

ENROLLMENT SHEET - 1
UNITEDHEALTHCARE INSURANCE COMPANY
EAST GEORGIA STATE COLLEGE
2024-202727-4

Insured Categories

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	8/1/2024	to	7/31/2025
Monthly			
Fall	8/1/2024	to	12/31/2024
Spring	1/1/2025	to	5/31/2025
Spring/Summer	1/1/2025	to	7/31/2025
Summer	6/1/2025	to	7/31/2025

ENROLLMENT SHEET - LOCATIONS
UNITEDHEALTHCARE INSURANCE COMPANY
EAST GEORGIA STATE COLLEGE
2024-202727-4

Location Name

East Georgia College

Location Number

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