

**Policyholder:** Jane Smith

**Date of Birth:** January 1, 1970 (Age: 54)

**Address:** 456 Elm Street, Anytown, USA 12345

**Insurer:** HealthFirst Insurance Company

**Policy Number:** HF-87654321

**Effective Date:** May 27, 2024 **Expiration Date:** May 26, 2025

**Plan Type:** Individual HMO (Health Maintenance Organization)

**Benefits:**

- **Inpatient Hospitalization:** Covers the cost of a semi-private room and board, surgeon fees, anesthesia, and other hospital charges associated with a medically necessary inpatient stay.
- **Outpatient Coverage:** Covers a portion of the cost of doctor visits, diagnostic tests, and other outpatient services provided by in-network providers. Copay of \$20 per visit applies.
- **Preventive Care:** Covers the cost of annual wellness exams, preventive screenings (e.g., mammograms, colonoscopies), and immunizations.
- **Prescription Drugs:** Covers a portion of the cost of prescription drugs filled at in-network pharmacies. Tiered copay system applies (\$10 for generic, \$30 for brand name, \$50 for specialty drugs).

**Annual Deductible:** \$2,500 (This is the amount you must pay out of pocket for covered medical expenses before the insurance company starts paying)

**Out-of-Pocket Maximum:** \$5,000 (This is the maximum amount you will pay out of pocket for covered medical expenses in a year, after you meet your deductible)

**Pre-Existing Conditions:** This policy has a 12-month look-back period for pre-existing conditions. Treatments for pre-existing conditions will be subject to review and may not be covered at full benefits until the plan anniversary.

**Renewals:**

- Your policy will automatically renew each year, unless you cancel it or your insurer chooses not to renew it. You will receive a renewal notice with the updated premium amount before the renewal date.

**Network:** This policy is only valid for services received from in-network providers. You can find a list of in-network providers on the HealthFirst website or app.

**Exclusions:**

- This policy does not cover:

- Cosmetic surgery (unless medically necessary)
- Long-term care
- Dental care
- Vision care

**This policy is a binding contract. By accepting this policy, you agree to the terms and conditions outlined above.**