% 06/01/2037 DD 12/01/07	52,080.40	45,771.20
BLACKROCK	6.150% 06/01/2037 DD 12/01/07	127,926.00	114,428.00
LEGAL & GENERAL	5.125% 11/01/2040 DD 05/01/11	631,130.30	583,776.60
NISA LONG CREDIT	6.750% 12/30/2031 DD 02/08/02	168,792.00	162,412.80
LEGAL & GENERAL	6.750% 12/30/2031 DD 02/08/02	510,876.00	487,238.40
WELLINGTON LONG CR	4.250% 05/01/2046 DD 10/15/15	4,993.10	5,149.65
LEGAL & GENERAL	5.800% 10/15/2036 DD 10/06/06	172,952.50	157,314.30
NISA LONG CREDIT	6.125% 04/01/2036 DD 10/01/06	124,352.15	118,643.60
WELLINGTON LONG CR	6.125% 04/01/2036 DD 10/01/06	591,955.90	699,372.80
NISA LONG CREDIT	5.950% 05/15/2037 DD 05/11/07	554,091.80	532,883.70
BLACKROCK	6.500% 09/15/2037 DD 08/28/07	532,457.25	709,415.60
BLACKROCK	5.150% 11/15/2043 DD 11/08/13	139,662.50	140,347.50
WELLINGTON LONG CR	5.150% 11/15/2043 DD 11/08/13	73,494.40	78,594.60
NISA LONG CREDIT	5.150% 11/15/2043 DD 11/08/13	48,987.00	50,525.10
DODGE & COX	5.150% 11/15/2043 DD 11/08/13	1,143,203.50	1,291,197.00
NISA LONG CREDIT	4.250% 03/15/2042 DD 03/09/12	80,943.30	77,857.20
OAKTREE	7.875% 05/15/2021 DD 11/15/11	9,450.00	10,425.00
OAKTREE	6.625% 03/15/2023 DD 03/15/13	35,250.00	35,087.50
OAKTREE	6.250% 07/15/2022 DD 07/15/14	201,050.00	200,500.00
OAKTREE	5.375% 08/15/2024 DD 02/15/15	165,462.50	175,875.00
WELLINGTON LONG CR	6.650% 04/01/2036 DD 10/01/06	135,312.50	165,057.50
NISA LONG CREDIT	5.375% 09/15/2040 DD 09/14/10	98,449.60	91,602.40
LEGAL & GENERAL	3.400% 08/15/2042 DD 08/13/12	66,866.90	64,229.90
NISA LONG CREDIT	3.400% 08/15/2042 DD 08/13/12	250,843.50	279,858.85
NISA LONG CREDIT	4.000% 08/15/2045 DD 08/11/15	88,530.30	89,657.10
BLACKROCK	4.400% 03/01/2044 DD 03/07/14	148,963.50	155,455.50
NISA LONG CREDIT	5.250% 09/01/2050 DD 08/19/11	66,379.50	57,944.70
LEGAL & GENERAL	5.375% 11/01/2040 DD 11/09/10	359,632.20	325,359.70
NISA LONG CREDIT	4.550% 03/15/2044 DD 03/25/14	99,677.00	107,266.00

**THE PACIFIC GAS AND ELECTRIC COMPANY
HEALTH CARE PLAN FOR RETIREES AND SURVIVING DEPENDENTS**

EIN #: 94-0742640

PLAN #: 535

**FORM 5500, SCHEDULE H, PART IV, LINE 4(i) –
SCHEDULE OF ASSETS HELD
AS OF DECEMBER 31, 2016**

Identity of Issuer, borrower, lessor or similar party	Description of investment including maturity date, rate of interest, collateral, par or maturity value	Cost	Current Value
WELLINGTON LONG CR	7.250% 01/15/2033 DD 07/15/03	229,077.15	270,238.80
BLACKROCK	7.250% 01/15/2033 DD 07/15/03	25,789.60	27,716.80
WELLINGTON LONG CR	7.500% 09/01/2038 DD 03/01/09	113,062.75	122,428.90
WELLINGTON LONG CR	5.250% 09/30/2040 DD 03/30/11	5,540.45	5,798.20
BLACKROCK	5.300% 06/01/2042 DD 05/18/12	219,469.80	258,044.60
LEGAL & GENERAL	5.300% 06/01/2042 DD 05/18/12	486,943.20	504,359.90
NISA LONG CREDIT	5.300% 06/01/2042 DD 05/18/12	138,746.00	134,886.95
WELLINGTON LONG CR	4.550% 12/01/2041 DD 06/01/12	16,493.85	16,010.25
LEGAL & GENERAL	4.550% 12/01/2041 DD 06/01/12	228,082.75	240,153.75
LEGAL & GENERAL	3.750% 04/01/2045 DD 10/01/15	143,861.75	139,020.20
WELLINGTON LONG CR	4.150% 10/01/2044 DD 09/15/14	74,742.75	76,595.25
NISA LONG CREDIT	4.150% 10/01/2044 DD 09/15/14	149,485.50	153,190.50
BLACKROCK	4.750% 07/15/2043 DD 07/11/13	49,683.00	55,750.50
BLACKROCK	5.000% 03/15/2044 DD 03/10/14	149,814.00	158,626.50
WELLINGTON LONG CR	5.000% 03/15/2044 DD 03/10/14	164,871.30	174,489.15
NISA LONG CREDIT	3.100% 05/15/2026 DD 05/17/16	156,911.15	148,285.40
WELLINGTON LONG CR	6.050% 03/01/2034 DD 03/23/04	478,041.60	531,874.75
BLACKROCK	3.750% 08/15/2042 DD 08/16/12	99,911.00	93,839.00
WELLINGTON LONG CR	3.750% 08/15/2042 DD 08/16/12	154,862.05	145,450.45
BLACKROCK	5.125% 11/15/2043 DD 11/12/13	174,732.25	199,445.75
WELLINGTON LONG CR	4.750% 02/15/2044 DD 02/21/14	34,850.55	38,408.30
WELLINGTON LONG CR	4.300% 03/15/2045 DD 11/06/14	79,080.80	81,820.00
WELLINGTON LONG CR	4.000% 12/01/2046 DD 12/01/16	58,898.40	59,172.60
NISA LONG CREDIT	6.100% 08/01/2036 DD 02/01/07	211,581.20	194,931.10
NISA LONG CREDIT	5.750% 04/01/2037 DD 03/14/07	83,767.40	79,629.55
BLACKROCK	5.750% 04/01/2037 DD 03/14/07	160,278.75	153,133.75
WELLINGTON LONG CR	4.100% 02/01/2042 DD 01/06/12	319,398.50	326,378.00
WELLINGTON LONG CR	6.150% 10/01/2038 DD 09/30/09	99,785.00	114,806.00
NISA LONG CREDIT	4.150% 03/15/2043 DD 03/18/13	103,020.00	101,867.00
WELLINGTON LONG CR	7.750% 03/01/2031 DD 02/22/01	195,575.15	213,275.35
WELLINGTON LONG CR	7.000% 10/30/2031 DD 10/30/01	118,241.95	123,166.55
BLACKROCK	6.000% 12/01/2039 DD 11/19/09	274,682.25	270,369.00
WELLINGTON LONG CR	6.000% 12/01/2039 DD 11/19/09	78,152.40	84,114.80
NISA LONG CREDIT	6.000% 12/01/2039 DD 11/19/09	105,369.40	102,139.40
LEGAL & GENERAL	6.250% 09/01/2037 DD 08/15/07	580,738.40	524,463.80
NISA LONG CREDIT	4.750% 08/15/2041 DD 08/09/11	75,683.40	71,739.85
BLACKROCK	4.750% 08/15/2041 DD 08/09/11	152,791.50	165,553.50
BLACKROCK	3.600% 09/15/2042 DD 09/11/12	124,567.50	117,567.50
BLACKROCK	4.300% 03/15/2044 DD 03/10/14	74,723.25	78,385.50
BLACKROCK	5.500% 03/01/2040 DD 03/08/10	96,323.25	89,643.75
NISA LONG CREDIT	4.150% 11/01/2045 DD 11/06/15	121,174.90	113,675.10
WELLINGTON LONG CR	5.757% 10/01/2039 DD 09/11/09	65,000.00	78,837.85
WELLINGTON LONG CR	5.638% 04/15/2041 DD 03/25/11	79,996.00	96,756.00
NISA LONG CREDIT	4.350% 02/01/2042 DD 01/30/12	60,522.55	55,754.05
WELLINGTON LONG CR	4.600% 06/15/2043 DD 06/14/13	113,690.65	120,871.90
WELLINGTON LONG CR	4.500% 06/01/2064 DD 05/27/14	103,528.35	103,507.95
LEGAL & GENERAL	4.500% 06/01/2064 DD 05/27/14	129,631.50	128,152.70
LEGAL & GENERAL	5.100% 06/01/2065 DD 05/22/15	89,273.70	98,678.70
WELLINGTON LONG CR	5.100% 06/01/2065 DD 05/22/15	127,085.15	137,053.75
WELLINGTON LONG CR	4.100% 06/15/2046 DD 06/13/16	39,917.60	39,593.20
NISA LONG CREDIT	4.100% 06/15/2046 DD 06/13/16	54,886.70	54,440.65
WELLINGTON LONG CR	6.650% 04/01/2029 DD 04/01/99	128,971.70	136,367.00
NISA LONG CREDIT	6.000% 01/15/2034 DD 01/14/04	467,046.00	445,154.40
NISA LONG CREDIT	5.550% 01/15/2036 DD 01/19/05	207,042.50	211,265.25
BLACKROCK	5.550% 01/15/2037 DD 12/11/06	113,283.90	107,539.20
NISA LONG CREDIT	5.550% 01/15/2037 DD 12/11/06	30,012.25	29,872.00
BLACKROCK	5.950% 02/01/2038 DD 01/22/08	199,080.00	251,136.00
WELLINGTON LONG CR	6.050% 03/15/2039 DD 03/20/09	119,246.85	121,719.70
NISA LONG CREDIT	6.050% 03/15/2039 DD 03/20/09	62,628.50	64,063.00
NISA LONG CREDIT	5.500% 03/15/2040 DD 03/11/10	72,366.60	72,164.40

**THE PACIFIC GAS AND ELECTRIC COMPANY
HEALTH CARE PLAN FOR RETIREES AND SURVIVING DEPENDENTS**

EIN #: 94-0742640

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**FORM 5500, SCHEDULE H, PART IV, LINE 4(i) –
SCHEDULE OF ASSETS HELD
AS OF DECEMBER 31, 2016**

Identity of Issuer, borrower, lessor or similar party	Description of investment including maturity date, rate of interest, collateral, par or maturity value			Cost	Current Value	
NISA LONG CREDIT	3.900%	12/01/2041 DD	11/22/11	CORPORATE DEBT INSTRUMENTS	31,539.60	29,625.00
NISA LONG CREDIT	4.050%	03/15/2042 DD	03/13/12	CORPORATE DEBT INSTRUMENTS	126,966.15	136,073.25
NISA LONG CREDIT	3.900%	03/15/2043 DD	03/07/13	CORPORATE DEBT INSTRUMENTS	31,585.05	34,420.40
WELLINGTON LONG CR	3.900%	03/15/2043 DD	03/07/13	CORPORATE DEBT INSTRUMENTS	105,176.00	98,344.00
NISA LONG CREDIT	4.650%	10/01/2043 DD	10/02/13	CORPORATE DEBT INSTRUMENTS	147,690.00	148,864.50
BLACKROCK	4.250%	07/01/2036 DD	05/24/16	CORPORATE DEBT INSTRUMENTS	194,179.05	193,923.60
DODGE & COX	4.400%	07/01/2046 DD	05/24/16	CORPORATE DEBT INSTRUMENTS	746,115.00	741,840.00
WELLINGTON LONG CR	4.400%	07/01/2046 DD	05/24/16	CORPORATE DEBT INSTRUMENTS	326,781.55	316,518.40
NISA LONG CREDIT	4.400%	07/01/2046 DD	05/24/16	CORPORATE DEBT INSTRUMENTS	129,917.10	128,585.60
BLACKROCK	4.400%	07/01/2046 DD	05/24/16	CORPORATE DEBT INSTRUMENTS	248,705.00	247,280.00
WELLINGTON LONG CR	5.150%	09/15/2041 DD	09/22/11	CORPORATE DEBT INSTRUMENTS	15,219.75	15,106.50
WELLINGTON LONG CR	5.250%	07/15/2043 DD	07/16/13	CORPORATE DEBT INSTRUMENTS	59,829.00	60,400.80
NISA LONG CREDIT	5.250%	07/15/2043 DD	07/16/13	CORPORATE DEBT INSTRUMENTS	172,232.35	176,169.00
NISA LONG CREDIT	6.000%	10/01/2036 DD	10/06/06	CORPORATE DEBT INSTRUMENTS	163,016.90	161,842.05
NISA LONG CREDIT	4.500%	08/15/2041 DD	08/10/11	CORPORATE DEBT INSTRUMENTS	87,474.35	89,872.20
LEGAL & GENERAL	8.450%	03/15/2039 DD	03/20/09	CORPORATE DEBT INSTRUMENTS	564,864.84	510,507.36
DODGE & COX	6.000%	01/15/2036 DD	01/13/06	CORPORATE DEBT INSTRUMENTS	200,118.00	246,402.00
BLACKROCK	6.000%	05/15/2037 DD	05/17/07	CORPORATE DEBT INSTRUMENTS	14,958.60	18,560.10
NISA LONG CREDIT	6.000%	05/15/2037 DD	05/17/07	CORPORATE DEBT INSTRUMENTS	47,424.65	43,306.90
NISA LONG CREDIT	8.875%	11/15/2038 DD	11/06/08	CORPORATE DEBT INSTRUMENTS	497,701.00	445,715.20
BLACKROCK	8.875%	11/15/2038 DD	11/06/08	CORPORATE DEBT INSTRUMENTS	464,318.75	533,266.40
DODGE & COX	8.875%	11/15/2038 DD	11/06/08	CORPORATE DEBT INSTRUMENTS	647,291.00	636,736.00
NISA LONG CREDIT	4.650%	08/15/2043 DD	08/15/13	CORPORATE DEBT INSTRUMENTS	210,477.70	227,971.80
WELLINGTON LONG CR	4.650%	08/15/2043 DD	08/15/13	CORPORATE DEBT INSTRUMENTS	104,949.60	113,985.90
NISA LONG CREDIT	4.200%	05/15/2045 DD	05/13/15	CORPORATE DEBT INSTRUMENTS	79,715.20	81,406.40
BLACKROCK	4.000%	11/15/2046 DD	11/16/16	CORPORATE DEBT INSTRUMENTS	54,742.60	54,833.35
WELLINGTON LONG CR	4.000%	11/15/2046 DD	11/16/16	CORPORATE DEBT INSTRUMENTS	94,555.40	94,712.15
BLACKROCK	4.125%	03/01/2042 DD	03/01/12	CORPORATE DEBT INSTRUMENTS	100,560.00	99,262.00
BLACKROCK	4.250%	12/01/2045 DD	11/13/15	CORPORATE DEBT INSTRUMENTS	104,573.70	107,335.20
OAKTREE	5.625%	05/20/2024 DD	06/27/16	CORPORATE DEBT INSTRUMENTS	194,956.25	199,387.50
OAKTREE	5.500%	05/20/2025 DD	12/28/16	CORPORATE DEBT INSTRUMENTS	60,000.00	60,600.00
NISA LONG CREDIT	4.800%	11/01/2043 DD	05/01/14	CORPORATE DEBT INSTRUMENTS	108,377.40	113,980.90
BLACKROCK	4.600%	12/15/2044 DD	12/08/14	CORPORATE DEBT INSTRUMENTS	147,555.00	149,245.50
WELLINGTON LONG CR	5.950%	06/15/2041 DD	06/10/11	CORPORATE DEBT INSTRUMENTS	54,831.15	65,298.20
BLACKROCK	5.250%	02/15/2043 DD	06/14/12	CORPORATE DEBT INSTRUMENTS	216,998.70	226,818.15
WELLINGTON LONG CR	4.800%	02/15/2044 DD	04/12/13	CORPORATE DEBT INSTRUMENTS	276,973.95	305,309.10
BLACKROCK	5.650%	02/01/2045 DD	10/10/13	CORPORATE DEBT INSTRUMENTS	162,457.50	174,894.00
BLACKROCK	6.000%	10/15/2039 DD	10/08/09	CORPORATE DEBT INSTRUMENTS	122,510.00	148,943.75
WELLINGTON LONG CR	6.000%	10/15/2039 DD	10/08/09	CORPORATE DEBT INSTRUMENTS	171,577.30	202,563.50
NISA LONG CREDIT	VAR RT	11/15/2031 DD	05/15/02	CORPORATE DEBT INSTRUMENTS	121,436.80	111,210.40
BLACKROCK	6.500%	09/01/2037 DD	08/31/07	CORPORATE DEBT INSTRUMENTS	44,754.56	75,267.84
BLACKROCK	6.300%	01/15/2038 DD	12/06/07	CORPORATE DEBT INSTRUMENTS	171,459.25	198,894.50
BLACKROCK	6.550%	02/15/2039 DD	02/03/09	CORPORATE DEBT INSTRUMENTS	174,014.75	202,601.00
BLACKROCK	5.550%	08/15/2041 DD	08/18/11	CORPORATE DEBT INSTRUMENTS	251,732.40	255,081.75
DODGE & COX	4.300%	12/15/2042 DD	06/15/13	CORPORATE DEBT INSTRUMENTS	66,838.19	81,461.38
WELLINGTON LONG CR	4.300%	12/15/2042 DD	06/15/13	CORPORATE DEBT INSTRUMENTS	207,935.65	219,319.10
LEGAL & GENERAL	4.300%	12/15/2042 DD	06/15/13	CORPORATE DEBT INSTRUMENTS	203,554.29	191,568.52
LEGAL & GENERAL	4.350%	06/15/2045 DD	06/15/13	CORPORATE DEBT INSTRUMENTS	584,266.63	519,470.49
BLACKROCK	4.350%	06/15/2045 DD	06/15/13	CORPORATE DEBT INSTRUMENTS	37,930.40	35,641.20
WELLINGTON LONG CR	4.350%	06/15/2045 DD	06/15/13	CORPORATE DEBT INSTRUMENTS	30,223.90	31,186.05
WELLINGTON LONG CR	4.800%	06/15/2044 DD	06/10/14	CORPORATE DEBT INSTRUMENTS	279,202.60	264,574.80
LEGAL & GENERAL	4.800%	06/15/2044 DD	06/10/14	CORPORATE DEBT INSTRUMENTS	122,181.55	108,664.65
NISA LONG CREDIT	4.800%	06/15/2044 DD	06/10/14	CORPORATE DEBT INSTRUMENTS	166,776.05	165,359.25
BLACKROCK	4.800%	06/15/2044 DD	06/10/14	CORPORATE DEBT INSTRUMENTS	116,910.70	108,664.65
BLACKROCK	4.500%	05/15/2035 DD	05/04/15	CORPORATE DEBT INSTRUMENTS	124,638.75	120,771.25
LEGAL & GENERAL	4.500%	05/15/2035 DD	05/04/15	CORPORATE DEBT INSTRUMENTS	479,438.35	473,423.30
BLACKROCK	4.750%	05/15/2046 DD	05/04/15	CORPORATE DEBT INSTRUMENTS	120,506.92	117,480.08
LEGAL & GENERAL	4.750%	05/15/2046 DD	05/04/15	CORPORATE DEBT INSTRUMENTS	414,067.90	393,179.30
WELLINGTON LONG CR	4.750%	05/15/2046 DD	05/04/15	CORPORATE DEBT INSTRUMENTS	34,160.00	33,159.70
WELLINGTON LONG CR	5.650%	02/15/2047 DD	02/09/16	CORPORATE DEBT INSTRUMENTS	129,695.80	139,425.00

**THE PACIFIC GAS AND ELECTRIC COMPANY
HEALTH CARE PLAN FOR RETIREES AND SURVIVING DEPENDENTS**

EIN #: 94-0742640

PLAN #: 535

**FORM 5500, SCHEDULE H, PART IV, LINE 4(i) –
SCHEDULE OF ASSETS HELD
AS OF DECEMBER 31, 2016**

Identity of Issuer, borrower, lessor or similar party	Description of investment including maturity date, rate of interest, collateral, par or maturity value	Cost	Current Value	
LEGAL & GENERAL	6.000% 08/15/2040 DD 02/15/16	CORPORATE DEBT INSTRUMENTS	239,384.25	247,299.75
BLACKROCK	6.375% 03/01/2041 DD 03/01/16	CORPORATE DEBT INSTRUMENTS	93,543.06	89,826.36
BLACKROCK	5.150% 03/15/2042 DD 03/15/16	CORPORATE DEBT INSTRUMENTS	131,924.48	127,509.76
DODGE & COX	4.500% 03/09/2048 DD 09/07/16	CORPORATE DEBT INSTRUMENTS	710,734.80	624,506.15
WELLINGTON LONG CR	4.500% 03/09/2048 DD 09/07/16	CORPORATE DEBT INSTRUMENTS	286,973.71	255,193.88
LEGAL & GENERAL	4.500% 03/09/2048 DD 09/07/16	CORPORATE DEBT INSTRUMENTS	219,256.08	190,496.84
NISA LONG CREDIT	4.500% 03/09/2048 DD 09/07/16	CORPORATE DEBT INSTRUMENTS	330,055.74	322,586.63
NISA LONG CREDIT	4.550% 03/09/2049 DD 09/07/16	CORPORATE DEBT INSTRUMENTS	263,802.41	233,043.66
LEGAL & GENERAL	4.550% 03/09/2049 DD 09/07/16	CORPORATE DEBT INSTRUMENTS	81,975.29	73,164.87
WELLINGTON LONG CR	4.550% 03/09/2049 DD 09/07/16	CORPORATE DEBT INSTRUMENTS	615,242.85	554,607.78
DODGE & COX	4.550% 03/09/2049 DD 09/07/16	CORPORATE DEBT INSTRUMENTS	2,044,263.36	1,805,636.73
NISA LONG CREDIT	8.750% 03/01/2031 DD 09/01/01	CORPORATE DEBT INSTRUMENTS	50,312.15	50,059.45
NISA LONG CREDIT	7.875% 07/01/2032 DD 06/19/02	CORPORATE DEBT INSTRUMENTS	147,795.90	133,314.30
BLACKROCK	6.375% 03/01/2035 DD 02/25/05	CORPORATE DEBT INSTRUMENTS	109,685.00	116,115.00
LEGAL & GENERAL	4.375% 07/16/2042 DD 07/16/12	CORPORATE DEBT INSTRUMENTS	346,628.30	342,590.40
NISA LONG CREDIT	5.350% 09/01/2040 DD 03/01/11	CORPORATE DEBT INSTRUMENTS	26,705.00	25,675.00
LEGAL & GENERAL	5.350% 09/01/2040 DD 03/01/11	CORPORATE DEBT INSTRUMENTS	4,269.36	4,108.00
WELLINGTON LONG CR	5.350% 09/01/2040 DD 03/01/11	CORPORATE DEBT INSTRUMENTS	46,323.00	51,350.00
BLACKROCK	5.350% 09/01/2040 DD 03/01/11	CORPORATE DEBT INSTRUMENTS	145,908.72	135,564.00
OAKTREE	5.625% 04/01/2025 DD 10/01/15	CORPORATE DEBT INSTRUMENTS	238,050.00	228,000.00
NISA LONG CREDIT	7.125% 12/15/2031 DD 06/15/02	CORPORATE DEBT INSTRUMENTS	489,605.95	444,232.80
BLACKROCK	5.900% 02/15/2039 DD 02/17/09	CORPORATE DEBT INSTRUMENTS	124,213.00	126,998.00
WELLINGTON LONG CR	5.500% 01/15/2040 DD 11/17/09	CORPORATE DEBT INSTRUMENTS	165,451.35	164,457.00
LEGAL & GENERAL	VAR RT 06/15/2030 DD 07/06/00	CORPORATE DEBT INSTRUMENTS	231,286.50	220,518.00
WELLINGTON LONG CR	VAR RT 06/15/2030 DD 07/06/00	CORPORATE DEBT INSTRUMENTS	284,356.80	323,426.40
BLACKROCK	VAR RT 03/01/2031 DD 09/01/01	CORPORATE DEBT INSTRUMENTS	69,064.50	75,176.00
WELLINGTON LONG CR	VAR RT 03/01/2031 DD 09/01/01	CORPORATE DEBT INSTRUMENTS	134,057.00	150,352.00
LEGAL & GENERAL	5.375% 01/13/2042 DD 01/13/12	CORPORATE DEBT INSTRUMENTS	231,691.70	240,563.50
OAKTREE	7.125% 01/15/2023 DD 08/15/12	CORPORATE DEBT INSTRUMENTS	159,925.00	171,950.00
OAKTREE	7.625% 04/15/2024 DD 04/10/13	CORPORATE DEBT INSTRUMENTS	131,887.50	116,350.00
OAKTREE	6.875% 01/15/2025 DD 09/17/14	CORPORATE DEBT INSTRUMENTS	30,000.00	25,425.00
NISA LONG CREDIT	6.940% 04/15/2028 DD 04/15/98	CORPORATE DEBT INSTRUMENTS	439,000.40	398,953.60
OAKTREE	5.625% 02/01/2023 DD 06/15/15	CORPORATE DEBT INSTRUMENTS	20,000.00	20,500.00
OAKTREE	5.375% 08/15/2022 DD 11/15/14	CORPORATE DEBT INSTRUMENTS	215,000.00	221,987.50
OAKTREE	5.125% 05/01/2023 DD 09/01/15	CORPORATE DEBT INSTRUMENTS	120,243.75	120,450.00
OAKTREE	5.375% 01/15/2024 DD 01/15/16	CORPORATE DEBT INSTRUMENTS	45,000.00	45,450.00
WELLINGTON LONG CR	6.450% 03/15/2029 DD 03/15/99	CORPORATE DEBT INSTRUMENTS	85,400.00	83,400.00
DODGE & COX	6.625% 05/15/2039 DD 05/07/09	CORPORATE DEBT INSTRUMENTS	726,787.50	764,875.00
BLACKROCK	5.500% 02/06/2044 DD 02/06/14	CORPORATE DEBT INSTRUMENTS	191,942.87	201,005.00
BLACKROCK	7.500% 08/15/2038 DD 08/06/08	CORPORATE DEBT INSTRUMENTS	99,653.00	131,517.00
LEGAL & GENERAL	5.000% 03/15/2044 DD 03/10/14	CORPORATE DEBT INSTRUMENTS	203,423.55	219,288.50
LEGAL & GENERAL	8.375% 10/01/2030 DD 10/04/00	CORPORATE DEBT INSTRUMENTS	130,829.10	133,521.00
OAKTREE	7.000% 08/15/2020 DD 08/14/12	CORPORATE DEBT INSTRUMENTS	55,000.00	58,306.05
OAKTREE	6.000% 11/15/2022 DD 11/14/12	CORPORATE DEBT INSTRUMENTS	526,312.50	533,975.00
OAKTREE	7.250% 09/15/2021 DD 09/15/14	CORPORATE DEBT INSTRUMENTS	254,587.50	249,687.50
OAKTREE	5.250% 09/01/2018 DD 08/21/13	CORPORATE DEBT INSTRUMENTS	70,000.00	71,050.00
OAKTREE	6.633% 04/28/2021 DD 07/28/13	CORPORATE DEBT INSTRUMENTS	85,900.00	88,718.75
OAKTREE	6.542% 04/28/2020 DD 07/28/13	CORPORATE DEBT INSTRUMENTS	45,000.00	46,350.00
OAKTREE	6.250% 04/01/2021 DD 10/01/13	CORPORATE DEBT INSTRUMENTS	112,018.75	114,400.00
OAKTREE	6.000% 03/01/2023 DD 09/05/14	CORPORATE DEBT INSTRUMENTS	121,437.50	126,750.00
OAKTREE	6.000% 04/15/2024 DD 04/01/16	CORPORATE DEBT INSTRUMENTS	80,000.00	84,300.00
DODGE & COX	7.200% 07/18/2036 DD 07/18/06	CORPORATE DEBT INSTRUMENTS	550,062.50	640,731.00
DODGE & COX	7.721% 06/04/2038 DD 06/04/08	CORPORATE DEBT INSTRUMENTS	1,155,325.50	1,117,623.75
WELLINGTON LONG CR	8.250% 09/15/2030 DD 09/21/00	CORPORATE DEBT INSTRUMENTS	75,779.40	78,781.80
WELLINGTON LONG CR	7.045% 06/20/2036 DD 06/20/06	CORPORATE DEBT INSTRUMENTS	78,046.65	81,249.70
NISA LONG CREDIT	6.250% 04/01/2037 DD 04/03/07	CORPORATE DEBT INSTRUMENTS	81,151.50	88,920.00
BLACKROCK	6.250% 04/01/2037 DD 04/03/07	CORPORATE DEBT INSTRUMENTS	236,646.00	266,760.00
NISA LONG CREDIT	6.400% 02/15/2038 DD 02/12/08	CORPORATE DEBT INSTRUMENTS	89,719.50	90,558.75
NISA LONG CREDIT	8.950% 03/01/2039 DD 11/04/08	CORPORATE DEBT INSTRUMENTS	202,863.70	194,989.60
NISA LONG CREDIT	6.000% 04/01/2041 DD 03/28/11	CORPORATE DEBT INSTRUMENTS	195,233.80	206,744.40

**THE PACIFIC GAS AND ELECTRIC COMPANY
HEALTH CARE PLAN FOR RETIREES AND SURVIVING DEPENDENTS**

EIN #: 94-0742640

PLAN #: 535

**FORM 5500, SCHEDULE H, PART IV, LINE 4(i) –
SCHEDULE OF ASSETS HELD
AS OF DECEMBER 31, 2016**

Identity of Issuer, borrower, lessor or similar party	Description of investment including maturity date, rate of interest, collateral, par or maturity value	Cost	Current Value
NISA LONG CREDIT	4.750% 11/01/2041 DD 11/03/11	182,635.70	187,615.50
BLACKROCK	3.850% 11/01/2042 DD 11/07/12	541,398.80	476,597.00
NISA LONG CREDIT	3.850% 11/01/2042 DD 11/07/12	98,296.70	90,986.70
BLACKROCK	6.400% 09/15/2033 DD 09/18/13	8,117.27	8,445.57
DODGE & COX	6.550% 09/15/2043 DD 09/18/13	1,003,824.15	1,255,224.90
BLACKROCK	5.050% 03/15/2034 DD 03/17/14	533,852.15	526,520.00
BLACKROCK	4.862% 08/21/2046 DD 02/21/15	37,530.08	38,505.02
WELLINGTON LONG CR	4.862% 08/21/2046 DD 02/21/15	482,230.90	545,150.02
LEGAL & GENERAL	4.862% 08/21/2046 DD 02/21/15	38,452.35	48,637.92
WELLINGTON LONG CR	5.012% 08/21/2054 DD 02/21/15	267,369.38	323,297.00
NISA LONG CREDIT	5.012% 08/21/2054 DD 02/21/15	302,204.20	308,375.60
DODGE & COX	5.012% 08/21/2054 DD 02/21/15	880,807.66	1,028,581.84
LEGAL & GENERAL	5.012% 08/21/2054 DD 02/21/15	147,740.73	160,156.36
BLACKROCK	5.012% 08/21/2054 DD 02/21/15	216,203.78	273,559.00
NISA LONG CREDIT	4.400% 11/01/2034 DD 10/29/14	188,170.90	182,593.15
BLACKROCK	4.400% 11/01/2034 DD 10/29/14	253,465.00	246,747.50
BLACKROCK	4.272% 01/15/2036 DD 07/15/15	270,945.00	287,139.00
LEGAL & GENERAL	4.272% 01/15/2036 DD 07/15/15	109,737.95	114,855.60
NISA LONG CREDIT	4.272% 01/15/2036 DD 07/15/15	81,133.25	81,356.05
BLACKROCK	4.522% 09/15/2048 DD 03/13/15	86,794.48	93,014.27
WELLINGTON LONG CR	4.522% 09/15/2048 DD 03/13/15	840,491.50	887,950.66
LEGAL & GENERAL	4.522% 09/15/2048 DD 03/13/15	1,042,100.27	1,155,486.55
LEGAL & GENERAL	4.672% 03/15/2055 DD 03/13/15	163,930.66	180,309.12
WELLINGTON LONG CR	4.672% 03/15/2055 DD 03/13/15	208,841.14	246,046.82
BLACKROCK	4.672% 03/15/2055 DD 03/13/15	325,547.45	412,269.29
BLACKROCK	5.850% 09/15/2035 DD 09/13/05	79,194.75	85,655.25
LEGAL & GENERAL	5.850% 09/15/2035 DD 09/13/05	84,958.25	85,655.25
BLACKROCK	4.375% 02/19/2043 DD 02/19/13	176,623.50	176,960.00
WELLINGTON LONG CR	7.125% 05/23/2036 DD 05/24/06	68,370.90	81,336.45
LEGAL & GENERAL	7.750% 12/15/2029 DD 12/13/99	74,742.00	78,046.80
NISA LONG CREDIT	7.200% 08/15/2031 DD 08/24/01	117,704.60	109,566.70
WELLINGTON LONG CR	6.450% 06/30/2033 DD 09/16/02	35,922.60	39,419.80
WELLINGTON LONG CR	6.500% 02/15/2037 DD 08/17/06	103,075.00	108,704.70
LEGAL & GENERAL	7.400% 05/01/2028 DD 04/28/98	74,738.90	69,658.05
LEGAL & GENERAL	6.125% 09/15/2115 DD 09/11/15	595,023.65	682,455.30
NISA LONG CREDIT	6.125% 09/15/2115 DD 09/11/15	167,864.55	179,593.50
WELLINGTON LONG CR	6.500% 08/15/2034 DD 08/04/04	38,755.85	37,699.90
BLACKROCK	6.500% 08/15/2034 DD 08/04/04	67,914.00	80,785.50
WELLINGTON LONG CR	6.625% 08/15/2037 DD 08/13/07	140,407.20	150,955.00
BLACKROCK	7.650% 05/01/2025 DD 05/10/95	225,916.00	244,210.00
LEGAL & GENERAL	7.150% 01/15/2029 DD 01/15/99	738,215.00	680,120.70
WELLINGTON LONG CR	7.200% 11/01/2031 DD 11/05/01	28,278.50	28,059.00
LEGAL & GENERAL	4.900% 12/15/2044 DD 12/02/14	44,865.45	41,333.40
WELLINGTON LONG CR	6.800% 05/15/2038 DD 05/15/08	158,085.55	162,096.25
NISA LONG CREDIT	6.800% 05/15/2038 DD 05/15/08	571,122.55	609,481.90
LEGAL & GENERAL	7.150% 02/01/2032 DD 01/29/02	532,824.60	483,424.60
NISA LONG CREDIT	5.950% 12/01/2034 DD 12/01/03	50,076.00	59,035.00
WELLINGTON LONG CR	6.500% 06/15/2038 DD 06/28/07	38,971.20	38,332.20
NISA LONG CREDIT	6.500% 06/15/2038 DD 06/28/07	273,995.75	281,102.80
WELLINGTON LONG CR	5.600% 03/31/2034 DD 03/25/04	145,493.00	166,384.60
NISA LONG CREDIT	5.850% 03/15/2036 DD 03/20/06	176,673.15	160,920.00
WELLINGTON LONG CR	6.200% 10/15/2037 DD 10/05/07	30,218.40	37,197.00
OAKTREE	5.750% 08/01/2014 DD 02/01/05	0.00	0.00
OAKTREE	5.750% 12/01/2013 DD 11/24/06	0.00	225.00
OAKTREE		189,150.00	136,500.00
OAKTREE	TLB2	129,223.89	132,387.75
OAKTREE		112,042.68	112,042.68
OAKTREE		70,429.62	1,541.39
OAKTREE	TLB	98,687.50	101,958.00
OAKTREE		128,212.50	130,432.90

**THE PACIFIC GAS AND ELECTRIC COMPANY
HEALTH CARE PLAN FOR RETIREES AND SURVIVING DEPENDENTS**

EIN #: 94-0742640

PLAN #: 535

**FORM 5500, SCHEDULE H, PART IV, LINE 4(i) –
SCHEDULE OF ASSETS HELD
AS OF DECEMBER 31, 2016**

Identity of Issuer, borrower, lessor or similar party	Description of investment including maturity date, rate of interest, collateral, par or maturity value	Cost	Current Value
ANALYTIC LOW VOL	CORPORATE STOCK - COMMON	240,665.42	215,894.35
ANALYTIC LOW VOL	CORPORATE STOCK - COMMON	215,023.22	243,277.22
FIRST STATE	CORPORATE STOCK - COMMON	916,080.75	1,031,368.76
ANALYTIC LOW VOL	CORPORATE STOCK - COMMON	104,738.51	128,039.49
ANALYTIC LOW VOL	CORPORATE STOCK - COMMON	103,623.44	114,321.99
ANALYTIC LOW VOL	CORPORATE STOCK - COMMON	158,707.93	203,013.22
ANALYTIC LOW VOL	CORPORATE STOCK - COMMON	226,706.53	184,943.39
ADELANTE GLOBAL REIT	CORPORATE STOCK - COMMON	103,358.92	109,385.15
ANALYTIC LOW VOL	CORPORATE STOCK - COMMON	7.11	7.28
ANALYTIC LOW VOL	CORPORATE STOCK - COMMON	159,808.21	189,680.24
ADELANTE GLOBAL REIT	CORPORATE STOCK - COMMON	231,930.62	238,092.48
ADELANTE GLOBAL REIT	CORPORATE STOCK - COMMON	220,812.65	244,074.41
ADELANTE GLOBAL REIT	CORPORATE STOCK - COMMON	153,750.93	156,590.90
ADELANTE GLOBAL REIT	CORPORATE STOCK - COMMON	98,205.73	94,729.66
ANALYTIC LOW VOL	CORPORATE STOCK - COMMON	737,018.23	752,678.33
ANALYTIC LOW VOL	CORPORATE STOCK - COMMON	52,281.63	75,338.95
ANALYTIC LOW VOL	CORPORATE STOCK - COMMON	165,346.49	198,407.45
ANALYTIC LOW VOL	CORPORATE STOCK - COMMON	140,714.78	85,875.15
ANALYTIC LOW VOL	CORPORATE STOCK - COMMON	43,333.31	43,543.71
ANALYTIC LOW VOL	CORPORATE STOCK - COMMON	27.67	43.37
ANALYTIC LOW VOL	CORPORATE STOCK - COMMON	278,379.62	283,535.66
ANALYTIC LOW VOL	CORPORATE STOCK - COMMON	114,820.92	112,658.37
ANALYTIC LOW VOL	CORPORATE STOCK - COMMON	85,441.95	98,434.41
ANALYTIC LOW VOL	CORPORATE STOCK - COMMON	14,069.81	17,943.15
ANALYTIC LOW VOL	CORPORATE STOCK - COMMON	377,736.25	370,365.64
ANALYTIC LOW VOL	CORPORATE STOCK - COMMON	162,800.74	203,788.17
FIRST STATE	CORPORATE STOCK - COMMON	128,786.99	164,273.20
ANALYTIC LOW VOL	CORPORATE STOCK - COMMON	346,851.19	410,687.89
ANALYTIC LOW VOL	CORPORATE STOCK - COMMON	40,165.69	49,018.31
ANALYTIC LOW VOL	CL B CORPORATE STOCK - COMMON	526,192.25	509,770.70
ANALYTIC LOW VOL	NEW CORPORATE STOCK - COMMON	65,907.52	73,562.51
FIRST STATE	CORPORATE STOCK - COMMON	571,857.68	600,116.33
FIRST STATE	CORPORATE STOCK - COMMON	164,222.85	190,235.68
ANALYTIC LOW VOL	CL A NON-VTG CORPORATE STOCK - COMMON	108,505.54	56,266.36
ANALYTIC LOW VOL	CL A SUB-VTG CORPORATE STOCK - COMMON	32,068.43	29,639.46
ANALYTIC LOW VOL	CORPORATE STOCK - COMMON	231,160.47	332,408.19
ANALYTIC LOW VOL	CORPORATE STOCK - COMMON	51,411.27	59,291.60
ANALYTIC LOW VOL	CORPORATE STOCK - COMMON	119,887.20	184,222.81
ANALYTIC LOW VOL	CORPORATE STOCK - COMMON	272,008.74	329,637.22
ANALYTIC LOW VOL	CORPORATE STOCK - COMMON	346,150.03	294,855.52
ANALYTIC LOW VOL	CL B CORPORATE STOCK - COMMON	244,574.14	295,067.30
ANALYTIC LOW VOL	CORPORATE STOCK - COMMON	127,679.94	83,734.39
ANALYTIC LOW VOL	CL B CONV CORPORATE STOCK - COMMON	267,056.51	229,011.60
ANALYTIC LOW VOL	CORPORATE STOCK - COMMON	35,697.46	36,991.91
ANALYTIC LOW VOL	TRUST UNIT CORPORATE STOCK - COMMON	224,486.20	188,646.96
ANALYTIC LOW VOL	STAPLED UNIT CORPORATE STOCK - COMMON	167,095.31	138,451.96
ANALYTIC LOW VOL	VARIABLE VTG UNIT CORPORATE STOCK - COMMON	25,130.87	28,893.78
ANALYTIC LOW VOL	CL A CORPORATE STOCK - COMMON	149,501.26	186,932.63
ANALYTIC LOW VOL	CORPORATE STOCK - COMMON	246,051.75	476,842.77
ANALYTIC LOW VOL	CORPORATE STOCK - COMMON	141,074.61	179,313.22
ANALYTIC LOW VOL	CORPORATE STOCK - COMMON	167,858.67	227,478.47
ANALYTIC LOW VOL	CORPORATE STOCK - COMMON	42,220.45	48,133.03
ANALYTIC LOW VOL	CORPORATE STOCK - COMMON	40,835.33	40,734.00
ANALYTIC LOW VOL	CORPORATE STOCK - COMMON	136,252.73	159,016.09
ANALYTIC LOW VOL	CORPORATE STOCK - COMMON	55,234.64	60,071.83
ANALYTIC LOW VOL	CORPORATE STOCK - COMMON	70,763.83	60,904.22
ANALYTIC LOW VOL	CORPORATE STOCK - COMMON	850,387.56	808,304.52
ANALYTIC LOW VOL	CORPORATE STOCK - COMMON	171,863.95	178,654.60
ANALYTIC LOW VOL	CORPORATE STOCK - COMMON	183,573.74	167,673.93
ANALYTIC LOW VOL	CORPORATE STOCK - COMMON	43,296.14	47,172.10

