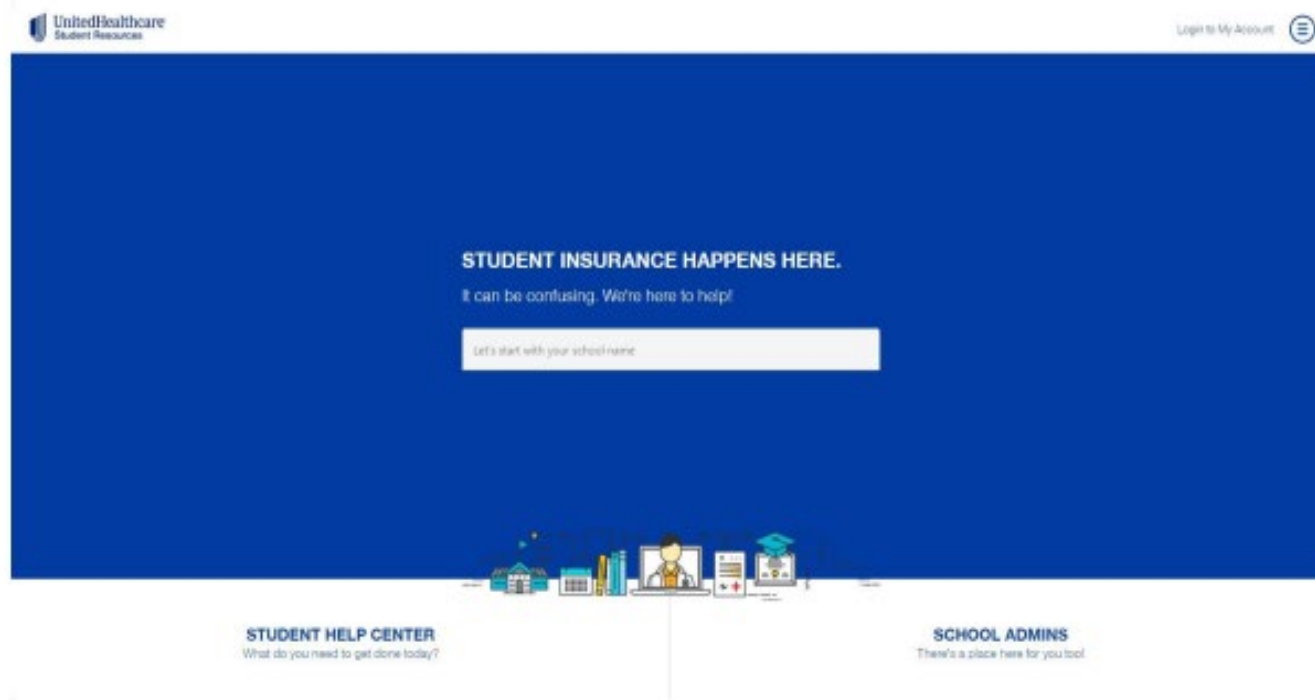


- All students are encouraged to obtain parent or private medical

Approved 2024 – 2025 USG SHIP

	USG SHIP		Georgia Tech SHIP	
Deductible:	\$500 Preferred Provider/ \$800 Out-of-Network per Insured Person, per Policy Year			
Coinsurance Percentage	80%			
Out-of-Pocket Maximum	\$6,350 Preferred Provider/ \$10,500 Out-of-Network per Insured Person, per Policy Year			
Non-SHC Office Visit Copays (PCP/Specialist)	\$20/\$20			
Prescription Drug Copays <i>Prescription drug copays at UHCP network pharmacy up to a 31-day supply per prescription. Not subject to the Deductible.</i>	\$25 Copay per prescription Tier 1 \$50 Copay per prescription Tier 2 \$75 Copay per prescription Tier 3			
Lifetime Benefit Limit	Unlimited			
Dental/Vision Coverage	Not Included		Included	
Annual Premiums	Mandatory	Voluntary	Mandatory	Voluntary
Student Premium	\$2,936 (+2.8%) (\$80*)	\$4,114 (+2.8%)(\$112*)	\$3,076.40 (+2.7%)(\$80*)	\$4,254.40 (+2.7%)(\$112*)
Spouse Premium	\$3,229 (+2.8%)(\$88*)	\$4,525 (+2.8%)(\$123*)	\$3,362.80 (+2.7%)(\$88*)	\$4,658.80 (+2.7%)(\$123*)
Child Premium	\$3,229 (+2.8%)	\$4,525 (+2.8%)	\$3,391.24 (+2.6%)	\$4,687.24 (+2.7%)
All Children	\$6,457 (+2.8%)	\$9,052 (+2.8%)	\$6,619.24 (+2.7%)	\$9,214.24 (+2.8%)
All Dependents	\$9,687 (+2.8%)	\$13,577 (+2.8%)	\$10,006.20 (+2.7%)	\$13,896.20 (+2.7%)

Online Voluntary Enrollment Process



- Go to www.uhcsr.com.
- Enter your school's name or Policy number.