

SHIP and GRA Plan Information



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The University System of Georgia offers healthcare to students and Graduate Research Assistants. It is a requirement for all graduate students to maintain Affordable Care Act (ACA)-compliant medical coverage. Graduate students are automatically enrolled for the Student Health Insurance Plan (SHIP) upon completing registration. Students who provide adequate documentation of other coverage (through parents, a spouse, another employer, the ACA marketplace, etc.) can opt out of the SHIP requirement. Graduate Research Assistants also have the option of enrolling for the USG GRA medical plan instead of the SHIP. The USG encourages graduate students to compare all options available to them to determine what best meets their needs. International students may have additional requirements and/or restrictions associated with their visa status and should consult with the appropriate campus resource for further detail. Enrollment in both plans is **not allowed**.

SHIP & GRA HEALTHPLAN COMPARISON CHART

| BENEFIT | SHIP Medical Plan Benefits | | USG GRA Plan Benefits | |
|--|---|---|--|---|
| | UHCSR - IN-NETWORK (UHC CHOICE PLUS PPO) | UHCSR- OUT OF NETWORK | ANTHEM- IN-NETWORK (OPEN ACCESS POS) | ANTHEM- OUT OF NETWORK |
| Lifetime Maximum: | None | None | None | None |
| Maximum Annual Medical Deductible: | \$500 Individual \$1,250 Family | \$800 Individual \$1,450 Family | \$6,000 Individual \$12,000 Family (Employee + Child(ren)) | \$12,000 Individual \$24,000 Family (Employee + Child(ren)) |
| Maximum Annual Out-of-Pocket Limit*: | \$6,350 Individual \$12,700 Family | \$10,500 Individual \$33,500 Family | \$6,600 Individual \$13,200 Family | \$13,200 Individual \$26,400 Family |
| Wellness/Preventive Care: | 100% of Preferred Allowance No deductible, copays or coinsurance will be applied when services are received from a preferred provider. | 100% of U and C | 100% Covered | Not Covered |
| ALL SERVICES ARE SUBJECT TO DEDUCTIBLE UNLESS OTHERWISE INDICATED | | | | |
| Co-insurance for Covered Services: | 80% of Preferred Allowance | 60% of U and C | 50% | 50% |
| Office Visit: | \$20 Copay, 100% of Preferred Allowance, not subject to deductible | 70% of U and C | 50% | 50% |
| Outpatient Hospital: | 80% Preferred Allowance | 60% of U and C | 50% | 50% |
| Inpatient Hospital: | 80% Preferred Allowance | 60% of U and C | 50% | 50% |
| Urgent Care: | 80% Preferred Allowance | 60% of U and C | 50% | 50% |
| Emergency Care: | 80% Preferred Allowance | 80% of U and C | 50% | 50% |
| Pharmacy Benefits: | UnitedHealthcare Pharmacy (UHCP) \$25 Copay Tier 1 \$50 Copay Tier 2 \$75 Copay Tier 3 up to a 31-day supply per prescription not subject to deductible. Mail order prescription drugs through UHCP at 2.5 times the retail copay up to a 90-day supply. See plan document for Specialty prescription drugs. | \$25 copay for generic drug \$50 copay for brand name drug up to a 31-day supply per prescription not subject to deductible | CVS Caremark (CVS) Annual Rx deductible: \$1,500 Individual/\$3,000 Family Deductible must be met by entire family. Generic - 50% Preferred Brand - 50% Non-Preferred Brand - 50% Mail order prescription drugs through CVS, all tiers covered at 50% after deductible ** | Not Covered |

*After the out-of-pocket maximum has been satisfied, covered medical expenses will be paid at 100% for the remainder of the policy year subject to any benefit maximums or limits that may apply. Separate out-of-pocket maximums apply to preferred provider and out-of-network benefits. Any applicable coinsurance, copays, or deductibles will be applied to the out-of-pocket maximum. Services that are not covered medical expenses and the amount benefits are reduced for failing to comply with policy provisions or requirements do not count toward meeting the out-of-pocket maximum. Even when the out-of-pocket maximum has been satisfied, the insured person will be responsible for out-of-network copays.

** USG GRA plan: Pharmacy benefits are subject to separate deductibles and out-of-pocket limits.



SHIP COST: MANDATORY PLAN \$2,417 IND/ \$2,659 IND+ FAMILY (SP OR CH) ANNUALLY
VOLUNTARY PLAN: \$3,388 IND/ \$3,727 IND+ FAMILY (SP OR CH) ANNUALLY
 Check with your institution for Academic Semester Rates for SHIP
GRA COST: \$103.00 IND/ \$490.00 IND+ FAMILY (CHILDREN ONLY) PER MONTH

→ SHIP Eligibility

All USG Institutions

- The following students are required to enroll in the USG SHIP unless they waive out based on USG Waiver Requirements.*
 - All graduate students receiving a Full Tuition Waiver as part of their graduate assistantship award.
 - All undergraduate and graduate international students holding F or J status.
 - All undergraduate and graduate students enrolled in programs that require proof of health insurance.
 - All graduate students receiving fellowships that fully fund their tuition.

**International students remaining in their home country for the entirety of the semester are not required to enroll in SHIP.*

→ How to Enroll in SHIP

You will be automatically enrolled in the UnitedHealthcare Insurance after your institution's semester enrollment and waiver period ends. To learn more about how to enroll in the University System of Georgia's Student Health Insurance, please visit www.uhcsr.com and enter your school's name to navigate to specific information regarding the enrollment process on your campus.

Additional Information: Visit https://www.usg.edu/student_affairs/student_health_insurance_program_SHIP or contact UnitedHealthcare Student Services at **1-866-403-8267**.

→ USG GRA Eligibility

Student must be classified as a Graduate Research Assistant for eligibility in this plan.
Position classification must be within research.

→ How to enroll in the GRA Plan

Enrollment is voluntary. Visit oneusgconnect.usg.edu to enroll. Once there, select "**Manage My Benefits**" to log in, then choose the "**Enroll**" tile on the homepage. Or you can call the OneUSG Connect - Benefits Call Center at **1-844-587-4236** to enroll.

If you choose to enroll in the GRA plan, you must submit a waiver to waive out of the SHIP plan.

Additional Information: Visit https://www.usg.edu/hr/benefits/2021_benefits/gra_healthcare or call OneUSG Connect Benefits Call Center at **1-844-587-4236**.