

**Board of Regents of the University System of Georgia
2021 Healthcare Plan Designs**

	Consumer Choice HSA		Comprehensive Care		Blue Choice HMO	Kaiser HMO
	In	Out	In	Out	In	In
Medical Benefits						
Deductible—Single	\$2,200	\$4,400	\$750	\$2,250	None	None
Deductible—Family	\$4,400	\$8,800	\$2,250	\$6,750	None	None
Out-of-Pocket Maximum—Single	\$3,700	\$7,400	\$1,750	\$5,250	\$5,500	\$6,350
Out-of-Pocket Maximum—Family	\$7,400	\$14,800	\$3,500	\$10,500	\$9,900	\$12,700
Coinsurance (% network rate)	80%	60%	90%	60%	100%	100%
Preventative Care Visits	100%	Coin (no ded)	100%	Not covered	100%	100%
Physicians Office Visit	Coin after ded	Coin after ded	\$20 copay	Coin after ded	\$35 copay	\$20 copay
Specialist Office Visit	Coin after ded	Coin after ded	\$35 copay	Coin after ded	\$70 copay	\$35 copay
Outpatient Hospital Services	Coin after ded	Coin after ded	Coin after ded	Coin after ded	\$250 copay	\$100 copay
Inpatient Hospital Services	Coin after ded	Coin after ded	Coin after ded	Coin after ded	\$500 copay	\$250 copay
Urgent Care	Coin after ded	Coin after ded	\$35 copay	Coin after ded	\$70 copay	\$30 copay
Emergency Care	Coin after ded	Coin after ded	\$250 copay, then 90% after ded		\$300 copay	\$250 copay
ABA Coverage	Covered		Covered		Covered	Covered
Pharmacy Benefits						
Retail Rx						
Generic	Coin after ded		\$15 copay		\$15 copay	\$15 Kaiser; \$25 other
Preferred Brand	Coin after ded		20% w/ \$40 min and \$100 Max		20% w/ \$40 min and \$100 Max	\$45 Kaiser; \$55 other
Non-Preferred Brand	Coin after ded		35% w/ \$100 min and \$200 Max		35% w/ \$100 min and \$200 Max	\$65 Kaiser; 20% w/ \$200 Max for Specialty
Mail Order						
Generic	Coin after ded		\$37.50 copay		\$37.50 copay	2 x retail
Preferred Brand	Coin after ded		20% w/ \$100 min and \$250 Max		20% w/ \$100 min and \$250 Max	2 x retail
Non-Preferred Brand	Coin after ded		35% w/ \$250 min and \$500 Max		35% w/ \$250 min and \$500 Max	2 x retail
Out-of-Pocket Maximum per Member	Combined with Medical OOPM		\$1,500/member; capped at \$4,500		\$1,500/member; capped at \$4,500	\$1,500 Single / \$3,000 Family
Employer HSA Match						
Single	Dollar for dollar up to \$375		None		None	None
Family	Dollar for dollar up to \$750		None		None	None

Note: All Services in the Consumer Choice HSA are subject to deductible except Preventative

**Board of Regents of the University System of Georgia
2020/2021 Active Rates**

Monthly Rates	2020 Rates				2021 Rates			
	Employee	Employee + Child(ren)	Employee + Spouse	Family	Employee	Employee + Child(ren)	Employee + Spouse	Family
Employee								
Consumer Choice HSA	\$81.86	\$173.52	\$202.44	\$280.02	\$81.86	\$173.52	\$202.44	\$283.18
Comprehensive Care	\$187.96	\$364.50	\$425.26	\$598.32	\$187.96	\$364.50	\$425.26	\$603.94
BlueChoice HMO	\$222.98	\$427.54	\$498.80	\$703.38	\$222.98	\$427.54	\$498.80	\$709.20
Kaiser HMO	\$170.66	\$327.40	\$381.96	\$535.60	\$170.66	\$327.40	\$381.96	\$545.68
Employer								
Consumer Choice HSA	\$463.81	\$808.68	\$943.45	\$1,356.98	\$459.16	\$800.32	\$933.70	\$1,339.88
Comprehensive Care	\$463.81	\$808.68	\$943.45	\$1,356.98	\$459.98	\$801.79	\$935.41	\$1,339.88
BlueChoice HMO	\$463.81	\$808.68	\$943.45	\$1,356.98	\$460.05	\$801.91	\$935.56	\$1,339.89
Kaiser HMO	\$381.22	\$665.98	\$776.99	\$1,120.04	\$381.22	\$665.98	\$776.99	\$1,109.96
Total								
Consumer Choice HSA	\$545.67	\$982.20	\$1,145.89	\$1,637.00	\$541.02	\$973.84	\$1,136.14	\$1,623.06
Comprehensive Care	\$651.77	\$1,173.18	\$1,368.71	\$1,955.30	\$647.94	\$1,166.29	\$1,360.67	\$1,943.82
BlueChoice HMO	\$686.79	\$1,236.22	\$1,442.25	\$2,060.36	\$683.03	\$1,229.45	\$1,434.36	\$2,049.09
Kaiser HMO	\$551.88	\$993.38	\$1,158.95	\$1,655.64	\$551.88	\$993.38	\$1,158.95	\$1,655.64