**THE PACIFIC GAS AND ELECTRIC COMPANY
HEALTH CARE PLAN FOR RETIREES AND SURVIVING DEPENDENTS**

EIN #: 94-0742640

PLAN #: 535

**FORM 5500, SCHEDULE H, PART IV, LINE 4(i) –
SCHEDULE OF ASSETS HELD
AS OF DECEMBER 31, 2016**

Identity of Issuer, borrower, lessor or similar party	Description of investment including maturity date, rate of interest, collateral, par or maturity value	Cost	Current Value
ANALYTIC LOW VOL	CORPORATE STOCK - COMMON	282,627.54	269,321.99
ANALYTIC LOW VOL	CORPORATE STOCK - COMMON	193,140.28	181,255.67
ANALYTIC LOW VOL	CORPORATE STOCK - COMMON	17,686.98	14,696.71
ANALYTIC LOW VOL	CORPORATE STOCK - COMMON	225,724.09	317,835.88
ANALYTIC LOW VOL	CORPORATE STOCK - COMMON	298,003.52	285,227.83
ANALYTIC LOW VOL	CORPORATE STOCK - COMMON	442,863.72	445,621.39
ANALYTIC LOW VOL	CORPORATE STOCK - COMMON	61,777.01	63,303.78
ANALYTIC LOW VOL	CORPORATE STOCK - COMMON	39,580.60	39,059.51
ANALYTIC LOW VOL	CORPORATE STOCK - COMMON	88,900.48	77,429.03
ANALYTIC LOW VOL	CORPORATE STOCK - COMMON	63,300.59	71,333.06
ANALYTIC LOW VOL	CORPORATE STOCK - COMMON	855,727.01	695,718.62
ANALYTIC LOW VOL	CORPORATE STOCK - COMMON	77,094.14	77,426.47
ANALYTIC LOW VOL	CORPORATE STOCK - COMMON	29,081.44	29,112.79
FIRST STATE	CORPORATE STOCK - COMMON	603,704.19	502,216.19
FIRST STATE	CORPORATE STOCK - COMMON	342,047.35	468,142.50
ANALYTIC LOW VOL	CORPORATE STOCK - COMMON	20,311.60	22,243.92
FIRST STATE	CORPORATE STOCK - COMMON	357,332.22	360,498.02
FIRST STATE	CORPORATE STOCK - COMMON	167,489.24	171,218.94
FIRST STATE	CORPORATE STOCK - COMMON	261,634.60	282,392.44
ANALYTIC LOW VOL	CORPORATE STOCK - COMMON	40,323.56	42,334.23
FIRST STATE	CORPORATE STOCK - COMMON	375,817.23	427,338.55
FIRST STATE	CORPORATE STOCK - COMMON	104,015.19	105,349.89
ADELANTE GLOBAL REIT	CORPORATE STOCK - COMMON	144,702.89	138,434.04
ADELANTE GLOBAL REIT	CORPORATE STOCK - COMMON	243,888.18	237,968.74
ADELANTE GLOBAL REIT	CORPORATE STOCK - COMMON	197,632.41	199,651.52
ADELANTE GLOBAL REIT	CORPORATE STOCK - COMMON	89,381.77	83,707.60
ANALYTIC LOW VOL	CORPORATE STOCK - COMMON	36,554.96	34,704.97
FIRST STATE	CORPORATE STOCK - COMMON	90,616.56	120,788.35
ANALYTIC LOW VOL	CORPORATE STOCK - COMMON	72,964.02	74,555.58
ANALYTIC LOW VOL	CORPORATE STOCK - COMMON	7,347.79	7,263.10
ANALYTIC LOW VOL	CORPORATE STOCK - COMMON	133,224.44	113,042.84
ANALYTIC LOW VOL	CORPORATE STOCK - COMMON	15,133.52	20,875.32
ADELANTE GLOBAL REIT	CORPORATE STOCK - COMMON	176,906.32	238,350.63
ANALYTIC LOW VOL	CORPORATE STOCK - COMMON	75,986.58	104,527.74
ANALYTIC LOW VOL	CORPORATE STOCK - COMMON	262,195.52	291,551.97
ANALYTIC LOW VOL	CORPORATE STOCK - COMMON	123,901.77	116,290.23
ANALYTIC LOW VOL	CORPORATE STOCK - COMMON	92,410.80	93,013.79
FIRST STATE	CORPORATE STOCK - COMMON	579,312.75	553,602.80
FIRST STATE	CORPORATE STOCK - COMMON	460,717.30	419,447.25
ANALYTIC LOW VOL	CORPORATE STOCK - COMMON	7,290.91	4,983.07
ADELANTE GLOBAL REIT	CORPORATE STOCK - COMMON	68,694.21	70,902.09
ADELANTE GLOBAL REIT	CORPORATE STOCK - COMMON	100,542.71	86,540.23
ADELANTE GLOBAL REIT	CORPORATE STOCK - COMMON	71,635.10	69,262.79
ADELANTE GLOBAL REIT	CORPORATE STOCK - COMMON	187,469.98	173,160.74
FIRST STATE	CORPORATE STOCK - COMMON	475,943.59	480,932.18
ANALYTIC LOW VOL	CORPORATE STOCK - COMMON	107,605.25	143,336.02
ADELANTE GLOBAL REIT	CORPORATE STOCK - COMMON	56,164.87	79,316.37
ANALYTIC LOW VOL	CORPORATE STOCK - COMMON	340,236.93	437,991.65
FIRST STATE	CORPORATE STOCK - COMMON	152,821.53	127,029.89
ANALYTIC LOW VOL	CORPORATE STOCK - COMMON	46,954.26	32,889.86
ANALYTIC LOW VOL	CORPORATE STOCK - COMMON	156,275.70	192,431.46
ANALYTIC LOW VOL	CORPORATE STOCK - COMMON	70,894.45	80,030.70
ANALYTIC LOW VOL	CORPORATE STOCK - COMMON	127,998.95	125,271.66
FIRST STATE	CORPORATE STOCK - COMMON	156,546.66	171,904.32
FIRST STATE	CORPORATE STOCK - COMMON	309,997.71	239,131.19
FIRST STATE	CORPORATE STOCK - COMMON	2,001.42	2,009.51
ANALYTIC LOW VOL	CORPORATE STOCK - COMMON	468,356.89	514,629.54
ANALYTIC LOW VOL	CORPORATE STOCK - COMMON	126,947.86	123,420.80
FIRST STATE	CORPORATE STOCK - COMMON	109,474.32	119,012.92
ANALYTIC LOW VOL	CORPORATE STOCK - COMMON	119,855.09	135,286.95

**THE PACIFIC GAS AND ELECTRIC COMPANY
HEALTH CARE PLAN FOR RETIREES AND SURVIVING DEPENDENTS**

EIN #: 94-0742640

PLAN #: 535

**FORM 5500, SCHEDULE H, PART IV, LINE 4(i) –
SCHEDULE OF ASSETS HELD
AS OF DECEMBER 31, 2016**

Identity of Issuer, borrower, lessor or similar party	Description of investment including maturity date, rate of interest, collateral, par or maturity value	Cost	Current Value
LEGATO-KENNEDY	CORPORATE STOCK - COMMON	2,588.25	3,402.00
COLUMBUS CIRCLE	CORPORATE STOCK - COMMON	24,641.03	25,921.60
LEGATO-KENNEDY	CORPORATE STOCK - COMMON	9,298.68	15,451.20
LEGATO-ESSEX VEBA	CORPORATE STOCK - COMMON	10,638.95	13,206.14
LEGATO-KENNEDY	CORPORATE STOCK - COMMON	1,607.14	1,846.00
LEGATO-KENNEDY	CORPORATE STOCK - COMMON	1,163.98	1,145.69
COLUMBUS CIRCLE	CORPORATE STOCK - COMMON	16,172.34	20,878.23
LEGATO-ESSEX VEBA	CORPORATE STOCK - COMMON	6,193.46	6,745.00
LEGATO-KENNEDY	CORPORATE STOCK - COMMON	10,554.32	13,795.60
LEGATO-KENNEDY	CORPORATE STOCK - COMMON	259.28	258.50
LEGATO-KENNEDY	CORPORATE STOCK - COMMON	5,686.88	8,770.72
LEGATO-FOUNDRY PTNRS	CORPORATE STOCK - COMMON	16,664.38	24,268.80
LEGATO-KENNEDY	CORPORATE STOCK - COMMON	543.66	658.68
LEGATO-KENNEDY	CORPORATE STOCK - COMMON	3,013.24	4,113.40
LEGATO-KENNEDY	CORPORATE STOCK - COMMON	268.91	272.02
DEPRINCE RACE & ZOLLO	CORPORATE STOCK - COMMON	10,021.81	18,363.48
LEGATO-KENNEDY	CORPORATE STOCK - COMMON	3,313.48	5,604.80
LEGATO-KENNEDY	CORPORATE STOCK - COMMON	1,354.06	1,442.10
LEGATO-KENNEDY	CORPORATE STOCK - COMMON	3,322.39	4,764.05
DEPRINCE RACE & ZOLLO	CORPORATE STOCK - COMMON	101,583.04	135,325.26
LEGATO-KENNEDY	CORPORATE STOCK - COMMON	9,811.46	18,403.20
LEGATO-KENNEDY	CORPORATE STOCK - COMMON	1,649.59	3,488.40
LEGATO-FOUNDRY PTNRS	CORPORATE STOCK - COMMON	18,901.39	30,286.50
LEGATO-KENNEDY	CORPORATE STOCK - COMMON	6,452.12	9,363.30
LEGATO-KENNEDY	CORPORATE STOCK - COMMON	955.35	1,043.68
LEGATO-FOUNDRY PTNRS	CORPORATE STOCK - COMMON	21,727.53	34,320.00
LEGATO-KENNEDY	CORPORATE STOCK - COMMON	1,161.78	1,555.26
DEPRINCE RACE & ZOLLO	CORPORATE STOCK - COMMON	61,666.31	80,960.46
LEGATO-FOUNDRY PTNRS	CORPORATE STOCK - COMMON	24,251.22	32,640.00
DEPRINCE RACE & ZOLLO	CORPORATE STOCK - COMMON	23,685.71	42,506.85
LEGATO-KENNEDY	CORPORATE STOCK - COMMON	5,195.76	6,895.20
DEPRINCE RACE & ZOLLO	CORPORATE STOCK - COMMON	29,359.25	46,221.36
LEGATO-FOUNDRY PTNRS	CORPORATE STOCK - COMMON	17,672.20	22,180.50
LEGATO-FOUNDRY PTNRS	CORPORATE STOCK - COMMON	21,370.16	30,020.00
LEGATO-KENNEDY	CORPORATE STOCK - COMMON	10,518.55	16,359.20
DEPRINCE RACE & ZOLLO	CORPORATE STOCK - COMMON	27,809.21	45,341.20
LEGATO-KENNEDY	CORPORATE STOCK - COMMON	6,438.30	9,562.60
LEGATO-KENNEDY	CORPORATE STOCK - COMMON	10,025.42	14,040.39
LEGATO-KENNEDY	CORPORATE STOCK - COMMON	4,830.45	9,321.50
LEGATO-KENNEDY	CORPORATE STOCK - COMMON	1,477.37	2,268.72
LEGATO-KENNEDY	CORPORATE STOCK - COMMON	1,483.85	2,226.00
DEPRINCE RACE & ZOLLO	CORPORATE STOCK - COMMON	50,215.42	83,331.25
LEGATO-FOUNDRY PTNRS	CORPORATE STOCK - COMMON	18,348.71	32,007.50
LEGATO-KENNEDY	CORPORATE STOCK - COMMON	16,149.24	23,157.00
LEGATO-FOUNDRY PTNRS	CORPORATE STOCK - COMMON	18,823.20	30,712.50
LEGATO-FOUNDRY PTNRS	CORPORATE STOCK - COMMON	19,459.03	39,044.00
LEGATO-ESSEX VEBA	CORPORATE STOCK - COMMON	11,440.16	15,758.60
LEGATO-KENNEDY	CORPORATE STOCK - COMMON	2,222.00	3,654.18
LEGATO-KENNEDY	CORPORATE STOCK - COMMON	2,095.55	2,782.40
DEPRINCE RACE & ZOLLO	CORPORATE STOCK - COMMON	14,222.86	24,714.75
LEGATO-KENNEDY	CORPORATE STOCK - COMMON	2,834.43	3,302.20
LEGATO-KENNEDY	CORPORATE STOCK - COMMON	3,505.86	3,746.60
LEGATO-KENNEDY	CORPORATE STOCK - COMMON	349.57	353.60
LEGATO-KENNEDY	CORPORATE STOCK - COMMON	2,407.69	3,333.22
DEPRINCE RACE & ZOLLO	CORPORATE STOCK - COMMON	57,027.13	77,790.90
LEGATO-KENNEDY	CORPORATE STOCK - COMMON	4,325.59	9,679.55
LEGATO-KENNEDY	CORPORATE STOCK - COMMON	1,072.16	1,888.25
LEGATO-ESSEX VEBA	CORPORATE STOCK - COMMON	15,958.65	20,553.00
LEGATO-KENNEDY	CORPORATE STOCK - COMMON	2,672.16	2,807.84
LEGATO-KENNEDY	CORPORATE STOCK - COMMON	1,249.43	1,509.70

**THE PACIFIC GAS AND ELECTRIC COMPANY
HEALTH CARE PLAN FOR RETIREES AND SURVIVING DEPENDENTS**

EIN #: 94-0742640

PLAN #: 535

**FORM 5500, SCHEDULE H, PART IV, LINE 4(i) –
SCHEDULE OF ASSETS HELD
AS OF DECEMBER 31, 2016**

Identity of Issuer, borrower, lessor or similar party	Description of investment including maturity date, rate of interest, collateral, par or maturity value	Cost	Current Value
LEGATO-KENNEDY	CORPORATE STOCK - COMMON	2,450.50	4,537.65
LEGATO-RBC	CORPORATE STOCK - COMMON	32,312.79	46,129.60
DEPRINCE RACE & ZOLLO	CORPORATE STOCK - COMMON	33,232.58	47,733.70
LEGATO-KENNEDY	CORPORATE STOCK - COMMON	476.17	487.50
LEGATO-KENNEDY	CORPORATE STOCK - COMMON	594.50	823.50
LEGATO-KENNEDY	CORPORATE STOCK - COMMON	5,660.27	8,269.49
LEGATO-FOUNDRY PTNRS	CORPORATE STOCK - COMMON	15,978.30	24,861.65
LEGATO-KENNEDY	CORPORATE STOCK - COMMON	3,533.73	5,770.60
LEGATO-KENNEDY	CORPORATE STOCK - COMMON	8,894.74	13,603.98
DEPRINCE RACE & ZOLLO	CORPORATE STOCK - COMMON	70,956.60	72,835.62
LEGATO-KENNEDY	CORPORATE STOCK - COMMON	10,595.81	13,877.08
DEPRINCE RACE & ZOLLO	CORPORATE STOCK - COMMON	39,625.11	62,158.72
LEGATO-KENNEDY	CORPORATE STOCK - COMMON	4,938.48	5,369.40
LEGATO-KENNEDY	CORPORATE STOCK - COMMON	3,800.03	7,168.80
DEPRINCE RACE & ZOLLO	CORPORATE STOCK - COMMON	48,791.52	67,475.02
LEGATO-KENNEDY	CORPORATE STOCK - COMMON	3,338.37	4,297.80
DEPRINCE RACE & ZOLLO	CORPORATE STOCK - COMMON	6,765.09	8,747.27
COLUMBUS CIRCLE	CORPORATE STOCK - COMMON	13,494.60	16,763.67
ANALYTIC LOW VOL	CORPORATE STOCK - COMMON	170,067.43	168,410.52
ANALYTIC LOW VOL	CORPORATE STOCK - COMMON	138,328.30	171,819.65
TIMES SQUARE	CORPORATE STOCK - COMMON	24,120.37	24,990.00
ANALYTIC LOW VOL	CORPORATE STOCK - COMMON	260,704.08	304,054.78
LEGATO-KENNEDY	CORPORATE STOCK - COMMON	126.45	123.00
TIMES SQUARE	CORPORATE STOCK - COMMON	17,514.09	21,148.00
COLUMBUS CIRCLE	CORPORATE STOCK - COMMON	9,217.30	8,638.00
LEGATO-ESSEX VEBA	CORPORATE STOCK - COMMON	5,337.76	4,242.70
TIMES SQUARE	CORPORATE STOCK - COMMON	27,081.39	33,363.00
LEGATO-RHJ	CORPORATE STOCK - COMMON	12,301.58	16,190.12
ANALYTIC LOW VOL	CORPORATE STOCK - COMMON	573,201.09	493,750.95
LEGATO-ESSEX VEBA	CORPORATE STOCK - COMMON	8,405.43	10,671.95
LEGATO-FOUNDRY PTNRS	CORPORATE STOCK - COMMON	20,675.03	15,387.25
LEGATO-KENNEDY	CORPORATE STOCK - COMMON	2,920.79	3,394.65
COLUMBUS CIRCLE	CORPORATE STOCK - COMMON	9,181.50	9,086.31
LEGATO-ESSEX VEBA	CORPORATE STOCK - COMMON	7,953.19	7,969.60
LEGATO-ESSEX VEBA	CORPORATE STOCK - COMMON	6,544.82	2,888.00
COLUMBUS CIRCLE	CORPORATE STOCK - COMMON	8,293.27	7,031.00
ANALYTIC LOW VOL	CORPORATE STOCK - COMMON	349,000.93	418,385.31
COLUMBUS CIRCLE	CORPORATE STOCK - COMMON	6,958.56	8,017.97
LEGATO-KENNEDY	CORPORATE STOCK - COMMON	8,021.98	8,581.21
LEGATO-RHJ	CORPORATE STOCK - COMMON	23,501.70	46,332.50
LEGATO-KENNEDY	CORPORATE STOCK - COMMON	14,450.48	16,343.72
LEGATO-ESSEX VEBA	CORPORATE STOCK - COMMON	14,542.00	15,885.94
LEGATO-KENNEDY	CORPORATE STOCK - COMMON	10,112.38	11,158.45
LEGATO-RBC	CORPORATE STOCK - COMMON	20,391.88	23,816.00
LEGATO-RBC	CORPORATE STOCK - COMMON	27,096.74	48,297.90
LEGATO-KENNEDY	CORPORATE STOCK - COMMON	10,924.69	11,266.50
TIMES SQUARE	CORPORATE STOCK - COMMON	23,569.84	32,235.45
LEGATO-KENNEDY	CORPORATE STOCK - COMMON	1,378.96	1,637.50
LEGATO-ESSEX VEBA	CORPORATE STOCK - COMMON	10,201.61	13,624.00
LEGATO-KENNEDY	CORPORATE STOCK - COMMON	3,559.63	4,403.00
LEGATO-ESSEX VEBA	CORPORATE STOCK - COMMON	12,534.34	11,914.00
LEGATO-KENNEDY	CORPORATE STOCK - COMMON	2,842.32	3,152.60
COLUMBUS CIRCLE	CORPORATE STOCK - COMMON	23,203.14	27,375.14
LEGATO-KENNEDY	CORPORATE STOCK - COMMON	2,158.23	3,867.24
DEPRINCE RACE & ZOLLO	CORPORATE STOCK - COMMON	60,536.77	59,711.94
LEGATO-ESSEX VEBA	CORPORATE STOCK - COMMON	10,501.15	10,408.75
LEGATO-RBC	CORPORATE STOCK - COMMON	33,335.50	46,300.00
TIMES SQUARE	CORPORATE STOCK - COMMON	38,510.59	54,468.00
DEPRINCE RACE & ZOLLO	CORPORATE STOCK - COMMON	65,595.97	71,641.44
LEGATO-KENNEDY	CORPORATE STOCK - COMMON	11,417.37	6,614.16

**THE PACIFIC GAS AND ELECTRIC COMPANY
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EIN #: 94-0742640

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SCHEDULE OF ASSETS HELD
AS OF DECEMBER 31, 2016**

Identity of Issuer, borrower, lessor or similar party	Description of investment including maturity date, rate of interest, collateral, par or maturity value	Cost	Current Value
DEPRINCE RACE & ZOLLO	CORPORATE STOCK - COMMON	37,787.84	50,141.55
COLUMBUS CIRCLE	CORPORATE STOCK - COMMON	13,905.36	15,298.15
TIMES SQUARE	CORPORATE STOCK - COMMON	32,251.38	41,562.50
LEGATO-FOUNDRY PTNRS	CORPORATE STOCK - COMMON	13,968.52	33,973.00
COLUMBUS CIRCLE	CORPORATE STOCK - COMMON	28,001.62	33,112.26
TIMES SQUARE	CORPORATE STOCK - COMMON	43,142.66	74,221.20
LEGATO-RHJ	CORPORATE STOCK - COMMON	11,647.70	12,362.40
TIMES SQUARE	CORPORATE STOCK - COMMON	28,041.98	38,784.00
DEPRINCE RACE & ZOLLO	CORPORATE STOCK - COMMON	64,857.73	68,356.80
LEGATO-FOUNDRY PTNRS	CORPORATE STOCK - COMMON	18,690.36	28,548.00
TIMES SQUARE	CORPORATE STOCK - COMMON	14,953.75	19,050.00
LEGATO-KENNEDY	CORPORATE STOCK - COMMON	7,274.82	10,825.92
LEGATO-ESSEX VEBA	CORPORATE STOCK - COMMON	8,672.32	12,004.09
LEGATO-FOUNDRY PTNRS	CORPORATE STOCK - COMMON	15,909.03	28,644.35
LEGATO-ESSEX VEBA	CORPORATE STOCK - COMMON	11,453.14	13,561.02
OAKTREE	WT EXP 01/05/2022 CORPORATE STOCK - COMMON	0.00	0.00
LEGATO-KENNEDY	CORPORATE STOCK - COMMON	6,294.80	6,749.15
LEGATO-RHJ	CORPORATE STOCK - COMMON	28,023.57	33,509.45
LEGATO-ESSEX VEBA	CORPORATE STOCK - COMMON	15,792.60	17,395.10
TIMES SQUARE	CORPORATE STOCK - COMMON	19,492.94	39,953.40
LEGATO-KENNEDY	CORPORATE STOCK - COMMON	4,981.07	6,264.96
TIMES SQUARE	CORPORATE STOCK - COMMON	39,271.99	32,922.50
LEGATO-RHJ	CORPORATE STOCK - COMMON	8,391.63	9,015.70
TIMES SQUARE	CORPORATE STOCK - COMMON	24,652.03	36,432.00
LEGATO-KENNEDY	CORPORATE STOCK - COMMON	1,158.75	1,073.80
DEPRINCE RACE & ZOLLO	CORPORATE STOCK - COMMON	69,113.18	79,608.15
LEGATO-KENNEDY	CORPORATE STOCK - COMMON	5,957.79	7,983.92
LEGATO-KENNEDY	CORPORATE STOCK - COMMON	7,031.79	7,182.40
LEGATO-RHJ	CORPORATE STOCK - COMMON	13,439.12	41,740.40
DEPRINCE RACE & ZOLLO	CORPORATE STOCK - COMMON	52,102.68	67,681.13
LEGATO-KENNEDY	CORPORATE STOCK - COMMON	3,450.71	3,762.24
LEGATO-KENNEDY	CORPORATE STOCK - COMMON	27,270.94	35,552.02
LEGATO-RHJ	CORPORATE STOCK - COMMON	8,838.76	11,822.92
TIMES SQUARE	CORPORATE STOCK - COMMON	46,296.99	68,640.00
LEGATO-RHJ	CORPORATE STOCK - COMMON	12,200.50	16,036.00
LEGATO-RHJ	CORPORATE STOCK - COMMON	19,383.82	23,585.22
COLUMBUS CIRCLE	CORPORATE STOCK - COMMON	14,411.24	20,547.45
TIMES SQUARE	CORPORATE STOCK - COMMON	20,766.06	86,112.00
LEGATO-KENNEDY	CORPORATE STOCK - COMMON	219.04	338.64
LEGATO-KENNEDY	CORPORATE STOCK - COMMON	617.28	654.50
LEGATO-ESSEX VEBA	CORPORATE STOCK - COMMON	23,200.42	27,038.50
OAKTREE	CORPORATE STOCK - COMMON	82.17	80.64
COLUMBUS CIRCLE	CORPORATE STOCK - COMMON	12,169.98	12,104.00
LEGATO-ESSEX VEBA	CORPORATE STOCK - COMMON	12,558.02	14,665.76
COLUMBUS CIRCLE	CORPORATE STOCK - COMMON	20,353.46	23,334.56
LEGATO-RHJ	CORPORATE STOCK - COMMON	13,963.80	15,561.59
TIMES SQUARE	CORPORATE STOCK - COMMON	38,419.97	46,491.50
TIMES SQUARE	CORPORATE STOCK - COMMON	24,818.17	31,768.80
LEGATO-ESSEX VEBA	CORPORATE STOCK - COMMON	4,332.87	4,636.08
LEGATO-KENNEDY	CORPORATE STOCK - COMMON	5,947.72	9,922.50
TIMES SQUARE	CORPORATE STOCK - COMMON	24,378.19	69,192.00
LEGATO-RHJ	CORPORATE STOCK - COMMON	9,485.15	12,650.40
LEGATO-ESSEX VEBA	CORPORATE STOCK - COMMON	8,089.38	11,091.69
ANALYTIC LOW VOL	CORPORATE STOCK - COMMON	127,967.79	73,080.00
TIMES SQUARE	CORPORATE STOCK - COMMON	23,856.00	32,742.00
TIMES SQUARE	CORPORATE STOCK - COMMON	25,763.75	33,785.00
LEGATO-RHJ	CORPORATE STOCK - COMMON	7,061.97	6,351.20
COLUMBUS CIRCLE	CORPORATE STOCK - COMMON	14,521.78	17,277.70
LEGATO-ESSEX VEBA	CORPORATE STOCK - COMMON	5,340.59	5,346.22
DEPRINCE RACE & ZOLLO	CORPORATE STOCK - COMMON	166,746.36	144,713.10

**THE PACIFIC GAS AND ELECTRIC COMPANY
HEALTH CARE PLAN FOR RETIREES AND SURVIVING DEPENDENTS**

EIN #: 94-0742640

PLAN #: 535

**FORM 5500, SCHEDULE H, PART IV, LINE 4(i) –
SCHEDULE OF ASSETS HELD
AS OF DECEMBER 31, 2016**

Identity of Issuer, borrower, lessor or similar party	Description of investment including maturity date, rate of interest, collateral, par or maturity value	Cost	Current Value
TIMES SQUARE	CORPORATE STOCK - COMMON	40,708.27	37,281.00
TIMES SQUARE	CORPORATE STOCK - COMMON	20,395.92	55,988.40
LEGATO-ESSEX VEBA	CORPORATE STOCK - COMMON	11,103.74	8,499.40
TIMES SQUARE	CORPORATE STOCK - COMMON	15,136.36	39,053.00
LEGATO-ESSEX VEBA	CORPORATE STOCK - COMMON	13,507.34	12,336.90
LEGATO-ESSEX VEBA	CORPORATE STOCK - COMMON	6,349.57	5,142.80
LEGATO-KENNEDY	CORPORATE STOCK - COMMON	2,951.70	3,184.06
TIMES SQUARE	CORPORATE STOCK - COMMON	20,862.60	42,400.00
LEGATO-ESSEX VEBA	CORPORATE STOCK - COMMON	18,559.00	17,422.79
DEPRINCE RACE & ZOLLO	CORPORATE STOCK - COMMON	66,981.85	85,792.20
LEGATO-KENNEDY	CORPORATE STOCK - COMMON	1,425.11	1,492.10
LEGATO-ESSEX VEBA	CORPORATE STOCK - COMMON	12,609.98	11,132.70
LEGATO-ESSEX VEBA	CORPORATE STOCK - COMMON	18,909.68	20,228.06
LEGATO-ESSEX VEBA	CORPORATE STOCK - COMMON	7,810.39	14,169.33
LEGATO-ESSEX VEBA	CORPORATE STOCK - COMMON	12,033.54	10,853.70
TIMES SQUARE	CORPORATE STOCK - COMMON	9,876.57	23,252.50
ANALYTIC LOW VOL	CORPORATE STOCK - COMMON	577,338.46	587,298.80
LEGATO-RHJ	CORPORATE STOCK - COMMON	6,616.36	6,964.20
TIMES SQUARE	CORPORATE STOCK - COMMON	39,884.03	37,675.00
ANALYTIC LOW VOL	CORPORATE STOCK - COMMON	149,930.29	146,148.45
DEPRINCE RACE & ZOLLO	CORPORATE STOCK - COMMON	32,634.65	36,456.00
LEGATO-FOUNDRY PTNRS	CORPORATE STOCK - COMMON	19,852.98	20,562.50
LEGATO-FOUNDRY PTNRS	CORPORATE STOCK - COMMON	28,556.41	37,395.00
LEGATO-KENNEDY	CORPORATE STOCK - COMMON	4,874.70	5,295.92
TIMES SQUARE	CORPORATE STOCK - COMMON	10,299.78	58,725.00
LEGATO-ESSEX VEBA	CORPORATE STOCK - COMMON	12,934.92	16,530.00
TIMES SQUARE	CORPORATE STOCK - COMMON	23,068.64	28,964.00
DEPRINCE RACE & ZOLLO	CORPORATE STOCK - COMMON	67,978.59	69,484.00
FIRST STATE	CORPORATE STOCK - COMMON	50,157.69	66,042.27
FIRST STATE	CORPORATE STOCK - COMMON	257,234.49	259,647.04
ANALYTIC LOW VOL	CORPORATE STOCK - COMMON	121,554.27	119,361.60
FIRST STATE	CORPORATE STOCK - COMMON	346,787.89	354,994.65
FIRST STATE	CORPORATE STOCK - COMMON	99,337.84	104,392.50
FIRST STATE	CORPORATE STOCK - COMMON	273,939.77	301,942.41
ANALYTIC LOW VOL	CORPORATE STOCK - COMMON	666,184.33	695,674.98
FIRST STATE	CORPORATE STOCK - COMMON	449,803.31	521,323.44
FIRST STATE	CORPORATE STOCK - COMMON	444,378.14	566,072.55
FIRST STATE	CORPORATE STOCK - COMMON	55,374.39	64,933.35
ANALYTIC LOW VOL	CORPORATE STOCK - COMMON	42,991.07	37,693.35
ANALYTIC LOW VOL	CORPORATE STOCK - COMMON	512,606.86	515,658.77
ANALYTIC LOW VOL	CORPORATE STOCK - COMMON	4,282.59	4,151.40
FIRST STATE	CORPORATE STOCK - COMMON	296,980.49	332,356.20
COLUMBUS CIRCLE	CORPORATE STOCK - COMMON	10,118.50	17,191.50
PG&E CASH-B VEBA	CORPORATE STOCK - COMMON	0.00	1.26
LEGATO-KENNEDY	CORPORATE STOCK - COMMON	1,592.59	1,994.10
LEGATO-KENNEDY	CORPORATE STOCK - COMMON	1,940.92	2,838.45
TIMES SQUARE	CORPORATE STOCK - COMMON	14,042.15	22,765.50
LEGATO-RBC	CORPORATE STOCK - COMMON	31,935.69	51,870.00
LEGATO-ESSEX VEBA	CORPORATE STOCK - COMMON	14,817.65	17,598.00
LEGATO-KENNEDY	CORPORATE STOCK - COMMON	3,465.28	3,837.75
LEGATO-KENNEDY	CORPORATE STOCK - COMMON	401.67	390.50
LEGATO-KENNEDY	CORPORATE STOCK - COMMON	2,580.26	2,988.72
COLUMBUS CIRCLE	CORPORATE STOCK - COMMON	32,300.33	39,410.00
LEGATO-KENNEDY	CORPORATE STOCK - COMMON	4,589.38	4,769.97
LEGATO-KENNEDY	CORPORATE STOCK - COMMON	478.70	554.25
COLUMBUS CIRCLE	CORPORATE STOCK - COMMON	7,216.94	12,364.65
LEGATO-ESSEX VEBA	CORPORATE STOCK - COMMON	8,925.49	10,087.68
LEGATO-KENNEDY	CORPORATE STOCK - COMMON	3,957.61	6,571.40
DEPRINCE RACE & ZOLLO	CORPORATE STOCK - COMMON	50,820.04	50,846.95
TIMES SQUARE	CORPORATE STOCK - COMMON	22,381.96	21,600.00

**THE PACIFIC GAS AND ELECTRIC COMPANY
HEALTH CARE PLAN FOR RETIREES AND SURVIVING DEPENDENTS**

EIN #: 94-0742640

PLAN #: 535

**FORM 5500, SCHEDULE H, PART IV, LINE 4(i) –
SCHEDULE OF ASSETS HELD
AS OF DECEMBER 31, 2016**

Identity of Issuer, borrower, lessor or similar party	Description of investment including maturity date, rate of interest, collateral, par or maturity value	Cost	Current Value
LEGATO-KENNEDY	CORPORATE STOCK - COMMON	7,378.70	9,277.20
LEGATO-ESSEX VEBA	CORPORATE STOCK - COMMON	11,061.13	16,720.44
TIMES SQUARE	CORPORATE STOCK - COMMON	46,590.77	43,960.00
COLUMBUS CIRCLE	CORPORATE STOCK - COMMON	13,061.30	13,062.40
LEGATO-ESSEX VEBA	CORPORATE STOCK - COMMON	11,712.40	12,105.50
LEGATO-KENNEDY	CORPORATE STOCK - COMMON	374.64	764.40
LEGATO-ESSEX VEBA	CORPORATE STOCK - COMMON	10,367.42	10,100.97
LEGATO-RHJ	CORPORATE STOCK - COMMON	18,659.17	29,705.50
LEGATO-KENNEDY	CORPORATE STOCK - COMMON	13,579.38	15,812.55
TIMES SQUARE	CORPORATE STOCK - COMMON	17,600.71	19,560.00
LEGATO-RBC	CORPORATE STOCK - COMMON	20,509.83	24,445.30
LEGATO-RHJ	CORPORATE STOCK - COMMON	18,463.56	24,459.50
LEGATO-FOUNDRY PTNRS	CORPORATE STOCK - COMMON	12,233.14	15,200.00
COLUMBUS CIRCLE	CORPORATE STOCK - COMMON	10,672.03	15,495.97
TIMES SQUARE	CORPORATE STOCK - COMMON	6,086.92	28,304.00
TIMES SQUARE	CORPORATE STOCK - COMMON	35,623.60	42,210.00
DEPRINCE RACE & ZOLLO	CORPORATE STOCK - COMMON	19,077.80	36,520.00
COLUMBUS CIRCLE	CORPORATE STOCK - COMMON	31,820.74	37,510.00
LEGATO-FOUNDRY PTNRS	CORPORATE STOCK - COMMON	9,778.88	10,853.25
TIMES SQUARE	CORPORATE STOCK - COMMON	32,172.05	32,545.50
DEPRINCE RACE & ZOLLO	CORPORATE STOCK - COMMON	99,293.17	112,307.01
LEGATO-FOUNDRY PTNRS	CORPORATE STOCK - COMMON	15,477.31	30,347.50
DEPRINCE RACE & ZOLLO	CORPORATE STOCK - COMMON	55,487.22	72,736.54
FIRST STATE	CORPORATE STOCK - COMMON	230,973.04	234,606.72
LEGATO-ESSEX VEBA	CORPORATE STOCK - COMMON	7,831.74	8,519.22
LEGATO-FOUNDRY PTNRS	CORPORATE STOCK - COMMON	12,144.94	32,528.70
COLUMBUS CIRCLE	CORPORATE STOCK - COMMON	7,510.27	7,908.25
LEGATO-ESSEX VEBA	CORPORATE STOCK - COMMON	11,067.34	12,776.10
COLUMBUS CIRCLE	CORPORATE STOCK - COMMON	27,646.30	32,745.93
LEGATO-KENNEDY	CORPORATE STOCK - COMMON	2,161.22	5,596.91
TIMES SQUARE	CORPORATE STOCK - COMMON	27,042.10	27,825.00
DEPRINCE RACE & ZOLLO	CORPORATE STOCK - COMMON	55,378.68	57,158.40
LEGATO-RBC	CORPORATE STOCK - COMMON	20,583.82	34,843.50
LEGATO-KENNEDY	CORPORATE STOCK - COMMON	6,964.34	7,810.00
TIMES SQUARE	CORPORATE STOCK - COMMON	12,106.00	14,718.00
TIMES SQUARE	CORPORATE STOCK - COMMON	5,400.00	7,359.00
ANALYTIC LOW VOL	CORPORATE STOCK - COMMON	246,564.79	227,386.46
ADELANTE GLOBAL REIT	CORPORATE STOCK - COMMON	100,426.28	143,357.70
ADELANTE GLOBAL REIT	CORPORATE STOCK - COMMON	74,512.04	93,052.80
FIRST STATE	CORPORATE STOCK - COMMON	92,871.96	96,802.88
ADELANTE GLOBAL REIT	CORPORATE STOCK - COMMON	101,827.87	134,213.60
ANALYTIC LOW VOL	CORPORATE STOCK - COMMON	262,807.90	243,058.63
LEGATO-KENNEDY	CORPORATE STOCK - COMMON	5,615.95	5,862.78
ADELANTE GLOBAL REIT	CORPORATE STOCK - COMMON	224,435.77	234,976.50
LEGATO-KENNEDY	CORPORATE STOCK - COMMON	6,632.71	6,714.48
LEGATO-KENNEDY	CORPORATE STOCK - COMMON	1,934.75	2,128.15
DEPRINCE RACE & ZOLLO	CORPORATE STOCK - COMMON	42,636.96	47,482.76
LEGATO-KENNEDY	CORPORATE STOCK - COMMON	10,948.62	11,535.08
LEGATO-KENNEDY	CORPORATE STOCK - COMMON	1,530.50	2,129.48
ADELANTE GLOBAL REIT	CORPORATE STOCK - COMMON	43,392.53	41,486.40
ADELANTE GLOBAL REIT	CORPORATE STOCK - COMMON	86,694.97	94,596.60
FIRST STATE	CORPORATE STOCK - COMMON	174,461.61	178,312.35
ADELANTE GLOBAL REIT	CORPORATE STOCK - COMMON	102,588.31	140,767.20
ADELANTE GLOBAL REIT	CORPORATE STOCK - COMMON	127,198.11	156,571.20
ADELANTE GLOBAL REIT	CORPORATE STOCK - COMMON	105,107.06	160,834.50
ADELANTE GLOBAL REIT	CORPORATE STOCK - COMMON	171,641.65	183,104.20
ADELANTE GLOBAL REIT	CORPORATE STOCK - COMMON	178,353.21	234,825.00
ADELANTE GLOBAL REIT	CORPORATE STOCK - COMMON	123,492.51	166,452.20
ADELANTE GLOBAL REIT	CORPORATE STOCK - COMMON	88,349.67	105,790.30
ADELANTE GLOBAL REIT	CORPORATE STOCK - COMMON	134,382.19	155,505.62

