UnitedHealthcare Individual Product Availability on eStore All Plans Available Year-Round



New Short Term Medical	VT WA WI WV
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** 12 12 12 12 12 12 12 12 12 12 12 12 12	12 ²
√	4
Aux Term Length ¹ 6	12
in months) Note Term Medical ✓ ✓ ✓	
Max Term Length ¹ (in days unless noted) 360 92 ²	
setwork	СС
ssociation Group (FACT) ⁶	
Underwritten by Golden Rule Insurance Company (GRIC) TRITERM MEDICAL (3-TERM MEDICAL)	
	VT WA WI WV
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TRIM Hospital/Surgical V V V V V V V V V V V V V V V V V V V	С
Association Group [ACT]	•
Underwritten by Golden Rule Insurance Company (GRIC)	
HOSPITAL & DOCTOR (FIXED INDEMNITY)	
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fealth ProtectorGuard MultiPlan network)	
inhanced Health Protector/Guard J J J J J J J J J J J J J J J J J J J	* *
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Underwritten by Golden Rule Insurance Company (GRIC) ANCILLARY	
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Accident Pro Series	1 1
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AdvantageGuard	4 4
TOUR CONTROL C	
	4 4
Underwritten by Golden Rule Insurance Company (GRIC)	4 4
SUPPLEMENTAL NON-INSURANCE PRODUCTS	
AK AL AR AZ CA CO CT DC DE FL GA HI IA ID IL BN 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 HealthiestYou by Teladoc* (not a UKC product)	VT WA WI WV
New Benefits** A	* *
ACA OFF EXCHANGE (not available on E-store)	
	VT WA WI WV

ACA Off Exchange Copay Plans underwritten by Oxford Health Insurance, Inc. (OHI)

1

- + = New product/plan option. Please check eStore (www.UHOne.com/broker) for product availability by state and ZIP Code.
- ✓ = Existing product available in state

Copay Plans¹⁰

- Requirements that correspond to product within a state
- C = UnitedHealthcare Choice Network
- CP = UnitedHealthcare Choice Plus Network

1 Term length is minimum 1 month (20 days) to maximum 12 months (less one day) except where otherwise notes.² (A) Minimum term length is 3 months; (II) Not to exceed 364 days; (IV) no more than 185 days of coverage not to exceed 364 days; (IV) no more than 185 days of coverage not to exceed 364 days; (IV) no more than 185 days of coverage not to exceed 364 days; (IV) no more than 185 days of coverage not to exceed 364 days; (IV) no more than 185 days of coverage not to exceed 364 days; (IV) no more than 185 days of coverage in any 365 day period; (IV) no more than 185 days of coverage not to exceed 364 days; (IV) no more than 185 days of coverage not