Appendix A

Board of Regents of the University System of Georgia
2027 Healthcare Plan

USG Health Benefits Plan Design	Consumer Choice HSA		Comprehensive Care		BlueChoice HMO	Kaiser HMO
Medical Benefits	In	Out	In	Out	In	In
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 $10,000 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
Ambulance	80% after in-network ded		90% after in-network ded		$75 copay	$75 copay
Pharmacy Benefits						
Retail Rx						
Generic	Coin after ded		$20 copay		$20 copay	$20 Kaiser; $30 other
Preferred Brand	Coin after ded		20% w/ $50 min and $125 Max		20% w/ $50 min and $125 Max	$55 Kaiser; $65 other
Non-Preferred Brand	Coin after ded		35% w/ $125 min and $250 Max		35% w/ $125 min and $250 Max	$100 Kaiser; $110 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 $300 max
Preferred	Coin after ded		20% up to a max of $175		20% up to a max of $175	30% with $300 max
Brand	Coin after ded		35% up to a max of $250		35% up to a max of $250	30% with $300 max
Non-preferred Brand						
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		$2,250/member; capped at $6,750		$2,250/member; capped at $6,750	$1,750 Single / $3,500 Family
Employer HSA Match						
Single	Dollar for dollar up to $325		None		None	None
Family	Dollar for dollar up to $650		None		None	None

All Services in the Consumer Choice HSA are subject to deductible except Preventative

Appendix B

Board of Regents of the University System of Georgia
2026/2027 Active Rates

Monthly Rates	2026 Rates					2027 Rates			
	Employee	Employee + Child(ren)	Employee + Spouse	Family		Employee	Employee + Child(ren)	Employee + Spouse	Family
Employee									
Consumer Choice HSA	$105.14	$230.16	$268.52	$383.60		$109.74	$241.16	$281.36	$401.94
Comprehensive Care	$232.96	$460.24	$536.94	$767.06		$248.90	$491.66	$573.62	$819.44
BlueChoice HMO	$285.94	$555.60	$648.20	$926.00		$301.84	$586.94	$684.78	$978.24
Kaiser HMO	$218.50	$427.20	$498.40	$712.00		$230.74	$451.12	$526.32	$751.88
Employer									
Consumer Choice HSA	$708.14	$1,233.74	$1,439.36	$2,056.24		$778.78	$1,358.18	$1,584.52	$2,263.62
Comprehensive Care	$708.14	$1,233.74	$1,439.36	$2,056.24		$778.78	$1,358.18	$1,584.52	$2,263.62
BlueChoice HMO	$708.14	$1,233.74	$1,439.36	$2,056.24		$778.78	$1,358.18	$1,584.52	$2,263.62
Kaiser HMO	$529.94	$919.98	$1,073.30	$1,533.30		$559.40	$971.12	$1,132.96	$1,618.52
Total									
Consumer Choice HSA	$813.28	$1,463.90	$1,707.88	$2,439.84		$888.52	$1,599.34	$1,865.88	$2,665.56
Comprehensive Care	$941.10	$1,693.98	$1,976.30	$2,823.30		$1,027.68	$1,849.84	$2,158.14	$3,083.06
BlueChoice HMO	$994.08	$1,789.34	$2,087.56	$2,982.24		$1,080.62	$1,945.12	$2,269.30	$3,241.86
Kaiser HMO	$748.44	$1,347.18	$1,571.70	$2,245.30		$790.14	$1,422.24	$1,659.28	$2,370.40

Appendix C

Board of Regents of the University System of Georgia
2026/2027 Retiree Member Rates