**THE PACIFIC GAS AND ELECTRIC COMPANY
HEALTH CARE PLAN FOR RETIREES AND SURVIVING DEPENDENTS**

EIN #: 94-0742640

PLAN #: 535

**FORM 5500, SCHEDULE H, PART IV, LINE 4(i) –
SCHEDULE OF ASSETS HELD
AS OF DECEMBER 31, 2016**

Identity of Issuer, borrower, lessor or similar party	Description of investment including maturity date, rate of interest, collateral, par or maturity value	Cost	Current Value
LEGATO-FOUNDRY PTNRS	CORPORATE STOCK - COMMON	25,813.30	27,206.00
ADELANTE GLOBAL REIT	CORPORATE STOCK - COMMON	152,853.47	192,202.50
ADELANTE GLOBAL REIT	CORPORATE STOCK - COMMON	143,966.95	127,687.00
LEGATO-KENNEDY	CORPORATE STOCK - COMMON	3,711.93	3,642.40
LEGATO-FOUNDRY PTNRS	CORPORATE STOCK - COMMON	16,478.46	15,262.50
ADELANTE GLOBAL REIT	CORPORATE STOCK - COMMON	103,918.33	91,494.00
TIMES SQUARE	CORPORATE STOCK - COMMON	35,204.43	39,726.00
DEPRINCE RACE & ZOLLO	CORPORATE STOCK - COMMON	50,570.80	62,896.23
LEGATO-KENNEDY	CORPORATE STOCK - COMMON	15,670.09	19,646.75
DEPRINCE RACE & ZOLLO	CORPORATE STOCK - COMMON	40,517.74	56,727.30
ADELANTE GLOBAL REIT	CORPORATE STOCK - COMMON	242,829.76	315,684.20
ADELANTE GLOBAL REIT	CORPORATE STOCK - COMMON	230,116.69	306,195.00
ADELANTE GLOBAL REIT	CORPORATE STOCK - COMMON	111,479.14	100,302.60
ADELANTE GLOBAL REIT	CORPORATE STOCK - COMMON	194,394.05	194,094.25
LEGATO-KENNEDY	CORPORATE STOCK - COMMON	841.48	841.33
ADELANTE GLOBAL REIT	CORPORATE STOCK - COMMON	150,461.22	162,912.30
ADELANTE GLOBAL REIT	CORPORATE STOCK - COMMON	344,374.74	404,199.25
ADELANTE GLOBAL REIT	CORPORATE STOCK - COMMON	92,524.77	91,548.95
LEGATO-KENNEDY	CORPORATE STOCK - COMMON	10,867.39	11,163.50
LEGATO-KENNEDY	CORPORATE STOCK - COMMON	1,365.84	1,977.02
ADELANTE GLOBAL REIT	CORPORATE STOCK - COMMON	177,092.59	145,046.40
ADELANTE GLOBAL REIT	CORPORATE STOCK - COMMON	210,734.84	224,917.35
ADELANTE GLOBAL REIT	CORPORATE STOCK - COMMON	252,809.05	263,034.90
LEGATO-KENNEDY	CORPORATE STOCK - COMMON	6,814.02	7,038.93
DEPRINCE RACE & ZOLLO	CORPORATE STOCK - COMMON	33,060.18	36,824.68
ANALYTIC LOW VOL	CORPORATE STOCK - COMMON	426,212.35	500,645.85
ANALYTIC LOW VOL	CORPORATE STOCK - COMMON	143,291.51	163,936.55
LEGATO-KENNEDY	CORPORATE STOCK - COMMON	448.32	448.89
LEGATO-RHJ	CORPORATE STOCK - COMMON	28,083.33	25,475.00
LEGATO-KENNEDY	CORPORATE STOCK - COMMON	651.01	1,241.55
DEPRINCE RACE & ZOLLO	CORPORATE STOCK - COMMON	42,273.73	48,615.12
LEGATO-ESSEX VEBA	CORPORATE STOCK - COMMON	11,802.06	12,986.10
LEGATO-KENNEDY	CORPORATE STOCK - COMMON	8,842.39	9,461.10
ANALYTIC LOW VOL	CORPORATE STOCK - COMMON	656,784.34	911,888.53
ANALYTIC LOW VOL	CORPORATE STOCK - COMMON	345,531.36	327,027.36
LEGATO-KENNEDY	CORPORATE STOCK - COMMON	4,056.42	4,031.72
FIRST STATE	CORPORATE STOCK - COMMON	46,915.78	46,538.28
FIRST STATE	CORPORATE STOCK - COMMON	96,969.19	131,973.12
LEGATO-FOUNDRY PTNRS	CORPORATE STOCK - COMMON	14,515.11	16,730.80
TIMES SQUARE	CORPORATE STOCK - COMMON	24,585.97	29,808.00
COLUMBUS CIRCLE	CORPORATE STOCK - COMMON	11,170.00	13,070.88
COLUMBUS CIRCLE	CORPORATE STOCK - COMMON	24,441.19	39,028.78
LEGATO-ESSEX VEBA	CORPORATE STOCK - COMMON	12,499.49	15,127.61
LEGATO-RHJ	CORPORATE STOCK - COMMON	40,289.94	55,284.80
LEGATO-ESSEX VEBA	CORPORATE STOCK - COMMON	13,243.65	13,437.00
ANALYTIC LOW VOL	CORPORATE STOCK - COMMON	81,133.88	81,807.30
LEGATO-ESSEX VEBA	CORPORATE STOCK - COMMON	13,920.86	17,254.20
LEGATO-ESSEX VEBA	CORPORATE STOCK - COMMON	11,697.31	12,661.83
LEGATO-ESSEX VEBA	CORPORATE STOCK - COMMON	5,817.58	4,139.10
LEGATO-ESSEX VEBA	CORPORATE STOCK - COMMON	11,711.30	13,022.00
LEGATO-ESSEX VEBA	CORPORATE STOCK - COMMON	15,555.96	20,143.35
TIMES SQUARE	CORPORATE STOCK - COMMON	17,841.35	26,448.00
LEGATO-KENNEDY	CORPORATE STOCK - COMMON	1,797.06	1,910.00
LEGATO-FOUNDRY PTNRS	CORPORATE STOCK - COMMON	12,127.96	14,575.00
TIMES SQUARE	CORPORATE STOCK - COMMON	35,407.03	16,016.00
LEGATO-RBC	CORPORATE STOCK - COMMON	4,766.45	9,009.00
LEGATO-RHJ	CORPORATE STOCK - COMMON	19,198.08	30,796.15
TIMES SQUARE	CORPORATE STOCK - COMMON	13,494.11	30,226.50
COLUMBUS CIRCLE	CORPORATE STOCK - COMMON	5,089.61	8,261.91
LEGATO-ESSEX VEBA	CORPORATE STOCK - COMMON	14,685.96	15,373.44

**THE PACIFIC GAS AND ELECTRIC COMPANY
HEALTH CARE PLAN FOR RETIREES AND SURVIVING DEPENDENTS**

EIN #: 94-0742640

PLAN #: 535

**FORM 5500, SCHEDULE H, PART IV, LINE 4(i) –
SCHEDULE OF ASSETS HELD
AS OF DECEMBER 31, 2016**

Identity of Issuer, borrower, lessor or similar party	Description of investment including maturity date, rate of interest, collateral, par or maturity value	Cost	Current Value
ANALYTIC LOW VOL	CORPORATE STOCK - COMMON	392,209.95	368,452.77
TIMES SQUARE	CORPORATE STOCK - COMMON	18,235.56	22,044.00
COLUMBUS CIRCLE	CORPORATE STOCK - COMMON	18,224.52	22,646.40
LEGATO-ESSEX VEBA	CORPORATE STOCK - COMMON	12,166.24	13,580.70
COLUMBUS CIRCLE	CORPORATE STOCK - COMMON	14,108.47	20,635.44
COLUMBUS CIRCLE	CORPORATE STOCK - COMMON	29,578.36	39,944.48
LEGATO-ESSEX VEBA	CORPORATE STOCK - COMMON	6,560.16	6,357.92
TIMES SQUARE	CORPORATE STOCK - COMMON	18,711.58	18,492.00
LEGATO-RHJ	CORPORATE STOCK - COMMON	12,809.04	15,423.00
LEGATO-KENNEDY	CORPORATE STOCK - COMMON	23,488.64	23,618.10
LEGATO-ESSEX VEBA	CORPORATE STOCK - COMMON	8,871.80	8,017.92
LEGATO-ESSEX VEBA	CORPORATE STOCK - COMMON	12,154.16	14,082.90
LEGATO-ESSEX VEBA	CORPORATE STOCK - COMMON	11,336.78	12,297.60
COLUMBUS CIRCLE	CORPORATE STOCK - COMMON	3,392.52	3,676.80
LEGATO-KENNEDY	CORPORATE STOCK - COMMON	1,407.53	1,507.20
LEGATO-KENNEDY	CORPORATE STOCK - COMMON	2,112.39	2,337.30
LEGATO-FOUNDRY PTNRS	CORPORATE STOCK - COMMON	15,497.57	20,947.50
TIMES SQUARE	CORPORATE STOCK - COMMON	23,238.42	21,315.00
TIMES SQUARE	CORPORATE STOCK - COMMON	23,578.19	19,152.00
TIMES SQUARE	CORPORATE STOCK - COMMON	39,907.02	34,825.00
COLUMBUS CIRCLE	CORPORATE STOCK - COMMON	24,032.76	23,548.04
LEGATO-KENNEDY	CORPORATE STOCK - COMMON	5,884.73	5,869.50
LEGATO-FOUNDRY PTNRS	CORPORATE STOCK - COMMON	13,817.42	17,823.00
LEGATO-KENNEDY	CORPORATE STOCK - COMMON	5,246.17	4,832.35
COLUMBUS CIRCLE	CORPORATE STOCK - COMMON	15,064.30	16,148.23
TIMES SQUARE	CORPORATE STOCK - COMMON	24,757.74	37,016.00
LEGATO-RBC	CORPORATE STOCK - COMMON	4,015.83	17,550.00
COLUMBUS CIRCLE	CORPORATE STOCK - COMMON	28,867.63	43,180.20
LEGATO-ESSEX VEBA	CORPORATE STOCK - COMMON	12,620.87	16,265.90
LEGATO-ESSEX VEBA	CORPORATE STOCK - COMMON	12,626.40	13,479.75
LEGATO-FOUNDRY PTNRS	CORPORATE STOCK - COMMON	29,804.09	30,975.00
TIMES SQUARE	CORPORATE STOCK - COMMON	26,942.93	27,212.90
LEGATO-KENNEDY	CORPORATE STOCK - COMMON	1,518.35	1,850.18
LEGATO-KENNEDY	CORPORATE STOCK - COMMON	28,162.46	29,007.65
LEGATO-KENNEDY	CORPORATE STOCK - COMMON	8,971.56	11,077.50
COLUMBUS CIRCLE	CORPORATE STOCK - COMMON	19,864.18	26,828.55
LEGATO-RBC	CORPORATE STOCK - COMMON	10,627.65	44,539.50
LEGATO-RBC	CORPORATE STOCK - COMMON	20,294.36	39,933.00
LEGATO-KENNEDY	CORPORATE STOCK - COMMON	3,250.34	3,248.40
COLUMBUS CIRCLE	CORPORATE STOCK - COMMON	6,690.71	8,559.30
ANALYTIC LOW VOL	CORPORATE STOCK - COMMON	540,915.09	762,127.00
ANALYTIC LOW VOL	CORPORATE STOCK - COMMON	195,857.95	200,280.60
LEGATO-RBC	CORPORATE STOCK - COMMON	9,159.21	10,313.80
TIMES SQUARE	CORPORATE STOCK - COMMON	9,617.20	15,587.50
LEGATO-RBC	CORPORATE STOCK - COMMON	8,521.25	30,551.50
LEGATO-KENNEDY	CORPORATE STOCK - COMMON	7,547.83	8,355.44
LEGATO-KENNEDY	CORPORATE STOCK - COMMON	5,608.02	10,113.37
LEGATO-KENNEDY	CORPORATE STOCK - COMMON	1,640.32	2,161.95
LEGATO-FOUNDRY PTNRS	CORPORATE STOCK - COMMON	15,595.67	21,121.80
DEPRINCE RACE & ZOLLO	CORPORATE STOCK - COMMON	45,991.67	53,695.90
COLUMBUS CIRCLE	CORPORATE STOCK - COMMON	33,953.69	39,435.30
TIMES SQUARE	CORPORATE STOCK - COMMON	29,843.63	33,720.00
DEPRINCE RACE & ZOLLO	CORPORATE STOCK - COMMON	13,644.19	16,139.62
LEGATO-ESSEX VEBA	CORPORATE STOCK - COMMON	15,792.56	16,128.00
LEGATO-FOUNDRY PTNRS	CORPORATE STOCK - COMMON	26,579.82	29,144.50
DEPRINCE RACE & ZOLLO	CORPORATE STOCK - COMMON	13,740.48	15,584.55
LEGATO-KENNEDY	CORPORATE STOCK - COMMON	3,581.24	3,728.19
LEGATO-KENNEDY	CORPORATE STOCK - COMMON	5,782.43	5,326.20
LEGATO-RHJ	CORPORATE STOCK - COMMON	18,259.30	14,781.55
LEGATO-KENNEDY	CORPORATE STOCK - COMMON	1,141.28	1,547.00

**THE PACIFIC GAS AND ELECTRIC COMPANY
HEALTH CARE PLAN FOR RETIREES AND SURVIVING DEPENDENTS**

EIN #: 94-0742640

PLAN #: 535

**FORM 5500, SCHEDULE H, PART IV, LINE 4(i) –
SCHEDULE OF ASSETS HELD
AS OF DECEMBER 31, 2016**

Identity of Issuer, borrower, lessor or similar party	Description of investment including maturity date, rate of interest, collateral, par or maturity value	Cost	Current Value
LEGATO-RHJ	CORPORATE STOCK - COMMON	40,520.25	60,633.06
LEGATO-ESSEX VEBA	CORPORATE STOCK - COMMON	9,161.82	11,881.80
TIMES SQUARE	CORPORATE STOCK - COMMON	24,560.51	25,830.00
TIMES SQUARE	CORPORATE STOCK - COMMON	23,895.15	28,945.00
TIMES SQUARE	CORPORATE STOCK - COMMON	19,241.50	17,369.00
LEGATO-ESSEX VEBA	CORPORATE STOCK - COMMON	11,020.01	7,889.70
COLUMBUS CIRCLE	CORPORATE STOCK - COMMON	21,113.04	26,240.50
COLUMBUS CIRCLE	CORPORATE STOCK - COMMON	11,361.24	10,142.58
LEGATO-ESSEX VEBA	CORPORATE STOCK - COMMON	14,396.23	16,100.92
TIMES SQUARE	CORPORATE STOCK - COMMON	20,330.92	9,690.00
COLUMBUS CIRCLE	CORPORATE STOCK - COMMON	17,445.05	16,439.94
LEGATO-KENNEDY	CORPORATE STOCK - COMMON	6,574.60	5,844.30
LEGATO-KENNEDY	CORPORATE STOCK - COMMON	4,805.65	7,023.80
COLUMBUS CIRCLE	CORPORATE STOCK - COMMON	12,217.08	12,123.90
LEGATO-RHJ	CORPORATE STOCK - COMMON	13,696.06	14,523.78
TIMES SQUARE	CORPORATE STOCK - COMMON	19,778.99	39,435.00
LEGATO-KENNEDY	CORPORATE STOCK - COMMON	8,422.93	11,042.40
LEGATO-FOUNDRY PTNRS	CORPORATE STOCK - COMMON	18,185.92	24,449.50
LEGATO-RHJ	CORPORATE STOCK - COMMON	37,184.16	28,627.08
COLUMBUS CIRCLE	CORPORATE STOCK - COMMON	1,946.70	7,418.25
TIMES SQUARE	CORPORATE STOCK - COMMON	34,964.00	47,602.50
COLUMBUS CIRCLE	CORPORATE STOCK - COMMON	24,218.68	29,128.40
COLUMBUS CIRCLE	CORPORATE STOCK - COMMON	9,244.06	9,860.10
COLUMBUS CIRCLE	CORPORATE STOCK - COMMON	22,889.34	27,974.60
LEGATO-RHJ	CORPORATE STOCK - COMMON	21,139.36	48,382.30
LEGATO-KENNEDY	CORPORATE STOCK - COMMON	8,755.62	5,335.44
ANALYTIC LOW VOL	CORPORATE STOCK - COMMON	432,501.73	414,802.07
LEGATO-KENNEDY	CORPORATE STOCK - COMMON	1,589.35	2,115.00
LEGATO-RHJ	CORPORATE STOCK - COMMON	40,235.35	48,975.16
COLUMBUS CIRCLE	CORPORATE STOCK - COMMON	10,559.58	10,435.70
LEGATO-RHJ	CORPORATE STOCK - COMMON	8,356.55	6,774.00
LEGATO-KENNEDY	CORPORATE STOCK - COMMON	317.75	339.15
DEPRINCE RACE & ZOLLO	CORPORATE STOCK - COMMON	34,904.01	37,724.94
LEGATO-KENNEDY	CORPORATE STOCK - COMMON	17,468.36	17,317.95
LEGATO-ESSEX VEBA	CORPORATE STOCK - COMMON	11,329.36	9,929.60
COLUMBUS CIRCLE	CORPORATE STOCK - COMMON	15,832.43	14,894.64
LEGATO-KENNEDY	CORPORATE STOCK - COMMON	8,197.76	9,392.72
LEGATO-KENNEDY	CORPORATE STOCK - COMMON	4,307.77	4,721.15
DEPRINCE RACE & ZOLLO	CORPORATE STOCK - COMMON	60,853.37	66,813.60
LEGATO-RHJ	CORPORATE STOCK - COMMON	19,579.11	20,856.15
LEGATO-KENNEDY	CORPORATE STOCK - COMMON	806.77	831.06
LEGATO-KENNEDY	CORPORATE STOCK - COMMON	2,085.44	2,804.76
LEGATO-ESSEX VEBA	CORPORATE STOCK - COMMON	11,788.35	12,154.50
COLUMBUS CIRCLE	CORPORATE STOCK - COMMON	12,383.63	12,019.80
LEGATO-KENNEDY	CORPORATE STOCK - COMMON	1,097.69	1,102.50
LEGATO-RHJ	CORPORATE STOCK - COMMON	38,016.06	66,580.70
LEGATO-KENNEDY	CORPORATE STOCK - COMMON	91.08	93.60
ADELANTE GLOBAL REIT	CORPORATE STOCK - COMMON	100,048.53	113,424.00
ADELANTE GLOBAL REIT	CORPORATE STOCK - COMMON	67,882.07	119,059.20
DEPRINCE RACE & ZOLLO	CORPORATE STOCK - COMMON	55,810.94	72,077.58
TIMES SQUARE	CORPORATE STOCK - COMMON	30,794.24	64,820.00
COLUMBUS CIRCLE	CORPORATE STOCK - COMMON	18,882.43	23,348.54
LEGATO-RBC	CORPORATE STOCK - COMMON	14,735.64	31,096.00
LEGATO-KENNEDY	CORPORATE STOCK - COMMON	1,207.06	1,919.84
LEGATO-FOUNDRY PTNRS	CORPORATE STOCK - COMMON	29,346.15	37,991.20
LEGATO-ESSEX VEBA	CORPORATE STOCK - COMMON	8,037.32	12,546.56
LEGATO-ESSEX VEBA	CORPORATE STOCK - COMMON	13,828.42	18,384.70
LEGATO-KENNEDY	CORPORATE STOCK - COMMON	5,605.06	5,746.20
LEGATO-ESSEX VEBA	CORPORATE STOCK - COMMON	11,726.48	14,509.35
LEGATO-KENNEDY	CORPORATE STOCK - COMMON	1,793.86	2,815.20

**THE PACIFIC GAS AND ELECTRIC COMPANY
HEALTH CARE PLAN FOR RETIREES AND SURVIVING DEPENDENTS**

EIN #: 94-0742640

PLAN #: 535

**FORM 5500, SCHEDULE H, PART IV, LINE 4(i) –
SCHEDULE OF ASSETS HELD
AS OF DECEMBER 31, 2016**

Identity of Issuer, borrower, lessor or similar party	Description of investment including maturity date, rate of interest, collateral, par or maturity value	Cost	Current Value
LEGATO-ESSEX VEBA	CORPORATE STOCK - COMMON	8,299.15	10,440.92
LEGATO-RBC	CORPORATE STOCK - COMMON	19,712.52	22,288.50
LEGATO-ESSEX VEBA	CORPORATE STOCK - COMMON	11,507.09	12,175.20
TIMES SQUARE	CORPORATE STOCK - COMMON	39,662.56	57,820.89
LEGATO-KENNEDY	CORPORATE STOCK - COMMON	850.59	813.60
DEPRINCE RACE & ZOLLO	CORPORATE STOCK - COMMON	21,078.33	32,059.30
LEGATO-KENNEDY	CORPORATE STOCK - COMMON	1,847.31	1,943.75
PG&E CASH-B VEBA	CORPORATE STOCK - COMMON	0.00	794.20
DEPRINCE RACE & ZOLLO	CORPORATE STOCK - COMMON	34,246.37	35,896.65
LEGATO-FOUNDRY PTNRS	CORPORATE STOCK - COMMON	24,777.14	31,167.75
TIMES SQUARE	CORPORATE STOCK - COMMON	11,859.30	37,124.00
TIMES SQUARE	CORPORATE STOCK - COMMON	40,499.98	40,159.50
LEGATO-KENNEDY	CORPORATE STOCK - COMMON	5,568.14	7,355.50
DEPRINCE RACE & ZOLLO	CORPORATE STOCK - COMMON	90,378.67	92,609.70
ANALYTIC LOW VOL	CORPORATE STOCK - COMMON	324,702.85	273,650.24
COLUMBUS CIRCLE	CORPORATE STOCK - COMMON	15,742.08	16,040.44
LEGATO-RBC	CORPORATE STOCK - COMMON	8,727.24	29,394.00
COLUMBUS CIRCLE	CORPORATE STOCK - COMMON	11,619.90	10,994.58
LEGATO-ESSEX VEBA	CORPORATE STOCK - COMMON	10,002.44	9,718.48
LEGATO-ESSEX VEBA	CORPORATE STOCK - COMMON	8,817.67	9,786.88
LEGATO-KENNEDY	CORPORATE STOCK - COMMON	9,170.35	18,907.00
LEGATO-KENNEDY	CORPORATE STOCK - COMMON	6,959.74	13,056.00
DEPRINCE RACE & ZOLLO	CORPORATE STOCK - COMMON	71,668.22	65,221.87
COLUMBUS CIRCLE	CORPORATE STOCK - COMMON	15,623.98	24,323.85
TIMES SQUARE	CORPORATE STOCK - COMMON	32,557.80	30,810.00
LEGATO-RBC	CORPORATE STOCK - COMMON	20,595.59	34,107.44
DEPRINCE RACE & ZOLLO	CORPORATE STOCK - COMMON	64,151.87	68,412.40
LEGATO-RBC	CORPORATE STOCK - COMMON	20,182.48	27,358.60
DEPRINCE RACE & ZOLLO	CORPORATE STOCK - COMMON	35,559.57	63,183.75
COLUMBUS CIRCLE	CORPORATE STOCK - COMMON	16,526.34	21,828.96
TIMES SQUARE	CORPORATE STOCK - COMMON	43,417.22	33,109.20
TIMES SQUARE	CORPORATE STOCK - COMMON	18,758.98	32,200.00
LEGATO-ESSEX VEBA	CORPORATE STOCK - COMMON	12,543.44	14,013.44
DEPRINCE RACE & ZOLLO	CORPORATE STOCK - COMMON	84,851.60	81,409.60
TIMES SQUARE	CORPORATE STOCK - COMMON	30,879.55	42,822.20
COLUMBUS CIRCLE	CORPORATE STOCK - COMMON	4,392.19	8,210.92
LEGATO-RBC	CORPORATE STOCK - COMMON	33,945.39	32,345.10
LEGATO-FOUNDRY PTNRS	CORPORATE STOCK - COMMON	9,507.96	21,758.25
DEPRINCE RACE & ZOLLO	CORPORATE STOCK - COMMON	5,811.12	9,954.55
COLUMBUS CIRCLE	CORPORATE STOCK - COMMON	8,000.84	7,668.76
TIMES SQUARE	CORPORATE STOCK - COMMON	22,500.00	21,900.00
COLUMBUS CIRCLE	CORPORATE STOCK - COMMON	18,498.01	21,447.04
LEGATO-FOUNDRY PTNRS	CORPORATE STOCK - COMMON	13,240.33	15,767.50
COLUMBUS CIRCLE	CORPORATE STOCK - COMMON	3,291.86	3,216.00
LEGATO-FOUNDRY PTNRS	CORPORATE STOCK - COMMON	19,910.79	22,875.00
DEPRINCE RACE & ZOLLO	CORPORATE STOCK - COMMON	84,161.14	76,900.46
OAKTREE	144A CORPORATE STOCK - COMMON	47,362.50	0.00
OAKTREE	(OAKTREE) CORPORATE STOCK - COMMON	68,890.00	0.00
DEPRINCE RACE & ZOLLO	CORPORATE STOCK - COMMON	67,645.33	70,167.78
ANALYTIC LOW VOL	CORPORATE STOCK - COMMON	123,605.82	119,165.86
LEGATO-RHJ	CORPORATE STOCK - COMMON	7,192.17	7,463.50
COLUMBUS CIRCLE	CORPORATE STOCK - COMMON	8,425.75	7,816.32
LEGATO-RHJ	CORPORATE STOCK - COMMON	30,458.81	45,684.95
COLUMBUS CIRCLE	CORPORATE STOCK - COMMON	9,489.70	10,598.00
LEGATO-RHJ	CORPORATE STOCK - COMMON	14,210.55	10,305.60
COLUMBUS CIRCLE	CORPORATE STOCK - COMMON	7,206.46	5,967.39
ANALYTIC LOW VOL	CORPORATE STOCK - COMMON	198,683.52	200,400.97
LEGATO-ESSEX VEBA	CORPORATE STOCK - COMMON	7,636.13	7,552.20
COLUMBUS CIRCLE	CORPORATE STOCK - COMMON	3,389.79	4,729.02
LEGATO-RHJ	CORPORATE STOCK - COMMON	37,613.71	70,850.40

**THE PACIFIC GAS AND ELECTRIC COMPANY
HEALTH CARE PLAN FOR RETIREES AND SURVIVING DEPENDENTS**

EIN #: 94-0742640

PLAN #: 535

**FORM 5500, SCHEDULE H, PART IV, LINE 4(i) –
SCHEDULE OF ASSETS HELD
AS OF DECEMBER 31, 2016**

Identity of Issuer, borrower, lessor or similar party	Description of investment including maturity date, rate of interest, collateral, par or maturity value	Cost	Current Value
ANALYTIC LOW VOL	CORPORATE STOCK - COMMON	159,583.23	142,860.45
LEGATO-RHJ	CORPORATE STOCK - COMMON	7,007.53	10,971.74
TIMES SQUARE	CORPORATE STOCK - COMMON	15,872.72	19,321.50
LEGATO-KENNEDY	CORPORATE STOCK - COMMON	4,014.06	3,712.12
COLUMBUS CIRCLE	CORPORATE STOCK - COMMON	16,061.20	8,420.22
TIMES SQUARE	CORPORATE STOCK - COMMON	32,181.74	11,015.70
ANALYTIC LOW VOL	CORPORATE STOCK - COMMON	774,809.56	912,808.83
LEGATO-RHJ	CORPORATE STOCK - COMMON	26,810.05	29,007.00
ANALYTIC LOW VOL	CORPORATE STOCK - COMMON	957,003.58	899,945.69
LEGATO-KENNEDY	CORPORATE STOCK - COMMON	6,970.14	6,551.39
LEGATO-RHJ	CORPORATE STOCK - COMMON	33,271.68	22,852.58
LEGATO-RHJ	CORPORATE STOCK - COMMON	6,446.35	7,668.75
COLUMBUS CIRCLE	CORPORATE STOCK - COMMON	6,544.87	5,301.90
TIMES SQUARE	CORPORATE STOCK - COMMON	35,174.73	49,608.00
LEGATO-KENNEDY	CORPORATE STOCK - COMMON	6,091.08	7,117.45
LEGATO-RHJ	CORPORATE STOCK - COMMON	36,246.23	56,609.28
LEGATO-ESSEX VEBA	CORPORATE STOCK - COMMON	8,770.19	8,632.26
LEGATO-RHJ	CORPORATE STOCK - COMMON	36,416.41	57,292.25
LEGATO-ESSEX VEBA	CORPORATE STOCK - COMMON	11,267.14	13,660.25
LEGATO-ESSEX VEBA	CORPORATE STOCK - COMMON	7,176.25	6,887.62
COLUMBUS CIRCLE	CORPORATE STOCK - COMMON	19,161.81	24,206.40
LEGATO-RHJ	CORPORATE STOCK - COMMON	21,281.12	24,929.85
COLUMBUS CIRCLE	CORPORATE STOCK - COMMON	7,505.34	8,498.16
FIRST STATE	CORPORATE STOCK - COMMON	773,380.14	691,962.52
FIRST STATE	CORPORATE STOCK - COMMON	366,180.89	454,989.57
LEGATO-FOUNDRY PTNRS	CORPORATE STOCK - COMMON	18,170.33	22,454.25
LEGATO-KENNEDY	CORPORATE STOCK - COMMON	12,308.17	14,084.70
TIMES SQUARE	CORPORATE STOCK - COMMON	40,794.91	45,375.00
LEGATO-KENNEDY	CORPORATE STOCK - COMMON	1,639.55	2,883.85
ADELANTE GLOBAL REIT	CORPORATE STOCK - COMMON	21,165.01	22,060.05
LEGATO-ESSEX VEBA	CORPORATE STOCK - COMMON	13,534.85	15,077.15
DEPRINCE RACE & ZOLLO	CORPORATE STOCK - COMMON	37,052.85	40,495.38
LEGATO-KENNEDY	CORPORATE STOCK - COMMON	10,923.44	5,031.20
LEGATO-RHJ	CORPORATE STOCK - COMMON	23,930.93	7,364.40
LEGATO-KENNEDY	CORPORATE STOCK - COMMON	9,457.98	10,450.00
TIMES SQUARE	CORPORATE STOCK - COMMON	5,961.84	16,950.00
COLUMBUS CIRCLE	CORPORATE STOCK - COMMON	27,212.34	38,476.50
DEPRINCE RACE & ZOLLO	CORPORATE STOCK - COMMON	17,842.30	22,808.15
LEGATO-KENNEDY	CORPORATE STOCK - COMMON	4,386.08	4,352.04
ANALYTIC LOW VOL	CORPORATE STOCK - COMMON	291,535.93	308,211.75
ANALYTIC LOW VOL	CORPORATE STOCK - COMMON	293,533.57	347,528.88
COLUMBUS CIRCLE	CORPORATE STOCK - COMMON	15,627.84	23,083.00
LEGATO-KENNEDY	CORPORATE STOCK - COMMON	984.36	1,207.00
COLUMBUS CIRCLE	CORPORATE STOCK - COMMON	11,409.71	11,536.04
LEGATO-RHJ	CORPORATE STOCK - COMMON	6,646.39	11,559.83
LEGATO-RBC	CORPORATE STOCK - COMMON	17,666.38	21,420.00
LEGATO-KENNEDY	CORPORATE STOCK - COMMON	1,612.48	1,627.75
LEGATO-ESSEX VEBA	CORPORATE STOCK - COMMON	8,187.70	8,096.25
ANALYTIC LOW VOL	CORPORATE STOCK - COMMON	310,627.64	332,796.51
LEGATO-KENNEDY	CORPORATE STOCK - COMMON	19,772.71	24,477.00
DEPRINCE RACE & ZOLLO	CORPORATE STOCK - COMMON	73,121.01	70,687.98
LEGATO-KENNEDY	CORPORATE STOCK - COMMON	3,742.80	3,254.13
ANALYTIC LOW VOL	CORPORATE STOCK - COMMON	39,734.57	38,395.20
ANALYTIC LOW VOL	CORPORATE STOCK - COMMON	514,965.04	439,285.44
DEPRINCE RACE & ZOLLO	CORPORATE STOCK - COMMON	72,438.12	51,381.40
LEGATO-FOUNDRY PTNRS	CORPORATE STOCK - COMMON	25,708.52	28,440.00
TIMES SQUARE	CORPORATE STOCK - COMMON	32,252.62	33,570.00
COLUMBUS CIRCLE	CORPORATE STOCK - COMMON	13,567.79	17,639.12
LEGATO-KENNEDY	CORPORATE STOCK - COMMON	6,197.43	5,407.50
LEGATO-FOUNDRY PTNRS	CORPORATE STOCK - COMMON	16,105.17	20,705.85

**THE PACIFIC GAS AND ELECTRIC COMPANY
HEALTH CARE PLAN FOR RETIREES AND SURVIVING DEPENDENTS**

EIN #: 94-0742640

PLAN #: 535

**FORM 5500, SCHEDULE H, PART IV, LINE 4(i) –
SCHEDULE OF ASSETS HELD
AS OF DECEMBER 31, 2016**

Identity of Issuer, borrower, lessor or similar party	Description of investment including maturity date, rate of interest, collateral, par or maturity value	Cost	Current Value
LEGATO-RBC	CORPORATE STOCK - COMMON	10,253.03	8,408.50
TIMES SQUARE	CORPORATE STOCK - COMMON	21,966.62	38,732.00
COLUMBUS CIRCLE	CORPORATE STOCK - COMMON	19,572.74	19,946.98
LEGATO-KENNEDY	CORPORATE STOCK - COMMON	1,557.75	1,644.75
LEGATO-FOUNDRY PTNRS	CORPORATE STOCK - COMMON	26,158.13	32,121.00
ANALYTIC LOW VOL	CORPORATE STOCK - COMMON	767,547.97	934,444.44
TIMES SQUARE	CORPORATE STOCK - COMMON	28,290.57	36,985.00
LEGATO-FOUNDRY PTNRS	CORPORATE STOCK - COMMON	22,685.77	26,790.00
LEGATO-KENNEDY	CORPORATE STOCK - COMMON	4,102.23	4,122.21
TIMES SQUARE	CORPORATE STOCK - COMMON	22,191.30	19,719.00
LEGATO-FOUNDRY PTNRS	CORPORATE STOCK - COMMON	38,795.69	24,112.00
ANALYTIC LOW VOL	CORPORATE STOCK - COMMON	215,348.26	191,409.50
LEGATO-FOUNDRY PTNRS	CORPORATE STOCK - COMMON	14,320.27	13,561.00
ANALYTIC LOW VOL	CORPORATE STOCK - COMMON	679,949.05	672,537.60
COLUMBUS CIRCLE	CORPORATE STOCK - COMMON	8,182.20	7,232.35
LEGATO-KENNEDY	CORPORATE STOCK - COMMON	5,841.86	6,974.30
LEGATO-RHJ	CORPORATE STOCK - COMMON	16,364.89	29,891.85
LEGATO-KENNEDY	CORPORATE STOCK - COMMON	2,265.90	4,718.85
LEGATO-FOUNDRY PTNRS	CORPORATE STOCK - COMMON	26,291.46	32,531.25
LEGATO-KENNEDY	CORPORATE STOCK - COMMON	1,512.29	2,029.95
LEGATO-KENNEDY	CORPORATE STOCK - COMMON	5,032.04	6,246.45
LEGATO-KENNEDY	CORPORATE STOCK - COMMON	10,187.89	12,597.00
LEGATO-KENNEDY	CORPORATE STOCK - COMMON	854.45	1,768.80
DEPRINCE RACE & ZOLLO	CORPORATE STOCK - COMMON	15,188.04	28,765.60
LEGATO-KENNEDY	CORPORATE STOCK - COMMON	4,503.12	5,684.47
LEGATO-KENNEDY	CORPORATE STOCK - COMMON	1,756.37	2,378.00
LEGATO-KENNEDY	CORPORATE STOCK - COMMON	7,083.48	8,268.72
LEGATO-FOUNDRY PTNRS	CORPORATE STOCK - COMMON	20,054.10	28,296.00
LEGATO-KENNEDY	CORPORATE STOCK - COMMON	2,521.34	3,474.90
LEGATO-FOUNDRY PTNRS	CORPORATE STOCK - COMMON	21,920.12	35,866.00
LEGATO-FOUNDRY PTNRS	CORPORATE STOCK - COMMON	15,104.66	24,087.00
LEGATO-FOUNDRY PTNRS	CORPORATE STOCK - COMMON	11,233.92	32,413.50
DEPRINCE RACE & ZOLLO	CORPORATE STOCK - COMMON	21,080.68	29,785.56
LEGATO-KENNEDY	CORPORATE STOCK - COMMON	2,205.45	4,774.77
LEGATO-RBC	CORPORATE STOCK - COMMON	25,678.73	38,531.50
LEGATO-KENNEDY	CORPORATE STOCK - COMMON	5,221.16	5,529.76
LEGATO-KENNEDY	CORPORATE STOCK - COMMON	5,469.81	7,977.20
LEGATO-KENNEDY	CORPORATE STOCK - COMMON	8,533.10	12,524.52
LEGATO-FOUNDRY PTNRS	CORPORATE STOCK - COMMON	25,259.41	33,661.00
LEGATO-KENNEDY	CORPORATE STOCK - COMMON	3,706.27	5,320.88
LEGATO-ESSEX VEBA	CORPORATE STOCK - COMMON	16,788.18	15,345.60
DEPRINCE RACE & ZOLLO	CORPORATE STOCK - COMMON	29,551.83	45,356.06
LEGATO-RHJ	CORPORATE STOCK - COMMON	36,855.88	62,033.95
DEPRINCE RACE & ZOLLO	CORPORATE STOCK - COMMON	26,292.12	33,123.70
DEPRINCE RACE & ZOLLO	CORPORATE STOCK - COMMON	35,671.36	39,605.28
LEGATO-KENNEDY	CORPORATE STOCK - COMMON	3,062.12	4,450.05
LEGATO-ESSEX VEBA	CORPORATE STOCK - COMMON	13,471.97	16,364.70
LEGATO-KENNEDY	CORPORATE STOCK - COMMON	2,120.53	3,826.90
LEGATO-ESSEX VEBA	CORPORATE STOCK - COMMON	18,593.31	18,892.44
COLUMBUS CIRCLE	CORPORATE STOCK - COMMON	17,150.32	22,845.44
LEGATO-ESSEX VEBA	CORPORATE STOCK - COMMON	10,092.99	11,495.40
LEGATO-KENNEDY	CORPORATE STOCK - COMMON	1,484.96	1,968.80
LEGATO-FOUNDRY PTNRS	CORPORATE STOCK - COMMON	18,407.29	19,635.00
COLUMBUS CIRCLE	CORPORATE STOCK - COMMON	12,427.13	15,681.60
TIMES SQUARE	CORPORATE STOCK - COMMON	40,394.20	71,280.00
TIMES SQUARE	CORPORATE STOCK - COMMON	31,198.96	39,338.00
LEGATO-KENNEDY	CORPORATE STOCK - COMMON	10,202.71	13,001.40
COLUMBUS CIRCLE	CORPORATE STOCK - COMMON	18,686.02	28,873.95
LEGATO-ESSEX VEBA	CORPORATE STOCK - COMMON	11,912.45	11,516.40
LEGATO-FOUNDRY PTNRS	ADR CORPORATE STOCK - COMMON	29,488.90	31,357.50

**THE PACIFIC GAS AND ELECTRIC COMPANY
HEALTH CARE PLAN FOR RETIREES AND SURVIVING DEPENDENTS**

EIN #: 94-0742640

PLAN #: 535

**FORM 5500, SCHEDULE H, PART IV, LINE 4(i) –
SCHEDULE OF ASSETS HELD
AS OF DECEMBER 31, 2016**

Identity of Issuer, borrower, lessor or similar party	Description of investment including maturity date, rate of interest, collateral, par or maturity value	Cost	Current Value
LEGATO-FOUNDRY PTNRS	CORPORATE STOCK - COMMON	12,990.67	26,152.00
COLUMBUS CIRCLE	CORPORATE STOCK - COMMON	11,131.81	12,350.00
COLUMBUS CIRCLE	CORPORATE STOCK - COMMON	17,012.65	22,429.44
LEGATO-FOUNDRY PTNRS	CORPORATE STOCK - COMMON	21,317.64	21,774.00
LEGATO-RHJ	CORPORATE STOCK - COMMON	44,817.18	55,300.00
LEGATO-KENNEDY	CORPORATE STOCK - COMMON	3,526.96	3,323.28
LEGATO-ESSEX VEBA	CORPORATE STOCK - COMMON	15,379.93	14,337.32
LEGATO-KENNEDY	CORPORATE STOCK - COMMON	939.01	1,387.13
LEGATO-KENNEDY	CORPORATE STOCK - COMMON	3,524.89	3,564.75
TIMES SQUARE	CORPORATE STOCK - COMMON	15,583.59	19,341.00
LEGATO-ESSEX VEBA	CORPORATE STOCK - COMMON	16,356.74	11,817.40
TIMES SQUARE	CORPORATE STOCK - COMMON	9,017.89	24,750.00
LEGATO-ESSEX VEBA	CORPORATE STOCK - COMMON	15,367.30	14,162.40
LEGATO-KENNEDY	CORPORATE STOCK - COMMON	879.87	781.00
LEGATO-ESSEX VEBA	CORPORATE STOCK - COMMON	11,484.82	9,102.50
LEGATO-KENNEDY	CORPORATE STOCK - COMMON	5,960.53	6,063.75
LEGATO-KENNEDY	CORPORATE STOCK - COMMON	2,131.98	2,160.12
TIMES SQUARE	CORPORATE STOCK - COMMON	47,693.73	56,400.00
TIMES SQUARE	CORPORATE STOCK - COMMON	17,303.45	16,280.00
TIMES SQUARE	CORPORATE STOCK - COMMON	37,906.36	45,303.60
TIMES SQUARE	CORPORATE STOCK - COMMON	27,710.10	75,256.00
LEGATO-RHJ	CORPORATE STOCK - COMMON	29,608.85	21,924.98
LEGATO-RHJ	CORPORATE STOCK - COMMON	9,172.36	8,495.80
TIMES SQUARE	CORPORATE STOCK - COMMON	36,508.15	54,588.00
TIMES SQUARE	CORPORATE STOCK - COMMON	21,358.74	21,600.00
LEGATO-ESSEX VEBA	CORPORATE STOCK - COMMON	11,947.28	15,504.00
LEGATO-KENNEDY	CORPORATE STOCK - COMMON	3,233.64	3,445.30
LEGATO-RHJ	CORPORATE STOCK - COMMON	32,509.80	45,663.80
LEGATO-KENNEDY	CORPORATE STOCK - COMMON	977.54	895.00
COLUMBUS CIRCLE	CORPORATE STOCK - COMMON	11,073.47	11,780.31
TIMES SQUARE	CORPORATE STOCK - COMMON	40,700.70	43,717.50
COLUMBUS CIRCLE	CORPORATE STOCK - COMMON	17,635.76	22,491.90
LEGATO-RBC	CORPORATE STOCK - COMMON	14,282.95	38,547.90
TIMES SQUARE	CORPORATE STOCK - COMMON	8,208.38	62,910.75
ANALYTIC LOW VOL	CORPORATE STOCK - COMMON	178,264.24	192,022.47
LEGATO-ESSEX VEBA	CORPORATE STOCK - COMMON	18,626.04	16,313.00
ADELANTE GLOBAL REIT	CORPORATE STOCK - COMMON	147,261.44	161,672.70
LEGATO-RBC	CORPORATE STOCK - COMMON	37,599.99	48,039.00
DEPRINCE RACE & ZOLLO	CORPORATE STOCK - COMMON	23,943.63	22,445.37
DEPRINCE RACE & ZOLLO	CORPORATE STOCK - COMMON	58,840.09	55,086.91
LEGATO-FOUNDRY PTNRS	CORPORATE STOCK - COMMON	16,650.19	19,251.75
DEPRINCE RACE & ZOLLO	CORPORATE STOCK - COMMON	49,804.50	65,776.05
LEGATO-KENNEDY	CORPORATE STOCK - COMMON	1,427.19	1,408.76
LEGATO-ESSEX VEBA	CORPORATE STOCK - COMMON	13,827.62	16,030.80
LEGATO-RHJ	CORPORATE STOCK - COMMON	17,610.82	15,370.00
LEGATO-KENNEDY	CORPORATE STOCK - COMMON	2,990.27	3,103.00
COLUMBUS CIRCLE	CORPORATE STOCK - COMMON	20,403.39	26,523.60
LEGATO-FOUNDRY PTNRS	CORPORATE STOCK - COMMON	27,244.98	30,513.75
LEGATO-KENNEDY	CORPORATE STOCK - COMMON	4,986.25	5,439.15
COLUMBUS CIRCLE	CORPORATE STOCK - COMMON	15,226.76	20,026.35
LEGATO-KENNEDY	CORPORATE STOCK - COMMON	3,195.84	5,281.05
COLUMBUS CIRCLE	CORPORATE STOCK - COMMON	8,168.93	7,743.50
LEGATO-KENNEDY	CORPORATE STOCK - COMMON	6,059.41	6,665.82
LEGATO-KENNEDY	CORPORATE STOCK - COMMON	27,715.28	30,139.80
COLUMBUS CIRCLE	CORPORATE STOCK - COMMON	4,919.26	7,820.55
LEGATO-ESSEX VEBA	CORPORATE STOCK - COMMON	13,133.01	15,340.30
TIMES SQUARE	CORPORATE STOCK - COMMON	30,861.58	32,760.00
LEGATO-KENNEDY	CORPORATE STOCK - COMMON	5,438.92	5,562.70
LEGATO-ESSEX VEBA	CORPORATE STOCK - COMMON	10,263.67	12,908.55
COLUMBUS CIRCLE	CORPORATE STOCK - COMMON	6,485.82	6,158.46

