

HEALTH INSURANCE POLICY DOCUMENT

Policy Overview

Policy Number: POL-HI-445678
Policyholder: Sarah Johnson
Plan Type: Platinum PPO
Effective Date: January 1, 2024
Expiration Date: December 31, 2024

Coverage Details

Coverage Item	Details
Annual Deductible	\$1,000 (Individual) / \$2,000 (Family)
Out-of-Pocket Maximum	\$5,000 (Individual) / \$10,000 (Family)
Office Visit Copay	\$25
Specialist Copay	\$50
Emergency Room	\$250 copay
Inpatient Hospital	80% covered after deductible
Prescription Drugs	Tier 1: \$10 Tier 2: \$30 Tier 3: \$60
Preventive Care	100% covered

Covered Services

- Hospitalization
- Surgical procedures
- Emergency services
- Maternity care
- Mental health services
- Physical therapy (up to 30 visits per policy year)

Exclusions

- Cosmetic procedures
- Experimental or investigational treatments
- Weight loss surgery unless deemed medically necessary

Terms and Conditions

This policy is subject to all terms, limitations, and exclusions described herein. Coverage is provided only for medically necessary services rendered by in-network providers unless otherwise specified.

Pre-authorization may be required for certain services. Claims are subject to review and approval in accordance with policy provisions. This document does not guarantee payment and serves as a summary of benefits.

Authorized by: _____

Date: _____