



COVERAGE OPTIONS         2025 PRE-TAX BI-WEEKLY RATES         2025 PRE-TAX BI-WEEKLY RATES           Teammate Only         \$73.81         \$42.37           Teammate & Spouse         \$259.93         \$169.49           Teammate & Child(ren)         \$155.10         \$94.05           Teammate & Family         \$324.11         \$197.40           PLAN BENEFITS         IN-NETWORK         IN-NETWORK           Calender Year Deductible         Individual           Individual         Not Applicable         \$1,000           Individual Family Member         Not Applicable         \$2,000           Out of Pocket Maximum         \$1,500         \$3,000           Individual Family Member         \$1,500         \$3,000           Family (Embedded)         \$3,000         \$6,000           Preventive Care         100% Covered         100% Covered           Preventive Care         100% Covered         100% Covered           Primary         \$25 per visit         \$20 per visit           Specialist         \$25 per visit         \$20 per visit           Impatent Hospitalization         \$500 per admission         20% after deductible           Outpatient Surgery         \$100 per visit, waived if admitted         20% after deductible           Orgent Caro <th>KAISER</th> <th>GEORGIA PREMIUM</th> <th>GEORGIA CORE</th>	KAISER	GEORGIA PREMIUM	GEORGIA CORE
Teammate Only	Network Used	НМО	DHMO
Teammate & Spouse	COVERAGE OPTIONS	2025 PRE-TAX BI-WEEKLY RATES	2025 PRE-TAX BI-WEEKLY RATES
Signature   Sign	Teammate Only	\$73.81	\$42.37
Signate   Sign	Teammate & Spouse	\$259.93	\$169.49
In-NETWORK	Teammate & Child(ren)	\$155.10	\$94.05
Colender Year Deductible Individual Not Applicable \$1,000 Individual Family Member Not Applicable \$1,000 Family Not Applicable \$2,000 Out of Pocket Moximum Individual \$1,500 \$3,000 Individual Family Member \$1,500 \$3,000 Individual Family Member \$1,500 \$3,000 Individual Family Member \$1,500 \$3,000 Family (Embeddea) \$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 Impatient Hospitalization \$500 per admission 20% after deductible Outpatient Surgery \$100 per procedure 20% after deductible Emergency Room Services \$100 per visit, walved if admitted 20% after deductible Urgent Care \$25 per visit \$20 per visit Prescription Drugs (Retail) Generic \$10 \$10 \$10 Brand \$30 \$30 Non-preferred Brand Not included Not included Specialty Drugs \$30 \$30 Proscription Drugs (Mail Order) Generic \$20 \$20 Brand \$60 \$60 Non-preferred Brand Not included Not included	Teammate & Family	\$324.11	\$197.40
Individual	PLAN BENEFITS	IN-NETWORK	IN-NETWORK
Not Applicable	Calender Year Deductible		
Not Applicable   \$2,000	Individual	Not Applicable	\$1,000
Out of Pocket Maximum         \$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         ***Preventive Care**         ****Preventive Care**           Primary         \$25 per visit         \$20 per visit           Specialist         \$25 per visit         \$20 per visit           Specialist         \$25 per visit         \$20 per visit           Impatient 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)         \$10         \$10           Generic         \$10         \$10           Brand         \$30         \$30           Prescription Drugs (Mail Order)         \$20         \$20           Generic         \$20         \$20           Brand         \$60         \$60           Not included         Not included     <	Individual Family Member	Not Applicable	\$1,000
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   \$20 p	Family	Not Applicable	\$2,000
Sand	Out of Pocket Maximum		
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           Impatient 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)         \$10         \$10           Brand         \$30         \$30           Non-preferred Brand         Not included         Not included           Prescription Drugs (Mail Order)         \$20         \$20           Brand         \$60         \$60           Non-preferred Brand         Not included         Not included	Individual	\$1,500	\$3,000
Preventive Care 100% Covered 100% Covered 100% Covered Physician Office Visit  Primary \$25 per visit \$20 per visit	Individual Family Member	\$1,500	\$3,000
Physician Office Visit  Primary \$25 per visit \$20 per visit  Specialist \$25 per visit \$20 per visit  Impatient 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 Not included Not included  Specialty Drugs \$30 \$30  Prescription Drugs (Mall Order)  Generic \$20 \$20  Brand \$60 \$60  Non-preferred Brand Not included Not included	Family (Embedded)	\$3,000	\$6,000
