

COMPASS

INSURANCE ADVISORS

Jacob & Lindsey Meza - Benefit Package

Meza, Jacob A Client Family	Carrier
Select Value - Exp Bronze 5900 Copay Prime DVH - \$1,000	Select Health - Value Surebridge
Total Monthly Premium	\$153.18

Health Requested Effective Date 1/1/2022
 Surebridge Requested Effective Date 1/1/2022
 Estimated Initial Draft: 11/11/2021

Monthly Premium

Select Health - Value.....	\$903.18	
Estimated Tax Credit.....	-\$820.00	
Surebridge - Chesapeake.....	\$70.00	Initial Surebridge 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	1-800-538-5038
Brochure link	Click here to access plan brochure	
Prime DVH	Click Here to Access the Surebridge WebSite	1-800-815-8535
Brochure link	Click here to access the Prime DVH 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.

Jacob & Lindsey Meza - Benefit Package

Jacob Life Insurance		
	\$250,000	\$12.60
	\$500,000	\$19.31
	\$1,000,000	\$30.96

Lindsey Life Insurance		
11.1301		\$250,000.00
16.15		\$500,000.00
23.8001		1,000,000.00

- 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 (Jacob) - Excluded
- Accident Disability (Lindsey) - Excluded
- CancerWise Plus - Excluded
- Critical Accident - Excluded
- HeartWise - Excluded
- HospitalWise - Excluded
- Income Protection (Jacob) - Excluded
- Income Protection (Lindsey) - Excluded
- Metal Gap Plan - Excluded
- Protect Fit - Excluded
- SecureWise - No Primary
- SecureWise - No Spouse
- Misc Supplement - Excluded

Jacob & Lindsey Meza - Benefit Package

Select Health - Value	HMO
Medical Deductible individual	\$5,900
Drug Deductible individual	\$2,500
Medical Deductible family	\$11,800
Drug Deductible family	See Plan Brochure
Medical Deductible family per person	\$5,900
Drug Deductible family per person	\$2,500
Medical MOP individual	\$8,700
Drug MOP individual	Included in Medical
Medical MOP family	\$17,400
Drug MOP family	Included in Medical
Medical MOP family per person	\$8,700
Drug MOP family per person	Included in Medical
Primary Care Physician	\$50
Specialist	\$90
Emergency Room	\$600 Copay after deductible
Inpatient Facility	\$650 Copay per Day after deductible
Inpatient Physician	50% Coinsurance after deductible
Generic Drugs	\$30
Preferred Brand Drugs	\$55 Copay after deductible
Non preferred Brand Drugs	\$70 Copay after deductible
Specialty Drugs	30% 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.

Covered by Health Plan
Jacob

Lindsey

Logan

John Bird

Licensed Insurance Agent

Compass Insurance Advisors LLC

Health | Life | Supplemental | Medicare

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