

ENROLLMENT SHEET - 1
UNITEDHEALTHCARE INSURANCE COMPANY
EAST GEORGIA STATE COLLEGE
2025-202727-4

Insured Categories

ITL = International

Basic		<u>Annual (A-)</u>	<u>Monthly (MX)</u>	<u>Fall (F-)</u>	<u>Spring (G-)</u>
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

	<u>Spring/Summer (J-)</u>	<u>Summer (S-)</u>
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	8/1/2025	to	7/31/2026
Monthly			
Fall	8/1/2025	to	12/31/2025
Spring	1/1/2026	to	5/31/2026
Spring/Summer	1/1/2026	to	7/31/2026
Summer	6/1/2026	to	7/31/2026

ENROLLMENT SHEET - 2
UNITEDHEALTHCARE INSURANCE COMPANY
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Insured Categories

DNL = 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 8/1/2025 to 7/31/2026

ENROLLMENT SHEET - 3
UNITEDHEALTHCARE INSURANCE COMPANY
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2025-202727-4

Insured Categories

VSN = 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 8/1/2025 to 7/31/2026

ENROLLMENT SHEET - LOCATIONS
UNITEDHEALTHCARE INSURANCE COMPANY
EAST GEORGIA STATE COLLEGE
2025-202727-4

Location Name

East Georgia College

Location Number

1