Primary \$25 per visit \$20 per visit  Specialist \$25 per visit \$20 per visit  Impatient 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 Not included Not included  Specialty Drugs (Mail Order)  Generic \$20 \$20  Brand \$60  Non-preferred Brand Not included Not included  Specialty Drugs (Mail Order)	Preventive Care	100% Covered	100% Covered
Specialist \$25 per visit \$20 per visit Inpatient Hospitalization \$500 per admission 20% after deductible 20utpatient Surgery \$100 per procedure 20% after deductible 20% after de	Physician Office Visit		
Inpatient Hospitalization \$500 per admission 20% after deductible 20t after deductible 20% af	Primary	\$25 per visit	\$20 per visit
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)         \$10         \$10           Brand         \$30         \$30           Non-preferred Brand         Not included         Not included           Specialty Drugs         \$30         \$30           Prescription Drugs (Mail Order)         \$20         \$20           Brand         \$60         \$60           Non-preferred Brand         Not included         Not included	Specialist	\$25 per visit	\$20 per visit
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 Not included Not included Specialty Drugs (Mail Order)  Generic \$20 \$20  Brand \$60  Non-preferred Brand Not included Not included	Inpatient Hospitalization	\$500 per admission	20% after deductible
Urgent Care         \$25 per visit         \$20 per visit           Prescription Drugs (Retail)         \$10         \$10           Brand         \$30         \$30           Non-preferred Brand         Not included         Not included           Specialty Drugs         \$30         \$30           Prescription Drugs (Mail Order)         \$20         \$20           Brand         \$60         \$60           Non-preferred Brand         Not included         Not included	Outpatient Surgery	\$100 per procedure	20% after deductible
Prescription Drugs (Retail)         \$10         \$10           Brand         \$30         \$30           Non-preferred Brand         Not included         Not included           Specialty Drugs         \$30         \$30           Prescription Drugs (Mail Order)         \$20         \$20           Brand         \$60         \$60           Non-preferred Brand         Not included         Not included	Emergency Room Services	\$100 per visit, waived if admitted	20% after deductible
Generic         \$10         \$10           Brand         \$30         \$30           Non-preferred Brand         Not included         Not included           Specialty Drugs         \$30         \$30           Prescription Drugs (Mail Order)         \$20         \$20           Brand         \$60         \$60           Non-preferred Brand         Not included         Not included	Urgent Care	\$25 per visit	\$20 per visit
Brand         \$30         \$30           Non-preferred Brand         Not included         Not included           Specialty Drugs         \$30         \$30           Prescription Drugs (Mail Order)         \$20         \$20           Brand         \$60         \$60           Non-preferred Brand         Not included         Not included	Prescription Drugs (Retail)		
Non-preferred Brand Not included Not included  Specialty Drugs \$30 \$30  Prescription Drugs (Mail Order)  Generic \$20 \$20  Brand \$60 \$60  Non-preferred Brand Not included Not included	Generic	\$10	\$10
Specialty Drugs         \$30         \$30           Prescription Drugs (Mail Order)         \$20         \$20           Brand         \$60         \$60           Non-preferred Brand         Not included         Not included	Brand	\$30	\$30
Prescription Drugs (Mail Order)         \$20         \$20           Brand         \$60         \$60           Non-preferred Brand         Not included         Not included	Non-preferred Brand	Not included	Not included
Generic         \$20         \$20           Brand         \$60         \$60           Non-preferred Brand         Not included         Not included	Specialty Drugs	\$30	\$30
Brand \$60 \$60  Non-preferred Brand Not included Not included	Prescription Drugs (Mail Order)		
Non-preferred Brand Not included Not included	Generic	\$20	\$20
	Brand	\$60	\$60
Specialty Drugs \$60 \$60	Non-preferred Brand	Not included	Not included
	Specialty Drugs	\$60	\$60