SHORT TERM MEDICAL (STM)

	AK AL AR	AZ	CA CO	CT DC	DE	FL	GA HI	IA	ID II	LI	N KS	КҮ	LA	MA ME	ME	МІ	MN	MO	MS M	T NC	ND N	NE NH	NJ NI	1 NV	NY OI	ОК	C OR	PA	RI SO	SD	TN	тх ит	VA	VT V	VA WI	WV WI
Enhanced STM	\checkmark \checkmark	\checkmark			\checkmark	\checkmark	\checkmark	\checkmark	v	/ /	< ✓	\checkmark	\checkmark			\checkmark	\checkmark	\checkmark	√ √	 ✓ 	٧			\checkmark	\checkmark	\checkmark			√	 ✓ 	\checkmark	✓ ✓			\checkmark	\checkmark \checkmark
Max Term Length ¹ (in months)	2x12 12	2x12			<3 ²	2x12	2x12	2x12	6	² 2x	12 6	2x12	2x12			6 ²	6 ²	2x6	2x12 6	5 2x12	2 2x	(12		6 ²	12	2x1	.2		1:	L 2x6	12	x12 2x1	2		12	2x12 2x
Short Term Medical	\checkmark \checkmark	~			\checkmark	\checkmark	\checkmark		~	/ 🗸	< ✓	\checkmark	\checkmark			\checkmark		\checkmark	✓ v	 ✓ 	٧			✓				\checkmark	~	1	\checkmark	\checkmark	√ ³			 ✓ ✓
Max Term Length ¹ (in days unless noted)	360 360	184			< 3 ² mo.	360	360		18	0 ² 18	34 123	360	184		:	184 ²		6 mo.	360 18	34 360	36	60		184 ²				360	33	7	360	360	184	L		360 184
Network	СР СР	СР			С	С	СР	С	C	c c	С С	СР	С			С	СР	С	C C	Р СР	(С		С	CI	СР)	С	C	СР	С	C CP	СР		С	C C
Association Group (FACT) ⁴	• •	٠				•		•	•		•					•			•		•	•			•			٠			•	•	٠		•	•

Underwritten by Golden Rule Insurance Company (GRIC)

TRITERM MEDICAL (3-TERM MEDICAL)

	AK	AL	AR	AZ	СА	со	СТ	DC	DE	FL	GA	н	IA	ID	IL	IN KS	к кү	LA	MA	MD	ME	МІ	MN	мо	MS	S MT	NC	ND	NE	NH	NJ N	MN	ү он	ОК	OR	ΡΑ	RI	SC SD	TN	ΤХ	UT	VA	VT W	A W	vi wv	WY
TriTerm Medical		\checkmark	\checkmark	\checkmark						\checkmark	\checkmark		\checkmark			\checkmark	\checkmark	\checkmark	,					\checkmark	\checkmark	•	\checkmark		\checkmark					\checkmark				\checkmark	\checkmark	\checkmark	\checkmark				\checkmark	
TTM Hospital/Surgical		\checkmark	\checkmark	\checkmark						\checkmark	\checkmark						\checkmark	\checkmark	,					+	\checkmark		\checkmark		\checkmark					\checkmark				+	+	+						
Network		СР	СР	СР						C⁵	СР		С			С	СР	С						С	С		СР		С					СР				С	С	С	СР				С	
Association Group (FACT) ⁴		•	•	•						•			•			•									•				•										•	•					•	
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HOSPITAL & DOCTOR (FIXED INDEMNITY)

	AK	AL	AR	AZ	СА	со	СТ	DC	DE	FL	GA	н	IA	ID	IL	IN	KS	КҮ	LA	MA	MD	ME	МІ	MN	Μ
Health ProtectorGuard (MultiPlan network)																~									
Enhanced Health ProtectorGuard (UnitedHealthcare Choice Plus Network)	~	~	~	\checkmark		~			~	\checkmark	\checkmark	~	~		~			~	~		~	\checkmark	\checkmark	~	~
Guard/Guard Plus	+	\checkmark	\checkmark	\checkmark		+			\checkmark	\checkmark	\checkmark	+	\checkmark		\checkmark			\checkmark	\checkmark		+	+	\checkmark	\checkmark	~

