




2025 Retiree Medical Plan Side-by-Side Comparison

<div></div>	<div><div><div>Anthem Open Access POS</div><div>www.anthem.com</div></div></div>	<div><div><div>Anthem Open Access HMO</div><div>www.anthem.com</div></div></div>	<div><div><div>Kaiser Permanente HMO</div><div>www.my.kp.org/cobb</div></div></div>
<div><div><div>BENEFIT FEATURES</div><div>Annual Deductible (per individual/family)</div><div>Coinsurance (you pay)</div><div>Medical Out-of-Pocket Maximum (Annual)</div><div>Rx Out-of-Pocket Maximum (Annual)</div><div>Copay(s):</div><div>Office Visit (pcp/specialist)</div><div>Inpatient Admission/Outpatient surgery</div><div>Emergency Room</div><div>Urgent Care</div><div>Vision Exam</div><div>PCP Required</div><div>Specialist Referral Required</div></div></div>	<div><div><div><div>IN-NETWORK</div><div>\$500/\$1,500</div><div>20%</div><div>\$2,500 single \$5,500 family</div><div>\$3,600 single/ \$7,200 family</div><div>\$35/\$40</div><div>\$300*</div><div>\$200</div><div>\$75</div><div>N/A</div><div>No</div><div>No</div></div><div><div>NON-NETWORK</div><div>\$750/\$2,250</div><div>40%</div><div>\$4,750 single \$14,250 family</div><div>N/A</div><div>\$300*</div><div>\$200</div><div>\$75</div><div>N/A</div><div>N/A</div><div>N/A</div></div></div></div>	<div><div><div><div>NETWORK ONLY</div><div>\$500/\$1,500</div><div>10%</div><div>\$1,700 single \$5,100 family</div><div>\$3,600 single/\$7,200 family</div><div>\$35/\$40</div><div>\$300*</div><div>\$200</div><div>\$75</div><div>N/A</div><div>No</div><div>No</div></div></div></div>	<div><div><div><div>NETWORK ONLY</div><div><div>\$0/\$0 NO DEDUCTIBLES!</div></div><div>10%</div><div>\$1,700 single \$5,100 family</div><div>N/A</div><div>\$35/\$40</div><div>\$300*</div><div>\$200</div><div>\$75</div><div>\$40</div><div>Yes</div><div>Yes</div></div></div></div>
<div><div><div>PHARMACY COPAYS</div><div>Generic</div><div>Brand Formulary</div><div>Brand Non-Formulary</div><div>Specialty</div></div></div>	<div><div><div><div>IngenioRx</div><div>www.anthem.com</div><div><div>Retail</div><div>Mail Order**</div></div><div><div>\$15</div><div>\$30</div></div><div><div>\$35</div><div>\$87.50</div></div><div><div>\$60</div><div>\$150</div></div><div><div>\$200</div><div>\$200***</div></div></div></div></div>	<div><div><div><div>IngenioRx</div><div>www.anthem.com</div><div><div>Retail</div><div>Mail Order**</div></div><div><div>\$15</div><div>\$30</div></div><div><div>\$35</div><div>\$87.50</div></div><div><div>\$60</div><div>\$150</div></div><div><div>\$200</div><div>\$200***</div></div></div></div></div>	<div><div><div><div>Kaiser Pharmacy</div><div>www.my.kp.org/cobb</div><div><div>Kaiser Facility</div><div>Retail**</div><div>Mail Order***</div></div><div><div>\$15</div><div>\$25</div><div>\$30</div></div><div><div>\$35</div><div>\$45</div><div>\$70</div></div><div><div>\$60</div><div>\$70</div><div>\$120</div></div><div><div>\$200</div><div>\$200</div><div>\$400</div></div></div></div></div>
<div><div><div>2025 MONTHLY PREMIUMS</div><div>Surcharge if applicable: Tobacco \$75.83/Spouse \$100*</div><div>Single</div><div>Single + spouse</div><div>Single + child(ren)</div><div>Family</div></div></div>	<div><div><div><div>Employer</div><div>Retiree</div></div><div><div>\$982.82</div><div>\$202.30</div></div><div><div>\$1,819.70</div><div>\$545.03</div></div><div><div>\$1,728.72</div><div>\$517.79</div></div><div><div>\$2,546.05</div><div>\$764.53</div></div></div></div>	<div><div><div><div>Employer</div><div>Retiree</div></div><div><div>\$870.74</div><div>\$86.97</div></div><div><div>\$1,615.42</div><div>\$295.19</div></div><div><div>\$1,534.65</div><div>\$280.45</div></div><div><div>\$2,259.40</div><div>\$415.37</div></div></div></div>	<div><div><div><div>Employer</div><div>Retiree</div></div><div><div>\$633.06</div><div>\$41.45</div></div><div><div>\$1,168.70</div><div>\$180.33</div></div><div><div>\$1,110.24</div><div>\$171.32</div></div><div><div>\$1,636.20</div><div>\$252.44</div></div></div></div>
<div><div><div>*Retiree elects spouse coverage but spouse has other coverage available to them.</div></div></div>	<div><div><div><div>*Coinsurance thereafter</div><div>**90-day supply</div><div>***30-day supply only</div></div></div></div>	<div><div><div><div>*Coinsurance thereafter</div><div>**90-day supply</div><div>***30-day supply only</div></div></div></div>	<div><div><div><div>*Coinsurance thereafter</div><div>**Network pharmacy limited to 1st fill only</div><div>***90-day supply</div></div></div></div>

