

*Mr. Williams, D/ Director*

Bureau file

## *Federal Employees*

## *Health Benefits Program*

### **INFORMATION ABOUT**

### **PLAN CHANGES**

**EFFECTIVE JANUARY 1966**

*Mr. Williams' Ins.  
Plan Code 401  
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**UNITED STATES  
CIVIL SERVICE COMMISSION  
Bureau of  
Retirement and Insurance  
Washington, D.C. 20415**

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## **INFORMATION ABOUT PLAN CHANGES**

Check the Summary of Plan Changes on page 3 to see if there will be a change in your plan or option for the contract term beginning January 1, 1966. If there will be a change, refer to the page indicated in the last column of the Summary to see what the details are.

### **CHANGES IN SUBSCRIPTION RATES**

If your plan or option is increasing its rates, the full amount of the increase will be added to the present deduction from your salary effective the first day of the first pay period beginning after December 31, 1965.

### **CHANGES IN BENEFITS**

Almost all of the changes in benefits are improvements and are effective January 1, 1966.

### **NEXT OPEN SEASON**

The next open season has not been scheduled. It will be announced and held before February 15, 1968.

### **HEALTH INSURANCE UNDER SOCIAL SECURITY ("MEDICARE")**

As of July 1, 1966, when Medicare becomes generally effective, all plans will adjust their benefits so that they do not duplicate benefits provided by Medicare for the same expense or service. In general, if you, or your wife or husband, are age 65 or over and are covered by both a plan and Medicare, the plan will pay (or provide) its benefits in full or in a reduced amount which, when added to the benefits payable under Medicare, will not exceed 100 percent of allowable expenses. This will apply whether or not a claim is filed for the Medicare benefits. If needed, you will have to authorize the plan to obtain information as to what benefits are payable under Medicare.

### **BRIDGE CLINIC PLAN**

Community Medical Services (formerly Bridge Clinic Plan) is discontinuing participation in the Program. If you are now enrolled in this plan, your coverage will cease on the last day of the last pay period beginning in December 1965. Therefore, you should promptly enroll in another plan of your choice. The effective date of enrollment in the new plan will be the first day of the first pay period beginning on or after January 1, 1966. If you do not enroll in another plan your enrollment will be considered canceled.

## SUMMARY OF PLAN CHANGES

Name of Plan	Changes		For details see page
	High Option <sup>1</sup>	Low Option	
Government-wide Service Benefit Plan.....	Yes	Yes	4
Government-wide Indemnity Benefit Plan.....	Yes	No	4
<i>Employee Organization Plans:</i>			
AFGE Health Benefit Plan.....	No	No	—
Alliance Health Benefit Plan.....	No	No	—
Canal Zone Benefit Plan.....	Yes	—	9
Federal Employees Hospital Association Benefit Plan <sup>2</sup> .....	Yes	Yes	6
Foreign Service Benefit Plan.....	Yes	—	5
GEBA Health Benefit Plan.....	No	No	—
Mail Handlers Benefit Plan.....	Yes	No	8
Maintenance Employees Benefit Plan.....	Yes	Yes	8
Motor Vehicle Employees Benefit Plan.....	Yes	Yes	9
NALC Health Benefit Plan.....	Yes	Yes	5
National Postal Union Health Benefit Plan.....	Yes	No	5
Postmasters Benefit Plan.....	No	No	—
Rural Carrier Benefit Plan.....	Yes	Yes	7
SAMBA Health Benefit Plan.....	Yes	—	7
United Federation Postal Clerks Plan.....	Yes	Yes	9
<i>Comprehensive Medical Plans:</i>			
Community Health Assn. Plan (Detroit, Mich.).....	No	—	—
Foundation for Medical Care (Stockton, Calif.).....	Yes	—	10
Group Health Association (Washington, D.C.).....	Yes	Yes	10
Group Health Cooperative Plan of Puget Sound.....	Yes	—	11
GHI Family Doctor Plan (New York, N.Y.).....	Yes	Yes	11
Group Health Plan (Minneapolis-St. Paul).....	Yes	Yes	11
HMSA Plan (Hawaii).....	Yes	—	12
Health Insurance Plan (H.I.P.) (New York, N.Y.).....	No	No	—
Kaiser Foundation Health Plan, Northern Calif.....	Yes	Yes	13
Kaiser Foundation Health Plan, Southern Calif.....	Yes	Yes	13
Kaiser Foundation Health Plan, Hawaii Region.....	Yes	—	12
Kaiser Foundation Health Plan of Oregon.....	Yes	—	14
Letter Carriers Medical Service Plan (Seattle, Wash.).....	Yes	—	14
Medical Service Bureau Plan (North Idaho).....	Yes	—	14
National Hospital Association Plan (Portland, Oreg.).....	Yes	—	14
Physicians Association Plan (Clackamas County, Oreg.).....	No	—	—
Physicians and Surgeons Assn. Health Plan (Calif.).....	Yes	—	15
Ross-Loos Medical Group (Los Angeles, Calif.).....	Yes	—	16
SSS Plan (Puerto Rico).....	Yes	—	16
Washington Physicians Service (Seattle, Wash.).....	Yes	—	15
Western Clinic Plan (Tacoma, Wash.).....	Yes	—	16

