

COMPASS

INSURANCE ADVISORS

Lisa Lewis - Benefit Package

Lewis, Lisa Client Family	Carrier
Select Value - Expanded Bronze 7800 PCP Copay - 1 UC	Select Health - Value
Dental - Selected	Surebridge
Total Monthly Premium	\$170.51

Health Requested Effective Date 1/1/2020
 Supplement Requested Effective Date 1/1/2020
 Estimated Initial Draft: 11/18/2019

Monthly Premium	
Select Health - Value.....	\$291.51
Estimated Tax Credit.....	-\$160.00
Surebridge - Chesapeake.....	\$39.00 Initial Chesapeake draft will include one-time \$20 application fee
Life Carrier.....	\$0.00

Health [Click here to search network provider](#) 1-800-538-5038
 Brochure link [Click here to access plan brochure](#)
 Dental [Click Here to Access the Surebridge WebSite](#) 1-800-815-8535
 Brochure link [Click here to access the Dental brochure](#)

Rates and product eligibility are subject to change based on current age, occupation, tobacco or nicotine use status, or health
 SureBridge® is the brand name for products underwritten and issued by The Chesapeake Life Insurance Company®. There is no coverage until you are informed in writing that your application has been processed and approved.

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Lisa Life Insurance	
Simplified Issue	Excluded

Vision Premiere - Excluded
Accident Companion - Excluded
Accident Direct - Excluded
Accident Disability (Lisa) - Excluded
Accident Disability (Spouse Name) - Excluded
CancerWise Plus - Excluded
Critical Accident - Excluded
HeartWise - Excluded
HospitalWise - Excluded
Income Protection (Lisa) - Excluded
Income Protection (Spouse Name) - Excluded
Metal Gap Plan - Excluded
Prime DVH - Excluded
Protect Fit - Excluded
Misc Supplement - Excluded
Surebridge products may not be available in all states

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Select Health - Value	HMO
Medical Deductible individual	\$7,800
Drug Deductible individual	\$7,800
Medical Deductible family	\$15,600
Drug Deductible family	See Plan Brochure
Drug Deductible family (person)	\$1,500
Medical MOP individual	\$8,150
Drug MOP individual	Included in Medical
Medical MOP family	\$16,300
Drug MOP Family	
Medical MOP family (person)	\$8,150
Drug MOP family (person)	Included in Medical
Primary Care Physician	\$40
Specialist	\$65 Copay after deductible
Emergency Room	\$600 Copay after deductible
Inpatient Facility	40% Coinsurance after deductible
Inpatient Physician	40% Coinsurance after deductible
Generic Drugs	\$20
Preferred Brand Drugs	30% Coinsurance after deductible
Non preferred Brand Drugs	50% Coinsurance after deductible
Specialty Drugs	50% Coinsurance after deductible

*Benefits are as outlined on healthcare.gov. Not official benefits. Reference the carrier brochure and actual policy contract for official benefits and terms of coverage.

Alisha Connelly

Licensed Insurance Agent

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Health | Life | Supplemental | Medicare

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