ANCILLARY

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Enhanced Dental with Hearing & Vision Rider	✓	\checkmark	✓	\checkmark	\checkmark	\checkmark	\checkmark	\checkmark	\checkmark	~	\checkmark	\checkmark	\checkmark	\checkmark	\checkmark	\checkmark	\checkmark	~	\checkmark	\checkmark	~	\checkmark	✓ ⁶	~	\checkmark		\checkmark	\checkmark	✓	\checkmark	√ √		\checkmark	\checkmark	~	\checkmark	\checkmark	✓ ⁶	\checkmark	\checkmark	\checkmark	\checkmark	✓	✓	× ,	6	\checkmark	 ✓
Senior Dental with Hearing & Vision Rider (age 64+)	\checkmark	\checkmark	✓	\checkmark	\checkmark	\checkmark	\checkmark	\checkmark	\checkmark	~	\checkmark	\checkmark	\checkmark	\checkmark	\checkmark	\checkmark	\checkmark	✓	\checkmark	\checkmark	~	\checkmark	✓ ⁶	~	\checkmark		\checkmark	\checkmark	✓	\checkmark	√ v	< ·	\checkmark	\checkmark	\checkmark	\checkmark	\checkmark	✓ ⁶	\checkmark	\checkmark	\checkmark	\checkmark	✓	✓	√ ,	6	\checkmark	 ✓
Vision		\checkmark	\checkmark	\checkmark	\checkmark	\checkmark	\checkmark	\checkmark	\checkmark	\checkmark	\checkmark	\checkmark	\checkmark	\checkmark	\checkmark	\checkmark	\checkmark	\checkmark	\checkmark	\checkmark	\checkmark	\checkmark		\checkmark	\checkmark		\checkmark	\checkmark	\checkmark	\checkmark	\checkmark	•	\checkmark	\checkmark	\checkmark	\checkmark	\checkmark	\checkmark	\checkmark	\checkmark	\checkmark	\checkmark	\checkmark	\checkmark	√ ·	✓	\checkmark	\checkmark \checkmark
Critical Illness	\checkmark	\checkmark	\checkmark	\checkmark	\checkmark	\checkmark			\checkmark	\checkmark		\checkmark	\checkmark		\checkmark	\checkmark	\checkmark	\checkmark	\checkmark	\checkmark	\checkmark	\checkmark	\checkmark	\checkmark	\checkmark	\checkmark	\checkmark	\checkmark	\checkmark	\checkmark	V	/ .	\checkmark	\checkmark	\checkmark	\checkmark	\checkmark	\checkmark	\checkmark	\checkmark	\checkmark	\checkmark	\checkmark				\checkmark	\checkmark \checkmark
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Accident SafeGuard	\checkmark	\checkmark	\checkmark	\checkmark		\checkmark	\checkmark	\checkmark	\checkmark	\checkmark	\checkmark		\checkmark		\checkmark	\checkmark	√ ⁸	\checkmark	√ ⁸	\checkmark		\checkmark	\checkmark	\checkmark	\checkmark		\checkmark		\checkmark			1	\checkmark	\checkmark	\checkmark	\checkmark	√ ⁸		\checkmark	\checkmark	\checkmark	\checkmark		\checkmark			\checkmark	\checkmark
Term Life SafeGuard	\checkmark	\checkmark	\checkmark	\checkmark			√9	\checkmark	\checkmark	√9	√ √		\checkmark		\checkmark	\checkmark	√ ⁸	\checkmark	√ ⁸	✓ ^{8,9}	9	\checkmark	\checkmark	\checkmark	\checkmark		\checkmark		\checkmark			•	\checkmark	\checkmark	\checkmark		√9		\checkmark	\checkmark	\checkmark	\checkmark		\checkmark			\checkmark	\checkmark
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Underwritten by Golden Rule Insurance Company (GRIC)

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HealthiestYou by Teladoc [®] not a UHC product)	~	√	✓	~		/		~	\checkmark	√	~	√ v	∕ √		/ /	∕ √	· .	/	\checkmark	~	\checkmark	\checkmark	\checkmark	√ .	/ /	\checkmark	\checkmark			`		\checkmark	~	~	~	√ ·	/ .	/ •	/ /	/ /	~			/ ,	r .
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Copay Plans¹⁰

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
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- **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 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 is 4 months. 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 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). ⁵ Choice Plus Network for (FL) TriTerm Medical Value and Hospital & Surgical 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.

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UnitedHealthcare[®] Golden Rule Insurance Co.

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 \checkmark \checkmark ✓ ✓ ✓ ✓ **✓ →** ✓ **→** ✓ \checkmark \checkmark \checkmark \checkmark \checkmark \checkmark $\checkmark \checkmark \checkmark \checkmark \checkmark \checkmark \checkmark \checkmark \checkmark$ \checkmark \checkmark \checkmark \checkmark \checkmark \checkmark \checkmark

Underwritten by Golden Rule Insurance Company (GRIC)

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HOSPITAL & DOCTOR (FIXED INDEMNITY)

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UnitedHealthcare[.] Golden Rule Insurance Co.

