

Health Insurance Policyholder Document

Policy Number: HICP192883765

Name of Policyholder: Franklin Johnson

Address: 789 Elm Street, Anytown, USA

Insured Member Information:

1. **Name:** Franklin Johnson
Date of Birth: October 5, 1978
2. **Name:** Alice Johnson
Date of Birth: December 22, 1980
3. **Name:** Max Johnson
Date of Birth: May 10, 2012

Effective Date of Policy: March 1, 2024

Expiration Date of Policy: February 28, 2025

Coverage Details:

1. **Medical Expenses:** Covered up to \$55,000 per annum.
2. **Hospitalization Expenses:** Covered up to \$550 per day for room charges.
3. **Surgical Expenses:** Covered up to \$11,000 per surgery.
4. **Emergency Care:** Covered up to \$6,000.
5. **Prescription Drugs:** Covered up to \$550 per prescription.
6. **Specialized Treatments:** Covered up to \$22,000 subject to pre-authorization.
7. **Ambulance Services:** Covered up to \$1,100 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 Website: www.healthcareinsureco.com