**THE PACIFIC GAS AND ELECTRIC COMPANY
HEALTH CARE PLAN FOR RETIREES AND SURVIVING DEPENDENTS**

EIN #: 94-0742640

PLAN #: 535

**FORM 5500, SCHEDULE H, PART IV, LINE 4(i) –
SCHEDULE OF ASSETS HELD
AS OF DECEMBER 31, 2016**

Identity of Issuer, borrower, lessor or similar party	Description of investment including maturity date, rate of interest, collateral, par or maturity value	Cost	Current Value
TIMES SQUARE	CORPORATE STOCK - COMMON	25,857.78	27,236.00
LEGATO-ESSEX VEBA	CORPORATE STOCK - COMMON	11,388.52	11,310.54
LEGATO-FOUNDRY PTNRS	CORPORATE STOCK - COMMON	27,438.50	37,802.80
LEGATO-KENNEDY	CORPORATE STOCK - COMMON	2,560.04	3,096.24
LEGATO-KENNEDY	CORPORATE STOCK - COMMON	11,722.36	16,948.75
LEGATO-FOUNDRY PTNRS	CORPORATE STOCK - COMMON	37,070.10	18,911.75
LEGATO-FOUNDRY PTNRS	CORPORATE STOCK - COMMON	16,057.28	15,955.50
LEGATO-RHJ	CORPORATE STOCK - COMMON	26,003.71	34,017.90
LEGATO-KENNEDY	CORPORATE STOCK - COMMON	5,536.15	5,936.85
DEPRINCE RACE & ZOLLO	CORPORATE STOCK - COMMON	29,184.85	28,996.56
FIRST STATE	CORPORATE STOCK - COMMON	153,007.72	148,063.25
TIMES SQUARE	CORPORATE STOCK - COMMON	24,663.10	33,050.00
COLUMBUS CIRCLE	CORPORATE STOCK - COMMON	13,708.74	13,227.48
LEGATO-ESSEX VEBA	CORPORATE STOCK - COMMON	11,806.05	11,505.91
FIRST STATE	CORPORATE STOCK - COMMON	29,158.53	38,776.32
LEGATO-ESSEX VEBA	CORPORATE STOCK - COMMON	5,916.41	5,764.01
LEGATO-FOUNDRY PTNRS	CORPORATE STOCK - COMMON	18,988.30	21,396.20
LEGATO-ESSEX VEBA	CORPORATE STOCK - COMMON	7,467.57	8,517.40
LEGATO-RBC	CORPORATE STOCK - COMMON	11,534.95	32,409.00
GOULD INVESTMENT	PUR COM EXP 09/14/2011 CORPORATE STOCK - COMMON	0.00	0.00
TIMES SQUARE	CORPORATE STOCK - COMMON	62,450.40	59,901.00
TIMES SQUARE	CORPORATE STOCK - COMMON	36,523.27	39,159.50
LEGATO-KENNEDY	CORPORATE STOCK - COMMON	762.88	732.06
LEGATO-ESSEX VEBA	CORPORATE STOCK - COMMON	6,097.62	6,348.10
TIMES SQUARE	CORPORATE STOCK - COMMON	33,445.18	26,012.80
COLUMBUS CIRCLE	CORPORATE STOCK - COMMON	5,240.70	5,766.00
LEGATO-KENNEDY	CORPORATE STOCK - COMMON	3,758.09	5,230.63
OAKTREE	CORPORATE STOCK - COMMON	92,500.00	11.93
SSGA	CORPORATE STOCK - COMMON	27,781.59	70,861.25
SSGA	CORPORATE STOCK - COMMON	43,810.54	138,399.98
SSGA	CORPORATE STOCK - COMMON	34,571.82	143,812.13
SSGA	CORPORATE STOCK - COMMON	27,860.97	31,046.99
SSGA	CORPORATE STOCK - COMMON	164.51	212.90
SSGA	CORPORATE STOCK - COMMON	523.38	1,831.97
SSGA	CORPORATE STOCK - COMMON	5,004.20	82,158.78
SSGA	CORPORATE STOCK - COMMON	7,066.64	12,230.06
SSGA	CORPORATE STOCK - COMMON	200.39	3,850.49
SSGA	CORPORATE STOCK - COMMON	57.32	349.99
SSGA	CORPORATE STOCK - COMMON	978.94	2,024.24
SSGA	CORPORATE STOCK - COMMON	256.10	829.47
SSGA	CORPORATE STOCK - COMMON	11,653.22	37,818.87
SSGA	CORPORATE STOCK - COMMON	2,149.29	16,997.99
SSGA	CORPORATE STOCK - COMMON	49.79	313.44
SSGA	CORPORATE STOCK - COMMON	5,530.12	22,899.34
SSGA	CORPORATE STOCK - COMMON	10,759.26	18,228.35
SSGA	CORPORATE STOCK - COMMON	4,862.39	25,432.64
SSGA	CORPORATE STOCK - COMMON	395.35	1,016.29
SSGA	CORPORATE STOCK - COMMON	0.00	4.34
SSGA	CORPORATE STOCK - COMMON	1,216.49	8,247.82
SSGA	CORPORATE STOCK - COMMON	168.70	296.05
SSGA	CORPORATE STOCK - COMMON	106.08	194.64
SSGA	CORPORATE STOCK - COMMON	18,985.26	52,349.67
SSGA	CORPORATE STOCK - COMMON	555.97	862.26
SSGA	CORPORATE STOCK - COMMON	2,999.60	5,617.16
SSGA	CORPORATE STOCK - COMMON	1,160.94	1,259.41
SSGA	CORPORATE STOCK - COMMON	4,051.02	3,812.67
SSGA	CORPORATE STOCK - COMMON	10,852.63	55,504.19
SSGA	CORPORATE STOCK - COMMON	9,290.92	49,281.09
SSGA	CORPORATE STOCK - COMMON	5,940.25	21,616.56
SSGA	CORPORATE STOCK - COMMON	2,005.38	6,187.17

**THE PACIFIC GAS AND ELECTRIC COMPANY
HEALTH CARE PLAN FOR RETIREES AND SURVIVING DEPENDENTS**

EIN #: 94-0742640

PLAN #: 535

**FORM 5500, SCHEDULE H, PART IV, LINE 4(i) –
SCHEDULE OF ASSETS HELD
AS OF DECEMBER 31, 2016**

Identity of Issuer, borrower, lessor or similar party	Description of investment including maturity date, rate of interest, collateral, par or maturity value	Cost	Current Value
SSGA	CORPORATE STOCK - COMMON	1,954.41	3,656.76
SSGA	CORPORATE STOCK - COMMON	8,373.38	19,911.21
SSGA	CORPORATE STOCK - COMMON	5,004.58	12,938.18
SSGA	CORPORATE STOCK - COMMON	1,352.43	1,838.61
SSGA	CORPORATE STOCK - COMMON	29,892.53	105,446.09
SSGA	CORPORATE STOCK - COMMON	10,885.66	33,267.54
SSGA	CORPORATE STOCK - COMMON	3,307.37	15,220.22
SSGA	CORPORATE STOCK - COMMON	2,374.48	5,850.55
SSGA	CORPORATE STOCK - COMMON	22.79	8.75
SSGA	CORPORATE STOCK - COMMON	5,316.12	5,191.80
SSGA	CORPORATE STOCK - COMMON	11,439.31	12,080.16
SSGA	CORPORATE STOCK - COMMON	7,288.37	23,307.53
SSGA	CORPORATE STOCK - COMMON	5,478.03	17,244.69
SSGA	CORPORATE STOCK - COMMON	1,748.52	3,639.46
SSGA	CORPORATE STOCK - COMMON	5,831.05	9,121.49
SSGA	CORPORATE STOCK - COMMON	10,166.40	34,778.72
SSGA	CORPORATE STOCK - COMMON	6,655.57	24,267.62
SSGA	CORPORATE STOCK - COMMON	25,128.52	128,218.93
SSGA	CORPORATE STOCK - COMMON	7,075.21	48,794.60
SSGA	CORPORATE STOCK - COMMON	15,994.09	58,658.57
SSGA	CORPORATE STOCK - COMMON	32,089.72	149,072.74
SSGA	NEW CORPORATE STOCK - COMMON	27,149.05	83,944.67
SSGA	CORPORATE STOCK - COMMON	2,484.20	11,203.16
SSGA	CL B CORPORATE STOCK - COMMON	4,617.98	19,309.50
SSGA	(NON-CANADIAN SHARES) CORPORATE STOCK - COMMON	6,142.74	7,069.09
SSGA	CORPORATE STOCK - COMMON	1,397.17	2,933.97
SSGA	CORPORATE STOCK - COMMON	3,627.10	8,963.13
SSGA	CORPORATE STOCK - COMMON	7,807.61	87,810.36
SSGA	CORPORATE STOCK - COMMON	10,380.43	46,394.78
SSGA	CORPORATE STOCK - COMMON	9,229.19	75,836.10
SSGA	CORPORATE STOCK - COMMON	4,001.82	9,924.26
SSGA	CORPORATE STOCK - COMMON	11,958.79	58,686.85
SSGA	CORPORATE STOCK - COMMON	7,046.43	18,638.65
SSGA	NEW CORPORATE STOCK - COMMON	14,492.96	103,411.58
SSGA	CORPORATE STOCK - COMMON	8,344.62	30,062.86
SSGA	CORPORATE STOCK - COMMON	6,518.01	6,804.37
SSGA	CORPORATE STOCK - COMMON	1,080.83	1,309.94
SSGA	SUB-VTG CORPORATE STOCK - COMMON	4,876.46	23,211.66
SSGA	CORPORATE STOCK - COMMON	13,723.85	16,024.76
SSGA	CORPORATE STOCK - COMMON	3,778.41	12,563.29
SSGA	CORPORATE STOCK - COMMON	3,307.74	40,255.02
SSGA	CORPORATE STOCK - COMMON	5,705.18	7,963.91
SSGA	CORPORATE STOCK - COMMON	10,228.52	9,541.78
SSGA	CORPORATE STOCK - COMMON	4,970.83	36,225.35
SSGA	CL B SUB-VTG CORPORATE STOCK - COMMON	2,655.14	18,072.96
SSGA	CORPORATE STOCK - COMMON	6,898.75	5,802.92
SSGA	CORPORATE STOCK - COMMON	6,941.07	5,986.35
SSGA	CL B CONV CORPORATE STOCK - COMMON	1,721.94	8,035.49
SSGA	CORPORATE STOCK - COMMON	11,495.87	5,807.39
SSGA	LTD VTG CL A CORPORATE STOCK - COMMON	8,058.49	83,575.56
SSGA	CL A CORPORATE STOCK - COMMON	4,873.70	31,155.44
SSGA	CL A SUB-VTG CORPORATE STOCK - COMMON	1,686.94	4,805.19
SSGA	CORPORATE STOCK - COMMON	12,058.80	114,815.58
SSGA	CORPORATE STOCK - COMMON	4,132.20	57,137.32
SSGA	CORPORATE STOCK - COMMON	16,013.38	19,808.71
SSGA	CORPORATE STOCK - COMMON	32,759.02	45,416.74
SSGA	CORPORATE STOCK - COMMON	2,959.43	61,383.87
SSGA	CORPORATE STOCK - COMMON	8,357.13	55,079.45
SSGA	CORPORATE STOCK - COMMON	3,006.97	15,091.36
SSGA	CORPORATE STOCK - COMMON	5,952.43	44,850.69

**THE PACIFIC GAS AND ELECTRIC COMPANY
HEALTH CARE PLAN FOR RETIREES AND SURVIVING DEPENDENTS**

EIN #: 94-0742640

PLAN #: 535

**FORM 5500, SCHEDULE H, PART IV, LINE 4(i) –
SCHEDULE OF ASSETS HELD
AS OF DECEMBER 31, 2016**

Identity of Issuer, borrower, lessor or similar party	Description of investment including maturity date, rate of interest, collateral, par or maturity value	Cost	Current Value
SSGA	CORPORATE STOCK - COMMON	78.41	133.51
SSGA	CORPORATE STOCK - COMMON	74,531.26	288,721.26
SSGA	CORPORATE STOCK - COMMON	22,700.49	75,869.53
SSGA	CORPORATE STOCK - COMMON	61.84	126.24
SSGA	CORPORATE STOCK - COMMON	10,379.03	59,831.95
SSGA	CORPORATE STOCK - COMMON	16,880.78	106,246.37
SSGA	CORPORATE STOCK - COMMON	11,591.31	130,103.68
SSGA	CORPORATE STOCK - COMMON	68,586.19	142,024.70
SSGA	CORPORATE STOCK - COMMON	76,492.69	250,828.55
SSGA	CORPORATE STOCK - COMMON	7,350.43	28,356.08
SSGA	CORPORATE STOCK - COMMON	4,366.35	32,585.18
SSGA	CORPORATE STOCK - COMMON	17,021.55	16,639.36
SSGA	CORPORATE STOCK - COMMON	923.65	12,952.95
SSGA	CORPORATE STOCK - COMMON	1,600.07	22,296.32
SSGA	CORPORATE STOCK - COMMON	342.12	1,567.76
SSGA	CORPORATE STOCK - COMMON	1,920.57	21,110.43
SSGA	CORPORATE STOCK - COMMON	7,945.73	120,312.79
SSGA	CORPORATE STOCK - COMMON	0.00	15,986.84
SSGA	CORPORATE STOCK - COMMON	1,820.45	30,084.90
SSGA	CORPORATE STOCK - COMMON	9,420.43	16,040.22
SSGA	CORPORATE STOCK - COMMON	17,845.41	61,773.42
SSGA	CORPORATE STOCK - COMMON	3,475.69	3,589.46
SSGA	CORPORATE STOCK - COMMON	1,825.79	3,969.13
SSGA	CORPORATE STOCK - COMMON	5,395.11	18,615.09
SSGA	CORPORATE STOCK - COMMON	1,590.16	19,062.74
SSGA	CORPORATE STOCK - COMMON	11,703.02	100,248.66
SSGA	CORPORATE STOCK - COMMON	11,392.57	50,438.15
SSGA	CORPORATE STOCK - COMMON	18,413.13	80,167.96
SSGA	CORPORATE STOCK - COMMON	7,947.30	28,847.41
SSGA	CORPORATE STOCK - COMMON	33,341.75	88,540.61
SSGA	CORPORATE STOCK - COMMON	25,310.28	88,366.96
SSGA	CORPORATE STOCK - COMMON	515.76	1,069.64
SSGA	CORPORATE STOCK - COMMON	2,285.89	8,165.87
SSGA	CORPORATE STOCK - COMMON	4,508.00	12,850.01
SSGA	CORPORATE STOCK - COMMON	12,330.22	30,419.94
SSGA	CORPORATE STOCK - COMMON	5,126.43	15,719.68
SSGA	CORPORATE STOCK - COMMON	115.78	336.23
SSGA	CORPORATE STOCK - COMMON	8,696.13	14,527.47
SSGA	CORPORATE STOCK - COMMON	8,302.25	23,269.10
SSGA	CORPORATE STOCK - COMMON	20,008.98	26,818.60
SSGA	CORPORATE STOCK - COMMON	1,872.29	5,666.96
SSGA	CORPORATE STOCK - COMMON	23,779.57	25,849.70
SSGA	CORPORATE STOCK - COMMON	77,136.17	70,726.89
SSGA	CORPORATE STOCK - COMMON	298.53	238.62
SSGA	CORPORATE STOCK - COMMON	4,247.60	3,994.23
SSGA	CORPORATE STOCK - COMMON	33,549.17	78,936.17
SSGA	CORPORATE STOCK - COMMON	15,770.58	40,853.25
SSGA	CORPORATE STOCK - COMMON	43,005.88	79,128.87
SSGA	CORPORATE STOCK - COMMON	6,747.01	30,579.57
SSGA	CORPORATE STOCK - COMMON	36,260.43	65,695.23
SSGA	CORPORATE STOCK - COMMON	7,280.17	9,128.42
SSGA	CORPORATE STOCK - COMMON	12,624.46	10,609.53
SSGA	CORPORATE STOCK - COMMON	14,141.75	12,434.46
SSGA	CORPORATE STOCK - COMMON	42,410.83	88,828.55
SSGA	CORPORATE STOCK - COMMON	26.96	7.29
SSGA	CORPORATE STOCK - COMMON	20,971.14	146,356.06
SSGA	CORPORATE STOCK - COMMON	11,741.68	52,447.29
SSGA	CORPORATE STOCK - COMMON	11,215.80	33,903.93
SSGA	CORPORATE STOCK - COMMON	1,317.82	2,613.97
SSGA	CORPORATE STOCK - COMMON	387.70	172.48

**THE PACIFIC GAS AND ELECTRIC COMPANY
HEALTH CARE PLAN FOR RETIREES AND SURVIVING DEPENDENTS**

EIN #: 94-0742640

PLAN #: 535

**FORM 5500, SCHEDULE H, PART IV, LINE 4(i) –
SCHEDULE OF ASSETS HELD
AS OF DECEMBER 31, 2016**

Identity of Issuer, borrower, lessor or similar party	Description of investment including maturity date, rate of interest, collateral, par or maturity value	Cost	Current Value
SSGA	CORPORATE STOCK - COMMON	5,526.13	17,831.52
SSGA	CORPORATE STOCK - COMMON	29,305.18	149,031.96
SSGA	CORPORATE STOCK - COMMON	13,930.43	49,393.94
SSGA	CORPORATE STOCK - COMMON	41,196.86	116,894.62
SSGA	CORPORATE STOCK - COMMON	6,315.71	12,152.47
SSGA	CORPORATE STOCK - COMMON	3,802.20	9,973.04
SSGA	CORPORATE STOCK - COMMON	3,979.92	13,966.81
SSGA	CORPORATE STOCK - COMMON	6,724.57	9,728.88
SSGA	CORPORATE STOCK - COMMON	6,165.24	23,078.93
SSGA	CORPORATE STOCK - COMMON	8,033.53	8,162.44
SSGA	CORPORATE STOCK - COMMON	16,017.15	15,176.84
SSGA	CORPORATE STOCK - COMMON	8,243.55	22,861.71
SSGA	CORPORATE STOCK - COMMON	26,836.99	58,254.24
SSGA	CORPORATE STOCK - COMMON	11,218.66	44,164.07
SSGA	CORPORATE STOCK - COMMON	1,108.95	797.56
SSGA	CORPORATE STOCK - COMMON	27,609.28	55,015.63
SSGA	CORPORATE STOCK - COMMON	1,538.87	3,100.65
SSGA	CORPORATE STOCK - COMMON	18,461.16	25,280.16
SSGA	CORPORATE STOCK - COMMON	12,181.98	24,787.47
SSGA	CORPORATE STOCK - COMMON	4,513.39	16,904.48
SSGA	CORPORATE STOCK - COMMON	2,518.87	4,677.22
SSGA	CORPORATE STOCK - COMMON	22,478.09	70,426.82
SSGA	CORPORATE STOCK - COMMON	13,526.60	26,061.92
SSGA	CORPORATE STOCK - COMMON	7,533.16	31,853.58
SSGA	CORPORATE STOCK - COMMON	16,622.98	29,792.14
SSGA	CORPORATE STOCK - COMMON	1,271.76	1,867.27
SSGA	CORPORATE STOCK - COMMON	5,106.50	12,228.51
SSGA	CORPORATE STOCK - COMMON	14,949.16	78,069.22
SSGA	CORPORATE STOCK - COMMON	3,682.12	4,507.10
SSGA	CORPORATE STOCK - COMMON	5,661.61	65,531.09
SSGA	CORPORATE STOCK - COMMON	21,631.70	20,443.23
SSGA	CORPORATE STOCK - COMMON	435.82	335.41
SSGA	CORPORATE STOCK - COMMON	2,995.19	16,608.81
SSGA	CORPORATE STOCK - COMMON	628.74	965.73
SSGA	CORPORATE STOCK - COMMON	13,070.93	28,001.71
SSGA	CORPORATE STOCK - COMMON	11,029.37	51,295.49
SSGA	CORPORATE STOCK - COMMON	138.62	3,471.69
SSGA	CORPORATE STOCK - COMMON	6,701.62	37,814.05
SSGA	CORPORATE STOCK - COMMON	13,048.97	57,358.99
SSGA	CORPORATE STOCK - COMMON	1,468.61	2,776.91
SSGA	CORPORATE STOCK - COMMON	3,295.57	14,520.62
SSGA	CORPORATE STOCK - COMMON	14,005.50	87,411.56
SSGA	CORPORATE STOCK - COMMON	6,694.86	24,907.58
SSGA	CORPORATE STOCK - COMMON	7,303.28	50,912.78
SSGA	CORPORATE STOCK - COMMON	19.45	370.81
SSGA	CORPORATE STOCK - COMMON	7,144.34	39,827.82
SSGA	CORPORATE STOCK - COMMON	10,934.98	29,167.21
SSGA	CORPORATE STOCK - COMMON	15,587.85	61,767.21
SSGA	CORPORATE STOCK - COMMON	31,224.99	62,132.33
SSGA	CORPORATE STOCK - COMMON	10,100.72	13,416.12
SSGA	CORPORATE STOCK - COMMON	7,533.54	50,896.40
SSGA	CORPORATE STOCK - COMMON	6,095.51	9,247.20
SSGA	CORPORATE STOCK - COMMON	11,011.72	53,856.67
SSGA	CORPORATE STOCK - COMMON	0.00	3,582.92
SSGA	CORPORATE STOCK - COMMON	409.67	747.40
SSGA	CORPORATE STOCK - COMMON	5,508.57	39,797.83
SSGA	CORPORATE STOCK - COMMON	6,201.62	17,282.66
SSGA	CORPORATE STOCK - COMMON	2,501.69	9,432.63
SSGA	CORPORATE STOCK - COMMON	1,578.33	45,080.31
SSGA	CORPORATE STOCK - COMMON	717.91	4,865.98

**THE PACIFIC GAS AND ELECTRIC COMPANY
HEALTH CARE PLAN FOR RETIREES AND SURVIVING DEPENDENTS**

EIN #: 94-0742640

PLAN #: 535

**FORM 5500, SCHEDULE H, PART IV, LINE 4(i) –
SCHEDULE OF ASSETS HELD
AS OF DECEMBER 31, 2016**

Identity of Issuer, borrower, lessor or similar party	Description of investment including maturity date, rate of interest, collateral, par or maturity value	Cost	Current Value
SSGA	CORPORATE STOCK - COMMON	5,132.70	6,988.97
SSGA	CORPORATE STOCK - COMMON	7,766.53	8,602.88
SSGA	CORPORATE STOCK - COMMON	1,731.61	4,465.45
SSGA	CORPORATE STOCK - COMMON	6,181.99	6,812.30
SSGA	CORPORATE STOCK - COMMON	1.15	6.59
SSGA	CORPORATE STOCK - COMMON	5,639.30	10,166.69
SSGA	CORPORATE STOCK - COMMON	28,585.93	86,236.36
SSGA	CORPORATE STOCK - COMMON	2,418.93	7,877.93
SSGA	CORPORATE STOCK - COMMON	3,365.21	12,389.09
SSGA	CORPORATE STOCK - COMMON	14,933.92	19,335.38
SSGA	CORPORATE STOCK - COMMON	491.39	493.79
SSGA	CORPORATE STOCK - COMMON	80,204.99	122,559.00
SSGA	CORPORATE STOCK - COMMON	38,282.97	54,808.74
SSGA	CORPORATE STOCK - COMMON	5,498.93	7,618.15
SSGA	CORPORATE STOCK - COMMON	2,165.55	14,898.87
SSGA	CORPORATE STOCK - COMMON	5,058.46	20,026.33
SSGA	CORPORATE STOCK - COMMON	960.31	4,036.11
SSGA	CORPORATE STOCK - COMMON	9,346.42	22,170.63
SSGA	CORPORATE STOCK - COMMON	29,774.23	136,656.48
SSGA	CORPORATE STOCK - COMMON	3,554.56	6,452.03
SSGA	CORPORATE STOCK - COMMON	67,306.58	126,694.25
SSGA	CORPORATE STOCK - COMMON	11,751.42	106,892.32
SSGA	CORPORATE STOCK - COMMON	370.38	948.45
SSGA	CORPORATE STOCK - COMMON	10,793.56	33,783.01
SSGA	CORPORATE STOCK - COMMON	1,638.85	3,341.29
SSGA	CORPORATE STOCK - COMMON	2,706.76	71,993.02
SSGA	CORPORATE STOCK - COMMON	30,844.03	119,923.10
SSGA	CORPORATE STOCK - COMMON	2,290.51	9,046.27
SSGA	CORPORATE STOCK - COMMON	5,796.08	11,939.77
SSGA	CORPORATE STOCK - COMMON	7,293.68	11,107.59
SSGA	CORPORATE STOCK - COMMON	22,562.15	37,950.96
SSGA	CORPORATE STOCK - COMMON	39,447.92	67,371.57
SSGA	CORPORATE STOCK - COMMON	9,652.00	13,911.33
SSGA	CORPORATE STOCK - COMMON	0.00	13.98
SSGA	CORPORATE STOCK - COMMON	4,562.40	16,670.57
SSGA	CORPORATE STOCK - COMMON	13,552.02	25,250.90
SSGA	CORPORATE STOCK - COMMON	8,962.23	42,828.65
SSGA	CORPORATE STOCK - COMMON	735.09	4,930.97
SSGA	CORPORATE STOCK - COMMON	3,027.14	4,109.49
SSGA	CORPORATE STOCK - COMMON	12,009.83	31,659.80
SSGA	CORPORATE STOCK - COMMON	9,917.07	38,233.19
SSGA	CORPORATE STOCK - COMMON	7,712.02	34,603.71
SSGA	CORPORATE STOCK - COMMON	24,331.48	29,018.99
SSGA	CORPORATE STOCK - COMMON	74,856.20	154,506.81
SSGA	CORPORATE STOCK - COMMON	54,798.79	81,092.46
SSGA	CORPORATE STOCK - COMMON	39,083.84	69,716.77
SSGA	CORPORATE STOCK - COMMON	7,675.36	11,743.23
SSGA	CORPORATE STOCK - COMMON	10,045.81	12,468.33
SSGA	CORPORATE STOCK - COMMON	9,806.46	47,455.00
SSGA	CORPORATE STOCK - COMMON	16,495.02	59,280.95
SSGA	CORPORATE STOCK - COMMON	13,589.73	15,110.68
SSGA	CORPORATE STOCK - COMMON	15,963.73	30,089.36
SSGA	CORPORATE STOCK - COMMON	21,871.25	75,040.17
SSGA	CORPORATE STOCK - COMMON	30,560.84	86,611.90
SSGA	CORPORATE STOCK - COMMON	24,125.50	55,858.48
SSGA	CORPORATE STOCK - COMMON	174.56	128.29
SSGA	CORPORATE STOCK - COMMON	2,331.84	2,011.53
SSGA	CORPORATE STOCK - COMMON	75.60	71.20
SSGA	CORPORATE STOCK - COMMON	14,212.75	17,037.75
SSGA	CORPORATE STOCK - COMMON	2,983.27	4,161.98

**THE PACIFIC GAS AND ELECTRIC COMPANY
HEALTH CARE PLAN FOR RETIREES AND SURVIVING DEPENDENTS**

EIN #: 94-0742640

PLAN #: 535

**FORM 5500, SCHEDULE H, PART IV, LINE 4(i) –
SCHEDULE OF ASSETS HELD
AS OF DECEMBER 31, 2016**

Identity of Issuer, borrower, lessor or similar party	Description of investment including maturity date, rate of interest, collateral, par or maturity value	Cost	Current Value
SSGA	CORPORATE STOCK - COMMON	17,513.74	65,931.15
SSGA	CORPORATE STOCK - COMMON	32,192.69	81,295.34
SSGA	CORPORATE STOCK - COMMON	14,689.27	26,459.71
SSGA	CORPORATE STOCK - COMMON	16,141.06	33,088.41
SSGA	CORPORATE STOCK - COMMON	5,355.37	4,914.55
SSGA	CORPORATE STOCK - COMMON	4,108.70	4,250.96
SSGA	CORPORATE STOCK - COMMON	6,041.30	6,210.48
SSGA	CORPORATE STOCK - COMMON	0.00	27,827.04
SSGA	CORPORATE STOCK - COMMON	598.87	943.60
SSGA	CORPORATE STOCK - COMMON	260.13	381.99
SSGA	CORPORATE STOCK - COMMON	3,781.87	33,137.17
SSGA	CORPORATE STOCK - COMMON	5,443.74	12,875.72
SSGA	CORPORATE STOCK - COMMON	93,994.48	99,855.80
SSGA	A SHS CORPORATE STOCK - COMMON	88,763.03	102,746.65
SSGA	B SHS CORPORATE STOCK - COMMON	85,897.96	108,495.26
SSGA	CORPORATE STOCK - COMMON	7,139.86	9,399.96
SSGA	CORPORATE STOCK - COMMON	30,790.72	90,596.47
SSGA	CORPORATE STOCK - COMMON	24,406.76	86,952.76
SSGA	CORPORATE STOCK - COMMON	9,230.42	12,171.84
SSGA	CORPORATE STOCK - COMMON	22,257.44	54,729.71
SSGA	CORPORATE STOCK - COMMON	12,504.71	44,416.97
SSGA	CORPORATE STOCK - COMMON	8,885.00	12,090.25
SSGA	CORPORATE STOCK - COMMON	51,829.93	46,818.23
SSGA	CORPORATE STOCK - COMMON	34,550.20	75,994.84
SSGA	CORPORATE STOCK - COMMON	22,962.26	136,138.97
SSGA	CORPORATE STOCK - COMMON	31,919.69	78,072.17
SSGA	CORPORATE STOCK - COMMON	82,081.89	76,585.78
SSGA	CORPORATE STOCK - COMMON	58,685.10	71,829.88
SSGA	CORPORATE STOCK - COMMON	18,021.99	53,710.64
SSGA	CORPORATE STOCK - COMMON	522.36	5,855.99
SSGA	CORPORATE STOCK - COMMON	43.25	10.49
SSGA	CORPORATE STOCK - COMMON	6,984.71	8,293.31
SSGA	CORPORATE STOCK - COMMON	7,186.41	21,968.31
SSGA	CORPORATE STOCK - COMMON	3,408.23	6,625.46
SSGA	CORPORATE STOCK - COMMON	15,775.58	59,239.46
SSGA	CORPORATE STOCK - COMMON	9,720.84	14,950.12
SSGA	CORPORATE STOCK - COMMON	12,462.73	21,757.68
SSGA	CORPORATE STOCK - COMMON	558.06	2,558.91
SSGA	CORPORATE STOCK - COMMON	8,983.31	29,638.42
SSGA	CORPORATE STOCK - COMMON	1,981.20	5,701.17
SSGA	CORPORATE STOCK - COMMON	18,189.21	175,428.29
SSGA	CORPORATE STOCK - COMMON	13,851.65	71,918.88
SSGA	CORPORATE STOCK - COMMON	516.44	1,116.69
SSGA	CORPORATE STOCK - COMMON	7,506.68	16,912.98
SSGA	CORPORATE STOCK - COMMON	1,234.86	1,636.70
SSGA	CORPORATE STOCK - COMMON	3,526.35	7,738.02
SSGA	CORPORATE STOCK - COMMON	4,255.56	14,903.75
SSGA	CORPORATE STOCK - COMMON	4,072.57	48,699.59
SSGA	CORPORATE STOCK - COMMON	10,444.03	23,893.51
SSGA	CORPORATE STOCK - COMMON	3,429.04	15,916.11
SSGA	CORPORATE STOCK - COMMON	233.28	236.23
SSGA	CORPORATE STOCK - COMMON	13,534.74	46,258.15
SSGA	CORPORATE STOCK - COMMON	7,789.18	33,437.55
SSGA	CORPORATE STOCK - COMMON	1,205.76	4,155.57
SSGA	CORPORATE STOCK - COMMON	4,263.31	9,550.96
SSGA	CORPORATE STOCK - COMMON	14,439.77	30,724.16
SSGA	CORPORATE STOCK - COMMON	36,830.20	73,357.28
SSGA	CORPORATE STOCK - COMMON	5,195.83	8,719.04
SSGA	CORPORATE STOCK - COMMON	3,775.28	4,269.81
SSGA	CORPORATE STOCK - COMMON	6,733.16	13,909.19

**THE PACIFIC GAS AND ELECTRIC COMPANY
HEALTH CARE PLAN FOR RETIREES AND SURVIVING DEPENDENTS**

EIN #: 94-0742640

PLAN #: 535

**FORM 5500, SCHEDULE H, PART IV, LINE 4(i) –
SCHEDULE OF ASSETS HELD
AS OF DECEMBER 31, 2016**

Identity of Issuer, borrower, lessor or similar party	Description of investment including maturity date, rate of interest, collateral, par or maturity value	Cost	Current Value
SSGA	CORPORATE STOCK - COMMON	3,304.93	3,288.99
SSGA	CORPORATE STOCK - COMMON	6,929.43	12,722.57
SSGA	CORPORATE STOCK - COMMON	5,216.17	10,369.98
SSGA	CORPORATE STOCK - COMMON	782.38	1,734.46
SSGA	CORPORATE STOCK - COMMON	7,004.74	10,356.36
SSGA	CORPORATE STOCK - COMMON	710.03	1,506.24
SSGA	CORPORATE STOCK - COMMON	2,624.63	4,929.61
SSGA	CORPORATE STOCK - COMMON	7,308.05	22,519.88
SSGA	CORPORATE STOCK - COMMON	183.91	276.02
SSGA	CORPORATE STOCK - COMMON	8,317.71	16,620.41
SSGA	CORPORATE STOCK - COMMON	971.80	5,297.85
SSGA	CORPORATE STOCK - COMMON	2,865.77	5,675.55
SSGA	CORPORATE STOCK - COMMON	353.72	628.02
SSGA	CORPORATE STOCK - COMMON	7,340.53	6,320.01
SSGA	CORPORATE STOCK - COMMON	7,012.96	25,003.18
SSGA	CORPORATE STOCK - COMMON	7,438.93	5,418.60
SSGA	CORPORATE STOCK - COMMON	717.35	2,229.35
SSGA	CORPORATE STOCK - COMMON	11,692.41	14,970.70
SSGA	CORPORATE STOCK - COMMON	18,131.06	16,673.69
SSGA	CORPORATE STOCK - COMMON	10,043.49	10,234.76
SSGA	CORPORATE STOCK - COMMON	11,704.88	33,008.96
SSGA	CORPORATE STOCK - COMMON	3,335.34	12,586.27
SSGA	CORPORATE STOCK - COMMON	12,446.91	54,248.07
SSGA	CORPORATE STOCK - COMMON	7,122.36	40,913.96
SSGA	CORPORATE STOCK - COMMON	21,600.74	35,135.25
SSGA	CORPORATE STOCK - COMMON	17,717.15	36,282.42
SSGA	CORPORATE STOCK - COMMON	10,685.65	31,745.19
SSGA	CORPORATE STOCK - COMMON	12,609.80	14,753.72
SSGA	CORPORATE STOCK - COMMON	81,497.88	194,601.97
SSGA	CORPORATE STOCK - COMMON	16,567.28	46,968.75
SSGA	CORPORATE STOCK - COMMON	7,410.01	22,274.62
SSGA	CORPORATE STOCK - COMMON	14,368.29	39,068.03
SSGA	CORPORATE STOCK - COMMON	13,837.90	42,980.24
SSGA	CORPORATE STOCK - COMMON	6,385.68	12,294.77
SSGA	CORPORATE STOCK - COMMON	53,561.02	78,420.20
SSGA	CORPORATE STOCK - COMMON	33,261.87	41,136.03
SSGA	CORPORATE STOCK - COMMON	38,137.12	53,534.53
SSGA	CORPORATE STOCK - COMMON	19,340.01	37,594.38
SSGA	CORPORATE STOCK - COMMON	3,378.65	4,835.60
SSGA	CORPORATE STOCK - COMMON	13,054.63	16,838.86
SSGA	CORPORATE STOCK - COMMON	10,104.39	47,455.74
SSGA	CORPORATE STOCK - COMMON	1,486.83	3,260.60
SSGA	CORPORATE STOCK - COMMON	9,252.69	64,427.49
SSGA	CORPORATE STOCK - COMMON	7,050.97	24,255.16
SSGA	CORPORATE STOCK - COMMON	9,535.95	34,963.78
SSGA	CORPORATE STOCK - COMMON	4,707.42	12,517.68
SSGA	CORPORATE STOCK - COMMON	6,526.28	18,066.62
SSGA	CORPORATE STOCK - COMMON	4,697.59	17,104.64
SSGA	CORPORATE STOCK - COMMON	12,878.28	15,379.60
SSGA	CORPORATE STOCK - COMMON	9,652.05	23,321.47
SSGA	CORPORATE STOCK - COMMON	9,914.08	32,449.95
SSGA	CORPORATE STOCK - COMMON	1,846.04	5,212.84
SSGA	CORPORATE STOCK - COMMON	8,089.52	16,705.96
SSGA	CORPORATE STOCK - COMMON	5,999.82	6,893.30
SSGA	CORPORATE STOCK - COMMON	9,218.67	8,325.12
SSGA	CORPORATE STOCK - COMMON	4,446.13	39,469.29
SSGA	CORPORATE STOCK - COMMON	34.76	43.81
SSGA	CORPORATE STOCK - COMMON	14,738.85	24,702.71
SSGA	CORPORATE STOCK - COMMON	4,773.50	7,249.97
SSGA	CORPORATE STOCK - COMMON	5,970.72	8,903.85

**THE PACIFIC GAS AND ELECTRIC COMPANY
HEALTH CARE PLAN FOR RETIREES AND SURVIVING DEPENDENTS**

EIN #: 94-0742640

PLAN #: 535

**FORM 5500, SCHEDULE H, PART IV, LINE 4(i) –
SCHEDULE OF ASSETS HELD
AS OF DECEMBER 31, 2016**

Identity of Issuer, borrower, lessor or similar party	Description of investment including maturity date, rate of interest, collateral, par or maturity value	Cost	Current Value
SSGA	CORPORATE STOCK - COMMON	13,728.11	19,496.98
SSGA	CORPORATE STOCK - COMMON	13,325.30	33,153.69
SSGA	CORPORATE STOCK - COMMON	5,304.27	14,172.42
SSGA	CORPORATE STOCK - COMMON	0.00	51,879.80
SSGA	CORPORATE STOCK - COMMON	7,653.28	9,691.77
SSGA	CORPORATE STOCK - COMMON	7,131.45	13,044.54
SSGA	CORPORATE STOCK - COMMON	0.00	50,526.86
SSGA	CORPORATE STOCK - COMMON	20,398.37	105,205.13
SSGA	CORPORATE STOCK - COMMON	10,962.28	19,932.27
SSGA	CORPORATE STOCK - COMMON	10,070.95	26,835.86
SSGA	CORPORATE STOCK - COMMON	2,653.45	18,210.66
SSGA	CORPORATE STOCK - COMMON	8,178.54	22,655.29
SSGA	CORPORATE STOCK - COMMON	6,588.89	17,001.76
SSGA	CORPORATE STOCK - COMMON	0.00	5,009.68
SSGA	CORPORATE STOCK - COMMON	11,860.76	11,094.44
SSGA	CORPORATE STOCK - COMMON	11,724.64	32,292.19
SSGA	CORPORATE STOCK - COMMON	2,942.99	9,173.40
SSGA	CORPORATE STOCK - COMMON	3,963.75	10,528.57
SSGA	CORPORATE STOCK - COMMON	5,627.70	13,940.93
SSGA	CORPORATE STOCK - COMMON	20,834.62	38,178.94
SSGA	CORPORATE STOCK - COMMON	17,480.01	36,277.28
SSGA	CORPORATE STOCK - COMMON	3,163.24	6,713.25
SSGA	CORPORATE STOCK - COMMON	4,454.78	10,391.39
SSGA	CORPORATE STOCK - COMMON	8,351.04	33,296.18
SSGA	CORPORATE STOCK - COMMON	8,555.58	19,181.21
SSGA	CORPORATE STOCK - COMMON	7,682.09	47,944.44
SSGA	CORPORATE STOCK - COMMON	15,927.84	22,436.66
SSGA	CORPORATE STOCK - COMMON	12,916.09	30,886.96
SSGA	CORPORATE STOCK - COMMON	18,423.43	49,343.68
SSGA	CORPORATE STOCK - COMMON	9,190.58	10,600.59
SSGA	CORPORATE STOCK - COMMON	10,839.86	12,428.52
SSGA	CORPORATE STOCK - COMMON	12,541.87	21,689.89
SSGA	CORPORATE STOCK - COMMON	8,618.76	15,278.43
SSGA	CORPORATE STOCK - COMMON	7,659.96	11,163.89
SSGA	CORPORATE STOCK - COMMON	5,762.20	10,687.19
SSGA	CORPORATE STOCK - COMMON	6,381.84	19,642.47
SSGA	CORPORATE STOCK - COMMON	4,323.57	7,777.00
SSGA	CORPORATE STOCK - COMMON	7,185.50	7,321.99
SSGA	CORPORATE STOCK - COMMON	7,396.33	62,897.07
SSGA	CORPORATE STOCK - COMMON	20,908.57	37,930.30
SSGA	CORPORATE STOCK - COMMON	14,837.05	59,017.45
SSGA	CORPORATE STOCK - COMMON	5,399.59	13,970.94
SSGA	CORPORATE STOCK - COMMON	7,593.67	33,977.80
SSGA	CORPORATE STOCK - COMMON	7,896.47	28,610.62
SSGA	CORPORATE STOCK - COMMON	9,873.34	13,699.15
SSGA	CORPORATE STOCK - COMMON	6,490.83	12,912.08
SSGA	CORPORATE STOCK - COMMON	4,017.10	7,664.94
SSGA	CORPORATE STOCK - COMMON	4,377.60	9,233.94
SSGA	CORPORATE STOCK - COMMON	6,301.58	25,841.30
SSGA	CORPORATE STOCK - COMMON	15,202.01	34,222.15
SSGA	CORPORATE STOCK - COMMON	4,176.73	9,954.13
SSGA	CORPORATE STOCK - COMMON	5,679.01	4,854.46
SSGA	CORPORATE STOCK - COMMON	1,344.17	8,488.02
SSGA	CORPORATE STOCK - COMMON	6,358.24	10,562.87
SSGA	CORPORATE STOCK - COMMON	5,500.72	8,031.89
SSGA	CORPORATE STOCK - COMMON	11,145.49	18,635.06
SSGA	CORPORATE STOCK - COMMON	2,928.37	6,277.33
SSGA	CORPORATE STOCK - COMMON	8,761.06	25,888.46
SSGA	CORPORATE STOCK - COMMON	9,196.84	23,005.10
SSGA	CORPORATE STOCK - COMMON	8,132.31	24,634.53

