

**Board of Regents of the University System of Georgia  
2022 Healthcare Plan Designs**

USG Health Benefits Plan Design	Consumer Choice HSA		Comprehensive Care		Blue Choice HMO	Kaiser HMO
	In	Out	In	Out	In	In
<b>Medical Benefits</b>						
Deductible—Single	\$2,200	\$4,400	\$750	\$2,250	None	None
Deductible—Family	\$4,400	\$8,800	\$2,250	\$6,750	None	None
Out-of-Pocket Maximum—Single	<b>\$4,000</b>	<b>\$8,000</b>	\$1,750	\$5,250	\$5,500	\$6,350
Out-of-Pocket Maximum—Family	<b>\$8,000</b>	<b>\$16,000</b>	\$3,500	\$10,500	\$9,900	\$12,700
Coinsurance (% network rate)	80%	60%	90%	60%	100%	100%
Preventative Care Visits	100%	Coin (no ded)	100%	Not covered	100%	100%
Physicians Office Visit	Coin after ded	Coin after ded	\$20 copay	Coin after ded	\$35 copay	\$20 copay
Specialist Office Visit	Coin after ded	Coin after ded	\$35 copay	Coin after ded	\$70 copay	\$35 copay
Outpatient Hospital Services	Coin after ded	Coin after ded	Coin after ded	Coin after ded	\$250 copay	\$100 copay
Inpatient Hospital Services	Coin after ded	Coin after ded	Coin after ded	Coin after ded	\$500 copay	\$250 copay
Urgent Care	Coin after ded	Coin after ded	\$35 copay	Coin after ded	\$70 copay	\$30 copay
Emergency Care	Coin after ded	Coin after ded	\$250 copay, then 90% after ded		\$300 copay	\$250 copay
ABA Coverage	Covered		Covered		Covered	Covered
<b>Pharmacy Benefits</b>						
<b>Retail Rx</b>						
Generic	Coin after ded		\$15 copay		\$15 copay	\$15 Kaiser; \$25 other
Preferred Brand	Coin after ded		20% w/ \$40 min and \$100 Max		20% w/ \$40 min and \$100 Max	\$45 Kaiser; \$55 other
Non-Preferred Brand	Coin after ded		35% w/ \$100 min and \$200 Max		35% w/ \$100 min and \$200 Max	\$65 Kaiser
<b>Specialty</b>	<b>limited to 30-day supply</b>		<b>limited to 30-day supply</b>		<b>limited to 30-day supply</b>	
<b>Generic</b>	Coin after ded		<b>20% up to a max of \$75</b>		<b>20% up to a max of \$75</b>	
<b>Preferred Brand</b>	Coin after ded		<b>20% up to a max of \$150</b>		<b>20% up to a max of \$150</b>	
<b>Non-preferred Brand</b>	Coin after ded		<b>35% up to a max of \$200</b>		<b>35% up to a max of \$200</b>	
60 or 90-day supply	Coin after ded		<b>2x or 3x cost of 30-day supply</b>		<b>2x or 3x cost of 30-day supply</b>	
<b>Mail Order</b>	Coin after ded		<b>Same as retail</b>		<b>Same as retail</b>	
Out-of-Pocket Maximum per Member	Combined with Medical OOPM		\$1,500/member; capped at \$4,500		\$1,500/member; capped at \$4,500	
<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 2021 to 2022**