**Board of Regents of the University System of Georgia
2020/2021 Retiree Rates**

Non-Medicare Coverage Tier	2020 Monthly Retiree Rates				2021 Monthly Retiree Rates			
	Consumer Choice HSA	Comp. Care	BlueChoice HMO	Kaiser HMO	Consumer Choice HSA	Comp. Care	BlueChoice HMO	Kaiser HMO
NonMedicare Retiree only	\$81.86	\$187.96	\$222.98	\$170.66	\$81.86	\$187.96	\$222.98	\$170.66
Employer NonMedicare Retiree only	\$463.81	\$463.81	\$463.81	\$381.22	\$459.16	\$459.98	\$460.05	\$381.22
Total Rates	\$545.67	\$651.77	\$686.79	\$551.88	\$541.02	\$647.94	\$683.03	\$551.88
NonMedicare Spouse only	\$120.58	\$237.30	\$275.82	\$211.30	\$120.58	\$237.30	\$275.82	\$211.30
Employer NonMedicare Spouse only	\$479.64	\$479.64	\$479.64	\$340.58	\$474.54	\$475.43	\$475.51	\$340.58
Total Rates	\$600.22	\$716.94	\$755.46	\$551.88	\$595.12	\$712.73	\$751.33	\$551.88
One Child only	\$91.66	\$176.54	\$204.56	\$156.74	\$91.66	\$176.54	\$204.56	\$156.74
Employer One Child only	\$344.87	\$344.87	\$344.87	\$284.76	\$341.16	\$341.81	\$341.86	\$284.76
Total Rates	\$436.53	\$521.41	\$549.43	\$441.50	\$432.82	\$518.35	\$546.42	\$441.50
Child(ren) only	\$91.66	\$176.54	\$204.56	\$156.74	\$91.66	\$176.54	\$204.56	\$156.74
Employer Child(ren) only	\$344.87	\$344.87	\$344.87	\$284.76	\$341.16	\$341.81	\$341.86	\$284.76
Total Rates	\$436.53	\$521.41	\$549.43	\$441.50	\$432.82	\$518.35	\$546.42	\$441.50
NonMedicare Retiree + Child(ren)	\$173.52	\$364.50	\$427.54	\$327.40	\$173.52	\$364.50	\$427.54	\$327.40
Employer NonMedicare Retiree + Child(ren)	\$808.68	\$808.68	\$808.68	\$665.98	\$800.32	\$801.79	\$801.91	\$665.98
Total Rates	\$982.20	\$1,173.18	\$1,236.22	\$993.38	\$973.84	\$1,166.29	\$1,229.45	\$993.38
NonMedicare Spouse + Child(ren)	\$212.24	\$413.84	\$480.38	\$368.04	\$212.24	\$413.84	\$480.38	\$368.04
Employer NonMedicare Spouse + Child(ren)	\$824.51	\$824.51	\$824.51	\$625.34	\$815.70	\$817.24	\$817.37	\$625.34
Total Rates	\$1,036.75	\$1,238.35	\$1,304.89	\$993.38	\$1,027.94	\$1,231.08	\$1,297.75	\$993.38
NonMedicare Retiree + NonMedicare Spouse	\$202.44	\$425.26	\$498.80	\$381.96	\$202.44	\$425.26	\$498.80	\$381.96
Employer NonMedicare Retiree + NonMedicare Spouse	\$943.45	\$943.45	\$943.45	\$776.99	\$933.70	\$935.41	\$935.56	\$776.99
Total Rates	\$1,145.89	\$1,368.71	\$1,442.25	\$1,158.95	\$1,136.14	\$1,360.67	\$1,434.36	\$1,158.95
Family (NonMedicare Retiree + NonMedicare Spouse + Child(ren))	\$280.02	\$598.32	\$703.38	\$535.60	\$283.18	\$603.94	\$709.20	\$545.68
Employer Family (NonMedicare Retiree + NonMed. Spouse + Child(ren))	\$1,356.98	\$1,356.98	\$1,356.98	\$1,120.04	\$1,339.88	\$1,339.88	\$1,339.89	\$1,109.96
Total Rates	\$1,637.00	\$1,955.30	\$2,060.36	\$1,655.64	\$1,623.06	\$1,943.82	\$2,049.09	\$1,655.64
NonMedicare Retiree + Child(ren)	\$173.52	\$364.50	\$427.54	\$327.40	\$173.52	\$364.50	\$427.54	\$327.40
Employer NonMedicare Retiree + Child(ren)	\$808.68	\$808.68	\$808.68	\$665.98	\$800.32	\$801.79	\$801.91	\$665.98
Total Rates	\$982.20	\$1,173.18	\$1,236.22	\$993.38	\$973.84	\$1,166.29	\$1,229.45	\$993.38
NonMedicare Spouse + Child(ren)	\$212.24	\$413.84	\$480.38	\$368.04	\$212.24	\$413.84	\$480.38	\$368.04
Employer NonMedicare Spouse + Child(ren)	\$824.51	\$824.51	\$824.51	\$625.34	\$815.70	\$817.24	\$817.37	\$625.34
Total Rates	\$1,036.75	\$1,238.35	\$1,304.89	\$993.38	\$1,027.94	\$1,231.08	\$1,297.75	\$993.38

