



**YAKIMA PLAN**  
for  
***Prepaid Medical  
and Hospital Care***



Offered by  
**YAKIMA MEDICAL SERVICE  
ASSOCIATION**  
and  
**WASHINGTON HOSPITAL  
SERVICE ASSOCIATION**



Non Profit Corporations  
Larson Building . . .

Phone 5113  
Yakima, Washington

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Please Keep This Book for Future Reference



## A Plan for Pre-Paying Your Family Sickness Expense



Your doctor, together with the other members of the medical profession of Yakima County and the hospitals of the State of Washington, offers a new Health Service Plan to you and your family. This is a cooperative effort on the part of these medical service agencies, that is intended to give you at low budget cost the most extended medical and hospital service consistent with experience in prepaid medical care.



## PHYSICIANS IN YAKIMA COUNTY WHO ARE SPONSORING THIS PLAN

### YAKIMA

- |                         |                          |
|-------------------------|--------------------------|
| Angland, Dr. Mary       | Koreski, Dr. B. C.       |
| * Angland, Dr. T. A.    | Lewis, Dr. Paul J.       |
| * Atwood, Dr. H. S.     | LeFor, Dr. F. G.         |
| Banks, Dr. W. H.        | Loudon, Dr. J. P.        |
| Bice, Dr. D. F.         | * Low, Dr. Joseph H.     |
| Bittner, Dr. J. E., Jr. | Lugar, Dr. L. L.         |
| Boelio, Dr. Louis N.    | * Lynch, Dr. H. C.       |
| Brush, Dr. F. H.        | Marcy, Dr. G. E.         |
| * Capell, Dr. H. J.     | * McClure, Dr. Rex D.    |
| Cerswell, Dr. B. S.     | * McCoy, Dr. K. M.       |
| Champoux, Dr. C. G.     | McDonald, Dr. J. L.      |
| Cocklin, Dr. W. K.      | McGuinness, Dr. H. S.    |
| Coglon, Dr. R. B.       | Mullinnex, Dr. M. E.     |
| Cornett, Dr. G. W.      | * Rew, Dr. W. H.         |
| Corpron, Dr. D. S.      | Ross, Dr. W. L., Jr.     |
| Cornue, Dr. P. W.       | Schott, Dr. T. J.        |
| * Ditter, Dr. F. J. A.  | Scott, Dr. J. F.         |
| England, Dr. Kay        | Shepard, Dr. G. P.       |
| * Foster, Dr. Ralph A.  | * Shirey, Dr. R. W.      |
| * Ginn, Dr. W. Shuler   | * Sims, Dr. W. F.        |
| * Harris, Dr. Leland S. | Skinner, Dr. H. H.       |
| Hull, Dr. Howard L.     | * Thompson, Dr. James P. |
| Johnson, Dr. Philip S.  | * Walters, Dr. Carl C.   |
| Johnson, Dr. Victor E.  | West, Dr. E. S.          |

### TOPPENISH

- Fletcher, Dr. John Dee  
 \* Meagher, Dr. A. C.  
 Petrie, Dr. F. M.  
 \* Shearer, Dr. F. W.  
 Shirey, Dr. Paul F.

### MOXEE

- Bittner, Dr. J. E., Sr.

### NACHES

- Bowman, Dr. D. C.

### GRANDVIEW

- Brown, Dr. Kirk

### SELAH

- Makins, Dr. H. M.

### SUNNYSIDE

- \* Collins, Dr. W. W.  
 Rockwell, Dr. Orville  
 Schutz, Dr. J. H.

### PROSSER

- \* Wood, Dr. Joseph G.

- \* Serving at present in the Armed Forces.

This list of physicians includes all of the members of the Yakima County Medical Society. It may be changed from time to time. Notice of such change will be given. As in the past, certain physicians confine their practice to specialty work.





## BURDENSOME BILLS EASILY PREPAID

No one can tell when he will need medical or hospital care or what the cost of such services will be—\$100, \$1000, or even more. Full use of all modern health facilities, not uncommonly averages \$50.00 per day for extended periods.

Individuals and families have heretofore been unable to place hospital or medical care in their budgets along with other necessities—food, clothing, shelter. All too frequently this unpredictable sickness expense has made it necessary to use up savings or to go into debt, thus creating hardship for both the patient and members of his family.

To free you from worry regarding medical and hospital bills, the doctors of the Yakima County Medical Society and the hospitals of Washington offer a simple, inexpensive, prepayment plan. So long as you and members of your family are subscribers, this Plan pays your medical and hospital bills direct, in accordance with the terms of the contract. Furthermore, these bills are paid at the physicians' and hospitals' average regular rates.

Many people actually injure their health and shorten their lives because fear of medical expenses causes them to delay too long procuring proper care.

This Plan eliminates this problem, and encourages your family to have Medical and Hospital care when needed.

Individual subscriptions to the Plan are not accepted. Only members of groups may become subscribers when the required percentage of the group subscribes.

This group plan makes possible liberal health services at low monthly cost.



