



Preferred

HOSPITALIZATION
and
MEDICAL-SURGICAL
PROTECTION



—BY *Blue Cross-Blue Shield* OF TEXAS—

Blue Cross



HOSPITAL CARE through Group Hospital Service, Inc., the only hospitalization plan in Texas approved by the Texas Hospital Association and the American Hospital Association and identified by its seal superimposed on a blue cross.



MEMBER HOSPITAL BENEFITS: The service benefits listed below are available when provided by any Texas hospital which is a member of the Blue Cross Plan. Payment will be made for these services when supplied outside the State of Texas by any hospital that is a member of another Blue Cross Plan, or that is registered by the American Medical Association.

ALL THESE

HOSPITAL CHARGES

PAID IN FULL

ALL DRUGS AND MEDICINES except blood and plasma, listed in the U. S. Pharmacopeia or adopted for supplemental listing by the Plan.

LABORATORY EXAMINATIONS (not including blood donor typing or cross-matching).

OPERATING ROOM AND DELIVERY ROOM (does not include blood transfusion services).

SURGICAL DRESSINGS AND PLASTER CASTS

USE OF CYSTOSCOPIC ROOM

BASAL METABOLISM EXAMINATION

OXYGEN AND OXYGEN THERAPY

ANESTHETIC MATERIALS AND SERVICES, administered by a full-time salaried hospital employee.

ELECTROCARDIOGRAMS

PHYSIOTHERAPY AND HYDROTHERAPY

PLUS

X-RAY EXAMINATIONS, up to \$40.00 each period of hospital confinement.*

ROOM ACCOMMODATIONS, including meals and general nursing service: an allowance of up to \$7.50 per day.

INCLUDING

MATERNITY CARE — All hospital services as listed above, for any condition of pregnancy, are available under membership agreements including a husband and the wife for twelve months. Maternity care is limited to a total of ten days for any pregnancy, and routine nursery room service is provided only during the maternity benefit stay of the mother.

EMERGENCY ROOM SERVICE — Accident cases not requiring bed care may receive all hospital emergency room service required, including \$25.00 for X-ray, within twenty-four hours after the accident.

70 DAYS' FULL BENEFITS: The benefits listed for both member and non-member hospitals are available to each person for 70 days each period of hospital confinement.* (Exception: Maternity care is limited to ten days.)

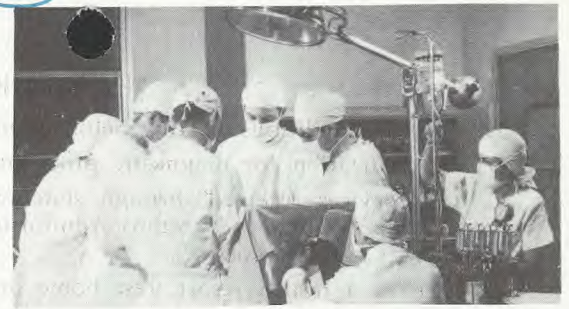
NON-MEMBER TEXAS HOSPITAL BENEFITS: If hospital services are received in a Texas hospital that is not a member of the Blue Cross Plan, but is registered with the American Medical Association or approved by the Plan as a non-member hospital, the cash allowance for services in such a hospital is up to \$7.50 per patient day for room accommodations and \$60.00 for extras.

(* "Period of hospital confinement" means one or more hospital stays not separated by 90 days; if separated by 90 days, 70 new days of full benefits become available.)

Blue Shield



MEDICAL AND SURGICAL CARE through Group Medical and Surgical Service, approved plan of the American Medical Association and identified by the medical caduceus superimposed on a blue shield.



SURGICAL BENEFITS: Surgery may be performed in a hospital or in a doctor's office. When two or more operations are performed at the same time or during the same period of hospitalization, in different operative areas, our allowance for the procedure carrying the highest amount will be paid in full, plus 50% of our allowance for the next highest procedure, with a maximum payment of **\$225.00**

SURGERY

\$5.00 to \$225.00

(Partial list)

APPENDECTOMY	\$150.00
REMOVAL OF LUNG	225.00
TONSILLECTOMY AND ADENOIDECTOMY (after six months).....	50.00
(under 12 years).....	40.00
TREATMENT OF SIMPLE FRACTURE OF HIP	150.00
(50% increase on schedule for compound fractures)	
REMOVAL OF KIDNEY.....	190.00
THYROIDECTOMY (goitre)	225.00
HEMORRHOIDECTOMY	75.00
HYSTERECTOMY	150.00

PLUS

MATERNITY CARE (after 12 months):

Normal childbirth with pre- and post-natal care.....	\$ 75.00
Caesarian Section	150.00

MEDICAL CARE — If no surgery is required and the patient is hospitalized more than three days, payment is made toward the doctor's bill, beginning with the fourth day for thirty days, during any membership year, at the daily rate of **\$ 5.00**

Covers cases of Polio, Leukemia, Diphtheria, Scarlet Fever, Smallpox, Rabies (including prophylaxis), Tetanus, Spinal Meningitis (meningococcic), Encephalitis (sleeping sickness), or Tularemia, for each member of the family, for treatment of each disease named during a two-year period after diagnosis, paid in lieu of regular benefits:

