

ENROLLMENT SHEET - 1
UNITEDHEALTHCARE INSURANCE COMPANY
EAST GEORGIA STATE COLLEGE
2020-202727-1

Insured Categories

Nursing

Basic

	<u>Annual (A-)</u>	<u>Monthly (MX)</u>	<u>Fall (F-)</u>	<u>Spring (G-)</u>
1 Student	2,808.00	234.00	1,177.00	1,162.00
2 Spouse	3,089.00	258.00	1,295.00	1,278.00
3 One Child	3,089.00	258.00	1,295.00	1,278.00
4 Two or more Children	6,178.00	516.00	2,590.00	2,556.00
5 Spouse and 2 or more Children	9,266.00	774.00	3,885.00	3,834.00

	<u>Spring/Summer (J-)</u>	<u>Summer (S-)</u>
1 Student	1,631.00	469.00
2 Spouse	1,794.00	516.00
3 One Child	1,794.00	516.00
4 Two or more Children	3,588.00	1,032.00
5 Spouse and 2 or more Children	5,382.00	1,548.00

Effective/Expiration Dates

Hard Waiver

Annual	8/1/2020	to	7/31/2021
Monthly			
Fall	8/1/2020	to	12/31/2020
Spring	1/1/2021	to	5/31/2021
Spring/Summer	1/1/2021	to	7/31/2021
Summer	6/1/2021	to	7/31/2021

ENROLLMENT SHEET - 2
UNITEDHEALTHCARE INSURANCE COMPANY
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Insured Categories

Graduate
Undergraduate

Basic

	<u>Annual (A-)</u>	<u>Monthly (MX)</u>	<u>Fall (F-)</u>	<u>Spring/Summer (J-)</u>
6 Student	2,808.00	234.00	1,177.00	1,631.00
7 Spouse	3,089.00	258.00	1,295.00	1,794.00
8 One Child	3,089.00	258.00	1,295.00	1,794.00
9 Two or more Children	6,178.00	516.00	2,590.00	3,588.00
10 Spouse and 2 or more Children	9,266.00	774.00	3,885.00	5,382.00

Summer (S-)

6 Student	469.00
7 Spouse	516.00
8 One Child	516.00
9 Two or more Children	1,032.00
10 Spouse and 2 or more Children	1,548.00

Effective/Expiration Dates

Voluntary

Annual	8/1/2020	to	7/31/2021
Monthly			
Fall	8/1/2020	to	12/31/2020
Spring/Summer	1/1/2021	to	7/31/2021
Summer	6/1/2021	to	7/31/2021

ENROLLMENT SHEET - 3
UNITEDHEALTHCARE INSURANCE COMPANY
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Insured Categories

Dental-Low

Dental Low PPO

	<u>Annual (A-)</u>
11 Student	228.35
12 Spouse	229.36
13 One Child	331.53
14 Two or more Children	331.53
15 Spouse and 2 or more Children	607.72

Effective/Expiration Dates

Dental Low PPO

Annual

8/1/2020 to 7/31/2021

ENROLLMENT SHEET - 4
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Insured Categories

Vision

Vision

Annual (A-)

16	Student	127.26
17	Spouse	114.06
18	One Child	155.76
19	Two or more Children	155.76
20	Spouse and 2 or more Children	270.78

Effective/Expiration Dates

Vision

Annual

8/1/2020 to 7/31/2021