

**ENROLLMENT SHEET - 1**  
**UNITEDHEALTHCARE INSURANCE COMPANY**  
**EAST GEORGIA STATE COLLEGE**  
**2025-202727-11**

**Insured Categories**

GRA = Graduate

MLV = Medical Leave

UND = Undergraduate

<b>Basic</b>		<b><u>Annual (A-)</u></b>	<b><u>Monthly (MX)</u></b>	<b><u>Fall (F-)</u></b>	<b><u>Spring/Summer (J-)</u></b>
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

		<b><u>Summer (S-)</u></b>
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	8/1/2025	to	7/31/2026
Monthly			
Fall	8/1/2025	to	12/31/2025
Spring/Summer	1/1/2026	to	7/31/2026
Summer	6/1/2026	to	7/31/2026

**ENROLLMENT SHEET - 2**  
**UNITEDHEALTHCARE INSURANCE COMPANY**  
**EAST GEORGIA STATE COLLEGE**  
**2025-202727-11**

**Insured Categories**

DNL = Dental-Low

**Dental Low PPO**

	<b><u>Annual (A-)</u></b>
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 8/1/2025 to 7/31/2026

**ENROLLMENT SHEET - 3**  
**UNITEDHEALTHCARE INSURANCE COMPANY**  
**EAST GEORGIA STATE COLLEGE**  
**2025-202727-11**

**Insured Categories**

VSN = Vision

**Vision**

	<b><u>Annual (A-)</u></b>
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                                      8/1/2025    to    7/31/2026

ENROLLMENT SHEET - LOCATIONS  
UNITEDHEALTHCARE INSURANCE COMPANY  
EAST GEORGIA STATE COLLEGE  
2025-202727-11

**Location Name**

East Georgia College

**Location Number**

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