SHORT TERM MEDICAL (STM)

	AK	AL A	R A	z	са со	СТ	DC	DE	FL	GA	н	IA	ID I	L	IN	KS	КҮ	LA	MA	MD	ME	MI N	٨N	мо	MS	MT	NC	ND	NE	NH	NJ NI	M N	N N	IY OI	H OF	(OR	R PA	RI	SC	SD	ΤN	ТΧ	UT	VA	νт	WA	WI	WV	WY
Enhanced STM		√ v	< v	/				\checkmark	\checkmark	\checkmark		\checkmark	'n	/	\checkmark	\checkmark	\checkmark	\checkmark				√	~	\checkmark	\checkmark	\checkmark	\checkmark		✓			•		~	< ✓	*			\checkmark	\checkmark	\checkmark	\checkmark	\checkmark				\checkmark	\checkmark	\checkmark
Max Term Length ¹ (in months)	2	x12 1	2 2x	12				<3 ²	2x122	2x12	2	2x12	6	2	2x12	6	2x12	2x12				6 ² (5 ²	2x6	2x12	6	2x12	2	x12			6	5 ²	17	2 2x1	L 2			11	2x6	12	2x12	2x12	2			12 ²	2x12	2x6
Short Term Medical		√ v	< •	/				\checkmark	\checkmark	\checkmark			۲	/	\checkmark	\checkmark	\checkmark	\checkmark				\checkmark		\checkmark	\checkmark	\checkmark	\checkmark		✓			•					\checkmark		\checkmark		\checkmark	\checkmark		√3				\checkmark	\checkmark
Max Term Length ¹ (in days unless noted)	3	360 36	50 18	84				< 3 ² mo.	360	360			18	0 ²	184	123	360	184			1	84 ²		6 mo.	360	184	360		360			18	34 ²				360)	337		360	360		184				360	184
Network		CP C	P C	P				С	С	СР		С	(С	С	С	СР	С				C (СР	С	С	СР	СР		С			(С	C	P CF	2	С		С	СР	С	С	СР	СР			С	С	С
Association Group (FACT) ⁴		•		•					•			•		Ð	•							•			٠				•					•	•		•				٠	•		•			•	٠	

Underwritten by Golden Rule Insurance Company (GRIC)

TRITERM MEDICAL (3-TERM MEDICAL)

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TriTerm Medical		\checkmark	\checkmark	\checkmark						\checkmark	\checkmark		\checkmark		1	/	\checkmark	\checkmark						\checkmark	\checkmark		\checkmark	V							\checkmark			\checkmark		\checkmark	\checkmark	\checkmark				•	\checkmark
TTM Hospital/Surgical		\checkmark	\checkmark	~						\checkmark	\checkmark						\checkmark	~						+	\checkmark		\checkmark	V	/						\checkmark			+	•	+	+						
Network		СР	СР	СР						C ⁶	СР		С		(2	СР	С						С	С		СР	C	2						СР			С		С	С	СР					С
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UnitedHealthcare Golden Rule Insurance Co.

	AK	AL	AR	AZ	CA	со	СТ	DC	DE	FL	GA	HI	IA	ID	IL	IN	KS	КҮ	LA M	A MD	ME	МІ	MN	мо	MS	MT	NC	ND	NE	NH	NJ I	NM	NV	NY C	он с	ок с	DR I	PA	RI	SC	SD	TN	ТΧ	UT	VA	VT	WA	WI	wv	W
Enhanced Dental with Hearing & Vision Rider	\checkmark	\checkmark	\checkmark	~	\checkmark	\checkmark	\checkmark	\checkmark	\checkmark	√	\checkmark	✓	\checkmark	\checkmark	\checkmark	~	\checkmark	\checkmark	\checkmark	\checkmark	√	\checkmark	\checkmark^1	\checkmark	\checkmark		\checkmark	\checkmark	✓	\checkmark	\checkmark	\checkmark	\checkmark	1	< n	/ .		× ,	1	\checkmark	✓	\checkmark	\checkmark	✓	\checkmark	\checkmark	\checkmark^1	\checkmark	\checkmark	v
Senior Dental with Hearing & Vision Rider (age 64+)	~	~	~	~	1	~	~	1	√	1	√	✓	✓	√	√	~	√	~	~	~	~	~	\checkmark^1	\checkmark	√		~	√	~	√	√	✓	√	1	/ `	/ .		× ,	✓1	√	~	√	✓	✓	√	√	\checkmark^1	~	~	V
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¹Vision rider benefit not available. ²Limited product availability in this state; check product brochure for details. ³Plan name varies in this state; check product brochure for details. ⁴Critical Illness rider benefit not available.

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Short Term Medical, TriTerm Medical, Fixed Indemnity, and Ancillary products are available to market year-round and are not affected by Open Enrollment time frames. Not For Consumer Use | Current as of March 21, 2021

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