

ISTANBUL AMERİKAN KOLEJİ  
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Bebek Post Box 8  
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ISTANBUL AMERİKAN KOLEJİ  
Kız Kısmı  
Muhasiplik  
Arnavutköy  
AMERICAN COLLEGE FOR GIRLS  
Office of the Comptroller  
Arnavutköy  
Istanbul, Turkey

December 5, 1960

Mrs. Eveline Scott  
c/o Robert College

Dear Mrs. Scott:

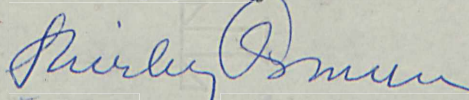
The enclosed Blue Cross certificate has just been received from our New York office, and will replace the one which you now hold. You will note that the increased benefits described in your new certificate bring an increase in rate. The combined cost of Blue Cross and Blue Shield is now \$13.32 quarterly, instead of \$10.47. The monthly increase is \$.95.

I do not know how you have been handling your payments, but if you send a check directly to our New York office, you will need to include with your next quarterly payment, an amount, \$.95, to cover the November rate increase, since the payment has been made through November at the old rate.

The new address of our New York office is:

Near East College Association  
548 Fifth Avenue  
New York 36, New York.

Sincerely yours,



Shirley Osmon  
Personnel Assistant to the Comptroller

0/

*To  
Eveline  
Scott*



Hospital Sponsored Blue Cross

# ASSOCIATED HOSPITAL SERVICE OF NEW YORK

80 LEXINGTON AVENUE (AT 26TH ST.) • NEW YORK 16, N. Y. • MURRAY HILL 9-2800

September 15, 1960

Dear Subscriber:

Your new and improved Blue Cross benefits are set forth in the attached certificate which automatically terminates and replaces your existing Blue Cross "21 full-180 discount day" contract. The attached certificate becomes effective November 1, 1960 by payment of the appropriate subscription charges approved by the New York State Superintendent of Insurance and listed under Schedule A on the back of this page.

The additional benefits are as follows:

1. Higher allowances for the use of private room accommodations in member hospitals. (Article II, D, 1 (c) )
2. Higher allowances in all accommodations of non-member hospitals. (Article II, D, 2)
3. Coverage of children from birth. (Article IV, B)
4. Benefits for mental and nervous disorders. (Article IV, H)

If you became a subscriber after July 1, 1959, recent legislation gives you the choice of accepting the new contract as of November 1, 1960 and receiving the added benefits by paying the new rate, or continuing your present coverage until the end of your current year by paying the appropriate increased rate shown under Schedule B on the back of this page. At the end of your current year (the next anniversary of the effective date now shown on your identification card) your existing contract will not be renewed but will be replaced by the new contract at the applicable rate therefor as set forth on the back of this page.

If you are a Blue Shield subscriber, there is no increase in your Blue Shield subscription charges. However, if your coverage is under the Blue Shield \$2500-\$4000 service contract, we hereby notify you on behalf of United Medical Service, Inc. that your present Blue Shield contract will terminate as of November 1, 1960 and your new Blue Shield contract, effective November 1, 1960, will consist of your presently existing Blue Shield contract except only that its effective date will be changed to November 1, 1960.

It is not necessary for you to submit a new application to Blue Cross or Blue Shield since the application previously signed by you will become part of your new contract. You also may continue to use your present identification cards by changing the effective date to November 1, 1960.

Nobody can predict when or why a member of your family will need hospital care. We can predict that some member of every third family — one individual out of every eight — will be a hospital patient this year.

When that need strikes, your Blue Cross contract can be the most important document you own. More than ever, it's the protection you can't afford to be without.

Sincerely,

*J. Douglas Colman*  
J. DOUGLAS COLMAN  
PRESIDENT

FOR PRESENT 21 FULL-180 DISCOUNT DAY CONTRACT HOLDERS.



## HOSPITAL SERVICE PLAN



# CERTIFICATE OF CONTRACT

issued by

## ASSOCIATED HOSPITAL SERVICE OF NEW YORK

a non-profit hospital service corporation  
(hereinafter referred to as AHS)

In consideration of the payment to AHS of the subscription charges required hereunder,

### THIS IS TO CERTIFY

that the Contract Holder and the members of his Family Group, if any, are entitled to benefits in accordance with the Hospital Service Plan hereinafter set forth during the period from the Effective Date, November 1, 1960, to November 1, 1961 and from year to year thereafter, unless this Contract is terminated as provided in Article VIII.