**Board of Regents of the University System of Georgia
2021 Retiree Rates (Continued)**

Pre-65 Medicare Coverage Tier	2020 Monthly Retiree Rates				2021 Monthly Retiree Rates			
	Consumer Choice HSA	Comp. Care	BlueChoice HMO	Kaiser HMO	Consumer Choice HSA	Comp. Care	BlueChoice HMO	Kaiser HMO
Pre-65 Medicare Retiree or Pre-65 Medicare Spouse or Medicare Child Only 26+	\$81.86	\$164.46	N/A	\$135.22	\$81.86	\$164.46	N/A	\$135.22
Employer Pre-65 Medicare Retiree or Pre-65 Medicare Spouse or Medicare Child Only 26+	\$463.81	\$487.31	N/A	\$416.66	\$459.16	\$483.48	N/A	\$416.66
Total Rates	\$545.67	\$651.77	N/A	\$551.88	\$541.02	\$647.94	N/A	\$551.88
Pre-65 Medicare Retiree or Pre-65 Medicare Spouse + Child(ren)	\$173.52	\$341.00	N/A	\$291.96	\$173.52	\$341.00	N/A	\$291.96
Employer Pre-65 Medicare Retiree or Pre-65 Medicare Spouse + Child(ren)	\$808.68	\$832.18	N/A	\$701.42	\$800.32	\$825.29	N/A	\$701.42
Total Rates	\$982.20	\$1,173.18	N/A	\$993.38	\$973.84	\$1,166.29	N/A	\$993.38
NonMedicare Retiree + Pre-65 Medicare Spouse	\$163.72	\$352.42	\$498.80	\$305.88	\$163.72	\$352.42	\$498.80	\$305.88
Employer NonMedicare Retiree + Pre-65 Medicare Spouse	\$982.17	\$1,016.29	\$943.45	\$853.07	\$972.42	\$1,008.25	\$935.56	\$853.07
Total Rates	\$1,145.89	\$1,368.71	\$1,442.25	\$1,158.95	\$1,136.14	\$1,360.67	\$1,434.36	\$1,158.95
Pre-65 Medicare Retiree + Pre-65 Medicare Spouse	\$163.72	\$328.92	N/A	\$270.44	\$163.72	\$328.92	N/A	\$270.44
Employer Pre-65 Medicare Retiree + Pre-65 Medicare Spouse	\$982.17	\$1,039.79	N/A	\$888.51	\$972.42	\$1,031.75	N/A	\$888.51
Total Rates	\$1,145.89	\$1,368.71	N/A	\$1,158.95	\$1,136.14	\$1,360.67	N/A	\$1,158.95
Pre-65 Medicare Retiree + NonMedicare Spouse	\$202.44	\$401.76	N/A	\$346.52	\$202.44	\$401.76	N/A	\$346.52
Employer Pre-65 Medicare Retiree + NonMedicare Spouse	\$943.45	\$966.95	N/A	\$812.43	\$933.70	\$958.91	N/A	\$812.43
Total Rates	\$1,145.89	\$1,368.71	N/A	\$1,158.95	\$1,136.14	\$1,360.67	N/A	\$1,158.95
Family (NonMedicare Retiree + Pre-65 Medicare Spouse + Child(ren))	\$255.38	\$528.96	\$703.38	\$462.62	\$255.38	\$528.96	\$709.20	\$462.62
Employer Family (NonMedicare Retiree + Pre-65 Medicare Spouse + Child(ren))	\$1,381.62	\$1,426.34	\$1,356.98	\$1,193.02	\$1,367.68	\$1,414.86	\$1,339.89	\$1,193.02
Total Rates	\$1,637.00	\$1,955.30	\$2,060.36	\$1,655.64	\$1,623.06	\$1,943.82	\$2,049.09	\$1,655.64
Family (Pre-65 Medicare Retiree + NonMedicare Spouse + Child(ren))	\$294.10	\$578.30	N/A	\$503.26	\$294.10	\$578.30	N/A	\$503.26
Employer Family (Pre-65 Medicare Retiree + NonMedicare Spouse + Child(ren))	\$1,342.90	\$1,377.00	N/A	\$1,152.38	\$1,328.96	\$1,365.52	N/A	\$1,152.38
Total Rates	\$1,637.00	\$1,955.30	N/A	\$1,655.64	\$1,623.06	\$1,943.82	N/A	\$1,655.64
Family (Pre-65 Medicare Retiree and Pre-65 Medicare Spouse + Child(ren))	\$255.38	\$505.46	N/A	\$427.18	\$255.38	\$505.46	N/A	\$427.18
Employer Family (Pre-65 Medicare Retiree and Pre-65 Medicare Spouse + Child(ren))	\$1,381.62	\$1,449.84	N/A	\$1,228.46	\$1,367.68	\$1,438.36	N/A	\$1,228.46
Total Rates	\$1,637.00	\$1,955.30	N/A	\$1,655.64	\$1,623.06	\$1,943.82	N/A	\$1,655.64
Pre-65 Medicare Retiree + Child(ren)	\$173.52	\$341.00	N/A	\$291.96	\$173.52	\$341.00	N/A	\$291.96
Employer Pre-65 Medicare Retiree + Child(ren)	\$808.68	\$832.18	N/A	\$701.42	\$800.32	\$825.29	N/A	\$701.42
Total Rates	\$982.20	\$1,173.18	N/A	\$993.38	\$973.84	\$1,166.29	N/A	\$993.38
Pre-65 Medicare Spouse + Child(ren)	\$173.52	\$341.00	N/A	\$291.96	\$173.52	\$341.00	N/A	\$291.96
Employer Pre-65 Medicare Spouse + Child(ren)	\$808.68	\$832.18	N/A	\$701.42	\$800.32	\$825.29	N/A	\$701.42
Total Rates	\$982.20	\$1,173.18	N/A	\$993.38	\$973.84	\$1,166.29	N/A	\$993.38

