

COMPREHENSIVE HEALTH INSURANCE POLICY

Policy Number: HI-2023-0987

Policyholder: XYZ company employee

Effective Date: 3/21/2025

1. COVERAGE OVERVIEW

1.1 Policy Type: Individual Comprehensive Health Insurance

1.2 Network: Nationwide Medical Provider Network

1.3 Policy Period: One Year from Effective Date

2. MEDICAL COVERAGE

2.1 Inpatient Hospital Services

- Full coverage for medically necessary hospitalizations
- Private room or semi-private room
- Surgical procedures
- Intensive care unit (ICU) treatment
- Maximum coverage: \$500,000 per policy year

2.2 Outpatient Services

- Doctor consultations
- Diagnostic tests and laboratory work
- X-rays and imaging studies
- Specialist consultations
- Coverage limit: \$50,000 per policy year

2.3 Emergency Medical Services

- Emergency room visits
- Ambulance services
- Urgent care center treatments
- 100% coverage for life-threatening emergencies
- \$250 copay for non-emergency situations

3. SPECIALIZED TREATMENTS

3.1 Surgical Procedures

- Planned surgeries
- Emergency surgeries
- Reconstructive surgeries (with medical necessity)
- Coverage up to \$250,000 per procedure

3.2 Prescription Medications

- Generic medications: 80% coverage
- Brand-name medications: 60% coverage
- Chronic disease medications: 90% coverage
- Maximum annual prescription coverage: \$10,000

4. PREVENTIVE CARE

4.1 Annual Health Screenings

- Complete physical examination
- Annual dental check-up
- Vision screening
- Vaccination and immunization
- 100% covered with no additional cost

5. ADDITIONAL BENEFITS

5.1 Mental Health Services

- Psychological consultations
- Psychiatric treatments
- Counseling sessions
- Coverage limit: \$5,000 per year

5.2 Maternity Care

- Prenatal and postnatal consultations
- Delivery expenses
- New-born care
- Coverage limit: \$75,000

6. EXCLUSIONS

6.1 Not Covered Services

- Cosmetic procedures
- Experimental treatments
- Self-inflicted injuries
- Dental implants
- Fertility treatments

7. CLAIM PROCESS

7.1 Claim Submission

- Online portal
- Mobile application
- Email submission

- Physical document submission

7.2 Claim Processing Time

- Electronic claims: 7-10 business days
- Physical claims: 14-21 business days

8. COST STRUCTURE

8.1 Monthly Premium: \$350

8.2 Annual Deductible: \$2,500

8.3 Out-of-pocket Maximum: \$8,000 per year

9. CONTACT INFORMATION

Customer Support: 1-800-HEALTH-CARE

Emergency Helpline: 24/7 Support

Email: support@healthinsurance.com

Website: www.healthinsurance.com

10. TERMS AND CONDITIONS

- Policy subject to annual review
- Renewal terms may change
- Continuous coverage requires timely premium payment

IMPORTANT NOTES:

- Read policy details carefully
- Verify network hospitals and providers
- Keep policy documents accessible

- Inform about any pre-existing conditions

Policyholder Signature: _____

Date: _____

This document is a summary. Refer to complete policy documentation for detailed terms and conditions.