

2026 Table Agreement

Active Employee Health Benefits Summary

Active Benefits – What Hasn't Changed

- **HRA contribution amounts:**
\$1,000/ year single, \$2,000/ year family
- **HAP in-network deductibles and out-of-pocket maximums(OOPM):**
Deductible - \$1,000 / \$2,000 / year OOPM - \$2,400 / \$4,800 / year
- **Dental plan** benefits and premiums (remain zero cost to member).
- **Vision plan** benefits and premiums (remain zero cost to member).
- **Long Term Disability** benefits.
- **Flexible Spending Account (FSA)** availability.

Active Benefits Changes

- **Health plan premium contribution increases from 7.5% to 10%.**
- **Introduction of out-of-network deductibles and out-of-pocket maximums.**
- **No more biometric/tobacco testing requirements to receive HRA funding.**
- **New optional High Deductible Health Plan with a Health Savings Account.**
- **Standardized list of health plan no cost preventative services.**
- **New health coverage “opt-out” option.**
- **Adoption and infertility treatment benefit increases, \$25,000/adoption and \$25,000 lifetime for infertility treatment.**
- **Life and AD&D insurance benefit increased from \$10,000 to \$50,000.**
- **Optional enhanced “buy up” dental and vision plans.**

Health Coverage Premium Share Increase

Plan	Employee Only	Employee + Spouse	Employee + Children	Employee + Family
Anthem HAP @ 7.5%	\$83.23	\$183.11	\$149.81	\$249.70
Anthem HAP @ 10%	\$110.98	\$244.15	\$199.75	\$332.93
Anthem HAP Increase	\$27.74	\$61.04	\$49.94	\$83.23
Anthem HDHP estimate	\$74.91	\$164.80	\$134.83	\$224.73
HDHP vs Anthem HAP @10%	-\$36.07	-\$79.35	-\$64.92	-\$108.20
Kaiser HAP @7.5%	\$66.86	\$147.10	\$120.36	\$200.60
Kaiser HAP @10%	\$89.15	\$196.14	\$160.48	\$267.46
Kaiser HAP Increase	\$22.29	\$49.03	\$40.12	\$66.87
Kaiser HDHP estimate	\$60.18	\$132.39	\$108.32	\$180.54
HDHP vs Kaiser HAP @10%	-\$28.97	-\$63.75	-\$52.16	-\$86.92

The Table Agreement calls for the employee health coverage premium cost share to increase from 7.5% to 10%. The purpose of this table is to illustrate the effects of this increase so members can have a better understanding of the impact of this change.

- Amounts are monthly.
- Amounts are based on 2026 premium rates.
- High Deductible Health Plan (HDHP) estimates assume premiums are 10% lower than HAP premiums. These are estimates.

Out-of-Network: Deductibles and Out of Pocket Maximums

- **HAP annual out-of-network deductibles and out-of-pocket maximums (OOPM)** - will be double the amount of in-network deductibles and OOPMs: \$2,000 single / \$4,000 family deductibles and \$4,800 / \$9,600 OOPMs.
- **Out-of-network deductibles and OOPMs are not separate from in-network deductibles and OOPMs.** Any in-network deductibles and plan expenses paid will count against the out-of-network deductibles and OOPMs.
- **Cost Management** - The idea behind out-of-network deductibles and OOPMs is to encourage participants to use in-network providers when possible, to keep premiums lower for all participants.
- **Out of Network MOU** - It is not the intention of out-of-network deductibles and OOPMs to force participants to pay increased costs because of lack of provider availability due to location or demand. To this end, upon ratification, a Memorandum of Understanding (MOU) will be implemented to define what constitutes out-of-network, when out-of-network charges would and would not apply, and an appeal process. The draft of this MOU is available in the Table Agreement as Attachment B7.

