## 2018-2019 Policy Year SHIP Premiums

## **Standard Enrollment Periods**



SHIP Mandatory & Voluntary Plans (Original Domestic Plan 2018-200289-1 & International Plan 2018-200289-4)							
(1.3	Annual Premium		Fall		ng/Summer	<del></del>	mmer Only
	8/1/18 - 7/31/19	8/1/1	8-12/31/18	1/1,	/19-7/31/19	5/1	/19-7/31/19
Students Only	\$2,422	\$	1,015.00	\$	1,407.00	\$	610.00
Spouse Only	\$7,629	\$	3,197.00	\$	4,429.00	\$	636.00
One Child Only	\$3,633	\$	1,526.00	\$	2,110.00	\$	916.00
All Children Only	\$4,481	\$	1,878.00	\$	2,603.00	\$	1,129.00
Spouse + All Children Only	\$12,110	\$	5,076.00	\$	7,034.00	\$	3,052.00

SHIP - IC Sports Coverage Option 8 and 48				
	Annual Premium	Fall	Spring/Summer	Summer Only
Maximum Benefit Coverage Levels	8/1/18 - 7/31/19	8/1/18-12/31/18	1/1/19-7/31/19	5/1/19-7/31/19
\$10,000	\$1,424	\$ 597.00	\$ 827.00	\$ 359.00
\$20,000	\$1,567	\$ 657.00	\$ 910.00	\$ 395.00
\$40,000	\$1,677	\$ 703.00	\$ 974.00	\$ 423.00
\$90,000	\$1,820	\$ 763.00	\$ 1,057.00	\$ 459.00

<sup>\*\*</sup>Please Note: These additional SHIP IC Sports Coverage Levels are only available to students enrolled in USG SHIP.
Institutions are required to offer the same IC Sports Coverage Level to their Domestic and International students.

PGH Global Georgia International Student Care			
Annual Premium			
Students Only	\$946		
Spouse	\$946		
One Child	\$946		
All Children	\$1,892		
All Dependents	\$946		

PGH Global Georgia International IC Sports			
	Annual Premium		
PGH + IC Sports @ \$10,000	\$1,982		
PGH + IC Sports @ \$20,000	\$2,114		
PGH + IC Sports @ \$40,000	\$2,280		
PGH + IC Sports @ \$90,000	\$2,424		

<sup>\*\*</sup>Please Note: These additional SHIP IC Sports Coverage Levels are only available to students enrolled in USG SHIP.
Institutions are required to offer the same IC Sports Coverage Level to their Domestic and International students.

Accident & Injury Only (Plan 2018-200289-2)				
	Annual Premium	Fall	Spring/Summer	Summer Ony
	8/1/18 - 7/31/19	8/1/18-12/31/18	1/1/19-7/31/19	5/1/19-7/31/19
All Students	\$49	\$ 21.00	\$ 28.00	\$ 12.00
SHIP Student Only	\$137	\$ 57.00	\$ 80.00	\$ 35.00

Stand Alone Repatriation / Med Evacuation				
	Annual Premium	Fall	Spring/Summer	Summer Ony
	8/1/18 - 7/31/19	8/1/18-12/31/18	1/1/19-7/31/19	5/1/19-7/31/19
Students Only	\$75	\$31	\$44	\$19
Spouse Only	\$75	\$31	\$44	\$19
Each Child	\$75	\$31	\$44	\$19

Dental Plan			
	Annual Premium		
Students Only	\$217.48		
Student + Spouse	\$434.96		
Student + Child(ren)	\$533.22		
Student + Family	\$769.26		

Vision Plan			
	Annual Premium		
Students Only	\$127.26		
Student + Spouse	\$241.32		
Student + Child(ren)	\$283.02		
Student + Family	\$398.04		

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

5/14/2018 revised