<sup>1</sup>Plans with only one option are shown in this column.

<sup>2</sup>The name of this plan is being changed to the Government Employees Hospital Association Benefit Plan.

## GOVERNMENT-WIDE SERVICE BENEFIT PLAN

Rates do not change.

### BENEFITS

#### HIGH OPTION ONLY

**Intensive Medical Care:** The number of days for which benefits are payable for intensive medical care is increased from 10 to 14 days. (Page 6.)

#### HIGH AND LOW OPTIONS

**Outpatient Hospital Benefits:** Benefits are payable for covered hospital services rendered within 72 hours, instead of 24 hours, of the use of the operating room for related outpatient surgical care and with no time limit for removal of casts and sutures. These covered hospital services will also now include outpatient X-ray and laboratory examinations even though the surgery is performed in a physician's office. (Page 5.)

**X-ray Examinations:** Basic Surgical-Medical Benefits are payable for X-rays performed in the outpatient department of a hospital or in a physician's office in connection with outpatient surgery only when performed within 72 hours of the surgery. Formerly there was no time limit. This limitation does not apply to X-ray examinations in connection with the treatment of fractures or dislocations. (Page 6.)

**Time Limit for Filing Claims:** The plan is not required to accept a claim which is submitted after December 31 of the calendar year following the one in which the expense for which benefits are claimed was incurred. (Pages 16 and 17.)

## GOVERNMENT-WIDE INDEMNITY BENEFIT PLAN

### RATES

Low Option rates do not change. New High Option deductions are:

Enrollment Code No.	Option	Type of Enrollment	Increase in Deduction		Total Deduction	
			Biweekly	Monthly	Biweekly	Monthly
201	High	Self Only	\$0. 68	\$1. 47	\$3. 52	\$7. 62
202	High	Self & Family	1. 11	2. 40	8. 84	19. 15

Benefits do not change.

*Page numbers refer to your yellow brochure*

## FOREIGN SERVICE BENEFIT PLAN

Rates do not change.

### BENEFITS

**Eyeglasses:** The cost of eyeglasses, formerly excluded, is a covered expense if they are specifically ordered by a physician in connection with a diagnosis of cataracts or glaucoma. (Pages 5 and 8.)

## NALC HEALTH BENEFIT PLAN

### RATES

New deductions for both options are:

Enrollment Code No.	Option	Type of Enrollment	Increase in Deduction		Total Deduction	
			Biweekly	Monthly	Biweekly	Monthly
<b>321</b>	High	Self Only	\$0.17	\$0.37	\$2.07	\$4.48
<b>322</b>	High	Self & Family	.49	1.06	6.98	15.12
<b>324</b>	Low	Self Only	.06	.13	1.18	2.56
<b>325</b>	Low	Self & Family	.33	.72	3.71	8.04

### BENEFITS

#### HIGH AND LOW OPTIONS

**Chiropractic Services:** A chiropractor is no longer included in the plan's definition of "doctor." No benefits are payable for any services rendered by chiropractors on or after January 1, 1966. (Pages 10 and 12.)

**Dental Treatment:** Benefits for covered dental treatment are payable for expenses incurred during the 24-month period, instead of the 12-month period, immediately following an accident. This change applies only for accidents occurring on or after January 1, 1965. (Page 11.)

