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TAB C

Hospital and Surgical Insurance

Congral.

Hospital and surgical Group Insurance Plans are available to Agency employees through the Government Employees Health Association, a charitable corporation, incorporated under the laws of the District of Columbia. The need for this vehicle for the processing of insurance applications, payments and claims, areas out of the operational and security requirements of the Agency that precluded normal application and claim submission by Agency employees. As a corollary to the requirement for a proper vehicle, CIA provides for the administration of the Government Employees Health Association as a gratuitous service to these employees availing themselves of the service. With the exception of the method of application, payment of premiums and claim submission and payment, the Group Insurance Plans available at the present time (instual of Omaha and Group Hospitalization Incorporated) do not differ from those offered by the same companies to the general public. The benefits are the same.

Comparison of Banefits.

The attached paper, Annex I, sets forth a comparison of the benefits offered by Group Hospitalization Medical Services and the benefits offered by Mutual of Cmaha. Penned changes of Mutual of Omaha (designated as "CEHA Present Plan," right-hand column) have been made to reflect increased benefits that were effective 1 September 1953.

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COMPARISON \mathbf{of} THE BERETITS

Offered By Group Hospitalization, Inc. Offered By GUHA's Present Plan

section.)

		HOSPITAL STRVICES		
•	(U.I.I.MITED	Semi-private accommodations (cost in Washington area,	LIMITED	· .
		\$9 to \$13.50 a day)	}	\$9 A Day
No Dollar	UNLIMITED UNLIMITED	Meals and special diets General nursing care	LIMITED	
Limit	V av med alam ganta ang mad har	dollor day 11 dr Days Var O	standards design de de de de de	•
	Andrew of the second of the se	for me a	,	
These	UNIAMITED (Those listed	(Medicines	1	•
Services	in official formularies)		Basely of Contracts 1995	
Covered	UNLIMITED	(Cystoscopic room)	
Tr. tro se	UNLTHIED	(Sterile Tray Service	}	
In Full	UNLIMETED	(Dressings (Plaster casts	1	
Regardless	UHLIMITED	(Intravenous solutions and injections	\$135.00	
Of Cost	UHLIMITED	(Sera (except blood and		
		blood plasma))	
For 21 Days	UULTATED	(Analgesic care	}	
Each	UNLIMITED	(Recovery room (Oxygen and use of equipment		•
40000		for administering oxygen)	e
Hospital	UNLTMITED	Blood Transfusions		\$25.00 each
nospacar	("lood and	Diood Ilansi delons		William Cares
Confinement	blood plasma	No.		
	not included)	and the second second	John State Committee	
			V-31	
	UULTHITED	Operating room	LIMED	
	LIMITED	Laboratory Examinations	LIMITA	
	(lst uri-	Labora tory manuficulta	٠ .	
	nalysis and		According to	
	blood count)			
	•		• •	
	LIMITED	Maternity Benefits	i, mate do	
	(\$9 a day for		(09 a day	for 14 days
	full service be			00 unallotted. dscarriage;
	for ectopic promiscarriage.		\$50 for d	
	normal deliver			Caesarean

Caesareau section, plus section.)
Approved: For Release 2001/03/04: CIA-RDP80-01826R000900120012-1 pathology if required.)

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COMPARISCI - Continued

Offered By Medical Service (1)			Ç.	Offered By GEHA's Present Plan		
	Up to 0250(2)	Physician		Up to Sl	(0	
		STRVICES RELATED TO SURE	RY			
	\$10 to \$40 (For each ad-	Anesthetist		LIMITED	Included In	
No Limit On	ministration of anesthesia				\$135.00 Mis	
Number Of	85 to 835 (For each	X-ray	•	LIMITED	cellaneous	
Procedures	X-ray)				Expense	
	Up to \$25 (For each laboratory examination)	Clinical Laboratory Examinations		LIMETED	Allouance	

- (1) Medical Service allowances available while subscriber is hospitalized for and is receiving surgical or obstetrical services covered by the Plan. Complete coverage regardless of cost if subscriber's income is within specified level.
- (2) Complete coverage for eligible participants.

