

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



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		
New Short Term Medical		✓	✓	✓						✓	✓		✓		✓	✓	✓	✓	✓	✓	✓		✓		✓	✓	✓	✓	✓	✓						✓		✓		✓		✓	✓	✓			✓	✓	✓				
Max Term Length ¹ (in months)		12	12	12						12	12		12 ^{2,3}	6 ²	12 ²	12		12	12 ²				6 ²		2x6	12	6	12	12 ²						6 ²	12 ²	12 ²					11									12 ²	2x6	
Enhanced STM								✓				✓			✓								✓																✓											✓			
Max Term Length ¹ (in months)								<3 ²								6							6 ²																														12
Short Term Medical								✓				✓																															✓ ³					✓ ³					
Max Term Length ¹ (in days unless noted)								<3 ² mo.								123																																			92 ²	360	
Network		CP	CP	CP				C	C	CP	C	CP	C	C	CP	C			C	CP	C	C	CP	CP	C										C	CP	CP	C	C	CP	C	C	CP	CP	C	C	CP	CP	C	C	C	C	
Association Group (FACT) ⁴		•	•	•				•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•

Underwritten by Golden Rule Insurance Company (GRIC)

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		✓	✓	✓						✓	✓		✓ ³		✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓						✓		✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
TMM Hospital/Surgical		✓	✓	✓						✓	✓		✓		✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓								✓		✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	
Network		CP	CP	CP					C ⁵	CP	C	CP	C	C	CP	C			C	C	CP	CP	C			C	C	CP	C								CP	CP	C	C	CP	C	C	CP	CP	C	C	CP	CP	C	C	C	C		
Association Group (FACT) ⁴		•	•	•					•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•	•

Underwritten by Golden Rule Insurance Company (GRIC)

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 Protector/Guard (MultiPlan network)				✓ ³																																				✓																
Enhanced Health Protector/Guard (UnitedHealthcare Choice Plus Network)	✓	✓	✓	✓	✓	✓			✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓		
Guard/Guard Plus	✓	✓	✓	✓	✓	✓			✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓

Underwritten by Golden Rule Insurance Company (GRIC)

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	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	
Senior Dental with Hearing & Vision Rider (age 64+)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	
Vision	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	
Critical Illness	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	
Accident Pro Series	✓	✓	✓	✓	✓	✓ ⁷	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	
Accident SafeGuard	✓	✓	✓	✓	✓	✓	✓ ¹¹	✓	✓	✓	✓	✓	✓	✓	✓ ¹¹	✓ ¹¹	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	
Accident SafeGuard Premier	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	
Term Life SafeGuard	✓	✓	✓	✓	✓	✓	✓ ⁹	✓	✓	✓ ⁹	✓	✓	✓	✓	✓	✓ ⁹	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	
Hospital SafeGuard	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	
Hospital SafeGuard GI	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	
Hospital Guard GI	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓

Underwritten by Golden Rule Insurance Company (GRIC)

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 ⁸ (not a UHC product)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	
New Essential ⁹ (not a UHC product)	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓

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	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					
Copy Plans ¹⁰																																				✓																				

ACA Off Exchange Copy 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

¹ Term length is minimum 1 month (30 days) to maximum 12 months (less one day) except where otherwise noted. 2x6 indicates that plans may be sold as consecutive 6-month maximum term length plans. ² (DE) Limited to one short term policy in 365 days; (IA) Minimum term length is 3 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; (MI) Limited to 6 months total coverage in a 12 month time frame; (MN) 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