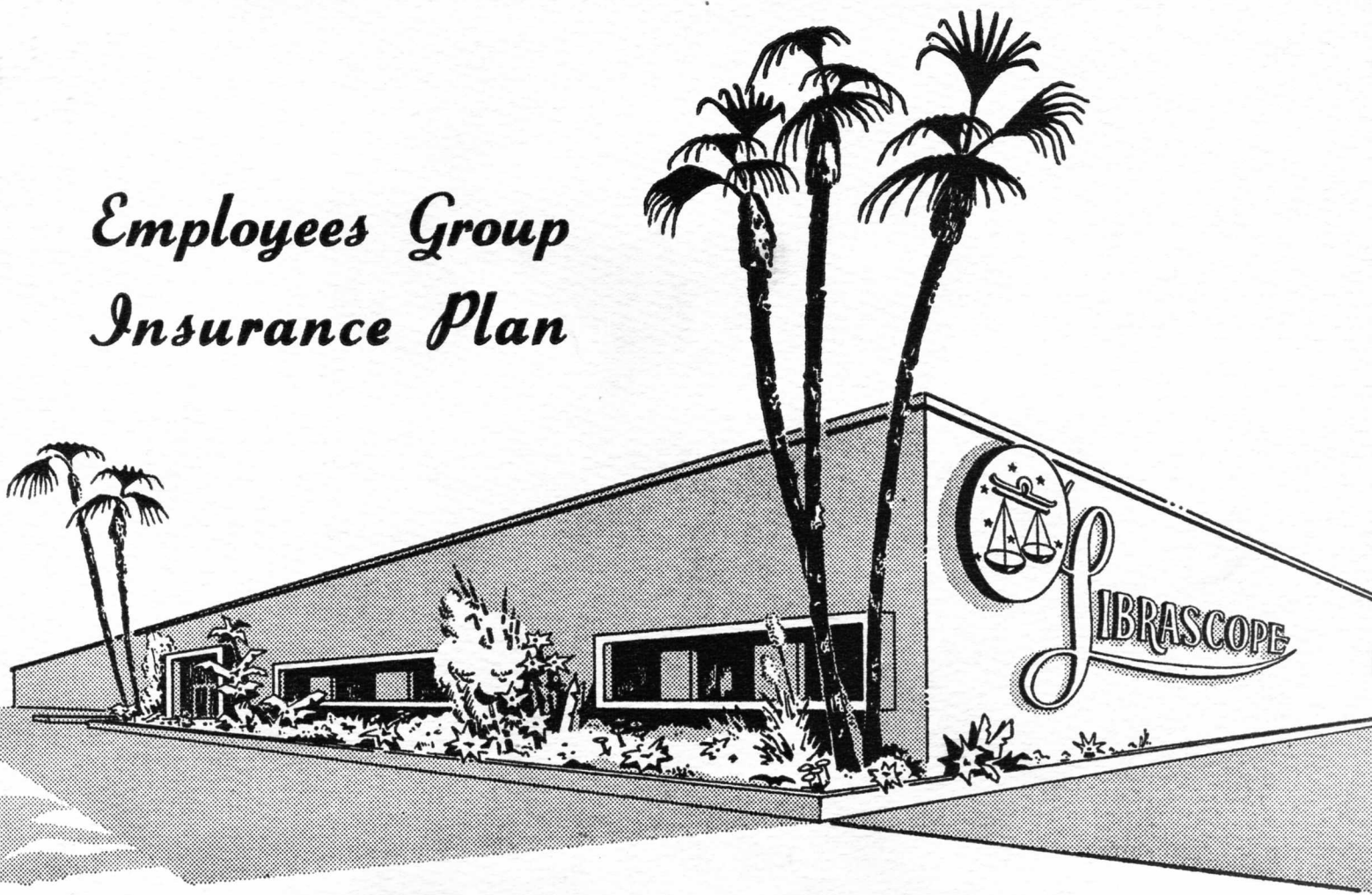


*Employees Group
Insurance Plan*



Who May Join

New employees will be eligible for this plan upon the first of the month following the completion of three months of continuous active service with the Company. You are eligible for the "Weekly Disability Benefits" on the first day you report to work.

In order to secure any of this protection it is necessary that you apply for the full plan.

No medical examination is required in order to obtain this insurance if application is made promptly. However, if you fail to make application within thirty-one days of the date you become eligible, you will be required to furnish evidence of good health both for yourself and your family. In this case the Insurance Company reserves the right to refuse to issue the insurance if you, or anyone in your family, appears to be in ill health.

