



KAISER	CALIFORNIA PREMIUM	CALIFORNIA CORE
Network Used	HMO HMON04	DHMO HMON12
COVERAGE OPTIONS	2025 PRE-TAX BI-WEEKLY RATES	2025 PRE-TAX BI-WEEKLY RATES
Teammate Only	\$88.95	\$55.98
Teammate & Spouse	\$291.37	\$175.39
Teammate & Child(ren)	\$249.88	\$148.46
Teammate & Family	\$392.64	\$234.16
PLAN BENEFITS	IN-NETWORK	IN-NETWORK
Calendar Year Deductible		
Individual	Not Applicable	\$1,000
Individual Family Member	Not Applicable	\$1,000
Family	Not Applicable	\$2,000
Out of Pocket Maximum		
Individual	\$1,500	\$3,000
Individual Family Member	\$1,500	\$3,000
Family (Embedded)	\$3,000	\$6,000
Preventive Care	100% Covered	100% Covered
Physician Office Visit		
Primary	\$25 per visit	\$20 per visit
Specialist	\$25 per visit	\$20 per visit
Inpatient Hospitalization	\$500 per admission	20% after deductible
Outpatient Surgery	\$100 per procedure	20% after deductible
Emergency Room Services	\$100 per visit, waived if admitted	20% after deductible
Urgent Care	\$25 per visit	\$20 per visit
Prescription Drugs (Retail)		
Generic	\$10	\$10
Brand	\$30	\$30
Non-preferred Brand	Applicable cost shares may apply	Applicable cost shares may apply
Specialty Drugs	\$30	\$30
Prescription Drugs (Mail Order)		
Generic	\$20	\$20
Brand	\$60	\$60
Non-preferred Brand	Applicable cost shares may apply	Applicable cost shares may apply
Specialty Drugs	\$30	\$30