

COMPASS

INSURANCE ADVISORS

Sonya Harrison - Benefit Package

Harrison, Sonya Client Family	Carrier
Select Med - Benchmark Bronze 8550	Select Health - Med
Total Monthly Premium	\$0.00

Health Requested Effective Date	1/1/2021	Health Requested Effective Date	12/1/2020
Surebridge Requested Effective Date	12/1/2020	United Health One Effective Date	12/1/2020
Estimated Initial Draft:	11/2/2020		

Monthly Premium

Select Health - Med.....	\$342.89	
Estimated Tax Credit.....	-\$342.89	
Surebridge - Chesapeake.....	\$0.00	There is no Chesapeake application Fee
National General.....	\$0.00	There is no National General enrollment Fee
United Health One.....	\$0.00	There is no Golden Rule Insurance Company enrollment Fee
Alliance Direct.....	\$0.00	
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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UOne Accident Excluded
UOne Critical Illness Excluded
UOne Dental Excluded
UOne Disability Excluded
UOne Hospital Indemnity Excluded
UOne Term Life Excluded
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 (Saira) - Excluded
Accident Disability (Dillon) - Excluded
CancerWise Plus - Excluded
Critical Accident - Excluded
HeartWise - Excluded
HospitalWise - Excluded
Income Protection (Saira) - Excluded
Income Protection (Dillon) - Excluded
Metal Gap Plan - Excluded
Prime DVH - Excluded
Protect Fit - Excluded
Misc Supplement - Excluded

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Select Health - Med	HMO
Medical Deductible individual	\$8,550
Drug Deductible individual	Included in Medical
Medical Deductible family	\$17,100
Drug Deductible family	Included in Medical
Medical Deductible family per person	\$8,550
Drug Deductible family per person	Included in Medical
Medical MOP individual	\$8,550
Drug MOP individual	Included in Medical
Medical MOP family	\$17,100
Drug MOP family	Included in Medical
Medical MOP family per person	\$8,550
Drug MOP family per person	Included in Medical
Primary Care Physician	No Charge after Deductible
Specialist	No Charge after Deductible
Emergency Room	No Charge after Deductible
Inpatient Facility	No Charge after Deductible
Inpatient Physician	No Charge after Deductible
Generic Drugs	No Charge after Deductible
Preferred Brand Drugs	No Charge after Deductible
Non preferred Brand Drugs	No Charge after Deductible
Specialty Drugs	No Charge 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.

Covered by Health Plan
Sonya

Ryan Conrad

Licensed Insurance Agent

Compass Insurance Advisors LLC

Health | Life | Supplemental | Medicare

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