Application for Insurance-New Employees

In order to obtain this insurance, new employees must fill in the application card. This card will then be used by the Insurance Company to make up your certificates, and by Librascope to arrange the payroll deductions.

Insurance Certificate

The Insurance Company will issue to each of you making application for this insurance an individual certificate which will describe the benefits of the plan.



Termination of Insurance

If your employment terminates, your Life Insurance will remain in force for thirty-one days. Within this thirty-one day period following termination of employment, it is possible without medical examination, to convert the Life Insurance into one of the Aetna Life Insurance Company's Whole Life or Endowment policies at regular rates. Your Accidental Death and Dismemberment, and Hospitalization Insurance will cease upon termination of employment.

If you are temporarily laid off or granted leave of absence, you may arrange to have your insurance continued (except your weekly disability benefits) until the end of the month following the month in which the lay-off or leave of absence starts. If at the end of that period you are still on temporary lay-off or leave of absence, consideration will be given to continuing your Life Insurance for a longer period. Continuation of insurance during lay-off or leave of absence will be subject to payment of contributions on or before the pay days on which they would be deducted if you were working.

Important

After your insurance becomes effective, you must notify the Personnel Department of any change in the number of

your dependents which will result in a change from one to another of the following classifications:

1. Employee without dependents.
2. Employee with one dependent.
3. Employee with two or more dependents.

This information is necessary so that your insurance can be adjusted accordingly.



Salary or Wage Increases

If you receive a salary or wage *increase* which will make you eligible for a higher amount of insurance, your coverage will be *automatically* adjusted effective as of the date of such increase in pay.

If your wage or salary should be *decreased* for any reason so that you would be eligible for a smaller amount of insurance, your insurance may be reduced if you make a special request in writing to the Personnel Department.

Monthly Cost to You

Your contributions are shown on the Schedule of Insurance on pages 6 and 7. The balance of cost will, as in the past, be borne by Librascope.

Payment of Claims

All claims should be reported immediately to the Personnel Department. Do not wait until you return to work to make your report. The Sickness and Accident and Hospitalization Benefits will be paid weekly and will include payments for fractional parts of a week.

All claims should be presented immediately on forms provided for this purpose. You must submit the following proofs of disability:

- (1) For all claims — a certificate in duplicate from your doctor.
- (2) If the claim involves hospitalization — a copy of the hospital bill.
- (3) If the claim involves surgery — a copy of the doctor's bill.

The Insurance Company will pay all claims immediately upon receipt of the above proofs.



Summary of

Life Insurance

In the event of your death from any cause, the amount of your Life Insurance will be paid to the beneficiary or beneficiaries you name. See Page 8.

Permanent Total Disability Benefits

If you become *permanently and totally disabled* before age 60, special provisions apply with regard to your Life Insurance. See Page 8.

Accidental Death & Dismemberment

In the event of your accidental death or dismemberment, an amount in addition to your Life Insurance will be paid. See Page 9.

Weekly Disability Benefits

If you are unable to work because of sickness or non-occupational accident, you will receive weekly payments while not working. See Page 9.

Hospitalization

If you or your dependents are confined in an approved hospital, provision is made to cover expenses incurred. See Page 10.

Surgical Benefits

If you or your dependents require a surgical operation, the plan provides for payment of all or part of the surgeon's charges. See Page 11.

Benefits

X-Ray & Laboratory Benefits

If you or your dependents undergo x-ray or laboratory test, provision is made for payment on such charges. See Page 12.

Maternity Benefits

In the event of pregnancy, the plan provides for payment on charges made by the hospital and doctor. See Page 11.

Doctor's Calls

If you or your dependents require medical treatments by a doctor, other than surgery, provision is made for payment on charges made. See Page 13.

Polio Benefits

If you or your dependents become disabled because of Polio, provision is made for payment of expenses up to \$5,000 for each case. See Page 14.

Supplemental Accident Benefits

If you or your dependents have an accident that results in charges in excess of those paid under the hospital, surgical, or medical provisions, an additional allowance of \$300.00 is available. See Page 14.

To determine the amounts of insurance for which you and your dependents are eligible, refer to Schedule of Benefits, Pages 6 and 7.

