

# 2018 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	\$56.60	\$698.23	\$754.83
Employee + spouse/registered domestic partner	\$118.89	\$1,466.23	\$1,585.12
Employee + children	\$101.90	\$1,256.77	\$1,358.67
Employee + spouse/registered domestic partner + children	\$164.16	\$2,024.84	\$2,189.00

Kaiser HAP monthly cost of coverage	You pay monthly	PG&E pays monthly	Total monthly cost
Employee only	\$45.42	\$560.25	\$605.67
Employee + spouse/registered domestic partner	\$95.39	\$1,176.53	\$1,271.92
Employee + children	\$81.75	\$1,008.47	\$1,090.22
Employee + spouse/registered domestic partner + children	\$131.74	\$1,624.72	\$1,756.46

## Union-represented full-time employees\*

Anthem HAP monthly cost of coverage	You pay monthly	PG&E pays monthly	Total monthly cost
Employee only	\$56.96	\$702.52	\$759.48
Employee + spouse/registered domestic partner	\$119.62	\$1,475.30	\$1,594.92
Employee + children	\$102.53	\$1,264.53	\$1,367.06
Employee + spouse/registered domestic partner + children	\$165.19	\$2,037.32	\$2,202.51

Kaiser HAP monthly cost of coverage	You pay monthly	PG&E pays monthly	Total monthly cost
Employee only	\$49.65	\$612.41	\$662.06
Employee + spouse/registered domestic partner	\$104.28	\$1,286.09	\$1,390.37
Employee + children	\$89.38	\$1,102.34	\$1,191.72
Employee + spouse/registered domestic partner + children	\$144.00	\$1,776.02	\$1,920.02

\*If you're a part-time employee, please see your 2018 Personalized Enrollment Worksheet for 2018 contributions.

### Estimate your medical plan costs

Log in to your Mercer BenefitsCentral account to use the **Estimate Medical Plan Costs** tool.

# 2018 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	\$4.19	\$51.62	\$55.81
Employee + spouse/registered domestic partner	\$8.80	\$108.38	\$117.18
Employee + children	\$7.54	\$92.90	\$100.44
Employee + spouse/registered domestic partner + children	\$12.14	\$149.69	\$161.83

## 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	\$53.43	\$53.43
Employee + spouse/registered domestic partner	\$0.00	\$112.19	\$112.19
Employee + children	\$0.00	\$96.15	\$96.15
Employee + spouse/registered domestic partner + children	\$0.00	\$154.91	\$154.91

\*If you're a part-time employee, please see your 2018 Personalized Enrollment Worksheet for 2018 contributions.

# 2018 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	\$6.27	\$6.27
Employee + spouse/registered domestic partner	\$0.00	\$13.16	\$13.16
Employee + children	\$0.00	\$11.30	\$11.30
Employee + spouse/registered domestic partner + children	\$0.00	\$18.20	\$18.20

## 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	\$5.45	\$5.45
Employee + spouse/registered domestic partner	\$0.00	\$11.42	\$11.42
Employee + children	\$0.00	\$9.79	\$9.79
Employee + spouse/registered domestic partner + children	\$0.00	\$15.78	\$15.78

\*If you're a part-time employee, please see your 2018 Personalized Enrollment Worksheet for 2018 contributions.

# COBRA 2018 monthly health insurance rates

For former Management, A&T and PG&E Corporation employees

## COBRA 2018 monthly Health Account Plan (HAP) rates

COBRA Anthem HAP monthly cost of coverage	You pay monthly
Employee only	\$769.93
Employee + spouse/registered domestic partner	\$1,616.82
Employee + children	\$1,385.84
Employee + spouse/registered domestic partner + children	\$2,232.78

COBRA Kaiser HAP monthly cost of coverage North and South	You pay monthly
Employee only	\$617.78
Employee + spouse/registered domestic partner	\$1,297.36
Employee + children	\$1,112.02
Employee + spouse/registered domestic partner + children	\$1,791.59

## COBRA 2018 monthly dental rates

COBRA monthly cost of dental plan coverage Administered by Delta Dental	You pay monthly
Employee only	\$56.93
Employee + spouse/registered domestic partner	\$119.52
Employee + children	\$102.45
Employee + spouse/registered domestic partner + children	\$165.07

## COBRA 2018 monthly vision rates

COBRA monthly cost of vision plan coverage Administered by Vision Service Plan (VSP)	You pay monthly
Employee only	\$6.40
Employee + spouse/registered domestic partner	\$13.42
Employee + children	\$11.53
Employee + spouse/registered domestic partner + children	\$18.56