## WHO MAY ENROLL?

If your employer has a contract with the Yakima Medical Service Association and the Washington Hospital Service Association, and you are under seventy (70) years of age, you may enroll as a member of the Plan, providing the required percentage of your fellow employees are enrolled with you.

You may also include your husband or wife as well as all your dependent children under the age of 19. **Dependents or family members other than wives, husbands, or children cannot be covered.**

## WHAT WILL SHOW YOU ARE A MEMBER?

Your card will show you are a member.

Promptly after being enrolled, you will receive a membership card, if you are a steady employee. If you are enrolled as a part-time employee your employer will issue to you a temporary membership card at the time of your illness.

You must be careful to identify yourself, by presenting your membership card to your doctor and the hospital when first applying for service.

## HOW DO I OBTAIN SERVICE?

When you or a member of your family require medical care or hospitalization, you will contact your family physician in Yakima County, just as you do at present, or any other physician of your choice from those listed on page 3 herein. Showing the physician or hospital your membership card frees you of further financial responsibility for the payment of doctor and hospital bills for your illness, to the extent provided by the terms of the contract.

Your relationship with your doctor is in no manner changed and does not differ from that of any other private patient, but you are relieved of the financial worry attendant upon the medical and hospital care given you.

Your physician especially welcomes you as a member of this plan because this arrangement makes it unnecessary for him to discuss with you, his patient, the embarrassing matter of finances.





## MEDICAL BENEFITS:

As a member of this Plan you and other individuals in your family for whom you may subscribe will be entitled to the following services:

1. **DIAGNOSIS:** Whenever you become ill and feel that you require the help of your doctor, you may go to him and your trouble will be diagnosed regardless of the nature of your illness. Special laboratory service and all x-rays are included.
2. **TREATMENT:** Your family physician will give you necessary medical and surgical care for all accidental injuries and all acute and chronic illnesses within the terms of the contract. Your doctor will care for you for 26 consecutive weeks (6 months) for each illness or injury.
3. **AMBULANCE:** You will be provided ambulance service for transportation to and from hospital within a radius of 25 miles, when such transportation is necessary in judgment of your physician.
4. **SPECIAL NURSE:** If you become critically ill and in the judgment of your doctor you need a special nurse, this plan provides 240 hours (30 shifts of 8 hours each) of such care for each illness.
5. **PRESCRIPTIONS:** The Plan will furnish you with all necessary drugs and medicines for each illness as prescribed by your physician, with the exceptions of Vitamins, Endocrines (Glandular preparations) and Biochemicals (Vaccines).

You will receive care within the terms of the contract for any illness or accidental injury you may suffer with only the few following exceptions: Insanity, epilepsy, pulmonary tuberculosis, congenital conditions (acute unreducible hernia however, will be cared for), pyorrhea, abortions, venereal diseases, conditions resulting from drunkenness, drug addiction, attempts at crime



and attempts at suicide, conditions affecting organs not common to both sexes, maternity cases. HOWEVER, HOSPITAL BENEFITS ARE PROVIDED BY THE PLAN FOR BOTH MATERNITY CASES AND FOR CONDITIONS AFFECTING ORGANS NOT COMMON TO BOTH SEXES. Accidents, diseases or conditions for which you are entitled to receive treatment under Federal or State Law or by virtue of Workmen's or Industrial Compensation are excluded from the contract. The following shall not be furnished the subscriber: Refraction for glasses, prophylactic cold shots, radium therapy, surgical and other appliances, services for injuries sustained while riding in or piloting an airplane, not a common carrier.

## WILL ANY ILLNESS YOU HAVE AT THE TIME YOU JOIN BE CARED FOR UNDER THE PLAN?

Yes, each pre-existent condition or injury from which you are suffering, will receive 26 consecutive weeks (6 months) of care, just the same as acute illnesses receive, after a waiting period of eight months. **However, if the pre-existent condition affecting you becomes acute during the eight months waiting period, you will receive immediate care.** For example, you may have an appendix which has been troubling you from time to time. Shortly after you become a subscriber it flares up and becomes an acute case of appendicitis. In that case you will receive proper surgical care and you will not have to wait the eight months for service.

## TONSILS AND ADENOIDS:

The Plan provides for the removal of tonsils and adenoids after you have been a member for six months. Although you have to wait six months for surgical treatment you will receive all other necessary medical care for tonsillitis without a waiting period.





## HOSPITAL BENEFITS:

As a Plan member, you and other individuals in your family, who are subscribers, are entitled to the following services in the participating hospitals listed herein, when you or any one of your subscribing dependents is admitted as a **bed patient**:

1. Bed, meals, and general nursing service in wards in the participating hospital of your choice. You may secure a private room by paying the difference between ward and private room rates.
2. All operating room service, including anaesthesia.
3. All laboratory services, in the hospital.
4. All drugs and dressings prescribed by your physician, in the hospital.
5. All diagnostic x-ray service furnished in the hospital.
6. Hospitalization, including use of delivery room, for maternity cases (including care of miscarriages) after ten (10) months of continuous membership.
7. Hospitalization for removal of tonsils and adenoids after you have been a subscriber for a total period of not less than six (6) months.
8. All oxygen, basal metabolism tests and electrocardiograms furnished in the hospital. There are no limits as to the quantity of materials and services supplied in the hospital, provided they are received or administered within the period of hospitalization time allowed each individual annually. Each subscribing dependent is provided three weeks hospitalization per year; and the employed subscriber receives 30 days hospitalization per year, on one or more admissions to hospital.



