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2022	Surebridge
2022	
2022	\$136.89
2022	
2022	
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thly Premium	
\$901.14	
-\$835.00	
\$70.75	Initial Surebridge draft will include one-time \$20.00 application
\$0.00	There is no National General enrollment Fee
\$0.00	There is no Golden Rule Insurance Company enrollment Fee
\$0.00	
\$0.00	
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	\$901.14 -\$835.00 \$70.75 \$0.00 \$0.00 \$0.00 \$0.00 arch network pr cess plan broch cess the Sureb

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.

Stephanie Humphrey - Benefit Package

\$250,000	\$43.91
\$500,000	\$79.62
\$1,000,000	\$146.06
	\$500,000

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 (Stephanie) - Excluded Accident Disability (Spouse Name) - Excluded Critical Accident - Excluded HeartWise - Excluded HospitalWise - Excluded Income Protection (Stephanie) - 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

Stephanie Humphrey - Benefit Package

1 1 5	5
Molina	НМО
Medical Deductible individual	\$0
Drug Deductible individual	\$80
Medical Deductible family	\$0
Drug Deductible family	\$160
Medical Deductible family per person	\$0
Drug Deductible family per person	\$80
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	\$5
Specialist	\$30
Emergency Room	\$600
Inpatient Facility	\$375 Copay per Day
Inpatient Physician	\$30
Generic Drugs	\$8
Preferred Brand Drugs	\$35
Non preferred Brand Drugs	10% Coinsurance after deductible
Specialty Drugs	10% Coinsurance after deductible

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

Stephanie

Clayton Barlow

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Compass Insurance Advisors LLC

Health | Life | Supplemental | Medicare

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