

2017 monthly rates



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	\$54.09	\$667.22	\$721.31
Employee + spouse/registered domestic partner	\$113.61	\$1,401.11	\$1,514.72
Employee + children	\$97.37	\$1,200.96	\$1,298.33
Employee + spouse/registered domestic partner + children	\$156.87	\$1,934.91	\$2,091.78

Kaiser HAP monthly cost of coverage	You pay monthly	PG&E pays monthly	Total monthly cost
Employee only	\$41.08	\$506.73	\$547.81
Employee + spouse/registered domestic partner	\$86.28	\$1,064.13	\$1,150.41
Employee + children	\$73.94	\$912.13	\$986.07
Employee + spouse/registered domestic partner + children	\$119.15	\$1,469.51	\$1,588.66

Union-represented full-time employees*

Anthem HAP monthly cost of coverage	You pay monthly	PG&E pays monthly	Total monthly cost
Employee only	\$56.01	\$690.85	\$746.86
Employee + spouse/registered domestic partner	\$117.63	\$1,450.80	\$1,568.43
Employee + children	\$100.83	\$1,243.52	\$1,344.35
Employee + spouse/registered domestic partner + children	\$162.44	\$2,003.48	\$2,165.92

Kaiser HAP monthly cost of coverage	You pay monthly	PG&E pays monthly	Total monthly cost
Employee only	\$45.08	\$556.01	\$601.09
Employee + spouse/registered domestic partner	\$94.67	\$1,167.65	\$1,262.32
Employee + children	\$81.15	\$1,000.82	\$1,081.97
Employee + spouse/registered domestic partner + children	\$130.74	\$1,612.45	\$1,743.19

*If you're a part-time employee, please see your 2017 Personalized Enrollment Worksheet for 2017 contributions.

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 deducted from your pay.

Monthly cost of dental plan coverage Administered by Delta Dental	You pay monthly	PG&E pays monthly	Total monthly cost
Employee only	\$4.36	\$53.75	\$58.11
Employee + spouse/registered domestic partner	\$9.16	\$112.86	\$122.02
Employee + children	\$7.85	\$96.74	\$104.59
Employee + spouse/registered domestic partner + children	\$12.64	\$155.87	\$168.51

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	\$54.98	\$54.98
Employee + spouse/registered domestic partner	\$0.00	\$115.45	\$115.45
Employee + children	\$0.00	\$98.95	\$98.95
Employee + spouse/registered domestic partner + children	\$0.00	\$159.42	\$159.42

*If you're a part-time employee, please see your 2017 Personalized Enrollment Worksheet for 2017 contributions.

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	\$6.38	\$6.38
Employee + spouse/registered domestic partner	\$0.00	\$13.40	\$13.40
Employee + children	\$0.00	\$11.50	\$11.50
Employee + spouse/registered domestic partner + children	\$0.00	\$18.53	\$18.53

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	\$5.63	\$5.63
Employee + spouse/registered domestic partner	\$0.00	\$11.80	\$11.80
Employee + children	\$0.00	\$10.12	\$10.12
Employee + spouse/registered domestic partner + children	\$0.00	\$16.30	\$16.30

*If you're a part-time employee, please see your 2017 Personalized Enrollment Worksheet for 2017 contributions.