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



SHORT TERM MEDICAL (STM)													All I la	ns Avallable	, rear-n	louria														<i>y</i> <b>u</b> o.uo	sir ruic ir.	nsurance Co.	
	AK AL	AR	AZ CA	CO CT DC	DE	FL	GA	н	IA	ID IL	IN	KS KY	LA	MA MD	ME M	AI MN	МО	MS N	IT NC N	ND NE	NH NJ NI	/ NV NY	ОН	ОК	OR PA	RI	SC	SD	TN	тх	UT	VA VT WA	wi w
w Short Term Medical	✓	✓	<b>√</b>			✓	✓		✓	✓	✓	✓	✓		<b>✓</b>	/	✓	√ v	<b>✓</b>	✓		✓	✓	✓			✓			✓	✓		✓
x Term Length <sup>1</sup> 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	2	2x6	2x12	6 2x12	2x12 <sup>2</sup>		6 <sup>2</sup>	12 <sup>2</sup>	2x12 <sup>2</sup>			11			2x12 2	2x12		12 <sup>2</sup>
nanced STM					✓							✓				✓												✓	✓				✓
x Term Length <sup>1</sup> months)					<3 <sup>2</sup>							6				6 <sup>2</sup>												2x6	12				2x
ort Term Medical					✓							✓													✓				✓			✓³	✓
ax Term Length <sup>1</sup> days unless noted)					<3 <sup>2</sup> mo.							123													36	0			360			92 <sup>2</sup>	36
twork	СР	СР	СР		С	С	СР		С	СР	С	С СР	С		С	С СР	С	СС	Р СР	С		С	СР	СР	С		С	СР	С	С	СР	СР	C C
ociation Group (FACT)⁴	•	•	•			•			•	•	•				•			•		•			•		•				•	•		•	•
ITERM MEDICAL (3-TERM MED	ICAL)											Underw	ritten by	Golden Rule In	nsurance (	Company	(GRIC)																
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Term Medical	<b>√</b>	<b>✓</b>	<b>√</b>			<b>1</b>	✓ ✓		√3		<b>√</b>	✓ ✓	✓ ✓				<b>✓</b>		√ √	✓ ✓				<b>√</b>			√ √		<b>✓</b>	<b>√</b>			<b>~</b>
1 Hospital/Surgical work	СР		СР			Ç <sup>5</sup>	CP		С			СР					C		СР	· ·				СР			· ·		C				(
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ociation Group (FACT) <sup>4</sup>	•	•	•			•			•		•	Ur	nderwritten	by Golden Rule Ins	surance Com	npany (GRIC)		•		•									•	•			
SPITAL & DOCTOR (FIXED IN																																	
lth ProtectorGuard ltiPlan network)	AK AL	AR	AZ CA  √3	CO CT DC	DE	FL	GA	Н	IA	ID IL	IN	KS KY	LA	MA MD	ME M	AI MN	МО	MS M	IT NC N	ND NE	NH NJ NI	A NV NY	ОН	OK	OR PA	RI	SC	SD	TN	TX	UT	VA VT WA	WI W
nced Health ProtectorGuard edHealthcare Choice Plus Network)	✓ ✓	✓	<b>✓</b>	✓	✓	<b>✓</b>	✓	<b>✓</b>	✓	✓	<b>✓</b>	✓	<b>✓</b>	✓	<b>✓</b> ✓	/ /	✓	✓	<b>✓</b>	<b>√</b>		<b>✓</b>	✓	<b>✓</b>	✓	<b>✓</b>	✓		<b>✓</b>	<b>√</b>	✓	✓	<b>✓</b> ✓
ard/Guard Plus	✓ ✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	<b>✓</b> ✓	/ /	✓	✓	✓	✓		<b>✓</b>	✓	✓	✓	✓	✓		✓	✓	✓	✓	✓ ✓
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anced Dental with Hearing & Vision er			AZ CA ✓		√	<b>✓</b>	<b>√</b>	<b>√</b>	√	√ √	√	√ √	✓	WIA WID	√ √	√ √ <sup>6</sup>	√	VIS IV	√ v	√ √	√ √ √	√	<b>√</b>	<b>√</b>	√ √	<b>√</b> 6	<b>√</b>	<b>√</b>	✓	√	<b>√</b>	√ √ √ <sup>6</sup>	✓ v
ior Dental with Hearing & Vision Rider e 64+)	✓ ✓	✓	✓ ✓	<b>✓ ✓ ✓</b>	✓	✓	✓	✓	✓	✓ ✓	✓	✓ ✓	✓	✓	<b>✓</b> ✓	<b>✓ ✓</b> <sup>6</sup>	✓	✓	✓ v	✓	✓ ✓ ✓	· 🗸	✓	✓	<b>✓ ✓</b>	<b>√</b> <sup>6</sup>	✓	✓	✓	✓	✓	<b>√</b> ✓ <b>√</b> <sup>6</sup>	✓ v
on	✓	✓	✓ ✓	<b>✓ ✓ ✓</b>	✓	✓	✓	✓	✓	✓ ✓	✓	✓ ✓	✓	✓	<b>✓</b> ✓	/	✓	✓	√ v	✓ ✓	<b>✓</b> ✓	✓	✓	✓	✓ ✓	✓	✓	✓	✓	✓	✓	<b>✓ ✓ ✓</b>	✓ ,
ical Illness	✓ ✓	✓	✓ ✓	✓	✓	✓		✓	✓	✓	✓	✓ ✓	✓	✓	<b>✓</b> ✓	/ /	✓	✓ v	/ / v	<b>✓ ✓</b>	✓ v	· 🗸	✓	✓	✓ ✓	✓	✓	✓	✓	✓	✓		<b>✓</b> ✓
cident Pro Series	✓ ✓	✓	✓ ✓	√ <sup>7</sup> √ <sup>7</sup> √	✓	✓	✓	✓	✓	<b>√</b> <sup>7</sup> <b>√</b>	✓	✓	✓	✓	<b>✓</b> ✓	√ <sup>7</sup> ✓	✓	✓ v	/ /	✓		✓	✓	✓	<b>✓</b> ✓	7	✓	✓	<b>√</b> <sup>7</sup>	✓	✓	<b>√</b> <sup>7</sup>	<b>✓</b> ✓
ident SafeGuard	✓ ✓	✓	✓	✓ ✓ ✓¹¹¹	✓	✓	✓		✓	✓	<b>√</b> <sup>11</sup>	√3 √	√3	✓¹¹1	<b>✓</b>	/ /	✓	✓	✓	✓		✓	<b>√</b> <sup>11</sup>	✓	✓ <sup>11</sup> ✓	3	✓	✓	✓	✓		✓	✓ ✓
cident SafeGuard Premier																																	
m Life SafeGuard	✓ ✓	✓	✓	√9 ✓	✓	√9	✓		✓	✓	✓	<b>√</b> <sup>8</sup> ✓	<b>√</b> 8	✓8,9	✓	/ /	✓	✓	✓	✓		✓	✓	✓	✓!	9	✓	<b>✓</b>	<b>✓</b>	✓		✓	<b>✓</b> ✓
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spital SafeGuard GI	<b>*</b> ✓	✓	✓		+	✓	✓	✓	✓	✓	+	✓	✓	+	<b>✓</b> ✓	/ +	+	✓	✓	+		+	<b>+</b>	✓	<b>+</b>	✓	<b>+</b>		<b>+</b>		<b>+</b>		✓ ✓
pital Guard GI	<b>*</b> ✓	✓	✓		+	<b>✓</b>	✓	✓	✓	✓	+	✓	✓	+	<b>✓</b> ✓	/ +	<b>+</b>	✓	✓	+		+	+	✓	<b>*</b>	<b>√</b>	+		+		<b>+</b>		<b>✓</b>
PPLEMENTAL NON-INSURAN	CE PRODUCT	тs										Ur	nderwritten	by Golden Rule Ins	surance Com	mpany (GRIC)																	
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IthiestYou by Teladoc® a UHC product)	✓ ✓	✓	✓	✓	✓	✓	✓	✓	✓	✓ ✓	✓	✓ ✓	✓	✓	<b>✓</b> ✓	/ /	✓	<b>√</b> ∨	<b>✓</b> ✓ ,	<b>✓</b> ✓		<b>✓</b>	✓	✓	<b>✓</b> ✓	✓	✓	✓	<b>✓</b>	✓	✓	✓	<b>✓</b> ✓
w Benefits® ot a UHC product)	✓ ✓	✓	<b>✓ ✓</b>	<b>✓ ✓ ✓</b>	✓	✓	✓	✓		✓ ✓	✓	<b>✓</b> ✓	✓	✓ ✓	<b>✓</b> ✓	/ /	✓	✓ v	/	<b>✓</b> ✓	✓ ✓ <b>∨</b>	· 🗸	✓	✓	<b>✓</b> ✓	✓	✓	<b>✓</b>	<b>✓</b>	✓	✓	✓	<b>✓</b> ✓
CA OFF EXCHANGE (not availa	ble on E-stor	re)																															
pay Plans <sup>10</sup>	AK AL	AR	AZ CA	CO CT DC	DE	FL	GA	Н	IA	ID IL	IN	кѕ кү	LA	MA MD	ME M	/II MN	МО	MS N	IT NC N	ND NE	NH NJ NI	A NV NY	ОН	ОК	OR PA	RI	SC	SD	TN	TX	UT	VA VT WA	wi w
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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

