

Dean & Rhonda Edwards - Benefit Package

Edwards, Dean Client Family		Carrier	
Select Value - Expanded Bronze 7800 PCP Copay - 1 UC		Select Health - Value	
Total Monthly Premium \$12.16			
Health Requested Effect Supplement Requested	Effective Date2020	•	
Estimated Initial Draft:	11/12/2019		
	Monthly Premium		
Select Health - Value	\$1,180.20		
Estimated Tax Credit	-\$1,168.04		
Surebridge - Chesapeake \$0.00 Initial Ch		esapeake draft will include one-time \$20	application fe
Life Carrier	\$0.00		
Health	Click here to search network provide	er 1-800-538-503	8
Brochure link	Click here to access plan 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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Dean Life Insurance	
Simplified Issue	Excluded
Principal National Life 20 Year	\$250,000 \$140.94
Lincoln LifeElements 20 (11-19)	\$500,000 \$267.18
Lincoln LifeElements 20 (11-19)	\$1,000,000 \$517.89

Rhonda Life Insurance	
Simplified Issue	Excluded
Principal National Life - 20 Ye	\$250,000 \$138.25
Penn Mutual Protection Non-C	\$500,000 \$263.77
Penn Mutual Protection Non-C	\$1,000,000 \$497.21

Vision Premiere - Excluded Dental - Excluded Accident Companion - Excluded Accident Direct - Excluded Accident Disability (Dean) - Excluded Accident Disability (Rhonda) - Excluded Senior CancerWise Plus - Excluded Critical Accident - Excluded Senior HeartWise - Excluded Senior HeartWise - Excluded Income Protection (Dean) - Excluded Income Protection (Rhonda) - Excluded Metal Gap Plan - Excluded Senior Prime DVH - Excluded Misc Supplement - Excluded Surebridge products may not be available in all states

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Select Health - Value	НМО
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
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*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.

David Perry

Licensed Insurance Agent

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Health | Life | Supplemental | Medicare

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