**Board of Regents of the University System of Georgia  
2021/2022 Active Rates**

Monthly Rates	2021 Rates				2022 Rates			
	Employee	Employee + Child	Employee + Spouse	Family	Employee	Employee Child(ren)*	Employee + Spouse	Family
<b>Employee</b>								
Consumer Choice HSA	\$81.86	\$173.52	\$202.44	\$283.18	\$83.20	\$176.64	\$206.12	\$294.44
Comprehensive Care	\$187.96	\$364.50	\$425.26	\$603.94	\$193.34	\$374.92	\$437.42	\$624.88
BlueChoice HMO	\$222.98	\$427.54	\$498.80	\$709.20	\$228.32	\$437.88	\$510.88	\$729.82
Kaiser HMO	\$170.66	\$327.40	\$381.96	\$545.68	\$171.64	\$329.30	\$384.18	\$548.84
<b>Employer</b>								
Consumer Choice HSA	\$459.16	\$800.32	\$933.70	\$1,339.88	\$473.12	\$824.72	\$962.16	\$1,374.52
Comprehensive Care	\$459.98	\$801.79	\$935.41	\$1,339.88	\$473.12	\$824.72	\$962.16	\$1,374.52
BlueChoice HMO	\$460.05	\$801.91	\$935.56	\$1,339.89	\$473.12	\$824.72	\$962.16	\$1,374.52
Kaiser HMO	\$381.22	\$665.98	\$776.99	\$1,109.96	\$383.42	\$669.82	\$781.46	\$1,116.38
<b>Total</b>								
Consumer Choice HSA	\$541.02	\$973.84	\$1,136.14	\$1,623.06	\$556.32	\$1,001.36	\$1,168.28	\$1,668.96
Comprehensive Care	\$647.94	\$1,166.29	\$1,360.67	\$1,943.82	\$666.46	\$1,199.64	\$1,399.58	\$1,999.40
BlueChoice HMO	\$683.03	\$1,229.45	\$1,434.36	\$2,049.09	\$701.44	\$1,262.60	\$1,473.04	\$2,104.34
Kaiser HMO	\$551.88	\$993.38	\$1,158.95	\$1,655.64	\$555.06	\$999.12	\$1,165.64	\$1,665.22

**Board of Regents of the University System of Georgia  
2021/2022 Retiree Member Rates**

Coverage Tier	2021 Monthly Retiree Rates				2022 Monthly Retiree Rates			
	Consumer Choice HSA	Comp. Care	BlueChoice HMO	Kaiser HMO	Consumer Choice HSA	Comp. Care	BlueChoice HMO	Kaiser HMO
NonMedicare Retiree only	\$81.86	\$187.96	\$222.98	\$170.66	\$83.20	\$193.34	\$228.32	\$171.64
NonMedicare Spouse only	\$120.58	\$237.30	\$275.82	\$211.30	\$122.92	\$244.08	\$282.56	\$212.54
One Child only	\$91.66	\$176.54	\$204.56	\$156.74	\$93.44	\$181.58	\$209.56	\$157.66
