

Wesley & Berndina Hegna - Benefit Package

Hegna, Wesley Client Family	Carrier
Select Value - Benchmark Silver 6500	Select Health - Value
AME & SIP 5,000	National General
Senior Prime DVH - \$1,000	Surebridge

Total Monthly Premium \$145.73

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

Surebridge Requested Effective Date 1/1/2022 Estimated Initial Draft: 12/15/2021

Monthly Premium

National General state of the s

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

Brochure link Click here to access plan brochure

Plan Enhancer AME Click Here to Access the National General WebSite 1-800-???-????

Brochure link

Senior Prime DVH Click Here to Access the Surebridge WebSite 1-800-815-8535

Brochure link Click here to access the Senior Prime DVH 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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Wesley Life Insurance		
	\$250,000	\$0.00
	\$500,000	\$0.00
	\$1,000,000	\$0.00

Berndina Life Insurance	
0	\$250,000.00
0	\$500,000.00
0	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 Select Dental Excluded Life Only Excluded Vision Premiere - Excluded Dental - Excluded Accident Companion - Excluded Accident Direct - Excluded Accident Disability (Wesley) - Excluded Accident Disability (Berndina) - Excluded Senior CancerWise Plus - Excluded Critical Accident - Excluded Senior HeartWise - Excluded Senior HospitalWise - Excluded Income Protection (Wesley) - Excluded Income Protection (Berndina) - Excluded Metal Gap Plan - Excluded Protect Fit - Excluded SecureWise - No Primary SecureWise - No Spouse Misc Supplement - Excluded

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Select Health - Value 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

Colby Hatch

Licensed Insurance Agent

Compass Insurance Advisors LLC

Health | Life | Supplemental | Medicare

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Confidential

^{*}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.

Wesley