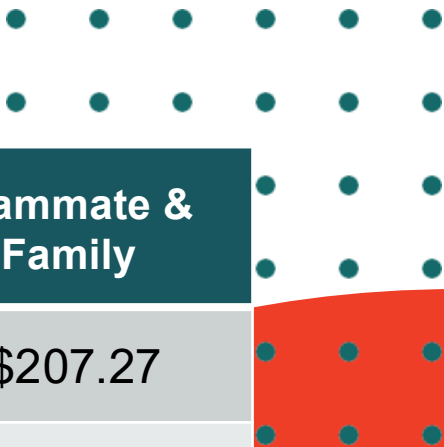




# 2026 Medical Premiums

BIWEEKLY RATES FOR KAISER GEORGIA PLANS



Kaiser Georgia	Teammate Only	Teammate & Spouse	Teammate & Child(ren)	Teammate & Family
Core Plan KSGAC	\$44.49	\$177.97	\$98.75	\$207.27
No Deductible KSGAND	\$77.50	\$272.93	\$162.86	\$340.32

**Reminder:** Teammates may not change plans during the calendar year, even with a qualifying event. EXCEPTION: Medicare enrollment during the plan year allows for limited plan changes.



Georgia