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Health Plan Options

Compare up to four plans side by side to help determine which plan provides the best value. Choose from optional benefits that can increase coverage or help lower premium, as well as select Additional Plans to help round out your coverage.

Health Plans	Short Term	Dental
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[2013 Plan Benefits, Exclusions, Limitations](#) [2013 View doctors in network](#)

[2014 Plan Benefits, Exclusions, Limitations](#) [2014 View doctors in Navigate Plus network](#)

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Plan	Copay Select SM	Silver Copay Select SM 1
Apply	Apply	Apply
Description	A comprehensive plan with a \$35 copay for doctor office visits.	Features a set copay for basic doctor visits and prescriptions.
Estimated Monthly Premium	\$533.41	\$1,599.14
Underwriter	Golden Rule Insurance Company is the underwriter.	UnitedHealthcare Life Insurance Company is the underwriter.
Valid Effective Dates	Effective dates available through 12/31/2013	Effective dates available beginning on 01/01/2014
Deductible	\$5,000 <input type="button" value="v"/>	\$5,000
Coinsurance	80/20 <input type="button" value="v"/>	80/20
Coinsurance Out-of-Pocket Maximum	\$3,000 <input type="button" value="v"/>	See brochure for details
Standard Benefits		
Maximum Family Deductible per Calendar Year	Two	Deductible applies for each family member
Coinsurance Out-of-Pocket Maximum (per calendar year, after deductible)	Per person	per family
Physician Care Benefits (Illness and Injury)		
Office Visit - History & Exam (primary care or specialist)	\$35 copay - no deductible <i>If you are purchasing Copay SelectSM Value, Copay SelectSM Saver, Copay SelectSM Premier or Copay SelectSM Complete, see "Options" below for specific benefit details.</i>	Primary Care Physician: \$35 Copay - no deductible Specialist: \$60 Copay - no deductible
Primary Care Physician/Specialist Referrals Required	No	Yes - You select a network Primary Care Physician (PCP) to manage your care
Urgent Care Center	You pay: chosen coinsurance after deductible	You pay: 20% after deductible
Prescription Drug Benefits		
Prescription Drugs	Tier 1 - \$15 copay, no deductible. Tier 2-4 combined \$500 deductible per person, per calendar year, then: Tier 2 - \$35 copay. Tier 3 - \$65 copay. Tier 4 - you pay 25% coinsurance. <i>If you purchase name-brand when generic is available, you pay your generic copay plus the additional cost above the generic price.</i> <i>If you are purchasing Copay SelectSM Value, Copay SelectSM Saver, Copay SelectSM Premier or Copay SelectSM Complete, see "Options" below for specific benefit details.</i>	Tier 1 - \$15 copay Tier 2-4 - combined \$500 deductible per person, per calendar year, then: Tier 2 - \$40 copay Tier 3 - \$80 copay Tier 4 - you pay 25% coinsurance <i>If you purchase a name-brand prescription when generic is available, you pay your generic copay plus the additional cost above the generic price. Generic drugs may reside in any tier. The deductible does not apply to Tier 1 drugs.</i> <i>For Specialty Drugs, no tier copays. Plan deductible and coinsurance apply.</i>

(See Plan Benefits)	Considerations and copayments when services are provided by a network provider. See brochure for details	
Outpatient Expense Benefits		
X-ray & lab (performed in the doctor office or a network facility)	You pay: chosen coinsurance after deductible	You pay: 20% after deductible
Facility/Hospital for Outpatient Surgery	You pay: chosen coinsurance after deductible	You pay: 20% after deductible
Surgeon, Assistant Surgeon, & Facility Fees	You pay: chosen coinsurance after deductible	You pay: 20% after deductible
Hemodialysis, Radiation, Chemotherapy, Organ Transplant Drugs, & CAT Scans, MRIs	You pay: chosen coinsurance after deductible	You pay: 20% after deductible
Emergency Room Fees - Illness	You pay: chosen coinsurance after deductible (additional \$100 deductible if not admitted)	You pay: 20% after deductible (additional \$250 ER deductible if not admitted)
Emergency Room Fees - Injury	You pay: chosen coinsurance after deductible	You pay: 20% after deductible
Spine & Back Disorders	You pay: chosen coinsurance after deductible (limited benefit)	You pay: 20% after deductible (limited benefit)
Other Outpatient Expenses	You pay: chosen coinsurance after deductible	You pay: 20% after deductible
Inpatient Expense Benefits		
Room & Board, Intensive Care Unit, Operating Room, Recovery Room, Prescription Drugs, Physician Visit, & Professional Fees of Doctors, Surgeons, Nurses	You pay: chosen coinsurance after deductible	You pay: 20% after deductible
Other Inpatient Services	You pay: chosen coinsurance after deductible	You pay: 20% after deductible
Pregnancy/Maternity Care		
Prenatal Care (See Plan Benefits)	Not covered	You pay: No charge 100% covered in network
Delivery, Inpatient Services and Postnatal Care	Not covered	You pay: 20% after deductible
Mental and Nervous Disorders (including substance abuse)		
Outpatient and Inpatient Services	See Plan Benefits for details	You pay: 20% after deductible
Options		
<u>Prescription Drug</u>	\$500 Deductible (\$0.00) ▼	See brochure for details
<u>Office Visits</u>	Unlimited - \$35 Copay (\$0.00) ▼	See brochure for details
<u>Supplemental Accident Benefit</u>	None (\$0.00) ▼	
<u>Primary Term Life Benefit</u>	None (\$0.00) ▼	Not Available
<u>Spouse Term Life Benefit</u>	None (\$0.00) ▼	Not Available
<u>Primary Accidental Death Benefit</u>	None (\$0.00) ▼	
<u>Spouse Accidental Death Benefit</u>	None (\$0.00) ▼	
<u>Vision Benefit</u>	None (\$0.00) ▼	
Estimated Monthly Premium	\$533.41	\$1,599.14
Additional Plans		
Dental  <u>Plan Benefits, Exclusions, Limitations</u>	None ▼	None ▼
Short Term  <u>Plan Benefits, Exclusions, Limitations</u>	None ▼	N/A
Deductible	N/A	N/A
Months of Coverage	N/A	N/A

