

COMPREHENSIVE HEALTH INSURANCE POLICY MANUAL
2026 Edition

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SECTION 1: HEALTH INSURANCE POLICIES

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1.1 BRONZE HEALTH PLAN (Policy Type: HEALTH-BRONZE)
Policy Effective Date: January 1, 2026

SECTION 1.1.1: COVERAGE LIMITS

Page: 2

Annual Deductible (Individual): \$6,000
Annual Deductible (Family): \$12,000
Out-of-Pocket Maximum (Individual): \$9,000
Out-of-Pocket Maximum (Family): \$18,000
Annual Maximum Benefit: UNLIMITED (ACA compliant)
Lifetime Maximum: UNLIMITED (ACA compliant)

SECTION 1.1.2: PRIMARY CARE SERVICES - COVERED

Page: 3

Primary Care Visit: \$50 copay after deductible

- Includes: General consultations, check-ups, physical examinations
- Coverage: IN-NETWORK ONLY
- Authorization Required: No, not required for primary care
- Visit Frequency: Unlimited after deductible paid
- Covered Service: YES - Essential Health Benefit
- Status: AUTOMATICALLY APPROVED for amounts under \$5,000

General Consultation with Primary Care Physician:

- CPT Code: 99213 (Established Patient)
- CPT Code: 99203 (New Patient)
- Coverage Status: COVERED at \$50 copay
- Deductible Applies: Yes
- Pre-Authorization Required: NO
- Approval: AUTOMATIC APPROVAL
- Expected Processing: Same day

SECTION 1.1.3: SPECIALIST SERVICES - COVERED

Page: 4

Specialist Visit: \$80 copay after deductible

- Includes: Cardiologist, Orthopedist, Dermatologist, Neurologist, etc.
- Coverage: IN-NETWORK ONLY
- Referral Required: Yes, from Primary Care
- Authorization Required: No for office visits
- Covered Service: YES
- Status: AUTOMATICALLY APPROVED

SECTION 1.1.4: IMAGING AND DIAGNOSTIC SERVICES - COVERED

Page: 5

X-rays/Imaging: 40% coinsurance after deductible

- CPT Codes: 70000-79999 (Radiology procedures)
- Coverage Status: COVERED
- Pre-Authorization Required: YES for MRI/CT/PET
- Pre-Authorization NOT Required: Simple X-rays, basic ultrasound
- Approval Status: AUTO-APPROVE for routine imaging under \$5,000

MRI/CT/PET Scans:

- Coverage Status: COVERED
- Coinsurance: 40% after deductible
- Pre-Authorization Required: MANDATORY - Must obtain before service
- Authorization Process: Contact insurer 5-7 business days before procedure
- Failure to Authorize: Claim may be denied
- Approval for Routine Scans: Automatic if properly authorized, under \$5,000

SECTION 1.1.5: LABORATORY AND PATHOLOGY SERVICES - COVERED

Page: 6

Lab Tests: 40% coinsurance after deductible

- CPT Codes: 80000-89999 (Laboratory procedures)
- Coverage Status: COVERED
- Pre-Authorization Required: NO
- In-Network Required: YES
- Approval Status: AUTOMATIC APPROVAL for amounts under \$5,000
- Common Tests: Blood work, urinalysis, pathology, genetic testing

SECTION 1.1.6: PRESCRIPTION DRUG COVERAGE - COVERED

Page: 7

Generic Prescription Drugs: \$15 copay

- Coverage Status: COVERED when on formulary
- Pre-Authorization Required: No for most generic drugs
- Approval Status: AUTOMATIC APPROVAL
- Step Therapy: May apply for certain medications
- Approval: Same day at pharmacy

Preferred Brand Drugs: \$50 copay

- Coverage Status: COVERED
- Approval Status: AUTOMATIC APPROVAL
- Pre-Authorization: May be required for non-formulary

Non-Preferred Brand Drugs: \$90 copay

- Coverage Status: COVERED
- Approval Status: REQUIRES PRIOR AUTHORIZATION
- Documentation Needed: Medical necessity statement from provider

Specialty Drugs: 40% coinsurance (max \$250)

- Coverage Status: COVERED
- Approval Status: REQUIRES PRIOR AUTHORIZATION
- Expected Approval Time: 24-48 hours

