## UNITEDHEALTHCARE INDIVIDUAL PRODUCT AVAILABILITY ON E-STORE **All Plans Available Year-Round**



HORT	TFRM	<b>MEDICAL</b>	(STM)

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	AK AL	AR	AZ CA	со ст	DC DE	FL	GA HI	IA	ID IL	IN	KS KY	LA MA MD	ME MI	MN	MO MS	MT	NC ND	NE	NH NJ NM	I NV NY	ОН	OK	OR PA	RI SC	SD	TN	TX	UT	VA VT WA	wı wv	WY
New Short Term Medical	✓	✓	✓			✓	✓	✓	✓	✓	✓	✓	✓		✓ ✓	✓	✓	✓		✓	✓	✓		✓			✓	✓		✓	✓
Max Term Length <sup>1</sup> (in months)	2x12	2x12	2x12			2x12	2x12	2x12 <sup>2,3</sup>	6 <sup>2</sup>	2x12 <sup>2</sup>	2x12	2x12 <sup>2</sup>	6 <sup>2</sup>		2x6 2x12	2 6	2x12	2x12 <sup>2</sup>		6 <sup>2</sup>	12 <sup>2</sup>	2x12 <sup>2</sup>		11			2x12	2x12		12 <sup>2</sup>	2x6
Enhanced STM					✓						✓			✓											$\checkmark$	✓				✓	
Max Term Length <sup>1</sup> (in months)					<3 <sup>2</sup>						6			6 <sup>2</sup>											2x6	12				2x12	<u>!</u>
Short Term Medical					✓						✓												✓			✓			<b>√</b> <sup>3</sup>	✓	
Max Term Length <sup>1</sup> (in days unless noted)					<3 <sup>2</sup> mo.						123												360			360			92 <sup>2</sup>	360	
Network	СР	СР	СР		С	С	СР	С	СР	С	C CP	С	С	СР	c c	СР	СР	С		С	СР	СР	С	С	СР	С	С	СР	СР	C C	С
Association Group (FACT) <sup>4</sup>	•	•	•			•		•	•	•			•		•			•			•		•			•	•		•	• •	

Underwritten by Golden Rule Insurance Company (GRIC)

#### TRITERM MEDICAL (3-TERM MEDICAL)

	AK AL	AR	AZ	CA CO	CT DC	DE	FL	GA HI	IA	ID IL	IN	KS KY	L	A MA MD	ME MI MN	МО	MS N	ИТ NC N	D NE	NH NJ NI	NV NY	ОН	ОК	OR PA	RI SC	SD	TN	тх	UT	VA VT WA	WI WV WY
TriTerm Medical	✓	✓	✓				✓	✓	<b>√</b> <sup>3</sup>		✓	✓	<b>√</b>	/		✓	✓	✓	✓				✓		✓		✓	✓			✓
TTM Hospital/Surgical	✓	✓	✓				✓	✓				✓	~	/		✓	✓	✓	✓				✓		✓		✓	✓			
Network	СР	СР	СР				C <sup>5</sup>	СР	С		С	СР		C		С	С	СР	С				СР		С		С	С			С
Association Group (FACT) <sup>4</sup>	•	•	•				•		•		•						•		•								•	•			•

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### **HOSPITAL & DOCTOR (FIXED INDEMNITY)**

	AK	AL	AR	AZ	CA C	O CT DC	DE	FL	GA	НІ	IA	ID IL	IN KS	КҮ	LA MA MD	ME MI	MN	MO MS MT	NC ND	NE NH NJ NM	NV NY	ОН	ОК	OR PA	RI	SC SD	TN	тх ит	VA VT V	WA WI WV WY
Health ProtectorGuard (MultiPlan network)					√3																			✓						
Enhanced Health ProtectorGuard (UnitedHealthcare Choice Plus Network)	✓	✓	✓	✓	,	/	✓	✓	<b>√</b>	✓	✓	✓	✓	✓	✓ ✓	<b>√</b> ✓	✓	✓ ✓	<b>√</b>	✓	<b>✓</b>	✓	✓	✓	<b>√</b>	✓	✓	✓ ✓	✓	<b>✓ ✓ ✓</b>
Guard/Guard Plus	✓	✓	✓	✓	1	/	✓	✓	✓	✓	✓	✓	✓	✓	<b>√</b>	✓ ✓	<b>✓</b>	<b>✓ ✓</b>	<b>√</b>	✓	✓	✓	✓	✓	✓	✓	✓	✓ ✓	✓	<b>✓ ✓ ✓</b>

