

ENROLLMENT SHEET - 1
UNITEDHEALTHCARE INSURANCE COMPANY
EAST GEORGIA STATE COLLEGE
2024-202727-11

Insured Categories

Graduate
Undergraduate

Basic		<u>Annual (A-)</u>	<u>Monthly (MX)</u>	<u>Fall (F-)</u>	<u>Spring/Summer (J-)</u>
1	Student	4,114.00	343.00	1,724.00	2,390.00
2	Spouse	4,525.00	378.00	1,897.00	2,628.00
3	One Child	4,525.00	378.00	1,897.00	2,628.00
4	Two or more Children	9,052.00	756.00	3,794.00	5,256.00
5	Spouse and 2 or more Children	13,577.00	1,134.00	5,691.00	7,884.00

		<u>Summer (S-)</u>
1	Student	688.00
2	Spouse	757.00
3	One Child	757.00
4	Two or more Children	1,514.00
5	Spouse and 2 or more Children	2,271.00

Effective/Expiration Dates

Voluntary

Annual	8/1/2024	to	7/31/2025
Monthly			
Fall	8/1/2024	to	12/31/2024
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
2024-202727-11**

Insured Categories

Dental-Low

Dental Low PPO

	<u>Annual (A-)</u>
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
2024-202727-11

Insured Categories

Vision

Vision

	<u>Annual (A-)</u>
11 Student	140.03
12 Spouse	126.03
13 One Child	126.03
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
2024-202727-11

Location Name

East Georgia College

Location Number

1