THE COST (Per Month)

	Classification	Group Hospitalization and Medical Service	GHA's Present Plan
I.	Single member only	\$2.70	\$1.60
II.	Married member and spouse	6.90	4.75
IΠ.	Married member, spouse and all children	6.90	6.00
IV.	Member and all children, where there is no adult dependent	e 6.90	4.75
٧.	Member and one child, where there is no adult dependent	5.40	1770、原製工作的裏は 1770年 1770年 - 東西の日本日

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BELEVITS OFFERED BY GROUP HOSPITALIZATION, INC. BELEVITS OFFERED BY GRANTS PROSENT PER

Benefit Days

When a participant is admitted to a participating hospital the Hospital Service Contract will offer, for each hospital confinement 21 days of hospital care with full service benefits in semi-private accommodations, plus 180 additional days for which the Plan will provide an allowance of \$5 a day — a total of 201 benefit days for each confinement. Successive confinements shall be considered to be continuous and to constitute a single confinement if discharge from and readmission to a hospital occur within a 90-day period.

Benefit days will be fully renewed when 90 days have elapsed between the patient's last discharge from the bospital and his next hospital admission.

Benefits during the full benefit days will include the following hospital services regardless of cost:

Semi-private room - accommodations for 2, 3 or 4 persons (provailing rates in the Mashington area hospitals range from \$9 to \$13.50 a day). If a participant occupies a private room, by choice or because of his condition, he will receive a credit of \$10 a day toward the hospital's charge for the room occupied.

Meals - including special diets General nursing service

Cystoscopic room
Analgesic care
Recovery room
All drugs and medicines listed in
the official formularies
Dressings
Plaster casts
Intravenous solutions and injections
Sterile Tray Service
First urinalysis and complete blood count
Operating room
Oxygen

Benefit Days

The CUHA policy will pay expenses actually incurred in a hospital not exceeding 09 a day for not exceeding 31 hospital days for any one disability.

Benefit days will be fully renewed for each new illness and each new accident provided at least one day's discharge from hospital between illnesses.

The GEHA policy offers a total machine allowance of \$9 a day (as noted above) toward the hospital's charge for room accommodations. meals and special diets, and general nursing service.

The Insurance Company offers not to exceed \$135.00 unallocated as the result of any one accident or sickness for laboratory services, use of operating room, administration of amosth tics, and x-ray services.

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BEN'EFITS OFFERED BY GROUP HOSPITALIZATION, INC. BEN'EFITS OFFERED BY GEHA'S PRESENT PLAN (BLUE CROSS)

Maternity Benefits

The Family Hospital Service Contract provides an allowance of up to \$9 a day for a maximum of eight days of hospital care for any one pregnancy after the Contract has been in continuous effect for a period of 10 months.

Full Respital Service Benefits, including use of the delivery room and labor room will be provided for Caesaren deliveries, termination of ectopic pregnancies, and miscarriages.

(See also Surgical Benefits for Obstetrics.)

Emergency First Aid -- Cut-Patient Service

An allowance up to \$10 is provided for outpatient service for (1) emergency first aid within two hours after an accident, or (2) use of operating room facilities when a general anesthetic is used.

Monsils or Adenoids

Benefits for the removal of tonells or adenoids are provided after the Contract has been in effect continuously for 10 months, and are limited to one day for children and two days for edults.

Pulmonary Tuberculosis --Mental or Nervous Disorders

When the participant is accepted for treatment by a general hospital, up to 10 days' care will be provided for pulmonary tuber-culosis and mental or nervous disorders during any 12 consecutive months.

Maternity Benefits

If a member of the Family Group is confined to a hospital for childbirth, abortion, miscarriage or any other complication of pregnancy while the policy is in force and nine months after its date of issue, the policy will pay not to exceed \$9 for not exceeding 14 days toward hospital charges. In addition, there is an allowance of up to \$45.00 unallotted toward the charges. Female members are covered effective with date of policy. There is a nine month waiting period for wives of members.

Accidental Emergency Benefit Outside Hogopital

Dependents and members are covered with effective date of policy if admitted to hospital as out-patient.

Tonsils or Adonoids

\$9 a day plus \$135.00 toward miscellaneous hospital expense. No uniting period.

Pulmonary Tuberculosis --Mental or Nervous Disorders

Maximum of 31 days' care will be provided for pulmonary tuberculosis, mental or nervous disorders.

Approved For Release 2001/03/04: CIA-RDP80-01226R000900120012-1 BENEFITS OFFERED BY GUBA'S PRESENT PLAN

BENEFITS OFFERED BY MEDICAL SERVICE OF D.C. (BLUE SHIELD)

Surgical Service benefits are available as often as necessary to help pay the doctor for the following services rendered in a hospital by a participating physician:

For Surgery-including the treatment of fractures and dislocations. Tonsillectomies and adenoidectomies are covered after a 10-month waiting period. (Benefits are provided for more than one surgical procedure regardless of whether they are performed through the same abdominal incision.)