Extra

\$5,000.00

**CATASTROPHIC
ILLNESS
Endorsement**

Blue Cross

provides up to **\$3500**

- Room and Board
- Regular Hospital Attendants
- Any Hospital Apparatus
- Anesthesia
- Special Nurses
- Iron Lung
- Blood Transfusions
- Drugs and Medicines
- X-ray and Physiotherapy

Blue Shield

provides up to **\$1500**

- Professional Fees of Physicians
- Consulting Specialists
- Anesthesiologists
- Special Nurses
- Drugs and Medicines
- Transportation — Air, Rail, Ambulance or Other Public Carrier
- Orthopedic Appliances
- X-ray and Physiotherapy

BASIC PROTECTION Even if you do not apply for Polio protection, your regular benefits will apply for all of these diseases. However, your regular benefits have certain limitations — you may need Special Nurses, Special Appliances and Special Medical Care for a long time.

Optional at extra cost

SERVICES NOT INCLUDED: The benefits of the Plan are not available for:

- A. Physical conditions existing before Membership.
- B. Hospitalization for diagnostic procedures.
- C. Any services received through state or federal agencies or laws such as Veterans Administration or Workmen's Compensation.
- D. Care in a health resort, rest home or nursing home.
- E. Special braces, appliances, apparatus, radium, radio-active substances and X-ray therapy.
- F. Plastic surgery for beautification.
- G. Dental or oral surgery.
- H. Blood transfusions and transfusion services.
- I. Care received for any condition while patient is confined to hospital primarily for conditions for which benefits are not available.
- J. Any care unless, on the effective date of the Agreement, the Member was an employee of the group through which application was made.
- K. Services in out-patient cases (except emergency room service).
- L. Ambulance service.

WHO MAY JOIN As an employee of your organization, in good health, you are eligible to enroll in Blue Cross and Blue Shield. You may include in your membership:

- Dependents—wife or husband and all unmarried children between the ages of 45 days and 18 years.
 - Sponsored Dependents—unmarried children between the ages of 19 and 25.
- Note: Mothers, fathers, brothers, and sisters are not eligible either as dependents or sponsored dependents of the member.

GROUP REQUIREMENTS

If the number of employees is:	The number required to enroll and continue is:
10-13	10 (minimum group eligible)
14-16	All but 3
17-20	All but 4
21 or more	50%, minimum of 16

If your group cannot meet these requirements, write for information on Non-Group enrollment.

LOW IN COST

MONTHLY PAYMENTS will be through payroll allotment.

	<i>Blue Cross Only</i>	<i>Blue Cross and Blue Shield</i>	<i>Blue Cross-Blue Shield with Polio</i>
Individual Member	\$1.80	\$2.90	\$3.30
Married woman enrolling without husband	2.50	3.60	4.00
Member and one dependent	3.95	6.95	7.75
Family — man, wife and all unmarried children under 19	4.90	7.90	8.70
Each sponsored dependent	1.10	2.20	2.60
Enrollment charge (Paid by member only)	1.00	1.00	1.00

NO RED TAPE when you enter the hospital. There are no forms to fill out, you simply present your Blue Cross and Blue Shield membership agreements to the member hospital, and Blue Cross and Blue Shield pay the hospital and the doctor direct.

KEEP YOUR MEMBERSHIP when you retire or change your employment merely by notifying the office of the Plan, arranging to pay quarterly, semi-annually or annually, at a slight increase in cost; or when you leave the state of Texas merely by advising our office of your new address, we will arrange for your transfer into the Blue Cross and Blue Shield Plan serving the state to which you have moved.

GROUP HOSPITAL SERVICE, INC.

GROUP MEDICAL & SURGICAL SERVICE

BLUE CROSS BLDG., 2208 MAIN STREET, DALLAS 22, TEXAS

257R-M34



17 REGIONAL OFFICES TO SERVE YOU

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| <p>ABILENE — Phone 4-5572
310 Citizens Nat'l Bank Bldg.</p> <p>AMARILLO — Phone 2-7058
308 Amarillo Bldg.</p> <p>AUSTIN — Phone 6-3380
705 Lamar Blvd.</p> <p>BEAUMONT — Phone 2-0623
208 Goodhue Bldg.</p> | <p>CORPUS CHRISTI — Phone 2-5152
1016 Santa Fe Street</p> <p>DALLAS — Phone Riverside 5991
2208 Main Street</p> <p>EL PASO — Phone 4-1525
Room 311 — 1881 Building</p> <p>FORT WORTH — Phone EDison 7283
1615 Continental Life Bldg.</p> | <p>HARLINGEN — Phone 141
305 East Jackson</p> <p>HOUSTON — Phone JUstin 5371
401 Hermann Professional Bldg.</p> <p>LUBBOCK — Phone 3-4803
522 Lubbock Nat'l Bank Bldg.</p> <p>MIDLAND — Phone 4-8671
Room 8, Petroleum Life Building</p> <p>SAN ANGELO — Phone 4709
402 San Angelo Nat'l Bank Bldg.</p> | <p>SAN ANTONIO—Phone Garfield 9384
721 Milam Bldg.</p> <p>TYLER — Phone 2-1931
306 Savings & Loan Bldg.</p> <p>WACO — Phone 4-2541
204 Professional Bldg.</p> <p>WICHITA FALLS—Phone 3-9976
702 Staley Bldg.</p> |
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