



| KAISER | GEORGIA PREMIUM | GEORGIA CORE |
|---------------------------------|-------------------------------------|------------------------------|
| Network Used | HMO | DHMO |
| 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 |
| 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 | 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 |
| Specialty Drugs | \$60 | \$60 |