If the suffix to the certificate number on your Identification Card is one listed in Article IV, Section A of the Contract, the Contract is a FAMILY CONTRACT and in such event, benefits for maternity care will be provided in accordance with the terms of the Contract. Additionally, if the certificate number on your Identification Card is followed by the suffix letter F, J, Q, Y or Z, the Contract is a FAMILY CONTRACT, but no maternity benefits will be provided.

If this Contract is a Family Contract, the coverage of any child under this Contract shall terminate without further notice when the child marries or attains the age of 19 years.

This Contract may be terminated in accordance with the provisions of Article VIII.

During a period of 10 days from the date this Certificate is delivered to the Contract Holder, it may be surrendered by the Contract Holder to AHS, together with a written request for cancellation of the Contract as of the Effective Date, and in such event AHS will refund any charges paid therefor.

ASSOCIATED HOSPITAL SERVICE OF NEW YORK

80 Lexington Avenue

New York 16, N. Y.

  
JOHN L. SHURTLEFF  
SECRETARY

  
J. DOUGLAS COLMAN  
PRESIDENT



## THE HIGHER COST OF BETTER SERVICE

Rising costs and improved methods of treatment have made even a short hospital stay a threat to the average budget. Because Blue Cross covers most hospital bills in full, today's higher costs make your need for this protection greater than ever.

The necessity for an increase in Blue Cross subscription charges was determined by the New York State Superintendent of Insurance following a public hearing at which all points of view were presented.

During the public hearing, the following facts were brought out:

1. The percentage increase in the average cost per patient day of hospital care in the New York City area since 1947 has been *lower* than for hospitals in other parts of the state.

2. Associated Hospital Service has consistently maintained one of the *lowest* admission rates per thousand subscribers of all Blue Cross Plans—indicating that “abuse” or unnecessary use of hospital facilities in this area is held to a minimum.

3. AHS payments to member hospitals in 1959 were substantially *less* than the average cost per patient day as reported to the N. Y. State Department of Social Welfare.

4. AHS's monthly administrative expense per subscriber contract was *lower* last year than the average of all other Blue Cross Plans.

5. In the past five years, New York's Blue Cross paid out over \$50 million dollars *more* than it received. To do this, it has drawn upon surplus funds which now are critically low.

Your new Blue Cross contract and the rates needed to support it are designed to assure the continuation of high standards of hospital care and to provide the broadest possible protection against its cost.

### SCHEDULE A — NEW BLUE CROSS CONTRACT RATES

*With Added Benefits*

Effective with Billings on and after November 1, 1960

	<i>Group (Monthly)</i>	<i>Direct Payment (Quarterly)*</i>
Individual.....	\$3.56	\$13.95
Family**.....	\$8.72	\$31.05

\*Charges may be paid semi-annually or annually by paying two or four times the amount indicated.

\*\*Covers husband and wife and unmarried dependent children under 19 years of age.

If you became a subscriber after July 1, 1959, you may pay the following rates for your present coverage *only* for the remainder of your contract year.

### SCHEDULE B — NEW RATES FOR PRESENT COVERAGE

*Without Added Benefits*

Effective with Billings on and after November 1, 1960,

Until the End of Your Current Contract Year.

	<i>Group (Monthly)</i>	<i>Direct Payment (Quarterly)*</i>
Individual.....	\$3.37	\$13.32
Family**.....	\$8.06	\$28.95

\*Charges may be paid semi-annually or annually by paying two or four times the amount indicated.

\*\*Covers husband and wife and unmarried dependent children under 19 years of age.

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of days for which Hospital Service shall be available under Sub-section 2 above.

**4. Definition of Abortion and Miscarriage.** For the purposes of determining waiting periods and calculating benefits and allowances under this Section A, a termination of pregnancy by abortion or miscarriage shall be deemed to mean only a termination of pregnancy without childbirth during the first six months of such pregnancy.

**5. Non-Maternity Hospital Service During a Maternity Stay.** During any hospital stay in which care is rendered for a condition arising out of and during pregnancy for which the Subscriber receives benefits under this Section A and in which the Subscriber additionally receives care for a non-pregnancy related condition, AHS in its sole discretion shall determine whether and to what extent benefits also should be provided for such condition.

