

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

USG Health Benefits Plan Design Medical Benefits	Consumer Choice HSA		Comprehensive Care		Blue Choice HMO	Kaiser HMO
	In	Out	In	Out	In	In
Deductible—Single	<b>\$3,200</b>	<b>\$6,400</b>	<b>\$1,500</b>	<b>\$4,500</b>	None	<b>\$100</b>
Deductible—Family	<b>\$6,400</b>	<b>\$12,800</b>	<b>\$4,500</b>	<b>\$13,500</b>	None	<b>\$200</b>
Out-of-Pocket Maximum—Single	<b>\$5,000</b>	<b>\$10,000</b>	<b>\$3,300</b>	<b>\$9,900</b>	\$5,500	\$6,350
Out-of-Pocket Maximum—Family	<b>\$10,000</b> <b>(with \$9,200 Ind Cap)</b>	<b>\$20,000</b>	<b>\$6,600</b>	<b>\$19,800</b>	\$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	<b>\$100</b> copay	\$75 copay
Outpatient Hospital Services	Coin after ded	Coin after ded	Coin after ded	Coin after ded	<b>\$600</b> copay	\$400 copay <b>after ded</b>
Inpatient Hospital Services	Coin after ded	Coin after ded	Coin after ded	Coin after ded	<b>\$1,000</b> copay	\$600 copay <b>after ded</b>
Urgent Care	Coin after ded	Coin after ded	\$50 copay	Coin after ded	<b>\$100</b> copay	\$75 copay
Emergency Care	Coin after ded	Coin after ded	\$300 copay, then 90% after ded		<b>\$600</b> copay	\$400 copay
Ambulance	80% after in-network ded		90% after in-network ded		<b>\$75 copay</b>	\$75 copay
<b>Pharmacy Benefits</b>						
<b>Retail Rx</b>						
Generic	Coin after ded		<b>\$20</b> copay		<b>\$20</b> copay	<b>\$20</b> Kaiser; <b>\$30</b> other
Preferred Brand	Coin after ded		20% w/ <b>\$50</b> min and <b>\$125</b> Max		20% w/ <b>\$50</b> min and <b>\$125</b> Max	<b>\$55</b> Kaiser; <b>\$65</b> other
Non-Preferred Brand	Coin after ded		35% w/ <b>\$125</b> min and <b>\$250</b> Max		35% w/ <b>\$125</b> min and <b>\$250</b> Max	<b>\$100</b> Kaiser; <b>\$110</b> 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 <b>\$85</b>		20% up to a max of <b>\$85</b>	30% with <b>\$300</b> max
Preferred Brand	Coin after ded		20% up to a max of <b>\$175</b>		20% up to a max of <b>\$175</b>	30% with <b>\$300</b> max
Non-preferred Brand	Coin after ded		35% up to a max of <b>\$250</b>		35% up to a max of <b>\$250</b>	30% with <b>\$300</b> 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
<b>Mail Order</b>	Coin after ded		Same as retail		Same as retail	Same as retail
Out-of-Pocket Maximum per Member	Combined with Medical OOPM		<b>\$2,000</b> /member; capped at <b>\$6,000</b>		<b>\$2,000</b> /member; capped at <b>\$6,000</b>	<b>\$1,750</b> Single / <b>\$3,500</b> Family
<b>Employer HSA Match</b>						
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(ren)	Employee + Spouse	Family	Employee	Employee + Child(ren)	Employee + Spouse	Family
<b>Employee</b>								
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
<b>Employer</b>								
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
<b>Total</b>								
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
<b>Medical Benefits</b>				
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	<b>\$6,700</b>	\$13,900
Out-of-Pocket Maximum—Family	\$13,900	\$27,800	<b>\$13,400</b>	\$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
<b> </b>				
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
<b>Monthly Rates</b>	<b>2024 Plan Costs</b>	<b>2024 GRA Contribution</b>	<b>2025 Plan Costs</b>	<b>2025 GRA Contribution</b>
GRA Only	<b>\$617</b>	<b>\$101</b>	<b>\$687</b>	<b>\$105</b>
<i>Change from 2024</i>			<i>\$70 (11.3%)</i>	<i>\$4 (4.0%)</i>
GRA + Children	<b>\$1,111</b>	<b>\$595</b>	<b>\$1,237</b>	<b>\$655</b>
<i>Change from 2024</i>			<i>\$126 (11.3%)</i>	<i>\$60 (10.1%)</i>

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