

UnitedHealthcare PPO Short Term Plans (Up to 360 days)

These individual plans are very good coverage for new medical conditions and accidents that begin after the policy start date

These Plans Do Not Cover Pre-Existing Conditions and are not appropriate for clients with recent or ongoing medical conditions. UHC PPO Short Term plans Do Not cover Pregnancy or Preventative Care.

UHC Plans require passing a simplified medical history questionnaire, see below.

Rates are 50% - 60% less than ACA/Obamacare compliant plans.

Plans Provide Access to UnitedHealthcare's Broad Choice + PPO Network in Georgia & Nationally

To request a personalized UHC quote via email please see below

Deductible	\$5,000 *		\$12,500 *	
Out of Pocket Max	Deductible of \$5,000		Deductible of \$12,500	
Co-Insurance	100% after Deductible		100% after Deductible	
Maximum Benefit	\$2 Million		\$2 Million	
Urgent Care Copay	\$75		\$75	
AGE	MALE	FEMALE	MALE	FEMALE
25	\$170	\$176	\$103	\$107
30	\$182	\$205	\$110	\$124
35	\$210	\$247	\$127	\$150
40	\$253	\$292	\$154	\$177
45	\$314	\$338	\$190	\$205
50	\$388	\$388	\$235	\$235
55	\$474	\$450	\$287	\$273
60	\$581	\$508	\$352	\$308
63	\$581	\$508	\$352	\$308

*Benefits shown are for In-Network Providers. This is a brief summary, please refer to the summary of benefits for a complete description including limitations and exclusions before applying.

Rates shown are for Atlanta metro area and are subject to change.

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No benefits are payable for pre-existing condition expenses.

Pre-existing condition definition – A condition: (1) for which medical advice, diagnosis, care, or treatment was recommended or received within the 24 months immediately preceding the date the covered person became insured under the policy; (2) that had manifested itself in such a manner that would have caused an ordinarily prudent person to seek medical advice, diagnosis, care, or treatment with the 12 months immediately preceding the date the covered person became insured under the policy; or (3) a pregnancy existing on the effective date of coverage will also be considered a pre-existing condition.

UnitedHealthcare Required Underwriting Questions

If a person answers YES to any of the following questions, coverage will be declined.

General Information

- During the past 5 years, has any applicant been declined for insurance due to health reasons?
- Has any applicant lived in the 50 states of the USA or the District of Columbia for less than the past 12 months?

Medical History Information

- Is any applicant currently pregnant, an expectant parent, in the process of adopting a child, or undergoing infertility treatment?
- Within the last 5 years, has any applicant received medical or surgical consultation, advice, or treatment, including medication, for **any of the following**: blood disorders, liver disorders, kidney disorders, chronic obstructive pulmonary disorder (COPD) or emphysema, diabetes, cancer, multiple sclerosis, heart or circulatory system disorders (excluding high blood pressure), Crohn's disease or ulcerative colitis, or alcohol or drug abuse or immune system disorders?
- During the past 12 months, has any applicant been advised to undergo any test (except for HIV test), treatment, hospitalization, or surgery which has not yet been completed or for which results have not yet been received?
- Within the last 5 years, has any applicant received treatment, advice, medication, or surgical consultation for HIV infection from a doctor or other licensed clinical professional, or had a positive test for HIV infection performed by a doctor or other licensed clinical professional?

Other Coverage Information

- Does any applicant now have, or is any applicant currently applying for, other hospital or medical expense insurance that **will not** terminate prior to the requested effective date? (Other hospital or medical expense insurance does not include fixed indemnity insurance.)

UnitedHealthcare Short Term PPO Plans

To Request a Personalized UHC Quote via email, please email the following information to:

Info@HealthPlanStore.com

1. I have read the UnitedHealthcare underwriting Questions above and believe that every family member applying for coverage will be able to answer NO to each of the questions. Please call our office with any questions.
2. I have read the Pre-existing conditions definition and I am OK with this exclusion.
3. I understand the plan does not cover Pregnancy, Preventative Care or Pre-Existing conditions.

Only proceed if you are able to answer Yes to the three questions above.

4. Please provide the follow information for all family members to be insured:
 - a. Primary residence zip code, county and phone number
 - b. Names
 - c. Gender
 - d. Dates of birth
 - e. Tobacco user Y or N
 - f. Height and weight