

Producer Guide

TriTerm Medical Plans

February 2020

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Broker Service Center

1-800-474-4467

Monday to Thursday: 8:00 a.m. to 6:00 p.m. ET

Friday: 9:00 a.m. to 5:00 p.m. ET

UHOne.com/Broker

Golden Rule Insurance Company is the underwriter of these plans.

Not for Consumer Use. All of the information in this guide is confidential.

 **UnitedHealthcare**
Golden Rule
Insurance Company



TERM 1
364 DAYS*



TERM 2
365 DAYS*



TERM 3
365 DAYS*

Is a TriTerm Medical plan the right fit?

Would your clients appreciate the stability of having the same health insurance plan for up to three years*? Do they want coverage options for preventive care, office visits and prescriptions but need a more affordable choice than what has been available up to this point?

New TriTerm Medical plans from Golden Rule Insurance Company could be the answer.

New TriTerm Medical is designed to offer familiar health benefits that help meet the common insurance needs of most of your clients. Four plan options,* with the choice of deductibles, offer flexibility for your clients to choose a plan at a budget-friendly price.

*In some states term lengths and plan options may differ. Please see State Variations.

Cross Selling Opportunities

Golden Rule Insurance Company offers a portfolio of products for all of your clients' insurance needs. Bundling these products with a medical plan can make sure your clients are fully covered — and gain you commission in the process.

- **The Accident Pro series** of products offers multiple benefits in a single plan, combining accident insurance with critical illness, hospitalization, and AD&D.
- **Dental and vision plans** can round out your clients' coverage by paying for exams, dental procedures, glasses or contacts that most medical plans don't cover.
- **HealthiestYou by Teladoc®** is a telehealth app that can save your clients time and money with the convenience of virtual care.



HealthiestYou is not insurance.

HealthiestYou by Teladoc® and UnitedHealthcare are not affiliated and each entity is responsible for its own contractual and financial obligations.

What options are available?

There are 4 TriTerm Medical plans available,¹ with a variety of deductibles, to help meet your client's needs and budget.



TERM 1
364 DAYS¹



TERM 2
365 DAYS¹



TERM 3
365 DAYS¹

	Copay Select Max	Plan 80 Max ¹	Plan 100 Max ¹	Value (AR & AZ only)
Deductible (per term, 1 per person, 2 per family max ¹)	\$2,500, \$5,000, \$7,500, \$10,000 or \$12,500	\$2,500, \$5,000, \$7,500, \$10,000 or \$12,500	\$5,000, \$7,500, \$10,000 or \$12,500	\$2,500, \$5,000, \$7,500, \$10,000 or \$12,500, or \$15,000
Coinsurance after deductible (per person, per term, in-network)	Client pays 30%	Client pays 20%	Client pays 0%	Client pays 30% or 50%
Coinsurance out-of-pocket max¹ (after deductible, per person, per term)	\$4,500	\$2,000	\$0	\$10,000
Maximum Benefit (per person, lifetime)	\$2 million ¹	\$2 million	\$2 million	\$2 million
Doctor Office Visits (per term, per person)	\$50 copay (first 4 visits ²)	20% after deductible	No charge after deductible	Chosen coinsurance after deductible
Urgent Care Center	\$75 copay	20% after deductible	No charge after deductible	Chosen coinsurance after deductible
Preventive care	\$50 copay ¹	20% after deductible	No charge after deductible	Not covered
Outpatient Prescriptions	\$25, \$55, or \$75 copay, or 50% after deductible ^{1,3}	20% after deductible	No charge after deductible	Not covered Discount card provided. ⁴

What benefits are included?



Preexisting conditions are covered 12 months after a member becomes eligible for the plan.



Preventive care wellness checks – a \$200 benefit per person, per term. Initial 6-month waiting period applies.^{1,5}



\$5,000 max benefit for outpatient prescription drug expenses per person, per term.^{1,5}



For most outpatient & inpatient services, your clients pay coinsurance after deductible.

Optional Accident Benefit

By adding the supplemental accident coverage, your clients can receive an up-front benefit equal to the deductible of their plan for treatment of an accidental injury.

¹ Benefits may differ in some states. Please see State Variations and brochure. ² Subsequent visits subject to deductible and coinsurance. ³ No deductible on Tier 1 prescriptions. Tiers 2, 3, and 4 have a combined \$500 deductible per term, per person. ⁴ Discounts vary by pharmacy, geographic area, and Rx drug. ⁵ Benefit not available on the Value plan.



Eligibility information*

The primary applicant (and spouse, if applicable) must be between 19 and 63 years of age when the policy/certificate is issued, and coverage ends at age 65. Additionally, eligibility for TriTerm Medical plans are based on accurate application responses and other information obtained during the underwriting process. These plans are underwritten by Golden Rule Insurance Company. After the underwriting process is complete, your client may be issued coverage (with or without an additional rate up) or declined coverage.