- Maximum Patient Cost: \$250 per claim

SECTION 1.1.7: EMERGENCY SERVICES - COVERED

Page: 8

Emergency Room Visit: \$500 copay, then 40% coinsurance

- Coverage Status: COVERED
- In-Network Required: NO - Covered in or out of network
- Pre-Authorization Required: NO
- Approval Status: AUTOMATIC APPROVAL
- Scope: Emergency stabilization and life-threatening conditions
- Examples: Chest pain, severe injuries, loss of consciousness

Urgent Care Visit: \$75 copay

- Coverage Status: COVERED
- Pre-Authorization Required: NO
- Approval Status: AUTOMATIC APPROVAL
- In-Network Required: YES (except emergencies)
- Expected Approval: Immediate

SECTION 1.1.8: MENTAL HEALTH AND BEHAVIORAL SERVICES - COVERED

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Mental Health Services: Subject to deductible and coinsurance

- Coverage Status: COVERED
- Coverage Limit: No visit limit specified
- Pre-Authorization Required: NO for office visits
- Approval Status: AUTOMATIC APPROVAL for standard therapy
- In-Network Required: YES
- Scope: Psychiatry, psychology, counseling services
- CPT Codes: 90834-90838 (Psychotherapy codes)
- Copay: Generally \$50-80 depending on provider

SECTION 1.1.9: PREVENTIVE CARE SERVICES - COVERED AT 100%

Page: 10

Preventive Care Services: 100% covered (no deductible)

- Annual Physical Examination: FREE
- Immunizations and Vaccinations: FREE
- Cancer Screenings: FREE
- Mammogram
- Colonoscopy
- Cervical cancer screening (Pap smear)
- Prostate screening

SECTION 1.1.10: REHABILITATION SERVICES - COVERED

Page: 11

Rehabilitative Services: 40% coinsurance after deductible

- Coverage Limit: 60 visits per year
- Coverage Status: COVERED
- Pre-Authorization Required: YES for therapy beyond 12 visits
- Approval Status: AUTOMATIC for first 12 visits under \$5,000
- Physical Therapy: Included

- Occupational Therapy: Included
- Speech Therapy: Included

SECTION 1.1.11: EXCLUSIONS AND NON-COVERED SERVICES
Page: 12

The following services are NOT covered under the Bronze Plan:

Cosmetic Surgery (except reconstructive after accident/illness)

- Coverage Status: NOT COVERED
- Exception: Reconstructive surgery for accident or illness

Experimental or Investigational Treatments

- Coverage Status: NOT COVERED
- Approval Status: DENIAL
- Exception: May be covered under clinical trial provisions

Fertility Treatments and IVF

- Coverage Status: NOT COVERED
- Approval Status: DENIAL
- Limited Exception: Fertility consultation only (see Gold Plan)

Weight Loss Surgery (Bariatric)

- Coverage Status: NOT COVERED unless medically necessary
- Approval Status: REQUIRES MANAGEMENT APPROVAL if claimed as medically necessary
- Documentation: Must include BMI, medical necessity from physician

Dental Care

- Coverage Status: NOT COVERED (except accident-related emergency)
- Approval Status: DENIAL
- Exception: Emergency dental trauma from accident

Vision Care

- Coverage Status: NOT COVERED (except pediatric under 19 years)
- Approval Status: DENIAL
- Exception: Pediatric vision coverage included

Hearing Aids

- Coverage Status: NOT COVERED
- Approval Status: DENIAL

Long-term Custodial Care

- Coverage Status: NOT COVERED
- Approval Status: DENIAL

Services Not Medically Necessary

- Coverage Status: NOT COVERED
- Approval Status: DENIAL if deemed non-necessary

Private Hospital Rooms

- Coverage Status: NOT COVERED unless medically necessary
- Approval Status: May be approved with medical necessity documentation

Out-of-Network Services

- Coverage Status: NOT COVERED except for emergencies
- Approval Status: DENIAL unless emergency
- Exception: Emergency stabilization covered

SECTION 1.1.12: PRE-AUTHORIZATION REQUIREMENTS

Page: 13

Services Requiring Mandatory Pre-Authorization:

All inpatient hospital stays (except emergency)

- Approval Time: 5-7 business days
- Contact: Call prior to admission
- Document: Hospital name, admission date, length of stay, medical reason
- Failure to Authorize: Claim may be reduced by 25%