**B. For Newborn Children,** Hospital Service in accordance with Article II and the other terms and conditions of this Contract shall be provided only for

1. Illness or injury; or
2. (a) Nursery care for a premature infant requiring incubator care or weighing less than 2000 grams (4.4 pounds) but only if such nursery care is rendered in a hospital nursery for the care of premature infants which meets such standards as may be prescribed by the local and state departments of health having jurisdiction over such nursery.
- (b) Nursery care for an infant between 2000 grams and 2500 grams (4.4 to 5.5 pounds) in weight, but only from the time such infant's mother is discharged from the hospital until such infant reaches five and one-half pounds in weight.

However, Hospital Service shall not be provided for nursery care except as set forth in this Subsection 2 and in Subsection 1 of Section A of this Article IV nor for circumcision of a child less than 90 days of age nor for care of an infant in the hospital primarily for boarding care.

**C. For the Removal of Tonsils or Adenoids or the Removal of Both During the Same Operation,** Hospital Service shall be available to a Subscriber only after he has been a Subscriber under this Contract or this and any other AHS contract for six consecutive months immediately preceding the beginning of the hospital stay, and shall be limited for Subscribers under 12 years of age to one day and for Subscribers of or over 12 years of age to two days.

**D. For Pre-Existing Conditions:**

If a Subscriber

1. On the Effective Date of this Contract had a condition, disease or ailment which was the same as or contributed to or predisposed the Subscriber to the condition, disease or ailment for which he is hospitalized, or
2. Within one year prior to the Effective Date of this Contract received medical or surgical treatment or advice for a condition, disease or ailment which was the same as or contributed to or predisposed the Subscriber to the condition, disease or ailment for which he is hospitalized,

Hospital Service for such hospital stay shall be available only where the hospital stay begins after the Subscriber has completed 11 consecutive months of continuous coverage under this Contract or under this Contract and a previous AHS contract.

**E. For Pulmonary Tuberculosis,** Hospital Service shall be provided only

1. In a non-governmental hospital which is a Member Hospital or which is accredited by the Joint Commission on Accreditation of Hospitals and
2. During that period of a hospital stay which starts with

and follows the performance during that stay of a surgical operation for the treatment of such condition

and shall be limited to the period during which, in the judgment of AHS, post-operative hospital care is necessary because of the surgical procedure performed. This period shall not in any event exceed 21 days in any twelve-month period.

**F. For Poliomyelitis,** Hospital Service shall be provided only during the first 60 days after the onset of such disease, and shall be limited to a period of 21 Full Benefit days and nine Discount days.

**G. For Measles, German Measles, Chickenpox, Diphtheria, Mumps, Scarlet Fever or Whooping Cough,** Hospital Service shall be provided only to a Subscriber who shall have attained the age of 16 years at the time of admission to the hospital for such disease.

**H. For Mental or Nervous Disorders,** Hospital Service shall be available only in a non-governmental general hospital which is a Member Hospital or which has been accredited by the Joint Commission on Accreditation of Hospitals and shall be limited to a period not to exceed 21 Full Benefit days and nine Discount days in any twelve-month period. Such Hospital Service shall not be available to a Subscriber for care in a separate division of a general hospital where that separate division contains more than 15% of the total beds in that hospital or where the average length of stay in that separate division is more than 60 days.

## ARTICLE V — EXCLUSIONS

**A. Hospital Service Shall Not Be Provided:**

1. For any condition, disease, ailment or accidental injury for which coverage is available in whole or in part under a Workmen's Compensation Act or similar legislation whether or not the Subscriber claims compensation or receives benefits thereunder and whether or not any recovery is had by the Subscriber against a third party for damages resulting from such condition, disease, ailment or accidental injury.

2. For care in a veterans' facility or a hospital operated by the United States of America.

3. For any condition, disease, ailment or accidental injury for which hospitalization is furnished to the Subscriber in whole or in part under the laws of the United States of America or any State or political subdivision thereof.

4. For a hospital stay or that period of a hospital stay which is primarily for diagnostic X-ray or laboratory examinations or other diagnostic studies or physiotherapy or rehabilitation or any combination thereof, or during which the services rendered to the Subscriber are primarily physiotherapy, rehabilitation services or diagnostic studies or any combination thereof.

5. For a hospital stay or that portion of a hospital stay which is primarily for custodial, convalescent or sanitarium type care or for a rest cure, or for care in a hospital or in the separate division of a hospital where the average length of stay is more than 90 days.

