

# SHIP Plan Information



## 2025 - 2026 SHIP Medical Benefits

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

<b>Mandatory Plan</b> Individual	\$2,936 Annually
<b>Mandatory Plan</b> Spouse or Child	\$3,229 Annually
<b>Voluntary Plan</b> Individual	\$4,114 Annually
<b>Voluntary Plan</b> Spouse or Child	\$4,525 Annually

## 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](http://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.



Issues with the QR code? Go to [usg.edu/student\\_affairs/student\\_health\\_insurance\\_program\\_SHIP](http://usg.edu/student_affairs/student_health_insurance_program_SHIP)

### Dental Benefits

<b>Dental Coverage</b>	100% coverage for preventative services and basic restorations; \$500 max benefit per year
<b>Dental Cost</b>	
<b>Voluntary Plan</b> Individual	\$251.76 Annually

### Vision Benefits

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