

COMPASS

INSURANCE ADVISORS

Courtney Sanford - Benefit Package

Sanford, Courtney Client Family	Carrier
Select Value - Expanded Bronze 7800 PCP Copay - 1 UC	Select Health - Value
Dental - Selected	Surebridge
Accident Companion - \$10,000	Surebridge
Total Monthly Premium	\$94.41

Health Requested Effective Date 1/1/2020
 Supplement Requested Effective Date 1/1/2020
 Estimated Initial Draft: 12/6/2019

	Monthly Premium
Select Health - Value.....	\$273.41
Estimated Tax Credit.....	-\$226.00
Surebridge - Chesapeake.....	\$47.00 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	
Accident Companion	Click Here to Access the Surebridge WebSite	1-800-815-8535
Brochure link	Click here to access the Accident Companion 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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Courtney Life Insurance
Simplified Issue Excluded

Vision Premiere - Excluded
Accident Direct - Excluded
Accident Disability (Courtney) - Excluded
Accident Disability (Spouse Name) - Excluded
CancerWise Plus - Excluded
Critical Accident - Excluded
HeartWise - Excluded
HospitalWise - Excluded
Income Protection (Courtney) - 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.

Colby Hatch

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Health | Life | Supplemental | Medicare

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