Schedule of

SALARIED Annual Earnings	EMPLOYEE MONTHLY CONTRIBUTION*			EMPLOYEE ONLY		
	No Dependents	One Dependent	Two or More Dependents	Life Insurance	Accidental Death and Dismemberment Insurance	Disability Weekly Benefit
\$ 3,000 but less than \$ 4,000	\$ 1.00	\$ 2.55	\$ 2.85	\$ 4,000	\$ 4,000	\$45.00
4,000 but less than 5,000	2.75	4.25	4.60	7,500	7,500	45.00
5,000 but less than 7,500	4.00	5.55 ¹ <i>KS</i>	5.85 <i>→</i>	10,000	10,000	45.00
7,500 but less than 10,000	6.50	8.00	8.35	15,000	15,000	45.00
10,000 and over	9.00	10.50	10.85	20,000	20,000	45.00
HOURLY Hourly Rate						
Less than \$1.49	\$.50	\$ 2.05	\$ 2.35	\$3,000	\$ 3,000	\$35.00
\$1.49 but less than 1.61	1.00	2.55	2.85	4,000	4,000	40.00
1.61 and over	1.00	2.55	2.85	4,000	4,000	45.00

Insurance

		EMPLOYEES AND DEPENDENTS					
Doctor's Calls		Doctor's Calls In-Hospital	Hospitalization Benefits	Surgical Maximum	Diagnostic Laboratory and X-Ray Maximum	Supplementary Accident Maximum	Polio Benefit Maximum
Office	Home						
\$3.00	\$5.00	\$5.00	Ward—Board and Room Plus Incidental Charges up to Total Maximum of \$1,500.00	\$450.00	\$50.00	\$300.00	\$5,000
3.00	5.00	5.00		450.00	50.00	300.00	5,000
3.00	5.00	5.00		450.00	50.00	300.00	5,000
3.00	5.00	5.00		450.00	50.00	300.00	5,000
3.00	5.00	5.00		450.00	50.00	300.00	5,000
\$3.00	\$5.00	\$5.00	Ward—Board and Room Plus Incidental Charges up to Total Maximum of \$1,500.00	\$450.00	\$50.00	\$300.00	\$5,000
3.00	5.00	5.00		450.00	50.00	300.00	5,000
3.00	5.00	5.00		450.00	50.00	300.00	5,000

*In accordance with the California U.C.D. Law an additional deduction of 1% of the first \$3,000 earned is made for Disability Insurance.

Life Insurance

Upon your death, the face amount of your insurance will to be paid immediately to your beneficiary, either in a lump sum or in installments. Your beneficiary and the method of settlement may be changed whenever you wish. (See pages 6 and 7 in the Schedule of Insurance to determine the amount of your insurance and your corresponding contribution.)

Payment for Permanent and Total Disability

If you become totally and permanently disabled prior to age sixty, the face amount of your Life Insurance will be paid to you. In this event, no payment is due your beneficiary upon your death. In addition to all other causes the total and permanent disability, the entire and irrecoverable loss of the sight of both eyes, or the use of both feet, or both hands, or the use of one hand and one foot, shall be considered total and permanent disability.



Accidental Death and Dismemberment Benefits

In the event of your accidental death while you are insured, an additional amount, equal to your Life Insurance, will be paid to your beneficiary. One-half of this amount will be paid to you if you should lose, through an accident, a hand or a foot or the sight of one eye and the full amount will be paid to you for the loss of any two of these members.

Weekly Disability Benefits

If you are absent from work because of a sickness or accident not covered by Workmen's Compensation Insurance, you will be paid a weekly benefit beginning with the 4th day of disability or on the first full day of hospital confinement if prior to the 4th day. After that you are paid for every day you are sick or injured and away from work up through the 26th week. The exact amount of weekly payment is shown on page 6.

In addition to the weekly benefit, a daily benefit of \$10.00 per day will be payable for hospital confinement up to a maximum of 12 days for any one disability. This benefit is

included in the Daily Hospital Benefits as described on page 10 and is not in addition thereto.

Payment will be made for as many separate and distinct periods of disability as may occur. However, successive periods of disability separated by less than 2 weeks of active work on a full-time basis will be considered as one period of disability.

It is not necessary to be confined to your home to collect benefits, but your disability must be certified by a legally-licensed physician or surgeon or by a practitioner accredited by the California Employment Stabilization Commission.

Your dependents are not covered for weekly disability benefits under this part of the Group Plan.