Note: If one applicant is found to be ineligible for coverage, other family members may still be eligible.

In some states, plans are available only to members of FACT, the Federation of American Consumers and Travelers. If your client is not already a member, they can enroll with the TriTerm Medical application to be eligible to apply for these plans.



Age and other eligibility factors*

- Dependents must be younger than 26 at the time of application, but can remain on the plan until the policy/certificate ends.
- If the primary insured dies, a covered spouse or the youngest covered dependent child (if unmarried) can become the primary.
- Applications will not be accepted for anyone age 64 or older. If the primary insured reaches age 65, the plan terminates for all members. If the spouse reaches age 65, the plan terminates for the spouse only.
 - ▶ **Best Practice Tip:** In general, list the younger spouse as the primary insured on the application.
- If the primary insured moves to a different state, the policy/certificate will end. A move within the same state to a different ZIP Code may result in a premium change.

*Some states may differ. Please see State Variations.





Optimal height and weight*

Your client's height and weight will be one of the factors in determining if they are eligible for a TriTerm Medical plan — and if they would be subject to an increased premium. This chart shows the optimal weight range, meaning no rate ups would apply due to height and weight alone. Someone who weighs outside the optimal range for their height may pay higher premiums, or the application may be declined if the weight is beyond the minimum or maximum allowed. See page 8 for complete height and weight charts.

Note: The figures shown are for applicants age 19 or older. Applicants 18 and younger will be treated as if they are within the optimal weight range.



Spouse/dependents*

If your client's spouse or dependents will be included on the application for TriTerm Medical insurance, the decisions on how the policy/certificate is issued are made individually. For example, if the primary insured is subject to an increased premium because of height and weight, the premium for a spouse whose height and weight falls within the optimal range could still be issued without a rate up.

In the same way, if an applicant is found to be ineligible for coverage, it does not automatically disqualify other family members on the application.

*Some states may differ. Please see State Variations.

Height	Optimal weight range (in pounds)	
	Male	Female
4'6"		74 - 111
4'7"		77 - 115
4'8"		80 - 119
4'9"		83 - 124
4'10"	91 - 133	86 - 128
4'11"	94 - 137	89 - 132
5'0"	97 - 142	92 - 137
5'1"	100 - 147	95 - 142
5'2"	104 - 152	98 - 146
5'3"	107 - 157	101 - 151
5'4"	110 - 162	105 - 156
5'5"	114 - 167	108 - 161
5'6"	117 - 172	111 - 166
5'7"	121 - 177	115 - 171
5'8"	125 - 183	118 - 176
5'9"	128 - 188	122 - 181
5'10"	132 - 194	125 - 187
5'11"	136 - 199	129 - 192
6'0"	140 - 205	132 - 198
6'1"	144 - 211	136 - 203
6'2"	148 - 217	140 - 209
6'3"	152 - 223	144 - 215
6'4"	156 - 229	148 - 220
6'5"	160 - 235	151 - 226
6'6"	164 - 241	155 - 232
6'7"	168 - 247	159 - 238
6'8"	173 - 253	164 - 244
6'9"	177 - 260	168 - 250
6'10"	181 - 266	172 - 257
6'11"	186 - 273	176 - 263
7'0"	190 - 279	180 - 269



About rate ups*

While some factors immediately disqualify someone for plan eligibility, some prompt further review and may result in a higher premium. For example, if an applicant uses tobacco, that alone wouldn't mean their application would be declined. They would likely pay a higher premium than someone who doesn't use tobacco.



Unacceptable medical conditions

Some medical conditions present an increased risk. Below are some examples of conditions that would likely result in a TriTerm Medical plan application being declined.



Acquired Immune Deficiency Syndrome (AIDS)
or Human Immunodeficiency Virus (HIV)

Alzheimer's

Amyotrophic Lateral Sclerosis (ALS)

Autism

Bipolar disorder

Cancer

Cerebral palsy

Chronic liver disease, including Cirrhosis, Hepatitis B, or Hepatitis C

Chronic Obstructive Pulmonary Disease (COPD) or emphysema

Crohn's or ulcerative colitis

Currently pregnant or adopting

Cystic or pulmonary fibrosis

Diabetes (except gestational)

Down's syndrome

Facility confinement (within the past 12 months, excluding pregnancy)

Heart or circulatory system disease or disorder

Multiple Sclerosis (MS)

Muscular Dystrophy (MD)

Organ transplant recipient

Paralysis

Parkinson's disease

Rheumatoid or psoriatic arthritis

Schizophrenia

Stroke or thrombosis

Substance abuse or addiction

Unexplained weight loss in the last 12 months

Note: This is not an exhaustive list.

