

# SHIP AND GRA PLAN INFORMATION



The University System of Georgia offers a healthcare plan for Graduate Research Assistants (GRA). It is a requirement for all graduate students to maintain Affordable Care Act (ACA) compliant medical coverage. Graduate students are automatically enrolled in the Student Health Insurance Plan (SHIP), through UnitedHealthcare Student Resources Insurance, upon completing course registration. GRAs who provide adequate documentation of other coverage (through parents, a spouse, another employer, the ACA marketplace, etc.) can waive out of the SHIP requirement. Graduate Research Assistants also have the option of enrolling in the USG GRA 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 HEALTH PLAN 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
<b>Lifetime Maximum:</b>	None	None	None	None
<b>Maximum Annual Medical Deductible:</b>	\$500 Individual \$1,250 Family	\$800 Individual \$1,450 Family	\$6,350 Individual \$12,700 Family (Employee + Child(ren))	\$12,700 Individual \$25,400 Family (Employee + Child(ren))
<b>Maximum Annual Out-of-Pocket Limit*:</b>	\$6,350 Individual \$12,700 Family	\$10,500 Individual \$33,500 Family	\$6,950 Individual \$13,900 Family	\$13,900 Individual \$27,800 Family
<b>Wellness/Preventive Care:</b>	100% of Allowed Amounts No deductible, copays or coinsurance will be applied when services are received from a preferred provider.	100% of Allowed Amounts	100% Covered	Not Covered
<b>ALL SERVICES ARE SUBJECT TO DEDUCTIBLE UNLESS OTHERWISE INDICATED</b>				
<b>Co-insurance for Covered Services:</b>	80% of Allowed Amounts	60% of Allowed Amounts	50%	50%
<b>Office Visit:</b>	\$20 Copay, 100% of Allowed Amounts, not subject to deductible	70% of Allowed Amounts	50%	50%
<b>Outpatient Hospital:</b>	80% Allowed Amounts	60% of Allowed Amounts	50%	50%
<b>Inpatient Hospital:</b>	80% Allowed Amounts	60% of Allowed Amounts	50%	50%
<b>Urgent Care:</b>	80% Allowed Amounts	60% of Allowed Amounts	50%	50%
<b>Emergency Care:</b>	80% Allowed Amounts	80% of Allowed Amounts	50%	50%
<b>Pharmacy Benefits:</b>	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. UHCP Mail Order Network Pharmacy or Preferred 90-Day Retail Network Pharmacy at 2.5 times the retail copay up to a 90-day supply.	\$25 copay for generic drug \$50 copay for brand name drug 100% of billed charge up to a 31-day supply per prescription not subject to deductible. The insured will need to pay in full for prescriptions not filled at a participating pharmacy and submit receipts for reimbursement.	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 ** Maximum Out-of-Pocket Limit: \$2,500 Individual/\$5,000 Family	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.

Note: The GRA plan has a Massachusetts resident exclusion. Please refer to the USG GRA plan document for details.



**SHIP COST: MANDATORY PLAN \$2,856 IND (\$201 PER MO)/\$3,141 IND+ FAMILY (SP OR CH) ANNUALLY**  
**VOLUNTARY PLAN \$4,002 IND/ \$4,402 IND+ FAMILY (SP OR CH) ANNUALLY**  
 Check with your institution for Academic Semester Rates for SHIP  
**GRA COST: \$101 IND/ \$595 IND+ FAMILY (CHILDREN ONLY) PER MONTH**



## → SHIP Mandatory Enrollment Categories

### 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 Student Resources 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](http://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](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.

## → How to Enroll in the GRA Plan

Enrollment is voluntary. Visit [oneusgconnect.usg.edu](http://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/student\\_affairs/student\\_health\\_insurance\\_program\\_SHIP](https://www.usg.edu/student_affairs/student_health_insurance_program_SHIP) or call the OneUSG Connect - Benefits Call Center at 1-844-587-4236.