


# Shopping Cart

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| Notes | ▼ |
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2 Item(s) in your cart


Premier Plus Dental ⊗ **\$81.89** ▼  
Estimated Monthly Premium

**Golden Rule Insurance Company**

 Brochure: Plan Benefits, Exclusions, Limitations  
 (<https://www.uhone.com/api/suppliesystem/?FileName=45586-G202003.pdf>)  
 See Plan Details ()

Vision - Plan A ⊗ **\$17.00** ▼  
Estimated Monthly Premium

**Golden Rule Insurance Company**

 Brochure: Plan Benefits, Exclusions, Limitations  
 (<https://www.uhone.com/api/suppliesystem/?FileName=44276C1-G202006.pdf>)  
 See Plan Details ()

### Estimated Initial Payment For All Plans

**\$98.89**

Requested Effective Date

08/14/2020

[Start Broker Assisted App](#)

[Send Cart to Prospect](#)

### Expand Your Coverage

**HealthiestYou by Teladoc®**  
**Teladoc**  
 \$20.00/month