

**HERNIA—**

Radical operation for cure of

Single hernia.....	90.00
Double hernia.....	120.00
Strangulated hernia.....	150.00
Injection treatment, complete course.....	90.00

**KIDNEY AND URINARY SYSTEM—**

Removal of kidney.....	180.00
Cutting into kidney to remove stones.....	120.00
Cutting into bladder or ureter to remove stones.....	120.00
Crushing operation for stones in bladder or ureter.....	90.00
Removal of stones from bladder or ureter by endoscope or cystoscope.....	54.00
Cystoscopic examination of bladder.....	9.00

**LOCK JAW—**

Injection of antitoxin into spinal cord.....	42.00
Injection of antitoxin into skull.....	270.00
Injection other than above.....	9.00

**SKIN—**

Suture of soft tissue wound.....	6.00
Suture of soft tissues and fascia.....	18.00

**THROAT—**

Tonsillectomy, or tonsillectomy and adenoidectomy.....	42.00
Use of laryngoscope for diagnosis.....	9.00

**TUMORS—**

**Surgical removal of:**

Malignant tumors of skin and subcutaneous tissue.....	90.00
Benign tumors of skin and subcutaneous tissue.....	30.00
Cyst or wen.....	24.00
Ganglion.....	36.00
Warts.....	6.00

**UTERUS—Operation Upon**

Hysterectomy.....	150.00
Panhysterectomy.....	180.00

**VEINS, VARICOSE—**

Cutting operation for removal:

Single.....	60.00
Bilateral.....	90.00
Injection, entire course of treatment, single or bilateral.....	60.00

If two or more surgical operations are performed through a single incision, the indemnity shall not exceed the amount shown for that one operation for which the largest amount is payable.

Many people believe the amounts listed in Schedule of Operations are always the doctor's total fees. This cannot possibly be true because of the wide variation in doctors' charges. Your insurance is not intended to cover in all cases total medical or hospital costs. In no case do the Insurance Companies set the physicians' fees, therefore, it is wise to

make financial arrangements in advance with your physician so that there will be complete understanding between you. You will find that your doctor is interested in your Farm Bureau Health Program just as he is in your health. Added up, this means a real sense of security, protection and well-being.

**COST OF PARTICIPATION**

Monthly Payment	Insurance Premium	C.F.B.F. Charges	Billing—Administrative	Total Charges
Member, male—Under 50....	\$ 3.55	\$ .25	\$ .15	\$ 3.95
50 to 64.....	4.55	.25	.15	4.95
65 and over.....	5.55	.25	.15	5.95
Member, female—Under 50	5.05	.25	.15	5.45
50 to 64.....	6.05	.25	.15	6.45
65 and over.....	7.05	.25	.15	7.45
Member and Spouse, both under 50.....	8.60	.25	.25	9.10
One 50 to 64, one under 50.....	9.60	.25	.25	10.10
Both 50 to 64.....	10.60	.25	.25	11.10
One under 50, one over 65.....	10.60	.25	.25	11.10
One 50 to 64, one over 65.....	11.60	.25	.25	12.10
Both over 65.....	12.60	.25	.25	13.10
Member, Spouse and Children				
If member and spouse are both under 50.....	11.65	.25	.30	12.20
If one is under 50 and one is 50 to 64.....	12.65	.25	.30	13.20
If both are 50 to 64.....	13.65	.25	.30	14.20
If one is under 50 and one is over 65.....	13.65	.25	.30	14.20
If one is 50 to 64 and one is over 65.....	14.65	.25	.30	15.20
If both are over 65.....	15.65	.25	.30	16.20
Member, male and child, when there is no spouse				
If member is under 50.....	6.60	.25	.20	7.05
If member is 50 to 64.....	7.60	.25	.20	8.05
If member is 65 and over..	8.60	.25	.20	9.05
Member, female and child, when there is no spouse				
If member is under 50.....	8.10	.25	.20	8.55
If member is 50 to 64.....	9.10	.25	.20	9.55
If member is 65 and over..	10.10	.25	.20	10.55
Quarterly premium—Multiply total charge by three and subtract 50c, saving \$2.00 per year.				
Semi-Annual premium—Multiply total charge by six and subtract \$1.25, saving \$2.50 per year.				
Annual premium—Multiply total charge by twelve and subtract \$2.75, saving \$2.75 per year.				

