

Georgia

2022 Medical Plan Rates

Kaiser Plans are available in the greater metro Atlanta area.

The following charts show your per-pay-period contributions for medical coverage based on your annual eligible compensation. Contributions are per pay period, deducted 26 times per year.

Regular and fixed term full-time employees	You	You + spouse¹	You + children	You + spouse¹ + children
Based on annual eligible compensation of less than \$45,000				
Copay Plan with Health Reimbursement Account (HRA) ²	\$50.82	\$130.56	\$94.74	\$163.20
Lower Use Plan with Health Savings Account (HSA) ²	\$25.56	\$77.40	\$49.02	\$89.88
Higher Use Plan with HSA ²	\$48.78	\$126.18	\$91.02	\$157.32
Health Maintenance Organization (HMO) — Kaiser Georgia	\$28.68	\$86.70	\$54.96	\$100.74
High-Deductible Health Plan (HDHP) — Kaiser Georgia	\$25.56	\$77.40	\$49.02	\$89.88
Based on annual eligible compensation of \$45,000 – \$100,000				
Copay Plan with Health Reimbursement Account (HRA) ²	\$71.28	\$180.90	\$132.42	\$227.34
Lower Use Plan with Health Savings Account (HSA) ²	\$37.56	\$109.86	\$71.46	\$129.42
Higher Use Plan with HSA ²	\$68.52	\$175.02	\$127.56	\$219.48
Health Maintenance Organization (HMO) — Kaiser Georgia	\$42.00	\$123.06	\$80.04	\$144.96
High-Deductible Health Plan (HDHP) — Kaiser Georgia	\$37.56	\$109.86	\$71.46	\$129.42
Based on annual eligible compensation of more than \$100,000				
Copay Plan with Health Reimbursement Account (HRA) ²	\$88.92	\$223.14	\$165.00	\$282.06
Lower Use Plan with Health Savings Account (HSA) ²	\$49.02	\$139.02	\$92.82	\$166.14
Higher Use Plan with HSA ²	\$85.74	\$216.12	\$159.24	\$272.64
Health Maintenance Organization (HMO) — Kaiser Georgia	\$54.90	\$155.70	\$103.98	\$186.12
High-Deductible Health Plan (HDHP) — Kaiser Georgia	\$49.02	\$139.02	\$92.82	\$166.14

¹ Includes domestic partner. ² Includes Out of Area coverage.

Regular and fixed term part-time employees

	You	You + spouse ¹	You + children	You + spouse ¹ + children
Based on annual eligible compensation of less than \$45,000				
Copay Plan with Health Reimbursement Account (HRA) ²	\$66.66	\$161.52	\$122.94	\$207.60
Lower Use Plan with Health Savings Account (HSA) ²	\$37.32	\$108.30	\$77.34	\$134.34
Higher Use Plan with HSA ²	\$64.68	\$157.14	\$119.28	\$201.72
Health Maintenance Organization (HMO) — Kaiser Georgia	\$46.44	\$121.26	\$86.58	\$150.42
High-Deductible Health Plan (HDHP) — Kaiser Georgia	\$41.46	\$108.30	\$77.34	\$134.34
Based on annual eligible compensation of \$45,000 – \$100,000				
Copay Plan with Health Reimbursement Account (HRA) ²	\$92.10	\$221.58	\$169.62	\$285.72
Lower Use Plan with Health Savings Account (HSA) ²	\$58.38	\$150.48	\$108.60	\$187.80
Higher Use Plan with HSA ²	\$89.40	\$215.64	\$164.70	\$277.80
Health Maintenance Organization (HMO) — Kaiser Georgia	\$65.34	\$168.54	\$121.62	\$210.30
High-Deductible Health Plan (HDHP) — Kaiser Georgia	\$58.38	\$150.48	\$108.54	\$187.80
Based on annual eligible compensation of more than \$100,000				
Copay Plan with Health Reimbursement Account (HRA) ²	\$113.10	\$270.42	\$208.14	\$349.80
Lower Use Plan with Health Savings Account (HSA) ²	\$73.26	\$186.24	\$135.96	\$233.88
Higher Use Plan with HSA ²	\$109.98	\$263.40	\$202.20	\$340.44
Health Maintenance Organization (HMO) — Kaiser Georgia	\$82.02	\$208.50	\$152.28	\$262.02
High-Deductible Health Plan (HDHP) — Kaiser Georgia	\$73.26	\$186.18	\$135.90	\$233.88

¹ Includes domestic partner. ² Includes Out of Area coverage.

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If you have an outstanding balance that is past due, an additional contribution of up to the same per-pay-period amount as your current coverage will be deducted from your pay until your outstanding past-due balance is zero. If you are no longer enrolled in coverage, a flat amount of up to \$125 per pay period will be deducted from your pay until your outstanding past-due balance is zero. If you are on a leave of absence, you may be billed directly. For more information, see Chapter 1 and Appendix D of the *Benefits Book*.