*Some states may differ. Please see State Variations.

✓ Are you ready to start the application process?

The quickest and most efficient way to start an application for your clients is through our online E-Store, **UHOne.com/Broker**.

Follow the steps below for a smooth and simple process.

- 1) **Gather clients' personal information:** Name, gender, and birth dates for all applicants. Contact information (address, phone number, email) for adult applicants. Some states may require applicants to provide their Social Security Number.
- 2) **Select a plan and deductible amount:** See the information on Page 3 of this guide and the product brochure for options.
- 3) **Create a quote:** Visit E-Store at UHOne.com/Broker and evaluate if the product selection and initial quoted premium is a good fit for your client. An increase in premium may be determined during the underwriting process and will be applied at the time of issue.*
- 4) **Collect height and weight information:** Accurate measurements must be provided for all applicants age 19 and older.
- 5) **Get answers to all application questions & EFT payment info:**
To complete sections of the application, brokers must read to their clients the exact wording from the application and any additional forms required, including but not limited to, the association group membership enrollment form (where applicable). Questions are related to tobacco use, existing coverage, medical history, prescription medications, and past treatments or diagnoses. You may also enter your customer EFT payment info.
- 6) **Submit the application and payment information:**
You can send your client a link to their application, by email or text. Your client will need to electronically sign the application.
There is a non-refundable \$40 application fee in most states.*

*Some states may differ. Please see State Variations.



\$ Premium payments

The initial premium payment will be collected from your client upon the effective date of the application. We accept monthly Electronic Funds Transfer (EFT) or credit card payments.

For EFT:

- Authorization for the payment must be included with the application.
- Plans with EFT generally stay in force longer due to auto payment.
There are no billing fees associated with EFT.

For Credit Card:

Your client will need to submit their card payment information at the time of electronic signature of the application.

The earliest coverage can begin is 5 days after the application is received.



Height and weight charts for adults

Applicants whose weight falls within the ranges shown in these tables will not be denied eligibility based on height and weight alone. Rate ups would apply if your clients weigh outside of the optimal range.*

Optimal - Your clients whose weight is in the optimal range would be quoted the best possible rate based on height and weight criteria.

Standard 1 - The Standard 1 ranges include both clients who weigh somewhat less than the optimal range and those who weigh somewhat more. A rate up would apply to those who are in these ranges.

Standard 2 - The Standard 2 range includes clients whose weight is at the higher end of what would be considered acceptable when determining eligibility. A higher rate up would apply.

Ineligible - Adult applicants who fall outside of the height and weight ranges shown here would be considered ineligible for coverage.

Note: The figures shown are for applicants age 19 or older. Eligible applicants 18 and younger will be treated as if they are within the optimal weight range.