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#### ANCILLADV

ANCILLARY																																												
	AK	AL	AR	AZ	C	CA C	о ст	DC	DE	FL	GA	н	IA	ID IL	IN	l KS	KY	LA	MA MD	ME	MI M	N M	10 N	IS MT	NC N	ID NE	NH	H NJ NN	M NV N	у ОН	ОК	OR	PA	RI	SC	SD	TN	TX	UT	VA	VT W	/A WI	wv	WY
Enhanced Dental with Hearing & Vision Rider	✓	✓	✓	✓	1	/ 4	/ /	✓	✓	✓	✓	✓	✓	✓ ✓	<b>✓</b>	<b>✓</b>	✓	✓	✓	✓	<b>√</b> ✓	6	<b>✓</b> ✓		<b>√</b> ,	/ /	✓	·	<b>✓</b>	✓	✓	✓	✓	<b>√</b> <sup>6</sup>	✓	✓	✓	✓	✓	✓	✓ ✓	<b>√</b> 6 <b>√</b>	✓	✓
Senior Dental with Hearing & Vision Rider (age 64+)	✓	✓	✓	✓	•	<b>✓</b> ✓	/ /	✓	✓	✓	✓	✓	✓	✓ ✓	<b>✓</b>	<b>✓</b>	✓	✓	✓	✓	<b>√</b> ✓	6	<b>✓</b> ✓	/	<b>√</b> ,	/ /	✓	<b>✓</b> ✓ ✓	✓	✓	✓	✓	✓	<b>√</b> <sup>6</sup>	✓	✓	✓	✓	✓	✓	✓ ✓	<b>√</b> 6 <b>√</b>	✓	✓
Vision		✓	✓	✓	1	/ •	/ /	✓	✓	✓	✓	✓	✓	✓ ✓	<b>✓</b>	<b>′</b> ✓	✓	✓	✓	✓	✓	1	/	/	✓ ,	/ /	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	<b>√</b> ,	/ /	✓	✓
Critical Illness	✓	✓	✓	✓	1	/ •			✓	✓		✓	✓	✓	<b>✓</b>	<b>✓</b>	✓	✓	✓	✓	<b>✓</b> ✓	1	/ •	<b>✓</b>	✓ ,	/ /	✓	· ✓	· •	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓			✓	✓	✓
Accident Pro Series	✓	✓	✓	✓	1	/ /	√ <sup>7</sup> √ <sup>7</sup>	✓	✓	✓	✓	✓	✓	√7 ✓	<b>✓</b>	<b>✓</b>		✓	✓	✓	<b>√</b> <sup>7</sup> <b>√</b>	1	/ •	✓ ✓	✓	✓			✓	✓	✓	✓	<b>√</b> <sup>7</sup>	✓	✓	✓	<b>√</b> <sup>7</sup>	✓	✓	√7		✓	✓	✓
Accident SafeGuard	✓	✓	✓	✓		<b>~</b>	/ /	✓	✓	✓	✓		✓	✓	<b>✓</b>	<b>√</b> 8	✓	<b>√</b> 8	✓		<b>✓</b> ✓	<b>'</b>	<b>✓</b> ✓	/	✓	✓			✓	✓	✓	✓	<b>√</b> 8		✓	✓	✓	✓		✓		✓	✓	
Accident SafeGuard Premier																																												
Term Life SafeGuard	✓	✓	✓	✓			<b>√</b> <sup>9</sup>	✓	✓	<b>√</b> <sup>9</sup>	✓		✓	✓	<b>✓</b>	<b>√</b> 8	✓	<b>√</b> 8	<b>√</b> 8,9	)	✓ ✓	· ,	/	/	✓	✓			✓	✓	✓		<b>√</b> <sup>9</sup>		✓	✓	✓	✓		✓		✓	✓	
Hospital SafeGuard	✓	✓	✓	✓			✓	✓	✓	✓	✓		✓	✓	<b>✓</b>	<b>✓</b>	<b>√</b> 8	✓	✓		<b>✓</b> ✓	1	/ 4	/	✓	✓			✓	✓	✓	✓	✓		<b>√</b>	✓	✓	✓		<b>√</b> 8		✓	✓	

Underwritten by Golden Rule Insurance Company (GRIC)