Coverage Tier	2026 Monthly Retiree Rates				2027 Monthly Retiree Rates			
	Consumer Choice HSA	Comp. Care	BlueChoice HMO	Kaiser HMO	Consumer Choice HSA	Comp. Care	BlueChoice HMO	Kaiser HMO
NonMedicare Retiree only	$105.14	$232.96	$285.94	$218.50	$109.74	$248.90	$301.84	$230.74
NonMedicare Spouse only	$163.38	$303.98	$362.26	$279.90	$171.62	$324.72	$382.94	$295.58
Child(ren) only	$125.02	$227.28	$269.66	$208.70	$131.42	$242.76	$285.10	$220.38
NonMedicare Retiree + Child(ren)	$230.16	$460.24	$555.60	$427.20	$241.16	$491.66	$586.94	$451.12
NonMedicare Spouse + Child(ren)	$288.40	$531.26	$631.92	$488.60	$303.04	$567.48	$668.04	$515.96
NonMedicare Retiree + NonMedicare Spouse	$268.52	$536.94	$648.20	$498.40	$281.36	$573.62	$684.78	$526.32
Family (NonMedicare Retiree + NonMedicare Spouse + Child(ren))	$383.60	$767.06	$926.00	$712.00	$401.94	$819.44	$978.24	$751.88
Pre-65 Medicare Retiree or Pre-65 Medicare Spouse or Medicare Child Only 26+	$105.14	$203.84	$285.94	$173.14	N/A	N/A	N/A	N/A
Pre-65 Medicare Retiree or Pre-65 Medicare Spouse + Child(ren)	$230.16	$431.12	$555.60	$381.84	N/A	N/A	N/A	N/A
NonMedicare Retiree + Pre-65 Medicare Spouse	$210.28	$436.80	$571.88	$391.64	N/A	N/A	N/A	N/A
Pre-65 Medicare Retiree + Pre-65 Medicare Spouse	$210.28	$407.68	$571.88	$346.28	N/A	N/A	N/A	N/A
Pre-65 Medicare Retiree + NonMedicare Spouse	$268.52	$507.82	$648.20	$453.04	N/A	N/A	N/A	N/A
Family (NonMedicare Retiree + Pre-65 Medicare Spouse + Child(ren)	$335.30	$664.08	$841.54	$600.34	N/A	N/A	N/A	N/A
Family (Pre-65 Medicare Retiree + NonMedicare Spouse + Child(ren)	$383.60	$735.10	$917.86	$661.74	N/A	N/A	N/A	N/A
Family (Pre-65 Medicare Retiree and Pre-65 Medicare Spouse + Child(ren))	$335.30	$634.96	$841.54	$554.98	N/A	N/A	N/A	N/A
Pre-65 Medicare Retiree or Pre-65 Medicare Spouse + Child(ren)	$230.16	$431.12	$555.60	$381.84	N/A	N/A	N/A	N/A

Appendix C (continued)

Board of Regents of the University System of Georgia
2026/2027 Retiree Employer Rates

	2026 Monthly Employer Rates				2027 Monthly Employer Rates			
Coverage Tier	Consumer Choice HSA	Comp. Care	BlueChoice HMO	Kaiser HMO	Consumer Choice HSA	Comp. Care	BlueChoice HMO	Kaiser HMO
NonMedicare Retiree only	$708.14	$708.14	$708.14	$529.94	$778.78	$778.78	$778.78	$559.40
NonMedicare Spouse only	$731.22	$731.22	$731.22	$468.54	$805.74	$805.74	$805.74	$494.56
Child(ren) only	$525.60	$525.60	$525.60	$390.04	$579.40	$579.40	$579.40	$411.72
NonMedicare Retiree + Child(ren)	$1,233.74	$1,233.74	$1,233.74	$919.98	$1,358.18	$1,358.18	$1,358.18	$971.12
NonMedicare Spouse + Child(ren)	$1,256.82	$1,256.82	$1,256.82	$858.58	$1,385.14	$1,385.14	$1,385.14	$906.28
NonMedicare Retiree + NonMedicare Spouse	$1,439.36	$1,439.36	$1,439.36	$1,073.30	$1,584.52	$1,584.52	$1,584.52	$1,132.96
Family (NonMedicare Retiree + NonMedicare Spouse + Child(ren))	$2,056.24	$2,056.24	$2,056.24	$1,533.30	$2,263.62	$2,263.62	$2,263.62	$1,618.52
Pre-65 Medicare Retiree or Pre-65 Medicare Spouse or Medicare Child Only 26+	$708.14	$737.26	$708.14	$575.30	N/A	N/A	N/A	N/A
Pre-65 Medicare Retiree or Pre-65 Medicare Spouse + Child(ren)	$1,233.74	$1,262.86	$1,233.74	$965.34	N/A	N/A	N/A	N/A
NonMedicare Retiree + Pre-65 Medicare Spouse	$1,497.60	$1,539.50	$1,515.68	$1,180.06	N/A	N/A	N/A	N/A
Pre-65 Medicare Retiree + Pre-65 Medicare Spouse	$1,497.60	$1,568.62	$1,515.68	$1,225.42	N/A	N/A	N/A	N/A
Pre-65 Medicare Retiree + NonMedicare Spouse	$1,439.36	$1,468.48	$1,439.36	$1,118.66	N/A	N/A	N/A	N/A
Family (NonMedicare Retiree + Pre-65 Medicare Spouse + Child(ren)	$2,104.54	$2,159.22	$2,140.70	$1,644.96	N/A	N/A	N/A	N/A
Family (Pre-65 Medicare Retiree + NonMedicare Spouse + Child(ren)	$2,056.24	$2,088.20	$2,064.38	$1,583.56	N/A	N/A	N/A	N/A
Family (Pre-65 Medicare Retiree and Pre-65 Medicare Spouse + Child(ren))	$2,104.54	$2,188.34	$2,140.70	$1,690.32	N/A	N/A	N/A	N/A
Pre-65 Medicare Retiree or Pre-65 Spouse + Child(ren)	$1,233.74	$1,262.86	$1,233.74	$965.34	N/A	N/A	N/A	N/A