6. In a Non-Member Hospital within the area in which AHS operates, except for emergency care for illness or injury.

**B. Hospital Service does not include:** the services of physicians or of private or special nurses or their board, or ambulance service.

## ARTICLE VI — CONDITIONS UNDER WHICH HOSPITAL SERVICE SHALL BE RENDERED

**A.** Hospital Service is subject to all the rules and regulations of the hospital selected, including the rules and regulations governing admission. Nothing in this Contract shall be construed as

guaranteeing to the Subscriber either admission to a hospital or any particular type of accommodation.

B. AHS shall not be liable unless written notice of admission of a Subscriber to a hospital shall be given AHS within 30 days after such admission. Failure to give such notice shall not invalidate or diminish any claim if it shall be shown not to have been reasonably possible to give such notice and that notice was given as soon as was reasonably possible.

C. As a condition precedent to the issuance of this Contract, the Contract Holder and each member of his Family Group, if any, agrees that any physician, nurse or hospital having made a diagnosis for, treated, attended or rendered service to any Subscriber, or in possession of any information or records relating thereto, is authorized and directed to furnish, to such extent as may be lawful, to AHS at any time upon request any and all such information and records, or copies of records.

D. If this is a converted Contract, AHS may, when any payment is due under this Contract, request information of a Subscriber as to whether he is then covered by another hospital service contract or by a medical expense indemnity contract or by a policy of hospital or surgical insurance providing similar benefits or is then covered by a group contract or policy providing similar benefits or is then provided with similar benefits required by any statute or provided by any welfare plan or program. If any Subscriber is so covered or so provided and fails to furnish the details of such coverage when requested, the benefits provided under this Contract may be based on the hospital expenses actually incurred after excluding expenses to the extent they are payable under such other coverage or provided under such statute, plan or program.

E. If this is a converted Contract, the benefits provided to a Subscriber hereunder shall be reduced by the amount of any such benefits provided under the contract from which conversion was made after the termination of the Subscriber's coverage thereunder, and during the first contract year of the converted contract, the benefits provided hereunder shall be reduced so that they are not in excess of those that would have been provided had the Subscriber's coverage under the contract from which conversion was made remained in force and effect.

## ARTICLE VII — CHARGES

A. The charges for this Contract shall be determined by the Board of Directors of AHS and shall be subject to the approval of the Superintendent of Insurance of the State of New York.

B. The amount of the charges and the time and manner of payment thereof shall be as specified in the application and Identification Card, or as set forth in any notice provided for under Section C below. All such charges shall be due and payable in advance.

C. AHS may increase or decrease such charges at any time by giving at least 30 days prior written notice to the Contract Holder.

D. A grace period of 30 days shall be allowed within which to make payment of any charges except the initial charge.

## ARTICLE VIII — TERMINATION

A. **By Default in Payment of Charges.** Upon default in payment of charges in accordance with the terms hereof, this Contract shall automatically terminate at the expiration of the grace period.

B. **By Failure of Remitting Agent to Make Payment of Charges.** If the Remitting Agent fails to pay to AHS the charges payable by the Contract Holder or notifies AHS prior to the expiration of the grace period that the Remitting Agent will no longer make payment of such charges for the Contract Holder, this Contract shall terminate at the expiration of the grace period. (For conversion privilege, see Article IX, Section A below.)

C. **At the Option of the Contract Holder.** This Contract may be terminated by the Contract Holder at any time by giving at least 30 days prior written notice to AHS, but this Contract may not be terminated by the Contract Holder within one year after any Hospital Service has been rendered hereunder. When the Contract is terminated under this Section, AHS shall refund to the Contract Holder the pro rata amount of subscription charges, if any, which shall have been prepaid, less an expense charge of \$2.00.

