



2021 Benefits At A Glance

New hire union-represented employees

Benefit	When eligible	Plan highlights
Health/welfare benefits		
MEDICAL Health Account Plan (HAP) Administered by Anthem Blue Cross or Kaiser Permanente Anthem 1-800-964-0530 Kaiser North 1-800-663-1771 Kaiser South 1-800-533-1833	Immediately†	<ul style="list-style-type: none"> • One medical plan: Health Account Plan (HAP) focused on preventive and primary care offered through both Anthem Blue Cross or Kaiser Permanente. • You pay approximately 7.5% of the cost of coverage for you and your covered dependents. • Free preventive services include up to four primary care visits annually per member; 10% coinsurance for additional visits. Telemedicine is available through your health plan. • Health Account: annual credits provided to pay for medical expenses. Earn even more credits by taking a health screening, testing tobacco free, or completing PG&E's tobacco cessation program. Maximum annual credits: \$1,000 for single coverage or \$2,000 for family coverage. • Annual deductible is \$1,000 per person, maximum \$2,000 per family; 10%-20% coinsurance for covered services after deductible; annual out-of-pocket maximum: \$2,400 per person, \$4,800 for family.
MENTAL HEALTH AND SUBSTANCE USE DISORDER CARE Beacon Health Options 1-888-445-4436 or through Kaiser	Immediately	<ul style="list-style-type: none"> • Included as part of the medical plan. You and your covered dependents are automatically enrolled in the appropriate program depending on which administrator you choose. • Anthem Blue Cross HAP members: covered under Beacon Health Options for both mental health and substance use disorder care. • Kaiser HAP members: mental health and outpatient alcohol and drug care through Kaiser; inpatient detox through Kaiser or Beacon Health Options; residential alcohol and drug care through Beacon Health Options.
EMPLOYEE ASSISTANCE PROGRAM (EAP) Beacon Health Options 1-888-445-4436	Immediately	<ul style="list-style-type: none"> • No cost to you. • Professional, licensed counselors who assist in resolving personal, family or work issues. • Up to six counseling sessions every six months. • Legal and financial consultation services. • Child and elder care resources and referrals. • 24-hour toll-free EAP Hotline: 1-888-445-4436.
PRESCRIPTION DRUGS	Immediately†	<ul style="list-style-type: none"> • Included as part of the medical plan. • Mail-order and retail coverage offered under the HAP. • Anthem Blue Cross HAP members: coverage through Express Scripts. • Kaiser HAP members: coverage through Kaiser. • The plan offers some free medications through Express Scripts mail-order for Anthem and retail/mail-order for Kaiser. See list of free medications at mypgbenefits.com > Medical Anthem Member or Medical Kaiser Member > Prescription Drug Coverage.
DENTAL Delta Dental of California 1-888-217-5323	Immediately†	<ul style="list-style-type: none"> • No cost for full-time employees; pro-rated cost for part-time employees. • \$25 individual and \$75 family annual deductible for using the Delta PPO network. • \$50 individual and \$150 family annual deductible for using the Premier Network. • Preventive and diagnostic services not subject to deductible. • You pay 15% coinsurance for covered services. • Annual maximum benefit (non-orthodontics): \$2,500 per person. • Lifetime orthodontics maximum: 50% up to \$2,000 per person.
VISION Vision Service Plan 1-800-877-7195	Immediately†	<ul style="list-style-type: none"> • No cost to you, but you must enroll to have coverage. • \$10 for vision exams. • \$25 for lenses/frames up to retail allowance of \$150. • Elective contact lenses \$150 annual allowance. • Discounts available for some services.

As long as you enroll within 31 days of your start date at PG&E, your coverage is effective retroactively back to your first day at PG&E. If you have any questions, call the PG&E Benefits Service Center at **1-866-271-8144**. If you don't enroll in the PG&E Medical, Dental and Vision plans within 31 days of your start date, your next opportunity to enroll will be during Open Enrollment in the fall, with a coverage start date of January 1 after Open Enrollment. **NOTE: For more detailed information about your benefits, go to mypgbenefits.com.**

†Special rules for Hiring Hall employees and retirees who become regular employees. Visit mypgbenefits.com > Resources > Open Enrollment Guides > *Your Benefits Guide* for more information.