<sup>1</sup>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; (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 180 days; must have 61 days between plans; (IN) Coverage not to exceed 180 days; must have 61 days between plans; (IN) Coverage not to exceed 180 days; must have 61 days between plans; (IN) Coverage not to exceed 180 days; must have 61 days between plans; (IN) Coverage not to exceed 180 days; must have 61 days between plans; (IN) Coverage not to exceed 180 days; must have 61 days between plans; (IN) Coverage not to exceed 180 days; must have 61 days between plans; (IN) Coverage not to exceed 180 days; must have 61 days between plans; (IN) Coverage not to exceed 180 days; must have 61 days between plans; (IN) Coverage not to exceed 180 days; must have 61 days between plans; (IN) Coverage not to exceed 180 days; must have 61 days between plans; (IN) Coverage not to exceed 180 days; must have 61 days between plans; (IN) Coverage not to exceed 180 days; must have 61 days between plans; (IN) Coverage not to exceed 180 days; must have 61 days between plans; must have 61 days between plans; (IN) Coverage not to exceed 180 days; must have 61 days between plans; must have 61 days Minimum term length is 4 months and consecutive policies cannot exceed 365 days of total coverage in a 555 day period; (NE) Coverage not to exceed 364 days; (NV) no more than 185 days of coverage in any 365 day period; (NE) Coverage not to exceed 364 days; (NV) no more than 185 days of coverage not to exceed 364 days; (NV) no more than 185 day 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 available in this state; check product brochure for details. <sup>8</sup> Plan name varies in this state; check product brochure for 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. <sup>11.</sup> Approved effective January 1, 2022.

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