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



SHORT TERM MEDICAL (STM)

	AK AL AR	AZ	CA CO	СТ	DC DE	FL	GA	н	A ID	п	IN	KS I	(Y L	A MA	A MD I	ME MI	MN	МО	MS	MT	NC	ND NE	NH N	NJ NM	NV N	іу он	ок	OR P	A RI	SC S	р т	N TX UT	VA VT WA	ıwı	wv w
New Short Term Medical	√ √		<i>U</i> . <i>U</i>			✓				+			/ v			+			+						✓		√					+		+	+
Max Term Length ¹ (in months)	2x12 2x1	2 2x12				2x12	2x12			6 ²	2x12	2)	(12 2x	12		6 ²		2x6	2x12	2 6	2x12				6 ²		2x12					2x12		12 ²	2x
Enhanced STM					✓				/			✓					✓					✓				✓				✓ v	· •	/			✓
Max Term Length ¹ (in months)					<3 ²			23	(12			6					6²					2x12	2			12				11 2	6 1	2			2x12
Short Term Medical					✓							✓										✓						٧		✓	٧	/	√3		✓
Max Term Length ¹ (in days unless noted)					<3 ² mo.						:	123										360						36	0	337	36	50	92 ²		360
Network	СР СР	СР			С	С	СР		С	СР	С	С (CP (С		С	СР	С	С	СР	СР	С			С	СР	СР	(:	СС	Р (c c	СР	С	СС
Association Group (FACT) ⁴	• •	•				•			•	•	•					•			•			•				•						• •	•	•	•

Underwritten by Golden Rule Insurance Company (GRIC)

TRITERM MEDICAL (3-TERM MEDICAL)

	AK	AL	AR	ΑZ	CA	СО	CT	DC I	DE	FL	GA F	11 1	A ID	IL	IN I	KS K	KY	LA	MA	MD	ME	MI	MN	МО	MS	MT	NC	ND	NE	NH N	J NN	/ N	IV N	′ ОН	ОК	OR	PA	RI S	C SD	TN	T	(UT	VA	VT	WA '	WI W	WV WY
TriTerm Medical		✓	\checkmark	✓						✓	✓	1	/		✓	1	✓	\checkmark						✓	✓		✓		✓						✓			١		✓	✓	•				١	/
TTM Hospital/Surgical		✓	✓	✓						✓	✓					1	✓	✓						✓	✓		✓		✓						✓			٧		✓	✓	•					
Network		СР	СР	СР						C ⁵	СР		С		С	C	СР	С						С	С		СР		С						СР				С	С	C					(С
Association Group (FACT) ⁴		•	•	•						•			•		•										•				•											•	•					(•

Underwritten by Golden Rule Insurance Company (GRIC)

HOSPITAL & DOCTOR (FIXED INDEMNITY)

	AK	AL A	R A	AZ (CA C	0 (CT DC	DE	FL	. G/	н н	IA	ID	IL	IN I	S KY	LA	MA	MD	ME	MI	MN	МО	MS	MT	NC N	ID NE	NH	NJ I	NM N	IV NY	ОН	ОК	OR F	PA	RI SC	SD	TN	TX U	T VA	VT	WA	WI V	VV WY
Health ProtectorGuard (MultiPlan network)																																		✓						√				
Enhanced Health ProtectorGuard (UnitedHealthcare Choice Plus Network)	✓	√ v		✓	√			✓	✓	· •	· 🗸	✓		✓	+	✓	✓		✓	✓	✓	✓	✓	✓		✓	✓			,	/	✓	✓		/	✓ ✓		✓	✓ v	/			✓	/ /
Guard/Guard Plus	✓	✓ v	/	/	~	/		✓	✓	✓	✓	✓		✓	+	✓	✓		✓	✓	✓	✓	✓	✓		✓	✓			,	/	✓	✓		/	✓ ✓		✓	√ •				✓	/ /

Underwritten by Golden Rule Insurance Company (GRIC)