Benefit	When eligible	Plan highlights
GROUP LIFE INSURANCE MetLife 1-866-271-8144	First of the month after you obtain regular status* and enroll (or if needed, after Evidence of Insurability has been approved by MetLife). Apply all year round.	<ul style="list-style-type: none"> • Company pays the premium for first \$10,000 of Basic Life insurance and Basic Accidental Death and Dismemberment (AD&D) Insurance. • Optional after-tax elections for Supplemental Life Insurance up to six times base annual earnings (with no health questions when electing up to two times base annual earnings). • Optional after-tax Dependent Life Insurance of up to \$100,000 for your spouse or registered domestic partner and up to \$25,000 for your children. • Optional after-tax elections for Voluntary AD&D Insurance for you or your dependents, up to six times your annual base pay.
HEALTH CARE AND DEPENDENT CARE FLEXIBLE SPENDING ACCOUNTS	Immediately†	<ul style="list-style-type: none"> • Both health care and dependent care flexible spending accounts (FSAs) allow members to pay for eligible expenses with before-tax funds. • You can contribute a maximum of \$2,750 annually for the Health Care FSA and up to \$5,000 for the Dependent Care FSA. • The Health Care FSA can be used to pay for medical, dental or vision expenses with before-tax funds and can be used in conjunction with the Health Account. • The Dependent Care FSA can be used to pay for child care/summer camp, generally for children under age 13 or elder care with before-tax funds.
Health and Wellness Portal Virgin Pulse join.virginpulse.com/pgwellness	Immediately†	<ul style="list-style-type: none"> • No cost to you. • Health and wellness tools and resources to help you build healthy habits. • Includes health coaching (telephonic and digital), tobacco cessation, nutrition guide, sleep guide, team challenges, mindfulness resources, yoga training and more. • Available on desktop computer and mobile app. • Download the free Virgin Pulse app in the App Store or on Google Play. On the Virgin Pulse app, search and select PG&E.

Retirement benefits

RETIREMENT SAVINGS PLAN (RSP OR 401(k) plan) Fidelity Investments 401k.com 1-877-743-4015	<ul style="list-style-type: none"> • You will be automatically enrolled in the RSP at an 8% contribution level 30 days after hire; you can change your participation rate at any time • Immediately 100% vested in full RSP account balance 	<ul style="list-style-type: none"> • PG&E will match \$0.75 per \$1 of your before-tax and/or after-tax contributions, up to 8% of your basic weekly pay after one year of service. • You can contribute up to 20% of your base salary (before-tax and/or after-tax) immediately after hire. The 20% limit is subject to annual dollar maximums established by the IRS. • You can change your contribution rate at any time, including the 8% contribution rate for automatic enrollment. • You have a choice of accessing free online investment advice or fee-based professional management services at a reduced corporate rate through Financial Engines®. • Employees who will be age 50 or older before the end of the year may also make an additional "catch-up" contribution. • Will accept eligible rollover contributions from another employer qualified retirement plan or an IRA.
CASH BALANCE PENSION PG&E Retirement Plan	Immediately	<ul style="list-style-type: none"> • An account-based pension plan that provides annual "pay credits" of 5%–10% of your pay (based on your age + service at the end of each year), plus quarterly interest credits based on 30-year Treasury rates. • Benefits are fully vested after three years of service or age 55. • Benefits are portable—when your employment ends, you can elect a lump-sum distribution of your total account or convert the account to a monthly annuity for life. • This benefit is fully paid by PG&E—no cost to you.
RETIREE MEDICAL Anthem Blue Cross, Blue Shield HMO, HealthNet HMO and Kaiser Permanente HMO	When you retire after age 55 with at least 10 years of service	<ul style="list-style-type: none"> • Continued medical coverage available to you and your dependents at retirement. • Eligible for a company-paid Retiree Medical Savings Account (RMSA) for you and your spouse/registered domestic partner at time of retirement to help offset the cost of PG&E-sponsored retiree medical coverage. • Your starting RMSA balances are based on your date of hire, age, and years of service.
RETIREE LIFE INSURANCE MetLife	When you retire after age 55	<ul style="list-style-type: none"> • Eligible for coverage of \$8,000. • This benefit is fully paid by PG&E—no cost to you.