## NATIONAL POSTAL UNION HEALTH BENEFIT PLAN

### RATES

Low Option rates do not change. New High Option deductions are:

Enrollment Code No.	Option	Type of Enrollment	Increase in Deduction		Total Deduction	
			Biweekly	Monthly	Biweekly	Monthly
<b>371</b>	High	Self Only	\$0.53	\$1.15	\$3.14	\$6.80
<b>372</b>	High	Self & Family	1.61	3.49	10.36	22.45

Benefits do not change.

*Page numbers refer to your yellow brochure*

**FEDERAL EMPLOYEES HOSPITAL ASSOCIATION  
BENEFIT PLAN**

**(Name changed to Government Employees Hospital Association  
Benefit Plan)**

**RATES**

Low Option rates do not change. New High Option deductions are:

Enrollment Code No.	Option	Type of Enrollment	Increase in Deduction		Total Deduction	
			Biweekly	Monthly	Biweekly	Monthly
<b>311</b>	High	Self Only	\$1.24	\$2.68	\$3.70	\$8.01
<b>312</b>	High	Self & Family	3.38	7.32	10.51	22.77

**BENEFITS**

**HIGH AND LOW OPTIONS**

***Mental and Nervous Disorders:*** Benefits payable by the plan for expenses of mental and nervous disorders are increased as follows:

(a) The definition of "hospital" is liberalized to cover any lawfully operated institution which is engaged primarily in providing facilities for diagnosis and treatment of bed patients under supervision of a staff of licensed doctors of medicine (M.D.) or osteopathy (D.O.) and which provides the services of registered nurses (R.N.) 24 hours a day. Institutions for the care of mental and nervous conditions are included if they meet these requirements. The former requirement that the institution provide facilities regularly used for surgical operations is eliminated. (Page 8.)

(b) The term "hospital" will also include a psychiatric day-night hospital if it is associated with a hospital and is a lawfully operated therapeutic facility for patients with mental or emotional illnesses who spend part of the day or night in a planned treatment in the facility and in which at least one psychiatrist (M.D. or D.O.) is present on a regularly scheduled basis and assumes medical responsibility for all patients. (Page 8.)

(c) Instead of paying benefits for mental and nervous conditions only when the patient is totally disabled (page 6), the plan will pay benefits for such conditions regardless of whether or not the patient is disabled. However, covered expenses for doctors' services are limited as follows:

(1) Home and office visits—to face-to-face psychotherapy sessions, including group sessions, up to a maximum of 30 sessions per calendar year and to charges not to exceed \$25 per session.

(2) In-hospital visits—to charges not to exceed \$10 per day unless there is a psychotherapy session in which case charges not to exceed \$25 per day will be covered.

(d) Benefits will be paid for charges of a qualified psychologist for tests specifically ordered by a doctor (M.D. or D.O.) in the treatment of a mental or nervous condition. (Page 5.)

**Chiropractic Services:** Coverage of services of a chiropractor is limited to spinal analysis by X-ray, to hand adjustments of the spinal column only, and to not more than 30 such adjustments each calendar year. Formerly, covered services included use of other instruments for spinal analysis, adjustments to other articulations of the body, and there was no limit on the number of adjustments. (Page 6.)

## RURAL CARRIER BENEFIT PLAN

Rates do not change.

### BENEFITS

#### HIGH OPTION ONLY

**Hospital Outpatient Expenses:** Supplemental Benefits are now payable for hospital charges for outpatient services and supplies to the extent they are not covered by other benefits. (Page 11.)

#### HIGH AND LOW OPTIONS

**Administration of Anesthetics:** Hospital Miscellaneous Expense Benefits are now payable for charges for the administration of anesthetics to a hospital outpatient. (Page 7.)

**Oral Surgery:** Surgical Benefits are payable for repair (such as crowns and inlays) of accidental injury to sound natural teeth performed within 6 months of the accident. Formerly, treatment of teeth was covered in such cases but not repair. (Pages 8 and 11.)

## SAMBA HEALTH BENEFIT PLAN

### RATES

New deductions are:

Enrollment Code No.	Type of Enrollment	Increase in Deduction		Total Deduction	
		Biweekly	Monthly	Biweekly	Monthly
<b>441</b>	Self Only	\$0.61	\$1.32	\$2.38	\$5.15
<b>442</b>	Self & Family	1.48	3.20	5.78	12.52

Benefits do not change.

