

# Silvan & Makayla Squires - Benefit Package

Squires, Silvan Client Family		Carrier
Molina - Core Care Bronze 4		Molina
Total Monthly Premium	\$255.91	

Health Requested Effective Date	5/1/2021	Health Requested Effective Date 5/1/2021
Surebridge Requested Effective Date	5/1/2021	United Health One Effective Date 5/1/2021
Estimated Initial Draft:	4/7/2021	
	Monthly Premium	
Molina	\$508.91	
Estimated Tax Credit	-\$253.00	
Surebridge - Chesapeake	\$0.00	There is no Surebridge 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	
ealth Click here to	n search network nr	ovider 1-888-858-3973

Health Click here to search network provider 1-888-858-3973

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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UHOne Accident Excluded

UHOne Critical Illness Excluded

UHOne Dental Excluded

UHOne Disability Excluded

UHOne Hospital Indemnity Excluded

UHOne 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 (Silvan) - Excluded

Accident Disability (Makayla) - Excluded

CancerWise Plus - Excluded

Critical Accident - Excluded

HeartWise - Excluded

HospitalWise - Excluded

Income Protection (Silvan) - Excluded

Income Protection (Makayla) - Excluded

Metal Gap Plan - Excluded

Prime DVH - Excluded

Protect Fit - Excluded

Misc Sunnlement - Excluded

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Molina	HMO
Medical Deductible individual	\$0
Drug Deductible individual	\$3,000
Medical Deductible family	\$0
Drug Deductible family	\$6,000
Medical Deductible family per person	\$0
Drug Deductible family per person	\$3,000
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 \$30
Specialist \$90

Emergency Room \$1,600

Inpatient Facility \$1500 Copay per Day

Inpatient Physician \$90
Generic Drugs \$28
Preferred Brand Drugs \$125

Non preferred Brand Drugs 50% Coinsurance after deductible Specialty Drugs 50% Coinsurance after deductible

Silvan

Makayla

#### John Bird

### Licensed Insurance Agent

#### **Compass Insurance Advisors LLC**

Health | Life | Supplemental | Medicare

Cell: (801) 376-1616 Phone: (801)376-1616 John@corgfx.com

### www.insurewithcompass.com

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<sup>\*</sup>Benefits are as outlined on health care gov. Not official benefits. Reference the carrier brochure and actual policy contract for official benefits and terms of coverage.