Height	Weight ranges (in pounds)					
	Optimal		Standard 1		Standard 2	
	Male	Female	Male	Female	Male	Female
4'6"		74 - 111		64 - 73 or 112 - 131		132 - 152
4'7"		77 - 115		67 - 76 or 116 - 136		137 - 158
4'8"		80 - 119		69 - 79 or 120 - 141		142 - 164
4'9"		83 - 124		71 - 82 or 125 - 147		148 - 170
4'10"	91 - 133	86 - 128	81 - 90 or 134 - 157	74 - 85 or 129 - 152	158 - 180	153 - 176
4'11"	94 - 137	89 - 132	84 - 93 or 138 - 162	77 - 88 or 133 - 157	163 - 187	158 - 182
5'0"	97 - 142	92 - 137	87 - 96 or 143 - 168	79 - 91 or 138 - 163	169 - 193	164 - 188
5'1"	100 - 147	95 - 142	90 - 99 or 148 - 173	82 - 94 or 143 - 168	174 - 200	169 - 194
5'2"	104 - 152	98 - 146	93 - 103 or 153 - 179	85 - 97 or 147 - 174	180 - 206	175 - 201
5'3"	107 - 157	101 - 151	96 - 106 or 158 - 185	87 - 100 or 152 - 179	186 - 213	180 - 207
5'4"	110 - 162	105 - 156	99 - 109 or 163 - 191	90 - 104 or 157 - 185	192 - 220	186 - 214
5'5"	114 - 167	108 - 161	102 - 113 or 168 - 197	93 - 107 or 162 - 191	198 - 227	192 - 221
5'6"	117 - 172	111 - 166	105 - 116 or 173 - 203	96 - 110 or 167 - 197	204 - 234	198 - 228
5'7"	121 - 177	115 - 171	108 - 120 or 178 - 209	99 - 114 or 172 - 203	210 - 241	204 - 235
5'8"	125 - 183	118 - 176	112 - 124 or 184 - 216	102 - 117 or 177 - 209	217 - 248	210 - 242
5'9"	128 - 188	122 - 181	115 - 127 or 189 - 222	105 - 121 or 182 - 215	223 - 256	216 - 249
5'10"	132 - 194	125 - 187	118 - 131 or 195 - 229	108 - 124 or 188 - 222	230 - 263	223 - 256
5'11"	136 - 199	129 - 192	122 - 135 or 200 - 235	111 - 128 or 193 - 228	236 - 271	229 - 264
6'0"	140 - 205	132 - 198	125 - 139 or 206 - 242	114 - 131 or 199 - 234	243 - 279	235 - 271
6'1"	144 - 211	136 - 203	129 - 143 or 212 - 249	117 - 135 or 204 - 241	250 - 286	242 - 279
6'2"	148 - 217	140 - 209	132 - 147 or 218 - 255	120 - 139 or 210 - 248	256 - 294	249 - 287
6'3"	152 - 223	144 - 215	136 - 151 or 224 - 262	124 - 143 or 216 - 254	263 - 302	255 - 294
6'4"	156 - 229	148 - 220	139 - 155 or 230 - 270	127 - 147 or 221 - 261	271 - 311	262 - 302
6'5"	160 - 235	151 - 226	143 - 159 or 236 - 277	130 - 150 or 227 - 268	278 - 319	269 - 310
6'6"	164 - 241	155 - 232	147 - 163 or 242 - 284	134 - 154 or 233 - 275	285 - 327	276 - 319
6'7"	168 - 247	159 - 238	151 - 167 or 248 - 291	137 - 158 or 239 - 282	292 - 336	283 - 327
6'8"	173 - 253	164 - 244	154 - 172 or 254 - 299	141 - 163 or 245 - 290	300 - 344	291 - 335
6'9"	177 - 260	168 - 250	158 - 176 or 261 - 306	144 - 167 or 251 - 297	307 - 353	298 - 344
6'10"	181 - 266	172 - 257	162 - 180 or 267 - 314	148 - 171 or 258 - 304	315 - 362	305 - 352
6'11"	186 - 273	176 - 263	166 - 185 or 274 - 322	152 - 175 or 264 - 312	323 - 371	313 - 361
7'0"	190 - 279	180 - 269	170 - 189 or 280 - 329	155 - 179 or 270 - 319	330 - 380	320 - 370

*Some states may differ. Please see State Variations.

State Variations

Florida

- Dependents must be younger than 31 at the time of application, but can remain on the plan until the policy/certificate ends.

Georgia

- \$40 application fee is refundable if coverage is not issued or policy is returned during the Free Look period.

Iowa

- Copay Select Max is the only plan available.
- In addition to coinsurance out-of-pocket maximum, there is also a \$20,000 out-of-pocket maximum for all covered expenses, excluding outpatient prescriptions, per person, per term; this includes deductibles, coinsurance, and copayments.
- Maximum Benefit is \$750,000 per person, per term.
- Preventive care copay is \$100, and the \$200 max benefit does not apply.
- Preventive care is limited (please refer to brochure.)
- There is a \$10,000 out-of-pocket maximum for all covered outpatient prescription expenses per person, per term; this includes deductible, coinsurance, and copayment.
- Outpatient prescriptions tiers 2, 3, and 4 have a combined deductible of \$1,000 per term, per person.
- \$40 application fee is refundable if coverage is not issued or policy is returned during the Free Look period.

Indiana

- Each term is 364 days.
- Maximum Benefit is \$2 million per person, per term.
- There are no rate ups for height/weight or medical conditions.
- \$40 application fee is refundable if coverage is not issued or policy is returned during the Free Look period.

Kentucky

- \$40 application fee is refundable if coverage is not issued or policy is returned during the Free Look period.

Mississippi

- Application fee is \$6.

Missouri

- Coverage is available on an individual basis only. No spouse or dependent can be added to your plan, and any references to spouse, dependents, children, or the like, do not apply.
- The applicant must be at least 20 years of age when the policy is issued.

Oklahoma

- Each term is 364 days.

South Carolina

- Each term is 11 months.



Producer Contact Information

Broker Service Center:

1-800-474-4467

Hours of operation:

Monday to Thursday: 8:00 a.m. to 6:00 p.m. ET

Friday: 9:00 a.m. to 5:00 p.m. ET

E-Store:

UHOne.com/Broker

Client Contact Information

Customer Service:

1-800-232-5432

Hours of operation:

Monday to Friday: 9:00 a.m. to 6:30 p.m. ET

Client underwriting interviews for verification:

(800) 232-5432, ext. 11885

ID cards, provider search, and FAQs:

myUHOne.com

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