## MAIL HANDLERS BENEFIT PLAN

### RATES

Low Option rates do not change. New High Option deductions are:

Enrollment Code No.	Option	Type of Enrollment	Increase in Deduction		Total Deduction	
			Biweekly	Monthly	Biweekly	Monthly
451	High	Self Only	\$0.37	\$0.80	\$2.36	\$5.11
452	High	Self & Family	1.06	2.30	6.99	15.15

### BENEFITS

#### HIGH OPTION ONLY

**Hospital Miscellaneous Expenses:** Benefits payable for hospital expenses other than room and board are increased from 80 percent of charges to 100 percent of all covered charges. (Page 6.)

**In-Hospital Doctors' Visits:** Benefits payable for doctors' visits in a hospital are increased from \$5 to \$7 per day plus an allowance of up to \$15 for one specialist consultation per confinement. (Page 8.)

**Out-of-Hospital Doctors' Visits:** Benefits payable for doctors' home visits are increased from \$5 to \$6 per visit and for office visits from \$3 to \$5 per visit. These benefits are payable beginning with the second visit for each illness, instead of the third, up to a maximum of \$350, instead of \$250, for each illness or injury. (Page 8.)

**Maternity Benefits:** Maximum benefits payable for miscarriage are increased from \$150 to \$300. (Page 10.)

## MAINTENANCE EMPLOYEES BENEFIT PLAN

Rates do not change.

### BENEFITS

#### HIGH AND LOW OPTIONS

**Hospital Outpatient Expenses:** Hospital Benefits are now payable for services and supplies furnished by a hospital in connection with outpatient surgery on the date the surgery is performed. (Page 7.)

**Oral Surgery:** Surgical Benefits are payable for repair (such as crowns and inlays) of accidental injury to sound natural teeth performed within 6 months of the accident. Formerly, treatment of teeth was covered in such cases but not repair. (Pages 8 and 11.)

*Page numbers refer to your yellow brochure*

## MOTOR VEHICLE EMPLOYEES BENEFIT PLAN

Rates do not change.

### BENEFITS

#### HIGH AND LOW OPTIONS

**Hospital Outpatient Expenses:** Hospital Benefits are now payable for services and supplies furnished by a hospital in connection with outpatient surgery on the date the surgery is performed. (Page 7.)

**Oral Surgery:** Surgical Benefits are payable for repair (such as crowns and inlays) of accidental injury to sound natural teeth performed within 6 months of the accident. Formerly, treatment of teeth was covered in such cases but not repair. (Pages 8 and 11.)

## UNITED FEDERATION POSTAL CLERKS PLAN

### RATES

New deductions for both options are:

Enrollment Code No.	Option	Type of Enrollment	Increase in Deduction		Total Deduction	
			Biweekly	Monthly	Biweekly	Monthly
341	High	Self Only	\$3.26	\$7.06	\$5.95	\$12.89
342	High	Self & Family	3.69	8.00	12.63	27.37
344	Low	Self Only	1.30	2.81	2.60	5.63
345	Low	Self & Family	2.56	5.55	5.68	12.31

### BENEFITS

#### HIGH OPTION ONLY

**Maximum Benefits:** The lifetime maximum benefit is increased from \$34,500 to \$50,000. (Page 11.)

#### HIGH AND LOW OPTIONS

**Treatment of Allergies:** Benefits are payable for treatment of allergies the same as for any other illness instead of being limited to a maximum of \$150 a calendar year. (Page 11.)

## CANAL ZONE BENEFIT PLAN

Rates do not change.

### BENEFITS

**Mental and Nervous Disorders:** Basic Hospital Benefits are payable for up to 70 days for any one period of confinement for mental or nervous disorders, in or outside the Canal Zone, the same as for any other illness. Formerly the benefits were limited to 30 days for each such confinement. (Pages 4 and 13.)

*Page numbers refer to your yellow brochure*

# FOUNDATION FOR MEDICAL CARE (STOCKTON, CALIF.)

## RATES

New deductions are:

Enrollment Code No.	Type of Enrollment	Increase in Deduction		Total Deduction	
		Biweekly	Monthly	Biweekly	Monthly
861	Self Only	\$0.59	\$1.28	\$4.52	\$9.79
862	Self & Family	1.42	3.07	10.81	23.42

## BENEFITS

**Diagnostic X-ray and Laboratory:** The previous limit of \$150 per year is increased to \$150 plus 75 percent of next \$300. (Page 5.)

