

Health Insurance Coverage Summary

Plan: Platinum Plus PPO

Provider: Allied Health Services

Policyholder: John Doe

Policy Number: AHS-PLT-44578123

Coverage Period: Jan 1, 2025 – Dec 31, 2025

Covered Services:

- Primary Care Visits: \$20 copay, unlimited visits
- Specialist Visits: \$40 copay, referral required
- Emergency Room: \$100 copay + 20% coinsurance
- Inpatient Hospitalization: 20% coinsurance after deductible
- Outpatient Surgery: 15% coinsurance
- Mental Health Counseling: 12 sessions/year, \$30 copay/session
- Prescription Drugs:
 - Tier 1 (Generics): \$10
 - Tier 2 (Preferred): \$35
 - Tier 3 (Non-Preferred): \$70
 - Specialty: 25% coinsurance (pre-authorization required)

Annual Deductibles:

- Individual: \$1,000
- Family: \$2,500

Out-of-Pocket Maximums:

- Individual: \$4,500

- Family: \$9,000

Exclusions:

- Cosmetic surgeries

- Experimental treatments

- Fertility services (unless specified)

- Non-FDA approved drugs

Pre-Authorization Required:

- MRI/CT scans

- Elective surgeries

- Physical therapy beyond 10 sessions

Contact: support@alliedhealth.com | 1-800-555-2378