### D. At the Option of AHS.

1. **Within two years** of the Effective Date or the date of the last reinstatement of this Contract, this Contract may be terminated by AHS on any November 1 or on the anniversary of the date of the last reinstatement of this Contract upon 30 days prior written notice to the Contract Holder, provided, however, that no group shall be deprived of the benefits of this Contract solely by reason of the group's right to receive supplementary or additional benefits.
2. **After two years** from the Effective Date or the date of the last reinstatement of this Contract, this Contract may be terminated by AHS on any November 1 or on the anniversary of the date of the last reinstatement of this Contract upon 30 days prior written notice to the Contract Holder, for any one or more of the following reasons:
  - (a) fraud in applying for this Contract or in applying for any Hospital Service thereunder;
  - (b) moral hazard;
  - (c) overinsurance or duplication of benefits according to standards on file with the Superintendent of Insurance at the time of such termination and theretofore approved by him. If notice of intention not to renew is based on this provision, AHS will mail to the Contract Holder with such notice a copy of the standards of overinsurance or duplication of benefits on file and approved by the Superintendent of Insurance and will inform the Contract Holder in writing that AHS will renew this Contract if sufficient other coverage is discontinued prior to the effective date of the non-renewal to bring coverage within such standards. A copy of the standards of overinsurance or duplication of benefits will be furnished the Contract Holder at any time on request;
  - (d) discontinuance of the class of contract to which this Contract belongs;
  - (e) failure of Contract Holders having the same Remitting Agent to meet the underwriting standards relating to the required percentage of enrollment on file with the Superintendent of Insurance at the time of such termination and theretofore approved by him (for conversion privilege, see Article IX, Section A below);
  - (f) such other reasons on file with the Superintendent of Insurance at the time of such termination and theretofore approved by him. A copy of such other reasons will be furnished to the Contract Holder at any time on request.
3. **After two years** from the Effective Date or the date of last reinstatement of this Contract, in no event will AHS refuse to renew this Contract because of a change in the physical or mental condition or the health of any person covered hereunder. Furthermore, after such period, AHS will not require as a condition for the renewal of this Contract the addition of any rider, endorsement or other attachment limiting the nature or extent of the benefits provided herein.

**E. When the Contract Holder ceases to be a Member of the Group.** This Contract shall automatically terminate when the Contract Holder is no longer a member of the group through which remittance of charges is made. (For conversion privilege, see Article IX, Section A below.)

**F. By Death of the Contract Holder.** Upon the death of the Contract Holder, this Contract shall terminate as of the date to which charges shall have been paid. (For conversion privilege, see Article IX, Section B below.)

**G. No Benefits After Termination.** Upon termination of this Contract as provided in this Article VIII, the Subscriber shall forthwith cease to be entitled to any Hospital Service hereunder, except that where the Subscriber is in the hospital at the time of such termination, the Subscriber shall be entitled to Hospital Service, subject to the terms and conditions of this Contract, until discharge from the hospital, except that in no event shall any Hospital Service be provided after 201 days from the date of admission to the hospital.

**H. Amendment of Contract.** In the event of a revision of the provisions of this Contract or change in benefits hereunder, the Contract Holder shall be given notice thereof at least 30 days prior to the date when such change shall become effective. Continued payment of charges after notice to Contract Holder by AHS of revision of the provisions of this Contract or change in benefits shall constitute acceptance of such revision or change by the Contract Holder.

**I. Amendments to Law with Respect to Termination and Amendment of Contract.** At any time after the effective date of any new law, or of any amendment to or repeal of any existing law, affecting the right of AHS to amend or terminate any or all of its contracts, this Contract may also be amended or terminated at the option of AHS provided such amendment or termination is in accordance with such new provisions of the law.

## ARTICLE IX—CONVERSION PRIVILEGES

A. If this Contract is terminated pursuant to the provisions of Section B, D2(e) or E of Article VIII, the Contract Holder may, without evidence of insurability, continue coverage under an AHS contract of the type and class of direct payment contract then being generally issued by AHS which provides coverage most nearly comparable to the coverage provided under this Contract, by applying for such contract and by paying directly to AHS the regular charges therefor. Such application and payment must be made within 30 days after the termination of this Contract, in which event the coverage under such direct payment contract shall commence from the date of termination of this Contract.

B. If a Subscriber is no longer covered under this Contract because he ceases to be a member of a "Family Group" or because of the death of the Contract Holder, he shall be entitled to have issued to him by AHS, without evidence of insurability, an individual contract of the type and class of direct payment contract then being generally issued by AHS which provides coverage most nearly comparable to the coverage under this Contract, by applying for and paying directly to AHS the regular charges for such contract within 31 days after the date he is no longer covered under this Contract. Coverage under such contract shall commence from the date of termination of coverage under this Contract.

C. AHS shall not be required to issue a converted contract if the person applying for such contract shall have at that time in force another hospital service contract or an insurance policy providing similar benefits, or is covered by or eligible for coverage by a group insurance policy or contract providing similar benefits, or shall be covered by similar benefits required by any statute or provided by any welfare plan or program which together with the converted contract would result in overinsurance or duplication of benefits according to standards on file with the Superintendent of Insurance relating to individual contracts.

