

University System of Georgia (USG)
 Student Health Insurance Program (SHIP)
2015-2016 Policy Year Rates

SHIP Mandatory & Voluntary Plans (Original Domestic Plan #xxxxx-1 & International Plan #xxxxx-4)	Annual Premium	Fall Premium*	Spring/Summer Premium*
Students Only	\$2,025	\$847	\$1,178
Student + Spouse	\$4,050	\$1,694	\$2,356
Student + One Child	\$4,050	\$1,694	\$2,356
Student + All Children	\$6,075	\$2,541	\$3,534
Student + Spouse + All Children	\$8,100	\$3,388	\$4,712

*Premiums are based on "standard base rate" your rate may vary dependent on your enrollment dates.

PGH Global Georgia International Student Care	Annual Premium	Fall Premium*	Spring/Summer Premium*	Monthly Premium	Daily Premium
Students Only	\$857	\$358	\$499	\$72	\$2.36
Student + Spouse	\$1,714	\$716	\$998	\$144	\$4.72
Student + One Child	\$1,714	\$716	\$998	\$144	\$4.72
Student + All Children	\$2,571	\$1,075	\$1,497	\$216	\$7.07
Student + \$90K IC Sports Plan	\$2,196	\$918	\$1,278	\$184	\$6.02

*Premiums are based on "standard base rate" your rate may vary dependent on your enrollment dates.

Stand Alone Repat/Med Evac	Annual Premium	Fall Premium*	Spring/Summer Premium*
Students Only	\$ 75	\$31	\$44
Spouse Only	\$ 75	\$31	\$44
Each Child	\$ 75	\$31	\$44

Accident & Injury Only (Plan #xxxxx-2)	Annual Premium	Fall Premium*	Spring/Summer Premium*
SHIP Students Only	\$ 137	\$57	\$80
All Students	\$ 49	\$20	\$29

Student Injury Only Plan – IC Sports (Plan #xxxxx-8)			
Maximum Benefit	Annual Premiums	Fall Premium*	Spring/Summer Premium*
\$10,000	\$1,056	\$528	\$528
\$20,000	\$1,151	\$576	\$576
\$30,000	\$1,211	\$606	\$606
\$40,000	\$1,240	\$620	\$620
\$50,000	\$1,267	\$634	\$634
\$60,000	\$1,291	\$646	\$646
\$70,000	\$1,309	\$655	\$655
\$80,000	\$1,324	\$662	\$662
\$90,000	\$1,339	\$670	\$670

*Premiums are based on "standard base rate" your rate may vary dependent on your enrollment dates.

NEW Optional Voluntary Plans

Dental Voluntary Plan	Annual Premium
Students Only	\$200.12
Student + Spouse	\$400.25
Student + Child(ren)	\$490.62
Student + Family	\$732.67

Vision Voluntary Plan	Annual Premium
Students Only	\$118.12
Student + Spouse	\$224.22
Student + Child(ren)	\$262.97
<i>Student + Family</i>	<i>\$369.84</i>

These plans are voluntary for any student enrolled in UHCSR, annual premium is paid to UHCSR directly at enrollment. See attached brochures for policy information.