

**Board of Regents of the University System of Georgia
2025 Healthcare Plan Designs**

USG Health Benefits Plan Design	Consumer Choice HSA		Comprehensive Care		Blue Choice HMO	Kaiser HMO
	In	Out	In	Out	In	In
Medical Benefits						
Deductible—Single	\$3,200	\$6,400	\$1,500	\$4,500	None	\$100
Deductible—Family	\$6,400	\$12,800	\$4,500	\$13,500	None	\$200
Out-of-Pocket Maximum—Single	\$5,000	\$10,000	\$3,300	\$9,900	\$5,500	\$6,350
Out-of-Pocket Maximum—Family	\$10,000 (with \$9,200 Ind Cap)	\$20,000	\$6,600	\$19,800	\$9,900	\$12,700
Coinsurance (% network rate)	80%	60%	90%	60%	100%	100%
Preventative Care Visits	100%	Coin (no ded)	100%	Coin after ded	100%	100%
Physicians Office Visit	Coin after ded	Coin after ded	\$25 copay	Coin after ded	\$40 copay	\$40 copay
Specialist Office Visit	Coin after ded	Coin after ded	\$50 copay	Coin after ded	\$100 copay	\$75 copay
Outpatient Hospital Services	Coin after ded	Coin after ded	Coin after ded	Coin after ded	\$600 copay	\$400 copay after ded
Inpatient Hospital Services	Coin after ded	Coin after ded	Coin after ded	Coin after ded	\$1,000 copay	\$600 copay after ded
Urgent Care	Coin after ded	Coin after ded	\$50 copay	Coin after ded	\$100 copay	\$75 copay
Emergency Care	Coin after ded	Coin after ded	\$300 copay, then 90% after ded		\$600 copay	\$400 copay
ABA Coverage	Covered		Covered		Covered	Covered
Pharmacy Benefits						
Retail Rx						
Generic	Coin after ded		\$20 copay		\$15 copay	\$15 Kaiser; \$25 other
Preferred Brand	Coin after ded		20% w/ \$50 min and \$125 Max		20% w/ \$40 min and \$100 Max	\$45 Kaiser; \$55 other
Non-Preferred Brand	Coin after ded		35% w/ \$125 min and \$250 Max		35% w/ \$100 min and \$200 Max	\$75 Kaiser; \$85 other
Specialty	limited to 30-day supply		limited to 30-day supply		limited to 30-day supply	
Generic	Coin after ded		20% up to a max of \$85		20% up to a max of \$85	30% with \$250 max
Preferred Brand	Coin after ded		20% up to a max of \$175		20% up to a max of \$175	30% with \$250 max
Non-preferred Brand	Coin after ded		35% up to a max of \$250		35% up to a max of \$250	30% with \$250 max
60 or 90-day supply	Coin after ded		2x or 3x cost of 30-day supply		2x or 3x cost of 30-day supply	2x or 3x cost of 30-day supply
Mail Order	Coin after ded		Same as retail		Same as retail	Same as retail
Out-of-Pocket Maximum per Member	Combined with Medical OOPM		\$2,000 /member; capped at \$6,000		\$2,000 /member; capped at \$6,000	\$1,750 Single / \$3,500 Family
Employer HSA Match						
Single	Dollar for dollar up to \$375		None		None	None
Family	Dollar for dollar up to \$750		None		None	None

All Services in the Consumer Choice HSA are subject to deductible except Preventative
Note: Items in red and bold are a change from 2024 to 2025

**Board of Regents of the University System of Georgia
2024/2025 Active Rates**

Monthly Rates	2024 Rates				2025 Rates			
	Employee	Employee + Child	Employee + Spouse	Family	Employee	Employee Child(ren)*	Employee + Spouse	Family
Employee								
Consumer Choice HSA	\$88.94	\$188.82	\$220.34	\$314.76	\$97.72	\$207.70	\$242.32	\$346.18
Comprehensive Care	\$206.68	\$400.78	\$467.60	\$668.00	\$220.00	\$427.82	\$499.14	\$713.04
BlueChoice HMO	\$253.20	\$485.60	\$566.56	\$809.38	\$273.78	\$524.62	\$612.08	\$874.38
Kaiser HMO	\$188.80	\$362.24	\$422.60	\$603.72	\$206.16	\$395.56	\$461.48	\$659.26
Employer								
Consumer Choice HSA	\$568.04	\$993.74	\$1,159.32	\$1,656.18	\$617.78	\$1,080.20	\$1,260.22	\$1,800.32
Comprehensive Care	\$571.12	\$999.26	\$1,165.78	\$1,665.40	\$617.78	\$1,080.20	\$1,260.22	\$1,800.32
BlueChoice HMO	\$576.36	\$1,007.62	\$1,175.52	\$1,679.30	\$617.78	\$1,080.20	\$1,260.22	\$1,800.32
Kaiser HMO	\$464.00	\$812.80	\$948.28	\$1,354.68	\$501.44	\$878.12	\$1,024.48	\$1,463.52
Total								
Consumer Choice HSA	\$656.98	\$1,182.56	\$1,379.66	\$1,970.94	\$715.50	\$1,287.90	\$1,502.54	\$2,146.50
Comprehensive Care	\$777.80	\$1,400.04	\$1,633.38	\$2,333.40	\$837.78	\$1,508.02	\$1,759.36	\$2,513.36
BlueChoice HMO	\$829.56	\$1,493.22	\$1,742.08	\$2,488.68	\$891.56	\$1,604.82	\$1,872.30	\$2,674.70
Kaiser HMO	\$652.80	\$1,175.04	\$1,370.88	\$1,958.40	\$707.60	\$1,273.68	\$1,485.96	\$2,122.78

