

SHIP Plan Information



SHIP Medical Plan Benefits		
Benefit	UHCSR-In-Network (UHC CHOICE PLUS PPO)	UHCSR-Out-of-Network
Lifetime Maximum	None	None
Maximum Annual Medical Deductible	\$500 / Individual \$1,250 / Family	\$800 / Individual \$1,450 / Family
Maximum Annual Out-of-Pocket Limit*	\$6,350 / Individual \$12,700 / Family	\$10,500 / Individual \$33,500 / 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 Usual and Customary
All services are subject to deductible unless otherwise indicated		
Co-insurance for Covered Services	80% of Preferred Allowance	60% of Usual and Customary
Office Visit	\$20 Copay, 100% of Preferred Allowance not subject to deductible	70% of Usual and Customary
Outpatient Hospital	80% Preferred Allowance	60% of Usual and Customary
Inpatient Hospital	80% Preferred Allowance	60% of Usual and Customary
Urgent Care	80% Preferred Allowance	60% of Usual and Customary
Emergency Care	80% Preferred Allowance	80% of Usual and Customary
Pharmacy Benefits	UnitedHealthcare Pharmacy (UHCP) Tier 1 - \$25 Copay Tier 2 - \$50 Copay Tier 3 - \$75 Copay 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

**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.*

SHIP Cost	
Mandatory Plan Individual	\$2,417 Annually
Mandatory Plan Individual + Family (SP or CH)	\$2,659 Annually
Voluntary Plan Individual	\$3,388 Annually
Voluntary Plan Individual + Family (SP or CH)	\$3,727 Annually

Check with your institution for Academic Semester Rates for SHIP

SHIP Eligibility

All USG Institutions

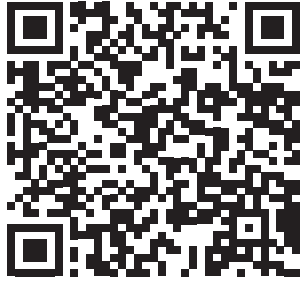
- The following students are required to enroll in the USG SHIP unless they waive out based on USG Waiver Requirements.*
 - All graduate students receiving a Full Tuition Waiver as part of their graduate assistantship award.
 - All undergraduate and graduate international students holding F or J status.
 - 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

To learn more about how to enroll in the University System of Georgia's Student Health Insurance, please visit uhcsr.com and enter your school's name to navigate to specific information regarding the enrollment process on your campus.

Scan the below QR code for additional information or contact UnitedHealthcare Student Services at 1.866.403.8267.



Scan the QR code for additional information



Issues with the QR code? Go to usg.edu/student_affairs/student_health_insurance_program_SHIP

Dental Benefits

Dental Coverage	100% coverage for preventative services and basic restorations; \$500 max benefit per year
Dental Cost	
Voluntary Plan Individual	\$239 Annually

Vision Benefits

Vision Coverage	\$10 copay for annual eye exam and annual benefits for lenses, frames and contacts
Vision Cost	
Voluntary Plan Individual	\$140.03 Annually