Payments for Hospital Expenses for You and Your Family

During any one period of non-occupational disability, the plan pays you up to a combined maximum of \$1,500 for items a, b, c, d, below:

- (a) The amount charged by the hospital for room and board not to exceed the cost of ward accommodations; however, if you have semi-private or private accommodations the plan will pay the cost of board and room for these accommodations up to \$14.00 per day.
- (b) Extra hospital charges, other than charges for board and room. (It is intended that this protection cover items directly relating to the hospitalized disability such as x-rays, laboratory fees, blood tests and medicine.) It will not pay for such items as private nurses, private doctors and telephone charges.
- (c) Charges made during hospital confinement by an outside agency for extra services normally rendered by a hospital. This would include x-rays, drugs, serums, anesthetics, and laboratory services.
- (d) Ambulance charges to or from the hospital not to exceed \$10.00 per trip.

EMERGENCY TREATMENT — If you or your dependents receive emergency or first aid treatment in the out-patient department of a hospital within 24 hours after an accident; or if minor surgery is performed in the out-patient department of a hospital, then the above benefits (b, c, and d) are available even though you are not confined in the hospital as a regular patient.

(For male employees, dependents include the wife and unmarried children between the ages of fourteen days and nineteen years. For female employees, dependents include the unmarried children between the ages of fourteen days and nineteen years.)



Payments for Maternity Benefits for Female Employees and Wives

If an employee's wife is confined in the hospital as a result of pregnancy, childbirth, or miscarriage, payment will be made for the actual charges made by the hospital up to a maximum payment equal to \$100.00 for any one pregnancy, regardless of the number of days of confinement.

A female employee confined in the hospital for pregnancy will receive \$6.00 per day for board and room for each day up to a 14 day maximum. Hospital charges other than board and room up to \$100.00 will also be covered.

Both female employees and wives of employees will receive the actual amount charged by the doctor for the delivery of child or children up to \$100.00 for normal delivery and up to \$200.00 for a caesarean section or extra-uterine pregnancy.

However, no maternity benefits will be payable for pregnancy resulting in childbirth or miscarriage occurring within nine months of the date insurance becomes effective.

The above benefits are payable within nine months following termination of insurance whether or not a female employee or wife is confined in a hospital.

Payments for Surgical Operations for You and Your Family

If you or any of your eligible dependents require a surgical operation resulting from a non-occupational accident or a disease for which benefits are not payable under the Workmen's Compensation Law, you will receive an amount equal to the actual charges made by your doctor up to the amounts shown in the "Schedule of Operations" listed on pages 15, 16, 17 and 18. You will receive these benefits whether the operation is performed in the hospital, in the doctor's office, or elsewhere.

If more than one operation is required, payment will be made for each according to the schedule. Payment of actual charges by the doctor up to a maximum of \$450.00 will be made for all operations during one continuous period of disability.

X-Ray and Laboratory Fees

If you or your dependents are billed for lab fees or x-rays as a result of sickness or injury for which you are not entitled to Workmen's Compensation benefits, you will be paid for it. However, the limit is \$50.00 for any calendar year in accordance with the schedule shown below.

X-ray and lab fees are not payable for:

- ... dental x-rays, unless it is required as the result of accidental injury, or
- ... examinations which are not recommended or approved by a legally qualified doctor, or
- ... examinations in connection with pregnancy, child-birth, or miscarriage.

SCHEDULE OF LABORATORY AND X-RAY BENEFITS

LABORATORY EXAMINATIONS

	Maximum Amount For Examination
Bacteria Test: Smear (sputum, feces, etc.)	\$ 3.00
Basal Metabolism Test	7.50
Blood Count: Hemoglobin, Red Cells, White Cells, or Differential.	1.50
All Four Counts	5.00
Electrocardiogram or Ballistocardiogram, with interpretation and report	12.50
Malignancy Test: Papanicolaou Smear—initial	5.00
each additional	2.50
Spinal Fluid: cell count and protein	5.00
Sugar Determination, Blood	5.00
Sugar Tolerance (2 or more blood and urine determinations)	12.50

X-RAY EXAMINATIONS

	Maximum Amount For Examination
Abdomen (intestines, colon, rectum, kidney, etc.)	\$12.50
Chest (heart, lungs, ribs, etc.)	12.50
Colon, Barium enema	25.00
Extremities—Fingers, one or more of one hand	5.00
Arm, all or any portion between shoulder and fingers	10.00
Shoulder, with or without humerus	12.50
Toes, one or more of one foot	5.00
Leg, all or any portion between hip and toes	10.00
Hip, with or without femur	12.50
Gallbladder, dye method	20.00
Gastro-intestinal series, complete:	
Barium meal	30.00
Barium meal with Gallbladder, dye method	40.00
Barium meal and enema, with Gallbladder, dye method	50.00
Head (skull or sinuses excluding nasal bones)	15.00
Kidney, Intravenous Pyelogram	20.00
Myelogram	25.00
Pelvis	15.00

The Insurance Company will determine the amount of payment, if any, for a laboratory or x-ray examination not listed in the foregoing schedule.



