

Spencer & Tasia Dietz - Benefit Package

Dietz, Spencer Client Family	Carrier
Select Value - Exp Bronze 7800 Copay	Select Health - Value
Total Monthly Premium	\$6.64

Health Requested Effective Date 1/1/2022

Estimated Initial Draft: 12/1/2021

Monthly Premium

National General enrollment Fee \$0.00 There is no National General enrollment Fee

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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Spencer Life Insurance		
	\$250,000	\$12.32
	\$500,000	\$19.07
	\$1,000,000	\$30.50

Tasia Life Insurance	
11.02	\$250,000.00
15.7201	\$500,000.00 1,000,000.00
23.22	1,000,000.00

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 (Spencer) - Excluded Accident Disability (Tasia) - Excluded CancerWise Plus - Excluded Critical Accident - Excluded HeartWise - Excluded HospitalWise - Excluded Income Protection (Spencer) - Excluded Income Protection (Tasia) - 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 \$7,800

Drug Deductible individual \$1,500

Medical Deductible family \$15,600

Drug Deductible family See Plan Brochure

Medical Deductible family per person\$7,800Drug Deductible family per person\$1,500Medical 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 \$95

Emergency Room \$600 Copay after deductible

Inpatient Facility 40% Coinsurance after deductible Inpatient Physician 40% Coinsurance after deductible

Generic Drugs \$20

Preferred Brand Drugs 30% Coinsurance after deductible
Non preferred Brand Drugs 50% Coinsurance after deductible
Specialty Drugs 50% Coinsurance after deductible

Spencer

Tasia

Mila

John Bird

Licensed Insurance Agent

Compass Insurance Advisors LLC

Health | Life | Supplemental | Medicare

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^{*}Benefits are as outlined on health sare gov. Not official benefits. Reference the carrier brochure and actual policy contract for official benefits and terms of coverage.