The insurance premium is set forth in the first column and is the amount which the California Farm Bureau Federation is required to pay to the Insurance Companies. The C.F.B.F. charges represent estimates of the additional cost of billing, collections and administrative expenses, such as salaries for accountants and other necessary clerical help. The California Farm Bureau Federation will periodically review its administrative and billing costs developed under the Health Program and will from time to time adjust its charges in accordance with such costs.

**Selection of Physician and Surgeon, and Hospital**

The Program is operated on a strictly free selection basis. The choice of any physician and surgeon, M.D. or D.O., and licensed hospital rests entirely with the participant in the Program, with the exception of a Veterans' Hospital.

Benefits under the Program are available anywhere in the world.

**Identification Card**

Each insured Member will be issued an Identification Card indicating the effective date of coverage for himself and his dependents.

**Contracts**

This Circular is intended to present the Program in non-technical language. The benefits provided under the Farm Bureau Health Program will be controlled by the policy issued to the California Farm Bureau Federation by the Insurance Companies. Each Member who becomes insured will receive a Certificate outlining the benefits.

**MEMBERSHIP IN YOUR COUNTY RURAL HEALTH DEPARTMENT IS A PREREQUISITE TO PARTICIPATION IN THE FARM BUREAU HEALTH PROGRAM**

If you are a County Farm Bureau Member in good standing you can be a Member of your County Farm Bureau Rural Health Department and participate in the Farm Bureau Health Program. Your County Farm Bureau Rural Health Department is a part of the Rural Health Department of CFBF which was officially approved by the House of Delegates. This mode of operation has been approved by the Insurance Department of the State of California.

Membership in the Rural Health Department requires a \$5.00 fee which includes minor dependents and is payable only once. The \$5.00 fee is divided between the County Farm Bureau Rural Health Department and CFBF's Rural Health Department to carry on departmental activities. Membership is open to all Farm Bureau Members regardless of participation in the Farm Bureau Health Program.

The Rural Health Department is organized to study rural sanitary and health conditions, the present number, capacity and equipment of hospital facilities and medical care centers in rural areas, the availability of rural medical and nursing services, to study matters relating to hospital districts, the admission of patients to county hospitals, and to foster health insurance plans and programs. A meeting of the Department is held annually in conjunction with the CFBF Annual Meeting with County Chairmen and individual members participating.

94623-AS-8-58

# The Farm Bureau Health Program



CALIFORNIA FARM BUREAU FEDERATION

August 1, 1956

To All Farm Bureau Members:

We are all interested in developing better health insurance coverage for ourselves and our families, and still keeping the premiums within our ability to pay. Here is how you can cooperate to make our own FARM BUREAU HEALTH PROGRAM better:

Our FARM BUREAU HEALTH PROGRAM is underwritten by three insurance companies on a fixed fee basis. This contractual agreement does not allow for excessive profits to be made by the insurance companies. If and when a surplus of funds develops, the surplus belongs to the participants, and may be used for additional benefits.

Actually, if we are to make the Program more profitable for you as a participant or a potential participant, it depends on you and your ability to maintain good health, and your interest in getting more of your fellow FARM BUREAU MEMBERS to join the program. Increased participation will mean a better program for all FARM BUREAU MEMBERS!

Yours sincerely,

*Louis A. Roggioni*  
LOUIS A. ROGGIONI, President

Underwritten Jointly By

**ASSOCIATED INDEMNITY CORPORATION**

Home Office: San Francisco

**CALIFORNIA-WESTERN STATES LIFE INSURANCE CO.**

Home Office: Sacramento

**OCCIDENTAL LIFE INSURANCE COMPANY OF CALIFORNIA**

Home Office: Los Angeles

## SCHEDULE OF BENEFITS

Unless specifically provided otherwise, the Maximum Benefits set forth in each Section of this Schedule of Benefits are the total benefits payable for expenses incurred by the member or an enrolled dependent as a result of all injuries sustained in any one accident, or for any one sickness, including all complications of such sickness.

