

ABSTRACT

of

*Blue Cross-  
Blue Shield  
Benefits*



Under  
Master Policy

FOR EMPLOYEES  
OF  
GENERAL MOTORS  
CORPORATION  
IN  
INDIANA



AB-28536GM

Acc 033002-023



## ABSTRACT OF

### *Blue Cross-Blue Shield Benefits*

#### UNDER MASTER POLICY

● The Master Policy issued your Employer by Blue Cross-Blue Shield (Mutual Hospital Insurance, Inc. and Mutual Medical Insurance, Inc., both of Indianapolis, Indiana) provides hospital, surgical, medical, anesthesia and other benefits.

These benefits are available to you, the Employee, if you have a Single Membership, or they are available to you and all of your Eligible Dependents, if you have a Family Membership.

This folder describes your coverage in simple, non-technical language, including benefits, limitations and exclusions. The answers to specific questions may be found in the Master Policy, since all benefits are provided in accordance with its terms.

#### HOSPITAL SERVICES

**Days of Care**—You may receive as many as 120 days of hospital care paid in full for each admission to the hospital. After 120 days of service, 90 days must elapse between the date of discharge and the date of re-admission for the same condition.

The term "Days of Care" means that the following Hospital Services will be provided for you, paid in full for that number of days:

**Bed in any hospital room having 2 or more beds**—Including meals, special diets and general nursing service.

**Private Room Allowance**—If you should occupy a private room Blue Cross will pay per day an amount equal to the average charge at that hospital for a room with 2 beds.

**Operating and Delivery Room**—As needed.

**Drugs and Medicines**—Including penicillin, streptomycin, serums, dressings, plaster casts, etc.

**Oxygen therapy**—Including tent and equipment.

**Anesthesia**—When administered by a salaried employee of the hospital.

**Professional Services**—In addition to the Hospital Services listed above, the following Professional Services are provided in full for hospital bed patients when they are consistent with the condition for which you are being treated in the hospital:

**X-Ray Examinations**, pathological services, basal metabolism tests, laboratory service, electrocardiograms and physical therapy.

**Blood transfusions**—Full payment is provided for the hospital charges for the laboratory services for blood typing, processing and other hospital services in connection with blood transfusions, but NOT for the cost of blood and blood plasma.

**Pregnancy**—Full services, the same as for any other condition, for pregnancy, childbirth, or any disease, injury or condition arising therefrom, are available to you or your spouse after the Family Membership has been in effect for 270 consecutive days.

**Emergency Accidents**—All services described above are provided if rendered in the hospital within 72 hours after the accident.

**Out-Patient Surgery**—Except for oral surgery, all the above services are available for surgery of a cutting nature, even though you are not confined to bed.

**Time Limitation for Certain Conditions**—For pulmonary tuberculosis, mental or nervous disorders a maximum of 30 days of hospital care is provided. This benefit is again available when 180 days separate the date of last discharge and date of re-admission for the same condition.

#### PHYSICIAN'S SERVICES

The following surgical, obstetrical and medical services for you and your spouse and all unmarried children from birth to 19 years of age are furnished by payments to Physicians who hold an unlimited license to render unlimited medical or surgical services:

**Surgical Services**—Operative and cutting procedures for the treatment of diseases, injuries, fractures and dislocations are paid according to the Preferred Schedule of Indemnities whether the services are rendered in the hospital, in the home, or in the Physician's office.

**Obstetrical Services**—Services for conditions of pregnancy are available to you or your spouse after the Family Membership has been in effect for 270 consecutive days, and will be paid according to the Preferred Schedule.

**Anesthesia**—When administered in the Hospital by a practicing Physician other than the operating surgeon or his assistant, will be paid according to this schedule: \$15.00 for surgical allowances up to \$75.00, and 20% of surgical allowances over \$75.00, with a maximum of \$15.00 for normal delivery.

**Radiation Therapy**—This service is provided for neo-plastic diseases, and paid according to the Preferred Schedule.

**In-Hospital Medical Care**—Not connected with the preparation for, or after-care of, surgery or obstetrics, will be provided by payments up to \$10.00 for the first full day and \$3.00 for each day thereafter, but not more than 120 days for any one hospitalization.

After 120 days of service, 90 days must elapse between discharge and re-admission for the same condition.

For pulmonary tuberculosis, nervous or mental disorders and venereal disease, this benefit is provided for 30 days per Policy Year.

**X-Ray in Physician's Office**—This service for possible fractures and dislocations is provided by payments according to the Preferred Schedule, up to \$15.00 per Policy Year.

