

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



SHORT TERM MEDICAL (STM)

	AK	AL	AR	AZ	CA	CO	CT	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	NV	NY	OH	OK	OR	PA	RI	SC	SD	TN	TX	UT	VA	VT	WA	WI	WV	WY
Enhanced STM		✓	✓	✓					✓	✓	✓				✓	✓	✓	✓	✓				✓	✓	✓	✓	✓	✓							✓	✓	✓			✓	✓	✓	✓	✓				✓	✓	✓	
Max Term Length ¹ (in months)		2x12	12	2x12					<3 ² mo.	2x12	2x12				6 ²	2x12	6	2x12	2x12				6 ²		2x6	2x12	6	2x12	2x12						6 ²	12	2x12			11	2x6	12	2x12	2x12				12 ²	2x12	2x6	
Short Term Medical		✓	✓	✓					✓	✓	✓				✓	✓	✓	✓	✓				✓	✓	✓	✓	✓	✓							✓			✓	✓	✓			✓ ³				✓	✓			
Max Term Length ¹ (in days unless noted)		360	360	184					<3 ² mo.	360	360				180 ²	184	123	360	184				184 ²	6 ² mo.	6 mo.	360	184	360	360						184 ²			360	337	360	360	184						360	184		
Network		CP	CP	C					C	C	CP				C	C	C	CP	C				C	CP	C	C	CP	CP	C						C	CP	CP	C	C	CP	C	C	CP	CP	C	C	C				
Association Group (FACT) ⁴		●	●	●					●					●	●							●		●										●		●					●	●	●				●	●			

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	LA	MA	MD	ME	MI	MN	MO	MS	MT	NC	ND	NE	NH	NJ	NM	NV	NY	OH	OK	OR	PA	RI	SC	SD	TN	TX	UT	VA	VT	WA	WI	WV	WY
TriTerm Medical		✓	✓	✓						✓	✓	✓	✓			✓		✓	✓	✓				✓	✓	✓	✓	✓	✓							✓			✓		✓	✓	✓	✓	✓				✓	✓	
Network		CP	CP	C						C ⁵	CP					C	C	CP	C							C	C	CP	CP	C							CP			C	C	C	CP						C		
Association Group (FACT) ⁴		●	●	●					●			●		●												●																●	●				●				

Underwritten by Golden Rule Insurance Company (GRIC)

HOSPITAL & DOCTOR (FIXED INDEMNITY)

	AK	AL	AR	AZ	CA	CO	CT	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	NV	NY	OH	OK	OR	PA	RI	SC	SD	TN	TX	UT	VA	VT	WA	WI	WV	WY	
Health ProtectorGuard	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓

Underwritten by Golden Rule Insurance Company (GRIC)

ANCILLARY

	AK	AL	AR	AZ	CA	CO	CT	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	NV	NY	OH	OK	OR	PA	RI	SC	SD	TN	TX	UT	VA	VT	WA	WI	WV	WY	
Enhanced Dental with Hearing & Vision Rider	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	
Senior Dental with Hearing & Vision Rider (age 64+)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	
Vision	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	
Critical Illness	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	
Accident Pro Series	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	
Accident SafeGuard	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	
Term Life SafeGuard	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Hospital SafeGuard	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓

Underwritten by Golden Rule Insurance Company (GRIC)

SUPPLEMENTAL NON-INSURANCE PRODUCTS

	AK	AL	AR	AZ	CA	CO	CT	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	NV	NY	OH	OK	OR	PA	RI	SC	SD	TN	TX	UT	VA	VT	WA	WI	WV	WY	
HealthiestYou by Teladoc [®] (not a UHC product)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓

ACA OFF EXCHANGE (not available on E-store)

	AK	AL	AR	AZ	CA	CO	CT	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	NV	NY	OH	OK	OR	PA	RI	SC	SD	TN	TX	UT	VA	VT	WA	WI	WV	WY		
Copay Plans ¹⁰																																																					

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

¹Minimum 1 month (or minimum 30 day where applicable) term length. (MN) minimum term length is 4 months. (LA) minimum term length is 2 months. 12-month maximum term length is equal to 12 months less 1 day (except IN, which is always equal to 364 days). 2x6 and 2x12 indicate that plans may be sold as consecutive 6-month and 12-month maximum term length plans, respectively. ²(DE) Limited to one short term policy in 365 days; (IL) Must have 61 days between plans; (MI) Limited to 6 months total coverage in a 12 month time frame; (MN) Consecutive policies cannot exceed 365 days of total coverage in a 555 day period. (NV) no more than 185 days of coverage in any 365 day period; (WI) Consecutive policies are not available. Policies are consecutive if there is less than a 64-day gap between them. ³State specific product, see brochure for details. ⁴Plans are issued as association group plans and are available only to members of the Federation of American Consumers and Travelers (FACT). ⁵Choice Plus Network for (FL) TriTerm Medical Value plans only. ⁶Vision rider benefit not available. ⁷Limited product availability in this state; check product brochure for details. ⁸Plan name varies in this state; check product brochure for details. ⁹Critical Illness rider benefit not available. ¹⁰These Off-Marketplace plans offer Minimum Essential Coverage but are not ACA tax credit eligible.