**Hospital Benefits:** The allowance for hospital room and board is increased from \$18 a day to \$20 a day. (Page 6.)

**Benefits for Care by Non-Foundation Doctors:** The allowance for hospital room and board is increased from \$18 per day for 35 days to \$20 per day for up to \$2,000 each confinement. The maximum benefit for doctors' services for emergency care is increased from \$100 to \$250. (Page 8.)

**Mental and Nervous Conditions:** The plan will provide benefits for mental and nervous conditions, formerly excluded, as follows: Regular hospital benefits for up to 7 days coverage in a general hospital; up to \$10 per day for doctor visits during such covered hospital confinement; for 4 outpatient visits to a doctor of medicine (M.D.) who confines his practice to psychiatry, with the first at no cost to patient, and the next 3 at a cost of \$10 each if the doctor is a Foundation doctor (for a non-Foundation doctor, the plan will pay an allowance based on the California Relative Value Study using a coefficient of \$5 per unit of value). (Page 10.)

## GROUP HEALTH ASSOCIATION (WASHINGTON, D.C.)

Rates do not change.

## BENEFITS

### HIGH AND LOW OPTIONS

**Mental Illness:** The maximum number of consultations for mental illness is increased from 10 to 16 consultations a membership year. (Page 8.) Added is a benefit of 50 percent of the cost of psychological testing up to a maximum benefit of \$50 a membership year.

**Surgery for Congenital Defects:** The plan will pay actual charges up to \$250, without a deductible, instead of a maximum of \$200 after a \$50 deductible. (Page 5.)

*Page numbers refer to your yellow brochure*

## GROUP HEALTH COOPERATIVE PLAN OF PUGET SOUND RATES

New deductions are:

Enrollment Code No.	Type of Enrollment	Increase in Deduction		Total Deduction	
		Biweekly	Monthly	Biweekly	Monthly
<b>541</b>	Self Only	\$0.13	\$0.28	\$3.30	\$7.15
<b>542</b>	Self & Family	.60	1.30	8.89	19.26

Benefits do not change.

## GHI FAMILY DOCTOR PLAN (NEW YORK, N.Y.) RATES

New deductions for both options are:

Enrollment Code No.	Option	Type of Enrollment	Increase in Deduction		Total Deduction	
			Biweekly	Monthly	Biweekly	Monthly
<b>801</b>	Low	Self Only	\$0.43	\$0.93	\$3.09	\$6.69
<b>802</b>	Low	Self & Family	1.09	2.36	10.52	22.79
<b>804</b>	High	Self Only	1.09	2.36	4.54	9.83
<b>805</b>	High	Self & Family	3.24	7.02	14.77	32.00

Benefits do not change.

## GROUP HEALTH PLAN (MINNEAPOLIS-ST. PAUL) RATES

New deductions for both options are:

Enrollment Code No.	Option	Type of Enrollment	Increase in Deduction		Total Deduction	
			Biweekly	Monthly	Biweekly	Monthly
<b>531</b>	Low	Self Only	\$0.46	\$1.00	\$3.11	\$6.74
<b>532</b>	Low	Self & Family	.93	2.02	7.00	15.17
<b>534</b>	High	Self Only	.46	1.00	3.74	8.10
<b>535</b>	High	Self & Family	.93	2.02	9.77	21.17

### BENEFITS

#### HIGH AND LOW OPTIONS

**Third Party Liability:** If a covered person is injured through the act of a third party, the plan will now have the right to be reimbursed, to the extent damages are collected, for the reasonable value of the medical care rendered to the person for that injury.

## HMSA PLAN (HAWAII)

### RATES

New deductions are:

Enroll- ment Code No.	Type of Enrollment	Increase in Deduction		Total Deduction	
		Biweekly	Monthly	Biweekly	Monthly
<b>871</b>	Self Only	\$0.22	\$0.47	\$2.98	\$6.45
<b>872</b>	Self & Family	1.17	2.53	8.53	18.48

### BENEFITS

**Dental Surgery:** The plan will now pay regular benefits for hospital expenses for dental surgery in nonaccident cases when hospitalization is ordered by a doctor of medicine (M.D.), instead of only in cases of accidental injury. (Pages 9 and 13.)