Child(ren) only	\$91.66	\$176.54	\$204.56	\$156.74	\$93.44	\$181.58	\$209.56	\$157.66
NonMedicare Retiree + Child(ren)	\$173.52	\$364.50	\$427.54	\$327.40	\$176.64	\$374.92	\$437.88	\$329.30
NonMedicare Spouse + Child(ren)	\$212.24	\$413.84	\$480.38	\$368.04	\$216.36	\$425.66	\$492.12	\$370.20
NonMedicare Retiree + NonMedicare Spouse	\$202.44	\$425.26	\$498.80	\$381.96	\$206.12	\$437.42	\$510.88	\$384.18
Family (NonMedicare Retiree + NonMedicare Spouse + Child(ren))	\$283.18	\$603.94	\$709.20	\$545.68	\$294.44	\$624.88	\$729.82	\$548.84
NonMedicare Retiree + Child(ren)	\$173.52	\$364.50	\$427.54	\$327.40	\$176.64	\$374.92	\$437.88	\$329.30
NonMedicare Spouse + Child(ren)	\$212.24	\$413.84	\$480.38	\$368.04	\$216.36	\$425.66	\$492.12	\$370.20
Pre-65 Medicare Retiree or Pre-65 Medicare Spouse or Medicare Child Only 26+	\$81.86	\$164.46	N/A	\$135.22	\$83.20	\$169.17	N/A	\$136.00
Pre-65 Medicare Retiree or Pre-65 Medicare Spouse + Child(ren)	\$173.52	\$341.00	N/A	\$291.96	\$176.64	\$350.75	N/A	\$293.66
NonMedicare Retiree + Pre-65 Medicare Spouse	\$163.72	\$352.42	\$498.80	\$305.88	\$166.40	\$362.51	\$510.88	\$307.64
Pre-65 Medicare Retiree + Pre-65 Medicare Spouse	\$163.72	\$328.92	N/A	\$270.44	\$166.40	\$338.34	N/A	\$272.00
Pre-65 Medicare Retiree + NonMedicare Spouse	\$202.44	\$401.76	N/A	\$346.52	\$206.12	\$413.25	N/A	\$348.54
Family (NonMedicare Retiree + Pre-65 Medicare Spouse + Child(ren))	\$255.38	\$528.96	\$709.20	\$462.62	\$259.84	\$544.09	\$729.82	\$465.30
Family (Pre-65 Medicare Retiree + NonMedicare Spouse + Child(ren))	\$294.10	\$578.30	N/A	\$503.26	\$299.56	\$594.83	N/A	\$506.20
Family (Pre-65 Medicare Retiree and Pre-65 Medicare Spouse + Child(ren) )	\$255.38	\$505.46	N/A	\$427.18	\$259.84	\$519.92	N/A	\$429.66
Pre-65 Medicare Retiree + Child(ren)	\$173.52	\$341.00	N/A	\$291.96	\$176.64	\$350.75	N/A	\$293.66
Pre-65 Medicare Spouse + Child(ren)	\$173.52	\$341.00	N/A	\$291.96	\$176.64	\$350.75	N/A	\$293.66