**Board of Regents of the University System of Georgia
2024/2025 Retiree Member Rates**

Coverage Tier	2024 Monthly Retiree Rates				2025 Monthly Retiree Rates			
	Consumer Choice HSA	Comp. Care	BlueChoice HMO	Kaiser HMO	Consumer Choice HSA	Comp. Care	BlueChoice HMO	Kaiser HMO
NonMedicare Retiree only	\$88.94	\$206.68	\$253.20	\$188.80	\$97.72	\$220.00	\$273.78	\$206.16
NonMedicare Spouse only	\$131.40	\$260.92	\$313.36	\$233.80	\$144.60	\$279.14	\$338.30	\$255.32
Child(ren) only	\$99.88	\$194.10	\$232.40	\$173.44	\$109.98	\$207.82	\$250.84	\$189.40
NonMedicare Retiree + Child(ren)	\$188.82	\$400.78	\$485.60	\$362.24	\$207.70	\$427.82	\$524.62	\$395.56
NonMedicare Spouse + Child(ren)	\$231.28	\$455.02	\$545.76	\$407.24	\$254.58	\$486.96	\$589.14	\$444.72
NonMedicare Retiree + NonMedicare Spouse	\$220.34	\$467.60	\$566.56	\$422.60	\$242.32	\$499.14	\$612.08	\$461.48
Family (NonMedicare Retiree + NonMedicare Spouse + Child(ren))	\$314.76	\$668.00	\$809.38	\$603.72	\$346.18	\$713.04	\$874.38	\$659.26
Pre-65 Medicare Retiree or Pre-65 Medicare Spouse or Medicare Child Only 26+	\$88.94	\$180.84	\$253.20	\$149.60	\$97.72	\$192.50	\$273.78	\$163.36
Pre-65 Medicare Retiree or Pre-65 Medicare Spouse + Child(ren)	\$188.82	\$374.94	\$485.60	\$323.04	\$207.70	\$400.32	\$524.62	\$352.76
NonMedicare Retiree + Pre-65 Medicare Spouse	\$177.88	\$387.52	\$506.40	\$338.40	\$195.44	\$412.50	\$547.56	\$369.52
Pre-65 Medicare Retiree + Pre-65 Medicare Spouse	\$177.88	\$361.68	\$506.40	\$299.20	\$195.44	\$385.00	\$547.56	\$326.72
Pre-65 Medicare Retiree + NonMedicare Spouse	\$220.34	\$441.76	\$566.56	\$383.40	\$242.32	\$471.64	\$612.08	\$418.68
Family (NonMedicare Retiree + Pre-65 Medicare Spouse + Child(ren))	\$277.76	\$581.62	\$738.80	\$511.84	\$305.42	\$620.32	\$798.40	\$558.92
Family (Pre-65 Medicare Retiree + NonMedicare Spouse + Child(ren))	\$320.22	\$635.86	\$798.96	\$556.84	\$352.30	\$679.46	\$862.92	\$608.08
Family (Pre-65 Medicare Retiree and Pre-65 Medicare Spouse + Child(ren))	\$277.76	\$555.78	\$738.80	\$472.64	\$305.42	\$592.82	\$798.40	\$516.12
Pre-65 Medicare Retiree or Pre-65 Medicare Spouse + Child(ren)	\$188.82	\$374.94	\$485.60	\$323.04	\$207.70	\$400.32	\$524.62	\$352.76