High Deductible Health Plan Option

- **HDHP** - The new optional High Deductible Health Plan (HDHP) provides members with the choice of a health plan with higher deductibles and out-of-pocket maximums (OOPMs) than the traditional HAP plans but offers lower premiums, lower premium contribution percentages, and a tax advantaged Health Savings Account.
- **Deductibles and OOPMs** - The annual deductibles and OOPMs for the HDHP are as follows:
 - \$1,700 single / \$3,400 family for in-network deductibles and \$3,400 / \$6,800 for out-of-network deductibles
 - \$3,400 / \$6,800 for in-network OOPMs and \$6,800 / \$13,600 for out-of-network OOPMs.
- **No Cost Services** - Services listed on the Free Preventative Services list (Attachment B3 of the Table Agreement) are no additional cost for HDHP participants. This means any service on the list is not subject to the deductible and you will not have any copays or other charges for these services.
- **LP HRA** - HDHP participants will receive a \$500 / year employer credit to a Limited Purpose Healthcare Reimbursement Arrangement (LP HRA) account. The LP HRA operates the same way as the HAP HRA except funds can only be used for IRS eligible dental and vision expenses.

High Deductible Health Plan Health Savings Account

- **HSA** - The HDHP comes with an accompanying Health Savings Account (HSA). PG&E will contribute \$800 single / \$1,600 family per year to your HSA.
- **Optional Member Contributions** - You can also contribute additional pre-tax money to your HSA through payroll deduction, up to limits set by the IRS. For 2026 these limits are: \$4,400 for self only, \$8,750 for family, with an additional \$1,000 catch-up for participants aged 55 years and up. PG&E contributions count against these limits. The IRS may increase these limits from year to year.
- **Tax Advantages** – In addition to having your HSA contributions made with pre-tax dollars, HSA funds in your account can be invested with all investment gains tax free. Also, any withdrawals for IRS eligible expenses are also tax free.
- **Real Money** - Unlike Health Reimbursement Arrangement (HRA) funds, HSA funds are not notional funds; HSA funds are actual money in your account that is yours to keep.

Health Coverage “Opt Out” Option

- **Opt Out LOA** - Under a Letter of Agreement (LA-26-05-PGE), PG&E has offered to provide a health coverage “opt out” option for our PG&E members who are full time employees in 2027. Under this LOA, PG&E members who opt out of medical coverage will receive an additional \$250 taxable dollars per month in their paycheck.
- **Covered by Another PG&E Employee** - This opt out is not available if the member is otherwise covered by a PG&E health plan (i.e. through a spouse or dependent.)
- **Must Have Other Coverage** - To opt out, the member must certify to PG&E they and their tax dependents have other (non-PG&E) employer-sponsored group health coverage.
- **Opt Out Will Be Evaluated Year to Year** - As there is currently a number of employees who opt out of PG&E health coverage without any compensation, this opt out option is being done on a trial basis. If there is no significant additional participation of opt outs as a result of this option, this option may be terminated for the following year. Conversely, if there is a large demand as a result of this option, the opt out amount could be increased. This decision will be made by October 1st of the preceding year.

Dental “Buy Up” Plan

Service Type	Basic Plan (current)	Enhanced Plan
Member Premium:	\$0	\$35.61/month (family)
Preventive:	100%	100%
Basic:	85%	90%
Major:	85%	90%
Deductible:	PPO: \$25/\$75 Premier: \$50/\$150	PPO: \$25/\$75 Premier: \$50/\$150
Annual Max:	\$2,500	\$2,500
Orthodontics:	50%	50%
Ortho Lifetime Max:	\$2,000	\$3,000
Max Reimbursement:	80 th Percentile	80 th Percentile

The Enhanced Plan is optional and requires a premium cost share.

Premium shown is based on 2026 rates.

The Basic Plan is what you currently have. There is no premium cost share with this plan.

Both plans use Delta Dental. The company is in the process of evaluating an alternative provider.

PPO and Premier are different Delta Dental networks.

Vision “Buy Up” Plan

Service Type	Basic Plan (current)	Enhanced Plan
Member Premium:	\$0	\$8.06/month (family)
Frames:	Every 24 months	Every 12 months
Retail Frame Allowance:	\$150	\$250
Costco Equivalent Frames:	\$80	\$135
Preferred Brand Frames:	\$170	\$270
Contact Lenses:	\$150	\$250

The Enhanced Plan is optional and requires a premium cost share.

Premium shown is based on 2026 rates.

The Basic Plan is what you currently have.

Only the benefits different between the plans are listed.

Both plans use VSP.

Active Medical Enrollment

Enrollment Counts by Enrollment Type (member count only, dependents not counted)