Anthem Open Access HRA

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How it works:

Health Reimbursement Account (HRA) - Benefit dollars are provided each year by the HRA funded by Cobb County.

Coverage Level	HRA Dollars	Retiree Pays (Out of Pocket Funds)	HRA Deductible
Single	\$500	\$1,000	\$1,500
Single + Spouse	\$750	\$1,250	\$2,000
Single + Child(ren)	\$750	\$1,250	\$2,000
Family	\$1,000	\$1,500	\$2,500

1

- HRA dollars funded by Cobb County for covered out-of-pocket costs for prescriptions and medical services.

2

- Once the HRA funds are exhausted, the member will continue to pay for covered medical services that apply toward the deductible until satisfied.
- Prescriptions are subject to co-payments which do not count toward the deductible, but are applied toward the annual out-of-pocket maximum.

3

- After the deductible has been met by a member or members of the family, traditional health coverage will begin, with the member sharing the cost of covered service (coinsurance).
- Unused HRA funds roll over year-to-year to help offset future out-of-pocket costs. The maximum HRA balance that can be accumulated is \$3,500 for employee only; \$4,250 for employee + spouse or child(ren); and \$6,500 for family coverage.
- If enrolled in the Flexible Spending Account, FSA funds can be used to pay these costs if money has been set aside for the plan year.

BENEFIT FEATURES

IN-NETWORK

NON-NETWORK

Office Visit Coinsurance (you pay)	20%	40%
Out-of-Pocket Maximum (Annual)	\$3,000 single \$3,500 single+spouse \$3,500 single+child(ren) \$5,500 family	\$3,500 single \$5,000 single+spouse \$5,000 single+child(ren) \$7,500 family
Rx Out-of-Pocket Maximum	\$3,600 single/\$7,200 family	
PCP Required	No	N/A
Specialist Referral Required	No	N/A

PHARMACY COPAYS

IngenioRx

	RETAIL	MAIL ORDER *
Generic	\$15	\$30.00
Brand Formulary	\$35	\$87.50
Brand Non-Formulary	\$55	\$137.50
Specialty	\$200	\$200**

2025 MONTHLY PREMIUMS

Surcharge if applicable: Tobacco \$75.83/Spouse \$100***

	EMPLOYER	RETIREE
Single	\$922.00	\$58.65
Single + spouse	\$1,706.64	\$249.32
Single + child(ren)	\$1,621.34	\$236.88
Family	\$2,386.87	\$351.39

*90-day supply only

**30-day supply

***Retiree elects spouse coverage but spouse has other coverage available to them.