Surgery (inpatient and outpatient)

- Approval Time: 5-10 business days
- Document: Surgical procedure code, medical necessity
- Failure to Authorize: Claim may be denied

MRI, CT, PET Scans

- Approval Time: 1-3 business days
- Process: Provider usually submits request
- Patient May Submit: Call 1-800-HEALTH-IN with prescription

Physical Therapy (beyond 12 visits)

- Approval Time: Same day for routine requests
- Limit: First 12 visits approved automatically
- Additional: Requires authorization for visits 13+

Home Health Care

- Approval Time: 5 business days
- Document: Physician order, medical necessity
- Frequency: Requires ongoing authorization

Durable Medical Equipment over \$500

- Approval Time: 5 business days
- Document: Prescription, medical necessity, cost estimate

Skilled Nursing Facility

- Approval Time: Prior to discharge
- Document: Hospital discharge summary, physician recommendation

Organ Transplants

- Approval Time: 10-14 business days
- Process: Requires Transplant Center authorization

SECTION 1.1.13: NETWORK REQUIREMENTS AND LIMITATIONS

Page: 14

Network Required: YES

- All services must use in-network providers
- Exception: Emergency services (in or out of network)

- Out-of-Network: NO COVERAGE except emergency stabilization only
- Find Providers: Visit website or call 1-800-HEALTH-IN

In-Network Provider:

- Approval Status: STANDARD COVERAGE
- Cost Sharing: As specified in this policy
- No Balance Billing: Provider cannot bill for more than copay/coinsurance

Out-of-Network Provider:

- Approval Status: COVERAGE DENIED except for emergencies
- Cost Sharing: Patient pays full cost
- Balance Billing: Patient responsible for entire bill

Emergency Out-of-Network:

- Coverage Status: COVERED for stabilization only
 - Documentation: Proof that emergency existed and in-network not available
 - Approval: AUTOMATIC if emergency verified
 - Scope: Limited to emergency department evaluation
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SECTION 1.2: GOLD HEALTH PLAN (Policy Type: HEALTH-GOLD)

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1.2.1 COVERAGE LIMITS

Page: 15

Annual Deductible (Individual): \$1,500
Annual Deductible (Family): \$3,000
Out-of-Pocket Maximum (Individual): \$6,000
Out-of-Pocket Maximum (Family): \$12,000
Annual Maximum Benefit: UNLIMITED
Lifetime Maximum: UNLIMITED

SECTION 1.2.2: PRIMARY CARE SERVICES - COVERED

Page: 16

Primary Care Visit: \$25 copay

- Coverage Status: COVERED
- Authorization Required: NO
- Approval Status: AUTOMATIC APPROVAL
- In-Network Required: YES
- Frequency: Unlimited
- General Consultation: COVERED and APPROVED AUTOMATICALLY

SECTION 1.2.3: PREVENTIVE AND WELLNESS SERVICES - COVERED 100%

Page: 17

Vision Exam: 1 per year, \$10 copay

- Coverage Status: COVERED
- Approval Status: AUTOMATIC APPROVAL

- Frequency: Once per calendar year

Dental Cleaning: 2 per year, \$10 copay (basic only)

- Coverage Status: COVERED (basic cleaning and exams only)
- Approval Status: AUTOMATIC APPROVAL
- Frequency: Twice per calendar year
- Limitation: Basic cleaning/exam only, not major work

Hearing Exam: 1 per year, no charge

- Coverage Status: COVERED FREE
- Approval Status: AUTOMATIC APPROVAL
- Frequency: Once per calendar year

Telehealth Visits: \$0 copay

- Coverage Status: COVERED
- Approval Status: AUTOMATIC APPROVAL
- Services: Video/phone consultations with providers

SECTION 2: CLAIMS PROCESSING GUIDELINES

SECTION 2.1: APPROVAL THRESHOLDS AND AUTOMATION

Page: 18

AUTOMATIC APPROVAL - No Human Review Required

Claims meeting ALL criteria below are automatically approved:

1. Claim Amount Under \$5,000
2. Service Type is Covered
 - Must be explicitly listed in policy as "COVERED"
 - Must not be in exclusion list
 - Coverage must clearly apply (no gray areas)
3. Complete Documentation
 - Itemized bill present
 - Provider information complete
 - Medical codes included (CPT/ICD-10)
4. Policy Status
 - Policy active at time of service
 - Premium current and paid
 - Coverage date includes service date
5. Fraud Indicators
 - No fraud indicators present
 - No duplicate billing detected
 - Provider not under investigation
6. Claim History

