

**ENROLLMENT SHEET - 1**  
**UNITEDHEALTHCARE INSURANCE COMPANY**  
**EAST GEORGIA STATE COLLEGE**  
**2022-202727-4**

**Insured Categories**

International

<b>Basic</b>		<b><u>Annual (A-)</u></b>	<b><u>Monthly (MX)</u></b>	<b><u>Fall (F-)</u></b>	<b><u>Spring (G-)</u></b>
1	Student	2,671.00	223.00	1,120.00	1,105.00
2	Spouse	2,938.00	245.00	1,232.00	1,215.00
3	One Child	2,938.00	245.00	1,232.00	1,215.00
4	Two or more Children	5,876.00	490.00	2,464.00	2,430.00
5	Spouse and 2 or more Children	8,815.00	735.00	3,696.00	3,645.00

		<b><u>Spring/Summer (J-)</u></b>	<b><u>Summer (S-)</u></b>
1	Student	1,551.00	446.00
2	Spouse	1,706.00	491.00
3	One Child	1,706.00	491.00
4	Two or more Children	3,412.00	982.00
5	Spouse and 2 or more Children	5,119.00	1,473.00

**Effective/Expiration Dates**

**International**

Annual	8/1/2022	to	7/31/2023
Monthly			
Fall	8/1/2022	to	12/31/2022
Spring	1/1/2023	to	5/31/2023
Spring/Summer	1/1/2023	to	7/31/2023
Summer	6/1/2023	to	7/31/2023

**ENROLLMENT SHEET - 2**  
**UNITEDHEALTHCARE INSURANCE COMPANY**  
**EAST GEORGIA STATE COLLEGE**  
**2022-202727-4**

**Insured Categories**

Dental-Low

**Dental Low PPO**

	<b><u>Annual (A-)</u></b>
6 Student	239.77
7 Spouse	239.77
8 One Child	348.11
9 Two or more Children	348.11
10 Spouse and 2 or more Children	638.11

**Effective/Expiration Dates**

**Dental Low PPO**

Annual

8/1/2022 to 7/31/2023

**ENROLLMENT SHEET - 3**  
**UNITEDHEALTHCARE INSURANCE COMPANY**  
**EAST GEORGIA STATE COLLEGE**  
**2022-202727-4**

**Insured Categories**

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

8/1/2022 to 7/31/2023

ENROLLMENT SHEET - LOCATIONS  
UNITEDHEALTHCARE INSURANCE COMPANY  
EAST GEORGIA STATE COLLEGE  
2022-202727-4

**Location Name**

East Georgia College

**Location Number**

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