For Obstetrice -- care of miscarriage. ectopic pregnancy or delivery, including aftercare in the hospital by the physicien -- to subscribers enrolled under the Family Contract after a 10-month waiting period. (See page 6 for allowances.)

For Related Services -Administration of anesthetics, diagnostic meray services. clinical laboratory exeminations. These related services are available while e subscriber is hospitalized for and is receiving surgical or obstetrical services covered by the Plan.

Home and Office Care

The Surgical Plan offers benefits for the following currently specified services when rendered in the home or in the doctor's office: emergency treatment of fractures and dislocations; excision of superficial tumors and cysts; external thrombosed hemorrhoids; delivery; suturing lacerations (up to \$15); masal polyp removal; chalazion removal; probing tear duct (initial); and circumcision.

Fligibility for Full Service Penefits

The Surgical Plan offers service benefits that will cover the physician's charges in full (including charges for x-ray. anesthetics and pathology) if the subscriber is a single participant and his income does not exceed \$3,000 a year or a family participant and the family income does not exceed \$5,500 a year. the subscriber's income exceeds these income. Maximum allowance 150. anounts, Approved For Release 2901/03/04: CIA-RDP80-01826R000900120012-1 (depending upon the surgical procedure)

3-0-0-8

Surgical benefits are offered if any member of the Family Group undergoes an operation named in the Schedule of Cmerations.

Any operation not enumerated will be covered and the Association will determine the amount of reimbursement, if any. Two or more surgical procedures performed through same abcominal lacision considered as one operation.

(See examples, pages 8 and 9)

The GEHA policy offers the materality benefits set forth in the emamples of payments on page 6.

These Related Services are included in Miscellaneous Hospital expense Zor which the allowance of \$135.00 is provided.

Home ead Office Care

Surgery performed at the dector's office is covered.

No Service Renefita

The GEHA policy does not offer service benefits. It provides only the amounts set forth in the Schedule of Operations regardless of the policy holder's

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THAMPIPS OF PAYMENTS OFFERED BY MEDICAL SERVICE TO SUBSCRIBERS WHOSE INCOMES EXCEED THE AMOUNT THAT ENTITIES THEM TO FULL SERVICE BENE-FITS, AND OF PAYMENTS OFFERED BY THE GEHA POLICY

	Medicel Service Plan	GEHA Policy
	employed the deposit of the second	and the state of t
Hernia (Inguinal Unilateral)	\$1.00	\$ 50
Hernia (Inguinal Bilateral)	140	75
Appendectomy	100	200
Fracture of Spine	125	50
Dislocation (Hip)	75	35
Prostatectomy	200	150
Pregnancy (Normal Delivery)	80	50
Pregnancy (Caesarean)	150	3.00
Removel of Kidney	175	100
Mastoidectory (One Side)	150	100 (Both Sides
Brain tumor or abscess	250	150
Hemorrhoidectomy (Internal)	60	25
Tonsillectomy and Adenoidectomy	5055	25
Administration of Anesthetics (depending upon surgical or obstetrical procedure) Diagnostic X-ray Service (depending upon part of body x-rayed)	\$10 to \$40 ⁽¹⁾ (For each administration of anesthesia) \$5 to \$35 ⁽¹⁾ (For each x=ray)	These services included in Miscelleneous Hospital expense for which maximum allowance is \$135 unallocated
Clinical Laboratory Examinations (depending upon type of examination, in addition to first urinalysis and blood count provided by Group Hospitalization)	Up to \$25(1) (For each laboratory examination)	

⁽¹⁾ Available while a subscriber is hospitalised for end is receiving surgical or obstetrical services covered by Kedical Service.

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GROUP HOSPITALIZATION AND MEDICAL SERVICE

GENA'S PRESENT PLAN

CONDITIONS NOT COVERED

The Hospital and Surgical Service Plans do not cover: Workmen's Compensation cases; military service connected disabilities: congenital anomalies; plastic or cosmetic surgery (unless required because of injuries received after the participant is enrolled). The Hospital Service Contract does not cover rest cures, nor hospitalisation required primarily for diagnosis or physical therapy. The Surgical Service Contract does not cover dental services, sprains, strains, conturions, starilization except for valid medical reasons, or any services in home or office other than those specified in the Schedule of Fees in effect when the service is provided.

Densits are not provided if the loss arises out of or in the course of the member's occupation as this is covered by Employee's Compensation Act.

