

2021 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	\$71.10	\$948.24	\$1,019.34
Employee + spouse/registered domestic partner	\$149.36	\$1,991.25	\$2,140.61
Employee + children	\$128.01	\$1,706.79	\$1,834.80
Employee + spouse/registered domestic partner + children	\$206.22	\$2,749.85	\$2,956.07

Kaiser HAP monthly cost of coverage	You pay monthly	PG&E pays monthly	Total monthly cost
Employee only	\$50.52	\$673.67	\$724.19
Employee + spouse/registered domestic partner	\$106.10	\$1,414.73	\$1,520.83
Employee + children	\$90.93	\$1,212.63	\$1,303.56
Employee + spouse/registered domestic partner + children	\$146.53	\$1,953.67	\$2,100.20

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	\$863.48	\$928.08
Employee + spouse/registered domestic partner	\$135.67	\$1,813.34	\$1,949.01
Employee + children	\$116.29	\$1,554.27	\$1,670.56
Employee + spouse/registered domestic partner + children	\$187.35	\$2,504.14	\$2,691.49

Kaiser HAP monthly cost of coverage	You pay monthly	PG&E pays monthly	Total monthly cost
Employee only	\$50.34	\$737.34	\$787.68
Employee + spouse/registered domestic partner	\$105.73	\$1,548.47	\$1,654.20
Employee + children	\$90.62	\$1,327.23	\$1,417.85
Employee + spouse/registered domestic partner + children	\$146.00	\$2,138.34	\$2,284.34

*If you're a part-time employee, please see your 2021 Personalized Enrollment Worksheet for 2021 contributions.

Estimate your medical plan costs

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

2021 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	\$59.05	\$63.41
Employee + spouse/registered domestic partner	\$9.16	\$124.00	\$133.16
Employee + children	\$7.86	\$106.28	\$114.14
Employee + spouse/registered domestic partner + children	\$12.64	\$171.25	\$183.89

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	\$55.93	\$55.93
Employee + spouse/registered domestic partner	\$0.00	\$117.47	\$117.47
Employee + children	\$0.00	\$100.67	\$100.67
Employee + spouse/registered domestic partner + children	\$0.00	\$162.18	\$162.18

*If you're a part-time employee, please see your 2021 Personalized Enrollment Worksheet for 2021 contributions.

2021 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	\$6.32	\$6.32
Employee + spouse/registered domestic partner	\$0.00	\$13.25	\$13.25
Employee + children	\$0.00	\$11.38	\$11.38
Employee + spouse/registered domestic partner + children	\$0.00	\$18.33	\$18.33

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	\$5.37	\$5.37
Employee + spouse/registered domestic partner	\$0.00	\$11.24	\$11.24
Employee + children	\$0.00	\$9.63	\$9.63
Employee + spouse/registered domestic partner + children	\$0.00	\$15.52	\$15.52

*If you're a part-time employee, please see your 2021 Personalized Enrollment Worksheet for 2021 contributions.

COBRA 2021 monthly health insurance rates

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

COBRA 2021 monthly Health Account Plan (HAP) rates

COBRA Anthem HAP monthly cost of coverage	You pay monthly
Employee only	\$967.20
Employee + spouse/registered domestic partner	\$2,031.07
Employee + children	\$1,740.92
Employee + spouse/registered domestic partner + children	\$2,804.84

COBRA Kaiser HAP monthly cost of coverage North and South	You pay monthly
Employee only	\$687.14
Employee + spouse/registered domestic partner	\$1,443.02
Employee + children	\$1,236.88
Employee + spouse/registered domestic partner + children	\$1,992.74

COBRA 2021 monthly dental rates

COBRA monthly cost of dental plan coverage Administered by Delta Dental	You pay monthly
Employee only	\$60.23
Employee + spouse/registered domestic partner	\$126.48
Employee + children	\$108.40
Employee + spouse/registered domestic partner + children	\$174.67

COBRA 2021 monthly vision rates

COBRA monthly cost of vision plan coverage Administered by Vision Service Plan (VSP)	You pay monthly
Employee only	\$6.44
Employee + spouse/registered domestic partner	\$13.51
Employee + children	\$11.60
Employee + spouse/registered domestic partner + children	\$18.69

COBRA 2021 monthly health insurance rates

For former Union-represented employees

COBRA 2021 monthly Health Account Plan (HAP) rates

COBRA Anthem HAP monthly cost of coverage	You pay monthly
Employee only	\$880.74
Employee + spouse/registered domestic partner	\$1,849.60
Employee + children	\$1,585.35
Employee + spouse/registered domestic partner + children	\$2,554.22

COBRA Kaiser HAP monthly cost of coverage North and South	You pay monthly
Employee only	\$752.08
Employee + spouse/registered domestic partner	\$1,579.43
Employee + children	\$1,353.77
Employee + spouse/registered domestic partner + children	\$2,181.10

COBRA 2021 monthly dental rates

COBRA monthly cost of dental plan coverage Administered by Delta Dental	You pay monthly
Employee only	\$57.04
Employee + spouse/registered domestic partner	\$119.81
Employee + children	\$102.68
Employee + spouse/registered domestic partner + children	\$165.42

COBRA 2021 monthly vision rates

COBRA monthly cost of vision plan coverage Administered by Vision Service Plan (VSP)	You pay monthly
Employee only	\$5.47
Employee + spouse/registered domestic partner	\$11.46
Employee + children	\$9.82
Employee + spouse/registered domestic partner + children	\$15.83