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Time Off and/or Wage Replacement																								
PLANNED UNPAID VACATION (PUV) (1 to 5 days)	For ESC-represented employees only Immediately	<ul style="list-style-type: none"> You may elect up to five PUV days. PUV days must be taken in full-day increments, and used by December 31 in the calendar year for which they were elected. When you use a PUV day, you will not be paid for that day. Any PUV days not used by December 31 will be forfeited. Your pay will not be deducted for any unused PUV days. 																						
VACATION	Immediately begin earning vacation; available for use upon attaining regular status*	<ul style="list-style-type: none"> Accrued "as you go" based on straight-time hours worked according to years of service. <p>IBEW and SEIU-represented employees:</p> <table border="1" data-bbox="797 478 1304 636"> <thead> <tr> <th>Years of Service</th> <th>Vacation Hours per Year</th> </tr> </thead> <tbody> <tr> <td>0-4</td> <td>80</td> </tr> <tr> <td>5-14</td> <td>120</td> </tr> <tr> <td>15-20</td> <td>160</td> </tr> <tr> <td>21-28</td> <td>200</td> </tr> <tr> <td>29 and more</td> <td>240</td> </tr> </tbody> </table> <p>ESC-represented employees:</p> <table border="1" data-bbox="797 667 1304 800"> <thead> <tr> <th>Years of Service</th> <th>Vacation Hours per Year</th> </tr> </thead> <tbody> <tr> <td>0-8</td> <td>120</td> </tr> <tr> <td>9-18</td> <td>160</td> </tr> <tr> <td>19-28</td> <td>200</td> </tr> <tr> <td>29 and over</td> <td>240</td> </tr> </tbody> </table> <ul style="list-style-type: none"> Amount is prorated for part-time employees based on straight-time hours worked. Unused vacation is carried over to the following year up to a maximum of two times your annual vacation accrual rate. 	Years of Service	Vacation Hours per Year	0-4	80	5-14	120	15-20	160	21-28	200	29 and more	240	Years of Service	Vacation Hours per Year	0-8	120	9-18	160	19-28	200	29 and over	240
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HOLIDAYS	Immediately after attaining regular status*	<ul style="list-style-type: none"> Ten Paid Holidays and 24 hours of Floating Holidays each calendar year. Amount is prorated for part-time employees based on work schedule. 																						
SICK PAY	<p>After one-year of service and available for use upon attaining regular status* for IBEW and SEIU-represented employees</p> <p>Upon first day of employment for ESC-represented employees (regular status full time, part time and intermittent employees and probationary employees)</p>	<p>IBEW and SEIU-represented employees:</p> <ul style="list-style-type: none"> 80 hours annually.** 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. Additional sick pay does not carry over to the following year. <p>Incidental Sick Time for ESC-represented employees:</p> <ul style="list-style-type: none"> Accrue eight hours per month.** Accrual is awarded on the 1st calendar day of each month. Unused sick time accrues up to a maximum of 96 hours and carries over to the following year. Used for absences of seven consecutive calendar days or less. <p>**Amount is prorated for part-time employees.</p>																						
VOLUNTARY DISABILITY AND PAID FAMILY LEAVE BENEFIT PLAN (Voluntary Plan)	Immediately , unless you opt out of coverage within 31 days of hire and remain with the State Plan (Brochures for the State Plan included in your New Hire packet)	<ul style="list-style-type: none"> PG&E's Voluntary Plan replaces State Disability Insurance and Paid Family Leave plan ("State Plan") for California Pacific Gas and Electric Company (Utility employees). Same cost as State Plan. 60%^{1,2} of your weekly pre-leave/disability basic wage replaced, with no cap. Disability: Up to 52 weeks of weekly wage replacement benefits after the waiting period (seven consecutive calendar days of disability), the first day of hospitalization, or once you suffer a wage loss, whichever is later. While receiving wages, including sick pay, which provide 100% of wages, you are not suffering a wage loss. Paid Family Leave: Up to eight weeks of weekly wage replacement benefits per 12-month period to care for an eligible family member with a serious health condition, to bond with a new child, or to take time off to participate in a qualifying military event arising out of the overseas military deployment of your eligible family member⁴. Receipt of Voluntary Plan wage replacement benefits is not an approval of leave. 																						

*Regular Status: to achieve regular status, employee must complete six months of continuous service. ESC-represented monthly paid employees are considered regular status upon date of hire for certain benefit provisions including vacation and holidays.

¹ Hiring Hall, Temporary Additional and non-regular status intermittent employees are eligible for 55% VPFL and VPDI benefit and no PG&E supplemental benefits. However, if the weekly Voluntary Plan benefit amount is lower than the weekly benefit amount using the calculation method under the State Plan, you will receive Voluntary Plan benefits equal to the State Plan rate. Under the state calculation of base wages, benefits are 60% for individuals who earned 1/3 or more of the state's average quarterly wage during the base period or 70% for individuals who earned 1/3 or less than the state's average quarterly wage, divided by 13 for a weekly amount, up to a weekly maximum of \$1,357, whichever is less.

² Monthly-paid employees: Benefit payments are based on a weekly wage calculation and not your monthly pay equivalent. See mypgbenefits.com for details.

³ For PFL claims with an effective date on or after January 1, 2021.

