Approved For Release 2000/06/07 : CIA-RDP79-00639A000100060001-6

Subject copy is on file in DDP/PC
Rm 1All4, Hqs
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		CONTINENT	TLAL.		500/2
· * * · · · · · · · · · · · · · · · · ·	Approved For Rele	ase 2000/06/97 - CY/	4-R/DP-79-0	06394	PROCESSING ACTION
DIS	PATCH	CLASSIFICATION			MARKED FOR INDEXING
ΤΟ	All Chiefs		25X1A	X	NO INDEXING REQUIRED
INFO.					ONLY QUALIFIED DESK CAN JUDGE INDEXING
FROM	Chief,	25X1A			MICROFILM
SUBJECT	Insurance				
ACTION REQUIRED - R	eferences		0/0	-	
25X1A		, 22 November 1	903		25X1A
1.		told about the a	nnounced in	creas	e for in-patient
	tion charges	agult of this announ	coment the	unde	monitor of the
as of 1 January 1964. As a result of this announcement, the underwriter of the Association Benefit Plan was asked to provide a schedule for reimbursement. The					
underwriter has established the following schedule for reimbursement, applicable only to hospitalisation charges described above:					
	PPORTIONMENT OF DAI OR NON-SURGICAL SERV	ILY CHARGE OF \$37.00 VICES	FOR IN-PAT	PLENT	SURGICAL
ā	. High Option				
	Plan will pay	20.00 per day as al	lowance for	room	and board

for up to 90 days.

Plan will pay the first \$202.50 of the difference between the rate of \$20.00 per day and the total charges for confinement.

Plan will pay 80% of additional charges above \$202.50 up to \$5000.00 for each 90 day confinement.

The 20% in excess of the \$202.50 may be applied to the major medical benefits. (\$100 deductible)

b. Low Option (NOTE: \$20.00 of the \$37.00 daily charge has been established by the underwriter as the assessment for room and board, i.e., as if there was a daily charge for room and board of \$20,00)

Plan will pay \$13.50 per day as allowance for room and board for up to 90 days.

Employee will pay \$6.50 per day for room and board for up to 90 days.

Plan will pay the first \$202.50 of the difference between the rate of \$20.00 per day and the total charges for confinement.



CROSS REFERENCE TO	DISPATCH SYMBOL AND NUMBER	DATE 23 DEC 1963
25X1A		20 DEO 1000
	CLASSIFICATION	HQS FILE NUMBERNONS. After the
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25X1C

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CONTINUATION OF DISPATCH

DISPATCH SYMBOL AND NUMBER

S-2-0-4-3-1

25X1A

Plan will pay 80% of additional charges above \$202.50 up to \$5000.00 for charges represented by the daily charge (\$37.00) minus \$20.00 times the number of days hospitalised for each confinement. The employee will pay the remainder.

c. Maternity Benefits (Nermal Delivery)

(1) High Option

Plan will pay \$16.00 per day up to 8 days for reem and board.

Plan will pay up to \$100.00 of the difference between the above and the total hospital charges.

(2) Low Option

HIGH OPTION

Plan will pay \$10.00 per day up to 8 days for room and beard.

Plan will pay up to \$100.00 of the difference between the above and the total hospital charges.

MOTE: In case of Gaesarean Section or miscarriage, rates of reimbursement will be made as shown, la and lb for surgical or non-surgical services.

2. EXAMPLES:

a. Assume 11 DAYS IN HOSPITAL WITH OR WITHOUT SURGERY

Charges		Charges	
11 x \$37.00	\$407.00	11 x \$37.00	\$407.00
Reimburgement		Reimbursement	
Reem & Beard 11 x \$20.00	\$220.00	Room & Board allowance 11 x \$13.50	\$148.50
Hospital Extras	187.00 \$407.00	Room & Beard paid by employee 11 x \$6.50	71.50 \$220.00
		Balance (paid as hospital extras)	187.00

