

**ORA DATA REQUEST  
ORA-SDGE-034-STA  
SDG&E 2019 GRC – A.17-10-007  
SDG&E RESPONSE, PARTIAL #1  
DATE RECEIVED: NOVEMBER 29, 2017  
DATE RESPONDED: DECEMBER 26, 2017**

**Data Request No:** ORA-SDGE-034-STA  
**Exhibit Reference:** SDG&E-28 and SDG&E-29  
**SDG&E Witness:** Debbie Robinson  
**Subject:** Compensation and Benefits, Pension, and PBOP

1. “Working” copies of the supporting electronic files that were used to derive all benefits calculations, such as Excel-compatible spreadsheets, with data and formulas intact and functioning.

**SDG&E Response 1:**

The working copies of the supporting electronic files are in the attached file, ORA-SDGE-034-STA Q1 Ex SDG&E-28-WP.xlsx.

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2. Actuarial reports to support the Pension and PBOP funding requests.

**SDG&E Response 2:**

The actuarial report that supports the Pension and PBOP funding requests were provided in the workpapers, Exhibit SDG&E-28-WP, pages 11 to 16 for Pension and 24 to 25 for PBOP.

The historical Pension and PBOP Actuarial Valuations for 2012 to 2016 were provided as attachments in response to question 3 of the ORA Master Data Request for Chapter 20.

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3. Regarding the proposed change to SDG&E's Pension Plan funding policy, which amortizes a funding shortfall over a seven-year period to achieve full funding:
  - a. Did SDG&E consider a policy, similar to PG&E's, in which the contribution amount would be adjusted annually to reflect updated information?
  - b. If SDG&E considered such a policy, please provide copies of any actuarial reports or other documents created for the company's decision-making process.
  - c. If SDG&E considered such a policy, why was it not adopted?

**SDG&E Response 3:**

- a. Yes, a funding policy similar to PG&E's was one of the options considered in determining the proposed policy.
- b. The answer to this question will be provided separately as it is considered *confidential and protected materials pursuant to PUC Section 583, GO 66-C/D and D.16-08-024*.
- c. The answer to this question relies on the confidential answer to question 3b., and will be provided separately.

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4. Regarding the “Wellness Initiatives” on page 82 of Exhibit SDG&E-28-WP, please explain in detail:
  - a. What is included in the base year expense for this program, and what the costs are for each item.
  - b. Why the expense for this program is expected to increase by 41% from 2016 to 2019. Please include cost estimates.

**SDG&E Response 4:**

- a. The funds classified as “Wellness Initiatives” will be used to redesign, develop and launch an integrated online wellness platform that leverages current employee access to benefits information through the “My Info” benefits portal. The ability to focus on key wellness concerns that impact employee health plan utilization (e.g., weight management, smoking cessation, physical fitness, nutrition, high cholesterol, high blood pressure, etc.) using consistent communications and access to information is critical to building employee awareness and influencing life style behavioral changes that improve health and increase productivity.
- b. For line items details and estimates by line, please see the attachment included in this Data Request for Question 1.

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5. Regarding the “Misc. and Parking validation” on page 82 of Exhibit SDG&E-28-WP, please explain in detail what is included in the base year expense for this program, and what the costs are for each item.

**SDG&E Response 5:**

There are no “Misc. and Parking validation” costs on page 82 of Exhibit SDG&E 28-WP (this item only appears on Exhibit SCG-30-WP).

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6. Please confirm that flu shots are covered as free preventative care under every medical plan offered by SDG&E.

**SDG&E Response 6:**

Flu shots are covered under every medical plan at no additional cost if rendered by a licensed medical provider. The Company provides these on-site to increase use of such preventative care, which in turn would help reduce the long-term healthcare costs and lost productivity of employees in the best interest of the ratepayers.

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7. Please confirm that health screenings for cholesterol, glucose, skin cancer, and bone density are covered as free preventative care under every medical plan offered by SDG&E.

