REC'D 8-13 19 76 AT 3:15 A.M. P.M.
ATT: TOWN CLERK

TOWN OF DURHAM

Office of the Selectmen · Connecticut 06422

Carl N. Otte, First Selectman
Betty Wakeman, Selectwoman
Joel N. Davis, Selectman

MINUTES OF BOARD OF SELECTMEN'S MEETING

August 12, 1976

The meeting was called to order at 8:00 P.M. with Carl N. Otte, Betty C. Wakeman, and Joel N. Davis present.

1. The Board approved the minutes of the previous meeting.
Vote 3-0

2. The Board approved the payment of the weekly bills.
Vote 3-0

3. A presentation was given by Mr. William Juliam, Insurance Salesman, re a new hospitalization and medical coverage insurance for the town employees. Employee would receive $1,000,000 coverage over a life time; up to $50,000 a year. Single surgery allowance $2,440 (CMS, Blue Cross, $1,650). No travel restriction. Company insuring is Pacific Mutual. Would cost the town less than the present policy. 75% of the employees have to take the plan. One big difference: the insured has to make out their own forms in the event of a claim. The Board tabled action.
Vote 3-0

4. The Board voted to invite representatives from CMS & Blue Cross to the next Selectmen's Meeting.
Vote 3-0

5. The Town Treasurer reported to the Board of Selectmen that he is closing the books for the fiscal year 1975-76.

6. The Board voted to write a letter of intent to the Economic Development Administration (U. S. Department of Commerce) in regards to an application for funds for a town garage, library, and firehouse.
Vote 3-0

7. The First Selectman reported that he is compiling a list of proposals to HELCO with ways to improve their service to the town. He noted that some transmissions lines are older than our town roads. Mr. Otte also feels that alternate routes should be taken by the Company for the power lines.

The town will also do certain things to prevent further complications; trees should not be planted under power lines, and regulations should be set up governing the use of generators.

8. The Board voted to authorize the First Selectman to write a letter to the Town Vault Building Committee to inquire what the holdup is re completion of the vault.

Vote 3-0

9. The First Selectman reported that he had discussed with Dr. Willett, Health Officer, the Swine Flu Vaccine public innoculation program. In October, 1976, a day will be set aside for mass public innoculations.

10. The Board voted to write a letter to the Exchange Club requesting the removal of the bell from the Town Green until such time as they present to the Board of Selectmen specifications as to the base and permanent location of the bell in accordance with a previous decision by the Board of Selectmen. (see Minutes, Feb. 5, 1976)

Vote 3-0

11. The Board voted to spend $20,000 on oiling and/or strip patching for town roads. (Said amount to include strip patching already done by the highway department.)

Vote 3-0

12. The Board of Selectmen voted to write a letter to a property owner who has not repaired his fence to the satisfaction of the Board of Selectmen.

Vote 3-0

The meeting adjourned at 10:40 P.M.

Respectfully submitted,

Donna White

Donna White
Secretary to the Selectmen

If you receive inpatient care in an approved Non-Member General Hospital in Connecticut, 80% of the total charges for semi-private room, meals, general nursing care and Special Services will be paid during the basic benefit period.

Non-Member Specialty Hospitals

If you receive inpatient care in an approved Non-Member Specialty Hospital, either in or out of Connecticut, you will get up to 60 days of benefits, and 80% of hospital charges for semi-private room, meals, general nursing care and Special Services. For cases involving alcoholism and nervous-mental disorders, 80% of hospital charges for the benefits described in paragraphs 6 and 7 will be provided.

If you receive outpatient care you will get 80% of hospital charges.

NOTE: Days used in any General or Specialty Hospital are considered part of and applied to the benefits which are available in Member General or Member Specialty Hospitals in Connecticut.

Definitions of Hospitals

A Member Hospital is one which has an agreement with Connecticut Blue Cross or any other approved Blue Cross Plan to provide hospital service to Blue Cross Members.

An approved General Hospital in which you receive Blue Cross benefits is one registered as such by the American Hospital Association and determined by Connecticut Blue Cross as acceptable to furnish acute, short term care. This does not include Federal Hospitals.

An approved Specialty Hospital in which you receive Blue Cross benefits is one registered as such by the American Hospital Association and determined by Connecticut Blue Cross as acceptable to furnish hospitalization benefits for long term care. This does not include Federal Hospitals.

Coordination of Benefits

When a Member covered under this plan is also covered under another group plan which provides similar benefits there exists a duplicate coverage situation. This overinsurance tends to create a situation where substantial claim payment must be made with a direct result that premiums must be adjusted upwards. The increased premium rates must be borne by all members most of whom are not overinsured but who nevertheless must bear this cost.

vent payments of benefits for a particular service which exceed the charges for that service. In this way we will conserve your health care dollars for you.