**Board of Regents of the University System of Georgia
2020/2021 Graduate Research Assistant (GRA) Plan Design and Rates**

USG Health Benefits Plan Design	2020 GRA Plan		2021 GRA Plan	
	In	Out	In	Out
Medical Benefits				
Deductible—Single	\$5,000	\$10,000	\$5,500	\$11,000
Deductible—Family	\$10,000	\$18,000	\$11,000	\$22,000
Deductible/OOPM Type	True Family/Embedded	True Family/Embedded	True Family/Embedded	True Family/Embedded
Out-of-Pocket Maximum—Single	\$5,650	\$11,300	\$6,050	\$12,100
Out-of-Pocket Maximum—Family	\$11,300	\$22,600	\$12,100	\$24,200
Coinsurance (% network rate)	50%	50%	50%	50%
Preventative Care Visits	100%	Not Covered	100%	Not Covered
Office Visit	Coin after ded	Coin after ded	Coin after ded	Coin after ded
Outpatient Hospital Services	Coin after ded	Coin after ded	Coin after ded	Coin after ded
Inpatient Hospital Services	Coin after ded	Coin after ded	Coin after ded	Coin after ded
Emergency Care	Coin after ded	Coin after ded	Coin after ded	Coin after ded
Pharmacy Benefits				
Deductible—Single	\$1,500	Not Covered	\$1,500	Not Covered
Deductible—Family	\$3,000	Not Covered	\$3,000	Not Covered
Coinsurance	50% after ded	Not Covered	50% after ded	Not Covered
Out-of-Pocket Maximum—Single	\$2,500	Not Covered	\$2,500	Not Covered
Out-of-Pocket Maximum—Family	\$5,000	Not Covered	\$5,000	Not Covered
Deductible/OOPM Type	True Family/Embedded	True Family/Embedded	True Family/Embedded	True Family/Embedded
Monthly Rates	2020 Plan Costs	2020 GRA Contribution	2021 Plan Costs	2021 GRA Contribution
GRA Only	\$471	\$102	\$471	\$103
GRA + Child; GRA + Children	\$848	\$479	\$848	\$480

Note: Items in red and bold are changes from 2020 to 2021