

2022 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	\$829.31	\$893.91
Employee + spouse/registered domestic partner	\$135.67	\$1,741.58	\$1,877.25
Employee + children	\$116.29	\$1,492.76	\$1,609.05
Employee + spouse/registered domestic partner + children	\$187.35	\$2,405.05	\$2,592.40

Kaiser HAP monthly cost of coverage	You pay monthly	PG&E pays monthly	Total monthly cost
Employee only	\$50.34	\$673.82	\$724.16
Employee + spouse/registered domestic partner	\$105.73	\$1,415.05	\$1,520.78
Employee + children	\$90.62	\$1,212.88	\$1,303.50
Employee + spouse/registered domestic partner + children	\$146.00	\$1,954.11	\$2,100.11

*If you're a part-time employee, please see your 2022 Personalized Enrollment Worksheet for 2022 contributions.

Estimate your medical plan costs

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

2022 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	\$55.85	\$60.21
Employee + spouse/registered domestic partner	\$9.16	\$117.28	\$126.44
Employee + children	\$7.86	\$100.52	\$108.38
Employee + spouse/registered domestic partner + children	\$12.64	\$161.99	\$174.63

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	\$56.35	\$56.35
Employee + spouse/registered domestic partner	\$0.00	\$118.36	\$118.36
Employee + children	\$0.00	\$101.43	\$101.43
Employee + spouse/registered domestic partner + children	\$0.00	\$163.40	\$163.40

*If you're a part-time employee, please see your 2022 Personalized Enrollment Worksheet for 2022 contributions.

2022 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	\$6.21	\$6.21
Employee + spouse/registered domestic partner	\$0.00	\$13.02	\$13.02
Employee + children	\$0.00	\$11.18	\$11.18
Employee + spouse/registered domestic partner + children	\$0.00	\$18.01	\$18.01

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	\$5.36	\$5.36
Employee + spouse/registered domestic partner	\$0.00	\$11.22	\$11.22
Employee + children	\$0.00	\$9.61	\$9.61
Employee + spouse/registered domestic partner + children	\$0.00	\$15.49	\$15.49

*If you're a part-time employee, please see your 2022 Personalized Enrollment Worksheet for 2022 contributions.

COBRA 2022 monthly health insurance rates

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

COBRA 2022 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 2022 monthly dental rates

COBRA monthly cost of dental plan coverage Administered by Delta Dental	You pay monthly
Employee only	\$61.41
Employee + spouse/registered domestic partner	\$128.96
Employee + children	\$110.55
Employee + spouse/registered domestic partner + children	\$178.12

COBRA 2022 monthly vision rates

COBRA monthly cost of vision plan coverage Administered by Vision Service Plan (VSP)	You pay monthly
Employee only	\$6.33
Employee + spouse/registered domestic partner	\$13.28
Employee + children	\$11.40
Employee + spouse/registered domestic partner + children	\$18.37

COBRA 2022 monthly health insurance rates

For former Union-represented employees

COBRA 2022 monthly Health Account Plan (HAP) rates

COBRA Anthem HAP monthly cost of coverage	You pay monthly
Employee only	\$911.79
Employee + spouse/registered domestic partner	\$1,914.80
Employee + children	\$1,641.23
Employee + spouse/registered domestic partner + children	\$2,644.24

COBRA Kaiser HAP monthly cost of coverage North and South	You pay monthly
Employee only	\$738.64
Employee + spouse/registered domestic partner	\$1,551.20
Employee + children	\$1,329.57
Employee + spouse/registered domestic partner + children	\$2,142.11

COBRA 2022 monthly dental rates

COBRA monthly cost of dental plan coverage Administered by Delta Dental	You pay monthly
Employee only	\$57.48
Employee + spouse/registered domestic partner	\$120.73
Employee + children	\$103.45
Employee + spouse/registered domestic partner + children	\$166.66

COBRA 2022 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	\$11.44
Employee + children	\$9.80
Employee + spouse/registered domestic partner + children	\$15.79