**Psychiatric Care:** Basic Benefits, formerly limited to in-hospital treatment, will now also be payable as follows for outpatient services of a doctor of medicine (M.D.) who confines his practice to psychiatry or neurology: Patient pays for first session; plan pays \$20 and patient pays \$5 for individual sessions after the first; plan pays \$15 and patient pays \$10 for collateral sessions; plan pays \$3 and patient pays \$2 for group sessions; limited to one 50-minute session a day (for shorter sessions benefits are prorated) and to a maximum payment by the plan of \$300 (including not more than 5 collateral sessions) per benefit period of 365 days. Participating psychiatrists will accept these amounts as full payment. The plan will pay the same benefits for a nonparticipating psychiatrist but he may charge his usual fees, with the patient paying the difference. (Page 7.)

**Doctors' Visits:** Participating doctors may now charge the patient \$2, instead of \$1, for a nonroutine first office visit. (Page 7.)

## KAISER FOUNDATION HEALTH PLAN, HAWAII REGION

Rates do not change.

### BENEFITS

**Psychiatric Care:** Medical benefits, previously limited to the initial diagnostic visit, will now also provide 50 percent of cost of inpatient professional services up to a maximum benefit of \$250 during period of covered hospitalization for psychiatric conditions. (Page 5.)

**Third Party Liability:** If a covered person is injured through the act of a third party, the plan will now have the right to be reimbursed, to the extent damages are collected, for the reasonable value of the medical care rendered to the person for that injury.

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## KAISER FOUNDATION HEALTH PLAN NORTHERN CALIFORNIA REGION

### RATES

New deductions for both options are:

Enrollment Code No.	Option	Type of Enrollment	Increase in Deduction		Total Deduction	
			Biweekly	Monthly	Biweekly	Monthly
591	High	Self Only	\$0.11	\$0.24	\$2.87	\$6.22
592	High	Self & Family	.35	.75	7.64	16.55
594	Low	Self Only	.11	.24	2.17	4.70
595	Low	Self & Family	.36	.78	5.65	12.24

### BENEFITS

#### HIGH AND LOW OPTIONS

**Enrollment and Service Area:** These areas are expanded to cover that area within a 30-mile radius of the Kaiser Foundation Health Plan medical office and hospital at Sacramento. (Page 2.)

**Psychiatric Care:** The plan will now provide benefits as follows for mental and nervous conditions: Outpatient services (subscriber pays \$5 for first 15 visits in calendar year; \$10 for all additional visits); psychological testing at Health Plan Rates; 30 days of day care or 15 days of inpatient hospitalization at no charge in the KFH Plan Hospital in Richmond (2 days of day care is equivalent to 1 day of inpatient care) plus 15 days of inpatient hospitalization at Health Plan Rates. These benefits are available when, in the judgment of a Plan doctor, treatment is necessary for conditions which are not chronic and will be responsive to treatment. Formerly, psychiatric benefits were limited to inpatient services at 50 percent of the first \$1,000 of expenses. (Page 11.)

## KAISER FOUNDATION HEALTH PLAN SOUTHERN CALIFORNIA REGION

Rates do not change.

### BENEFITS

#### HIGH AND LOW OPTIONS

**Psychiatric Care:** The plan will pay in full for up to 10 visits per calendar year for outpatient evaluation instead of 75 percent of the first \$120 of actual charges; benefits for inpatient services (other than professional services) are increased from 75 percent of the first \$1,000 of charges to 100 percent of the first \$1,500. (Page 11.)

**KAISER FOUNDATION HEALTH PLAN OF OREGON**  
**RATES**

New deductions are:

Enrollment Code No.	Type of Enrollment	Increase in Deduction		Total Deduction	
		Biweekly	Monthly	Biweekly	Monthly
<b>571</b>	Self Only	\$0. 58	\$1. 26	\$2. 76	\$5. 98
<b>572</b>	Self & Family	1. 73	3. 74	8. 12	17. 59

Benefits do not change.

**LETTER CARRIERS MEDICAL SERVICE PLAN (SEATTLE, WASH.)**

Rates do not change.

**BENEFITS**

**Benefit Maximums:** The maximum benefit for tuberculosis and polio is increased from \$500 to \$2,000; and for other conditions from \$1,500 to \$2,000, except for cancer which remains at \$1,000. (Page 10.)