**THE PACIFIC GAS AND ELECTRIC COMPANY
HEALTH CARE PLAN FOR RETIREES AND SURVIVING DEPENDENTS**

EIN #: 94-0742640

PLAN #: 535

**FORM 5500, SCHEDULE H, PART IV, LINE 4(i) –
SCHEDULE OF ASSETS HELD
AS OF DECEMBER 31, 2016**

Identity of Issuer, borrower, lessor or similar party	Description of investment including maturity date, rate of interest, collateral, par or maturity value	Cost	Current Value
SSGA	CORPORATE STOCK - COMMON	11,753.80	48,004.46
SSGA	CORPORATE STOCK - COMMON	21,712.61	55,677.97
SSGA	CORPORATE STOCK - COMMON	17,572.45	39,910.83
SSGA	CORPORATE STOCK - COMMON	15,723.13	46,384.02
SSGA	CORPORATE STOCK - COMMON	6,489.93	26,630.09
SSGA	CORPORATE STOCK - COMMON	3,548.22	6,700.39
SSGA	CORPORATE STOCK - COMMON	2,474.04	35,864.02
SSGA	CORPORATE STOCK - COMMON	1,470.34	3,240.88
SSGA	CORPORATE STOCK - COMMON	7,370.70	10,802.93
SSGA	CORPORATE STOCK - COMMON	2,338.97	4,655.55
SSGA	CORPORATE STOCK - COMMON	8,310.63	12,209.03
SSGA	CORPORATE STOCK - COMMON	19,427.41	34,175.87
SSGA	CORPORATE STOCK - COMMON	23,621.13	22,831.91
SSGA	CORPORATE STOCK - COMMON	25,101.52	83,125.33
SSGA	CORPORATE STOCK - COMMON	19,483.07	44,220.00
SSGA	CORPORATE STOCK - COMMON	8,503.84	119,835.39
SSGA	CORPORATE STOCK - COMMON	14,063.88	21,040.00
SSGA	CORPORATE STOCK - COMMON	17,070.71	49,462.00
SSGA	CORPORATE STOCK - COMMON	13,312.03	25,978.48
SSGA	CORPORATE STOCK - COMMON	8,782.07	19,102.33
SSGA	CORPORATE STOCK - COMMON	4,554.01	6,816.14
SSGA	CORPORATE STOCK - COMMON	7,186.01	23,234.88
SSGA	CORPORATE STOCK - COMMON	7,763.80	22,094.57
SSGA	CORPORATE STOCK - COMMON	10,596.38	66,532.35
SSGA	CORPORATE STOCK - COMMON	10,219.00	45,461.48
SSGA	CORPORATE STOCK - COMMON	20,703.62	64,045.96
SSGA	CORPORATE STOCK - COMMON	5,704.52	13,778.03
SSGA	CORPORATE STOCK - COMMON	9,401.19	23,586.40
SSGA	CORPORATE STOCK - COMMON	9,533.11	26,107.09
SSGA	CORPORATE STOCK - COMMON	4,373.66	17,408.00
SSGA	CORPORATE STOCK - COMMON	2,478.56	23,699.71
SSGA	CORPORATE STOCK - COMMON	752.33	2,301.43
SSGA	CORPORATE STOCK - COMMON	11,040.60	28,504.90
SSGA	CORPORATE STOCK - COMMON	581.65	654.72
SSGA	CORPORATE STOCK - COMMON	7,962.85	32,760.67
SSGA	CORPORATE STOCK - COMMON	12.60	27.88
SSGA	CORPORATE STOCK - COMMON	1,665.52	9,667.93
SSGA	CORPORATE STOCK - COMMON	1,525.71	2,859.49
SSGA	CORPORATE STOCK - COMMON	1,440.49	13,318.43
SSGA	CORPORATE STOCK - COMMON	1,017.87	7,782.70
SSGA	CORPORATE STOCK - COMMON	235.52	288.22
SSGA	CORPORATE STOCK - COMMON	899.56	1,879.91
SSGA	CORPORATE STOCK - COMMON	6,491.37	15,358.16
SSGA	CORPORATE STOCK - COMMON	3,353.14	30,305.13
SSGA	CORPORATE STOCK - COMMON	3,987.29	17,700.28
SSGA	CORPORATE STOCK - COMMON	6,131.37	25,766.68
SSGA	CORPORATE STOCK - COMMON	15,884.75	64,284.79
SSGA	CORPORATE STOCK - COMMON	10,637.25	29,099.80
SSGA	CORPORATE STOCK - COMMON	22,427.44	63,325.04
SSGA	CORPORATE STOCK - COMMON	6,753.53	11,998.61
SSGA	CORPORATE STOCK - COMMON	523.41	2,367.74
SSGA	CORPORATE STOCK - COMMON	1,496.25	5,305.89
SSGA	CORPORATE STOCK - COMMON	109.81	130.45
SSGA	CORPORATE STOCK - COMMON	18,175.66	52,473.42
SSGA	CORPORATE STOCK - COMMON	1,629.43	18,327.72
SSGA	CORPORATE STOCK - COMMON	3,379.47	31,004.54
SSGA	CORPORATE STOCK - COMMON	11,639.74	34,950.38
SSGA	CORPORATE STOCK - COMMON	8,378.94	14,840.50
SSGA	CORPORATE STOCK - COMMON	4,586.96	6,881.66
SSGA	CORPORATE STOCK - COMMON	869.80	1,463.48

**THE PACIFIC GAS AND ELECTRIC COMPANY
HEALTH CARE PLAN FOR RETIREES AND SURVIVING DEPENDENTS**

EIN #: 94-0742640

PLAN #: 535

**FORM 5500, SCHEDULE H, PART IV, LINE 4(i) –
SCHEDULE OF ASSETS HELD
AS OF DECEMBER 31, 2016**

Identity of Issuer, borrower, lessor or similar party	Description of investment including maturity date, rate of interest, collateral, par or maturity value	Cost	Current Value
SSGA	CORPORATE STOCK - COMMON	14,628.90	29,466.12
SSGA	CORPORATE STOCK - COMMON	7,744.16	20,165.24
SSGA	CORPORATE STOCK - COMMON	1,806.89	14,868.14
SSGA	CORPORATE STOCK - COMMON	1,026.38	2,235.76
SSGA	CORPORATE STOCK - COMMON	451.37	839.05
SSGA	CORPORATE STOCK - COMMON	523.97	698.66
SSGA	CORPORATE STOCK - COMMON	1,414.12	1,166.36
SSGA	CORPORATE STOCK - COMMON	767.85	596.10
SSGA	CORPORATE STOCK - COMMON	443.02	1,409.40
SSGA	CORPORATE STOCK - COMMON	3,843.84	17,634.11
SSGA	CORPORATE STOCK - COMMON	317.73	1,146.26
SSGA	CORPORATE STOCK - COMMON	1,307.53	3,056.69
SSGA	CORPORATE STOCK - COMMON	6,066.51	9,720.36
SSGA	CORPORATE STOCK - COMMON	299.97	553.19
SSGA	CORPORATE STOCK - COMMON	588.61	2,180.90
SSGA	CORPORATE STOCK - COMMON	1,278.76	3,708.73
SSGA	CORPORATE STOCK - COMMON	10,633.28	33,837.09
SSGA	CORPORATE STOCK - COMMON	3,677.38	13,677.58
SSGA	CORPORATE STOCK - COMMON	2,464.42	6,084.31
PG&E MED N/B - SSGA	CORPORATE STOCK - COMMON	6,789.25	110,643.00
PG&E MED N/B - SSGA	CORPORATE STOCK - COMMON	1,389.64	18,057.00
PG&E MED N/B - SSGA	CORPORATE STOCK - COMMON	3,262.28	28,022.40
PG&E MED N/B - SSGA	CORPORATE STOCK - COMMON	4,196.92	93,638.72
PG&E MED N/B - SSGA	CORPORATE STOCK - COMMON	7,005.25	120,862.00
PG&E MED N/B - SSGA	CORPORATE STOCK - COMMON	521.36	6,766.50
PG&E MED N/B - SSGA	CORPORATE STOCK - COMMON	5,201.46	124,197.72
PG&E MED N/B - SSGA	CORPORATE STOCK - COMMON	488.23	13,685.88
PG&E MED N/B - SSGA	CORPORATE STOCK - COMMON	961.73	16,851.00
PG&E MED N/B - SSGA	CORPORATE STOCK - COMMON	17,188.68	279,092.52
PG&E MED N/B - SSGA	CORPORATE STOCK - COMMON	14,391.95	270,480.00
PG&E MED N/B - SSGA	CORPORATE STOCK - COMMON	20,869.63	219,576.00
PG&E MED N/B - SSGA	CORPORATE STOCK - COMMON	6,153.88	156,912.00
PG&E MED N/B - SSGA	CORPORATE STOCK - COMMON	1,462.32	14,007.00
PG&E MED N/B - SSGA	CORPORATE STOCK - COMMON	1,228.00	14,580.00
PG&E MED N/B - SSGA	CORPORATE STOCK - COMMON	6,374.36	93,699.20
PG&E MED N/B - SSGA	CORPORATE STOCK - COMMON	925.05	8,628.00
PG&E MED N/B - SSGA	CORPORATE STOCK - COMMON	5,967.00	182,988.00
PG&E MED N/B - SSGA	CORPORATE STOCK - COMMON	2,383.03	33,232.30
PG&E MED N/B - SSGA	CORPORATE STOCK - COMMON	16,223.76	105,531.00
PG&E MED N/B - SSGA	CORPORATE STOCK - COMMON	5,351.86	81,472.50
PG&E MED N/B - SSGA	CORPORATE STOCK - COMMON	4,973.56	67,048.00
SSGA	CORPORATE STOCK - COMMON	12,224.96	12,846.44
PG&E MED N/B - SSGA	CORPORATE STOCK - COMMON	157.98	765.70
PG&E MED N/B - SSGA	CORPORATE STOCK - COMMON	121,819.70	184,159.30
PG&E MED N/B - SSGA	CORPORATE STOCK - COMMON	3,022.76	25,632.58
PG&E MED N/B - SSGA	CORPORATE STOCK - COMMON	7,171.45	105,959.53
PG&E MED N/B - SSGA	CORPORATE STOCK - COMMON	10,356.43	184,599.84
PG&E MED N/B - SSGA	CORPORATE STOCK - COMMON	65,130.25	89,145.00
PG&E MED N/B - SSGA	CORPORATE STOCK - COMMON	33,455.46	292,609.39
PG&E MED N/B - SSGA	CORPORATE STOCK - COMMON	2,438.70	26,123.81
PG&E MED N/B - SSGA	CORPORATE STOCK - COMMON	2,197.22	5,010.54
PG&E MED N/B - SSGA	CORPORATE STOCK - COMMON	2,572.50	171,660.00
PG&E MED N/B - SSGA	CORPORATE STOCK - COMMON	4,964.93	102,357.24
PG&E MED N/B - SSGA	CORPORATE STOCK - COMMON	191.74	1,057.86
PG&E MED N/B - SSGA	CORPORATE STOCK - COMMON	4,497.16	151,967.20
PG&E MED N/B - SSGA	CORPORATE STOCK - COMMON	48,076.30	494,502.03
PG&E MED N/B - SSGA	CORPORATE STOCK - COMMON	164.86	1,195.67
PG&E MED N/B - SSGA	CORPORATE STOCK - COMMON	1,820.00	7,332.00
PG&E MED N/B - SSGA	CORPORATE STOCK - COMMON	3,654.00	3,654.00
PG&E MED N/B - SSGA	CORPORATE STOCK - COMMON	8,290.08	119,936.40

**THE PACIFIC GAS AND ELECTRIC COMPANY
HEALTH CARE PLAN FOR RETIREES AND SURVIVING DEPENDENTS**

EIN #: 94-0742640

PLAN #: 535

**FORM 5500, SCHEDULE H, PART IV, LINE 4(i) –
SCHEDULE OF ASSETS HELD
AS OF DECEMBER 31, 2016**

Identity of Issuer, borrower, lessor or similar party	Description of investment including maturity date, rate of interest, collateral, par or maturity value	Cost	Current Value
PG&E MED N/B - SSGA	CORPORATE STOCK - COMMON	2,303.00	122,560.00
PG&E MED N/B - SSGA	CORPORATE STOCK - COMMON	858.65	6,277.80
PG&E MED N/B - SSGA	CORPORATE STOCK - COMMON	8,217.16	43,960.00
PG&E MED N/B - SSGA	CORPORATE STOCK - COMMON	4,791.39	179,545.88
PG&E MED N/B - SSGA	CORPORATE STOCK - COMMON	442.67	18,228.00
PG&E MED N/B - SSGA	CORPORATE STOCK - COMMON	3,130.00	41,420.00
PG&E MED N/B - SSGA	CORPORATE STOCK - COMMON	2,565.74	113,432.00
PG&E MED N/B - SSGA	CORPORATE STOCK - COMMON	3,092.06	165,985.50
PG&E MED N/B - SSGA	CORPORATE STOCK - COMMON	962.00	169,572.48
PG&E MED N/B - SSGA	CORPORATE STOCK - COMMON	1,853.92	51,216.00
PG&E MED N/B - SSGA	CORPORATE STOCK - COMMON	1,116.00	1,696.00
PG&E MED N/B - SSGA	CORPORATE STOCK - COMMON	3,009.00	44,202.00
SSGA	CORPORATE STOCK - COMMON	22.46	885.42
PG&E MED N/B - SSGA	CORPORATE STOCK - COMMON	1,259.71	53,698.85
PG&E MED N/B - SSGA	CORPORATE STOCK - COMMON	3,384.03	87,061.29
PG&E MED N/B - SSGA	CORPORATE STOCK - COMMON	1,441.50	17,500.00
PG&E MED N/B - SSGA	CORPORATE STOCK - COMMON	653.00	10,218.00
PG&E MED N/B - SSGA	CORPORATE STOCK - COMMON	2,968.31	31,016.07
PG&E MED N/B - SSGA	CORPORATE STOCK - COMMON	1,229.00	17,216.00
PG&E MED N/B - SSGA	CORPORATE STOCK - COMMON	3,616.16	42,185.94
PG&E MED N/B - SSGA	CORPORATE STOCK - COMMON	3,809.00	45,248.00
PG&E MED N/B - SSGA	CORPORATE STOCK - COMMON	406.52	8,025.00
PG&E MED N/B - SSGA	CORPORATE STOCK - COMMON	1,652.26	20,292.00
PG&E MED N/B - SSGA	CORPORATE STOCK - COMMON	2,892.37	148,766.94
PG&E MED N/B - SSGA	CORPORATE STOCK - COMMON	10,081.50	152,347.00
PG&E MED N/B - SSGA	CORPORATE STOCK - COMMON	679.12	8,148.00
PG&E MED N/B - SSGA	CORPORATE STOCK - COMMON	2,741.92	4,124.00
PG&E MED N/B - SSGA	CORPORATE STOCK - COMMON	5,535.90	9,115.00
PG&E MED N/B - SSGA	CORPORATE STOCK - COMMON	3,583.56	6,804.00
PG&E MED N/B - SSGA	CORPORATE STOCK - COMMON	641.69	10,780.63
PG&E MED N/B - SSGA	CORPORATE STOCK - COMMON	819.14	1,626.00
PG&E MED N/B - SSGA	CORPORATE STOCK - COMMON	2,753.00	24,960.00
PG&E MED N/B - SSGA	CORPORATE STOCK - COMMON	6,742.29	150,627.70
PG&E MED N/B - SSGA	CORPORATE STOCK - COMMON	1,272.59	66,633.60
PG&E MED N/B - SSGA	CORPORATE STOCK - COMMON	337.14	4,016.60
PG&E MED N/B - SSGA	CORPORATE STOCK - COMMON	3,266.50	58,536.00
PG&E MED N/B - SSGA	CORPORATE STOCK - COMMON	5,901.00	86,032.00
PG&E MED N/B - SSGA	CORPORATE STOCK - COMMON	202.42	2,598.59
PG&E MED N/B - SSGA	CORPORATE STOCK - COMMON	114.09	1,049.40
PG&E MED N/B - SSGA	CORPORATE STOCK - COMMON	43.99	434.40
PG&E MED N/B - SSGA	CORPORATE STOCK - COMMON	10,446.70	857,068.00
PG&E MED N/B - SSGA	CORPORATE STOCK - COMMON	737.15	5,383.19
PG&E MED N/B - SSGA	CORPORATE STOCK - COMMON	5,670.00	56,030.00
PG&E MED N/B - SSGA	CORPORATE STOCK - COMMON	469.82	2,456.00
PG&E MED N/B - SSGA	CORPORATE STOCK - COMMON	10,402.12	31,772.66
PG&E MED N/B - SSGA	CORPORATE STOCK - COMMON	394.50	4,386.00
PG&E MED N/B - SSGA	CORPORATE STOCK - COMMON	2,382.26	13,994.12
PG&E MED N/B - SSGA	CORPORATE STOCK - COMMON	2,618.60	21,821.02
PG&E MED N/B - SSGA	CORPORATE STOCK - COMMON	14,757.75	232,386.00
PG&E MED N/B - SSGA	CORPORATE STOCK - COMMON	569.50	5,670.00
PG&E MED N/B - SSGA	CORPORATE STOCK - COMMON	4,213.46	30,373.65
PG&E MED N/B - SSGA	CORPORATE STOCK - COMMON	464.89	3,817.00
PG&E MED N/B - SSGA	CORPORATE STOCK - COMMON	9,367.75	91,616.00
PG&E MED N/B - SSGA	CORPORATE STOCK - COMMON	2,817.04	29,123.01
PG&E MED N/B - SSGA	CORPORATE STOCK - COMMON	3,941.15	3,951.76
PG&E MED N/B - SSGA	CORPORATE STOCK - COMMON	10,357.17	88,896.00
PG&E MED N/B - SSGA	CORPORATE STOCK - COMMON	6,607.77	140,935.95
PG&E MED N/B - SSGA	CORPORATE STOCK - COMMON	6,070.31	146,580.00
PG&E MED N/B - SSGA	CORPORATE STOCK - COMMON	770.38	14,602.80
PG&E MED N/B - SSGA	CORPORATE STOCK - COMMON	106.55	1,959.10

**THE PACIFIC GAS AND ELECTRIC COMPANY
HEALTH CARE PLAN FOR RETIREES AND SURVIVING DEPENDENTS**

EIN #: 94-0742640

PLAN #: 535

**FORM 5500, SCHEDULE H, PART IV, LINE 4(i) –
SCHEDULE OF ASSETS HELD
AS OF DECEMBER 31, 2016**

Identity of Issuer, borrower, lessor or similar party	Description of investment including maturity date, rate of interest, collateral, par or maturity value	Cost	Current Value
PG&E MED N/B - SSGA	CORPORATE STOCK - COMMON	171.16	750.12
PG&E MED N/B - SSGA	CORPORATE STOCK - COMMON	5,093.88	5,488.00
PG&E MED N/B - SSGA	CORPORATE STOCK - COMMON	7,798.56	47,826.09
PG&E MED N/B - SSGA	CORPORATE STOCK - COMMON	443.02	1,372.80
PG&E MED N/B - SSGA	CORPORATE STOCK - COMMON	2,408.43	18,894.50
PG&E MED N/B - SSGA	CORPORATE STOCK - COMMON	580.09	1,850.00
PG&E MED N/B - SSGA	CORPORATE STOCK - COMMON	180.59	746.00
PG&E MED N/B - SSGA	CORPORATE STOCK - COMMON	4,753.00	120,416.00
PG&E MED N/B - SSGA	CORPORATE STOCK - COMMON	5,892.48	147,545.10
PG&E MED N/B - SSGA	CORPORATE STOCK - COMMON	3,533.00	118,464.00
PG&E MED N/B - SSGA	CORPORATE STOCK - COMMON	1,346.04	12,673.00
PG&E MED N/B - SSGA	CORPORATE STOCK - COMMON	8,204.47	236,070.07
PG&E MED N/B - SSGA	CORPORATE STOCK - COMMON	358.05	3,357.20
PG&E MED N/B - SSGA	CORPORATE STOCK - COMMON	3,423.15	12,310.81
PG&E MED N/B - SSGA	CORPORATE STOCK - COMMON	477.56	2,085.00
PG&E MED N/B - SSGA	CORPORATE STOCK - COMMON	12,802.02	48,804.00
PG&E MED N/B - SSGA	CORPORATE STOCK - COMMON	25,513.47	30,670.00
PG&E MED N/B - SSGA	CORPORATE STOCK - COMMON	855.00	4,162.00
PG&E MED N/B - SSGA	CORPORATE STOCK - COMMON	8,211.06	44,269.02
PG&E MED N/B - SSGA	CORPORATE STOCK - COMMON	20,355.37	95,627.84
PG&E MED N/B - SSGA	CORPORATE STOCK - COMMON	25,346.70	151,179.00
PG&E MED N/B - SSGA	CORPORATE STOCK - COMMON	2,671.25	23,250.00
PG&E MED N/B - SSGA	CORPORATE STOCK - COMMON	36,211.76	46,137.00
PG&E MED N/B - SSGA	CORPORATE STOCK - COMMON	6,317.18	20,687.96
PG&E MED N/B - SSGA	CORPORATE STOCK - COMMON	7,481.21	41,860.35
PG&E MED N/B - SSGA	CORPORATE STOCK - COMMON	11,719.80	14,712.00
PG&E MED N/B - SSGA	CORPORATE STOCK - COMMON	7,116.76	10,752.00
PG&E MED N/B - SSGA	CORPORATE STOCK - COMMON	10,490.98	12,154.00
PG&E MED N/B - SSGA	CORPORATE STOCK - COMMON	367.67	1,715.00
PG&E MED N/B - SSGA	CORPORATE STOCK - COMMON	11,589.36	13,164.00
PG&E MED N/B - SSGA	CORPORATE STOCK - COMMON	7,403.00	44,334.40
PG&E MED N/B - SSGA	CORPORATE STOCK - COMMON	6,797.80	9,675.00
PG&E MED N/B - SSGA	CORPORATE STOCK - COMMON	5,420.75	162,810.00
PG&E MED N/B - SSGA	CORPORATE STOCK - COMMON	964.20	17,799.39
PG&E MED N/B - SSGA	CORPORATE STOCK - COMMON	355.27	2,867.20
PG&E MED N/B - SSGA	CORPORATE STOCK - COMMON	1,254.00	27,477.00
PG&E MED N/B - SSGA	CORPORATE STOCK - COMMON	1,719.62	81,624.86
PG&E MED N/B - SSGA	CORPORATE STOCK - COMMON	3,199.00	33,138.00
PG&E MED N/B - SSGA	CORPORATE STOCK - COMMON	190.90	835.50
PG&E MED N/B - SSGA	CORPORATE STOCK - COMMON	437.65	6,202.50
PG&E MED N/B - SSGA	CORPORATE STOCK - COMMON	466.00	5,215.00
PG&E MED N/B - SSGA	CORPORATE STOCK - COMMON	2,356.51	31,938.08
PG&E MED N/B - SSGA	CORPORATE STOCK - COMMON	1,730.22	2,370.00
PG&E MED N/B - SSGA	CORPORATE STOCK - COMMON	2,093.34	2,562.00
PG&E MED N/B - SSGA	CORPORATE STOCK - COMMON	1,753.00	22,800.00
PG&E MED N/B - SSGA	CORPORATE STOCK - COMMON	13,702.50	12,883.50
PG&E MED N/B - SSGA	CORPORATE STOCK - COMMON	0.00	14,235.33
PG&E MED N/B - SSGA	CORPORATE STOCK - COMMON	1,360.19	31,733.90
PG&E MED N/B - SSGA	CORPORATE STOCK - COMMON	1,934.67	27,732.00
PG&E MED N/B - SSGA	CORPORATE STOCK - COMMON	4,594.10	5,520.00
PG&E MED N/B - SSGA	CORPORATE STOCK - COMMON	12,296.00	169,088.00
PG&E MED N/B - SSGA	CORPORATE STOCK - COMMON	7,180.90	67,494.15
PG&E MED N/B - SSGA	CORPORATE STOCK - COMMON	2,960.07	3,450.00
PG&E MED N/B - SSGA	CORPORATE STOCK - COMMON	681.13	3,303.30
PG&E MED N/B - SSGA	CORPORATE STOCK - COMMON	7,802.16	13,952.00
PG&E MED N/B - SSGA	CORPORATE STOCK - COMMON	7,991.75	12,230.00
PG&E MED N/B - SSGA	CORPORATE STOCK - COMMON	7,901.16	61,606.70
PG&E MED N/B - SSGA	CORPORATE STOCK - COMMON	1,179.82	7,177.00
PG&E MED N/B - SSGA	CORPORATE STOCK - COMMON	12,887.16	62,478.00
PG&E MED N/B - SSGA	CORPORATE STOCK - COMMON	419.00	2,805.00

**THE PACIFIC GAS AND ELECTRIC COMPANY
HEALTH CARE PLAN FOR RETIREES AND SURVIVING DEPENDENTS**

EIN #: 94-0742640

PLAN #: 535

**FORM 5500, SCHEDULE H, PART IV, LINE 4(i) –
SCHEDULE OF ASSETS HELD
AS OF DECEMBER 31, 2016**

Identity of Issuer, borrower, lessor or similar party	Description of investment including maturity date, rate of interest, collateral, par or maturity value	Cost	Current Value
PG&E MED N/B - SSGA	CORPORATE STOCK - COMMON	1,507.98	5,130.00
PG&E MED N/B - SSGA	CORPORATE STOCK - COMMON	4,695.50	7,186.00
PG&E MED N/B - SSGA	CORPORATE STOCK - COMMON	623.50	2,602.70
PG&E MED N/B - SSGA	CORPORATE STOCK - COMMON	145.12	725.22
PG&E MED N/B - SSGA	CORPORATE STOCK - COMMON	262.67	537.50
PG&E MED N/B - SSGA	CORPORATE STOCK - COMMON	10,577.11	45,611.64
PG&E MED N/B - SSGA	CORPORATE STOCK - COMMON	10,462.38	101,434.00
PG&E MED N/B - SSGA	CORPORATE STOCK - COMMON	22,298.10	244,761.00
PG&E MED N/B - SSGA	CORPORATE STOCK - COMMON	171.05	378.75
PG&E MED N/B - SSGA	CORPORATE STOCK - COMMON	92.40	100.56
PG&E MED N/B - SSGA	CORPORATE STOCK - COMMON	533.45	1,896.00
PG&E MED N/B - SSGA	CORPORATE STOCK - COMMON	2,957.00	44,700.00
PG&E MED N/B - SSGA	CORPORATE STOCK - COMMON	119.09	110.88
PG&E MED N/B - SSGA	CORPORATE STOCK - COMMON	19,710.24	172,080.00
PG&E MED N/B - SSGA	CORPORATE STOCK - COMMON	1,078.87	10,343.00
PG&E MED N/B - SSGA	CORPORATE STOCK - COMMON	516.62	6,962.00
PG&E MED N/B - SSGA	CORPORATE STOCK - COMMON	2,938.96	62,480.00
PG&E MED N/B - SSGA	CORPORATE STOCK - COMMON	8,422.63	125,216.88
PG&E MED N/B - SSGA	CORPORATE STOCK - COMMON	4,879.28	76,198.08
PG&E MED N/B - SSGA	CORPORATE STOCK - COMMON	12,758.74	155,332.32
PG&E MED N/B - SSGA	CORPORATE STOCK - COMMON	190.10	5,627.30
PG&E MED N/B - SSGA	CORPORATE STOCK - COMMON	940.38	11,781.52
PG&E MED N/B - SSGA	CORPORATE STOCK - COMMON	1,958.67	20,560.80
PG&E MED N/B - SSGA	CORPORATE STOCK - COMMON	1,428.00	24,608.00
PG&E MED N/B - SSGA	CORPORATE STOCK - COMMON	1,760.43	23,598.00
PG&E MED N/B - SSGA	CORPORATE STOCK - COMMON	801.78	17,040.00
PG&E MED N/B - SSGA	CORPORATE STOCK - COMMON	11,600.00	49,280.00
PG&E MED N/B - SSGA	CORPORATE STOCK - COMMON	695.42	20,787.00
PG&E MED N/B - SSGA	CORPORATE STOCK - COMMON	1,836.00	10,064.00
PG&E MED N/B - SSGA	CORPORATE STOCK - COMMON	6,812.00	53,904.00
PG&E MED N/B - SSGA	CORPORATE STOCK - COMMON	3,380.00	38,900.00
PG&E MED N/B - SSGA	CORPORATE STOCK - COMMON	5,269.93	236,944.96
PG&E MED N/B - SSGA	CORPORATE STOCK - COMMON	1,021.52	78,708.00
PG&E MED N/B - SSGA	CORPORATE STOCK - COMMON	9.39	73.96
PG&E MED N/B - SSGA	CORPORATE STOCK - COMMON	1,529.25	70,362.00
PG&E MED N/B - SSGA	CORPORATE STOCK - COMMON	1,204.00	0.00
PG&E MED N/B - SSGA	EXP 09/30/2002 CORPORATE STOCK - COMMON	3,784.32	69,284.16
PG&E MED N/B - SSGA	CORPORATE STOCK - COMMON	5,479.50	203,677.00
PG&E MED N/B - SSGA	CORPORATE STOCK - COMMON	4,389.10	126,425.60
PG&E MED N/B - SSGA	CORPORATE STOCK - COMMON	1,700.77	53,149.76
PG&E MED N/B - SSGA	CORPORATE STOCK - COMMON	4,679.51	74,304.00
PG&E MED N/B - SSGA	CORPORATE STOCK - COMMON	6,331.00	115,016.00
PG&E MED N/B - SSGA	CORPORATE STOCK - COMMON	4,735.11	93,373.00
PG&E MED N/B - SSGA	CORPORATE STOCK - COMMON	2,863.91	101,457.60
PG&E MED N/B - SSGA	CORPORATE STOCK - COMMON	5,263.53	280,710.16
PG&E MED N/B - SSGA	CORPORATE STOCK - COMMON	955.62	53,190.00
PG&E MED N/B - SSGA	CORPORATE STOCK - COMMON	1,721.96	30,132.00
PG&E MED N/B - SSGA	CORPORATE STOCK - COMMON	70.04	5,991.00
PG&E MED N/B - SSGA	CORPORATE STOCK - COMMON	3,657.15	29,079.12
PG&E MED N/B - SSGA	CORPORATE STOCK - COMMON	1,406.00	10,072.00
PG&E MED N/B - SSGA	CORPORATE STOCK - COMMON	540.50	166,900.00
PG&E MED N/B - SSGA	CORPORATE STOCK - COMMON	3,743.79	27,312.68
PG&E MED N/B - SSGA	CORPORATE STOCK - COMMON	1,421.33	35,571.20
PG&E MED N/B - SSGA	CORPORATE STOCK - COMMON	5,758.00	159,084.00
PG&E MED N/B - SSGA	CORPORATE STOCK - COMMON	256.89	2,168.28
PG&E MED N/B - SSGA	CORPORATE STOCK - COMMON	1,145.25	44,760.00
PG&E MED N/B - SSGA	CORPORATE STOCK - COMMON	12,065.00	167,040.00
PG&E MED N/B - SSGA	CORPORATE STOCK - COMMON	0.00	4,119.85
PG&E MED N/B - SSGA	CORPORATE STOCK - COMMON	3,218.33	35,207.00
PG&E MED N/B - SSGA	CORPORATE STOCK - COMMON	499.15	2,254.00

**THE PACIFIC GAS AND ELECTRIC COMPANY
HEALTH CARE PLAN FOR RETIREES AND SURVIVING DEPENDENTS**

EIN #: 94-0742640

PLAN #: 535

**FORM 5500, SCHEDULE H, PART IV, LINE 4(i) –
SCHEDULE OF ASSETS HELD
AS OF DECEMBER 31, 2016**

Identity of Issuer, borrower, lessor or similar party	Description of investment including maturity date, rate of interest, collateral, par or maturity value	Cost	Current Value
PG&E MED N/B - SSGA	CW21 EXPIRING 1/19/2021 CORPORATE STOCK - COMMON	10,559.99	15,014.40
PG&E MED N/B - SSGA	CORPORATE STOCK - COMMON	40,015.75	357,741.10
PG&E MED N/B - SSGA	CORPORATE STOCK - COMMON	1,954.00	53,832.00
PG&E MED N/B - SSGA	CORPORATE STOCK - COMMON	4,076.28	14,859.00
PG&E MED N/B - SSGA	CORPORATE STOCK - COMMON	4,029.00	90,450.00
PG&E MED N/B - SSGA	CORPORATE STOCK - COMMON	36.56	152.00
PG&E MED N/B - SSGA	CORPORATE STOCK - COMMON	2,097.10	31,696.80
PG&E MED N/B - SSGA	CORPORATE STOCK - COMMON	12,566.00	170,400.00
PG&E MED N/B - SSGA	CORPORATE STOCK - COMMON	2,024.76	39,393.12
PG&E MED N/B - SSGA	CORPORATE STOCK - COMMON	434.33	2,681.00
PG&E MED N/B - SSGA	CORPORATE STOCK - COMMON	507.74	5,532.00
PG&E MED N/B - SSGA	CORPORATE STOCK - COMMON	5,280.88	81,042.04
PG&E MED N/B - SSGA	CORPORATE STOCK - COMMON	10,137.00	115,506.00
PG&E MED N/B - SSGA	CORPORATE STOCK - COMMON	27,858.05	309,499.82
PG&E MED N/B - SSGA	CORPORATE STOCK - COMMON	27,927.14	316,980.00
PG&E MED N/B - SSGA	CORPORATE STOCK - COMMON	11,400.00	449,922.00
PG&E MED N/B - SSGA	CORPORATE STOCK - COMMON	3,938.62	23,752.00
PG&E MED N/B - SSGA	CORPORATE STOCK - COMMON	1,002.70	15,972.48
PG&E MED N/B - SSGA	CORPORATE STOCK - COMMON	148,045.26	161,070.00
PG&E MED N/B - SSGA	CORPORATE STOCK - COMMON	21,350.75	24,760.00
PG&E MED N/B - SSGA	CORPORATE STOCK - COMMON	1,805.00	146,606.00
PG&E MED N/B - SSGA	CORPORATE STOCK - COMMON	4,586.73	77,714.17
PG&E MED N/B - SSGA	CORPORATE STOCK - COMMON	306.62	1,901.17
PG&E MED N/B - SSGA	CORPORATE STOCK - COMMON	1,844.75	1,630.00
PG&E MED N/B - SSGA	CORPORATE STOCK - COMMON	2,760.00	30,428.00
PG&E MED N/B - SSGA	CORPORATE STOCK - COMMON	1,803.00	92,808.00
PG&E MED N/B - SSGA	CORPORATE STOCK - COMMON	68.80	65.96
PG&E MED N/B - SSGA	CORPORATE STOCK - COMMON	4,653.50	52,506.00
PG&E MED N/B - SSGA	CORPORATE STOCK - COMMON	11.73	2,066.63
PG&E MED N/B - SSGA	CORPORATE STOCK - COMMON	605.16	11,512.80
PG&E MED N/B - SSGA	CORPORATE STOCK - COMMON	6,018.79	86,565.96
SSGA	ADR CORPORATE STOCK - COMMON	3,786.24	4,770.00
PG&E MED N/B - SSGA	CORPORATE STOCK - COMMON	4,587.00	84,007.00
PG&E MED N/B - SSGA	CORPORATE STOCK - COMMON	9,360.12	92,740.00
PG&E MED N/B - SSGA	CORPORATE STOCK - COMMON	1,836.67	13,300.00
PG&E MED N/B - SSGA	CORPORATE STOCK - COMMON	1,170.16	45,227.00
PG&E MED N/B - SSGA	CORPORATE STOCK - COMMON	2,384.60	29,997.00
PG&E MED N/B - SSGA	CORPORATE STOCK - COMMON	3,245.50	38,440.00
PG&E MED N/B - SSGA	CORPORATE STOCK - COMMON	1,787.50	59,658.62
PG&E MED N/B - SSGA	CORPORATE STOCK - COMMON	1,273.68	19,092.72
PG&E MED N/B - SSGA	CORPORATE STOCK - COMMON	1,647.53	25,129.00
PG&E MED N/B - SSGA	CORPORATE STOCK - COMMON	522.03	7,774.00
PG&E MED N/B - SSGA	CORPORATE STOCK - COMMON	0.00	13,085.00
PG&E MED N/B - SSGA	CORPORATE STOCK - COMMON	1,250.39	101,347.84
PG&E MED N/B - SSGA	CORPORATE STOCK - COMMON	15,696.45	184,915.90
PG&E MED N/B - SSGA	CORPORATE STOCK - COMMON	1,490.72	21,928.00
PG&E MED N/B - SSGA	CORPORATE STOCK - COMMON	2,293.43	40,170.00
PG&E MED N/B - SSGA	CORPORATE STOCK - COMMON	2,291.14	57,200.50
PG&E MED N/B - SSGA	CORPORATE STOCK - COMMON	135.13	13,984.78
PG&E MED N/B - SSGA	CORPORATE STOCK - COMMON	949.24	29,924.28
PG&E MED N/B - SSGA	CORPORATE STOCK - COMMON	298.13	26,753.00
PG&E MED N/B - SSGA	CORPORATE STOCK - COMMON	585.14	52,576.00
PG&E MED N/B - SSGA	CORPORATE STOCK - COMMON	38.08	1,577.73
PG&E MED N/B - SSGA	CORPORATE STOCK - COMMON	145.94	12,124.71
PG&E MED N/B - SSGA	CORPORATE STOCK - COMMON	72.74	6,050.55
PG&E MED N/B - SSGA	CORPORATE STOCK - COMMON	23.63	1,338.35
PG&E MED N/B - SSGA	CORPORATE STOCK - COMMON	0.00	5,375.00
PG&E MED N/B - SSGA	CORPORATE STOCK - COMMON	324.34	1,489.80
PG&E MED N/B - SSGA	CORPORATE STOCK - COMMON	673.73	8,002.62
PG&E MED N/B - SSGA	CORPORATE STOCK - COMMON	1,410.69	13,560.30