**Board of Regents of the University System of Georgia
2024/2025 Retiree Employer Rates**

Coverage Tier	2024 Monthly Employer Rates				2025 Monthly Employer Rates			
	Consumer Choice HSA	Comp. Care	BlueChoice HMO	Kaiser HMO	Consumer Choice HSA	Comp. Care	BlueChoice HMO	Kaiser HMO
NonMedicare Retiree only	\$568.04	\$571.12	\$576.36	\$464.00	\$617.78	\$617.78	\$617.78	\$501.44
NonMedicare Spouse only	\$591.28	\$594.66	\$599.16	\$419.00	\$642.44	\$642.44	\$642.44	\$452.28
Child(ren) only	\$425.70	\$428.14	\$431.26	\$348.80	\$462.42	\$462.42	\$462.42	\$376.68
NonMedicare Retiree + Child(ren)	\$993.74	\$999.26	\$1,007.62	\$812.80	\$1,080.20	\$1,080.20	\$1,080.20	\$878.12
NonMedicare Spouse + Child(ren)	\$1,016.98	\$1,022.80	\$1,030.42	\$767.80	\$1,104.86	\$1,104.86	\$1,104.86	\$828.96
NonMedicare Retiree + NonMedicare Spouse	\$1,159.32	\$1,165.78	\$1,175.52	\$948.28	\$1,260.22	\$1,260.22	\$1,260.22	\$1,024.48
Family (NonMedicare Retiree + NonMedicare Spouse + Child(ren))	\$1,656.18	\$1,665.40	\$1,679.30	\$1,354.68	\$1,800.32	\$1,800.32	\$1,800.32	\$1,463.52
Pre-65 Medicare Retiree or Pre-65 Medicare Spouse or Medicare Child Only 26+	\$568.04	\$596.96	\$576.36	\$503.20	\$617.78	\$645.28	\$617.78	\$544.24
Pre-65 Medicare Retiree or Pre-65 Medicare Spouse + Child(ren)	\$993.74	\$1,025.10	\$1,007.62	\$852.00	\$1,080.20	\$1,107.70	\$1,080.20	\$920.92
NonMedicare Retiree + Pre-65 Medicare Spouse	\$1,201.78	\$1,245.86	\$1,235.68	\$1,032.48	\$1,307.10	\$1,346.86	\$1,324.74	\$1,116.44
Pre-65 Medicare Retiree + Pre-65 Medicare Spouse	\$1,201.78	\$1,271.70	\$1,235.68	\$1,071.68	\$1,307.10	\$1,374.36	\$1,324.74	\$1,159.24
Pre-65 Medicare Retiree + NonMedicare Spouse	\$1,159.32	\$1,191.62	\$1,175.52	\$987.48	\$1,260.22	\$1,287.72	\$1,260.22	\$1,067.28
Family (NonMedicare Retiree + Pre-65 Medicare Spouse + Child(ren))	\$1,693.18	\$1,751.78	\$1,749.88	\$1,446.56	\$1,841.08	\$1,893.04	\$1,876.30	\$1,563.86
Family (Pre-65 Medicare Retiree + NonMedicare Spouse + Child(ren))	\$1,650.72	\$1,697.54	\$1,689.72	\$1,401.56	\$1,794.20	\$1,833.90	\$1,811.78	\$1,514.70
Family (Pre-65 Medicare Retiree and Pre-65 Medicare Spouse + Child(ren))	\$1,693.18	\$1,777.62	\$1,749.88	\$1,485.76	\$1,841.08	\$1,920.54	\$1,876.30	\$1,606.66
Pre-65 Medicare Retiree or Pre-65 Spouse + Child(ren)	\$993.74	\$1,025.10	\$1,007.62	\$852.00	\$1,080.20	\$1,107.70	\$1,080.20	\$920.92