**SDG&E Response 7:**

The medical plans provide the following preventive care at no additional cost:

- Cholesterol
- Glucose Test
- Skin Cancer Test for children only; counseling is provided for covered individuals for ages 10–24 with fair skin as to how lower risk
- Bone Density Test

The Company provides these services on-site to increase use of such preventative care, which in turn would help reduce the long-term healthcare costs and lost productivity of employees in the best interest of the ratepayers.

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8. Please provide the following information for the Retirement Savings Plan:
- a. Actual employee RSP contribution rates for the years 2012-2016.
  - b. Actual employee participation rates in the RSP program for the years 2012-2016.

**SDG&E Response 8:**

The requested information is provided below.

	Year				
	2012	2013	2014	2015	2016
a. Average Participation Rate	88.7%	90.3%	91.0%	91.3%	91.8%
b. Average Contribution Rate	9.6%	9.6%	9.7%	10.4%	10.6%



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9. Regarding the “ICP Company Match” on page 127 of Exhibit SDG&E-28-WP, which refers to a 5-year average of historical payouts, please provide:
- a. The ICP company match payout amount for each year.
  - b. Information about how the company match was calculated each year. For example, was it a percentage of an employee’s ICP payout which is deposited into the employee’s retirement saving plan whether or not the employee contributes to the RSP, or was it a percentage of the ICP payout that the employee contributes to his or her RSP? If it was the latter, please provide employee contribution rates for each year.
  - c. If the actual ICP payout is above or below target, will the match be adjusted?

**SDG&E Response 9:**

- a. The ICP payout match payout amount for each year was follows:

	Year					2012-2016
	2012	2013	2014	2015	2016	Average
ICP Matching Contribution	\$ 1,570,421	\$ 1,187,354	\$ 1,076,219	\$ 1,908,750	\$ 1,692,211	\$ 1,486,991
Contribution Rate - Employer Match						
as a % of Actual Exec & Non-Exec ICP	2.1%	2.3%	1.6%	2.7%	2.6%	2.3%

- b. The ICP company match calculation is described in Exhibit SDG&E-28 SCG-30 on page DSR-42, lines 2 to 6, which is copied below:

“The basic company matching contribution is equal to one-half of the first six percent of the employee’s contributions of eligible pay. In addition, employees receive a “stretch match” equal to one-fifth of the next five percent of the employee’s contributions.”

- c. Yes, actual ICP Matching Contribution is calculated as explained in the answer to question 9b. above and would be dependent upon the ICP paid and the elected percentages contributed by the employee. To arrive at the GRC forecast, the ICP Matching Contribution was projected using an average of the actual 2012 to 2016 amounts to be consistent with the approach used in projecting ICP expense. An adjustment would be necessary if another basis is used.

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10. Please provide details about the “FOF Savings” that are referenced on numerous pages in Exhibit SCG-30-WP. For example, page 53 shows Medical Plan FOF Savings of \$1,431,683 for the test year 2019, but there is no clear indication of how this amount was calculated, nor is there any description of it in testimony.

**SDG&E Response 10:**

The “FOF Savings” of \$1,441,825 (\$1,431,683 is the savings for SCG) on page 54 of Exhibit SDG&E-28-WP are discussed in footnote 20 on page DSR-26 of Exhibit SDG&E-28/SCG-30 as follows:

“The transition of the Anthem HealthCare Plus+ and Out of Area to a self-insured design and the pharmacy carve out, along with similar transitions of dental and vision plans to self-insured designs, were included in the Fueling Our Future initiative. Exhibits SDG&E-28WP and SCG-30WP provide information on the cost avoidance associated with these changes.”

The Medical Plan FOF Savings of \$1,441,825 for the test year 2019 is the difference between the total post-FOF projected medical cost of \$56,204,273 on page 48 of Exhibit SDG&E-28-WP and the total pre-FOF projected medical cost of \$57,646,099 on page 54 of the same exhibit. The detailed calculation can be found by comparing the schedule on pages 45-48 (the post-FOF projected medical costs) with the schedule on pages 51-54 (the projected medical costs forecasted without FOF),