

# 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