ENROLLMENT SHEET - 1 UNITEDHEALTHCARE INSURANCE COMPANY EAST GEORGIA STATE COLLEGE 2024-202727-4

Insured Categories

International

Basic

		Annual (A-)	Monthly (MX)	<u>Fall (F-)</u>	Spring (G-)
1	Student	2,936.00	245.00	1,231.00	1,214.00
2	Spouse	3,229.00	270.00	1,354.00	1,335.00
3	One Child	3,229.00	270.00	1,354.00	1,335.00
4	Two or more Children	6,457.00	540.00	2,708.00	2,670.00
5	Spouse and 2 or more Children	9,687.00	810.00	4,062.00	4,005.00

		Spring/Summer (J-)	Summer (S-)
1	Student	1,705.00	491.00
2	Spouse	1,875.00	540.00
3	One Child	1,875.00	540.00
4	Two or more Children	3,750.00	1,080.00
5	Spouse and 2 or more Children	5,625.00	1,620.00

Effective/Expiration Dates

International

Annual	8/1/2024	to	7/31/2025
Monthly			
Fall	8/1/2024	to	12/31/2024
Spring	1/1/2025	to	5/31/2025
Spring/Summer	1/1/2025	to	7/31/2025
Summer	6/1/2025	to	7/31/2025

ENROLLMENT SHEET - 2 UNITEDHEALTHCARE INSURANCE COMPANY EAST GEORGIA STATE COLLEGE 2024-202727-4

Insured Categories Dental-Low

Dental Low PPO

		Annual (A-)
6	Student	251.76
7	Spouse	251.76
8	One Child	365.51
9	Two or more Children	365.51
10	Spouse and 2 or more Children	670.01

Effective/Expiration Dates

Dental Low PPO

Annual 8/1/2024 to 7/31/2025

ENROLLMENT SHEET - 3 UNITEDHEALTHCARE INSURANCE COMPANY EAST GEORGIA STATE COLLEGE 2024-202727-4

Insured Categories

Vision

Vision

		<u>Annual (A-)</u>
11	Student	140.03
12	Spouse	126.03
13	One Child	172.00
14	Two or more Children	172.00
15	Spouse and 2 or more Children	298.82

Effective/Expiration Dates

Vision

Annual 8/1/2024 to 7/31/2025

ENROLLMENT SHEET - LOCATIONS UNITEDHEALTHCARE INSURANCE COMPANY EAST GEORGIA STATE COLLEGE 2024-202727-4

Location Name

Location Number

East Georgia College

1