**THE PACIFIC GAS AND ELECTRIC COMPANY
HEALTH CARE PLAN FOR RETIREES AND SURVIVING DEPENDENTS**

EIN #: 94-0742640

PLAN #: 535

**FORM 5500, SCHEDULE H, PART IV, LINE 4(i) –
SCHEDULE OF ASSETS HELD
AS OF DECEMBER 31, 2016**

Identity of Issuer, borrower, lessor or similar party	Description of investment including maturity date, rate of interest, collateral, par or maturity value	Cost	Current Value
PG&E MED N/B - SSGA	CORPORATE STOCK - COMMON	466.50	11,459.70
PG&E MED N/B - SSGA	CORPORATE STOCK - COMMON	4,052.70	177,711.73
PG&E MED N/B - SSGA	CORPORATE STOCK - COMMON	2,520.51	14,636.88
PG&E MED N/B - SSGA	CORPORATE STOCK - COMMON	1,733.82	22,850.73
PG&E MED N/B - SSGA	CORPORATE STOCK - COMMON	3,382.47	48,262.50
PG&E MED N/B - SSGA	CORPORATE STOCK - COMMON	336.38	2,854.80
PG&E MED N/B - SSGA	CORPORATE STOCK - COMMON	693.12	5,991.11
PG&E MED N/B - SSGA	CORPORATE STOCK - COMMON	735.37	7,992.00
PG&E MED N/B - SSGA	CORPORATE STOCK - COMMON	403.29	5,576.00
PG&E MED N/B - SSGA	CORPORATE STOCK - COMMON	1,937.22	3,096.00
PG&E MED N/B - SSGA	CORPORATE STOCK - COMMON	1,529.00	28,180.00
PG&E MED N/B - SSGA	CORPORATE STOCK - COMMON	2,839.30	3,734.64
PG&E MED N/B - SSGA	CORPORATE STOCK - COMMON	19,093.92	25,061.00
PG&E MED N/B - SSGA	CORPORATE STOCK - COMMON	1,073.82	7,920.00
PG&E MED N/B - SSGA	CORPORATE STOCK - COMMON	10,249.20	13,628.00
PG&E MED N/B - SSGA	CORPORATE STOCK - COMMON	6,721.14	6,335.00
PG&E MED N/B - SSGA	CORPORATE STOCK - COMMON	2,742.15	3,249.00
PG&E MED N/B - SSGA	CORPORATE STOCK - COMMON	844.28	17,749.80
PG&E MED N/B - SSGA	CORPORATE STOCK - COMMON	1,853.00	29,380.00
PG&E MED N/B - SSGA	CORPORATE STOCK - COMMON	629.33	8,247.00
PG&E MED N/B - SSGA	CORPORATE STOCK - COMMON	2,641.03	46,288.00
PG&E MED N/B - SSGA	CORPORATE STOCK - COMMON	52,880.66	56,880.00
PG&E MED N/B - SSGA	CORPORATE STOCK - COMMON	341.49	3,857.00
PG&E MED N/B - SSGA	CORPORATE STOCK - COMMON	3,775.10	81,803.28
PG&E MED N/B - SSGA	CORPORATE STOCK - COMMON	6,596.22	96,180.00
PG&E MED N/B - SSGA	CORPORATE STOCK - COMMON	1,150.93	9,360.00
PG&E MED N/B - SSGA	CORPORATE STOCK - COMMON	456.39	4,934.16
PG&E MED N/B - SSGA	CORPORATE STOCK - COMMON	3,385.33	13,627.53
PG&E MED N/B - SSGA	CORPORATE STOCK - COMMON	22,224.60	34,865.00
PG&E MED N/B - SSGA	CORPORATE STOCK - COMMON	7,485.18	82,384.06
PG&E MED N/B - SSGA	CORPORATE STOCK - COMMON	1,654.50	15,756.00
PG&E MED N/B - SSGA	CORPORATE STOCK - COMMON	1,968.24	2,097.00
PG&E MED N/B - SSGA	CORPORATE STOCK - COMMON	5,810.42	7,470.00
PG&E MED N/B - SSGA	CORPORATE STOCK - COMMON	2,007.75	2,106.00
PG&E MED N/B - SSGA	CORPORATE STOCK - COMMON	37,180.73	222,217.60
PG&E MED N/B - SSGA	CORPORATE STOCK - COMMON	2,066.11	43,216.20
PG&E MED N/B - SSGA	CORPORATE STOCK - COMMON	1,880.55	13,260.00
PG&E MED N/B - SSGA	CORPORATE STOCK - COMMON	18,652.26	162,102.62
PG&E MED N/B - SSGA	CORPORATE STOCK - COMMON	5,395.00	37,814.76
PG&E MED N/B - SSGA	CORPORATE STOCK - COMMON	4,193.50	46,136.00
PG&E MED N/B - SSGA	CORPORATE STOCK - COMMON	16,840.11	432,977.22
PG&E MED N/B - SSGA	CORPORATE STOCK - COMMON	3,937.30	61,920.00
PG&E MED N/B - SSGA	CORPORATE STOCK - COMMON	9,574.65	17,310.00
PG&E MED N/B - SSGA	CORPORATE STOCK - COMMON	5,722.25	70,490.00
PG&E MED N/B - SSGA	CORPORATE STOCK - COMMON	2,998.81	12,452.00
PG&E MED N/B - SSGA	CORPORATE STOCK - COMMON	4,571.66	122,356.56
PG&E MED N/B - SSGA	CORPORATE STOCK - COMMON	4,933.80	90,035.00
PG&E MED N/B - SSGA	CORPORATE STOCK - COMMON	3,200.96	3,436.00
PG&E MED N/B - SSGA	CORPORATE STOCK - COMMON	1,426.87	17,240.00
PG&E MED N/B - SSGA	CORPORATE STOCK - COMMON	4,807.68	6,492.00
PG&E MED N/B - SSGA	CORPORATE STOCK - COMMON	813.75	43,725.00
PG&E MED N/B - SSGA	CORPORATE STOCK - COMMON	3,458.60	10,748.00
PG&E MED N/B - SSGA	CORPORATE STOCK - COMMON	11,486.00	13,664.00
PG&E MED N/B - SSGA	CORPORATE STOCK - COMMON	2,375.45	18,925.00
PG&E MED N/B - SSGA	CORPORATE STOCK - COMMON	2,903.18	27,683.00
PG&E MED N/B - SSGA	CORPORATE STOCK - COMMON	2,653.00	3,888.00
PG&E MED N/B - SSGA	CORPORATE STOCK - COMMON	3,091.50	3,552.00
PG&E MED N/B - SSGA	CORPORATE STOCK - COMMON	4,741.96	5,896.00
PG&E MED N/B - SSGA	CORPORATE STOCK - COMMON	2,021.21	17,411.96
PG&E MED N/B - SSGA	CORPORATE STOCK - COMMON	3,549.32	4,096.00

**THE PACIFIC GAS AND ELECTRIC COMPANY
HEALTH CARE PLAN FOR RETIREES AND SURVIVING DEPENDENTS**

EIN #: 94-0742640

PLAN #: 535

**FORM 5500, SCHEDULE H, PART IV, LINE 4(i) –
SCHEDULE OF ASSETS HELD
AS OF DECEMBER 31, 2016**

Identity of Issuer, borrower, lessor or similar party	Description of investment including maturity date, rate of interest, collateral, par or maturity value	Cost	Current Value
PG&E MED N/B - SSGA	CORPORATE STOCK - COMMON	4,543.93	5,409.00
PG&E MED N/B - SSGA	CORPORATE STOCK - COMMON	398.00	2,270.00
PG&E MED N/B - SSGA	CORPORATE STOCK - COMMON	2,307.82	33,583.68
PG&E MED N/B - SSGA	CORPORATE STOCK - COMMON	256.69	4,585.28
PG&E MED N/B - SSGA	CORPORATE STOCK - COMMON	607.95	30,071.58
PG&E MED N/B - SSGA	CORPORATE STOCK - COMMON	14,326.83	176,630.80
PG&E MED N/B - SSGA	CORPORATE STOCK - COMMON	1,866.51	1,497.00
PG&E MED N/B - SSGA	CORPORATE STOCK - COMMON	0.00	62.50
PG&E MED N/B - SSGA	CORPORATE STOCK - COMMON	652.00	11,610.00
PG&E MED N/B - SSGA	CORPORATE STOCK - COMMON	2,114.60	21,028.00
SSGA	CORPORATE STOCK - COMMON	325.38	300.28
PG&E MED N/B - SSGA	CORPORATE STOCK - COMMON	15,189.66	154,671.40
PG&E MED N/B - SSGA	CORPORATE STOCK - COMMON	754.97	10,008.32
PG&E MED N/B - SSGA	CORPORATE STOCK - COMMON	4,036.41	77,727.60
PG&E MED N/B - SSGA	CORPORATE STOCK - COMMON	1,026.80	118,869.12
PG&E MED N/B - SSGA	CORPORATE STOCK - COMMON	36,704.66	452,084.04
PG&E MED N/B - SSGA	CORPORATE STOCK - COMMON	2,893.09	63,062.05
PG&E MED N/B - SSGA	CORPORATE STOCK - COMMON	28,222.72	233,066.33
PG&E MED N/B - SSGA	CORPORATE STOCK - COMMON	455.38	1,227.00
PG&E MED N/B - SSGA	CORPORATE STOCK - COMMON	40,337.05	279,003.20
PG&E MED N/B - SSGA	CORPORATE STOCK - COMMON	145.55	880.25
SSGA	CORPORATE STOCK - COMMON	12.50	16,820.00
PG&E MED N/B - SSGA	CORPORATE STOCK - COMMON	3,494.29	35,815.00
PG&E MED N/B - SSGA	CORPORATE STOCK - COMMON	1,584.57	17,879.02
PG&E MED N/B - SSGA	CORPORATE STOCK - COMMON	4,606.50	59,222.82
PG&E MED N/B - SSGA	CORPORATE STOCK - COMMON	320.23	3,487.40
PG&E MED N/B - SSGA	CORPORATE STOCK - COMMON	32,422.80	43,491.00
PG&E MED N/B - SSGA	CORPORATE STOCK - COMMON	1,954.69	14.98
PG&E MED N/B - SSGA	CORPORATE STOCK - COMMON	4,170.44	63,151.00
PG&E MED N/B - SSGA	CORPORATE STOCK - COMMON	6,230.43	12,525.00
PG&E MED N/B - SSGA	CORPORATE STOCK - COMMON	5,648.30	11,214.00
PG&E MED N/B - SSGA	CORPORATE STOCK - COMMON	3,628.92	49,824.00
PG&E MED N/B - SSGA	CORPORATE STOCK - COMMON	1,313.42	22,211.00
PG&E MED N/B - SSGA	CORPORATE STOCK - COMMON	2,611.25	40,640.00
PG&E MED N/B - SSGA	CORPORATE STOCK - COMMON	1,930.37	22,800.00
PG&E MED N/B - SSGA	CORPORATE STOCK - COMMON	11,893.66	225,919.33
PG&E MED N/B - SSGA	CORPORATE STOCK - COMMON	3,148.25	71,328.00
PG&E MED N/B - SSGA	CORPORATE STOCK - COMMON	672.39	37,414.00
PG&E MED N/B - SSGA	CORPORATE STOCK - COMMON	8,875.75	208,143.00
PG&E MED N/B - SSGA	CORPORATE STOCK - COMMON	3,327.10	39,996.00
PG&E MED N/B - SSGA	CORPORATE STOCK - COMMON	289.14	1,985.92
PG&E MED N/B - SSGA	CORPORATE STOCK - COMMON	15.25	258.00
PG&E MED N/B - SSGA	CORPORATE STOCK - COMMON	1,447.50	55,820.00
PG&E MED N/B - SSGA	CORPORATE STOCK - COMMON	661.31	4,938.00
PG&E MED N/B - SSGA	CORPORATE STOCK - COMMON	5,655.01	164,429.44
PG&E MED N/B - SSGA	CORPORATE STOCK - COMMON	4,913.00	48,688.00
PG&E MED N/B - SSGA	CORPORATE STOCK - COMMON	938.62	83,523.00
PG&E MED N/B - SSGA	CORPORATE STOCK - COMMON	144.78	363.00
PG&E MED N/B - SSGA	CORPORATE STOCK - COMMON	906.22	118,080.00
PG&E MED N/B - SSGA	CORPORATE STOCK - COMMON	573.41	7,926.00
PG&E MED N/B - SSGA	CORPORATE STOCK - COMMON	1,145.56	5,203.75
PG&E MED N/B - SSGA	CORPORATE STOCK - COMMON	3,093.75	244,288.00
PG&E MED N/B - SSGA	CORPORATE STOCK - COMMON	2,430.09	172,799.00
PG&E MED N/B - SSGA	CORPORATE STOCK - COMMON	5,542.08	72,230.00
PG&E MED N/B - SSGA	CORPORATE STOCK - COMMON	2,486.31	54,201.00
PG&E MED N/B - SSGA	CORPORATE STOCK - COMMON	6,894.88	115,864.00
PG&E MED N/B - SSGA	CORPORATE STOCK - COMMON	1,450.00	29,034.00
PG&E MED N/B - SSGA	CORPORATE STOCK - COMMON	8,893.21	95,666.83
PG&E MED N/B - SSGA	CORPORATE STOCK - COMMON	790.09	11,828.96
PG&E MED N/B - SSGA	CORPORATE STOCK - COMMON	2,350.45	48,510.16

**THE PACIFIC GAS AND ELECTRIC COMPANY
HEALTH CARE PLAN FOR RETIREES AND SURVIVING DEPENDENTS**

EIN #: 94-0742640

PLAN #: 535

**FORM 5500, SCHEDULE H, PART IV, LINE 4(i) –
SCHEDULE OF ASSETS HELD
AS OF DECEMBER 31, 2016**

Identity of Issuer, borrower, lessor or similar party	Description of investment including maturity date, rate of interest, collateral, par or maturity value	Cost	Current Value
PG&E MED N/B - SSGA	CORPORATE STOCK - COMMON	6,018.90	112,945.00
PG&E MED N/B - SSGA	CORPORATE STOCK - COMMON	256.68	10,296.00
PG&E MED N/B - SSGA	CORPORATE STOCK - COMMON	18,571.06	195,930.54
PG&E MED N/B - SSGA	CORPORATE STOCK - COMMON	3,427.00	62,944.00
PG&E MED N/B - SSGA	CORPORATE STOCK - COMMON	2,492.63	68,724.50
PG&E MED N/B - SSGA	CORPORATE STOCK - COMMON	413.00	6,235.00
PG&E MED N/B - SSGA	CORPORATE STOCK - COMMON	2,387.65	40,884.20
PG&E MED N/B - SSGA	CORPORATE STOCK - COMMON	2,579.40	48,561.55
PG&E MED N/B - SSGA	CORPORATE STOCK - COMMON	356.00	2,192.00
PG&E MED N/B - SSGA	CORPORATE STOCK - COMMON	5,336.55	9,552.69
PG&E MED N/B - SSGA	CORPORATE STOCK - COMMON	3,860.75	182,560.00
PG&E MED N/B - SSGA	CORPORATE STOCK - COMMON	301.00	7,466.00
PG&E MED N/B - SSGA	CORPORATE STOCK - COMMON	5,511.38	202,345.81
PG&E MED N/B - SSGA	CORPORATE STOCK - COMMON	489.58	6,037.00
SSGA	CORPORATE STOCK - COMMON	26,929.47	27,736.83
PG&E MED N/B - SSGA	CORPORATE STOCK - COMMON	1,494.48	34,627.72
PG&E MED N/B - SSGA	CORPORATE STOCK - COMMON	3,776.38	192,310.60
PG&E MED N/B - SSGA	CORPORATE STOCK - COMMON	1,889.50	22,203.00
PG&E MED N/B - SSGA	CORPORATE STOCK - COMMON	462.24	6,630.00
PG&E MED N/B - SSGA	CORPORATE STOCK - COMMON	607.00	7,876.00
PG&E MED N/B - SSGA	CORPORATE STOCK - COMMON	2,879.00	80,473.50
PG&E MED N/B - SSGA	CORPORATE STOCK - COMMON	5,353.23	97,651.24
PG&E MED N/B - SSGA	CORPORATE STOCK - COMMON	5,552.64	380,482.40
PG&E MED N/B - SSGA	CORPORATE STOCK - COMMON	1,807.00	106,536.00
PG&E MED N/B - SSGA	CORPORATE STOCK - COMMON	990.49	60,514.08
PG&E MED N/B - SSGA	CORPORATE STOCK - COMMON	26,822.06	708,396.00
PG&E MED N/B - SSGA	CORPORATE STOCK - COMMON	28.10	39,480.00
PG&E MED N/B - SSGA	CORPORATE STOCK - COMMON	7,388.63	233,276.15
PG&E MED N/B - SSGA	CORPORATE STOCK - COMMON	6,856.15	167,359.12
PG&E MED N/B - SSGA	CORPORATE STOCK - COMMON	381.22	3,193.00
PG&E MED N/B - SSGA	CORPORATE STOCK - COMMON	5,392.80	54,768.00
PG&E MED N/B - SSGA	CORPORATE STOCK - COMMON	1,241.28	4,779.00
PG&E MED N/B - SSGA	CORPORATE STOCK - COMMON	3,783.50	25,319.00
PG&E MED N/B - SSGA	CORPORATE STOCK - COMMON	1,052.24	1,682.00
PG&E MED N/B - SSGA	CORPORATE STOCK - COMMON	1,204.00	12,808.80
PG&E MED N/B - SSGA	CORPORATE STOCK - COMMON	6,586.40	13,204.00
PG&E MED N/B - SSGA	CORPORATE STOCK - COMMON	3,502.00	0.00
PG&E MED N/B - SSGA	CORPORATE STOCK - COMMON	10,796.64	0.00
PG&E MED N/B - SSGA	CORPORATE STOCK - COMMON	87,343.43	194,149.45
PG&E MED N/B - SSGA	CORPORATE STOCK - COMMON	3,235.26	10,415.64
PG&E MED N/B - SSGA	CORPORATE STOCK - COMMON	4,242.22	347,530.00
PG&E MED N/B - SSGA	CORPORATE STOCK - COMMON	64.47	338.16
PG&E MED N/B - SSGA	CORPORATE STOCK - COMMON	1,902.75	2,526.00
PG&E MED N/B - SSGA	CORPORATE STOCK - COMMON	3,082.26	6,782.00
PG&E MED N/B - SSGA	CORPORATE STOCK - COMMON	104,998.80	112,098.00
PG&E MED N/B - SSGA	CORPORATE STOCK - COMMON	1,992.73	2,990.64
PG&E MED N/B - SSGA	CORPORATE STOCK - COMMON	1,354.00	29,952.00
PG&E MED N/B - SSGA	CORPORATE STOCK - COMMON	1,827.33	14,372.00
PG&E MED N/B - SSGA	CORPORATE STOCK - COMMON	3,061.50	148,288.00
PG&E MED N/B - SSGA	CORPORATE STOCK - COMMON	10,491.75	167,580.00
PG&E MED N/B - SSGA	CORPORATE STOCK - COMMON	2,034.00	2,888.00
PG&E MED N/B - SSGA	CORPORATE STOCK - COMMON	1,917.02	80,607.50
PG&E MED N/B - SSGA	CORPORATE STOCK - COMMON	2,564.62	23,275.00
PG&E MED N/B - SSGA	CORPORATE STOCK - COMMON	1,679.00	68,240.00
PG&E MED N/B - SSGA	CORPORATE STOCK - COMMON	2,874.00	20,736.00
PG&E MED N/B - SSGA	CORPORATE STOCK - COMMON	66.99	323.40
PG&E MED N/B - SSGA	CORPORATE STOCK - COMMON	0.00	0.00
PG&E MED N/B - SSGA	CORPORATE STOCK - COMMON	1,801.11	19,526.00
PG&E MED N/B - SSGA	CORPORATE STOCK - COMMON	61.50	1,003.20
PG&E MED N/B - SSGA	CORPORATE STOCK - COMMON	2,770.00	84,564.00

**THE PACIFIC GAS AND ELECTRIC COMPANY
HEALTH CARE PLAN FOR RETIREES AND SURVIVING DEPENDENTS**

EIN #: 94-0742640

PLAN #: 535

**FORM 5500, SCHEDULE H, PART IV, LINE 4(i) –
SCHEDULE OF ASSETS HELD
AS OF DECEMBER 31, 2016**

Identity of Issuer, borrower, lessor or similar party	Description of investment including maturity date, rate of interest, collateral, par or maturity value	Cost	Current Value
SSGA	CORPORATE STOCK - COMMON	431.86	0.51
SSGA	CORPORATE STOCK - COMMON	88.04	0.04
OAKTREE	PFD A-1	46,437.48	666.00
BLACKROCK	VAR RT 07/29/2049 DD 01/30/08	32,300.00	30,825.00
BLACKROCK	VAR RT 09/29/2049 DD 09/05/14	90,000.00	90,000.00
BLACKROCK	VAR RT 12/29/2049 DD 03/17/15	206,825.00	206,127.50
BLACKROCK	VAR RT 12/29/2049 DD 04/24/15	113,000.00	111,610.10
BLACKROCK	VAR RT 12/29/2049 DD 04/25/16	115,000.00	118,335.00
WELLINGTON LONG CR	VAR RT 12/29/2049 DD 06/05/14	108,000.00	100,475.64
BLACKROCK	VAR RT 12/29/2049 DD 01/20/16	71,460.00	81,978.30
BLACKROCK	VAR RT 12/29/2049 DD 04/28/14	125,000.00	128,100.00
BLACKROCK	VAR RT 12/29/2049 DD 04/23/15	130,000.00	131,300.00
BLACKROCK	VAR RT 10/29/2049 DD 09/23/14	125,156.25	126,485.00
BLACKROCK	VAR RT 12/29/2049 DD 06/01/15	125,000.00	126,562.50
BLACKROCK	VAR RT 07/29/2049 DD 07/27/11	144,062.50	134,531.25
BLACKROCK	VAR RT 12/29/2049 DD 05/21/15	105,000.00	107,362.50
BLACKROCK	VAR RT 03/29/2049 DD 02/08/08	233,207.50	231,990.00
BLACKROCK	VAR RT 12/29/2049 DD 04/22/14	78,000.00	78,390.00
BLACKROCK	VAR RT 12/29/2049 DD 01/23/15	225,750.00	230,978.00
WELLINGTON LONG CR	9.700% 04/01/2030 DD 03/31/00	106,812.50	131,828.40
DODGE & COX	6.625% 05/23/2036 DD 05/23/06	1,903,575.70	2,212,700.00
DODGE & COX	8.750% 09/01/2030 DD 08/30/00	445,318.00	492,614.50
WELLINGTON LONG CR	PFD 7.257% CUMULATIVE	26,600.00	24,529.00
NISA LONG CREDIT	6.345% 02/15/2034 DD 02/20/04	182,069.20	208,066.25
BLACKROCK	VAR RT 06/01/2077 DD 04/30/07	109,425.00	132,562.50
NISA LONG CREDIT	5.950% 12/01/2086 DD 12/05/06	49,950.00	46,800.00
NISA LONG CREDIT	9.250% 04/08/2068 DD 04/08/08	53,800.00	54,400.00
SSGA	CORPORATE STOCK - PREFERRED	8,897.93	23,531.74
SSGA	CORPORATE STOCK - PREFERRED	8,136.23	43,320.48
SSGA	CORPORATE STOCK - PREFERRED	4,725.82	7,094.46
PG&E MED N/B - SSGA	CORPORATE STOCK - PREFERRED	8,747.53	32,521.50
BLACKROCK	INTEREST-BEARING CASH	22,000.00	22,000.00
BLACKROCK	INTEREST-BEARING CASH	2,138.61	2,138.61
FRANK RUSSELL FUTURE	EXP MAR 17	0.00	31.19
FRANK RUSSELL FUTURE	EXP MAR 17	0.00	2,997.65
FRANK RUSSELL FUTURE	EXP MAR 17	0.00	-165.24
FRANK RUSSELL FUTURE	EXP MAR 17	0.00	25.66
FRANK RUSSELL FUTURE	EXP MAR 17	0.00	-293.61
MT LUCAS MGMT	EXP MAR 17	0.00	-4,175.00
MT LUCAS MGMT	EXP MAR 17	0.00	33,250.00
MT LUCAS MGMT	EXP MAR 17	0.00	65,205.00
MT LUCAS MGMT	EXP MAR 17	0.00	38,690.40
MT LUCAS MGMT	EXP MAR 17	0.00	65,830.00
FRANK RUSSELL FUTURE	EXP MAR 17	0.00	7,127.50
MT LUCAS MGMT	EXP MAR 17	0.00	27,925.00
BLACKROCK	EXP MAR 17	0.00	-7,761.35
FRANKLIN RUSSELL FUT	EXP MAR 17	0.00	-27,851.73
WELLINGTON LONG CR	EXP MAR 17	0.00	-10,152.58
WELLINGTON LONG CR	EXP MAR 17	0.00	905.48
FRANKLIN RUSSELL FUT	EXP MAR 17	0.00	-112,080.84
BLACKROCK	EXP MAR 17	0.00	-16,173.22
NISA LONG CREDIT	EXP MAR 17	0.00	-1,452.92
WELLINGTON LONG CR	EXP MAR 17	0.00	-2,359.35
BLACKROCK	EXP MAR 17	0.00	-34,839.38
FRANKLIN RUSSELL FUT	EXP MAR 17	0.00	-7,985.14
NISA LONG CREDIT	EXP MAR 17	0.00	3,437.50
BLACKROCK	EXP MAR 17	0.00	4,698.46
BLACKROCK	EXP MAR 17	0.00	1,100.08
FRANK RUSSELL FUTURE	EXP MAR 17	0.00	13,570.00
FRANK RUSSELL FUTURE	EXP MAR 17	0.00	15,150.00

**THE PACIFIC GAS AND ELECTRIC COMPANY
HEALTH CARE PLAN FOR RETIREES AND SURVIVING DEPENDENTS**

EIN #: 94-0742640

PLAN #: 535

**FORM 5500, SCHEDULE H, PART IV, LINE 4(i) –
SCHEDULE OF ASSETS HELD
AS OF DECEMBER 31, 2016**

Identity of Issuer, borrower, lessor or similar party	Description of investment including maturity date, rate of interest, collateral, par or maturity value	Cost	Current Value
FRANK RUSSELL FUTURE	EXP MAR 17 OTHER INVESTMENTS	0.00	1,821.64
BLACKROCK	REC 500BPS 2021 DEC 20 OTHER INVESTMENTS	9,044.94	16,717.72
BLACKROCK	PAY 2.38% 2025 MAY 14 OTHER INVESTMENTS	0.01	-3,486.09
BLACKROCK	PAY 2.38% 2025 MAY 14 OTHER INVESTMENTS	-0.01	0.00
BLACKROCK	PAY 2.27% 2025 MAY 26 OTHER INVESTMENTS	0.01	-51.38
BLACKROCK	PAY 2.27% 2025 MAY 26 OTHER INVESTMENTS	-0.01	0.00
BLACKROCK	P 100BPS 2021 JUN 20 OTHER INVESTMENTS	2,207.66	-1,875.60
BLACKROCK	P 100BPS 2021 JUN 20 OTHER INVESTMENTS	0.00	0.00
BLACKROCK	5.000% 07/01/2043 DD 09/05/13 OTHER INVESTMENTS	48,415.50	53,786.00
BLACKROCK	5.000% 11/01/2043 DD 05/02/13 OTHER INVESTMENTS	23,522.75	26,704.50
BLACKROCK	5.000% 11/01/2042 DD 08/09/12 OTHER INVESTMENTS	58,139.90	69,419.35
BLACKROCK	5.375% 01/01/2043 DD 11/08/13 OTHER INVESTMENTS	49,596.00	52,880.00
BLACKROCK	5.000% 12/01/2048 DD 10/04/13 OTHER INVESTMENTS	49,589.50	55,284.00
BLACKROCK	5.000% 10/01/2053 DD 05/22/14 OTHER INVESTMENTS	36,380.40	36,403.50
BLACKROCK	5.000% 06/15/2033 DD 12/11/12 OTHER INVESTMENTS	77,395.50	75,460.50
BLACKROCK	5.000% 06/15/2043 DD 03/31/11 OTHER INVESTMENTS	50,000.00	55,129.00
BLACKROCK	6.125% 01/18/2041 DD 10/20/09 OTHER INVESTMENTS	125,375.00	108,000.00
DODGE & COX	5.625% 02/26/2044 DD 01/28/14 OTHER INVESTMENTS	369,247.75	360,500.00
BLACKROCK	5.625% 02/26/2044 DD 01/28/14 OTHER INVESTMENTS	448,546.50	463,500.00
LEGAL & GENERAL	5.625% 02/26/2044 DD 01/28/14 OTHER INVESTMENTS	308,998.70	319,300.00
DODGE & COX	5.000% 06/15/2045 DD 01/28/15 OTHER INVESTMENTS	643,617.00	616,687.50
BLACKROCK	3.875% 03/17/2028 DD 03/17/16 OTHER INVESTMENTS	198,030.00	195,500.00
BLACKROCK	5.625% 11/18/2050 DD 11/18/10 OTHER INVESTMENTS	317,713.86	325,027.50
BLACKROCK	3.250% 04/06/2026 DD 04/06/16 OTHER INVESTMENTS	138,948.60	134,264.20
BLACKROCK	5.100% 06/18/2050 DD 06/18/14 OTHER INVESTMENTS	392,667.70	346,500.00
LEGAL & GENERAL	5.100% 06/18/2050 DD 06/18/14 OTHER INVESTMENTS	378,708.00	342,000.00
LEGAL & GENERAL	6.050% 01/11/2040 DD 01/11/08 OTHER INVESTMENTS	170,499.30	144,921.00
LEGAL & GENERAL	5.750% 10/12/2039 DD 10/12/10 OTHER INVESTMENTS	469,967.10	369,000.00
BLACKROCK	5.750% 10/12/2039 DD 10/12/10 OTHER INVESTMENTS	419,663.53	369,000.00
BLACKROCK	4.750% 03/08/2044 DD 03/08/12 OTHER INVESTMENTS	214,827.95	222,778.50
LEGAL & GENERAL	4.600% 01/23/2046 DD 01/23/15 OTHER INVESTMENTS	307,717.20	273,737.50
LEGAL & GENERAL	4.350% 01/15/2047 DD 08/11/16 OTHER INVESTMENTS	199,470.00	171,500.00
BLACKROCK	4.350% 01/15/2047 DD 08/11/16 OTHER INVESTMENTS	423,626.25	364,437.50
WELLINGTON LONG CR	5.750% 10/12/2110 OTHER INVESTMENTS	357,025.60	348,705.00
WELLINGTON LONG CR	5.625% 11/18/2050 OTHER INVESTMENTS	99,745.00	107,587.50
WELLINGTON LONG CR	4.750% 03/08/2044 OTHER INVESTMENTS	403,462.44	394,636.20
WELLINGTON LONG CR	5.625% 02/26/2044 OTHER INVESTMENTS	275,404.00	283,250.00
WELLINGTON LONG CR	5.100% 06/18/2050 OTHER INVESTMENTS	237,462.50	234,000.00
WELLINGTON LONG CR	5.000% 01/27/2045 OTHER INVESTMENTS	175,950.00	182,520.00
WELLINGTON LONG CR	5.625% 02/21/2047 OTHER INVESTMENTS	175,500.00	175,500.00
WELLINGTON LONG CR	4.375% 10/27/2027 OTHER INVESTMENTS	79,312.00	80,204.00
WELLINGTON LONG CR	4.350% 01/15/2047 OTHER INVESTMENTS	199,470.00	171,500.00
BLACKROCK	5.000% 04/15/2026 DD 03/31/16 OTHER INVESTMENTS	199,994.00	203,500.00
LEGAL & GENERAL	4.500% 10/26/2046 DD 10/26/16 OTHER INVESTMENTS	156,824.00	153,252.80
WELLINGTON LONG CR	4.500% 10/26/2046 DD 10/26/16 OTHER INVESTMENTS	416,563.75	407,077.75
BLACKROCK	4.500% 10/26/2046 DD 10/26/16 OTHER INVESTMENTS	230,335.25	225,090.05
WELLINGTON LONG CR	4.625% 06/02/2046 OTHER INVESTMENTS	200,500.00	199,748.80
WELLINGTON LONG CR	6.270% 02/15/2050 DD 05/23/11 OTHER INVESTMENTS	106,402.80	126,044.10
WELLINGTON LONG CR	6.263% 04/01/2049 DD 11/05/09 OTHER INVESTMENTS	45,066.00	47,548.20
LEGAL & GENERAL	6.263% 04/01/2049 DD 11/05/09 OTHER INVESTMENTS	280,010.00	271,704.00
WELLINGTON LONG CR	6.793% 04/01/2030 DD 07/01/10 OTHER INVESTMENTS	117,499.50	123,036.00
WELLINGTON LONG CR	6.918% 04/01/2040 DD 07/01/10 OTHER INVESTMENTS	219,156.25	256,501.90
WELLINGTON LONG CR	7.043% 04/01/2050 DD 07/01/10 OTHER INVESTMENTS	151,717.50	155,604.90
DODGE & COX	7.500% 04/01/2034 DD 04/28/09 OTHER INVESTMENTS	1,592,218.25	2,215,489.50
WELLINGTON LONG CR	7.550% 04/01/2039 DD 04/28/09 OTHER INVESTMENTS	116,813.20	170,776.15
LEGAL & GENERAL	7.550% 04/01/2039 DD 04/28/09 OTHER INVESTMENTS	894,179.35	957,831.45
BLACKROCK	7.550% 04/01/2039 DD 04/28/09 OTHER INVESTMENTS	567,324.00	757,355.10
DODGE & COX	7.300% 10/01/2039 DD 10/15/09 OTHER INVESTMENTS	604,134.00	847,434.00
WELLINGTON LONG CR	7.300% 10/01/2039 DD 10/15/09 OTHER INVESTMENTS	323,658.05	437,840.90
BLACKROCK	7.300% 10/01/2039 DD 10/15/09 OTHER INVESTMENTS	205,629.60	233,044.35

**THE PACIFIC GAS AND ELECTRIC COMPANY
HEALTH CARE PLAN FOR RETIREES AND SURVIVING DEPENDENTS**

EIN #: 94-0742640

PLAN #: 535

**FORM 5500, SCHEDULE H, PART IV, LINE 4(i) –
SCHEDULE OF ASSETS HELD
AS OF DECEMBER 31, 2016**

Identity of Issuer, borrower, lessor or similar party	Description of investment including maturity date, rate of interest, collateral, par or maturity value		Cost	Current Value	
WELLINGTON LONG CR	7.350%	11/01/2039 DD 11/10/09	OTHER INVESTMENTS	114,271.55	120,331.10
WELLINGTON LONG CR	7.625%	03/01/2040 DD 04/01/10	OTHER INVESTMENTS	367,873.85	462,835.80
BLACKROCK	7.625%	03/01/2040 DD 04/01/10	OTHER INVESTMENTS	103,588.50	110,199.00
LEGAL & GENERAL	7.600%	11/01/2040 DD 12/01/10	OTHER INVESTMENTS	41,960.40	45,145.80
BLACKROCK	7.600%	11/01/2040 DD 12/01/10	OTHER INVESTMENTS	104,558.70	112,864.50
WELLINGTON LONG CR	7.600%	11/01/2040 DD 12/01/10	OTHER INVESTMENTS	562,809.00	549,273.90
LEGAL & GENERAL	5.720%	12/01/2038 DD 08/26/09	OTHER INVESTMENTS	313,445.65	292,863.20
WELLINGTON LONG CR	6.395%	01/01/2040 DD 04/29/10	OTHER INVESTMENTS	70,733.85	71,788.75
BLACKROCK	6.395%	01/01/2040 DD 04/29/10	OTHER INVESTMENTS	154,449.00	195,787.50
DODGE & COX	6.899%	12/01/2040 DD 08/06/08	OTHER INVESTMENTS	1,479,332.25	1,592,156.25
WELLINGTON LONG CR	6.899%	12/01/2040 DD 08/06/08	OTHER INVESTMENTS	81,209.45	87,412.50
WELLINGTON LONG CR	6.899%	12/01/2040 DD 08/06/08	OTHER INVESTMENTS	35,214.20	37,462.50
DODGE & COX	6.899%	12/01/2040 DD 08/06/08	OTHER INVESTMENTS	436,479.25	468,281.25
BLACKROCK	6.200%	12/01/2040 DD 04/06/10	OTHER INVESTMENTS	224,314.00	233,856.00
WELLINGTON LONG CR	4.144%	06/01/2038 DD 10/31/16	OTHER INVESTMENTS	90,000.00	86,547.60
LEGAL & GENERAL	5.621%	08/15/2044 DD 09/17/09	OTHER INVESTMENTS	496,312.00	481,368.00
NISA LONG CREDIT	4.242%	12/15/2037 DD 04/23/13	OTHER INVESTMENTS	20,100.20	20,348.40
LEGAL & GENERAL	5.184%	10/01/2042 DD 08/01/13	OTHER INVESTMENTS	220,000.00	258,286.60
WELLINGTON LONG CR	5.100%	06/01/2033 DD 06/12/03	OTHER INVESTMENTS	354,246.80	388,672.50
DODGE & COX	5.100%	06/01/2033 DD 06/12/03	OTHER INVESTMENTS	286,503.00	268,050.00
BLACKROCK	5.100%	06/01/2033 DD 06/12/03	OTHER INVESTMENTS	354,968.00	357,400.00
WELLINGTON LONG CR	6.184%	01/01/2034 DD 05/21/09	OTHER INVESTMENTS	129,873.85	131,911.50
WELLINGTON LONG CR	4.927%	04/15/2045 DD 08/20/15	OTHER INVESTMENTS	125,000.00	133,357.50
BLACKROCK	6.582%	05/15/2039 DD 12/03/09	OTHER INVESTMENTS	254,380.00	256,142.00
BLACKROCK	5.716%	07/01/2039 DD 06/02/10	OTHER INVESTMENTS	200,000.00	244,170.00
BLACKROCK	6.574%	07/01/2045 DD 12/02/10	OTHER INVESTMENTS	130,000.00	177,892.00
WELLINGTON LONG CR	6.574%	07/01/2045 DD 12/02/10	OTHER INVESTMENTS	201,185.00	273,680.00
DODGE & COX	5.750%	07/01/2034 DD 10/15/09	OTHER INVESTMENTS	1,183,440.00	1,479,432.00
WELLINGTON LONG CR	5.750%	07/01/2034 DD 10/15/09	OTHER INVESTMENTS	65,694.85	80,135.90
LEGAL & GENERAL	6.758%	07/01/2034 DD 03/04/10	OTHER INVESTMENTS	358,468.20	361,737.90
DODGE & COX	6.758%	07/01/2034 DD 03/04/10	OTHER INVESTMENTS	411,923.50	535,908.00
WELLINGTON LONG CR	6.758%	07/01/2034 DD 03/04/10	OTHER INVESTMENTS	385,091.65	435,425.25
WELLINGTON LONG CR	5.735%	06/01/2039 DD 11/16/10	OTHER INVESTMENTS	103,058.30	110,587.50
LEGAL & GENERAL	4.910%	05/01/2029 DD 05/12/10	OTHER INVESTMENTS	100,583.15	109,362.10
LEGAL & GENERAL	4.500%	08/01/2031 DD 08/26/10	OTHER INVESTMENTS	143,716.50	167,446.50
WELLINGTON LONG CR	3.277%	06/01/2046 DD 07/07/16	OTHER INVESTMENTS	40,000.00	36,252.00
WELLINGTON LONG CR	7.336%	11/15/2039 DD 04/30/09	OTHER INVESTMENTS	317,073.40	360,150.00
BLACKROCK	6.648%	11/15/2039 DD 02/11/10	OTHER INVESTMENTS	100,743.00	130,372.00
BLACKROCK	6.687%	11/15/2040 DD 07/07/10	OTHER INVESTMENTS	250,000.00	329,665.00
BLACKROCK	5.073%	04/01/2050 DD 10/07/15	OTHER INVESTMENTS	90,000.00	96,088.50
NISA LONG CREDIT	3.651%	01/15/2046 DD 02/26/16	OTHER INVESTMENTS	55,000.00	54,035.85
WELLINGTON LONG CR	6.637%	04/01/2057 DD 03/11/10	OTHER INVESTMENTS	261,684.40	257,672.10
BLACKROCK	6.561%	12/15/2040 DD 01/14/10	OTHER INVESTMENTS	179,760.00	192,844.75
WELLINGTON LONG CR	7.414%	01/01/2040 DD 04/28/09	OTHER INVESTMENTS	141,040.40	158,458.30
LEGAL & GENERAL	7.414%	01/01/2040 DD 04/28/09	OTHER INVESTMENTS	192,310.30	187,268.90
WELLINGTON LONG CR	7.102%	01/01/2041 DD 12/15/10	OTHER INVESTMENTS	358,419.55	461,016.60
DODGE & COX	7.102%	01/01/2041 DD 12/15/10	OTHER INVESTMENTS	1,535,437.00	2,025,679.00
BLACKROCK	7.102%	01/01/2041 DD 12/15/10	OTHER INVESTMENTS	250,551.60	328,299.70
NISA LONG CREDIT	7.102%	01/01/2041 DD 12/15/10	OTHER INVESTMENTS	26,883.20	27,940.40
LEGAL & GENERAL	5.517%	10/01/2037 DD 10/20/10	OTHER INVESTMENTS	51,376.50	60,527.00
BLACKROCK	5.985%	12/01/2036 DD 12/17/09	OTHER INVESTMENTS	107,252.15	106,695.40
LEGAL & GENERAL	5.985%	12/01/2036 DD 12/17/09	OTHER INVESTMENTS	189,654.00	188,286.00
DODGE & COX	5.508%	08/01/2037 DD 08/16/10	OTHER INVESTMENTS	193,014.00	242,962.00
WELLINGTON LONG CR	5.508%	08/01/2037 DD 08/16/10	OTHER INVESTMENTS	69,945.60	78,962.65
DODGE & COX	5.572%	11/01/2038 DD 11/03/10	OTHER INVESTMENTS	619,198.50	760,787.50
WELLINGTON LONG CR	5.952%	06/15/2042 DD 02/03/10	OTHER INVESTMENTS	59,090.20	64,622.50
BLACKROCK	5.952%	06/15/2042 DD 02/03/10	OTHER INVESTMENTS	304,386.00	387,735.00
WELLINGTON LONG CR	6.011%	06/15/2042 DD 03/18/10	OTHER INVESTMENTS	28,357.50	32,654.50
DODGE & COX	5.724%	06/15/2042 DD 06/30/10	OTHER INVESTMENTS	293,772.00	381,204.00
WELLINGTON LONG CR	5.724%	06/15/2042 DD 06/30/10	OTHER INVESTMENTS	102,130.70	120,714.60