**MEDICAL SERVICE BUREAU PLAN (NORTH IDAHO)**

**RATES**

New deductions are:

Enrollment Code No.	Type of Enrollment	Increase in Deduction		Total Deduction	
		Biweekly	Monthly	Biweekly	Monthly
<b>811</b>	Self Only	\$0. 40	\$0. 87	\$4. 04	\$8. 75
<b>812</b>	Self & Family	. 94	2. 04	10. 12	21. 93

Benefits do not change.

**NATIONAL HOSPITAL ASSOCIATION PLAN (PORTLAND, OREGON)**

**RATES**

New deductions are:

Enrollment Code No.	Type of Enrollment	Increase in Deduction		Total Deduction	
		Biweekly	Monthly	Biweekly	Monthly
<b>841</b>	Self Only	\$0. 48	\$1. 04	\$3. 36	\$7. 28
<b>842</b>	Self & Family	1. 21	2. 62	8. 95	19. 39

Benefits do not change.

*Page numbers refer to your yellow brochure*

**PYHICIAN'S AND SURGEON'S ASSOCIATION  
HEALTH PLAN (CALIFORNIA)**

**RATES**

New deductions are:

Enrollment Code No.	Type of Enrollment	Increase in Deduction		Total Deduction	
		Biweekly	Monthly	Biweekly	Monthly
581	Self Only	\$0. 60	\$1. 30	\$2. 82	\$6. 11
582	Self & Family	1. 76	3. 82	8. 31	18. 01

**BENEFITS**

***Mental and Nervous Conditions:*** Hospital Benefits are now provided for mental and nervous disorders the same as for any other illness. Formerly, no benefits were payable for such conditions. (Page 5.)

***Other Insurance:*** The plan will now have the right to recover the reasonable value of its medical services from a subscriber entitled to medical benefits under any other group plan to the extent of his benefits under that plan.

**WASHINGTON PHYSICIANS SERVICE (SEATTLE, WASH.)**

**RATES**

New deductions are:

Enrollment Code No.	Type of Enrollment	Increase in Deduction		Total Deduction	
		Biweekly	Monthly	Biweekly	Monthly
831	Self Only	\$0. 06	\$0. 13	\$3. 70	\$8. 01
832	Self & Family	. 79	1. 71	9. 97	21. 60

**BENEFITS**

***Double Coverage:*** Benefits will be subject to a double-coverage limitation intended to prevent payment of benefits which exceed expenses. The limitation applies when a person covered by the plan is also covered by any other plan. When such double coverage exists the plan will pay its benefits in full or in a reduced amount which when added to the benefits payable by the other plan(s) will not exceed the total of allowable expenses. Formerly, the plan made no reduction in benefits because of other health insurance.

# ROSS-LOOS MEDICAL GROUP (LOS ANGELES, CALIF.)

## RATES

New deductions are:

Enrollment Code No.	Type of Enrollment	Increase in Deduction		Total Deduction	
		Biweekly	Monthly	Biweekly	Monthly
611	Self Only	\$0.79	\$1.71	\$3.87	\$8.38
612	Self & Family	1.98	4.29	9.82	21.28

Benefits do not change.

## SSS PLAN (PUERTO RICO)

Rates do not change.

## BENEFITS

**Hospital Benefits:** Benefits for hospitalization outside the service area, formerly limited to \$10 a day are now payable up to \$18 a day. Benefits for hospitalization in nonparticipating hospitals within the service area, formerly not provided, are now payable up to \$12 a day. (Page 8.)

**Office Visits:** The service charge payable by the patient for office visits is increased from a maximum of \$1 to \$2 a visit. Formerly it was \$2 only if the doctor was a specialist. (Page 6.)

**Nonparticipating Doctors:** The fee schedule allowances for services of nonparticipating doctors have been increased. (Pages 6 and 10.)

## WESTERN CLINIC PLAN (TACOMA, WASHINGTON)

## RATES

New deductions are:

Enrollment Code No.	Type of Enrollment	Increase in Deduction		Total Deduction	
		Biweekly	Monthly	Biweekly	Monthly
561	Self Only	\$0.26	\$0.56	\$3.85	\$8.34
562	Self & Family	.60	1.30	8.82	19.11

Benefits do not change.

*Page numbers refer to your yellow brochure*