- Claimant fewer than 2 claims in past 12 months OR
 - No prior denials for same service type
7. Deductible Calculation
- Deductible properly applied
 - Coinsurance correctly calculated

EXAMPLE AUTOMATIC APPROVALS:

General Consultation:

- Amount: \$150
- Plan: Bronze or Gold
- Status: COVERED per policy 1.1.2 or 1.2.2
- Approval: AUTOMATIC at \$50 (Bronze) or \$25 (Gold) copay
- Time: Same day
- Reason: Under \$5,000, covered service, no authorization needed

Routine Lab Tests:

- Amount: \$300
- Plan: Bronze
- Status: COVERED per policy 1.1.5
- Approval: AUTOMATIC at 40% coinsurance
- Time: Same day
- Reason: Under \$5,000, covered service, no pre-auth required

X-ray Services (Simple):

- Amount: \$400
- Plan: Any
- Status: COVERED per policy 1.1.4
- Pre-Authorization: NOT required for routine X-rays
- Approval: AUTOMATIC
- Time: Same day
- Reason: Under \$5,000, covered routine imaging

SECTION 2.2: SEMI-AUTOMATIC APPROVAL - Requires Senior Review

Claims in \$5,000 - \$25,000 range:

Claim amount between \$5,000 - \$25,000
 Meets coverage requirements
 Documentation complete
 No fraud indicators
 Review Time: 2-3 business days
 Decision: Usually approval if coverage clear

Examples:

- Hospital outpatient surgery (\$8,000)
- Advanced imaging with pre-auth (\$12,000)
- Extended rehabilitation course (\$18,000)

SECTION 2.3: MANUAL REVIEW REQUIRED - Management Approval

Claims over \$25,000 OR:

- Multiple claims from same incident
- Subrogation potential
- Disputed liability
- Pre-authorization obtained but expensive
- Out-of-network emergency care over \$10,000
- Death or permanent disability
- Litigation threatened
- Media attention
- Policy cancellation recommended
- Coverage interpretation disputes

Review Time: 5-10 business days

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SECTION 3: SERVICE-SPECIFIC APPROVAL GUIDANCE

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SECTION 3.1: GENERAL CONSULTATION - AUTOMATIC APPROVAL

Page: 20

Service: General Consultation with Physician

CPT Codes: 99213 (Established), 99203 (New)

Section Reference: 1.1.2 (Bronze) and 1.2.2 (Gold)

Coverage Determination:

BRONZE PLAN:

- Coverage Status: YES - COVERED
- Copay: \$50
- Deductible: Applies
- Authorization: NOT REQUIRED
- Approval Threshold: Under \$5,000
- Expected Approval: AUTOMATIC
- Timeline: Same day

GOLD PLAN:

- Coverage Status: YES - COVERED
- Copay: \$25
- Deductible: Applies
- Authorization: NOT REQUIRED
- Approval Threshold: Under \$5,000
- Expected Approval: AUTOMATIC
- Timeline: Same day

Decision: APPROVED AUTOMATICALLY

Reason: Service explicitly covered per policy section 1.1.2 (Bronze) and 1.2.2 (Gold)

No pre-authorization required

Amount under \$5,000 threshold

Service is essential health benefit

Processing:

- Same day approval
- Copay collected at visit
- No additional documentation needed
- No human review required

SECTION 3.2: LABORATORY TESTS - AUTOMATIC APPROVAL

Page: 21

Service: Laboratory and Pathology Services

CPT Codes: 80000-89999

Section Reference: 1.1.5

Coverage Determination:

- Coverage Status: YES - COVERED
- BRONZE: 40% coinsurance after deductible
- GOLD: May be \$0 copay for certain tests
- Authorization: NOT REQUIRED
- Approval: AUTOMATIC for under \$5,000

Decision: APPROVED AUTOMATICALLY

SECTION 3.3: X-RAY SERVICES - AUTOMATIC APPROVAL (with conditions)

Page: 22

Service: X-ray and Basic Imaging

CPT Codes: 70000-71999, 73000-73999

Section Reference: 1.1.4

Routine X-rays (Simple):