LOW OPTION

Total to be paid by employee

<u>\$ 71.50</u>

DISPATCH SYMBOL AND NUMBER CLASSIFICATION T-I-I-E-B-E-B CONTINUATION OF DISPATCH b. Assume 20 DAYS IN HOSPITAL WITH OR WITHOUT SURGERY LOW OPTION HIGH OPTION Charges Charges \$740.00 20 x \$37.00 \$740.00 20 x \$37.00 Reimbursement Reimburgement Room & Board 270.00 Room & Board 20 x \$13.50 400.00 20 x \$20.00 470.00 Balance 340.00 Relance Room & Board to be paid by 202.50 130,00 Hospital Extras employee 20 x \$6.50 137.50 340.00 Balance Relance 110,00 202.50 80% x \$137.50 Hospital Extras To be applied by employee toward \$100 deductible 137.50 Balance \$ 27.50 110.00 80% x \$137.50 Hespital Extras to be paid by 27.50 employee \$130.00 27.50 \$157.50 Total to be paid by employee C. NORMAL DELIVERY NATERNITY BENEFITS Assume SIX DAYS IN-PATIENT CARE LOW OPTION HIGH OPTION Charges Charges \$222.00 6 = \$37.00\$222,00 6 x \$37.00 Reimburgement Reimbursement \$ 60.00 6 x \$10.00 \$ 96.00 6 = \$16.00100,00 Supplemental allowance \$160.00 100.00 Supplemental allewance \$195.00 \$ 62.00 To be paid by employee \$ 26,00 To be paid by employee 3. When hospitalization expenses of an eligible dependent are reinburseable under the provisions of the employee is required to pay the first \$35.00. If the dependent is covered by the Association Benefits Plan and the hospital is in a 25X1A the \$35.00 will be reimbursed as follows: 25X1C4a a. High Option - the plan will pay the \$35.00 b. Low Option - the plan will pay \$28.50 and the employee will PAY \$6.50 PAGE NO. CLASSIFICATION 3 I 2-4-2-2-2

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25X1A

CLASSIFICATION PAGE NO.	53a USE PREVIOUS EDITION.	5- 2- C- 3-2- T	CONTINU	m jt	
25X1A2e		GLASSIFICATION	·	PAGE NO.	
25X1A2e					'
25X1A2e					
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				25X1A2e	
action that his claim has been settled. Attending the an employee under the pro- and related expenses for which reimbursement is due an employee under the pro- s of 25X1A FOR THE CHIEF 25X1A2d1	of E				
s. Such advances must be repaid by the employee present advances for hospitali- sation that his claim has been settled. Authority for advances for hospitali-	will be amended to wance of such amendment	specifically authoris	e this type of advited as authorisation	moe; pending on for such a receipt of	25
will be amended to specifically authorise this type of advance; pending will be amended to specifically authorise this type of advance; pending usance of such amendment this dispatch may be cited as authorisation for such manner of such amendment this dispatch may be cited as authorisation for such manner.	orised approving official excess of that for which	in the epinion of the	approving official	the employee	25
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An employee may request an advance of official funds, subject to approval by crised approving official, for hospitalisation and related expenses in an amount excess of that for which, in the opinion of the approving official, the employee ect reimbursement under his health benefits plan. The appropriate will be amended to specifically authorise this type of advance; pending will be amended to specifically authorise this type of advance; pending unance of such amendment this dispatch may be cited as authorisation for such manner of such amendment the approximation of the approximation of the approximation and related expenses in an amount excess of that for which, in the opinion of the approximation and related expenses in an amount excess of that for which, in the opinion of the approximation and related expenses in an amount excess of that for which, in the opinion of the approximation of the approximation and related expenses in an amount excess of that for which, in the opinion of the approximation and related expenses in an amount excess of that for which, in the opinion of the approximation and related expenses in an amount excess of that for which, in the opinion of the approximation and related expenses in an amount excess of that for which, in the opinion of the approximation and related expenses in an amount excess of that for which, in the opinion of the approximation and related expenses in an amount excess of that for which, in the opinion of the approximation and related expenses in an amount excess of that for which, in the opinion of the approximation and related expenses in an amount excess of that for which, in the opinion of the approximation and related expenses in an amount excess of that for which, in the opinion of the approximation and related expenses in an amount excess of the approximation and related expenses in an amount excess of the approximation and related expenses in an amount excess of the approximation and related expenses in an amount excess of the approximation and related e	ONTINUATION OF DISPATCH	S- E -C- R - E - T] 25)
Advance Authority An employee may request an advance of official funds, subject to approval by crised approving official, for hospitalisation and related expenses in an amount excess of that for which, in the opinion of the approving official, the employee excess of that for which, in the opinion of the approving official, the employee will be amended to specifically authorise this type of advance; pending will be amended to specifically authorise this type of advance; pending usance of such amendment this dispatch may be cited as authorisation for such such amendment this dispatch may be cited as authorisation for such such as a such amendment this dispatch may be cited as authorisation for such such as a	A DESCRIPTION OF THE PROPERTY		<u> </u>		

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25X1A

TO

All Chiefs

FROM

Chief,

25X1A2d1

SUBJECT

Insurance

25X1A REFERENCE:

- 22 November 1963

25X1A

told about the announced increase for

25X1C4a

in-patient hospitalization charges for

25X1C4a

as of 1 January 1964. As a result of this announcement, the underwriter of the Association Benefit Plan was asked to provide a schedule for reimbursement. The underwriter has established the following schedule for reimbursement. Applicable only to hospitalization charges described above:

APPORTIONMENT OF DAILY CHARGE OF \$37.00 FOR IN-PATIENT SURGICAL OR NON-SURGICAL SERVICES

a. High Option

Plan will pay \$20.00 per day as allowance for room and board for up to 90 days.