## ARTICLE X—NOTICE

Any notice given hereunder shall be sufficient, if given by AHS to the Contract Holder, when mailed to the Contract Holder either at his address as it appears on the records of AHS or in care of the Remitting Agent, if any, at the latter's address as it appears on the records of AHS; if given by AHS to any Member Hospital, when mailed to such Member Hospital at its principal office; or if given by the Contract Holder or a Member Hospital to AHS, when mailed to AHS at its principal office in New York, N. Y.

## ARTICLE XI—REINSTATEMENT AND MISCELLANEOUS PROVISIONS

A. Any Contract which shall have terminated in any manner as provided herein may be reinstated by AHS in its sole discretion upon such terms and conditions as it may determine, but if default be made in the payment of charges, the subsequent acceptance of a payment by AHS, or by any of its duly authorized agents, shall reinstate this Contract, but with respect to sickness or injury, only to cover such sickness as may be first manifested more than 10 days after the date of such acceptance; Hospital Service for maternity cases or any condition arising out of and during pregnancy, if provided pursuant to Article IV hereof, shall not be available for any pregnancy commencing after such termination until the reinstated Contract has been in effect for 10 consecutive months immediately following the date of such acceptance.

B. The benefits of this Contract are personal to a Subscriber and are not assignable.

C. No statement by any Subscriber in the application for this Contract or in any supplemental application accepted by AHS shall avoid this Contract or be used in any legal proceedings hereunder unless such applications or exact copies thereof are included herein or attached hereto; and no agent or representative of AHS, other than a duly authorized officer, is authorized to change this Contract or waive any of its provisions.

D. No action at law shall be brought against AHS for any claim unless brought within two years from the date of the Subscriber's discharge from the hospital.

E. Masculine pronouns used in this Contract shall include both masculine and feminine gender.

## ARTICLE XII—AHS' AGREEMENT WITH HOSPITALS

A. AHS shall, subject to the terms and conditions hereof, compensate Member Hospitals for Hospital Service rendered by them to Subscribers by payments in such amounts and upon such basis as shall be determined from time to time by the Board of Directors of AHS, subject to approval as to adequacy by the Commissioner of Social Welfare of the State of New York and as to reasonableness by the Superintendent of Insurance of the State of New York.

B. AHS shall, subject to the terms and conditions hereof, compensate Non-Member Hospitals for Hospital Service rendered by them to Subscribers. The amount of such compensation shall at all times be subject to the determination of AHS and the approval of the Superintendent of Insurance of the State of New York and shall in no event exceed the hospital's regular charges for such Hospital Service rendered.

C. The membership in AHS of any Member Hospital and the agreement between AHS and the Member Hospital for the rendering of Hospital Service by such Member Hospital to Subscribers may be terminated by either AHS or the Member Hospital at any time upon at least six months prior written notice to the other.

of days for which Hospital Service shall be available under Sub-section 2 above.

4. **Definition of Abortion and Miscarriage.** For the purposes of determining waiting periods and calculating benefits and allowances under this Section A, a termination of pregnancy by abortion or miscarriage shall be deemed to mean only a termination of pregnancy without childbirth during the first six months of such pregnancy.

5. **Non-Maternity Hospital Service During a Maternity Stay.** During any hospital stay in which care is rendered for a condition arising out of and during pregnancy for which the Subscriber receives benefits under this Section A and in which the Subscriber additionally receives care for a non-pregnancy related condition, AHS in its sole discretion shall determine whether and to what extent benefits also should be provided for such condition.

B. **For Newborn Children,** Hospital Service in accordance with Article II and the other terms and conditions of this Contract shall be provided only for

1. Illness or injury; or

2. (a) Nursery care for a premature infant requiring incubator care or weighing less than 2000 grams (4.4 pounds) but only if such nursery care is rendered in a hospital nursery for the care of premature infants which meets such standards as may be prescribed by the local and state departments of health having jurisdiction over such nursery.

(b) Nursery care for an infant between 2000 grams and 2500 grams (4.4 to 5.5 pounds) in weight, but only from the time such infant's mother is discharged from the hospital until such infant reaches five and one-half pounds in weight.

However, Hospital Service shall not be provided for nursery care except as set forth in this Subsection 2 and in Subsection 1 of Section A of this Article IV nor for circumcision of a child less than 90 days of age nor for care of an infant in the hospital primarily for boarding care.

