

# Health Insurance Policy

Insurance Provider:	MediGuard Insurance
Policy ID:	180373
Policy Holder:	John Smith
Start Date:	2025-04-06
End Date:	2026-04-06
Premium:	\$249.99
Deductible:	\$1500
Copayment:	15%
Out-of-Pocket Maximum:	\$4000

## Coverage Details

Type	Limit	Description
Hospital	\$400000	Inpatient and outpatient hospital services
Medical	\$80000	Doctor visits and medical procedures
Prescription	\$40000	Prescription medications
Dental	\$1500	Basic dental services
Vision	\$800	Vision care and eyewear

## Exclusions

- Cosmetic procedures
- Experimental treatments
- Pre-existing conditions (first 18 months)
- Alternative medicine
- Travel-related injuries
- Weight loss programs