Doctor's Calls

If you are billed for doctor calls as the result of sickness or injury for which you are not entitled to Workmen's Compensation benefits, you will be paid:

- ... \$3.00 for each call in the doctor's office and
- ... \$5.00 for each call in your home or the hospital.

If you are hospitalized or if the call is the result of injury, you will be paid beginning with the *first* call.

If the call is the result of sickness, you will be paid for calls beginning with the *third* call.

IF YOUR DEPENDENTS REQUIRE TREATMENT —

Payments will be made *only* for calls in the hospital, at the rate of \$5.00 for each treatment.

THE FOLLOWING APPLY TO ALL DOCTOR'S CALLS —

In all cases, payments will be made for only *one* call on any *one* day.

These payments will be made up to a limit of \$250.00 for any one calendar year or \$500.00 for any one disability.

PAYMENTS FOR DOCTOR'S CALLS ARE NOT MADE IN THESE CASES:

- ... When the call is made *after* an operation. (Unless it is a doctor other than the one who performed the operation.)
- ... When the call is due to pregnancy, childbirth or miscarriage.
- ... When the call concerns dental work or treatment, eye tests, fitting of glasses, x-rays, drugs or dressings.



Employee and Dependent Polio Benefits

A Polio Benefit of \$5,000, maximum, is payable to you or to your dependents to pay expenses if you contract Poliomyelitis (Infantile Paralysis). These benefits are payable over and above any already paid by the plan for the treatment of the disease.

Polio Benefits will be paid only for such services, supplies, and transportation certified necessary by a licensed physician for the treatment of the disease.

No Polio Benefits will be payable for any expenses which are incurred ~~more~~ more than three years after the date Poliomyelitis was contracted.

Supplementary Accident Benefits

Beside other benefits paid under the plan for injuries due to an *accident*, not covered by Workmen's Compensation,

there is a built-in supplemental benefit for you and your dependents.

This may pay you up to \$300.00 *more* for your expenses for hospital, surgical and medical services, and for the services of a registered nurse.

Such benefits to be payable must be:

... for services rendered within a period of **no longer than** three months after the date of the accident.



