

COMPASS

INSURANCE ADVISORS

Amber Nichols - Benefit Package

Nichols, Amber Client Family	Carrier
Molina - Constant Care Silver 7 AME, CHS & SIP 2,500	Molina National General
Total Monthly Premium	\$38.10

Health Requested Effective Date 1/1/2022 National General Effective Date 12/1/2021

Estimated Initial Draft: 9/3/2021

	Monthly Premium	
Molina.....	\$1,007.94	
Estimated Tax Credit.....	-\$1,007.94	
Surebridge - Chesapeake.....	\$0.00	There is no Surebridge application Fee
National General.....	\$38.10	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](#) 1-888-858-3973

Brochure link [Click here to access plan brochure](#)

Plan Enhancer AME [Click Here to Access the National General WebSite](#) 1-800-???-???

Brochure link

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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Amber Life Insurance		
	\$250,000	\$19.75
	\$500,000	\$31.32
	\$1,000,000	\$55.59

- 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
- Vision Premiere - Excluded
- Dental - Excluded
- Accident Companion - Excluded
- Accident Direct - Excluded
- Accident Disability (Amber) - Excluded
- Accident Disability (Spouse Name) - Excluded
- CancerWise Plus - Excluded
- Critical Accident - Excluded
- HeartWise - Excluded
- HospitalWise - Excluded
- Income Protection (Amber) - 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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Molina	HMO
Medical Deductible individual	\$0
Drug Deductible individual	\$0
Medical Deductible family	\$0
Drug Deductible family	\$0
Medical Deductible family per person	\$0
Drug Deductible family per person	\$0
Medical MOP individual	\$1,200
Drug MOP individual	Included in Medical
Medical MOP family	\$2,400
Drug MOP family	Included in Medical
Medical MOP family per person	\$1,200
Drug MOP family per person	Included in Medical
Primary Care Physician	No Charge
Specialist	\$10
Emergency Room	\$250
Inpatient Facility	\$200 Copay per Day
Inpatient Physician	\$10
Generic Drugs	No Charge
Preferred Brand Drugs	\$10
Non preferred Brand Drugs	10%
Specialty Drugs	10%

*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
Amber

Dallas

Austin

Colby Hatch

Licensed Insurance Agent

Compass Insurance Advisors LLC

Health | Life | Supplemental | Medicare

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