Our plan will determine primary coverage in the following manner:

We will provide benefits first for all subscribers (the person in whose name the membership is listed).

All children will be covered first under the father's membership.

When a primary liability cannot be determined by using the above we will provide benefits first only if our membership was in effect longer.

When Benefits Start

All benefits other than maternity care start on the effective date of your Semi-Private Plan membership, not on date of application.

When You Leave Your Job

If you leave your job for any reason, you will be able to continue your Blue Cross coverage.

If you go to work at another Connecticut Blue Cross member firm, you may transfer your membership into the group coverage in effect there.

If you go to work for a firm which does not offer Connecticut Blue Cross coverage or if you are not reemployed but continue to live in Connecticut, you will receive information regarding continuing Blue Cross coverage. Be certain that your current address is on file at Connecticut Blue Cross so that this information will reach you.

If you move out of State, your Blue Cross membership will be transferred to the local Plan serving the area in which you will live.

Consult your Personnel Department for more information.

When You Reach Age 65

When you reach age 65 and become eligible for Medicare, your Blue Cross membership will be converted to the Blue Cross 65 Plan if you continue to live in Connecticut.

When Dependent Ceases to Be Eligible

The membership of a child dependent automatically terminates on the first of the month following the month in which the child marries or attains age 19. However, the child may apply for his or her own

of marriage or the 19th birthday.

An unmarried child who is determined to be totally and permanently disabled may continue as a dependent beyond age 19.

Not Covered

Connecticut Blue Cross does not cover the services of private physicians or private nurses...Workmen's Compensation Cases...Ambulance service...Care in Veterans' or other Federal Hospitals...Services provided under Public Law 89-97 (the Federal Health Insurance Program) as amended by Public Law 92-603 (Social Security Amendments of 1972) ...Benefits required to be provided under any no-fault automobile insurance law...Outpatient diagnostic services and physical therapy treatments covered in whole or in part by Connecticut Medical Service or another Plan.

This is not a legal contract. It is only a general description of your Blue Cross benefits.

Area Offices for Information

BRIDGEPORT
855 Main Street
Phone 333-9477

HARTFORD
266 Pearl Street
Phone: 522-4214

NEW HAVEN
195 Church Street
Phone: 787-5951

NORWICH
One Thames Plaza
Phone: 889-0730

WATERBURY
97 North Main Street
Phone: 753 2181

CONNECTICUT BLUE CROSS, INC
370 Bassett Road
North Haven, Connecticut 06473

All activities of Connecticut Blue Cross are under the supervision of the State Insurance Commissioner.

®Reg. Mark Blue Cross Assn.

Form 122 [illegible]15 6/76

Semi-Private Plan Benefits

Blue Cross
of Connecticut

Connecticut Blue Cross is a non-profit corporation, organized for community service – not financial gain. About five cents of every dollar you pay in membership fees is used to operate the Plan. The balance goes entirely for payment of members' bills. There are no commissions, bonuses or dividends. The Board of Directors serves without pay. Connecticut Blue Cross is the only non-profit hospital service plan in Connecticut and is run exclusively by and for Connecticut people.

In Member Hospitals in Connecticut
When you enter a Member Hospital in Connecticut just show your membership card at the admitting office and tell them you are a member of the Blue Cross Semi-Private Plan. The hospital will immediately contact Connecticut Blue Cross to verify your membership. No other reference is needed. The hospital bills Connecticut Blue Cross directly for your benefits. You just pay the difference, if any, between your Blue Cross benefits and the total charges.

In Member Hospitals Outside Connecticut
When you enter a Member Hospital outside Connecticut just show your Blue Cross card at the admitting office. Your benefits will be provided by the Blue Cross Plan serving the area in which you are hospitalized. The hospital will bill the local Blue Cross Plan and you will pay only the difference, if any, between benefits provided and the hospital's total charges.

If the local Plan serving the area in which you are hospitalized does not provide credit up to the amount provided by your Connecticut contract, Connecticut Blue Cross will automatically reimburse you for the difference.

In Approved Non-Member Hospitals
When you enter an approved Non-Member Hospital, merely ask the hospital to wire collect to Connecticut Blue Cross, sending your membership number. We will promptly establish credit for your benefits. Or, if you prefer, you can pay the bill yourself and mail us a receipted, itemized copy. Our check will be mailed directly to you.

What You Get in Member Hospitals in Connecticut

485 Day Benefit Period
Your Semi-Private Plan provides you – and each enrolled Family Member – with a basic benefit period of 120 days plus an additional 365 days, giving you up to 485 days of continuous benefits

Member General Hospital in Connecticut. Readmission to any hospital within 30 days is considered same admission.

During the benefit period, full coverage is provided for the General Hospital's charge for semi-private room, meals and general nursing care.

