

thropy, labor, management, public relations, social welfare, health education and the health professions. The insurance contract that HIP wrote with its subscriber groups agreed to furnish comprehensive health care (within certain limits) in the patient's home, in a center or in the hospital. The HIP then subcontracted with more than 30 medical groups, each of which agreed to abide by the limitations, standards, quality and quantity of care contained in contracts written by HIP. The group then affiliates with HIP as one of its "centers". The services included are:

1. General medical care and specialist medical care; surgical care and obstetrical care.
2. Laboratory and diagnostic procedures.
3. Regular and periodic health examinations and other measures for the prevention of diseases; immunizations.
4. Physical therapy, radiological therapy, and other therapeutic measures.
5. The administration of blood and plasma.
6. Eye refractions.
7. When it is prescribed by a physician, visiting nurse services at home.
8. Ambulance service from home to hospital.⁵⁶

In addition, the group agreed to abide by the standards set for care by the HIP Medical Control Board. Also, if specialist services were required by the patient, he would be referred at no cost to HIP or the patient, but paid for by the group through its special services fund.

The HIP established not only standards and administrative procedures for the professional care rendered but, also, standards for the center, space and layout, hours, scheduling and, most important, the qualifications of the professional personnel associated with the group as well as their assigned functions. It, further, required that each of the groups furnish specialist services in obstetrics and gynecology, ophthalmology, orthopedics, otolaryngology, pediatrics, urology, neuropsychiatry, general medicine, general surgery, dermatology, clinical pathology, pathologic anatomy and diagnostic and therapeutic roentgenology. The overwhelming number of subscribers to HIP are members of occupational groups, business and industrial firms, city agencies, non-profit organizations, (and the dependents of the employees). Two general categories of contracts are written—those in geographical areas in which group centers exist, and those where they do not exist. The subscribers to the latter receive cash payments for their expenses. All subscribers are

urged to, in addition to HIP, maintain hospitalization insurance such as Blue Cross insofar as the HIP coverage does not include it except for doctor care while in the hospital. With the adjunct of hospitalization, the coverage of the individual is rather complete and comprehensive in scope. However, there is a wide area of coverage which HIP did not originally offer in its coverage, some of which has been added. The original exclusions were:

1. Medical services for any condition, accident or injury where such services are covered by workman's compensation, veterans status, special legislation, etc.
2. Care for acute alcoholism, drug addiction, tuberculosis, mental or nervous disorders, and chronic illness requiring long term hospitalization in other than a general hospital.
3. Cosmetic surgery.
4. Electrolysis.
5. Dentistry.
6. Prescribed drugs, prosthetics, eyeglasses, hearing aids.
7. Special duty nursing.
8. Medical service for the administration of blood, plasma and anesthesia; laboratory and diagnostic procedures; physical therapy; X-ray or radiotherapy required in a hospital.⁵⁷

Cash payments are made by HIP for insured persons suffering from injury for which hospitalization is necessary but ordered by another physician other than one affiliated with HIP. Similarly, when an insured becomes ill outside of the geographical area served by HIP, cash payment is made. Preventive services are stressed in HIP with the base being a complete and thorough annual examination. In line with the prevention theme, HIP stresses health education through information dissemination to the subscriber. One of the most important contributions made by HIP to the national public health has been through its comprehensive statistical research data analyzed through the years with the use of IBM computation methods. Such items as incidence, utilization and medical experience have formed a wealth of information of an invaluable nature and never before gathered.

In setting premium rates, four general categories were established:

1. Single person earning less than \$6,000.
2. Family unit earning less than \$7,500.
3. Single person earning more than \$6,000.
4. Family unit earning more than \$7,000.

The most usual arrangement was for the employer to pay 50 percent of the premium.