# SUPPLEMENTAL NON-INSURANCE PRODUCTS

	AK	AL	AR	A	<u>z</u> c	A CO	CT DC	DE	FL	GA	ні	IA	ID IL	IN	KS KY	LA	MA MD	ME N	1I MN	МО	MS MT	NC N	D NE	NH NJ N	IM NV NY	ОН	ОК	OR PA	RI	SC	SD	TN	TX L	JT	VA VT WA	WI W	/V WY
HealthiestYou by Teladoc <sup>®</sup> (not a UHC product)	✓	✓	✓	<b>✓</b>	,	✓		✓	✓	✓	✓	✓	<b>✓</b> ✓	✓	✓ ✓	<b>√</b>	✓	<b>√</b> ,	<b>✓</b> ✓	✓	✓ ✓	✓ v	/ /		✓	✓	✓	✓ ✓	✓	✓	✓	✓	✓ ,		✓	<b>√</b> ,	/ /
New Benefits® (not a UHC product)	✓	✓	✓	~	´ •	/ /	✓ ✓	✓	✓	✓	✓		<b>✓</b> ✓	✓	✓ ✓	<b>√</b>	✓ ✓	<b>✓</b> ,	<b>✓</b> ✓	✓	✓ ✓	✓ v	/ /	<b>✓</b> ✓ ✓	/ /	<b>√</b>	<b>√</b>	✓ ✓	<b>√</b>	✓	✓	✓	✓ ·	/	✓	<b>√</b> ,	/ /

ACA OFF EXCHANGE (not	available o	n E-store	e)																																										
	AK	AL	AR	AZ	CA	CO C	T DC	DE	FL	GA	н	ı	IA	ID I	IL	IN I	KS KY	LA	A MA I	MD N	ME MI	MN	МО	MS M	IT NC	ND	NE	NH NJ	NM N	V NY	ОН	ОК	OR	PA	RI SC	SD	TN	J	тх	UT	VA	VT WA	WI	wv	WY
Copay Plans <sup>10</sup>																												✓																	
																		_	Dl		o ( )	1.1 .		(0)																					

ACA Off Exchange Copay Plans underwritten by Oxford Health Insurance, Inc. (OHI)

- + = New product/plan option. Please check E-Store (www.UHOne.com/broker) for product availability by state and ZIP Code.
- ✓ = Existing product available in state
- = Requirements that correspond to product within a state
- C = UnitedHealthcare Choice Network
- **CP** = UnitedHealthcare Choice Plus Network

1 Term length is minimum 1 month (30 days) to maximum 12 months (less one day) except where otherwise noted. 2x6 and 2x12 indicate that plans may be sold as consecutive 6-month and 12-month maximum term length is 2 months; (IL) Not to exceed 180 days; must have 61 days between plans; (IN) Coverage not to exceed 364 days; (LA) Minimum term length is 2 months; (IL) Not to exceed 180 days; must have 61 days between plans; (IN) Coverage not to exceed 364 days; (LA) Minimum term length is 2 months; (MI) Limited to 6 months total coverage in a 12 month time frame; (MN) Minimum term length is 4 months and consecutive policies cannot exceed 364 days; (VA) 92 days max term length, limited to a maximum of 6 months total in any 12 month period; (NE) Coverage not to exceed 364 days; (NV) no more than 185 days of coverage not to exceed 364 days; (N available. Policies are consecutive if there is less than a 64-day gap between them. <sup>3</sup> State specific product, see brochure for details. <sup>4</sup> Plans are issued as association group plans and are available only to members of the Federation of American Consumers and Travelers (FACT). <sup>5</sup> Choice Plus Network for (FL) TriTerm Medical Value and Hospital & Surgical plans only. <sup>6</sup> Vision rider benefit not available. <sup>7</sup> Limited product brochure for details. <sup>8</sup> Plans are issued as association group plans and are available only to members of the Federation of American Consumers and Travelers (FACT). <sup>5</sup> Choice Plus Network for (FL) TriTerm Medical Value and Hospital & Surgical plans only. <sup>6</sup> Vision rider benefit not available. <sup>7</sup> Limited product available only to members of the Federation of American Consumers and Travelers (FACT). <sup>8</sup> Plans are issued as association group plans and are available only to members of the Federation of American Consumers and Travelers (FACT). <sup>8</sup> Plans are issued as association group plans and are available. <sup>9</sup> Limited product available only to members of the Federation of American Consumers and Travelers (FACT). <sup>8</sup> Plans are issued as association group plans are issued as association group plans and are available. <sup>9</sup> Limited product available only to members of the Federation of American Consumers and Travelers (FACT). <sup>8</sup> Plans are issued as association group plans are issued as association group plans are issued as as a second and are available. <sup>9</sup> Plans are issued as a second and are available only to members of the Federation of American Consumers and Travelers (FACT). <sup>9</sup> Plans are issued as a second and are available only to members of the Federation of American Consumers and Travelers (FACT). <sup>9</sup> Plans are issued as a second and are available only to members of the Federation of American Consumers and are available only to members of the Federation of American Consumers and are available on the Federation of American Consumers and are available on the Federation of American details. <sup>9</sup> Critical Illness rider benefit not available. <sup>10</sup> These Off-Marketplace plans offer Minimum Essential Coverage but are not ACA tax credit eligible.

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