To give you an idea of how much the Plan **does** cover, please note the comparatively few conditions which are **not** included. The exclusions are: Insanity, drug addictions, chronic alcoholism, conditions caused by excessive use of liquor or drugs, attempts at suicide, communicable diseases not normally accepted by member hospitals, venereal disease, care or correction of congenital defects, abortions, pulmonary tuberculosis, and diseases and injuries caused by war, public disaster, or epidemics too widespread for the hospitals to handle. **ALL OTHER** conditions are covered—injuries, operations for internal disorders, infections and general illnesses.

## WHICH HOSPITALS WILL CARE FOR YOU AS MEMBERS OF THE PLAN?

Any hospital in the State of Washington listed in the booklet or any hospital in the United States participating in the Blue Cross Plan. There are 3600 such hospitals in the United States.

## A CONVENIENT METHOD OF PAYMENT

Your subscription charge is deducted from your pay each month. Your employer sends the Yakima Medical Service Association one check each month covering all his subscribing employees. This helps reduce the Association's administration expense—makes it possible to offer more for less. If you should change jobs at some later date, you may retain your membership for one year by making payments in advance semi-annually or annually, direct to the Yakima Medical Service Association offices in the Larson Building, Yakima, Washington. In case you leave Yakima County, you may make arrangements to continue Blue Cross hospital benefits indefinitely.





### IT COSTS VERY LITTLE TO BELONG

Charges are surprisingly low — within the reach of everyone.

Medical, Surgical and Hospital Service for employed subscriber, per month.....	\$2.75
Medical, Surgical and Hospital Service for subscriber's spouse, per month.....	\$2.75
Medical, Surgical and Hospital Service for all (not each) of subscriber's children under 19 years of age, per month.....	\$2.25
Hospital Service Only, for subscriber's spouse, per month.....	\$ .90
Hospital Service Only, for all (not each) of subscriber's children under 19 years of age, per month.....	\$ .60
Medical, Surgical and Hospital Service, for em- ployed subscriber, per week (if seasonal or not steadily employed).....	\$ .65

### WHEN DO YOU ENROLL?

Your employer has been notified as to the opening and closing dates for Plan enrollment in your organization. Be sure to turn in your enrollment card prior to the final date.

### WHEN ARE YOU COVERED?

Your membership card bears the effective date on and after which you become eligible for the services provided by the contract, so long as you are a paying subscriber in good standing under your employer's Plan contract.

### A WORD ABOUT THE DOCTOR SHORTAGE

Because one-third of the doctors are in the Armed Services, the remaining physicians are heavily loaded with patients. In an emergency, you will be cared for promptly. If your case is not an emergency, there may be some delay in your receiving care. Until the present shortage of doctors is relieved, these delays will continue to exist. However, you can be assured of the doctor's best interest in your case.



### Your Own Family Welfare Requires You Join the Plan



Please keep in mind that this fine health plan is sponsored by and is an actual service of your family physician. It answers your day-to-day health problems and thereby helps keep you well rather than merely offsetting the expense of major illnesses. Within the six months period of care for each illness, there is no limit to the amount of service which you may obtain. Your needs as determined by your own doctor decide that. You do not need to file any claims.

For peace of mind and for financial security and for the sake of good health for you and your family, you cannot afford to have your name omitted from the Plan's enrollment.







## PARTICIPATING HOSPITALS

### SEATTLE, WASHINGTON

Children's Orthopedic Hospital  
Columbus Hospital  
Maynard Hospital  
Providence Hospital  
Seattle General Hospital  
Swedish Hospital  
Virginia Mason Hospital  
Cobb Hospital  
Medical & Dental Building Surgery  
Ballard General Hospital

### TACOMA, WASHINGTON

St. Joseph's Hospital

### BREMERTON, WASHINGTON

Franklin D. Roosevelt Hospital  
Harrison Memorial Hospital

### LONGVIEW, WASHINGTON

Cowlitz General Hospital  
St. John's Memorial Hospital

### BELLINGHAM, WASHINGTON

St. Joseph's Hospital  
St. Luke's General Hospital

### SPOKANE, WASHINGTON

Deaconess Hospital  
Sacred Heart Hospital  
St. Luke's Hospital

### WENATCHEE, WASHINGTON

Central Washington Deaconess Hospital  
St. Anthony's Hospital

### EVERETT, WASHINGTON

Everett General Hospital  
Providence Hospital

### WALLA WALLA, WASHINGTON

St. Mary's Hospital

### YAKIMA, WASHINGTON

St. Elizabeth's Hospital

For Further List of Hospitals Contact the  
Yakima Medical Service Association

