



## Rose City Moving & Co.

Employee Cost Sheet

August 1, 2025

Carrier Plan Network Rates	Kaiser								
	HDHP Plan G 4000		Deductible Plan K 5000		Dual Choice Plan K PPO 5000				
	Kaiser Only		Kaiser Only		Kaiser / First Choice Health				
	Medical & Dental Total Monthly Cost	Medical & Dental Employee Cost per Paycheck	Medical & Dental Total Monthly Cost	Medical & Dental Employee Cost per Paycheck	Medical & Dental Total Monthly Cost	Medical & Dental Employee Cost per Paycheck			
Employee	\$617.77	\$125.13	\$741.66	\$182.31	\$884.66	\$248.31			
Employee + Spouse	\$1,245.08	\$414.66	\$1,493.35	\$529.24	\$1,787.89	\$668.26			
Employee + Child(ren)	\$1,090.05	\$343.10	\$2,094.61	\$806.75	\$2,396.89	\$949.33			
Employee + Family	\$1,804.71	\$672.95	\$1,366.99	\$470.92	\$1,612.84	\$587.46			
Deductible (Ind/Fam)	\$4,000 / \$/ \$8,000		\$5,000 / \$10,000		\$5,000 / \$10,000				
Out-of-Pocket Max (Ind/Fam)	\$7,000 / \$14,000**		\$7,350 / \$14,700**		\$8,150 / \$16,300**				
Physician / Office Services	\$5 AD for first 3 visits; then 20% consurance AD		First 3 visits \$5* then \$30* / \$40*		First 3 visits \$5* then \$50* / \$60* Enhanced: First 3 visits \$5* then \$30* / \$40*				
Primary / Specialist									
Virtual Visits							\$0 AD	\$0*	\$0*
Urgent Care							20% AD	\$50*	\$100* Enhanced: \$50*
Hospital Services	20% AD		20\$ AD%		20\$ AD%				
Inpatient / Outpatient									
Emergency Room	20% AD		20% AD		20% AD				
Additional Services	20% AD Chiropractic: 20 visits PCY Acupuncture: 12 visits PCY Massage: 12 visits PCY Naturopath: PCP copay		\$30* Chiropractic: 20 visits PCY Acupuncture: 12 visits PCY Massage: 12 visits PCY Naturopath: \$30*, unlimited visits PCY		\$30* Chiropractic: 20 visits PCY Acupuncture: 12 visits PCY Massage: 12 visits PCY Naturopath: \$30*, unlimited visits PCY				
Basic Lab & X-Ray									
Advanced Imaging							20% AD	\$100*	\$100*
Alternative Care							20% AD	\$25*	\$25*
Adult Vision	Exam: 20% AD Hardware: \$150* allowance once PCY		Exam: \$30* Hardware: \$150* allowance once PCY		Exam: \$50* Hardware: \$150* allowance once PCY Enhanced Exam: \$30*				
Prescription	\$10 AD / \$20 AD / \$40 AD / \$150 AD		\$10* / \$20* / \$40* / \$150*		Kaiser Permanente: \$10* / \$20* / \$40* / \$150* MedImpact Pharmacy: \$10* / \$20* / \$40* / \$150*				
Carrier	Kaiser								
Plan	Dental R918								
Network	Kaiser DPPO								
Deductible (Ind/Fam)	\$50 / \$150								
Benefit Maximum (PCY)	\$1,500								
Office Visit	\$0								
Preventive Services	\$0*								
Basic Services	20% AD								
Major services	50% AD								
Orthodontia Services	Not Included								

\* Deductible Waived

\*\* Ded./Coins./most copays/Rx incl. in OOPM

AD: After Deductible

NOTE: Please review the insurance carrier's outline of benefits for all limitations and exclusions. The above are quoted rates and are contingent on final enrollment.