Benefit	When eligible	Plan highlights
Time Off and/or Wage Replacement		
PG&E PAID FAMILY LEAVE (PFL)	Immediately eligible if covered under the Voluntary Plan	<ul style="list-style-type: none"> If eligible, benefits begin on first day of leave to care for an eligible family member with a serious health condition, to bond with a new child, or to take time off to participate in a qualifying military event arising out of the overseas military deployment of your eligible family member. PG&E PFL Wage Continuation supplements the Voluntary plan benefit up to a total weekly benefit of up to 100%^{2,3} pre-leave weekly basic wage rate; fully taxable and no weekly cap. Benefits/leave for up to eight weeks per 12-month period.
PG&E SHORT-TERM DISABILITY (STD)	Immediately eligible if covered under the Voluntary Plan	<p>ESC-represented employees only³:</p> <ul style="list-style-type: none"> After Capped Sick Time ends, or after seven consecutive calendar days of disability if a waiting period is applicable, eligible employees receive a weekly after-tax STD benefit of 70%². PG&E Wage Continuation supplements the Voluntary Plan benefit up to a total weekly benefit up to 70% of pre-leave weekly basic wage rate and no weekly cap. This benefit is fully taxable but grossed up for taxes. PG&E STD benefits/leave for up to 52 weeks of disability.
LONG-TERM DISABILITY (LTD)	First of the month after attaining regular status*	<ul style="list-style-type: none"> No cost to you. Eligible employees get a monthly benefit of 70% of covered salary, less any offsets, after 52 weeks of disability (12 months within an 18-month period). Benefits limited to two years, unless you qualify for Social Security Disability Insurance Benefits. 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.
WORKERS' COMPENSATION	Immediately	Wage replacement and medical benefits. For additional information about Workers' Compensation, visit mypgbenefits.com .
Other benefits		
TUITION REFUND	First of the month after attaining regular status* (must be full-time)	<ul style="list-style-type: none"> IBEW/SEIU: \$5,250 per calendar year; 100% of covered costs. ESC: \$6,000 per calendar year; 100% of covered costs.
EMPLOYEE RATES	After six months of service <u>and</u> attaining regular status*	<ul style="list-style-type: none"> 25% discount off basic electric and gas rates for primary residence located in PG&E's service territory.
BUSINESS TRAVEL INSURANCE	Immediately	<ul style="list-style-type: none"> No cost to you. Three times annual base pay coverage while traveling on company business. Maximum benefit: \$1,000,000. Certain restrictions apply. See spd.mypgbenefits.com for details.
PEER VOLUNTEER PROGRAM PeerVolunteers.org	Immediately	<ul style="list-style-type: none"> No cost to you. Confidential resource for employees and their family to get information about alcohol and substance use and obtain support and access to treatment from coworkers who have been there.
ADOPTION REIMBURSEMENT	After six months of service <u>and</u> attaining regular status*	<ul style="list-style-type: none"> No cost to you. Maximum \$2,000 per adoption for covered expenses.
COMMUTER TRANSIT PROGRAM	Immediately (registration available within a week of hire date)	<ul style="list-style-type: none"> Pay for transit and/or commute-related parking expenses with before-tax and after-tax contributions from your pay. Eligible transit expenses include the costs for: <ul style="list-style-type: none"> BART tickets Muni Fast Passes Passes, vouchers or tickets for other subways, metros, buses, trains or ferries Vanpooling in a qualified commuter highway vehicle Parking at or near your company work location

*Regular Status: to achieve regular status, employee must complete six months of continuous service. ESC-represented monthly paid employees are considered regular status upon date of hire for certain benefit provisions including vacation and holidays.

¹ For PFL claims with an effective date on or after January 1, 2021.

² Monthly-paid employees: Benefit payments are based on a weekly wage calculation and not your monthly pay equivalent. Visit mypgbenefits.com for details.

³ If you're an eligible 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.

Benefits Questions?

Log in to myPlans Connect, your personalized benefits website, which offers secure, individualized access to your benefits information, self-service tools, educational resources and benefits enrollment.

Visit mypgbenefits.com or call the PG&E Benefits Service Center at **1-866-271-8144**, Monday through Friday, 7:30 a.m.–5 p.m. Pacific time.

Time Off Questions?

Visit the Time Off and Accommodations section on mypgbenefits.com for more information about time off, disability benefits and leaves of absence, including the Family and Medical Leave Act (FMLA), California Family Rights Act (CFRA) and Pregnancy Disability Leave (PDL).

This Benefits At A Glance does not include the important legal definitions or limitations which are in plan documents or contracts governing your benefits. Therefore, this summary does not replace those legal documents and in case of conflict, those legal documents govern your benefits. Since further conditions affecting the Company cannot be foreseen, PG&E reserves the right to amend or terminate the plans at any time, subject to notice provisions required under applicable collective bargaining agreements. Although any change in a plan or the termination of a plan will not affect the benefits paid to plan members before the date the plan was changed or ended, such change may result in reduced levels of benefits or benefit coverage, after the effective date of any such change.

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