NOTE: If private rather than semi-private accommodations are used, the daily room credit will be equal to the hospital's weighted average charge for semi-private accommodations.

During the benefit period, full coverage is provided, regardless of charges, for the following services when ordered by a physician, to the extent provided and billed by the hospital:

Operating Room	Medical and Surgical Supplies
Recovery Room	Physical Therapy
Anesthesia	Electrocardiograms
X-ray Service (Including X-ray Therapy)	Oxygen
Laboratory Service	Many other necessary hospital services too numerous to list here.
Drugs	
Dressings and Casts	

3. Outpatient Care Benefits

The following benefits are provided for outpatient services rendered and billed by a Member Hospital:

Emergency Room
Hospital charges for the initial visit to the hospital Emergency Room within 72 hours of an accident or the onset of serious and sudden illness are covered in full or up to $15.00 per visit, depending on the type of program in effect at your group. Full benefits will be provided for the accidental ingestion of a controlled drug.

Outpatient Surgery
Full coverage of hospital charges for services required incidental to surgery, including endoscopic procedures, but not charges incurred for follow-up visits.

Radiological Diagnostic Services
Full coverage of hospital charges for diagnostic X-ray or diagnostic procedures involving radioactive isotopes.

Radiological Therapeutic and Chemotherapy Services
radium or radon therapy. Chemotherapy for the treatment of cancer will also be covered.

Physical Therapy Treatments
Full coverage for physical therapy for a maximum of 30 treatments in a calendar year when treatment is received in a hospital, doctor's office, an approved rehabilitation center, a licensed physical therapist's office or in your home.

Shock Therapy
Full coverage of hospital charges for a maximum of 15 treatments in a calendar year.

Diagnostic Services
Full coverage for hospital charges for diagnostic laboratory services, electrocardiograms, electroencephalograms and basal metabolism tests when such tests are consistent with your illness or injury. Benefits also provided in a physician's office or a private clinical laboratory and will be paid in accordance with a fee schedule. As it is not possible to cover all such tests, please refer to the Rules and Regulations for a few exclusions.

Pre-Admission Testing
Benefits will be provided for tests given on an outpatient basis before admission to the hospital when ordered by the attending physician and when scheduled so that results will be medically valid when the inpatient stay begins. Consult your physician about the feasibility of using this program when a hospital admission is planned.

Coordinated Home Care
Home health care benefits are available in place of continued hospitalization when medically necessary and upon the physician's recommendation. In order to receive home care benefits, skilled nursing and/or physical therapy treatments must be a part of the physician's recommendation along with other supportive services when necessary.

Kidney Dialysis Treatments
Benefits will be provided for kidney dialysis treatments when provided in a hospital or a free standing dialysis clinic at the equivalent of one day of care for each unused day of hospital benefits to the extent not covered by Medicare.

4. Maternity Care

A credit of up to $125 is provided for each General Hospital stay involving childbirth or conditions arising out of pregnancy, after the Member had held continuous membership for at least eight months following effective date of membership (date of application). Ordinary nursery care is included in the maternity benefit.

the amount mentioned above will be doubled but not to exceed the hospital's total charges.

Complications of Maternity
In any hospital stay involving childbirth, when the member is also treated for a condition not related to maternity, general care benefits may be available for the additional services and the portion of the stay which Blue Cross determines to be non-maternity.

Care for Sick and Injured Newborn
Benefits will be available to the newborn from date of birth for injury and sickness including necessary care and treatment of medically diagnosed congenital defects and birth abnormalities.

Up to 60 days of benefits for each inpatient admission except for cases involving nervous-mental disorders or alcoholism (see below). Full coverage for semi-private room, meals and general nursing care plus full coverage for Special Services. Readmission to any Specialty Hospital within 180 days is considered the same admission. Each visit to the day care or night care unit of a hospital is counted as one day of hospital care.

6. Benefits for Nervous Mental Disorders

Up to 60 days of benefits for each inpatient admission for nervous mental disorders in a calendar year. Each visit to the day care or night care unit of a hospital shall be considered as one day of care. Admission for drug addiction shall be considered a nervous-mental disorder.

7. Benefits for Alcoholism

Up to 45 days of benefits in a calendar year will be provided at a General Hospital, a Specialty Hospital or at an Alcoholism Treatment Facility. Each visit to the day care or night care unit of a hospital shall be considered as one day of care.

NOTE: Days used for treatment under these benefits are part of and applied to the basic 120-day benefit period.

8. Benefits in Hospitals Outside Connecticut and in Non-Member Hospitals in Connecticut

General Hospitals Outside Connecticut
If you receive inpatient care in an approved Member or Non-Member General Hospital anywhere in the world outside Connecticut, you will get 120 days of basic benefits for general hospital care, full