

COMPASS

INSURANCE ADVISORS

Brayden Vera - Benefit Package

Vera, Brayden Client Family

Carrier

Select Value - Benchmark Exp Bronze 0 - Copay

Select Health - Value

Total Monthly Premium

\$0.00

Health Requested Effective Date 1/1/2022

Estimated Initial Draft: 10/27/2021

Monthly Premium

Select Health - Value..... \$262.85

Estimated Tax Credit..... -\$262.85

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

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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Brayden Life Insurance		
	\$250,000	\$12.29
	\$500,000	\$19.06
	\$1,000,000	\$30.50

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

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Select Health - Value	HMO
Medical Deductible individual	\$0
Drug Deductible individual	\$3,500
Medical Deductible family	\$0
Drug Deductible family	See Plan Brochure
Medical Deductible family per person	\$0
Drug Deductible family per person	\$3,500
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	\$40
Specialist	\$90
Emergency Room	\$1,500
Inpatient Facility	\$2000 Copay per Day
Inpatient Physician	No Charge
Generic Drugs	\$30
Preferred Brand Drugs	\$125 Copay after deductible
Non preferred Brand Drugs	50% Coinsurance 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.

Brayden

Donal Smith

Licensed Insurance Agent

Compass Insurance Advisors LLC

Health | Life | Supplemental | Medicare

Cell: (801) 867-9730

Phone: (801)867-9730

donalsmith@insurewithcompass.com

www.insurewithcompass.com

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