



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



**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 (MultiPlan network)																✓																						✓															
Enhanced Health ProtectorGuard (UnitedHealthcare Choice Plus Network)	✓	✓	✓	✓		✓			✓	✓	✓	✓	✓		✓		✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓						✓	✓	✓	◆	✓			◆	✓	◆					✓	✓	✓	
Guard/Guard Plus	◆	✓	✓	✓		◆			✓	✓	✓	◆	✓		✓		✓	✓	◆	◆	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓						✓	✓	✓	✓	✓	✓	◆	✓		◆	✓	◆				✓	✓	✓

Underwritten by Golden Rule Insurance Company (GRIC)

- ◆ = New product/plan option. Please check E-Store ([www.UHOne.com/broker](http://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
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- CP = UnitedHealthcare Choice Plus Network

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**Not For Consumer Use | Current as of March 21, 2021**  
 42839d-X-0321

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**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 <sup>1</sup> (in months)		2x12	12	2x12					<3 <sup>2</sup>	2x12	2x12		2x12		6 <sup>2</sup>	2x12	6	2x12	2x12				6 <sup>2</sup>	6 <sup>2</sup>	2x6	2x12	6	2x12	2x12				6 <sup>2</sup>	12	2x12				11	2x6	12	2x12	2x12					12 <sup>2</sup>	2x12	2x6	
Short Term Medical		✓	✓	✓					✓	✓	✓			✓	✓	✓	✓	✓	✓				✓		✓	✓	✓	✓	✓						✓			✓	✓		✓ <sup>3</sup>					✓	✓				
Max Term Length <sup>1</sup> (in days unless noted)		360	360	184					<3 <sup>2</sup> mo.	360	360			180 <sup>2</sup>	184	123	360	184				184 <sup>2</sup>		6 mo.	360	184	360	360				184 <sup>2</sup>			360	337	360	360	184						360	184					
Network		CP	CP	CP					C	C	CP		C	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) <sup>4</sup>		•	•	•					•			•	•	•								•		•									•		•						•	•				•	•				

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**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		✓	✓	✓						✓	✓	✓	✓			✓		✓	✓						✓	✓		✓	✓							✓			✓		✓	✓	✓						✓		
TTM Hospital/Surgical		✓	✓	✓						✓	✓							✓	✓						◆	✓		✓	✓							✓			◆		◆	◆									
Network		CP	CP	CP					C <sup>6</sup>	CP		C	C	C	C	CP	C							C	C	CP	C	CP	C				CP	CP	C		C	C	CP								C				
Association Group (FACT) <sup>5</sup>		•	•	•					•			•	•	•											•																								•		

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<sup>1</sup>Minimum 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. <sup>2</sup>(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. <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.

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**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	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓ <sup>1</sup>	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓ <sup>1</sup>	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Senior Dental with Hearing & Vision Rider (age 64+)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓ <sup>1</sup>	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓ <sup>1</sup>	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Vision		✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Critical Illness	✓	✓	✓	✓	✓	✓		✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Accident Pro Series	✓	✓	✓	✓		✓ <sup>2</sup>	✓ <sup>2</sup>	✓	✓	✓	✓	✓	✓	✓ <sup>2</sup>	✓	✓	✓	✓	✓	✓	✓	✓ <sup>2</sup>	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓ <sup>2</sup>	✓	✓	✓	✓ <sup>2</sup>	✓	✓	✓	✓	✓	✓	✓	✓	✓
Accident SafeGuard	✓	✓	✓	✓		✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓ <sup>3</sup>	✓	✓ <sup>3</sup>	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓ <sup>3</sup>	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Term Life SafeGuard	✓	✓	✓	✓		✓ <sup>4</sup>	✓	✓	✓ <sup>4</sup>	✓	✓	✓	✓	✓	✓	✓ <sup>3</sup>	✓	✓ <sup>3</sup>	✓	✓ <sup>3,4</sup>	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓ <sup>4</sup>	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Hospital SafeGuard	✓	✓	✓	✓		✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓ <sup>3</sup>	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓ <sup>3</sup>	✓	✓	✓	✓	✓

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**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)	✓	✓	✓	✓		✓			✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓

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<sup>1</sup>Vision rider benefit not available. <sup>2</sup>Limited product availability in this state; check product brochure for details. <sup>3</sup>Plan name varies in this state; check product brochure for details. <sup>4</sup>Critical Illness rider benefit not available.

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