



2027 Kaiser Georgia Medical Plans

KAISER	GEORGIA PREMIUM	GEORGIA CORE
NETWORK	HMO	DHMO
COVERAGE OPTIONS	2027 PRE-TAX BIWEEKLY RATES	2027 PRE-TAX BIWEEKLY RATES
Teammate Only	\$82.92	\$47.61
Teammate & Spouse	\$292.03	\$190.43
Teammate & Child(ren)	\$174.26	\$105.66
Teammate & Family	\$364.14	\$221.78
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	\$30	\$30