



**Blue Cross**

Recent changes in Public Health Service policies have eliminated virtually all non-Native dependent health coverage. Under the new regulations, many people are affected that previously had free medical care. They no longer have it.

If you or any member of your family has lost this health coverage, Blue Cross of Washington and Alaska, in conjunction with Timothy E. Walsh, an Alaskan independent insurance broker can help you. Blue Cross has agreed to provide those people who have lost this individual coverage with an association-type plan that is both economical and easy to obtain.

Below is a Summary of Benefits under this plan.

**SUMMARY OF BENEFITS FOR INDIVIDUAL PROGRAMS**

|   | Hospital/Major Medical Program<br>\$200 Deductible  | Major Medical Program<br>\$500 Deductible<br>and<br>Major Medical Program<br>\$1,000 Deductible |
|---|---|---|
| <b>HOSPITAL</b>                                     |   |   |
| Room and Board                                      | Paid in Full/Semi-Private   | **Covered Under Major Medical   |
| Number of Days                                      | 365 Days  | **Covered Under Major Medical   |
| Intensive Care Unit                                 | Paid in Full  | **Covered Under Major Medical   |
| Ancillary Services                                  | Paid in Full  | **Covered Under Major Medical   |
| Rehabilitative Care                                 | *Paid in Full/Semi-Private<br>30 Days   | **Covered Under Major Medical   |
| Nervous & Mental, Alcoholism &<br>Drug Addiction    | *Limited to 30 Days Each in a<br>Calendar Year, Then Covered<br>Under Major Medical at 50% ** | **Covered Under Major Medical   |
| <b>HOSPITAL OUTPATIENT</b>                          |   |   |
| (Treatment Furnished and Billed<br>by the Hospital) |   |   |
| Accidents, All Treatment Within<br>7 Days           | Paid in Full  | **Covered Under Major Medical   |
| Medical Emergencies                                 | Paid in Full  | **Covered Under Major Medical   |
| Minor Surgery                                       | Paid in Full  | **Covered Under Major Medical   |
| X-Ray & Radium Therapy                              | Paid in Full  | **Covered Under Major Medical   |
| <b>SKILLED NURSING FACILITY</b>                     |   |   |
| Semi-Private and Ancillary<br>Services              | Paid in Full  | **Covered Under Major Medical   |
| Number of Days                                      | 1 Day = 1/2 Day Toward the<br>365 Days  | **Covered Under Major Medical   |
| Physician Calls                                     | **Covered Under Major Medical   | **Covered Under Major Medical   |
| <b>ALCOHOLISM TREATMENT<br/>FACILITY</b>            | **80% Up to \$2,000   | **Covered Under Major Medical   |
| <b>SURGICAL/MEDICAL</b>                             |   |   |
| Surgeons Fees                                       | **Covered Under Major Medical   | **Covered Under Major Medical   |
| Assistant Surgeon                                   | **Covered Under Major Medical   | **Covered Under Major Medical   |
| Anesthesia  | **Covered Under Major Medical   | **Covered Under Major Medical   |
| Physician Calls                                     | **Covered Under Major Medical   | **Covered Under Major Medical   |
| X-Ray & Radium Therapy                              | **Covered Under Major Medical   | **Covered Under Major Medical   |

\* Included in Hospital Room & Board allowable maximum  
\*\* Subject to Usual, Customary and Reasonable Charges

|  | Hospital/Major Medical Program<br>\$200 Deductible  | Major Medical Program<br>\$500 Deductible<br>and<br>Major Medical Program<br>\$1,000 Deductible   |
|--|---|---|
| <b>GENERAL MEDICAL</b>   |   |   |
| Physician Office Calls   | **Covered Under Major Medical   | **Covered Under Major Medical   |
| Prescription Drugs   | **Covered Under Major Medical   | **Covered Under Major Medical   |
| Diagnostic X-Ray & Lab   | **Covered Under Major Medical   | **Covered Under Major Medical   |
| Ambulance  | **Covered Under Major Medical   | **Covered Under Major Medical   |
| Supplemental Accident  | **Covered Under Major Medical   | **Covered Under Major Medical   |
| X-Ray & Radium Therapy   | **Covered Under Major Medical   | **Covered Under Major Medical   |
| Rehabilitative Care  | Up to \$20 Per Day/Up to 45 Days<br>Per Calendar Year   | **Covered Under Major Medical   |
| <b>MATERNITY</b>   |   |   |
| Hospital and Physician Benefits  | **Covered Under Major Medical   | **Covered Under Major Medical   |
| <b>MAJOR MEDICAL</b>   |   |   |
| Lifetime Maximum   | \$1,000,000   | \$1,000,000   |
| Annual Deductible Per Member   | \$200 (\$600 Family Aggregate<br>Deductible)  | \$500 (\$1,000 Family Aggregate<br>Deductible) OR \$1,000 (\$2,000<br>Family Aggregate Deductible)  |
| Reimbursement Percentage   | **80% to \$2,000 in Major Medical<br>Benefits paid, then 100% for<br>Remainder of Calendar Year                       | **80% to \$2,000 in Major Medical<br>Benefits paid, then 100% for<br>Remainder of Calendar Year   |
| Nervous and Mental Conditions  | Inpatient Benefits Covered at 50%;<br>Outpatient Physician Visits<br>Covered at 50% Up to \$500 each<br>Calendar Year | Inpatient Benefits Covered at 50%;<br>Up to \$2,000 Each Calendar Year;<br>Outpatient Physician Visits<br>Covered at 50% to \$500 each<br>Calendar Year   |
| <b>OTHER MAJOR MEDICAL<br/>BENEFITS WITH CALENDAR<br/>YEAR LIMITS PER MEMBER</b> |   |   |
| Chiropractic   | \$500   | Chiropractic ..... \$ 500<br>Inpatient Rehabilitative Care \$5,000<br>Outpatient Rehabilitative<br>Care ..... \$1,000<br>Alcoholism Treatment ..... \$2,000<br>Skilled Nursing Facility ..... \$5,000 |

**LIMITATIONS**

In addition to the terms outlined above, all programs have special limitations including, but not restricted to coverage for mental or nervous disorders, drug addiction, alcoholism and conditions you may have at the time you apply or for which you have been treated in the past. Additionally, there are waiting periods required for coverage of certain conditions.

If you would like rates and more complete information on Blue Cross Association Medical Plans, please call Tim Walsh in Anchorage at 278-9505 or call Blue Cross direct at (800) 426-6400, Ext. 3320. In either case, please ask for details about the ANNA Plan. A booklet outlining the complete coverage and current rates, along with applications will be mailed to you immediately. Or fill out the coupon below and mail it to: TIMOTHY E. WALSH (Independent Broker)

● Pension Consultant ● IRS-approved

*Please mail this form to:*

**TIMOTHY E. WALSH**  
**Independent Broker**  
500 . W. 27th Avenue  
Anchorage, Alaska 99503  
Phone: 278-9505



**Blue Cross**

**ANNA**

I would like to receive more detailed information on BLUE CROSS Association Medical Plans, specifically with ANNA.

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

Zip: \_\_\_\_\_

Phone: \_\_\_\_\_