Pro-existing Conditions - Veiting Periods

Pre-existing conditions, other than exclusions noted above, are covered after a 10-month valting period. Rene-fits for obstetrical care and for the removal of tonsils and adenoids are available after 10 months.

Pre-existing Conditions - Walting Paxiods

There is a nine month waiting period applicable only to maternity benefits for the wives of merbors.

For a comparison of the dollar value of benefits received by Group Hospitalization and Medical Service subscribers (actual cases) and the dollar value of the benefits they would have received under the GEHA policy, ass pages 8 and 9.

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Servicas	Chercon	Charges Covered Dv GHI-MSDC	Charges Cove	
b days private accommo-	\$ 68.00	\$ 40.00	\$ 36.00	
dations G \$17	\$ 00.00	e anama	φ χούο	
connodations @ \$11	154.00	154.00	126.00	
Sperating room	42.00 ¢	42.00		otal Allow-
Laboratory exeminations	12.00 P	8.75	2	nce for "Mis
Amesthetist	50.00 B	50,00		ellansous
X-ray	185.00 *	185.00		ospital
Pathologis t	41.50 =	41.50	1 3	meneer"
Recovery room	2.50	2.50	• • • • • • • • • • • • • • • • • • •	
Medicinam	181.60	181.60		•
Oxygan	10.00	10.60		
Physicien	410.00	420.00	150.00	
Miscellaneous	<u> 14.00</u>	engranistickae inclusion sieviste		
Totals	\$1.7	60.60 \$1,125.35	\$ 447. 0	0
Amount paid by subscri	iter	\$ 45.25		
Amount subscriber would covered by GHEA poli		**************************************	\$723.6	0

NOTE: All of the charges for bospital services required by the patient in this case were covered in full by the subscriber's Group Hospitalization Contract ement \$45.25 of which \$28 was for a private room, \$3.25 for laboratory examinations, and \$14 for miscellaneous items. His income was within the prescribed amount that entitled him to full Surgical Service Benefits and his Surgical Contract covered the charges for physicians' services in full. The anount the GERA policy would have allowed for the physician in this case is not known; however, in this example, the maximum allowance of \$150 has been used.

Under the GENA Plan which offers \$9-\$135-\$150, the subscriber would have had to pay \$723.60 of the above bill.

The GENA Flan provides \$135.00 for use of recovery room, medicines and oxygen which, in this case, cost a total of \$194.10.

These charges which amounted to \$330.50 are covered in full by the subscriber's Group Hospitalization and Surgical Contracts except for \$3.25. These charges are included in "Miscellaneous Charges" by the GERA Plan and are covered only by the maximum allowance for miscellaneous charges which in this exemple, is \$135.00. "Miscellaneous Charges" exceed the indemnity plan's allowance by \$195.50.

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Diagnosis: Cancer

Services	Charme	1 60.	Charges Co		Charges By GSS	-
16 days semi-private accom- modations @ \$13.50	\$27.6.00		\$216,00		\$144,00	
Operating room	82,50	***	82,50			•
First urinalysis and			-			Total Allow-
complete blood count	7.00	₽	7.00		988 00	ence for "Mis-
Anesthetist	70,00	Ľ.	70.00		2.35.00	cellaneous Exponses"
Laboratory Services	194,00	*	294.00			
Roentgenologist (X-ray)	125.00	₹¢ `	125.00			
Medications (including sera						
and intravenous solutions)	180.65		280.65			
Oxygen	254.75		254°52			
Dressings	154.65		154.65			
Physician	<u> 300,00</u>		<u>500,00</u>		<u>150,000</u>	
Totals	\$	l.78	\$.55 \$1.5	784. 5 5	\$	429.00
Amount paid by subscriber				none		
Amount subscriber would have	e paid i	ſ				
covered by GWIA policy					\$20	355.55

NOTE: All of the charges for hospital services required by the patient in this case were covered in full by the subscriber's Group Hospitalization Contract. Her income was within the prescribed amount that entitled her to full Surgical Service Benefits and her Surgical Contract covered the charges for physicians! services in full.

Under GEHA's Plan offering \$9-\$135-\$150, the subscriber would have had to pay \$1,355.55 of the above full.

The GEHA Plan provides \$135.00 for medicines, exygen end dressings which, in this case, cost \$590.05.

These charges, which amounted to \$478.50, were covered in full by the sale scriber's Group Hespitalisation and Surgical Contracts. These charges are included in "Miscellaneous Expenses" by the GMHA Plan and are covered only by the maximum allowance for miscellaneous charges which is \$135.00. "Miscellaneous Expenses" exceed the indemnity plan's allowance by \$343.50.