**Board of Regents of the University System of Georgia  
2021/2022 Retiree Employer Rates**

Coverage Tier	2021 Monthly Employer Rates				2022 Monthly Employer Rates			
	Consumer Choice HSA	Comp. Care	BlueChoice HMO	Kaiser HMO	Consumer Choice HSA	Comp. Care	BlueChoice HMO	Kaiser HMO
NonMedicare Retiree only	\$459.16	\$459.98	\$460.05	\$381.22	\$473.12	\$473.12	\$473.12	\$383.42
NonMedicare Spouse only	\$474.54	\$475.43	\$475.51	\$340.58	\$489.04	\$489.04	\$489.04	\$342.52
One Child only	\$341.16	\$341.81	\$341.86	\$284.76	\$351.60	\$351.60	\$351.60	\$286.40
Children only	\$341.16	\$341.81	\$341.86	\$284.76	\$351.60	\$351.60	\$351.60	\$286.40
NonMedicare Retiree + Child(ren)	\$800.32	\$801.79	\$801.91	\$665.98	\$824.72	\$824.72	\$824.72	\$669.82
NonMedicare Spouse + Child(ren)	\$815.70	\$817.24	\$817.37	\$625.34	\$840.64	\$840.64	\$840.64	\$628.92
NonMedicare Retiree + NonMedicare Spouse	\$933.70	\$935.41	\$935.56	\$776.99	\$962.16	\$962.16	\$962.16	\$781.46
Family (NonMedicare Retiree + NonMedicare Spouse + Child(ren))	\$1,339.88	\$1,339.88	\$1,339.89	\$1,109.96	\$1,374.52	\$1,374.52	\$1,374.52	\$1,116.38
NonMedicare Retiree + Child(ren)	\$800.32	\$801.79	\$801.91	\$665.98	\$824.72	\$824.72	\$824.72	\$669.82
NonMedicare Spouse + Child(ren)	\$815.70	\$817.24	\$817.37	\$625.34	\$840.64	\$840.64	\$840.64	\$628.92
Pre-65 Medicare Retiree or Pre-65 Medicare Spouse or Medicare Child Only 26+	\$459.16	\$483.48	N/A	\$416.66	\$473.12	\$497.29	N/A	\$419.06
Pre-65 Medicare Retiree or Pre-65 Medicare Spouse + Child(ren)	\$800.32	\$825.29	N/A	\$701.42	\$824.72	\$848.89	N/A	\$705.46
NonMedicare Retiree + Pre-65 Medicare Spouse	\$972.42	\$1,008.25	\$935.56	\$853.07	\$1,001.88	\$1,037.07	\$962.16	\$858.00
Pre-65 Medicare Retiree + Pre-65 Medicare Spouse	\$972.42	\$1,031.75	N/A	\$888.51	\$1,001.88	\$1,061.24	N/A	\$893.64
Pre-65 Medicare Retiree + NonMedicare Spouse	\$933.70	\$958.91	N/A	\$812.43	\$962.16	\$986.33	N/A	\$817.10
Family (NonMedicare Retiree + Pre-65 Medicare Spouse + Child(ren))	\$1,367.68	\$1,414.86	\$1,339.89	\$1,193.02	\$1,409.12	\$1,455.31	\$1,374.52	\$1,199.92
Family (Pre-65 Medicare Retiree + NonMedicare Spouse + Child(ren))	\$1,328.96	\$1,365.52	N/A	\$1,152.38	\$1,369.40	\$1,404.57	N/A	\$1,159.02
Family (Pre-65 Medicare Retiree and Pre-65 Medicare Spouse + Child(ren) )	\$1,367.68	\$1,438.36	N/A	\$1,228.46	\$1,409.12	\$1,479.48	N/A	\$1,235.56
Pre-65 Medicare Retiree + Child(ren)	\$800.32	\$825.29	N/A	\$701.42	\$824.72	\$848.89	N/A	\$705.46
Pre-65 Medicare Spouse + Child(ren)	\$800.32	\$825.29	N/A	\$701.42	\$824.72	\$848.89	N/A	\$705.46