**Board of Regents of the University System of Georgia
2024/2025 Retiree Total (Member + Employer) Rates**

Coverage Tier	2024 Monthly Total Rates				2025 Monthly Total Rates			
	Consumer Choice HSA	Comp. Care	BlueChoice HMO	Kaiser HMO	Consumer Choice HSA	Comp. Care	BlueChoice HMO	Kaiser HMO
NonMedicare Retiree only	\$656.98	\$777.80	\$829.56	\$652.80	\$715.50	\$837.78	\$891.56	\$707.60
NonMedicare Spouse only	\$722.68	\$855.58	\$912.52	\$652.80	\$787.04	\$921.58	\$980.74	\$707.60
Child(ren) Only	\$525.58	\$622.24	\$663.66	\$522.24	\$572.40	\$670.24	\$713.26	\$566.08
NonMedicare Retiree + Child(ren)	\$1,182.56	\$1,400.04	\$1,493.22	\$1,175.04	\$1,287.90	\$1,508.02	\$1,604.82	\$1,273.68
NonMedicare Spouse + Child(ren)	\$1,248.26	\$1,477.82	\$1,576.18	\$1,175.04	\$1,359.44	\$1,591.82	\$1,694.00	\$1,273.68
NonMedicare Retiree + NonMedicare Spouse	\$1,379.66	\$1,633.38	\$1,742.08	\$1,370.88	\$1,502.54	\$1,759.36	\$1,872.30	\$1,485.96
Family (NonMedicare Retiree + NonMedicare Spouse + Child(ren))	\$1,970.94	\$2,333.40	\$2,488.68	\$1,958.40	\$2,146.50	\$2,513.36	\$2,674.70	\$2,122.78
Pre-65 Medicare Retiree or Pre-65 Medicare Spouse or Medicare Child Only 26+	\$656.98	\$777.80	\$829.56	\$652.80	\$715.50	\$837.78	\$891.56	\$707.60
Pre-65 Medicare Retiree or Pre-65 Medicare Spouse + Child(ren)	\$1,182.56	\$1,400.04	\$1,493.22	\$1,175.04	\$1,287.90	\$1,508.02	\$1,604.82	\$1,273.68
NonMedicare Retiree + Pre-65 Medicare Spouse	\$1,379.66	\$1,633.38	\$1,742.08	\$1,370.88	\$1,502.54	\$1,759.36	\$1,872.30	\$1,485.96
Pre-65 Medicare Retiree + Pre-65 Medicare Spouse	\$1,379.66	\$1,633.38	\$1,742.08	\$1,370.88	\$1,502.54	\$1,759.36	\$1,872.30	\$1,485.96
Pre-65 Medicare Retiree + NonMedicare Spouse	\$1,379.66	\$1,633.38	\$1,742.08	\$1,370.88	\$1,502.54	\$1,759.36	\$1,872.30	\$1,485.96
Family (NonMedicare Retiree + Pre-65 Medicare Spouse + Child(ren))	\$1,970.94	\$2,333.40	\$2,488.68	\$1,958.40	\$2,146.50	\$2,513.36	\$2,674.70	\$2,122.78
Family (Pre-65 Medicare Retiree + NonMedicare Spouse + Child(ren))	\$1,970.94	\$2,333.40	\$2,488.68	\$1,958.40	\$2,146.50	\$2,513.36	\$2,674.70	\$2,122.78
Family (Pre-65 Medicare Retiree and Pre-65 Medicare Spouse + Child(ren))	\$1,970.94	\$2,333.40	\$2,488.68	\$1,958.40	\$2,146.50	\$2,513.36	\$2,674.70	\$2,122.78
Pre-65 Medicare Retiree or Pre-65 Medicare Spouse + Child(ren)	\$1,182.56	\$1,400.04	\$1,493.22	\$1,175.04	\$1,287.90	\$1,508.02	\$1,604.82	\$1,273.68

**Board of Regents of the University System of Georgia
2024/2025 Graduate Research Assistant (GRA) Plan Design and Rate**

USG Health Benefits Plan Design	2024 GRA Plan		2025 GRA Plan	
	In	Out	In	Out
Medical Benefits				
Deductible—Single	\$6,350	\$12,700	\$6,350	\$12,700
Deductible—Family	\$12,700	\$25,400	\$12,700	\$25,400
Deductible/OOPM Type	True Family/Embedded	True Family/Embedded	True Family/Embedded	True Family/Embedded
Out-of-Pocket Maximum—Single	\$6,950	\$13,900	\$6,700	\$13,900
Out-of-Pocket Maximum—Family	\$13,900	\$27,800	\$13,400	\$27,800
Coinsurance (% network rate)	50%	50%	50%	50%
Preventative Care Visits	100%	Not Covered	100%	Not Covered
Office Visit	Coin after ded	Coin after ded	Coin after ded	Coin after ded
Outpatient Hospital Services	Coin after ded	Coin after ded	Coin after ded	Coin after ded
Inpatient Hospital Services	Coin after ded	Coin after ded	Coin after ded	Coin after ded
Emergency Care	Coin after ded	Coin after ded	Coin after ded	Coin after ded
Medical Benefits (Continued)				
Deductible—Single	\$1,500	Not Covered	\$1,500	Not Covered
Deductible—Family	\$3,000	Not Covered	\$3,000	Not Covered
Coinsurance	50% after ded	Not Covered	50% after ded	Not Covered
Out-of-Pocket Maximum—Single	\$2,500	Not Covered	\$2,500	Not Covered
Out-of-Pocket Maximum—Family	\$5,000	Not Covered	\$5,000	Not Covered
Deductible/OOPM Type	True Family/Embedded	True Family/Embedded	True Family/Embedded	True Family/Embedded
Monthly Rates				
	2024 Plan Costs	2024 Employee Contribution	2025 Plan Costs	2025 Employee Contribution
Employee Only	\$617	\$101	\$687	\$105
<i>Change from 2023</i>	<i>\$84 (15.8%)</i>		<i>\$70 (11.3%)</i>	<i>\$4 (4.0%)</i>
Employee + Children	\$1,111	\$595	\$1,237	\$655
<i>Change from 2023</i>	<i>\$152 (15.8%)</i>		<i>\$126 (11.3%)</i>	<i>\$60 (10.1%)</i>

Note: Items in red and bold are changes from 2024 to 2025