### I. Hospital Benefits:

Benefits are payable if the member or his dependent incurs expense for hospital charges in a hospital, as defined in the Policy, either (1) while confined as a bed patient, or (2) for emergency treatment as an out-patient within 24 hours following accidental injury.

#### Maximum Benefits

- A. Hospital Room and Board—actual daily charge made by the hospital, not to exceed \$10.00 per day, not to exceed a maximum of                      **\$1,000**
- B. Other Hospital Services—Expenses incurred during a period of hospitalization covered above, for operating room, anesthetics, the services of an anesthetist, x-ray examinations and treatment, laboratory tests, drugs, dressings, and materials for blood transfusions, physical therapy, oxygen and oxygen tents, not to exceed a maximum of                      **\$250**
- C. Ambulance—Expense incurred for ambulance transportation to or from a hospital, not to exceed a maximum of                      **25**
2. Surgical Operations—Expenses incurred for surgical operations performed in or out of a hospital by a licensed physician and surgeon, not to exceed the amount set forth in the Schedule of Operations for each operation performed. Maximum benefits for all operations performed for each accident or sickness shall not exceed                      **300**
- Medical Care During Hospital Confinement—  
In Non-Surgical Cases:  
Expenses incurred during hospital confinement covered under Section (1) above, for medical treatment by a physician and surgeon not to exceed \$4.00 per day, not to exceed a maximum of                      **400**
4. X-Ray and Laboratory Examinations—  
In Non-Hospital Confined Cases Only:  
When made at the direction of a physician and surgeon, as follows:  
Injury—Benefit for all injuries sustained in any one accident, not to exceed a maximum of                      **25**  
Sickness—Benefit for all sickness during a period of 12 consecutive months, not to exceed a maximum of                      **25**
5. Poliomyelitis—In Lieu of All Other Benefits Provided Under the Plan:  
This benefit covers the actual expenses incurred as a result of poliomyelitis which becomes manifest after the member or dependent is insured under

the Plan for this coverage. It provides benefits for expenses incurred within a period of 2 years after the date the member or dependent received the first treatment for poliomyelitis. Benefits are provided for hospital services of the type described in Section (1), (2) and (3) above, services of a physician and surgeon, legally qualified physical therapist and graduate or licensed nurses (not immediately related to the member or dependents); x-ray examinations or treatment and laboratory examinations; rental of an iron lung, braces, wheel chair or crutches or other similar mechanical equipment; and transportation by air or rail to a special polio hospital or sanitarium if necessary; not to exceed a maximum of                      **\$5,000**

6. Pregnancy—This benefit is available after both the member and his spouse have completed nine consecutive months in the Program prior to termination of pregnancy by normal delivery or otherwise. A fixed amount, payable upon termination of pregnancy, TO COVER ALL CHARGES MADE BY DOCTOR AND HOSPITAL, AND IN LIEU OF ANY OTHER BENEFITS UNDER THE PLAN.
- Delivery of child or children                      **100**  
Delivery of child or children by Caesarean Section                      **150**  
Extrauterine pregnancy                      **150**  
Miscarriage (hospital confined)                      **50**  
Miscarriage (non-hospital)                      **25**

### Conditions Not Covered

- (1) Injury or sickness for which you or your dependent have or had a right to compensation under any workmen's compensation or occupational disease law.
- (2) Injury or sickness for which you are not under the care of a licensed physician and surgeon (M.D. or D.O.).
- (3) Mental illness.
- (4) Dental services of any kind.
- (5) Pregnancy or childbirth except as specifically provided in Part 6 of the Schedule of Benefits.
- (6) Services rendered by or in a Veterans' Hospital.