**Board of Regents of the University System of Georgia  
2021/2022 Retiree Total (Member + Employer) Rates**

Coverage Tier	2021 Monthly Total Rates				2022 Monthly Total Rates			
	Consumer Choice HSA	Comp. Care	BlueChoice HMO	Kaiser HMO	Consumer Choice HSA	Comp. Care	BlueChoice HMO	Kaiser HMO
NonMedicare Retiree only	\$541.02	\$647.94	\$683.03	\$551.88	\$556.32	\$666.46	\$701.44	\$555.06
NonMedicare Spouse only	\$595.12	\$712.73	\$751.33	\$551.88	\$611.96	\$733.12	\$771.60	\$555.06
One Child Only	\$432.82	\$518.35	\$546.42	\$441.50	\$445.04	\$533.18	\$561.16	\$444.06
Children Only	\$432.82	\$518.35	\$546.42	\$441.50	\$445.04	\$533.18	\$561.16	\$444.06
NonMedicare Retiree + Child(ren)	\$973.84	\$1,166.29	\$1,229.45	\$993.38	\$1,001.36	\$1,199.64	\$1,262.60	\$999.12
NonMedicare Spouse + Child(ren)	\$1,027.94	\$1,231.08	\$1,297.75	\$993.38	\$1,057.00	\$1,266.30	\$1,332.76	\$999.12
NonMedicare Retiree + NonMedicare Spouse	\$1,136.14	\$1,360.67	\$1,434.36	\$1,158.95	\$1,168.28	\$1,399.58	\$1,473.04	\$1,165.64
Family (NonMedicare Retiree + NonMedicare Spouse + Child(ren))	\$1,623.06	\$1,943.82	\$2,049.09	\$1,655.64	\$1,668.96	\$1,999.40	\$2,104.34	\$1,665.22
NonMedicare Retiree + Child(ren)	\$973.84	\$1,166.29	\$1,229.45	\$993.38	\$1,001.36	\$1,199.64	\$1,262.60	\$999.12
NonMedicare Spouse + Child(ren)	\$1,027.94	\$1,231.08	\$1,297.75	\$993.38	\$1,057.00	\$1,266.30	\$1,332.76	\$999.12
Pre-65 Medicare Retiree or Pre-65 Medicare Spouse or Medicare Child Only 26+	\$541.02	\$647.94	N/A	\$551.88	\$556.32	\$666.46	N/A	\$555.06
Pre-65 Medicare Retiree or Pre-65 Medicare Spouse + Child(ren)	\$973.84	\$1,166.29	N/A	\$993.38	\$1,001.36	\$1,199.64	N/A	\$999.12
NonMedicare Retiree + Pre-65 Medicare Spouse	\$1,136.14	\$1,360.67	\$1,434.36	\$1,158.95	\$1,168.28	\$1,399.58	\$1,473.04	\$1,165.64
Pre-65 Medicare Retiree + Pre-65 Medicare Spouse	\$1,136.14	\$1,360.67	N/A	\$1,158.95	\$1,168.28	\$1,399.58	N/A	\$1,165.64
Pre-65 Medicare Retiree + NonMedicare Spouse	\$1,136.14	\$1,360.67	N/A	\$1,158.95	\$1,168.28	\$1,399.58	N/A	\$1,165.64
Family (NonMedicare Retiree + Pre-65 Medicare Spouse + Child(ren))	\$1,623.06	\$1,943.82	\$2,049.09	\$1,655.64	\$1,668.96	\$1,999.40	\$2,104.34	\$1,665.22
Family (Pre-65 Medicare Retiree + NonMedicare Spouse + Child(ren))	\$1,623.06	\$1,943.82	N/A	\$1,655.64	\$1,668.96	\$1,999.40	N/A	\$1,665.22
Family (Pre-65 Medicare Retiree and Pre-65 Medicare Spouse + Child(ren))	\$1,623.06	\$1,943.82	N/A	\$1,655.64	\$1,668.96	\$1,999.40	N/A	\$1,665.22
Pre-65 Medicare Retiree + Child(ren)	\$973.84	\$1,166.29	N/A	\$993.38	\$1,001.36	\$1,199.64	N/A	\$999.12
Pre-65 Medicare Spouse + Child(ren)	\$973.84	\$1,166.29	N/A	\$993.38	\$1,001.36	\$1,199.64	N/A	\$999.12

**Board of Regents of the University System of Georgia  
2021/2022 Graduate Research Assistant (GRA) Plan Design and Rates**

USG Health Benefits Plan Design	2021 GRA Plan		2022 GRA Plan	
	In	Out	In	Out
<b>Medical Benefits</b>				
Deductible—Single	\$5,500	\$11,000	<b>\$6,000</b>	<b>\$12,000</b>
Deductible—Family	\$11,000	\$22,000	<b>\$12,000</b>	<b>\$24,000</b>
Deductible/OOPM Type	True Family/Embedded	True Family/Embedded	True Family/Embedded	True Family/Embedded
Out-of-Pocket Maximum—Single	\$6,050	\$12,100	<b>\$6,600</b>	<b>\$13,200</b>
Out-of-Pocket Maximum—Family	\$12,100	\$24,200	<b>\$13,200</b>	<b>\$26,400</b>
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>Pharmacy Benefits</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>2021 Plan Costs</b>	<b>2021 Employee Contribution</b>	<b>2022 Plan Costs</b>	<b>2022 Employee Contribution</b>
Employee Only	<b>\$471</b>	<b>\$103</b>	<b>\$484</b>	<b>\$103</b>
<i>Change from 2021</i>			<i>\$13 (2.8%)</i>	<i>\$0 (0.0%)</i>
Employee + Children	<b>\$848</b>	<b>\$480</b>	<b>\$871</b>	<b>\$490</b>
<i>Change from 2021</i>			<i>\$23 (2.7%)</i>	<i>\$10 (2.1%)</i>

**Note: Items in red and bold are changes from 2021 to 2022**