SCHEDULE OF OPERATIONS

	Maximum Amount		Maximum Amount
ABDOMEN		GLANDS	
Abscess, drainage of, appendiceal, liver (hepatic)		Superficial gland, removal of	25.00
pancreatic, subdiaphragmatic (subphrenic)	\$165.00	Lymph: Superficial, removal of, including biopsy	33.50
Adhesions, intra-abdominal, freeing of	165.00	Deep chain, removal of, including biopsy	125.00
Appendectomy	165.00	NOSE AND THROAT	
Cholecystectomy (removal of gallbladder)	250.00	Antrum puncture and irrigation	8.50
Cholecystostomy (drainage of gallbladder through		Antrum window, Caldwell-Luc operation	100.00
abdominal incision)	165.00	Ethmoidectomy, including removal polyps	85.00
Colon resection, (colon colectomy), total or partial,		Frontal sinus, radical	165.00
complete procedure	330.00	Laryngoscopy, including biopsy	
Colostomy, complete procedure	165.00	For diagnosis or treatment	16.50
Diverticulitis intestinal, and complications, operation for	165.00	Operative	42.50
Gastrectomy (resection of stomach) partial or complete,		Nasal polyps, removal: Single	16.50
any type, with or without abdominal vagotomy	330.00	Multiple	32.50
Gastro-enterostomy or pyloroplasty, with or without		Nasal septum, submucous resection	125.00
abdominal vagotomy	265.00	Rhinoplasty, including submucous resection	175.00
Gastrosomy, with or without biopsy	50.00	Sinusectomy, multiple groups or combined with	
Gastrotomy	165.00	other nasal surgery	225.00
Hernia repair: Hiatus or other diaphragmatic hernia	250.00	Tonsillectomy and/or adenoidectomy, cutting or	
Incisional (postoperative), umbilical or other ventral hernia	165.00	electro-coagulation, complete procedure	50.00
Inguinal or femoral hernia: Unilateral	165.00	Turbinectomy, unilateral or bilateral	25.00
Bilateral	200.00	NEUROLOGY	
By injection treatment, complete procedure—one-half the		Brain tumor, complete procedure	400.00
allowance for corresponding cutting operation.		Cranial nerves, section of sensory root of fifth (for tic	
Intestines, small, resection and/or anastomosis		doloreau), or eighth (for Meniere's disease),	
(entero-enterostomy, entero-colostomy)	250.00	resection gasserian ganglion	330.00
Laparotomy, exploratory only, with or without biopsy	165.00	Craniotomy, exploratory or decompressive	400.00
Paracentesis (tapping) abdomen	25.00	Hematoma, subdural or extradural, treated by trephining	375.00
Splenectomy	250.00	Intervertebral disc (nucleus pulposis) rupture, herniation	
Vagotomy, abdominal approach	200.00	or protrusion, removal of or exploration of	300.00
Cutting into abdominal cavity for removal or treatment of		Laminectomy, exploratory or decompressive	350.00
organ or organs therein (unless otherwise specified in this		Lumbar and/or cisternal puncture, not for anesthesia—	
schedule)	165.00	\$10 per puncture with maximum of	165.00
BIOPSY		Neuroma, peripheral, resection of	83.50
Biopsy of deep structions	25.00	Peripheral nerves, decompression, suture or transplantation of:	
Superficial biopsy	10.00	Single or first	41.50
BREAST		Each additional after first	16.50
Abscess	25.00	Maximum	266.50
Tumor—biopsy and/or removal of small tumor	50.00	Pneumoencephalography, including lumbar puncture	41.50
Simple removal	125.00	Rhizotomy (section of nerve roots within spinal canal),	
EAR		chordotomy	330.00
Abscess, middle ear, incision drum (paracentesis)	27.50	Skull fracture	
Fenestration operation for otosclerosis	330.00	With brain injury, non-operative treatment	58.50
Mastoidectomy: Unilateral	230.00	With elevation of fragments	165.00
Bilateral	300.00	Compound with debridement and elevation of fragments	330.00
		Spinal cord tumor, removal of	330.00

SCHEDULE OF OPERATIONS

	Maximum Amount		Maximum Amount
Sympathectomy: Lumbar unilateral	250.00	haphy), conization, cauterization or polypectomy, with	
Lumbar bilateral	330.00	or without biopsy	33.50
Thoraco-lumbar with splanchnicectomy, complete procedure ..	330.00	Hysterectomy, any type, with or without separation of adhesions, appendectomy or unilateral oophorectomy and/or salpingectomy, abdominal or vaginal approach	250.00
Trephining, exploratory, per side	41.50	When combined with cutting operation for cystocele and/or rectocele or perineorrhaphy	300.00
Ventriculography, complete procedure, including trephining ..	75.00	Additional amount for these procedures when combined with one or more of the following—dilatation and curettage non-puerperal, cervical repair (trachelorrhaphy), conization, cauterization or polypectomy, with or without biopsy	16.50
OBSTETRICAL AND GYNECOLOGY		Vesicovaginal fistula, repair of	208.50
<i>If any benefit is payable with respect to a Caesarean Section, including delivery, a miscarriage, or delivery of a child or children by any other procedure, the amount of such benefit is shown in the Schedule of Benefits as a part of the text applicable to Maternity Benefits.</i>		OPHTHALMOLOGY	
Ectopic (tubal, extra-uterine) pregnancy	165.00	Cataract, removal of	250.00
Atresia of the vagina, plastic correction	83.50	Needling, complete procedure	85.00
Imperforate hymen, correction of, by cutting	16.50	Chalazion, operation for	17.50
Bartholin's gland: Excision of	75.00	Conjunctival flap operation	42.50
Incision only	16.50	Conjunctival suture	32.50
Caruncle, urethra, excision or fulguration	33.50	Cornea—Paracentesis of	42.50
Cervix: Amputation, complete	83.50	Transplantation of	330.00
Dilatation and curettage, non-puerperal, cervical repair (trachelorrhaphy), conization, cauterization or polypectomy, with or without biopsy	41.50	Ulcer of: Cauterization of	8.50
Two or more of these procedures done at the same time ..	58.50	Detached retina, electro-coagulation for	330.00
Cul-de-sac drainage, colpotomy	25.00	Enucleation and/or evisceration (exenteration) including implantation, including eye plastic	150.00
Cystocele or rectocele, surgical repair of	100.00	New method, including implant	300.00
Cystocele and rectocele combined, surgical correction of, perineorrhaphy	165.00	Foreign body, cornea or conjunctiva, removal	8.50
Cystocele and rectocele, repair of by cutting operation or perineorrhaphy, in combination with one or more of—dilatation and curettage non-puerperal, cervical repair (trachelorrhaphy), conization, cauterization or polypectomy, with or without biopsy	200.00	Foreign body, intracular, removal	175.00
Oophorectomy (excision of ovary) and/or salpingectomy (excision of tube) for cystic ovary, ovarian cyst or other cause, unilateral or bilateral, including separation of adhesions and appendectomy	165.00	Glaucoma, filtration (trephining) operation	180.00
Displacement (retroversion, prolapse, procidentia) of the uterus, correction of by cutting operation, abdominal or vaginal approach, with or without separation of adhesions, appendectomy or unilateral or bilateral oophorectomy and/or salpingectomy	200.00	Hordeolum or sty, operation for	8.50
When combined with cutting operation for cystocele and/or rectocele or perineorrhaphy	266.50	Iridectomy	130.00
Additional amount for these procedures when combined with one or more of the following—dilatation and curettage non-puerperal, cervical repair (trachelorrhaphy), conization, cauterization or polypectomy, with or without biopsy		Lachrymal sac, excision	85.00
		Pterygium, removal	60.00
		Prosis, eye lid, correction of: Unilateral	85.00
		Bilateral	130.00
		Strabismus, convergent or divergent, correction by cutting operation, complete procedure	185.00
		ORTHOPEDIC PROCEDURES	
		Amputation: Arm, forearm, entire hand, lower leg, foot. . .	165.00
		Phalanx (toe or finger)	40.00
		Thigh, including disarticulation at hip	215.00
		Arthroplasty, arthrodesis:	
		Ankle, elbow, wrist or shoulder	165.00
		Knee, hip or spine (including bone graft)	250.00
		Bone, excision of (scraping of bone), except for biopsy (alveolar process of jaw excepted)	100.00