ANCILLARY

	AK	AL	AR	AZ	C	A C	0 (CT I	DC	DE	FL	GA	н	IA	ID	IL	IN	KS	KY	LA	MA M	D MI	MI	М	N N	/ 10	MS M	ΓΝ	C N	ID NE	NH	NJ	NM	NV	NY OF	ОК	OF	R PA	RI	SC	SD	TN	TX	UT	VA	VT \	VA۱	WI Y	NV WY
Enhanced Dental with Hearing & Vision Rider	✓	✓	✓	✓	✓	· •	,	√	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	•	✓	✓	✓	6	✓	✓	~	/ v	/ /	✓	✓	✓	✓	✓	✓	✓	✓	√ 6	✓	✓	✓	✓	✓	✓	✓ .	6	✓	✓ ✓
Senior Dental with Hearing & Vision Rider (age 64+)	✓	✓	✓	✓	~	/ v	,	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	٧	· •	✓	✓	6	✓	✓	~	/ v	/ /	✓	✓	✓	✓	✓	✓	✓	✓	√ 6	✓	✓	✓	✓	✓	✓	✓ .	6 .	✓	✓ ✓
Vision		✓	✓	1	✓	/ v	/ ,	√	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	~	′ √	✓			√	✓	✓	/ v	/ /	✓	✓		✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓ .	✓	√ ✓
Critical Illness	✓	✓	✓	✓	✓	· v	/			✓	✓		✓	✓		✓	✓	✓	✓	✓	v	′ √	✓	✓	1	✓	✓ ✓	✓	/ v	/ /	✓		✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓				✓	√ ✓
Accident Pro Series	✓	✓	✓	✓		✓	·7	/7	✓	✓	✓	✓	✓	✓	√ ⁷	✓	✓	✓		✓	~	✓	✓ ⁷	✓		✓	√ ✓	~	/	✓				✓	✓	✓	✓	√ ⁷	✓	✓	✓	✓ ⁷	✓	✓				✓	✓ ✓
Accident SafeGuard	✓	✓	✓	1		٧	/ ,	√	✓	✓	✓	✓		✓		✓	✓	√ 8	✓	√ 8	٧		✓	✓		√	✓	✓	/	✓				✓	✓	✓	✓	√ 8	3	✓	✓	✓	✓		✓			✓	✓
Term Life SafeGuard	✓	✓	✓	✓			v	/9	✓	✓	√ 9	✓		✓		✓	✓	√ 8	✓	√ 8	✓	3,9	✓	✓	•	✓	✓	✓	/	✓				✓	✓	✓		√ ⁹)	✓	✓	✓	✓		✓			✓	✓
Hospital SafeGuard	✓	✓	✓	√			•	✓	✓	✓	✓	✓		✓		✓	✓	✓	√ 8	✓	•	_	✓	✓		/	✓	✓	/	✓				√	✓	✓	√	✓		✓	✓	1			√ 8			✓	✓

Underwritten by Golden Rule Insurance Company (GRIC)

SUPPLEMENTAL NON-INSURANCE PRODUCTS

	AK	AL	AR	AZ	CA	CO	СТ	DC	DE	FL	GA H	11 1	A ID	IL	IN	KS	KY	LA	MA	MD	ME	MI	MN	MO	MS	MT	NC	ND I	NE I	NH N	II NN	/I N	/ NY	ОН	ОК	OR	PA	RI	SC	SD	TN	TX U	T V	VA '	VT W	A W	VI W	W W	Y
HealthiestYou by Teladoc® (not a UHC product)	✓	✓	✓	✓		✓			✓	✓	✓ v	,	/ /	✓	✓	✓	✓	✓		✓	✓	✓	✓	✓	✓	✓	✓	✓ .	✓			✓	•	✓	✓	✓	✓	✓	✓	✓	✓	√ v	,	✓		✓	· ,	✓ ✓	
New Benefits® (not a UHC product)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓ v		✓	✓	√	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓ .	✓ .	√ v	/ /		,	✓	✓	✓	✓	✓	✓	✓	✓	√ v	,	✓		✓	· ,	✓ ✓	

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	IN MO MS M	T 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 4 months. (LA) minimum term length is 2 months. 12-month maximum term length is 2 months. 12-month maximu