

# 2020 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	\$69.63	\$859.06	\$928.69
Employee + spouse/registered domestic partner	\$146.28	\$1,803.92	\$1,950.20
Employee + children	\$125.37	\$1,546.23	\$1,671.60
Employee + spouse/registered domestic partner + children	\$201.97	\$2,491.19	\$2,693.16

Kaiser HAP monthly cost of coverage	You pay monthly	PG&E pays monthly	Total monthly cost
Employee only	\$49.08	\$605.34	\$654.42
Employee + spouse/registered domestic partner	\$103.07	\$1,271.23	\$1,374.30
Employee + children	\$88.33	\$1,089.65	\$1,177.98
Employee + spouse/registered domestic partner + children	\$142.34	\$1,755.50	\$1,897.84

## Union-represented full-time employees\*

Anthem HAP monthly cost of coverage	You pay monthly	PG&E pays monthly	Total monthly cost
Employee only	\$64.60	\$796.77	\$861.37
Employee + spouse/registered domestic partner	\$135.67	\$1,673.23	\$1,808.90
Employee + children	\$116.29	\$1,434.18	\$1,550.47
Employee + spouse/registered domestic partner + children	\$187.35	\$2,310.66	\$2,498.01

Kaiser HAP monthly cost of coverage	You pay monthly	PG&E pays monthly	Total monthly cost
Employee only	\$50.34	\$620.92	\$671.26
Employee + spouse/registered domestic partner	\$105.73	\$1,303.96	\$1,409.69
Employee + children	\$90.62	\$1,117.66	\$1,208.28
Employee + spouse/registered domestic partner + children	\$146.00	\$1,800.70	\$1,946.70

\*If you're a part-time employee, please see your 2020 Personalized Enrollment Worksheet for 2020 contributions.

### Estimate your medical plan costs

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

# 2020 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	\$4.36	\$53.76	\$58.12
Employee + spouse/registered domestic partner	\$9.16	\$112.88	\$122.04
Employee + children	\$7.86	\$96.74	\$104.60
Employee + spouse/registered domestic partner + children	\$12.64	\$155.90	\$168.54

## 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	\$54.75	\$54.75
Employee + spouse/registered domestic partner	\$0.00	\$114.98	\$114.98
Employee + children	\$0.00	\$98.54	\$98.54
Employee + spouse/registered domestic partner + children	\$0.00	\$158.75	\$158.75

\*If you're a part-time employee, please see your 2020 Personalized Enrollment Worksheet for 2020 contributions.

# 2020 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	\$6.30	\$6.30
Employee + spouse/registered domestic partner	\$0.00	\$13.22	\$13.22
Employee + children	\$0.00	\$11.35	\$11.35
Employee + spouse/registered domestic partner + children	\$0.00	\$18.28	\$18.28

## 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	\$5.23	\$5.23
Employee + spouse/registered domestic partner	\$0.00	\$10.95	\$10.95
Employee + children	\$0.00	\$9.38	\$9.38
Employee + spouse/registered domestic partner + children	\$0.00	\$15.12	\$15.12

\*If you're a part-time employee, please see your 2020 Personalized Enrollment Worksheet for 2020 contributions.

## COBRA 2020 monthly health insurance rates

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

### COBRA 2020 monthly Health Account Plan (HAP) rates

COBRA Anthem HAP monthly cost of coverage	You pay monthly
Employee only	\$947.26
Employee + spouse/registered domestic partner	\$1,989.20
Employee + children	\$1,705.03
Employee + spouse/registered domestic partner + children	\$2,747.02

COBRA Kaiser HAP monthly cost of coverage North and South	You pay monthly
Employee only	\$667.50
Employee + spouse/registered domestic partner	\$1,401.78
Employee + children	\$1,201.53
Employee + spouse/registered domestic partner + children	\$1,935.79

### COBRA 2020 monthly dental rates

COBRA monthly cost of dental plan coverage Administered by Delta Dental	You pay monthly
Employee only	\$59.28
Employee + spouse/registered domestic partner	\$124.48
Employee + children	\$106.69
Employee + spouse/registered domestic partner + children	\$171.91

### COBRA 2020 monthly vision rates

COBRA monthly cost of vision plan coverage Administered by Vision Service Plan (VSP)	You pay monthly
Employee only	\$6.42
Employee + spouse/registered domestic partner	\$13.48
Employee + children	\$11.57
Employee + spouse/registered domestic partner + children	\$18.64

## COBRA 2020 monthly health insurance rates

For former Union-represented employees

### COBRA 2020 monthly Health Account Plan (HAP) rates

COBRA Anthem HAP monthly cost of coverage	You pay monthly
Employee only	\$878.59
Employee + spouse/registered domestic partner	\$1,845.07
Employee + children	\$1,581.47
Employee + spouse/registered domestic partner + children	\$2,547.97

COBRA Kaiser HAP monthly cost of coverage North and South	You pay monthly
Employee only	\$684.68
Employee + spouse/registered domestic partner	\$1,437.88
Employee + children	\$1,232.44
Employee + spouse/registered domestic partner + children	\$1,985.63

### COBRA 2020 monthly dental rates

COBRA monthly cost of dental plan coverage Administered by Delta Dental	You pay monthly
Employee only	\$55.84
Employee + spouse/registered domestic partner	\$117.27
Employee + children	\$100.51
Employee + spouse/registered domestic partner + children	\$161.92

### COBRA 2020 monthly vision rates

COBRA monthly cost of vision plan coverage Administered by Vision Service Plan (VSP)	You pay monthly
Employee only	\$5.33
Employee + spouse/registered domestic partner	\$11.16
Employee + children	\$9.56
Employee + spouse/registered domestic partner + children	\$15.42