SCHEDULE OF OPERATIONS

	Maximum Amount
For biopsy only	17.50
Bone graft:	
Humerus, radius, ulna, femur, spine, tibia or fibula.....	250.00
Bursa, shoulder: Needling of, complete procedure.....	50.00
Excision of	110.00
Club foot (talipes), correction by manipulation and casts, complete procedure	80.00
Coccyx, removal of	80.00
Dislocation:	
Closed reduction: Ankle, astragalus, clavicle, elbow, knee, shoulder, wrist	57.50
Finger, thumb, toe, jaw, patella	25.00
Hip, vertebra or vertebrae	85.00
Open reduction—maximum is twice the allowance for the corresponding closed reduction.	
Exostosis, osteoma, removal of	110.00
Foot stabilization	250.00
Fracture: Simple, closed reduction, with or without pins and/ or calipers.	
Ankle (Pott's), astragalus, clavicle, elbow, fibula, radius, scapula, wrist (Colles')	62.50
Femur, pelvis, or calcis	150.00
Fingers or toes (phalanges), hand (metacarpals), foot (metatarsals), nose, rib or ribs, tarsal or carpal bones..	32.50
Humerus, mandible, maxilla, (alveolar processes excepted), patella, radius and ulna, tibia, or tibia and fibula.....	85.00
Vertebra or vertebrae, coccyx excepted	130.00
Body or lamina	
Articular, lateral or spinous processes only.....	32.50
Compound—The maximum is one and one-half times the allowance for the corresponding simple fracture treated by closed reduction.	
Treated by open operation, except pins and/or calipers the maximum is twice the allowance for the corresponding simple fracture treated by closed reduction.	
Bone graft for ununited fracture three times the fee for simple fracture.	
Hallux valgus (bunion), operation for: Single.....	100.00
Bilateral	150.00
Hammer toes, operation for	85.00
Incision into joint: Semilunar cartilage, knee removal.....	180.00
For other reason	75.00
Paracentesis (tapping) only	15.00
Patella, excision of	100.00
Tendons and ligaments: Tenotomy	40.00

