

COMPASS

INSURANCE ADVISORS

Lucia Elegante - Benefit Package

Elegante, Lucia Client Family	Carrier
Select Value - Expanded Bronze 4800 PCP Copay - 1 UC	Select Health - Value
Total Monthly Premium	\$41.38

Health Requested Effective Date 1/1/2020
Supplement Requested Effective Date 1/1/2020
Estimated Initial Draft: 11/19/2019

Monthly Premium

Select Health - Value.....	\$341.38	
Estimated Tax Credit.....	-\$300.00	
Surebridge - Chesapeake.....	\$0.00	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](#)

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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Lucia Life Insurance		
Simplified Issue	Excluded	
Transamerica Trendsetter Super 10 (...	\$250,000	\$10.32
Transamerica Trendsetter Super 10 (...	\$500,000	\$13.76
Transamerica Trendsetter Super 10 (...	\$1,000,000	\$18.92

Vision Premiere - Excluded
Dental - Excluded
Accident Companion - Excluded
Accident Direct - Excluded
Accident Disability (Lucia) - Excluded
Accident Disability (Spouse Name) - Excluded
CancerWise Plus - Excluded
Critical Accident - Excluded
HeartWise - Excluded
HospitalWise - Excluded
Income Protection (Lucia) - 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	\$4,800
Drug Deductible individual	\$4,800
Medical Deductible family	\$9,600
Drug Deductible family	See Plan Brochure
Drug Deductible family (person)	\$2,500
Medical MOP individual	\$7,900
Drug MOP individual	Included in Medical
Medical MOP family	\$15,800
Drug MOP Family	
Medical MOP family (person)	\$7,900
Drug MOP family (person)	Included in Medical
Primary Care Physician	\$25
Specialist	\$60 Copay after deductible
Emergency Room	\$600 Copay after deductible
Inpatient Facility	\$650 Copay per Day after deductible
Inpatient Physician	40% Coinsurance after deductible
Generic Drugs	\$25
Preferred Brand Drugs	\$55 Copay after deductible
Non preferred Brand Drugs	\$70 Copay 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.

Arthur Barlow

Licensed Insurance Agent

Compass Insurance Advisors LLC

Health | Life | Supplemental | Medicare

Cell: (801)209-9077

Phone: (801)901-3519

abarlow@insurewithcompass.com

www.insurewithcompass.com

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