Plan will pay the first \$202.50 of the difference between the rate of \$20.00 per day and the total charges for confinement.

Plan will pay 80% of additional charges above \$202.50 up to \$5000.00 for each 90 day confinement.

The 20% in excess of the \$202.50 may be applied to the major medical benefits. (\$100 deductible)

b. Low Option (NOTE: \$20.00 of the \$37.00 daily charge has been established by the underwriter as the assessment for room and board, i.e., as if there was a daily charge for room and board

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Plan will pay \$13.50 per day as allowance for room and board for up to 90 days.

Employee will pay \$6.50 per day for room and board for up to 90 days.

Plan will pay the first \$202.50 of the difference between the rate of \$20.00 per day and the total charges for confinement.

Plan will pay 80% of additional charges above \$202.50 up to \$5000.00 for charges represented by the daily charge (\$37.00) minus \$20.00 times the number of days hospitalized for each confinement. The Employee will pay the remainder.

c. Maternity Benefits (Normal Delivery)

(1) High Option

Plan will pay \$16.00 per day up to 8 days for room and board.

Plan will pay up to \$100.00 of the difference between the above and the total hospital charges.

(2) Low Option

Plan will pay \$10.00 per day up to 8 days for room and board.

Plan will pay up to \$100.00 of the difference between the above and the total hospital charges.

NOTE: In case of Caesarean Section or miscarriage, rates of reimbursement will be made as shown la and lb for surgical or non-surgical services.

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2. EXAMPLES:

HIGH OPTION

(a) Assume 11 DAYS IN HOSPITAL WITH OR WITHOUT SURGERY

LOW OPTION

Charges		Charges	
11 x \$37.00	\$407.00	11 x \$37.00	\$407.00
Reimbursement		Reimbursement	
Room & Board 11 x \$20.00	\$220.00	Room & Board allowance $11 \times 13.50	\$148.50
Hospital Extras	\$\frac{187.00}{407.00}	Room & Board paid by emplo $11 \times 6.50	71.50 \$220.00
		Balance (paid as hospital extras	187.00 \$407.00
		Total to be paid by employee	\$ 71.50

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HIGH OPTION

(b) Assume 20 DAYS IN HOSPITAL WITH OR WITHOUT SURGERY

LOW OPTION

Charges Charges $20 \times 37.00 \$740.00 20 x \$37.00 \$740.00 Reimbursement Reimbursement Room & Board Room & Board 20 x \$20.00 400.00 20 x \$13.50 270.00 Balance 340.00 Balance 470.00 Hospital Extras 202.50 Room & Board to be paid by employee $20 \times 6.50 130.00 Balance 137.50 Balance 340.00 $80\% \times 137.50 110.00 Hospital Extras 202.50 To be applied by employee \$ 27.50 toward \$100 deductible Balance 137.50 80% x \$137.50 110.00 Hospital Extras to be paid by employee 27.50 \$130.00 27.50 Total to be paid by employee

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LOW OPTION

(c) NORMAL DELIVERY MATERNITY BENEFITS

Assume SIX DAYS IN - PATIENT CARE

		· · · · · · · · · · · · · · · · · · ·	
Charges		Charges	
6 x \$37.00	\$222.00	6 x \$37.00	\$222.00
Reimbursement		Reimbursement	
6 x \$16.00	\$ 96.00	6 x \$10.00	\$ 60.00
Supplemental allowance	100.00 \$196.00	Supplemental allowance	$\frac{1\ 00.00}{\$160.00}$
To be paid by employee	\$ 26.00	To be paid by employee	\$ 62.00

- 3. When hospitalization expenses of an eligible dependent are reimburseable

 under the provisions of the employee is required to pay the first \$35.00. If the dependent is covered by the Association Benefits Plan 25X1C4a and the hospital is in the \$35.00 will be reimbursed as follows:
 - (a) High Option the plan will pay the \$35.00
 - (b) Low Option the plan will pay \$28.50 and the employee will pay \$6.50

4. Advance Authority

HIGH OPTION

An employee may request an advance of official funds, subject to approval by an authorized approving official, for hospitalization and related expenses in an amount not in excess of that for which, in the opinion of the approving official, the employee may expect reimbursement under his health benefits plan.

25X1A

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authorize this type of advance; pending the issuance of such amendment this dispatch may be cited as authorization for such advances. Such advances must be repaid by the employee promptly upon his receipt of notification that his claim has been settled. Authority for advances for hospitalization and related expenses for which reimbursement is due an employee

25X1A

25X1A

Overseas Medical Benefits, is now reflected in that

WH.