**THE PACIFIC GAS AND ELECTRIC COMPANY
HEALTH CARE PLAN FOR RETIREES AND SURVIVING DEPENDENTS**

EIN #: 94-0742640

PLAN #: 535

**FORM 5500, SCHEDULE H, PART IV, LINE 4(i) –
SCHEDULE OF ASSETS HELD
AS OF DECEMBER 31, 2016**

Identity of Issuer, borrower, lessor or similar party	Description of investment including maturity date, rate of interest, collateral, par or maturity value	Cost	Current Value
LEGAL & GENERAL	5.724% 06/15/2042 DD 06/30/10 OTHER INVESTMENTS	49,418.55	57,180.60
DODGE & COX	5.440% 06/15/2043 DD 09/23/10 OTHER INVESTMENTS	500,000.00	612,900.00
WELLINGTON LONG CR	6.282% 06/15/2042 DD 11/18/10 OTHER INVESTMENTS	80,019.00	84,779.25
WELLINGTON LONG CR	5.882% 06/15/2044 DD 11/18/10 OTHER INVESTMENTS	123,536.60	142,095.80
WELLINGTON LONG CR	5.289% 03/15/2033 DD 10/14/10 OTHER INVESTMENTS	48,727.00	58,130.50
WELLINGTON LONG CR	5.600% 03/15/2040 DD 06/03/10 OTHER INVESTMENTS	114,832.00	123,683.00
WELLINGTON LONG CR	5.628% 03/15/2039 DD 08/31/09 OTHER INVESTMENTS	17,454.90	18,356.55
NISA LONG CREDIT	5.770% 03/15/2039 DD 12/01/09 OTHER INVESTMENTS	24,224.20	24,060.20
NISA LONG CREDIT	5.838% 03/15/2040 DD 12/08/10 OTHER INVESTMENTS	31,395.50	30,519.50
WELLINGTON LONG CR	6.718% 01/01/2049 DD 08/12/09 OTHER INVESTMENTS	174,328.55	237,405.00
LEGAL & GENERAL	4.910% 06/01/2040 DD 10/06/10 OTHER INVESTMENTS	359,579.50	400,435.00
WELLINGTON LONG CR	4.800% 06/01/2039 DD 10/26/11 OTHER INVESTMENTS	74,209.25	72,270.75
WELLINGTON LONG CR	5.647% 11/01/2040 DD 11/01/10 OTHER INVESTMENTS	11,184.20	12,051.20
WELLINGTON LONG CR	5.647% 11/01/2040 DD 11/01/10 OTHER INVESTMENTS	115,985.25	126,705.60
WELLINGTON LONG CR	4.926% 10/01/2051 DD 10/06/11 OTHER INVESTMENTS	215,000.00	238,112.50
BLACKROCK	4.458% 10/01/2062 DD 10/10/12 OTHER INVESTMENTS	422,306.25	428,179.00
DODGE & COX	4.458% 10/01/2062 DD 10/10/12 OTHER INVESTMENTS	1,225,000.00	1,234,163.00
WELLINGTON LONG CR	4.458% 10/01/2062 DD 10/10/12 OTHER INVESTMENTS	70,000.00	70,523.60
LEGAL & GENERAL	4.458% 10/01/2062 DD 10/10/12 OTHER INVESTMENTS	300,342.00	302,244.00
WELLINGTON LONG CR	4.960% 08/01/2046 DD 01/30/14 OTHER INVESTMENTS	50,000.00	55,811.00
BLACKROCK	4.960% 08/01/2046 DD 01/30/14 OTHER INVESTMENTS	81,664.80	89,297.60
WELLINGTON LONG CR	5.310% 08/01/2046 DD 01/30/14 OTHER INVESTMENTS	140,000.00	150,677.80
BLACKROCK	6.156% 05/15/2036 DD 07/29/10 OTHER INVESTMENTS	151,750.00	152,465.00
WELLINGTON LONG CR	4.427% 02/01/2042 DD 03/29/12 OTHER INVESTMENTS	45,000.00	48,216.60
DODGE & COX	6.138% 05/01/2049 DD 02/04/10 OTHER INVESTMENTS	450,000.00	586,273.50
LEGAL & GENERAL	6.138% 05/01/2049 DD 02/04/10 OTHER INVESTMENTS	999,885.00	977,122.50
BLACKROCK	6.950% 11/01/2050 DD 12/22/10 OTHER INVESTMENTS	138,577.00	140,085.00
BLACKROCK	6.454% 01/01/2050 DD 12/21/10 OTHER INVESTMENTS	100,000.00	130,836.00
LEGAL & GENERAL	5.178% 04/01/2030 DD 08/05/10 OTHER INVESTMENTS	290,845.55	295,220.00
WELLINGTON LONG CR	6.583% 05/15/2049 DD 12/17/09 OTHER INVESTMENTS	35,734.10	39,157.50
WELLINGTON LONG CR	6.548% 05/15/2048 DD 11/18/10 OTHER INVESTMENTS	184,940.25	216,496.50
DODGE & COX	5.770% 05/15/2043 DD 08/27/09 OTHER INVESTMENTS	809,544.00	1,008,694.50
BLACKROCK	4.767% 05/15/2115 DD 04/08/15 OTHER INVESTMENTS	65,000.00	61,980.75
WELLINGTON LONG CR	4.767% 05/15/2115 DD 04/08/15 OTHER INVESTMENTS	46,926.00	42,909.75
BLACKROCK	5.946% 05/15/2045 DD 09/30/10 OTHER INVESTMENTS	213,447.50	215,747.00
WELLINGTON LONG CR	4.858% 05/15/2039 DD 03/01/12 OTHER INVESTMENTS	50,000.00	47,869.00
WELLINGTON LONG CR	4.601% 05/15/2031 DD 10/02/13 OTHER INVESTMENTS	35,000.00	38,551.45
WELLINGTON LONG CR	4.765% 05/15/2044 DD 04/10/14 OTHER INVESTMENTS	70,000.00	73,710.70
BLACKROCK	5.450% 11/01/2040 DD 11/18/10 OTHER INVESTMENTS	274,131.00	272,830.50
LEGAL & GENERAL	6.200% 09/01/2039 DD 04/22/09 OTHER INVESTMENTS	66,133.65	75,451.75
LEGATO-RBC	PARTNERSHIP/JOINT VENTURE INTEREST	27,583.51	48,509.00
FIRST STATE	PARTNERSHIP/JOINT VENTURE INTEREST	258,358.76	267,885.28
LEGATO-ESSEX VEBA	PARTNERSHIP/JOINT VENTURE INTEREST	10,687.70	11,371.28
PAAMCO	PARTNERSHIP/JOINT VENTURE INTEREST	20,500,000.00	22,784,991.50
BRIDGEWATER ASSOC	PARTNERSHIP/JOINT VENTURE INTEREST	4,854,250.85	10,032,308.18
DGAM DIVERSE STRAT	PARTNERSHIP/JOINT VENTURE INTEREST	1,304,837.00	1,757,400.92
AURORA OFFSHORE FD	PARTNERSHIP/JOINT VENTURE INTEREST	2,255,258.22	2,400,911.15
PGQF PRISMA	PARTNERSHIP/JOINT VENTURE INTEREST	25,000,000.00	24,955,488.60
BRIDGEWATER ASSOC	SERIES 6600-125A PARTNERSHIP/JOINT VENTURE INTEREST	9,000,000.00	9,128,282.87
PG&E CASH-B VEBA	VAR RT 12/31/2049 DD 01/06/10 REGISTERED INVESTMENT COMPANIES	486.34	486.34
NISA LONG CREDIT	REGISTERED INVESTMENT COMPANIES	584,279.86	584,279.86
LEGAL & GENERAL	REGISTERED INVESTMENT COMPANIES	525,942.15	525,942.15
WELLINGTON LONG CR	REGISTERED INVESTMENT COMPANIES	2,082,754.50	2,082,754.50
BGI LONG CREDIT	REGISTERED INVESTMENT COMPANIES	146.74	146.74
FRANKLIN RUSSELL FUT	REGISTERED INVESTMENT COMPANIES	2,892,816.68	2,892,816.68
VEBA NISA-STRIPS	REGISTERED INVESTMENT COMPANIES	141,703.07	141,703.07
WELLINGTON (DRAKE)	REGISTERED INVESTMENT COMPANIES	1,651.63	1,651.63
DODGE & COX	REGISTERED INVESTMENT COMPANIES	1,813,909.31	1,813,909.31
PIMCO FUND	REGISTERED INVESTMENT COMPANIES	14,831.24	14,831.24
BLACKROCK	REGISTERED INVESTMENT COMPANIES	1,098,979.81	1,098,979.81

**THE PACIFIC GAS AND ELECTRIC COMPANY
HEALTH CARE PLAN FOR RETIREES AND SURVIVING DEPENDENTS**

EIN #: 94-0742640

PLAN #: 535

**FORM 5500, SCHEDULE H, PART IV, LINE 4(i) –
SCHEDULE OF ASSETS HELD
AS OF DECEMBER 31, 2016**

Identity of Issuer, borrower, lessor or similar party	Description of investment including maturity date, rate of interest, collateral, par or maturity value	Cost	Current Value
OAKTREE	REGISTERED INVESTMENT COMPANIES	1,827,230.75	1,827,230.75
LEGATO-FOUNDRY PTNRS	REGISTERED INVESTMENT COMPANIES	21,013.48	21,013.48
LEGATO-RHJ	REGISTERED INVESTMENT COMPANIES	27,507.44	27,507.44
LEGATO-KENNEDY	REGISTERED INVESTMENT COMPANIES	56,978.41	56,978.41
LEGATO-RBC	REGISTERED INVESTMENT COMPANIES	14,461.68	14,461.68
COLUMBUS CIRCLE	REGISTERED INVESTMENT COMPANIES	19,883.62	19,883.62
DEPRINCE RACE & ZOLLO	REGISTERED INVESTMENT COMPANIES	175,517.14	175,517.14
BGI RUSSELL 1000	REGISTERED INVESTMENT COMPANIES	0.60	0.60
TIMES SQUARE	REGISTERED INVESTMENT COMPANIES	147,580.07	147,580.07
FRANK RUSSELL FUTURE	REGISTERED INVESTMENT COMPANIES	1,870,728.21	1,870,728.21
PG&E CASH-B VEBA	REGISTERED INVESTMENT COMPANIES	9,764,850.73	9,764,850.73
RUSSELL CURR OVERLAY	REGISTERED INVESTMENT COMPANIES	444.42	444.42
MT LUCAS MGMT	REGISTERED INVESTMENT COMPANIES	273,752.41	273,752.41
ADELANTE GLOBAL REIT	REGISTERED INVESTMENT COMPANIES	128,791.34	128,791.34
NISA LONG GOVT	REGISTERED INVESTMENT COMPANIES	96,533.37	96,533.37
ANALYTIC LOW VOL	REGISTERED INVESTMENT COMPANIES	117,902.49	117,902.49
FIRST STATE	REGISTERED INVESTMENT COMPANIES	145,899.81	145,899.81
DGAM DIVERSE STRAT	REGISTERED INVESTMENT COMPANIES	1,042.56	1,042.56
AURORA OFFSHORE FD	REGISTERED INVESTMENT COMPANIES	61.29	61.29
BOSTON COMPANY	REGISTERED INVESTMENT COMPANIES	38.48	38.48
FRANK RUSSELL FUTURE	REGISTERED INVESTMENT COMPANIES	1,805,702.95	1,805,702.95
PAAMCO	REGISTERED INVESTMENT COMPANIES	50.53	50.53
T ROWE PRICE	REGISTERED INVESTMENT COMPANIES	12,876,154.33	15,173,853.80
MS GLOBAL REIT	REGISTERED INVESTMENT COMPANIES	13,315,662.99	15,345,728.14
NUVEEN	REGISTERED INVESTMENT COMPANIES	12,370,796.27	12,909,223.29
LEGATO-RHJ	REGISTERED INVESTMENT COMPANIES	11,253.88	14,421.12
LEGATO-KENNEDY	REGISTERED INVESTMENT COMPANIES	56,445.93	64,980.88
CS COMMODITIES	REGISTERED INVESTMENT COMPANIES	16,517,620.83	9,829,603.87
PIMCO FUND	REGISTERED INVESTMENT COMPANIES	209,897,599.35	205,492,101.71
SSGA	REGISTERED INVESTMENT COMPANIES	1,631.38	1,631.38
PG&E CASH-NB VEBA	REGISTERED INVESTMENT COMPANIES	8,420,873.51	8,420,873.51
PG&E MED N/B - SSGA	REGISTERED INVESTMENT COMPANIES	106,097.65	106,097.65
BGI-FIXED INCOME	REGISTERED INVESTMENT COMPANIES	1,287.68	1,287.68
MT LUCAS MGMT	0.000% 01/05/2017 DD 01/07/16 U. S. GOVERNMENT SECURITIES	1,899,413.19	1,899,962.00
MT LUCAS MGMT	0.000% 02/02/2017 DD 02/04/16 U. S. GOVERNMENT SECURITIES	799,623.26	799,720.00
MT LUCAS MGMT	0.000% 01/12/2017 DD 07/14/16 U. S. GOVERNMENT SECURITIES	1,899,415.75	1,899,810.00
MT LUCAS MGMT	0.000% 01/19/2017 DD 07/21/16 U. S. GOVERNMENT SECURITIES	1,599,339.64	1,599,712.00
FRANK RUSSELL FUTURE	0.000% 01/19/2017 DD 07/21/16 U. S. GOVERNMENT SECURITIES	1,199,306.95	1,199,784.00
MT LUCAS MGMT	0.000% 01/26/2017 DD 07/28/16 U. S. GOVERNMENT SECURITIES	1,799,157.45	1,799,514.00
MT LUCAS MGMT	0.000% 02/09/2017 DD 08/11/16 U. S. GOVERNMENT SECURITIES	2,298,944.36	2,298,942.00
NISA LONG GOVT	5.500% 09/18/2033 DD 09/18/03 U. S. GOVERNMENT SECURITIES	266,928.80	265,434.00
VEBA NISA-STRIPS	0.000% 08/15/2032 DD 02/15/06 U. S. GOVERNMENT SECURITIES	326,471.60	438,446.70
VEBA NISA-STRIPS	0.000% 02/15/2033 DD 02/15/06 U. S. GOVERNMENT SECURITIES	183,467.85	343,189.00
VEBA NISA-STRIPS	0.000% 08/15/2033 DD 02/15/06 U. S. GOVERNMENT SECURITIES	62,590.00	122,792.00
VEBA NISA-STRIPS	0.000% 02/15/2034 DD 02/15/06 U. S. GOVERNMENT SECURITIES	101,811.50	105,518.00
VEBA NISA-STRIPS	0.000% 08/15/2034 DD 02/15/06 U. S. GOVERNMENT SECURITIES	519,736.35	739,131.60
VEBA NISA-STRIPS	0.000% 02/15/2035 DD 02/15/06 U. S. GOVERNMENT SECURITIES	192,675.60	165,659.10
VEBA NISA-STRIPS	0.000% 08/15/2035 DD 02/15/06 U. S. GOVERNMENT SECURITIES	571,426.95	840,751.80
VEBA NISA-STRIPS	0.000% 08/15/2036 DD 02/15/07 U. S. GOVERNMENT SECURITIES	332,688.21	397,814.40
VEBA NISA-STRIPS	0.000% 02/15/2037 DD 02/15/07 U. S. GOVERNMENT SECURITIES	235,506.70	270,595.00
VEBA NISA-STRIPS	0.000% 05/15/2032 DD 08/15/07 U. S. GOVERNMENT SECURITIES	326,463.50	361,842.95
VEBA NISA-STRIPS	0.000% 11/15/2032 DD 08/15/07 U. S. GOVERNMENT SECURITIES	164,034.10	318,119.70
VEBA NISA-STRIPS	0.000% 05/15/2033 DD 08/15/07 U. S. GOVERNMENT SECURITIES	56,106.40	105,136.50
VEBA NISA-STRIPS	0.000% 11/15/2033 DD 08/15/07 U. S. GOVERNMENT SECURITIES	479,358.35	638,515.50
VEBA NISA-STRIPS	0.000% 05/15/2034 DD 08/15/07 U. S. GOVERNMENT SECURITIES	403,793.90	554,772.90
VEBA NISA-STRIPS	0.000% 11/15/2034 DD 08/15/07 U. S. GOVERNMENT SECURITIES	501,948.15	595,571.55
VEBA NISA-STRIPS	0.000% 05/15/2035 DD 08/15/07 U. S. GOVERNMENT SECURITIES	264,296.60	504,323.75
VEBA NISA-STRIPS	0.000% 11/15/2035 DD 08/15/07 U. S. GOVERNMENT SECURITIES	121,926.65	206,732.35
VEBA NISA-STRIPS	0.000% 11/15/2036 DD 08/15/07 U. S. GOVERNMENT SECURITIES	465,008.55	570,549.10
VEBA NISA-STRIPS	0.000% 05/15/2037 DD 08/15/07 U. S. GOVERNMENT SECURITIES	429,537.55	397,047.00

**THE PACIFIC GAS AND ELECTRIC COMPANY
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EIN #: 94-0742640

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SCHEDULE OF ASSETS HELD
AS OF DECEMBER 31, 2016**

Identity of Issuer, borrower, lessor or similar party	Description of investment including maturity date, rate of interest, collateral, par or maturity value	Cost	Current Value
VEBA NISA-STRIPS	0.000% 08/15/2037 DD 02/15/08 U. S. GOVERNMENT SECURITIES	112,365.55	154,074.10
VEBA NISA-STRIPS	0.000% 02/15/2038 DD 02/15/08 U. S. GOVERNMENT SECURITIES	68,696.40	62,500.80
VEBA NISA-STRIPS	0.000% 11/15/2037 DD 08/15/08 U. S. GOVERNMENT SECURITIES	428,895.65	613,174.45
VEBA NISA-STRIPS	0.000% 05/15/2038 DD 08/15/08 U. S. GOVERNMENT SECURITIES	505,703.90	473,588.40
VEBA NISA-STRIPS	0.000% 08/15/2038 DD 02/17/09 U. S. GOVERNMENT SECURITIES	256,107.15	271,307.00
VEBA NISA-STRIPS	0.000% 02/15/2039 DD 02/17/09 U. S. GOVERNMENT SECURITIES	463,725.50	544,956.40
VEBA NISA-STRIPS	0.000% 11/15/2038 DD 05/15/09 U. S. GOVERNMENT SECURITIES	212,649.90	201,620.00
VEBA NISA-STRIPS	0.000% 05/15/2039 DD 05/15/09 U. S. GOVERNMENT SECURITIES	283,919.95	371,182.50
VEBA NISA-STRIPS	0.000% 08/15/2039 DD 08/17/09 U. S. GOVERNMENT SECURITIES	230,672.20	290,769.70
VEBA NISA-STRIPS	0.000% 11/15/2039 DD 11/16/09 U. S. GOVERNMENT SECURITIES	150,742.30	209,053.10
VEBA NISA-STRIPS	0.000% 02/15/2040 DD 02/16/10 U. S. GOVERNMENT SECURITIES	427,000.55	507,623.80
VEBA NISA-STRIPS	0.000% 05/15/2040 DD 05/17/10 U. S. GOVERNMENT SECURITIES	500,012.95	619,580.00
VEBA NISA-STRIPS	0.000% 08/15/2040 DD 08/16/10 U. S. GOVERNMENT SECURITIES	353,566.00	415,703.20
VEBA NISA-STRIPS	0.000% 11/15/2040 DD 11/15/10 U. S. GOVERNMENT SECURITIES	330,230.10	347,795.80
VEBA NISA-STRIPS	0.000% 02/15/2041 DD 02/15/11 U. S. GOVERNMENT SECURITIES	43,868.15	44,228.20
VEBA NISA-STRIPS	0.000% 05/15/2041 DD 05/16/11 U. S. GOVERNMENT SECURITIES	371,878.10	393,359.85
VEBA NISA-STRIPS	0.000% 08/15/2041 DD 08/15/11 U. S. GOVERNMENT SECURITIES	480,973.55	502,565.05
VEBA NISA-STRIPS	0.000% 11/15/2041 DD 11/15/11 U. S. GOVERNMENT SECURITIES	214,358.65	182,533.50
VEBA NISA-STRIPS	0.000% 02/15/2042 DD 02/15/12 U. S. GOVERNMENT SECURITIES	129,511.20	127,206.90
VEBA NISA-STRIPS	0.000% 08/15/2042 DD 08/15/12 U. S. GOVERNMENT SECURITIES	134,354.70	142,350.00
VEBA NISA-STRIPS	0.000% 11/15/2042 DD 11/15/12 U. S. GOVERNMENT SECURITIES	311,038.65	306,103.95
VEBA NISA-STRIPS	0.000% 02/15/2043 DD 02/15/13 U. S. GOVERNMENT SECURITIES	87,623.40	86,458.00
VEBA NISA-STRIPS	0.000% 05/15/2043 DD 05/15/13 U. S. GOVERNMENT SECURITIES	181,393.05	186,454.05
VEBA NISA-STRIPS	0.000% 08/15/2043 DD 08/15/13 U. S. GOVERNMENT SECURITIES	61,171.50	63,691.50
VEBA NISA-STRIPS	0.000% 05/15/2030 DD 02/15/00 U. S. GOVERNMENT SECURITIES	120,882.30	116,362.95
VEBA NISA-STRIPS	0.000% 02/15/2036 DD 02/15/06 U. S. GOVERNMENT SECURITIES	1,081,463.70	1,014,764.85
VEBA NISA-STRIPS	0.000% 05/15/2037 DD 08/15/07 U. S. GOVERNMENT SECURITIES	448,560.30	448,348.20
VEBA NISA-STRIPS	0.000% 05/15/2038 DD 08/15/08 U. S. GOVERNMENT SECURITIES	300,937.39	280,087.60
VEBA NISA-STRIPS	0.000% 05/15/2039 DD 05/15/09 U. S. GOVERNMENT SECURITIES	700,119.60	750,096.50
VEBA NISA-STRIPS	0.000% 08/15/2039 DD 08/17/09 U. S. GOVERNMENT SECURITIES	821,639.60	1,005,180.75
VEBA NISA-STRIPS	0.000% 11/15/2039 DD 11/16/09 U. S. GOVERNMENT SECURITIES	621,163.40	632,879.10
VEBA NISA-STRIPS	0.000% 02/15/2040 DD 02/16/10 U. S. GOVERNMENT SECURITIES	1,793,031.20	2,328,092.80
VEBA NISA-STRIPS	0.000% 05/15/2040 DD 05/17/10 U. S. GOVERNMENT SECURITIES	1,252,844.70	1,359,302.80
VEBA NISA-STRIPS	0.000% 08/15/2040 DD 08/16/10 U. S. GOVERNMENT SECURITIES	520,873.80	484,108.50
VEBA NISA-STRIPS	0.000% 11/15/2040 DD 11/15/10 U. S. GOVERNMENT SECURITIES	1,215,314.90	1,231,725.50
VEBA NISA-STRIPS	0.000% 05/15/2041 DD 05/16/11 U. S. GOVERNMENT SECURITIES	362,076.55	319,763.20
VEBA NISA-STRIPS	0.000% 08/15/2041 DD 08/15/11 U. S. GOVERNMENT SECURITIES	768,740.40	689,188.50
VEBA NISA-STRIPS	0.000% 08/15/2042 DD 08/15/12 U. S. GOVERNMENT SECURITIES	869,746.15	811,795.05
VEBA NISA-STRIPS	0.000% 11/15/2042 DD 11/15/12 U. S. GOVERNMENT SECURITIES	1,200,185.05	1,434,981.30
VEBA NISA-STRIPS	0.000% 02/15/2043 DD 02/15/13 U. S. GOVERNMENT SECURITIES	938,273.15	1,375,608.00
DODGE & COX	0.000% 02/15/2043 DD 02/15/13 U. S. GOVERNMENT SECURITIES	268,664.00	242,495.00
VEBA NISA-STRIPS	0.000% 05/15/2043 DD 05/15/13 U. S. GOVERNMENT SECURITIES	1,675,343.35	1,926,905.40
VEBA NISA-STRIPS	0.000% 08/15/2043 DD 08/15/13 U. S. GOVERNMENT SECURITIES	1,862,840.75	1,917,431.25
VEBA NISA-STRIPS	0.000% 11/15/2043 DD 11/15/13 U. S. GOVERNMENT SECURITIES	809,716.50	1,133,748.10
DODGE & COX	0.000% 02/15/2044 DD 02/18/14 U. S. GOVERNMENT SECURITIES	2,146,114.65	1,880,507.25
VEBA NISA-STRIPS	0.000% 02/15/2044 DD 02/18/14 U. S. GOVERNMENT SECURITIES	1,923,039.05	2,598,831.00
VEBA NISA-STRIPS	0.000% 05/15/2044 DD 05/15/14 U. S. GOVERNMENT SECURITIES	2,608,936.60	2,830,214.40
VEBA NISA-STRIPS	0.000% 08/15/2044 DD 08/15/14 U. S. GOVERNMENT SECURITIES	1,545,814.85	1,613,400.45
VEBA NISA-STRIPS	0.000% 11/15/2044 DD 11/17/14 U. S. GOVERNMENT SECURITIES	868,724.85	840,703.80
VEBA NISA-STRIPS	0.000% 02/15/2045 DD 02/17/15 U. S. GOVERNMENT SECURITIES	1,015,819.95	943,499.35
VEBA NISA-STRIPS	0.000% 05/15/2045 DD 05/15/15 U. S. GOVERNMENT SECURITIES	2,168,857.80	1,946,649.45
VEBA NISA-STRIPS	0.000% 08/15/2045 DD 08/17/15 U. S. GOVERNMENT SECURITIES	1,405,102.10	1,352,776.25
VEBA NISA-STRIPS	0.000% 11/15/2045 DD 11/16/15 U. S. GOVERNMENT SECURITIES	1,065,399.40	1,058,496.10
VEBA NISA-STRIPS	0.000% 02/15/2046 DD 02/16/16 U. S. GOVERNMENT SECURITIES	85,311.60	88,134.20
VEBA NISA-STRIPS	0.000% 05/15/2046 DD 05/16/16 U. S. GOVERNMENT SECURITIES	76,942.00	79,696.00
VEBA NISA-STRIPS	0.000% 11/15/2046 DD 11/15/16 U. S. GOVERNMENT SECURITIES	194,245.35	195,148.80
NISA LONG GOVT	5.500% 08/15/2028 DD 08/15/98 U. S. GOVERNMENT SECURITIES	1,999,804.42	1,922,614.65
NISA LONG GOVT	5.250% 11/15/2028 DD 11/15/98 U. S. GOVERNMENT SECURITIES	618,366.67	591,968.25
NISA LONG GOVT	6.250% 05/15/2030 DD 11/15/99 U. S. GOVERNMENT SECURITIES	894,146.89	834,690.70
NISA LONG GOVT	4.500% 02/15/2036 DD 02/15/06 U. S. GOVERNMENT SECURITIES	1,815,411.27	1,727,148.15

**THE PACIFIC GAS AND ELECTRIC COMPANY
HEALTH CARE PLAN FOR RETIREES AND SURVIVING DEPENDENTS**

EIN #: 94-0742640

PLAN #: 535

**FORM 5500, SCHEDULE H, PART IV, LINE 4(i) –
SCHEDULE OF ASSETS HELD
AS OF DECEMBER 31, 2016**

Identity of Issuer, borrower, lessor or similar party	Description of investment including maturity date, rate of interest, collateral, par or maturity value	Cost	Current Value
NISA LONG GOVT	6.250% 07/15/2032 DD 02/20/02 U. S. GOVERNMENT SECURITIES	462,443.21	488,529.70
NISA LONG GOVT	6.625% 11/15/2030 DD 11/03/00 U. S. GOVERNMENT SECURITIES	1,966,444.80	1,780,595.20
NISA LONG GOVT	1.875% 09/24/2026 DD 09/27/16 U. S. GOVERNMENT SECURITIES	173,892.25	160,777.75
NISA LONG GOVT	7.125% 05/01/2030 DD 05/01/00 U. S. GOVERNMENT SECURITIES	749,834.05	719,392.70
NISA LONG GOVT	5.250% 09/15/2039 DD 09/15/09 U. S. GOVERNMENT SECURITIES	487,503.25	470,996.25
NISA LONG GOVT	4.250% 09/15/2065 DD 09/24/15 U. S. GOVERNMENT SECURITIES	82,716.90	87,500.70
		\$ 1,416,729,398.19	\$ 1,691,832,254.19

**THE PACIFIC GAS AND ELECTRIC COMPANY
HEALTH CARE PLAN FOR RETIREES AND SURVIVING DEPENDENTS**

**EIN #: 94-0742640
PLAN #: 535**

**FORM 5500, SCHEDULE H, PART IV, LINE 4(j) –
SCHEDULE OF REPORTABLE TRANSACTIONS
YEAR ENDED DECEMBER 31, 2016 (in thousands)**

(a)	(b)	(c)	(d)	(e)	(f)	(g)	(h)
Identity of Party Involved	Description of Investment	Cost of Purchase	Proceeds from Sale	Lease Rental	Expense Incurred with Transactction	Cost of Asset	Net Gain (Loss)
Series of Transactions in Excess of 5% of Plan Assets:							
Fidelity	Institutional Money Market Fund	\$ 189,726	\$ -	\$ -	\$ -	\$ -	\$ -
Fidelity	Institutional Money Market Fund	\$ -	\$ 213,618	\$ -	\$ -	\$ 213,618	\$ -
Fidelity	Government Portfolio I	\$ 226,396	\$ -	\$ -	\$ -	\$ -	\$ -
Fidelity	Government Portfolio I	\$ -	\$ 200,742	\$ -	\$ -	\$ 200,742	\$ -

HEALTH WEALTH CAREER

**NATIONAL
SURVEY
OF EMPLOYER-
SPONSORED
HEALTH PLANS**



**A special report for
Pacific Gas and Electric
Company**



MAKE TOMORROW, TODAY  **MERCER**


A SPECIAL REPORT FROM THE 2017 NATIONAL SURVEY OF EMPLOYER- SPONSORED HEALTH PLANS

In contrast to the turmoil in the individual health plan market, employer health plan sponsors extended their run of low annual cost increases in 2017, as average total health benefit cost per employee rose by just 2.6%. Employers expect cost to rise by 4.2% in 2018, reflecting changes made to hold down cost; if they made no changes, they projected cost would rise by an average of 6.5%. Despite relatively moderate cost growth, health coverage represents an enormous expense. Total health benefits cost averaged \$12,229 per employee in 2017. Even among smaller employers (those with 10-499 employees), where benefits are typically less generous, per-employee cost averages \$11,527.

One of the key strategies for slowing cost growth has been consumerism: making employees responsible for a greater share of their healthcare expenses and providing resources to help them spend more carefully. Resources such as transparency tools, telemedicine and voluntary benefit options like hospital indemnity plans can make choosing a high-deductible plan a more comfortable choice. Nearly two-thirds of all large employers (those with 500 or more employees) now offer a high-deductible consumer-directed health plan (CDHP), most often as a choice rather than as a full replacement. However, after years of steady growth, enrollment in CDHPs among large employers slowed nearly to a halt in 2017, rising only from 33% to 34% of covered employees.

While consumerism has an important role in cost management, it can't solve for all of the inefficiencies in the healthcare market. The next wave of cost management strategies seek to improve the value of the care provided. The survey asked employers to rate the importance of strategies they will be using over the next five years to achieve lower cost, higher quality and a better member experience. At the top of the list was taking action to manage high-cost claims – such as by providing enhanced care management or a “high-touch” advocacy program, followed by addressing the rising cost of specialty drugs. The third priority -- a focused strategy for creating a culture of health -- recognizes that helping employees thrive has a measurable impact on virtually every aspect of their business.

Using a scientific random sample and supplemental convenience sample, we collected data from 2,481 employers with 10 or more employees. The national and regional results are based on the random sample only and are weighted to be projectable. However, results for city, state and other special employer groups include the convenience sample and are unweighted. In cases where there are too

NUMBER OF PARTICIPANTS		GEOGRAPHIC REGIONS USED IN THIS SURVEY	
Northern CA 500+	38		
Utilities 500+	22		
Over 65% Union 500+	118		
National 500+	1,559		

EMPLOYER PROFILE

Demographics

	Northern CA 500+	Utilities 500+	Over 65% Union 500+	National 500+
Average employee age	42	44	44	43
Average % of female employees	45%	26%	51%	47%
Average % of union employees	19%	27%	81%	12%

Company revenue in 2016

	Northern CA 500+	Utilities 500+	Over 65% Union 500+	National 500+
Less than \$25M	9%	0%	22%	14%
\$25M-\$249.9M	21%	11%	30%	31%
\$250M-\$999.9M	30%	26%	17%	26%
\$1B or more	39%	63%	30%	29%

MEDICAL PLAN PREVALENCE

Type of medical plan offered

Percent of employers offering each type of medical plan

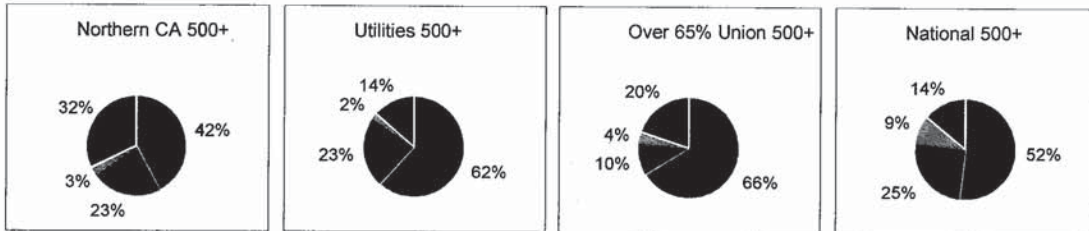
	Northern CA 500+	Utilities 500+	Over 65% Union 500+	National 500+
PPO/POS*	79%	95%	91%	85%
HSA-eligible CDHP	74%	59%	36%	59%
HRA-based CDHP	11%	9%	14%	12%
Either type of CDHP	76%	64%	42%	64%
HMO	89%	41%	41%	29%

*includes traditional indemnity plans

Employee enrollment

Percent of all covered employees enrolled in each type of medical plan

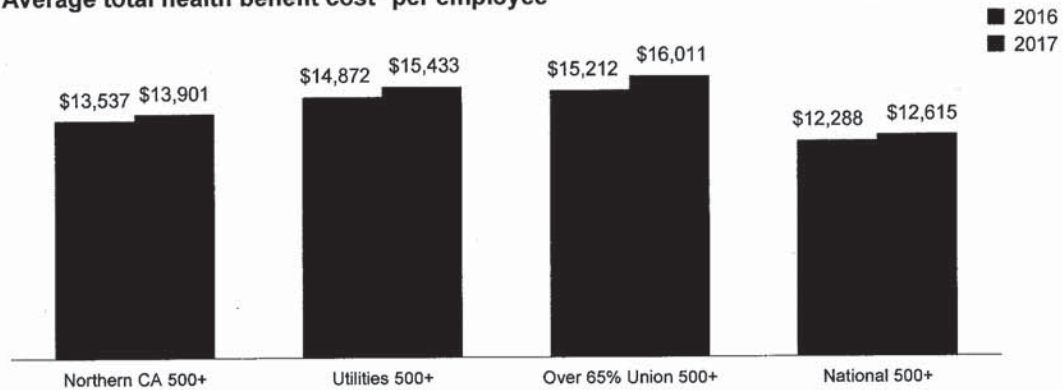
■ PPO/POS* ■ HSA-eligible CDHPs ■ HRA ■ HMO



*includes traditional indemnity plans

COST, CONTRIBUTION AND FUNDING

Average total health benefit cost* per employee

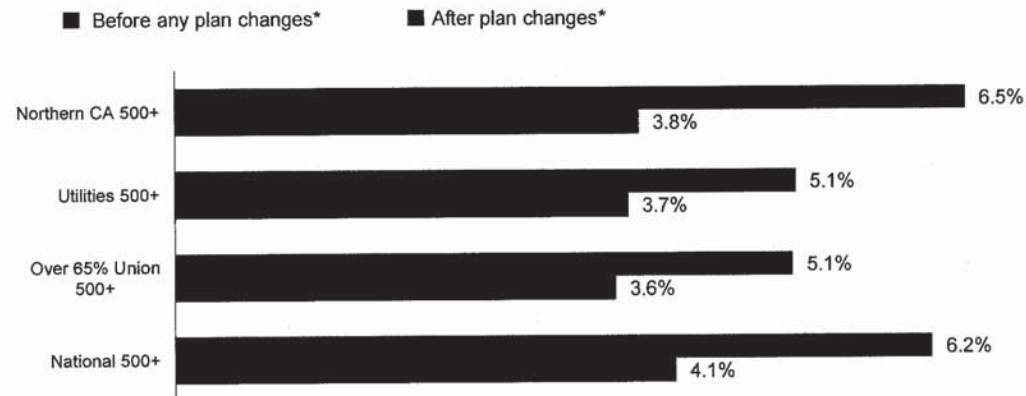


*Total health benefit cost includes medical, dental, Rx, vision and hearing benefits

Health benefit cost as a percentage of payroll

	Northern CA 500+	Utilities 500+	Over 65% Union 500+	National 500+
Average total health benefit cost as a percentage of payroll for 2016	11.7%	16.0%	22.1%	15.6%

Expected average increase in total health benefit cost per employee for 2018



*Changes to plan design or health plan vendor

COST, CONTRIBUTION AND FUNDING, CONTINUED**Employee contribution for individual coverage****Average monthly contribution for individual coverage (\$)**

	Northern CA 500+	Utilities 500+	Over 65% Union 500+	National 500+
PPO/POS	\$128	\$120	\$107	\$140
HSA-eligible CDHP	\$85	\$59	\$79	\$83
HRA-based CDHP	\$285	\$151	\$84	\$109
HMO	\$124	\$163	\$89	\$128
Dental	\$22	\$12	\$15	\$18

Average contribution for individual coverage as a % of premium

PPO/POS	21%	18%	15%	24%
HSA-eligible CDHP	12%	10%	15%	18%
HRA-based CDHP	23%	25%	15%	20%
HMO	19%	24%	12%	23%
Dental	40%	39%	37%	49%

Employee contribution for family coverage***Average monthly contribution for family coverage (\$)**

	Northern CA 500+	Utilities 500+	Over 65% Union 500+	National 500+
PPO/POS	\$391	\$340	\$376	\$470
HSA-eligible CDHP	\$345	\$181	\$279	\$318
HRA-based CDHP	\$662	\$488	\$249	\$389
HMO	\$429	\$459	\$311	\$484
Dental	\$66	\$45	\$50	\$59

Average contribution for family coverage as a % of premium

PPO/POS	29%	26%	22%	31%
HSA-eligible CDHP	21%	21%	21%	25%
HRA-based CDHP	21%	28%	17%	25%
HMO	26%	29%	18%	32%
Dental	44%	47%	43%	55%

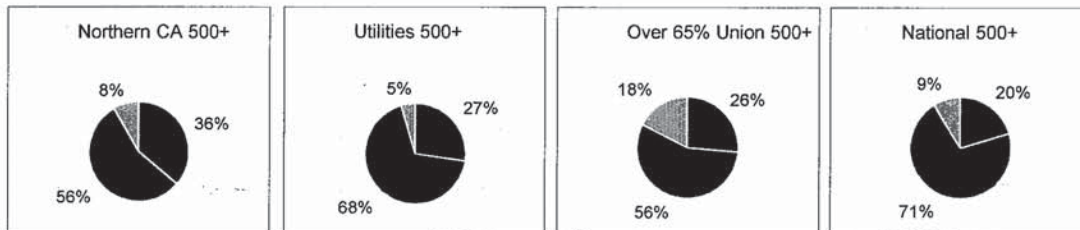
*Family coverage is defined as coverage for employee, spouse and two children

Use salary-based contributions

	Northern CA 500+	Utilities 500+	Over 65% Union 500+	National 500+
Use salary bands	11%	5%	8%	12%
Median number of salary bands	3	4	4	3
Contribution is the same percentage of salary for all employees (% of employers)	3%	0%	3%	2%

COST, CONTRIBUTION AND FUNDING, CONTINUED**Funding method for most prevalent plan**

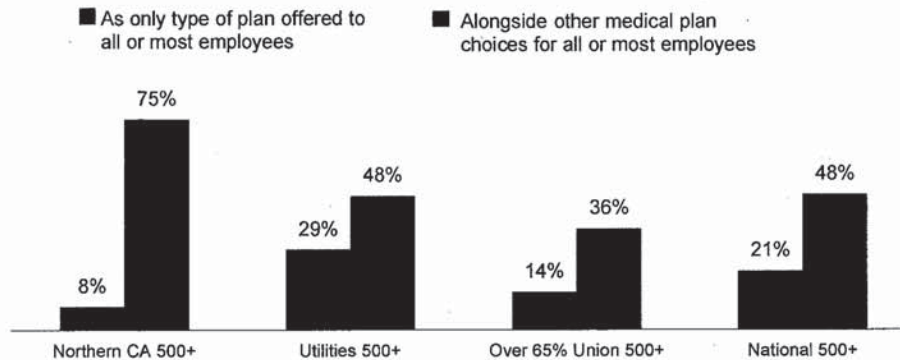
■ Fully insured ■ Self-funded with stop-loss ■ Self-funded without stop-loss

**COVERAGE ELIGIBILITY, ELECTION**

	Northern CA 500+	Utilities 500+	Over 65% Union 500+	National 500+
Coverage waivers				
Average % of eligible employees waiving own coverage	15%	10%	11%	18%
Offer cash incentive to waive coverage (% of employers)	24%	32%	39%	10%
Average annual cash incentive, when provided	\$2,024	\$1,008	\$1,829	\$1,667
Offer other incentive to waive coverage (% of employers)	0%	0%	3%	2%
Spousal provisions				
Spouses with other coverage available are not eligible	0%	5%	7%	10%
Surcharge applies for spouses with other coverage available	11%	5%	7%	14%
Median monthly surcharge amount (\$)	\$115	\$200	\$55	\$100
Domestic partner coverage				
Offer to same-sex partners only	8%	9%	9%	8%
Offer to both same-sex and opposite-sex partners	89%	27%	52%	48%
Dropped coverage due to legalization of same-sex marriage	3%	23%	13%	13%
Average % of employees electing dependent coverage	54%	66%	61%	53%
Part-time employees				
Offer coverage to part-time employees ¹	89%	71%	78%	55%
Average number of hours / week required for eligibility ²	22	20	22	23
Average contribution as a percent of premium for employee-only coverage	26%	26%	29%	31%
Average contribution as a percent of premium for family coverage	44%	32%	36%	39%

¹Among employers that have part-time employees

²Among employers with a minimum hour requirement

STRATEGIC PLANNING**Expect to offer an account-based CDHP in the next three years****Telemedicine services¹**

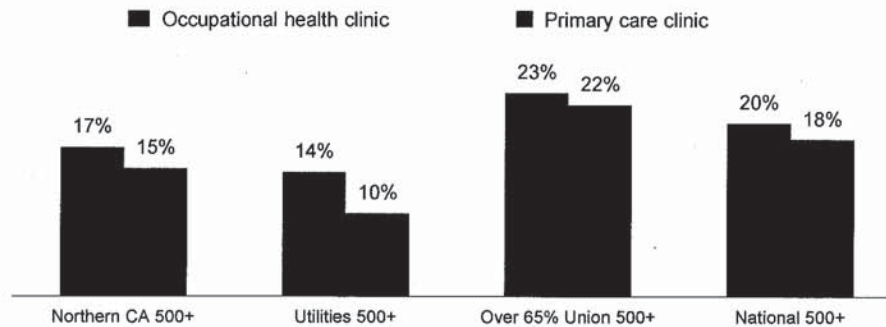
	Northern CA 500+	Utilities 500+	Over 65% Union 500+	National 500+
Offer through the health plan	73%	67%	62%	57%
Offer through a speciality vendor outside the health plan	11%	5%	8%	15%
Cost-sharing requirements				
% requiring copay	70%	86%	66%	67%
% requiring coinsurance	10%	7%	8%	15%
No cost-sharing is required	20%	7%	29%	21%
Median copay amount	\$20	\$20	\$20	\$25
Utilization rate for programs in use in 2016				
1% - 3%	23%	29%	43%	51%
4% - 6%	23%	14%	27%	19%
7% - 9%	0%	0%	0%	4%
10% or more	54%	57%	30%	27%

How transparency tools* are provided¹

	Northern CA 500+	Utilities 500+	Over 65% Union 500+	National 500+
Through health plan only	68%	76%	71%	67%
Through specialty vendor outside the health plan	15%	10%	7%	15%
No transparency tools are provided	18%	14%	22%	18%

*Tool to deliver price and quality information about specific health care providers or service to employees. Tool can be accessed online, telephonically or via mobile applications.

