



2024-2025 University System of Georgia SHIP Plan		
SHIP Medical Coverage Annual Premiums*:	Mandatory	Voluntary
Student Premium:	\$2,936	\$4,114
Spouse Premium:	\$3,229	\$4,525
Child Premium:	\$3,229	\$4,525
All Children:	\$6,457	\$9,052
All Dependents:	\$9,687	\$13,577
Voluntary Dental Coverage Annu	al Premiums *Not Included in S	HIP medical rates above
Student Premium:	\$251.76	
Student + Spouse Premium:	\$503.52	
Student + Child(ren) Premium:	\$617.27	
Student + Family Premium	\$921.77	
Voluntary Vision Coverage Annua	al Premiums *Not Included in SI	HIP medical rates above
Student Premium:	\$140.03	
Student + Spouse Premium:	\$266.06	
Student + Child(ren) Premium:	\$312.03	
Student + Family Premium	\$438.85	
Student Ath	letic Rider Premiums:	
\$10,000	\$2,226	
\$20,000	\$2,450	
\$30,000	\$2,572	
\$40,000	\$2,621	
\$50,000	\$2,694	
\$60,000	\$2,745	
\$70,000	\$2,771	
\$80,000	\$2,795	
\$90.000	\$2,884	
Standalone Repatriation	A Medical Evacuation Premi Medical Evacuation Premi	ums:
	\$110	
Basic - Injury	y Only Plan Premiums:	
All Students Covered	\$77	

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