

Comprehensive Policy Document: Medical Insurance Cover Scheme

Policy Title:

HealthyCare Medical Insurance Scheme

Policy Number:

HCI-2024-001

Effective Date:

December 1, 2024

1. Policy Overview

HealthyCare Medical Insurance Scheme is designed to provide comprehensive healthcare benefits to its members, ensuring financial security and access to quality medical services. This policy covers hospitalization, outpatient services, specialist consultations, diagnostic tests, and prescribed medications.

2. Policy Eligibility

- All individuals aged 18 to 65 years.
- Eligible dependents include spouse, children below 21 years, and parents above 65 years (subject to conditions).
- Coverage for pre-existing conditions applies after a 12-month waiting period.

3. Policy Members (Dummy Data)

	Policy ID	Age	Plan Type	
John Doe	HCI2024-001	35	Individual Plan	\$250/month
Mary Jane	HCI2024-002	28	Family Plan	\$400/month
Paul Smith	HCI2024-003	45	Individual Plan	\$300/month
Linda Williams	HCI2024-004	39	Family Plan	\$450/month
	HCI2024-005	62	Senior Citizen	

4. Scope of Coverage

4.1 Inpatient Benefits

- Hospital Room and Board:** Up to \$250/day for general wards; \$500/day for private rooms.
- Surgery Costs:** Full coverage for medically necessary procedures within network hospitals.
- ICU/CCU Charges:** Fully covered for a maximum of 30 days per policy year.

4.2 Outpatient Benefits

- General physician consultations: Up to \$50/visit, maximum 12 visits annually.
- Specialist consultations: Up to \$100/visit, maximum 6 visits annually.
- Diagnostic tests (MRI, CT scans, X-rays): Fully covered up to \$2,500 annually.

4.3 Pharmacy Benefits

- Prescribed medications: Coverage up to \$1,500 annually.

4.4 Emergency Services

- Ambulance transportation: Fully covered within a 50-mile radius.
- Emergency room treatments: Fully covered for eligible conditions.

4.5 Maternity and Newborn Care

- Coverage of up to \$10,000 for maternity services (normal and cesarean delivery).
- Newborn screening and vaccinations fully covered within the first year.

4.6 Preventive Care

- Annual wellness checkups and health screenings: Fully covered.
- Immunizations for children and adults: Fully covered.

5. Policy Exclusions

- Cosmetic surgeries and treatments unless medically necessary.
- Experimental treatments and procedures.
- Injuries sustained from illegal activities or extreme sports.
- Alternative therapies such as acupuncture and naturopathy (unless explicitly covered under a specific plan).

6. Premium Payments

- Premiums are payable monthly, quarterly, or annually.
- Late payments are subject to a 2% penalty after a 30-day grace period.

7. Claims Process

7.1 Procedure for Claims

- Notify the insurance company within 7 days of the event (emergency) or 30 days (planned treatment).
- Submit a completed claim form along with supporting documentation: medical reports, receipts, and physician notes.
- Claims are processed within 14 business days.

7.2 Reimbursement Model

Members pay out-of-pocket initially for out-of-network services, and claims are reimbursed as per policy limits.

Direct billing available for network hospitals and clinics.

8. Grievance Redressal Mechanism

Members can lodge complaints through:

- Hotline:** +1-800-555-HEALTH
- Email:** support@healthycare.com
- Online Portal:** www.healthycare.com

Resolution timelines:

- Acknowledgment:** Within 3 business days.
- Resolution:** Within 15 business days.

9. Policy Renewal

- Policies are renewable annually.
- Renewal notices are sent 60 days before the expiry date.
- Policyholder must update any changes in dependents or coverage needs before renewal.

10. Termination of Policy

- Non-payment of premiums for 90 days.
- Fraudulent claims or violation of policy terms.
- Written cancellation by policyholder, effective 30 days from notice.

11. Contact Information

HealthyCare Medical Insurance Headquarters
123 Wellness Way, MedCity, USA
Phone: +1-800-555-HEALTH
Email: info@healthycare.com
Website: www.healthycare.com

Signatures

Policyholder Signature: _____

Authorized Representative: _____

Date: _____