C. **For the Removal of Tonsils or Adenoids or the Removal of Both During the Same Operation,** Hospital Service shall be available to a Subscriber only after he has been a Subscriber under this Contract or this and any other AHS contract for six consecutive months immediately preceding the beginning of the hospital stay, and shall be limited for Subscribers under 12 years of age to one day and for Subscribers of or over 12 years of age to two days.

D. **For Pre-Existing Conditions:**

If a Subscriber

1. On the Effective Date of this Contract had a condition, disease or ailment which was the same as or contributed to or predisposed the Subscriber to the condition, disease or ailment for which he is hospitalized, or

2. Within one year prior to the Effective Date of this Contract received medical or surgical treatment or advice for a condition, disease or ailment which was the same as or contributed to or predisposed the Subscriber to the condition, disease or ailment for which he is hospitalized,

Hospital Service for such hospital stay shall be available only where the hospital stay begins after the Subscriber has completed 11 consecutive months of continuous coverage under this Contract or under this Contract and a previous AHS contract.

E. **For Pulmonary Tuberculosis,** Hospital Service shall be provided only

1. In a non-governmental hospital which is a Member Hospital or which is accredited by the Joint Commission on Accreditation of Hospitals and

2. During that period of a hospital stay which starts with

and follows the performance during that stay of a surgical operation for the treatment of such condition

and shall be limited to the period during which, in the judgment of AHS, post-operative hospital care is necessary because of the surgical procedure performed. This period shall not in any event exceed 21 days in any twelve-month period.

F. **For Poliomyelitis,** Hospital Service shall be provided only during the first 60 days after the onset of such disease, and shall be limited to a period of 21 Full Benefit days and nine Discount days.

G. **For Measles, German Measles, Chickenpox, Diphtheria, Mumps, Scarlet Fever or Whooping Cough,** Hospital Service shall be provided only to a Subscriber who shall have attained the age of 16 years at the time of admission to the hospital for such disease.

H. **For Mental or Nervous Disorders,** Hospital Service shall be available only in a non-governmental general hospital which is a Member Hospital or which has been accredited by the Joint Commission on Accreditation of Hospitals and shall be limited to a period not to exceed 21 Full Benefit days and nine Discount days in any twelve-month period. Such Hospital Service shall not be available to a Subscriber for care in a separate division of a general hospital where that separate division contains more than 15% of the total beds in that hospital or where the average length of stay in that separate division is more than 60 days.

## ARTICLE V — EXCLUSIONS

A. **Hospital Service Shall Not Be Provided:**

1. For any condition, disease, ailment or accidental injury for which coverage is available in whole or in part under a Workmen's Compensation Act or similar legislation whether or not the Subscriber claims compensation or receives benefits thereunder and whether or not any recovery is had by the Subscriber against a third party for damages resulting from such condition, disease, ailment or accidental injury.

2. For care in a veterans' facility or a hospital operated by the United States of America.

3. For any condition, disease, ailment or accidental injury for which hospitalization is furnished to the Subscriber in whole or in part under the laws of the United States of America or any State or political subdivision thereof.

4. For a hospital stay or that period of a hospital stay which is primarily for diagnostic X-ray or laboratory examinations or other diagnostic studies or physiotherapy or rehabilitation or any combination thereof, or during which the services rendered to the Subscriber are primarily physiotherapy, rehabilitation services or diagnostic studies or any combination thereof.

5. For a hospital stay or that portion of a hospital stay which is primarily for custodial, convalescent or sanitarium type care or for a rest cure, or for care in a hospital or in the separate division of a hospital where the average length of stay is more than 90 days.

6. In a Non-Member Hospital within the area in which AHS operates, except for emergency care for illness or injury.

B. **Hospital Service does not include:** the services of physicians or of private or special nurses or their board, or ambulance service.

## ARTICLE VI — CONDITIONS UNDER WHICH HOSPITAL SERVICE SHALL BE RENDERED

A. Hospital Service is subject to all the rules and regulations of the hospital selected, including the rules and regulations governing admission. Nothing in this Contract shall be construed as



ROBERT COLLEGE

BEBEK P. O. B. 8

ISTANBUL, TURKEY

*Personal*

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*Mrs. E. Scott*

**Boğaziçi Üniversitesi**

**Arşiv ve Dokümantasyon Merkezi**

**Kişisel Arşivlere İstanbul'da Bilim, Kültür ve Eğitim Tanıtı**

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