

THE P.S.I. SPONSORED HALTON COUNTY

COMMUNITY HEALTH PLAN OPENS FOR ENROLMENT MONDAY, FEBRUARY 4, 1963

What it offers! The benefits! The cost!

WHAT IT IS
PHYSICIANS' SERVICES INCORPORATED is a non-profit province-wide service sponsored by the Ontario Medical Association and the physicians of Ontario, as a method of bringing medical, surgical and obstetrical services to the people of the province at a low cost, monthly prepayment basis.

- There are no stock holders.
- No dividends or commissions are paid to anyone.

WHO CAN JOIN
Benefits of the Medical, Surgical and Obstetrical Plan of Physicians' Services Incorporated may now be obtained by residents of an approved community. Minimum requirements are 60% of the residents of the community.

WHO MAY BE INCLUDED

- (a) A resident (subscriber) of the approved community.
- (b) Wife or husband of subscriber.
- (c) Subscriber's unmarried children under 19 years of age.

NO RED TAPE
There is • No enrollment fee.
• No medical examination.
• No medical statement of condition of health.
• No age limit for adults.
• No exclusions for chronic or pre-existing conditions.

THIS IS A SERVICE PLAN
Just present your Identification Card to any participating MEDICAL PRACTITIONER who will then send his account directly to Physicians' Services Incorporated for eligible services as set forth in your agreement.

YOUR AGREEMENT DOES NOT COVER

1. Dependent fathers, mothers, brothers, sisters, uncles, aunts — etc.
2. Drugs, vaccines, appliances, biological care or delivery; hospitalization, dietary, nursing, ambulance service, physicians' mileage or telephone advice.
3. Laboratory tests performed other than in a physician's office; physical therapy and similar treatments; new-born infant care by the electrician; and all services for conditions not detrimental to the patient's health.

YOUR CHOICE OF PHYSICIAN
You have free choice of any duly qualified participating physician. If you wish to be attended by a non-participating physician it can be so arranged and the Corporation will pay the same amount as that payable to a participating physician for the same service. Where the annual income of a subscriber without dependents is less than \$7,000.00, or that of a subscriber with dependents is less than \$10,000.00, the subscriber should not receive an account for the personal eligible services of a participating general physician nor for certain personal eligible services of a participating specialist physician.

YOUR BENEFITS
The personal services of a registered medical practitioner IN OFFICE, HOME OR HOSPITAL with the following features:

- (a) Plan pays right from the first call.
- (b) Eligible dependents are entitled to the same benefits as the subscriber.
- (c) No limit to number of calls for essential medical care during any period of time.
1. Diagnosis of disease, injury or condition.
2. Medical care for illness by your participating physician.
3. Consultations.
4. Surgical operations (any cutting procedure).
5. Services of anesthetists.
6. Consultants (childbirth), and pre- and post-natal care.
7. Up to ten well-baby care office visits.
8. Treatment of fractures and dislocations (including unlimited diagnostic X-ray services in connection therewith).
9. Unlimited diagnostic X-ray.
10. Unlimited deep X-ray therapy.
11. Cystoscopic and bronchoscopic examinations.
12. Inoculations and vaccinations.
13. Refractions - i.e. fitting for eye glasses.
14. Treatment of burns and lacerations.

ADDITIONAL BENEFITS
Where income limits are not applicable subscribers should not receive an account for the personal eligible services of a participating specialist physician for:

15. Major and minor surgery.
16. Administration of anesthesia.
17. Diagnostic procedures.
18. X-ray and radiation therapy.
19. Hospital visits for an admitted bed patient.
20. Cystoscopic and bronchoscopic examinations.
21. Referred consultations.
22. One initial unexpired office visit.

EXCEPTIONS

1. Illness or accident provided for by the Workmen's Compensation Board or other Government agency (including illness or conditions resulting from service in the armed forces) or care or treatment provided under the Hospital Services Commission Act.
2. Tuberculosis, mental illness, alcoholism, epilepsy, drug addiction, while patient is confined to special institutions for treatment, or ought so to be.
3. Any service or examination for insurance, school, camp, association, visa, employment (including safety glasses and group inoculations) or similar purposes.

WAITING PERIODS

1. Confinements — Services for any condition due to pregnancy including pre-natal and post-natal care, except the surgical treatment of miscarriages and ectopic pregnancy, shall not be available until both husband and wife shall be enrolled for at least 6 full consecutive agreement months prior thereto on the same agreement.
2. Eye tests require enrollment for 12 full consecutive agreement months prior thereto; and subsequent tests are only available after a 24-month interval.

OTHER IMPORTANT FEATURES

- Protection for newborn children is immediate provided notification is received by P.S.I. within 15 days after birth.
- Newly acquired spouse may be included for benefits between "group openings" by notification to P.S.I. within 30 days after marriage.
- You may now obtain the benefits of the plan if you are a resident of an approved community. If you are a permanent boarder—or non-home owner—you still may join.
- If you leave your community you may continue your coverage for yourself and dependents by notifying P.S.I. of your change of address immediately.

MONTHLY RATES (Payable Quarterly)

Subscriber	\$ 2.75
Subscriber and One Dependent (spouse or child)	\$ 8.65
Subscriber and More than One Dependent — i.e. the Family	\$11.80

VISIT ONE OF YOUR COMMUNITY HEALTH PLAN INFORMATION CENTRES

TELEPHONE

BURLINGTON: 1459 Ontario St. (Corner Brant and Ontario)

637-1351

OAKVILLE: 315 Colborne St. E. (Rear of Willoughby Real Estate)

845-6351

GEORGETOWN: 25 Main St. N. (Across from Eaton's)

877-4701