## **EXCLUSIONS OF COVERAGE**

- No benefits whatever are provided by this Policy for the following:

### **Blue Cross-Blue Shield—**

1. Services available under Workmen's Compensation or like laws.
2. Care received in a Veterans, Marine, or other governmental hospital.
3. Extraction of teeth, either normal or impacted, other dental processes, or complications arising therefrom.
4. Ambulance service.
5. Services for which payment or reimbursement is obtained under any other Blue Cross or Blue Shield Policy, Contract or Certificate.
6. Services for conditions caused by war, declared or undeclared, or any act of war.
7. Services not specifically provided in the Policy.

### **Blue Cross Only—**

1. Out-patient service except as provided in the Policy.
2. Hospital admission for observation or primarily for diagnostic, X-Ray or laboratory examinations or other diagnostic studies.
3. Services of a nature ordinarily performed by the Physician or Dentist at his office or the Member's home.
4. X-Ray and radium therapy. (This is a Blue Shield benefit.)
5. Blood and blood plasma.

### **Blue Shield Only—**

1. Plastic operations for cosmetic or beautifying purposes.
2. Services rendered by anyone other than a Physician, except:
  - a. Fractures of the jaw treated by a recognized Dentist, either in or out of the Hospital; and
  - b. Oral surgery, but not including the extraction of teeth, performed by a recognized Dentist on hospital bed patients.
3. Routine physical examinations or check-ups.



## GENERAL INFORMATION

- Here are some points to remember about your Blue Cross-Blue Shield Membership:

**Show Your Card**—Your Blue Cross-Blue Shield Identification Card must be presented whenever you receive services from a Physician or Hospital.

**Dependents**—May be added or subtracted from coverage as your personal status changes, as in the case of marriage, birth, death or divorce. As quickly as possible after any of these changes ask your Employer to notify Blue Cross-Blue Shield.

**Please note the following special rules in regard to children:**

- Newborn babies are covered on the Family Membership from birth.
- Children reaching age 19, or marriage, whichever is earlier, may continue coverage on their own Memberships if you notify Blue Cross-Blue Shield promptly after these events.

**Membership May be Continued**—Even though you leave your present Employer you may continue Blue Cross-Blue Shield coverage. Ask your Employer for details when the occasion arises.

## SAMPLE SCHEDULE OF ALLOWANCES

Here is an illustrative schedule of specified amounts that will be paid your physician or surgeon in surgical or obstetrical cases. These allowances along with the more than 1,000 others listed in the Preferred Schedule of Indemnities, do not in any way fix the amount the doctor may charge for his services. It is best to discuss the cost of surgical service with your doctor first.

### ABDOMEN

Gastrectomy, total or complete	300.00
Appendectomy	150.00
Cholecystectomy	250.00

### AMPUTATION OF

Hip, disarticulation	250.00
Leg, through tibia	150.00
Fingers, one	40.00
Each additional	15.00

### BREAST

Single amputation	125.00
Radical amputation	200.00

### CHEST

Removal of portion of lung	250.00
Pneumonectomy	300.00

### EAR, NOSE AND THROAT

Mastoidectomy, one side	150.00
Tonsillectomy and Adenoidectomy	50.00
Submucous resection	100.00
Resection of esophagus	300.00

### EYE

Removal of cataract	225.00
Needling of cataract	75.00

### FRACTURE, TREATMENT OF

Thigh	150.00
Ankle, trimalleolar	125.00
Humerus, neck (requiring manipulation)	150.00
Colles fracture (requiring manipulation)	100.00
Radius and ulna (requiring manipulation)	125.00
Finger (requiring manipulation)	30.00
Each additional (requiring manipulation)	15.00
Vertebral body, one or more	150.00

### GENITO-URINARY TRACT

Removal of kidney	250.00
Removal of stones in kidney, open operation	200.00
Removal of prostate, suprapubic	250.00
Hysterectomy, total	250.00
Radical Hysterectomy for cancer	300.00

### GOITER

Thyroidectomy, complete	200.00
Partial or sub-total, One stage	200.00

### HERNIA, CUTTING OPERATION FOR RADICAL CURE

Single	150.00
Bilateral	175.00

### RECTUM

Abdomino-perineal resection	300.00
Cutting operation for radical cure—hemorrhoids (complete procedure) External and internal (in hospital)	125.00
Fistulectomy (in hospital)	100.00

### SKULL

Cutting into cranial cavity (drill taps excepted)	200.00
Excision of choroid plexus	300.00

### SPINAL AND SPINAL CORD

Laminectomy	225.00
Removal of part or all of coccyx	75.00

### VARICOSE VEINS

Saphenous vein, high ligation:	
Unilateral	90.00
Bilateral	150.00

### OBSTETRICAL CASES

Delivery of child or children	100.00
Caesarean Section	200.00