Estimated Monthly Payment For All Plans	\$533.41	\$1,599.14
Apply	Apply	Apply

For plans with 2013 effective dates:

This screen is intended only as general information. It presents only a brief overview of some of the standard in-network benefits of the plan(s) shown. Optional benefits may be available for additional premium.

Before you apply, please use the link(s) provided to download and review the product information for a more complete explanation of benefits, exclusions (including any that may apply to preexisting conditions), limitations, terms under which the plan(s) may not be renewed or benefits may be reduced, and any state variations applicable to any of these items.

You must meet our eligibility requirements in order to become insured, which may include medical underwriting. There is no coverage until we inform you in writing that your application has been processed and approved.

To be considered for reimbursement, expenses must qualify as "covered expenses" under the policy, and are also subject to all other policy provisions, such as reasonable and customary or eligible expense limits, or whether or not they were medically necessary.

Estimated Premium shown is based on the information you provided, and is subject to change based on the plan you select, optional benefits you select (if any), and other factors. We shall exclusively determine the premium actually required, and the effective date of any coverage issued.

In several states, these plans are available only to members of the Federation of American Consumers and Travelers (FACT), an independent consumer organization. If you are not already a member of FACT, you must join in order to be eligible for these plans. Through a special agreement between FACT and Golden Rule, you can enroll in the association through Golden Rule. You will fill out the FACT enrollment form on this website prior to making application to Golden Rule for health insurance. For more information on the benefits of FACT membership, visit www.usafact.org/ (no need to enroll directly - Golden Rule will submit your dues to FACT). Estimated Premium does not include the mandatory monthly dues for FACT membership. FACT membership is not required in every state. Please see the product information for details.

For plans with 2014 effective dates:

This screen is intended only as general information. It presents only a brief overview of some of the standard benefits of the plan(s) shown. Before you apply, please use the link(s) provided to download and review the product information for a more complete explanation of benefits, exclusions, limitations, terms under which the plan(s) may not be renewed or benefits may be reduced, and any state variations applicable to any of these items.

You must select a Primary Care Physician (PCP) within our network and your state of residence. Your PCP refers you to specialists when additional care is needed (no referral needed for a network obstetrician or gynecologist). Important note: If you use a specialist without a referral from a PCP, your network benefits will be reduced. If you do not select a PCP, you will be assigned one to manage your care.

This insurance coverage is not designed or marketed as employer-provided insurance. It does not comply with your state's small-employer group health insurance laws. These plans cannot be used, now or in the future, by you or an employer to provide insurance for employees.

Estimated Premium shown is based on the information you provided, and is subject to change based on the plan you select, and other factors. Optional benefits may be available for additional premium, and may require underwriting. We shall exclusively determine the premium actually required, and the effective date of any coverage issued. To be considered for reimbursement, expenses must qualify as covered expenses and are subject to eligible expense limits unless you use a network provider.

These health insurance plans are issued as association group plans and available only to members of FACT, the Federation of American Consumers and Travelers, www.usafact.org. Estimated Premium does not include the mandatory monthly dues for FACT membership.

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[UnitedHealthcare Life Insurance Company](#) is the underwriter for the ACA guarantee issue health plans with 2014 effective dates.