### Who Can Join?

- (1) Any service eligible member (as defined in the C.F.B.F. eligibility rules):
  - (a) Who has 9 or more months of continuous membership in a County Farm Bureau; and,
  - (b) Who is a member of the Farm Bureau Rural Health Department.
- (2) Eligible dependents are the spouse and the unmarried children (over 3 months but under 21 years of age) of an eligible member.  
To insure one dependent a member must insure himself and all eligible dependents.

### When Are You Eligible?

The first day of the month following completion of 9 continuous months of membership in a County Farm Bureau.

### When Does Coverage Become Effective?

Coverage will become effective for the eligible member and his eligible dependents on the first day of the month following 9 months continuous membership in a County Farm Bureau, if the member has enrolled himself and his dependents within one month of that date; Provided that:

- (1) Either 60% of the members of his Farm Bureau Health Program Unit have enrolled;
- (2) Or, the eligible member is a new member of a County Farm Bureau;

Otherwise coverage will become effective on the first day of the month following the date 60% of the members of his Farm Bureau Health Program Unit have enrolled.

### Qualification of Effective Date

If a member or dependent is confined in a hospital on the date his insurance would become effective as set forth above, then his insurance will not become effective until the first day of the second month next following the date of his discharge from the hospital.

### Late Applicants

If an eligible member does not enroll himself or his eligible dependents within one month of the date he is eligible, such member or such dependents will be considered late applicants and will be required to furnish, at their expense, satisfactory evidence of insurability to the Administrator before insurance may become effective. In such cases the effective date of coverage will be established by the Administrator at the time of approval of such evidence of insurability.

### How to Enroll For Group Coverage

- (1) Complete the application card in detail.
- (2) Forward the completed application card to the California Farm Bureau Federation, 2223 Fulton Street, Berkeley 4, California. The application card should be accompanied by a check or money order (please do not send cash through the mail) covering the cost of participation for the period selected (monthly, quarterly, semi-annually or annually). After the initial payment California Farm Bureau Federation will bill each participating member for all subsequent payments. Such billings, unless otherwise requested, will be on the same basis (monthly, quarterly, semi-annually or annually) as selected by the member in his initial payment. Premiums are payable in advance. Your check should be forwarded to the California Farm Bureau Federation in Berkeley prior to the first of the month on which the premium is due in order to avoid possibility of lapse of coverage. The cost of participation under the Plan appears below.
- (3) Rural Health Membership Requirement — (See Page 8.)

## SCHEDULE OF OPERATIONS

For all operations performed as a result of any one accident or sickness the maximum benefit is \$300.00. Listed below is the maximum benefit for some of the most common operations performed. All types of surgery are not listed because of space limitations.

Description of Surgery	Maximum Benefit
<b>ABDOMEN—</b>	
Cutting into the abdominal cavity for diagnosis, treatment or removal of one or more organs therein, except as otherwise herein provided	\$150.00
<b>ABCESS—</b>	
Incision of superficial abscess, boil or furuncle, one or more	12.00
Treatment of carbuncle or abscess requiring hospitalization, one or more	30.00
<b>AMPUTATION OF—</b>	
Fingers or toes, each	18.00
Hand, forearm or foot or ankle	90.00
Leg, arm or thigh	120.00
Thigh at hip	180.00
<b>CHEST—</b>	
Bronchoscopy, for diagnosis or treatment	42.00
Removal of portion of lung	300.00
Thoracoplasty, complete	300.00
<b>EAR—</b>	
Cutting ear drum	12.00
<b>EYE—</b>	
Removal of foreign body from cornea	6.00
Incision of eye	12.00
Operation for cataract	90.00
Operation for detached retina	210.00
<b>FRACTURES—</b>	
Rib	12.00
Ribs, two or more	24.00
Wrist	42.00
Fingers or toes	18.00
Femur or humerus	90.00
Forearm or leg—one bone	36.00
Forearm or leg—two bones	60.00
Vertebrae, compression fracture, one or more	150.00
<b>GALL BLADDER—</b>	
Removal of	150.00
<b>GOITRE—</b>	
Removal of thyroid, including all stages of the operative procedure	180.00