

COMPASS

INSURANCE ADVISORS

Victoria Wolf - Benefit Package

Wolf, Victoria Client Family	Carrier
Cigna - Silver Connect 1900	Cigna
Prime DVH - \$1,000	Surebridge
Total Monthly Premium	\$156.56

Health Requested Effective Date 8/1/2020
 Supplement Requested Effective Date 8/1/2020
 Estimated Initial Draft: 7/17/2020

	Monthly Premium	
Cigna.....	\$973.56	
Estimated Tax Credit.....	-\$846.00	
Surebridge - Chesapeake.....	\$29.00	Initial Chesapeake draft will include one-time \$20.00 application fee
National General.....	\$0.00	There is no National General enrollment Fee
Alliance Direct.....	\$0.00	
Life Carrier.....	\$0.00	

Health [Click here to search network provider](#) 1-877-900-1237
 Brochure link [Click here to access plan brochure](#)
 Prime DVH [Click Here to Access the Surebridge WebSite](#) 1-800-815-8535
 Brochure link [Click here to access the Prime DVH 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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Accident Benefit Excluded
Cancer and Heart Stroke Excluded
Critical Illness /w Term Life Excluded
Dental Indemnity Excluded
Life Only Excluded
Plan Enhancer AME Excluded
Vision Premiere - Excluded
Dental - Excluded
Accident Companion - Excluded
Accident Direct - Excluded
Accident Disability (Victoria) - Excluded
Accident Disability (Spouse Name) - Excluded
CancerWise Plus - Excluded
Critical Accident - Excluded
HeartWise - Excluded
HospitalWise - Excluded
Income Protection (Victoria) - Excluded
Income Protection (Spouse Name) - Excluded
Metal Gap Plan - Excluded
Protect Fit - Excluded
Misc Supplement - Excluded

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Cigna	EPO
Medical Deductible individual	\$350
Drug Deductible individual	\$350
Medical Deductible family	\$700
Drug Deductible family	\$600
Drug Deductible family (person)	\$300
Medical MOP individual	\$2,700
Drug MOP individual	Included in Medical
Medical MOP family	\$5,400
Drug MOP Family	
Medical MOP family (person)	\$2,700
Drug MOP family (person)	Included in Medical
Primary Care Physician	\$10
Specialist	20% Coinsurance after deductible
Emergency Room	\$500 Copay after deductible
Inpatient Facility	20% Coinsurance after deductible
Inpatient Physician	20% Coinsurance after deductible
Generic Drugs	\$5
Preferred Brand Drugs	\$50 Copay after deductible
Non preferred Brand Drugs	50% Coinsurance after deductible
Specialty Drugs	40% 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.

Jennifer Fielding

Licensed Insurance Agent

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Health | Life | Supplemental | Medicare

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