

2023 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	\$71.81	\$885.86	\$957.67
Employee + spouse/registered domestic partner	\$150.85	\$1,860.20	\$2,011.05
Employee + children	\$129.28	\$1,594.48	\$1,723.76
Employee + spouse/registered domestic partner + children	\$208.27	\$2,568.93	\$2,777.20

Kaiser HAP monthly cost of coverage	You pay monthly	PG&E pays monthly	Total monthly cost
Employee only	\$52.67	\$649.66	\$702.33
Employee + spouse/registered domestic partner	\$110.61	\$1,364.32	\$1,474.93
Employee + children	\$94.80	\$1,169.43	\$1,264.23
Employee + spouse/registered domestic partner + children	\$152.76	\$1,884.04	\$2,036.80

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	\$848.86	\$913.46
Employee + spouse/registered domestic partner	\$135.67	\$1,782.64	\$1,918.31
Employee + children	\$116.29	\$1,527.96	\$1,644.25
Employee + spouse/registered domestic partner + children	\$187.35	\$2,461.76	\$2,649.11

Kaiser HAP monthly cost of coverage	You pay monthly	PG&E pays monthly	Total monthly cost
Employee only	\$50.34	\$729.77	\$780.11
Employee + spouse/registered domestic partner	\$105.73	\$1,532.54	\$1,638.27
Employee + children	\$90.62	\$1,313.58	\$1,404.20
Employee + spouse/registered domestic partner + children	\$146.00	\$2,116.35	\$2,262.35

*If you're a part-time employee, please see your 2023 Personalized Enrollment Worksheet for 2023 contributions.

Estimate your medical plan costs

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

2023 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	\$50.06	\$54.42
Employee + spouse/registered domestic partner	\$9.16	\$105.11	\$114.27
Employee + children	\$7.86	\$90.09	\$97.95
Employee + spouse/registered domestic partner + children	\$12.64	\$145.19	\$157.83

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	\$51.52	\$51.52
Employee + spouse/registered domestic partner	\$0.00	\$108.20	\$108.20
Employee + children	\$0.00	\$92.73	\$92.73
Employee + spouse/registered domestic partner + children	\$0.00	\$149.38	\$149.38

*If you're a part-time employee, please see your 2023 Personalized Enrollment Worksheet for 2023 contributions.

2023 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	\$5.85	\$5.85
Employee + spouse/registered domestic partner	\$0.00	\$12.26	\$12.26
Employee + children	\$0.00	\$10.53	\$10.53
Employee + spouse/registered domestic partner + children	\$0.00	\$16.96	\$16.96

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	\$4.85	\$4.85
Employee + spouse/registered domestic partner	\$0.00	\$10.15	\$10.15
Employee + children	\$0.00	\$8.70	\$8.70
Employee + spouse/registered domestic partner + children	\$0.00	\$14.02	\$14.02

*If you're a part-time employee, please see your 2023 Personalized Enrollment Worksheet for 2023 contributions.

COBRA 2023 monthly health insurance rates

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

COBRA 2023 monthly Health Account Plan (HAP) rates

COBRA Anthem HAP monthly cost of coverage	You pay monthly
Employee only	\$976.82
Employee + spouse/registered domestic partner	\$2,051.27
Employee + children	\$1,758.23
Employee + spouse/registered domestic partner + children	\$2,832.74

COBRA Kaiser HAP monthly cost of coverage North and South	You pay monthly
Employee only	\$716.37
Employee + spouse/registered domestic partner	\$1,504.42
Employee + children	\$1,289.51
Employee + spouse/registered domestic partner + children	\$2,077.53

COBRA 2023 monthly dental rates

COBRA monthly cost of dental plan coverage Administered by Delta Dental	You pay monthly
Employee only	\$55.50
Employee + spouse/registered domestic partner	\$116.55
Employee + children	\$99.91
Employee + spouse/registered domestic partner + children	\$160.99

COBRA 2023 monthly vision rates

COBRA monthly cost of vision plan coverage Administered by Vision Service Plan (VSP)	You pay monthly
Employee only	\$5.97
Employee + spouse/registered domestic partner	\$12.51
Employee + children	\$10.74
Employee + spouse/registered domestic partner + children	\$17.30

COBRA 2023 monthly health insurance rates

For former Union-represented employees

COBRA 2023 monthly Health Account Plan (HAP) rates

COBRA Anthem HAP monthly cost of coverage	You pay monthly
Employee only	\$931.73
Employee + spouse/registered domestic partner	\$1,956.68
Employee + children	\$1,677.14
Employee + spouse/registered domestic partner + children	\$2,702.09

COBRA Kaiser HAP monthly cost of coverage North and South	You pay monthly
Employee only	\$795.71
Employee + spouse/registered domestic partner	\$1,671.04
Employee + children	\$1,432.28
Employee + spouse/registered domestic partner + children	\$2,307.60

COBRA 2023 monthly dental rates

COBRA monthly cost of dental plan coverage Administered by Delta Dental	You pay monthly
Employee only	\$52.55
Employee + spouse/registered domestic partner	\$110.36
Employee + children	\$94.58
Employee + spouse/registered domestic partner + children	\$152.36

COBRA 2023 monthly vision rates

COBRA monthly cost of vision plan coverage Administered by Vision Service Plan (VSP)	You pay monthly
Employee only	\$4.95
Employee + spouse/registered domestic partner	\$10.35
Employee + children	\$8.87
Employee + spouse/registered domestic partner + children	\$14.30