

Jennifer Cortez - Benefit Package

| Cortez, Jennifer Client Family | Carrier | |
|------------------------------------|---------------------|--|
| Select Med - Benchmark Silver 6500 | Select Health - Med | |
| Accident Companion - \$10,000 | Surebridge | |

Total Monthly Premium \$37.67

Health Requested Effective Date 1/1/2022
Surebridge Requested Effective Date 12/1/2021
Estimated Initial Draft: 10/26/2021

Monthly Premium

 Select Health - Med......
 \$551.67

 Estimated Tax Credit.....
 -\$542.00

Surebridge - Chesapeake......\$28.00 Initial Surebridge draft will include one-time \$20.00 application fee

Health Click here to search network provider 1-800-538-5038

Brochure link Click here to access plan brochure

Accident Companion Click Here to Access the Surebridge WebSite 1-800-815-8535

Brochure link Click here to access the Accident Companion 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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| Jennifer Life Insurance | | |
|-------------------------|-------------|--------|
| | \$250,000 | \$0.00 |
| | \$500,000 | \$0.00 |
| | \$1,000,000 | \$0.00 |

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 Direct - Excluded Accident Disability (Jennifer) - Excluded Accident Disability (Spouse Name) - Excluded CancerWise Plus - Excluded Critical Accident - Excluded HeartWise - Excluded HospitalWise - Excluded Income Protection (Jennifer) - 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 - Med HMO

Medical Deductible individual \$650

Drug Deductible individual Included in Medical

Medical Deductible family \$1,300

Drug Deductible family Included in Medical

Medical Deductible family per person \$650

Drug Deductible family per person Included in Medical

Medical MOP individual \$2,850

Drug MOP individual Included in Medical

Medical MOP family \$5,700

Drug MOP family Included in Medical

Medical MOP family per person \$2,850

Drug MOP family per person Included in Medical

Primary Care Physician No Charge

Specialist \$25

Emergency Room \$350 Copay after deductible

Inpatient Facility 30% Coinsurance after deductible Inpatient Physician 30% Coinsurance after deductible

Generic Drugs \$10

Preferred Brand Drugs 15% Coinsurance after deductible
Non preferred Brand Drugs 25% Coinsurance after deductible
Specialty Drugs 40% Coinsurance after deductible

Shem Barlow

Licensed Insurance Agent

Compass Insurance Advisors LLC

Health | Life | Supplemental | Medicare

Cell: (801)856-6151 Phone: (801)856-6151

sbarlow@insurewithcompass.com

www.insurewithcompass.com

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Confidential

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

Jennifer