- Coverage Status: YES - COVERED
- Pre-Authorization: NOT REQUIRED
- Approval: AUTOMATIC
- Timeline: Same day

Advanced Imaging (MRI/CT/PET):

- Coverage Status: YES - COVERED
- Pre-Authorization: MANDATORY REQUIRED
- Approval: Conditional upon authorization
- Timeline: 1-3 business days for authorization

Decision: APPROVED AUTOMATICALLY for routine X-rays

Decision: REQUIRES PRIOR AUTHORIZATION for MRI/CT/PET

SECTION 3.4: SPECIALIST REFERRALS - AUTOMATIC APPROVAL

Page: 23

Service: Specialist Office Visit

Section Reference: 1.1.3 (Bronze: \$80 copay), 1.2.3

Coverage Determination:

- Coverage Status: YES - COVERED
- Referral: Required from Primary Care
- Authorization: NOT REQUIRED for office visit
- Approval: AUTOMATIC for under \$5,000

- Timeline: Same day

Decision: APPROVED AUTOMATICALLY

SECTION 3.5: EMERGENCY SERVICES - AUTOMATIC APPROVAL

Page: 24

Service: Emergency Department Visit

Section Reference: 1.1.7

Coverage Determination:

- Coverage Status: YES - COVERED (In or Out of Network)
- In-Network: \$500 copay + 40% coinsurance
- Out-of-Network: COVERED if true emergency
- Pre-Authorization: NOT REQUIRED
- Approval: AUTOMATIC
- Timeline: Immediately upon presentation

Decision: APPROVED AUTOMATICALLY when emergency verified

SECTION 3.6: MENTAL HEALTH SERVICES - AUTOMATIC APPROVAL

Page: 25

Service: Mental Health and Behavioral Health Services

Section Reference: 1.1.8 and 1.2.3

Coverage Determination:

- Coverage Status: YES - COVERED
- Copay: \$25-50 per visit
- Deductible: Applies
- Authorization: NOT REQUIRED for standard therapy
- Approval: AUTOMATIC for under \$5,000
- Timeline: Same day
- Frequency: Unlimited

Decision: APPROVED AUTOMATICALLY

SECTION 3.7: PHYSICAL THERAPY - AUTOMATIC APPROVAL (with limits)

Page: 26

Service: Physical Therapy and Rehabilitation

Section Reference: 1.1.10

Coverage Determination:

- Coverage Status: YES - COVERED
- First 12 Visits: AUTOMATIC APPROVAL
- Visits 13+: REQUIRES AUTHORIZATION
- Pre-Authorization: YES for visits beyond 12
- Coinsurance: 40% (Bronze) or 20% (Gold)
- Approval Timeline: Same day for first 12, 1-2 days for additional

Decision: APPROVED AUTOMATICALLY for first 12 visits under \$5,000

Decision: REQUIRES AUTHORIZATION for visits 13+

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SECTION 4: EXCLUSIONS - AUTOMATIC DENIAL

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SECTION 4.1: NON-COVERED SERVICES - AUTOMATIC DENIAL

Page: 27

The following services result in AUTOMATIC DENIAL:

Cosmetic Surgery:

- Coverage Status: NOT COVERED
- Approval: AUTOMATIC DENIAL
- Exception: Reconstructive after accident/illness with documentation

Experimental Treatments:

- Coverage Status: NOT COVERED
- Approval: AUTOMATIC DENIAL

IVF and Advanced Fertility:

- Coverage Status: NOT COVERED
- Approval: AUTOMATIC DENIAL

Weight Loss Surgery:

- Coverage Status: NOT COVERED (unless medically necessary)
- Approval: MANUAL REVIEW if medical necessity claimed

Dental Work:

- Coverage Status: NOT COVERED (except emergency accident-related)
- Approval: AUTOMATIC DENIAL

Vision Care:

- Coverage Status: NOT COVERED (except pediatric)
- Approval: AUTOMATIC DENIAL

Hearing Aids:

- Coverage Status: NOT COVERED
- Approval: AUTOMATIC DENIAL

Out-of-Network Services:

- Coverage Status: NOT COVERED (except emergency)
- Approval: AUTOMATIC DENIAL

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END OF POLICY MANUAL

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Document Version: 2026.01

Last Updated: January 1, 2026

Total Pages: 27

Effective Date: All policies effective January 1, 2026

