

Title: Comprehensive Health Insurance Policy Agreement

This Agreement (the "Policy") is entered into on this [Start Date] by and between:

Insurer: Secure Health Insurance Co., 789 Insurance Lane, Wellville, TX 67890

Insured: Jane Doe, 123 Client Ave., Caretown, TX 12345

Policy Number: CHI987654321

Effective Date: [Start Date]

1. Coverage Details

1.1 General Coverage

Coverage Type: Comprehensive Health Insurance

Coverage Limit: \$1,000,000 per policy term

Deductible: \$1,500 per annum for in-network providers, \$3,000 for out-of-network providers

Co-payments:

\$25 per primary care visit

\$50 per specialist visit

\$10 per prescription for generic drugs

\$50 per prescription for brand-name drugs

1.2 Covered Services

Inpatient hospital care and surgery

Outpatient diagnostics and treatments

Emergency care and ambulance services

Preventive care, including vaccinations and annual physicals

Maternity and newborn care

Pediatric care, including vision and dental

Mental health and substance abuse treatment

Prescription drugs as listed in the formulary

1.3 Limitations

Coverage for non-preferred providers is limited to 50% of eligible expenses after the deductible.

Emergency care outside the United States is limited to \$100,000 per occurrence.

2. Premium Payment Terms

Annual Premium: \$6,500

Payment Frequency: Monthly, Quarterly, or Annual, based on the chosen payment plan

Monthly Payment: \$542 (for monthly payment option)

Late Payment Penalties: A 5% penalty applies to payments made more than 15 days past the due date.

Accepted Payment Methods:

Credit card or debit card

Electronic bank transfers

Checks mailed to Secure Health Insurance Co., 789 Insurance Lane, Wellville, TX

3. Policy Term and Renewal

Policy Term: 12 months from the Effective Date

Renewal: Automatic renewal each year unless:

The Insurer provides written notice of non-renewal at least 60 days prior to the expiration date.

The Insured submits a cancellation request in writing 30 days before the renewal date.

4. Exclusions

Pre-existing Conditions: Not covered for the first 12 months of the policy.

Cosmetic Procedures: Such as rhinoplasty, Botox, and elective plastic surgery.

Experimental Treatments: Treatments not approved by the FDA or other regulatory bodies.

Lifestyle-Related Treatments: Treatments for injuries resulting from high-risk sports, illegal activities, or substance abuse.

Alternative Therapies: Acupuncture, herbal treatments, and homeopathy, unless explicitly covered.

War and Civil Unrest: Claims resulting from war, terrorism, or civil commotion are excluded.

5. Claims Process

Notice of Claim: The Insured must notify the Insurer within 30 days of the event.

Filing Deadline: Claims must be submitted no later than 90 days after the occurrence of the covered event.

Required Documentation:

Official medical reports and physician's statements

Invoices and receipts for services rendered

Completed claim form provided by the Insurer

Processing Time: The Insurer will approve or deny the claim within 30 business days after receiving all required documentation.

Appeals: If a claim is denied, the Insured may appeal the decision within 60 days of notification.

6. Termination Clause

Insurer-Initiated Termination:

Non-payment of premiums after a 30-day grace period.

Fraudulent claims or material misrepresentation of facts.

Breach of contract terms by the Insured.

Insured-Initiated Termination:

The Insured may cancel this policy with 30 days' written notice. A prorated refund of the unused premium will be issued.

Force Majeure Termination:

The policy may be terminated in the event of force majeure events that prevent continuation of the agreement, such as natural disasters or government actions.

7. Dispute Resolution

Governing Law: This Agreement shall be governed by the laws of the State of Texas.

Resolution Process: Any disputes arising under this Agreement shall first be resolved through mediation. If mediation fails, arbitration shall be conducted under the rules of the American Arbitration Association.

Venue: All disputes shall be resolved in the courts located in Wellville, TX.

8. Confidentiality

Both parties agree to maintain confidentiality regarding all personal, financial, and medical information shared during the term of the policy. The following exceptions apply:

Information required for regulatory compliance.

Disclosures mandated by court order or subpoena.

9. Amendments

This Policy may only be amended by a written agreement signed by both parties. Any verbal agreements or unauthorized modifications shall be deemed invalid.

10. Additional Provisions

Subrogation Rights: The Insurer reserves the right to recover costs from third parties responsible for the Insured's medical expenses.

Coordination of Benefits: If the Insured holds multiple insurance policies, benefits will be coordinated to prevent duplication of payments.

Fraud Prevention: The Insurer employs advanced fraud detection systems. Fraudulent claims will result in immediate termination of the policy.

Signatures:

Insurer: Secure Health Insurance Co.

Signature: _____

Date: _____

Insured: Jane Doe

Signature: _____

Date: _____