	Maximum Amount
Suturing—Single structure	57.50
Multiple structures	85.00
Transplant of tendons: Single	85.00
Multiple	125.00
Toe nail, radical removal	25.00
PROCTOLOGY	
Abscess, subcutaneous ischiorectal, perirectal, perianal: drainage of	58.50
Cryptectomy of one or more crypts	25.00
Dilatation of anal orifice, sole procedure.....	25.00
Fistula-in-ano, operation for (fistulectomy)	108.50
Hemorrhoids: Operative removal, any method	
Internal or internal and external	100.00
The above combined with fissurectomy and/or cryptectomy	125.00
External only	25.00
Injection treatment, complete procedure—one-half the allowance for corresponding cutting operation.	
Polypectomy, one or more	50.00
Prolapsed rectum, cutting operation	165.00
Proctoscopy and/or sigmoidoscopy, with or without biopsy..	16.50
THORACIC PROCEDURE	
Bronchoscopy, with or without biopsy: Diagnosis.....	52.50
Removal of foreign body or other treatment.....	83.50
Congenital anomaly of heart or aorta, surgical correction of..	330.00
Esophagoscopy, diagnosis only, without biopsy.....	37.50
With biopsy	50.00
Removal of foreign body or dilatation stricture.....	83.50
Esophageal diverticulum, excision of	125.00
Lobectomy or pneumonectomy	400.00
Phrenicotomy, phrenicectomy, phrenic avulsion or crushing..	66.50
Pneumonolysis	82.50
Pneumothorax, artificial—first induction	41.50
Refills, each	16.50
Maximum	266.50
Thoracentesis (tapping chest)	41.50
Thoracoplasty: One or two stages	330.00
Three or more stages, including previous stages.....	450.00
Thoracotomy with rib resection for drainage of empyema...	125.00
Vagotomy, thoracic approach	330.00
THYROID	
Thyroidectomy, sub-total, complete procedure, including ligation of thyroid arteries, to be treated as one operation..	250.00
Removal of adenoma or benign tumor of thyroid.....	175.00

SCHEDULE OF OPERATIONS

	Maximum Amount		Maximum Amount
TUMORS AND CYSTS			
Aspiration	5.00	Meatotomy, sole procedure	8.50
Benign tumor or cyst, superficial, excision of		Nephrectomy	330.00
Not of itself requiring hospital residence	16.50	Nephrotomy or nephopexy	330.00
Requiring hospital residence	83.50	Orchidectomy (excision of testicle)—Simple, unilateral	83.50
Cyst		Simple, bilateral	125.00
Branchial, removal of	125.00	With gland dissection	250.00
Pilonidal (including pilonidal sinus), excision of	100.00	Utero-pelvic junction repair, or correction aberrant renal artery	330.00
Thyroglossal, excision of	125.00	Prostatectomy, complete procedure including vasectomy	300.00
Warts, moles, removal of: Single	16.50	Suprapubic or perineal	300.00
Multiple	25.00	Transurethral, complete resection	300.00
UROLOGY			
Carbuncle, excision or fulguration	33.50	Punch operation, median bar resection	125.00
Circumcision	25.00	Pyelotomy, complete procedure	200.00
Cystostomy, cystotomy, suprapubic, with fulguration or		Uretero-lithotomy, ureterotomy	200.00
other bladder treatment	125.00	Urethrotomy, external or internal	83.50
Cystoscopy, including biopsy: For examination only with		Varicocele, operation for	83.50
or without retrograde pyelography	33.50		
For treatment, bladder, ureter or kidney	58.50	MISCELLANEOUS	
For removal of tumor or stone from ureter or bladder	87.50	Ligation with dissection of bulb, saphenous vein	
Diverticulum of bladder, resection of	208.50	Unilateral	40.00
Endoscopy and/or dilatation urethra, diagnosis or		Bilateral	50.00
treatment with or without biopsy	25.00	Toenail, ingrown—removal of	25.00
Epididymectomy: Unilateral	83.50	Varicose veins—injection	5.00
Bilateral	165.00	Maximum, one leg	60.00
Hydrocele: Tapping, not more than ten each side, each	16.50	Maximum, both legs	90.00
Radical operation—Unilateral	83.50	Varicose veins with dissection of bulb and stripping	
Bilateral	125.00	Unilateral	100.00
Litholapaxy (lithotripsy), complete procedure	150.00	Bilateral	150.00
		Secondary ligations (each)	5.00
		Maximum	150.00

The Insurance Company will determine the amount of payment, if any, for a cutting operation not listed in the foregoing schedule.



Underwritten by
ÆTNA LIFE INSURANCE COMPANY
HARTFORD, CONNECTICUT