

# COMPASS

INSURANCE ADVISORS

## NVHL Lead - Benefit Package

Lead, NVHL Client Family	<b>Carrier</b>
MyHPN Bronze 10	<i>Health Plan of Nevada, Inc.</i>
Accident Companion - \$10,000	<i>Surebridge</i>
<b>Total Monthly Premium</b>	<b>\$163.97</b>

Health Requested Effective Date	1/1/2021	Health Requested Effective Date	1/1/2021
Surebridge Requested Effective Date	1/1/2021	United Health One Effective Date	1/1/2021
Estimated Initial Draft:	12/4/2020		

### Monthly Premium

Health Plan of Nevada, Inc.....	\$264.97	
Estimated Tax Credit.....	-\$129.00	
Surebridge - Chesapeake.....	\$28.00	Initial Chesapeake draft will include one-time \$20.00 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](#)

Brochure link [Click here to access plan 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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UOne Accident Excluded  
UOne Critical Illness Excluded  
UOne Dental Excluded  
UOne Disability Excluded  
UOne Hospital Indemnity Excluded  
UOne Term Life Excluded  
Vision Premiere - Excluded  
Dental - Excluded  
Accident Direct - Excluded  
Accident Disability (NVHL) - Excluded  
Accident Disability (Spouse Name) - Excluded  
CancerWise Plus - Excluded  
Critical Accident - Excluded  
HeartWise - Excluded  
HospitalWise - Excluded  
Income Protection (NVHL) - Excluded  
Income Protection (Spouse Name) - Excluded  
Metal Gap Plan - Excluded  
Prime DVH - Excluded  
Protect Fit - Excluded  
Misc Supplement - Excluded

## NVHL Lead - Benefit Package

Health Plan of Nevada, Inc.

Medical Deductible individual	\$7,250
Drug Deductible individual	\$1,900
Medical Deductible family	\$14,500
Drug Deductible family	\$3,800
Medical Deductible family per person	
Drug Deductible family per person	1900
Medical MOP individual	\$8,550
Drug MOP individual	Included in Ind. Medical MOOP
Medical MOP family	\$17,100
Drug MOP family	Included in Fam. Medical MOOP
Medical MOP family per person	\$8,550
Drug MOP family per person	8550
Primary Care Physician	\$50 Copay
Specialist	40% Coinsurance after deductible
Emergency Room	40% Coinsurance after deductible
Inpatient Facility	40.00%
Inpatient Physician	40% Coinsurance after deductible
Generic Drugs	\$25 Copay
Preferred Brand Drugs	\$100 Copay
Non preferred Brand Drugs	\$150 Copay after deductible
Specialty Drugs	50% Coinsurance after deductible

\*Benefits are as outlined on [healthcare.gov](https://www.healthcare.gov). Not official benefits. Reference the carrier brochure and actual policy contract for official benefits and terms of coverage.

Covered by Health Plan  
NVHL

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