Appendix C (continued)

Board of Regents of the University System of Georgia
2026/2027 Retiree Total (Member + Employer) Rates

Coverage Tier	2026 Monthly Total Rates				2027 Monthly Total Rates			
	Consumer Choice HSA	Comp. Care	BlueChoice HMO	Kaiser HMO	Consumer Choice HSA	Comp. Care	BlueChoice HMO	Kaiser HMO
NonMedicare Retiree only	$813.28	$941.10	$994.08	$748.44	$888.52	$1,027.68	$1,080.62	$790.14
NonMedicare Spouse only	$894.60	$1,035.20	$1,093.48	$748.44	$977.36	$1,130.46	$1,188.68	$790.14
Child(ren) Only	$650.62	$752.88	$795.26	$598.74	$710.82	$822.16	$864.50	$632.10
NonMedicare Retiree + Child(ren)	$1,463.90	$1,693.98	$1,789.34	$1,347.18	$1,599.34	$1,849.84	$1,945.12	$1,422.24
NonMedicare Spouse + Child(ren)	$1,545.22	$1,788.08	$1,888.74	$1,347.18	$1,688.18	$1,952.62	$2,053.18	$1,422.24
NonMedicare Retiree + NonMedicare Spouse	$1,707.88	$1,976.30	$2,087.56	$1,571.70	$1,865.88	$2,158.14	$2,269.30	$1,659.28
Family (NonMedicare Retiree + NonMedicare Spouse + Child(ren))	$2,439.84	$2,823.30	$2,982.24	$2,245.30	$2,665.56	$3,083.06	$3,241.86	$2,370.40
Pre-65 Medicare Retiree or Pre-65 Medicare Spouse or Medicare Child Only 26+	$813.28	$941.10	$994.08	$748.44	N/A	N/A	N/A	N/A
Pre-65 Medicare Retiree or Pre-65 Medicare Spouse + Child(ren)	$1,463.90	$1,693.98	$1,789.34	$1,347.18	N/A	N/A	N/A	N/A
NonMedicare Retiree + Pre-65 Medicare Spouse	$1,707.88	$1,976.30	$2,087.56	$1,571.70	N/A	N/A	N/A	N/A
Pre-65 Medicare Retiree + Pre-65 Medicare Spouse	$1,707.88	$1,976.30	$2,087.56	$1,571.70	N/A	N/A	N/A	N/A
Pre-65 Medicare Retiree + NonMedicare Spouse	$1,707.88	$1,976.30	$2,087.56	$1,571.70	N/A	N/A	N/A	N/A
Family (NonMedicare Retiree + Pre-65 Medicare Spouse + Child(ren)	$2,439.84	$2,823.30	$2,982.24	$2,245.30	N/A	N/A	N/A	N/A
Family (Pre-65 Medicare Retiree + NonMedicare Spouse + Child(ren)	$2,439.84	$2,823.30	$2,982.24	$2,245.30	N/A	N/A	N/A	N/A
Family (Pre-65 Medicare Retiree and Pre-65 Medicare Spouse + Child(ren))	$2,439.84	$2,823.30	$2,982.24	$2,245.30	N/A	N/A	N/A	N/A
Pre-65 Medicare Retiree or Pre-65 Medicare Spouse + Child(ren)	$1,463.90	$1,693.98	$1,789.34	$1,347.18	N/A	N/A	N/A	N/A