

Health Insurance Policyholder Document

Policy Number: HICP087639754

Name of Policyholder: Emily Smith

Address: 456 Oak Avenue, Smalltown, USA

Insured Member Information:

- |    |                  |                    |
|----|------------------|--------------------|
| 1. | Name:            | Emily Smith        |
|    | • Date of Birth: | September 10, 1990 |
| 2. | Name:            | Kane Smith         |
|    | • Date of Birth: | February 15, 1985  |
| 3. | Name:            | Bella Smith        |
|    | • Date of Birth: | March 20, 2010     |

Effective Date of Policy: January 1, 2024

Expiration Date of Policy: December 31, 2024

Coverage Details:

- |    |                           |  |
|----|---------------------------|--|
| 1. | Medical Expenses:         | Covered up to \$50,000 per annum.                    |
| 2. | Hospitalization Expenses: | Covered up to \$500 per day for room charges.        |
| 3. | Surgical Expenses:        | Covered up to \$10,000 per surgery.                  |
| 4. | Emergency Care:           | Covered up to \$5,000.                               |
| 5. | Prescription Drugs:       | Covered up to \$500 per prescription.                |
| 6. | Specialized Treatments:   | Covered up to \$20,000 subject to pre-authorization. |
| 7. | Ambulance Services:       | Covered up to \$1,000 per trip.                      |

Terms and Conditions:

- |    |                      |   |
|----|----------------------|---|
| 1. | Eligibility:         | This policy covers the policyholder and the insured members listed above.                                   |
| 2. | Claims Procedure:    | Claims must be submitted within 30 days from the date of treatment or hospitalization.                      |
| 3. | Claim Documentation: | Claim forms must be accompanied by original medical bills, prescriptions, and any other relevant documents. |

4. **Network Providers:** Coverage is provided for treatments obtained from network hospitals and healthcare providers only. Out-of-network expenses are subject to reimbursement at a reduced rate.
5. **Exclusions:** This policy does not cover pre-existing conditions, cosmetic surgeries, experimental treatments, and injuries resulting from hazardous activities, among others. Please refer to the policy document for a complete list of exclusions.
6. **Renewal:** This policy is renewable annually subject to the payment of premiums and review by the insurer.

#### **Claim Procedure:**

1. In case of hospitalization or emergency treatment, contact the insurer's helpline immediately.
2. Obtain pre-authorization for planned treatments or surgeries, if required.
3. Submit duly filled claim forms along with supporting documents to the insurer's claims department.
4. Claims will be processed within 15 working days from the date of receipt of complete documentation.

#### **Contact Information:**

**Insurance Company Name:** HealthCare InsureCo

**Customer Service Helpline:** 1-800-555-1234

**Email:** [customerservice@healthcareinsureco.com](mailto:customerservice@healthcareinsureco.com)

**Website:** [www.healthcareinsureco.com](http://www.healthcareinsureco.com)