¹Based on employers with 500 or more employees

STRATEGIC PLANNING, CONTINUED¹**Offer on-site or near-site health clinic****Employees have incentives to use narrow networks / value-based care****Employer offers incentives to use:**

Accountable care organization (affiliated providers that treat patients across care settings with payment tied to performance)

Patient-centered medical home (primary care-driven model designed to provide enhanced access, quality and integrated care)

Other type of narrow network of providers selected based on quality / cost performance

	Northern CA 500+	Utilities 500+	Over 65% Union 500+	National 500+
Accountable care organization (affiliated providers that treat patients across care settings with payment tied to performance)	15%	5%	9%	6%
Patient-centered medical home (primary care-driven model designed to provide enhanced access, quality and integrated care)	3%	0%	6%	4%
Other type of narrow network of providers selected based on quality / cost performance	3%	11%	10%	8%

Centers of Excellence

	Northern CA 500+	Utilities 500+	Over 65% Union 500+	National 500+
Offer surgical COE (for surgeries other than transplants)	59%	39%	45%	48%
Employees have incentives to use	15%	0%	9%	9%
Offer COE for cardiology	45%	44%	45%	46%
Employees have incentives to use	7%	0%	4%	8%
Offer COE for orthopedics	48%	39%	44%	44%
Employees have incentives to use	11%	0%	7%	8%
Offer COE for oncology	44%	39%	45%	45%
Employees have incentives to use	11%	0%	3%	7%
Offer COE for women's health (infertility/pregnancy)	54%	28%	41%	41%
Employees have incentives to use	15%	0%	3%	6%

Reference-based pricing*

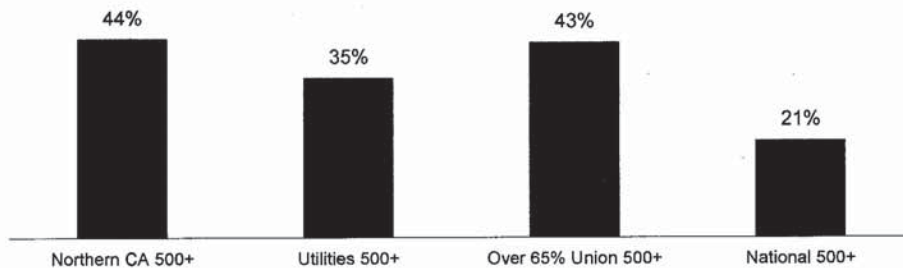
	Northern CA 500+	Utilities 500+	Over 65% Union 500+	National 500+
Currently in place	8%	5%	10%	8%
Considering	22%	14%	14%	12%

*health plan sets a maximum amount payable for specific procedures; higher than normal cost-sharing applies for providers charging above reference price)

¹Based on employers with 500 or more employees

STRATEGIC PLANNING, CONTINUED**Excise tax***

Estimated percentage of employers subject to excise tax in 2020 if they make no changes to current plans



* Among employers with 50 or more employees. Estimate based on employer's current premium for highest-cost plan, trended at 4.7%. Tax threshold estimated at \$10,700 for employee-only coverage and \$28,900 for family coverage.

Bundled solution for benefits (includes private exchanges)

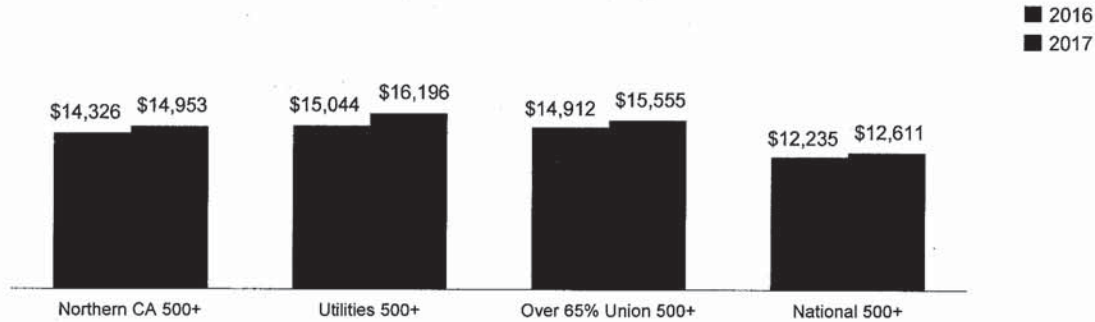
	Northern CA 500+	Utilities 500+	Over 65% Union 500+	National 500+
Currently use or plan to by 2019	8%	9%	12%	16%
Considering using within 5 years	5%	23%	7%	17%
Not using / not considering	86%	68%	81%	66%

Future strategies to achieve triple aim (cost, quality, engagement)¹

Percent of employers ranking as important / very important

	Northern CA 500+	Utilities 500+	Over 65% Union 500+	National 500+
ACO or other high-performance network strategies	39%	22%	36%	33%
Focused action to manage cost for specialty pharmacy	61%	67%	72%	73%
Monitoring and managing high-cost claimants	71%	72%	64%	77%
Offering employees more plan or benefit options with decision support tools	58%	67%	44%	48%
Focused strategy for creating a culture of health	77%	78%	75%	70%
"Point solutions"—high tech or high touch support for physical / mental / financial health issues	52%	39%	45%	40%

¹Based on employers with 500 or more employees

PREFERRED PROVIDER ORGANIZATION (PPO) / POINT-OF-SERVICE PLANS (POS)
Average PPO / POS* cost per employee, for active employees


*Includes traditional indemnity

PPO / POS cost sharing

	Northern CA 500+	Utilities 500+	Over 65% Union 500+	National 500+
Median actuarial value¹	89%	89%	89%	87%
Deductible for in-network services				
Deductible required (% of employers)	93%	90%	83%	95%
Median individual deductible amount	\$500	\$500	\$500	\$650
Median family deductible amount	\$1,000	\$1,200	\$1,000	\$1,500
Deductible for out-of-network services				
Deductible required (% of employers)	97%	95%	91%	97%
Median individual deductible amount	\$750	\$750	\$750	\$1,250
Median family deductible amount	\$2,000	\$1,750	\$1,550	\$3,000
In-network primary care physician (PCP) visit				
% requiring copay	87%	86%	78%	84%
% requiring coinsurance	17%	19%	28%	23%
No cost-sharing is required	3%	0%	3%	3%
Median copay amount	\$20	\$25	\$20	\$25
Median coinsurance amount	20%	20%	20%	20%
In-network specialist visit				
% requiring higher copay for specialist	38%	57%	34%	60%
Median copay amount, when higher than PCP	\$35	\$43	\$40	\$40
Out-of-network primary care physician visit				
% requiring copay	7%	10%	16%	12%
% requiring coinsurance	93%	95%	86%	88%
No cost-sharing is required	0%	0%	0%	3%
Median coinsurance amount	40%	30%	38%	40%

¹Calculated using plan design information supplied by the respondent, modeled through Mercer's MedPrice tool. AVs represent the ratio of paid claims divided by covered health care claims and exclude the impact of employee payroll contributions.

PREFERRED PROVIDER ORGANIZATION (PPO) / POINT-OF-SERVICE PLANS (POS), CONTINUED
PPO / POS cost sharing, continued

	Northern CA 500+	Utilities 500+	Over 65% Union 500+	National 500+
In-network hospital stay				
% requiring deductible / per-admission or daily copay	30%	14%	23%	21%
% requiring coinsurance	80%	71%	62%	77%
No cost-sharing is required	10%	14%	21%	8%
Median coinsurance amount	13%	20%	20%	20%
Out-of-network hospital stay				
% requiring deductible / per-admission or daily copay	23%	0%	19%	13%
% requiring coinsurance	97%	95%	87%	93%
No cost-sharing is required	0%	5%	4%	2%
Median coinsurance amount	40%	30%	40%	40%
Emergency room visit				
% requiring copay	67%	71%	83%	78%
% requiring coinsurance	70%	43%	47%	48%
No cost-sharing is required	3%	5%	4%	3%
Median copay amount	\$100	\$100	\$100	\$150
Median coinsurance amount (% of eligible expenses)	13%	20%	20%	20%
Out-of-pocket maximum for in-network services*				
Median individual out-of-pocket maximum	\$2,500	\$2,500	\$2,500	\$3,000
Median family out-of-pocket maximum	\$6,000	\$6,000	\$5,000	\$6,850
Out-of-pocket maximum for out-of-network services*				
Median individual out-of-pocket maximum	\$4,500	\$3,800	\$3,225	\$6,000
Median family out-of-pocket maximum	\$9,000	\$8,000	\$7,000	\$12,000
Out-of-pocket limit includes prescription drug expenses				
	87%	62%	55%	71%

*Includes deductible

HSA-ELIGIBLE CONSUMER-DIRECTED HEALTH PLANS (CDHP)**Average HSA-eligible CDHP cost per employee, for active employees****HSA cost sharing**

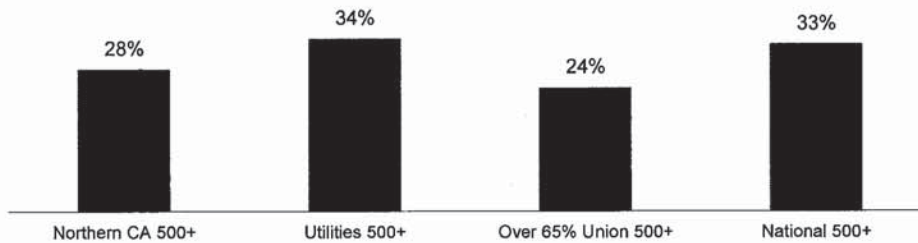
	Northern CA 500+	Utilities 500+	Over 65% Union 500+	National 500+
Average actuarial value ¹	83%	87%	85%	81%
Deductible for in-network services				
Median individual deductible amount	\$1,500	\$1,500	\$1,500	\$1,750
Median family deductible amount	\$3,000	\$3,000	\$3,000	\$3,600
Deductible for out-of-network services				
Median individual deductible amount	\$2,600	\$3,000	\$3,000	\$3,000
Median family deductible amount	\$5,200	\$5,500	\$6,000	\$6,000
In-network physician visit				
% requiring copay	4%	0%	12%	3%
% requiring coinsurance	82%	92%	64%	78%
No cost-sharing is required	14%	8%	26%	19%
Median coinsurance amount	15%	20%	20%	20%
Out-of-network physician visit				
% requiring copay	0%	0%	2%	2%
% requiring coinsurance	100%	100%	90%	91%
No cost-sharing is required	0%	0%	7%	8%
Median coinsurance amount	40%	40%	40%	40%
Out-of-pocket maximum for in-network services*				
Median individual out-of-pocket maximum	\$3,200	\$3,000	\$3,000	\$3,500
Median family out-of-pocket maximum	\$6,275	\$6,000	\$6,000	\$7,000
Out-of-pocket maximum for out-of-network services*				
Median individual out-of-pocket maximum	\$6,000	\$6,000	\$6,000	\$6,350
Median family out-of-pocket maximum	\$12,000	\$12,000	\$12,000	\$13,000

*Includes deductible

¹Calculated using plan design information supplied by the respondent, modeled through Mercer's MedPrice tool. AVs represent the ratio of paid claims divided by covered health care claims and exclude the impact of employee payroll contributions. Includes the employer contribution to the health savings account.

HSA-ELIGIBLE CONSUMER-DIRECTED HEALTH PLANS (CDHP), CONTINUED**HSA cost sharing, continued**

	Northern CA 500+	Utilities 500+	Over 65% Union 500+	National 500+
Preventive Rx covered at separate, higher benefit level				
Not subject to deductible	30%	38%	13%	24%
100% coverage for at least some Rx categories	44%	38%	31%	26%
Lower cost-sharing, but not 100% coverage	11%	15%	8%	9%
Non-preventive prescription drugs subject to same coinsurance as any other medical expense	54%	85%	70%	71%

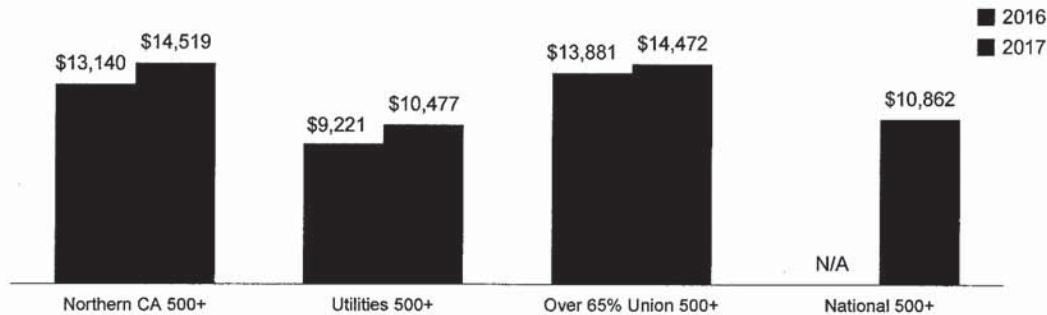
Average % of eligible employees enrolled in HSA-eligible CDHP when offered as an option**Plan funding / features**

	Northern CA 500+	Utilities 500+	Over 65% Union 500+	National 500+
Percent of employers making an account contribution	75%	100%	85%	77%
Employer contribution to account*				
Median for employee-only coverage	\$750	\$700	\$750	\$500
Median for family coverage	\$1,500	\$1,345	\$1,500	\$1,000
Type of employer account contribution*				
Matching contributions	0%	0%	10%	6%
Incentive-based contributions	20%	30%	27%	19%
Offer a limited-purpose flexible spending account	61%	38%	52%	53%
Primary objective for HSA-eligible plan				
Plan is our core health plan; high enrollment is a goal	27%	20%	3%	27%
Plan is offered as a low-cost option to provide medical plan choice	46%	60%	69%	61%
Plan was implemented primarily to meet ACA affordability requirements	8%	10%	9%	4%

*Among employers contributing to the account

HRA-BASED CONSUMER-DIRECTED HEALTH PLANS (CDHP)

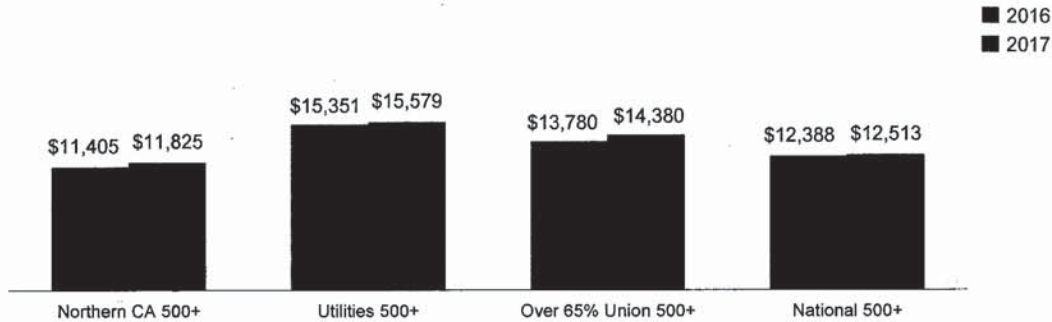
Average HRA-based CDHP cost per employee, for active employees



HRA plan design

	Northern CA 500+	Utilities 500+	Over 65% Union 500+	National 500+
Deductible for in-network services				
Median individual deductible amount	\$1,650	\$1,625	\$1,200	\$1,500
Median family deductible amount	\$3,300	\$3,250	\$2,500	\$3,600
Deductible for out-of-network services				
Median individual deductible amount	\$3,500	\$2,875	\$2,100	\$3,000
Median family deductible amount	\$6,800	\$5,750	\$4,500	\$6,000
In-network physician visit				
% requiring copay	0%	0%	25%	21%
% requiring coinsurance	100%	100%	58%	69%
No cost-sharing is required	0%	0%	17%	12%
Median coinsurance amount	10%	20%	20%	20%
Out-of-network physician visit				
% requiring copay	0%	0%	0%	5%
% requiring coinsurance	100%	100%	92%	93%
No cost-sharing is required	0%	0%	8%	4%
Median coinsurance amount	30%	40%	40%	40%
Out-of-pocket maximum for in-network services*				
Median individual out-of-pocket maximum	\$4,000	\$3,750	\$3,000	\$4,000
Median family out-of-pocket maximum	\$7,800	\$7,500	\$4,800	\$7,600
Out-of-pocket maximum for out-of-network services*				
Median individual out-of-pocket maximum	\$8,000	\$6,500	\$4,800	\$7,000
Median family out-of-pocket maximum	\$15,600	\$13,000	\$9,600	\$13,700
Employer contribution to account				
Median for employee-only coverage	\$900	\$500	\$600	\$600
Median for family coverage	\$1,800	\$1,000	\$1,500	\$1,200
Make incentive-based contributions to account	25%	0%	17%	22%
Limit on HRA accumulations (% of employers)	50%	50%	46%	51%

*Includes deductible

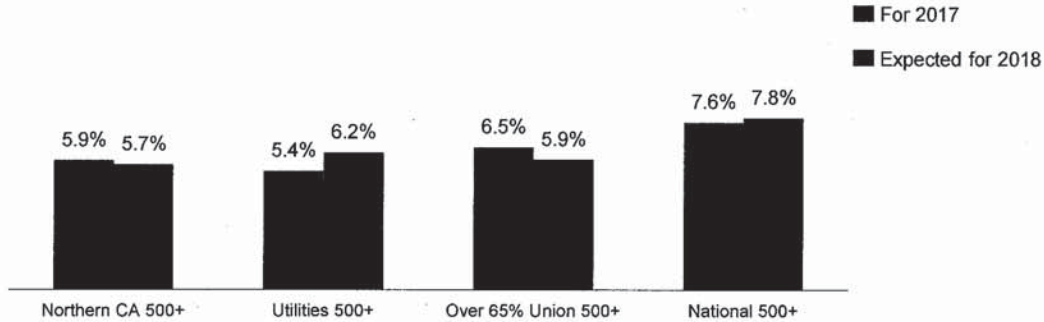
HEALTH MAINTENANCE ORGANIZATION (HMO)**Average HMO cost per employee, for active employees****HMO cost sharing**

	Northern CA 500+	Utilities 500+	Over 65% Union 500+	National 500+
Average actuarial value ¹	94%	94%	94%	93%
Primary care physician (PCP) visit				
% requiring copay	97%	100%	89%	91%
% requiring coinsurance	6%	0%	2%	5%
Median copay amount	\$20	\$20	\$20	\$20
In-network specialist visit				
% requiring higher copay for specialist	41%	78%	40%	67%
Median copay amount, when higher than PCP	\$35	\$35	\$30	\$40
Inpatient hospital stay				
% requiring deductible / per-admission copay	62%	56%	37%	46%
% requiring coinsurance	24%	22%	17%	37%
No cost-sharing is required	15%	22%	46%	21%
Median deductible amount	\$250	\$250	\$225	\$250
Median coinsurance amount	10%	15%	20%	20%
Outpatient surgery				
% requiring copay per procedure that is higher than PCP / specialist copay	44%	50%	25%	42%
% requiring copay per procedure that is the same as PCP / specialist copay	24%	13%	36%	18%
% requiring coinsurance	29%	13%	27%	39%
No cost-sharing is required	15%	25%	25%	12%
Median copay amount per procedure when higher than PCP / specialist copay	\$113	\$125	\$100	\$125
Emergency room visit				
% requiring copay	82%	89%	89%	77%
Median copay amount	\$100	\$100	\$100	\$100
% requiring overall deductible	32%	11%	24%	42%

¹Calculated using plan design information supplied by the respondent, modeled through Mercer's MedPrice tool. AVs represent the ratio of paid claims divided by covered health care claims and exclude the impact of employee payroll contributions.

PRESCRIPTION DRUG (RX) BENEFITS¹

Annual change in cost per employee for prescription drug benefits

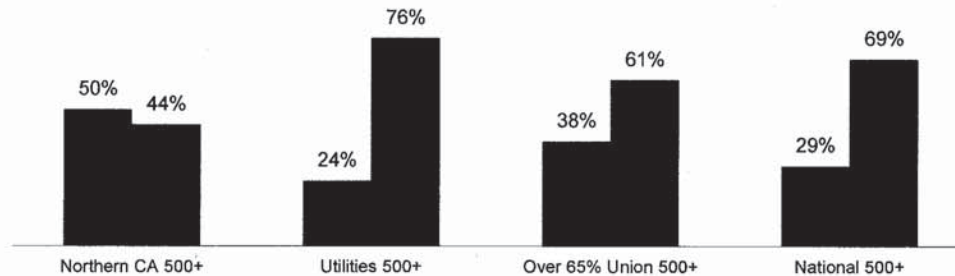


Average copayments in prescription drug plans

	Northern CA 500+	Utilities 500+	Over 65% Union 500+	National 500+
Retail				
Generic	\$10	\$12	\$10	\$11
Brand-name formulary	\$29	\$30	\$27	\$33
Brand-name non-formulary	\$49	\$52	\$44	\$56
Specialty or biotech drugs (when separate)	\$63	\$200	\$79	\$115
Mail-order (for 90-day supply)				
Generic	\$20	\$23	\$18	\$22
Brand-name formulary	\$60	\$57	\$48	\$68
Brand-name non-formulary	\$102	\$112	\$79	\$117
Specialty or biotech drugs (when separate)	\$63	\$200	\$130	\$186

How drug benefits are provided

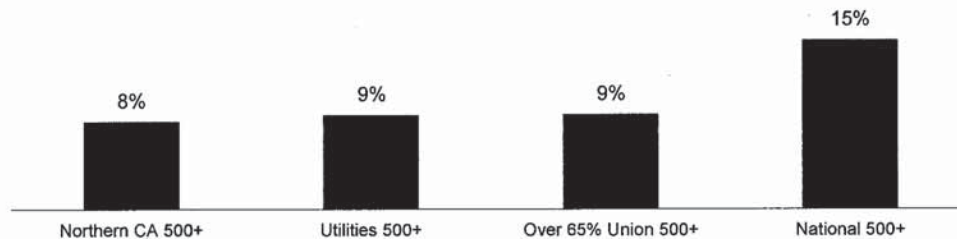
Contract directly with PBM (carve-out)
 Medical plan provides pharmacy benefit or contracts with PBM (carve-in)



¹Offered to employees enrolled in the largest medical plan of any type

PRESCRIPTION DRUG (RX) BENEFITS¹, CONTINUED**Drug plan features²**

	Northern CA 500+	Utilities 500+	Over 65% Union 500+	National 500+
Mandatory generics (with or without physician override)	29%	15%	42%	34%
Step therapy (generics / preferred brands required before non-preferred brands)	50%	65%	65%	61%
Drug exclusions	15%	40%	27%	35%
Mandatory mail-order (maintenance drugs must be filled by mail after 2-4 fills at a retail pharmacy)	15%	15%	15%	16%
Retail penalty program (maintenance drugs are subject to higher cost sharing after 2-4 fills at a retail pharmacy)	12%	10%	16%	17%
Members may fill 90-day maintenance drugs at specific retail pharmacy	24%	35%	18%	24%

Average change in per-employee cost for specialty medications at last renewal**Encourage use of specialty pharmacy²**

	Northern CA 500+	Utilities 500+	Over 65% Union 500+	National 500+
Offer lower cost-sharing when filled at specialty pharmacy	12%	10%	19%	12%
Exclude some / all specialty medications from coverage under the retail pharmacy benefit or medical benefit	30%	33%	31%	31%
Other method	24%	24%	16%	13%
Do not steer members to specialty pharmacy	39%	33%	38%	47%

¹Offered to employees enrolled in the largest medical plan of any type²Based on employers with 500 or more employees

HEALTH AND WELL-BEING PROGRAMS¹**Health and well-being programs and policies**

	Northern CA 500+	Utilities 500+	Over 65% Union 500+	National 500+
Steps taken to build a "culture of health"				
Vision / mission statement supports a culture of health	30%	24%	19%	23%
Offer onsite fitness facility	48%	71%	34%	43%
Work environment modified to promote physical activity	36%	43%	22%	23%
Have policies to promote healthy work / life balance	52%	24%	43%	42%
Healthy food choices in cafeteria, meetings / events	70%	57%	44%	59%
No smoking anywhere on campus	45%	43%	63%	54%
Dependents are eligible for key elements of health and well-being program				
Spouses	44%	50%	59%	57%
Children	26%	6%	34%	22%
No dependents are eligible	56%	50%	38%	42%
Health plan non-participants eligible for at least some elements of the health and well-being program²				
	69%	88%	62%	67%
Financial health resources (other than retirement planning)				
Offer through the health plan	11%	9%	9%	11%
Offer through specialty vendor	51%	45%	46%	41%

Other health and well-being initiatives

	Northern CA 500+	Utilities 500+	Over 65% Union 500+	National 500+
Technology-based resources used to promote program participation / engagement				
Mobile applications to engage employees	37%	38%	43%	40%
Wearables / apps to monitor activity	29%	48%	31%	29%
Devices to transmit health measures to providers	6%	0%	6%	9%
Provide health advocacy services				
Through the health plan	27%	15%	31%	30%
Through a specialty vendor	27%	20%	14%	19%
Considering offering	27%	10%	9%	15%
Integrated technology-based platform²				
All health and well-being vendors and offerings can be accessed through one integrated platform	21%	12%	23%	18%
Not all vendors and offerings can be accessed through one platform, but that's a goal	21%	29%	20%	19%
Considering an integrated platform	24%	12%	17%	25%
Not considering	34%	47%	40%	38%

¹Offered to employees enrolled in the largest medical plan of any type²Based on employers with 500 or more employees

HEALTH AND WELL-BEING PROGRAMS¹, CONTINUED**How employee health and well-being programs are offered**

	Northern CA 500+	Utilities 500+	Over 65% Union 500+	National 500+
Through health plan, standard services only	42%	47%	39%	39%
Through health plan, optional services	19%	35%	36%	32%
Through one or more specialty vendors	71%	76%	56%	52%

Program participation rates²

	Northern CA 500+	Utilities 500+	Over 65% Union 500+	National 500+
Health assessment (% of eligible employees)	27%	46%	34%	36%
Validated biometric screening (% of eligible employees)	28%	49%	31%	37%

Health and well-being incentives / penalties

	Northern CA 500+	Utilities 500+	Over 65% Union 500+	National 500+
Use incentives in connection with health and well-being program				
Financial rewards	41%	75%	54%	61%
Financial penalties	15%	6%	14%	12%
Make charitable contribution on behalf of members	4%	0%	0%	4%
Non-financial rewards	7%	31%	31%	23%
Do not use any incentives	48%	19%	29%	28%

Incentives for participating in health and well-being programs²

Provide participation incentives	46%	53%	63%	65%
Maximum annual value of incentive* (median)	\$325	\$200	\$250	\$350

Outcomes-based incentives²

Provide outcomes-based incentives	8%	47%	23%	23%
Maximum annual value of incentive* (median)	\$986	\$520	\$500	\$520

Provide incentive for non-tobacco use

Lower premium contribution	6%	19%	12%	22%
Other incentive	9%	10%	8%	8%
No incentives provided	85%	71%	80%	71%
Annual reduction in premium for non-tobacco-users, when provided (median)	\$463	\$240	\$560	\$520

Methods used to verify employees' tobacco-use status (among those offering incentives for non-tobacco use)

Honor system (including affidavit) and/or peer policing	80%	100%	86%	88%
Testing employees (e.g., cotinine testing)	0%	0%	14%	10%
Other	20%	0%	0%	3%

*Among employers that offer financial incentives

¹Offered to employees enrolled in the largest medical plan of any type²Based on employers with 500 or more employees

SPECIAL COVERAGES¹**Behavioral health and autism****Programs provided to support behavioral health (through the health plan or separate program)²**

	Northern CA 500+	Utilities 500+	Over 65% Union 500+	National 500+
Stress management	79%	65%	82%	75%
Resiliency	52%	30%	42%	39%
Mindfulness	52%	35%	47%	40%
Tele-therapy	58%	40%	43%	42%
Texting / online coaching with mental health experts	39%	30%	31%	34%
Family support services for children with disabilities	45%	40%	43%	43%
None of the above programs offered	6%	25%	13%	16%

Have conducted an analysis of employees' mental health and substance abuse issues

Yes	9%	10%	10%	6%
No, but considering in the next two years	21%	5%	13%	14%
No, and not considering	71%	85%	77%	79%

Provide coverage for autism²

Diagnostic services	67%	82%	83%	75%
Medication management	55%	73%	74%	63%
Speech, occupational and physical therapies	82%	73%	71%	69%
Inpatient and outpatient treatment services	45%	50%	57%	56%
Applied behavior analysis / other intensive behavioral therapies	61%	50%	47%	45%
Autism spectrum disorders are excluded conditions	12%	14%	16%	16%

Other special coverages

	Northern CA 500+	Utilities 500+	Over 65% Union 500+	National 500+
Provide coverage for bariatric surgery				
Limited eligibility (must comply with behavior modification program or standards)	39%	32%	34%	34%
Covered the same as other medically necessary procedures	48%	32%	36%	25%

Infertility services covered²

Evaluation by a specialist	71%	57%	56%	52%
Drug therapy	53%	29%	35%	33%
In vivo fertilization	35%	19%	22%	23%
In vitro fertilization	35%	29%	29%	26%
Egg freezing	15%	10%	7%	6%
No infertility services are covered	26%	38%	41%	44%

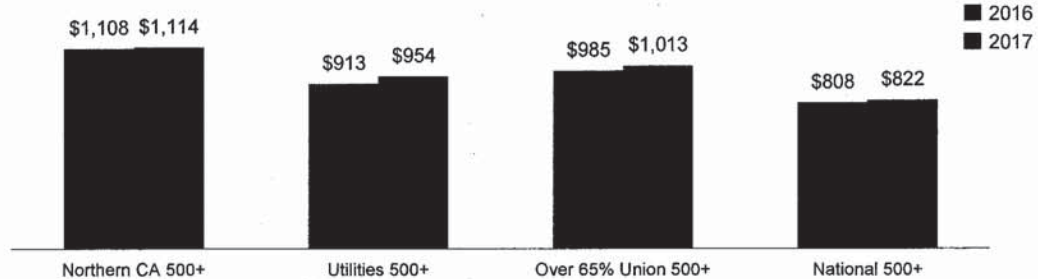
Coverage for infertility treatment limited to women who meet the clinical definition of infertile²

	55%	42%	59%	56%
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Gender reassignment surgery

Surgery is covered	59%	40%	43%	34%
Not covered, but considering	3%	0%	5%	5%

¹ Offered to employees enrolled in the largest medical plan of any type² Based on employers with 500 or more employees

DENTAL BENEFITS**Average cost of dental coverage, per employee****Type of dental plan offered**

	Northern CA 500+	Utilities 500+	Over 65% Union 500+	National 500+
Active PPO	63%	64%	57%	55%
Passive PPO	37%	41%	35%	42%
Dental HMO	20%	0%	19%	11%
No provider network	3%	0%	8%	4%

Dental plan design

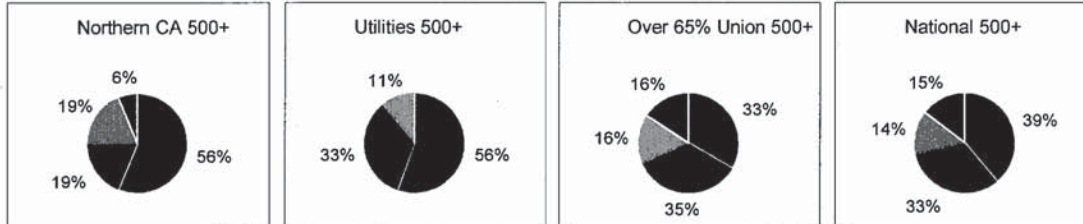
	Northern CA 500+	Utilities 500+	Over 65% Union 500+	National 500+
Services covered				
Sealants	85%	95%	81%	83%
Implants	74%	86%	60%	71%
Treatment of TMJ	35%	32%	27%	32%
Posterior composites	53%	68%	55%	52%
Individual deductible for restorative services				
% requiring deductible	79%	91%	66%	85%
Median deductible	\$50	\$50	\$50	\$50
Family deductible for restorative services				
% requiring deductible	79%	86%	67%	85%
Median deductible	\$150	\$88	\$100	\$150
Dental plan includes annual maximum benefit (% of employers)	91%	100%	85%	94%
Annual maximum benefit (median), among employers with an annual maximum benefit	\$2,000	\$1,625	\$1,500	\$1,500
Orthodontic services				
Median lifetime maximum benefit amount	\$2,000	\$1,500	\$1,500	\$1,500

OTHER BENEFITS**Voluntary insurance benefits offered**

	Northern CA 500+	Utilities 500+	Over 65% Union 500+	National 500+
Accident	47%	23%	56%	61%
Cancer / critical illness	33%	36%	53%	51%
Individual disability insurance	25%	14%	46%	42%
Whole / universal life	19%	14%	44%	41%
Hospital indemnity	25%	5%	28%	20%
Long-term care	36%	9%	31%	24%
Auto / homeowners	31%	27%	16%	21%
ID theft	42%	14%	25%	24%
Legal benefit	56%	45%	31%	36%
Investment advisory	31%	14%	24%	23%
Discount purchase program	50%	23%	19%	33%
Pet insurance	31%	0%	8%	16%
None of the above voluntary programs offered	6%	27%	14%	11%
Voluntary benefits program integrated with core benefit program on same administration platform	52%	85%	51%	65%

Percentage of eligible employees enrolled in a voluntary benefits program in 2017

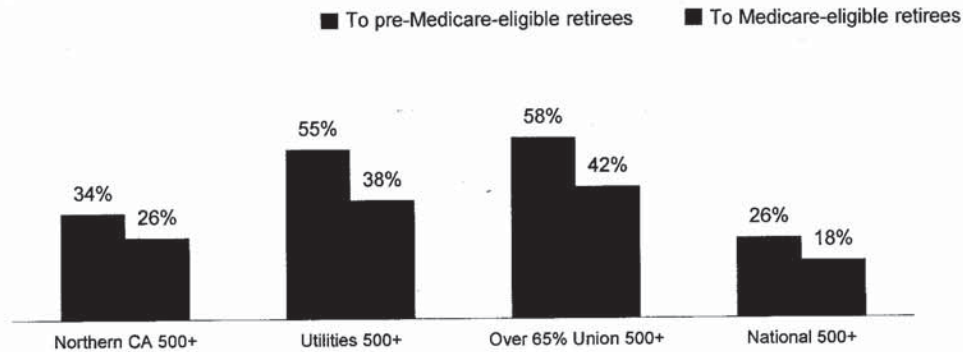
■ Less than 25% ■ 25-50% ■ 51-75% ■ Greater than 75%

**Flexible spending accounts (FSA)**

	Northern CA 500+	Utilities 500+	Over 65% Union 500+	National 500+
Health care FSA				
% offering health care FSA	92%	82%	86%	85%
Average employee participation	19%	34%	19%	20%
Average annual voluntary contribution	\$1,224	\$1,309	\$1,371	\$1,338
Average % of contribution dollars forfeited in 2016	4%	5%	4%	5%
Dependent care FSA				
% offering dependent care FSA	84%	86%	84%	84%
Average employee participation	7%	9%	4%	6%
Average annual voluntary contribution	\$3,320	\$4,112	\$3,677	\$3,360
Average % of contribution dollars forfeited in 2016	3%	2%	2%	2%

RETIREE HEALTH CARE

Offer retiree health coverage*



*Offer a traditional medical plan or private exchange to some or all retirees, on an ongoing basis (new hires will be eligible)

Offer private medical exchange to retirees (among retiree plan sponsors)¹

	Northern CA 500+	Utilities 500+	Over 65% Union 500+	National 500+
Pre-Medicare-eligible retirees	7%	12%	18%	15%
Medicare-eligible retirees	20%	31%	17%	27%

Current approach to providing Medicare Part D prescription drug benefit¹

	Northern CA 500+	Utilities 500+	Over 65% Union 500+	National 500+
Receive 28% subsidy for all / most covered retirees	14%	38%	14%	14%
Offer a plan that wraps around a PDP	14%	13%	31%	20%
Contract with vendor to offer PDP, EGWP or MA-PD plan	0%	13%	21%	20%
Continue to provide drug coverage through standard plan and do not receive subsidy	57%	13%	29%	24%
Some other approach	0%	13%	0%	8%

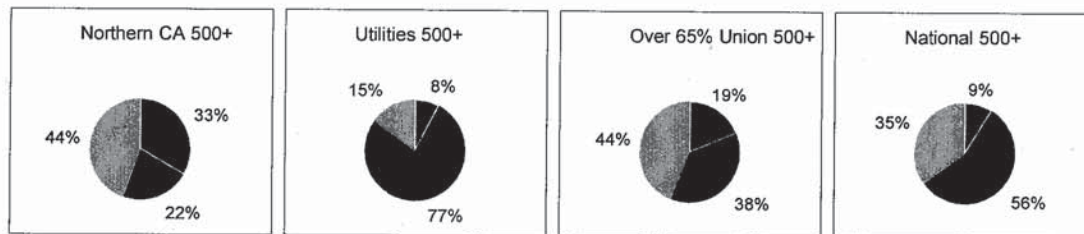
¹Based on employers with 500 or more employees

RETIREE HEALTH CARE, CONTINUED¹

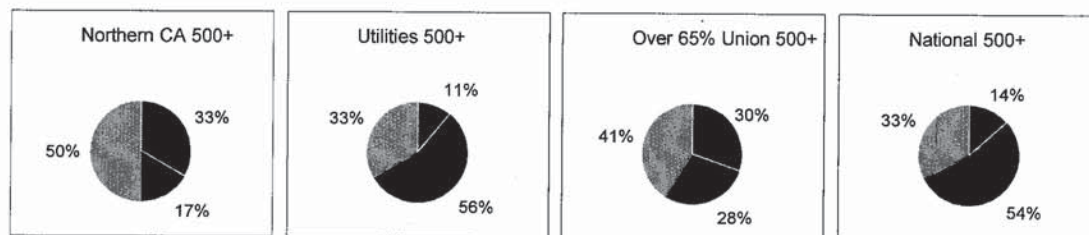
Contribution requirements for retiree-only coverage

■ Employer pays all ■ Cost is shared ■ Retiree pays all

Pre-Medicare-eligible retirees



Medicare-eligible retirees



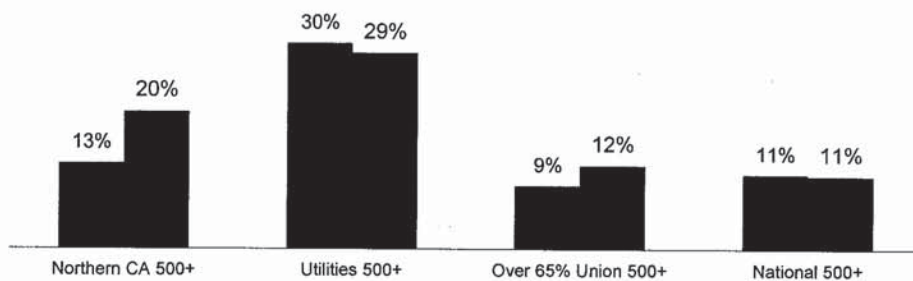
Average retiree contribution as a percent of premium, when cost is shared

	Northern CA 500+	Utilities 500+	Over 65% Union 500+	National 500+
Retiree-only coverage for: Pre-Medicare-eligible retirees	68%	42%	31%	36%
Medicare-eligible retirees	71%	43%	25%	41%

Very likely or likely to add a private exchange in the next 5 years

Based on retiree plan sponsors not currently offering a retiree medical exchange

■ Pre-Medicare-eligible retirees ■ Medicare-eligible retirees



¹Based on employers with 500 or more employees

DEFINITIONS

HEALTH PLAN PREVALENCE AND ENROLLMENT

A **consumer-directed health plan eligible for a Health Savings Account** is a high-deductible health plan with an employee-controlled account. Employer contributions are optional. Account funds roll over at year end and are portable.

A **consumer-directed health plan with a Health Reimbursement Account** is a health plan with an employer-funded spending account. Account funds may roll over at year end, but are not portable.

HEALTH PLAN COST

Total health benefit cost is the total gross cost for all medical, dental, prescription drug, MH / SA, vision and hearing benefits for all covered active employees and their dependents divided by the number of enrolled employees. Total gross annual cost includes employee contributions but not employee out-of-pocket expenses.

Medical plan cost is the total gross cost for medical and prescription drug benefits divided by the number of enrolled employees. Mental health, vision and hearing benefits for all active employees and their covered dependents are included if part of the plan. Dental benefits, even if a part of the plan, are not included in these costs. CDHP cost includes any employer account contribution.

EMPLOYEE CONTRIBUTIONS, PPO/POS, HMO, CDHP, DENTAL

Unless otherwise noted, employers with multiple plans of the same type were asked to respond for the **largest plan of each type** (i.e., the one with the largest enrollment).

Family coverage is the coverage level for an employee, spouse and two children.

STRATEGIC PLANNING

A **bundled solution** (which includes private exchanges) is where a single vendor provides consulting, administration and a high-tech platform designed to deliver an enhanced consumer experience. Typically, these solutions offer a wide range of health plan choices.

EMPLOYEE WELL-BEING

A **health advocacy** program is a "high-touch" telephonic program with *integrated* customer service and clinical teams.

"ID" = Insufficient data.

