

**GROUP
INSURANCE
PROTECTION**

FOR ELIGIBLE EMPLOYEES OF

**ST. LOUIS-SAN FRANCISCO
RAILWAY COMPANY**

September 1, 1963

ST. LOUIS-SAN FRANCISCO RAILWAY COMPANY
St. Louis, Missouri

TO ELIGIBLE EMPLOYEES:

It is our hope that your dependents will always have good health. However, should sickness or injury occur, we know that the costs can be high.

Adequate insurance protection is a vital present-day need to insure that our dependents will receive the necessary treatment and hospitalization in case of sickness or injury.

In an effort to assist you in meeting this need, we arranged with The Travelers Insurance Company, Hartford, Connecticut on January 1, 1957 for a plan providing hospitalization benefits, surgical benefits, medical expense benefits and polio expense benefits. These benefits were broadened and a major medical expense benefit was added on March 1, 1961. Effective September 1, 1963, a provision was included which permits the dependent to convert the Group Insurance to an individual policy when under certain conditions the Group Insurance is terminated.

A plan for the dependents of Retired Employees has also been provided since January 1, 1957.

The entire cost of the group coverage provided for the dependents of active employees will be paid by the Company. It is hoped the plan will be continued indefinitely through the years, but the right to terminate or change the plan in the future is necessarily reserved. Any such action, naturally, will be taken only after careful consideration.

The benefits payable under the plan are summarized in the following pages. You should review them carefully.

Yours very truly,

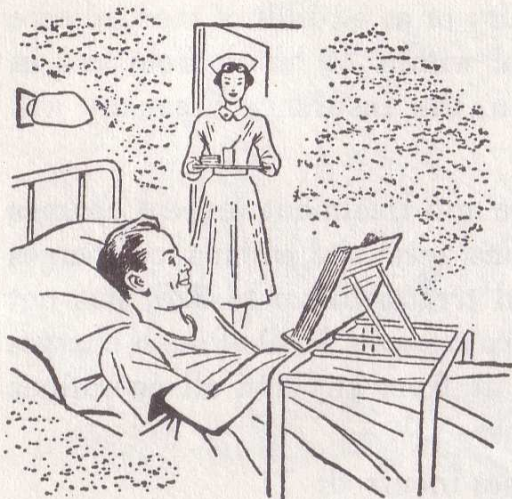
L. W. MENK
President

SCHEDULE OF DEPENDENTS HEALTH INSURANCE BENEFITS

Applicable to Dependents of Employees Insured for Dependents Health Insurance Benefits

Hospital Daily Benefit* Up to Semi-Private Room and Board Charges for 120 days	Other Hospital Charges* Up to \$500.00 Plus 75% of charges over \$500.00	Surgical Expense Benefits* Up to \$300.00 as shown in Surgical Schedule	Medical Expense Benefits—Physicians' In-Hospital Visits Up to \$4.00 for each day of hospital confinement, maximum \$480.00	X-ray and Laboratory Benefits Up to an aggregate of \$50.00, for any period of six successive months	Polio Expense Benefits Up to \$5,000	Major Medical Expense Benefits Up to \$5,000
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*Maternity Benefits for the Employee's wife: Up to amount charged for hospital Semi-Private accommodations and other hospital charges as indicated above for a maximum of 10 days (110 days additional where complications cause continuance of confinement beyond 10 days). Surgeon's fees up to the amount shown in the obstetrical section of the Surgical Schedule.



Hospital Expense Benefits Dependents

If an insured Employee incurs hospital expense with respect to an Eligible Dependent as a result of a confinement by reason of bodily injury, or sickness, or if an Employee incurs hospital expense as a result of a confinement by reason of pregnancy of his wife who is an Eligible Dependent, the Insurance Company will pay, with respect to any one period of confinement:

1. The hospital's daily charge for room, board, and general nursing services incurred during such confinement, not to exceed the charge for semi-private accommodations, for a maximum of 120 days. (This is limited to 10 days for normal pregnancy cases.)
2. The hospital charges for medical care and treatment (except charges for room and board, nurses', physicians' and surgeons' fees) during the period of such confinement for which benefits are payable under 1 above but not more than \$500 plus 75% of the excess over \$500, and ambulance charges up to \$25.

Successive periods of hospital confinement shall be considered as One period of hospital confinement unless the Dependent shall have completely recovered from the injury or sickness causing the earlier confinement before the later confinement, or unless the later confinement is due to injury or sickness entirely unrelated to the causes of the earlier confinement.

If an Employee incurs expense with respect to an Eligible Dependent who is not confined in a hospital, as a result of emergency medical care and treatment received in a hospital within 24 hours from the time of

an accident on account of bodily injury or as a result of medical care and treatment received in a hospital within 24 hours from and in connection with a surgical operation, the Insurance Company will pay:

The hospital charges for such care and treatment (except charges for nurses', physicians' and surgeons' fees) and ambulance charges in connection with such care and treatment up to \$25, but not more than \$500 plus 75% of the excess over \$500 of such charges resulting from any One accident or from any and all operations due to the same or related sicknesses.

No payment will be made for expenses incurred:

1. unless the full period of confinement and the incurrence of the charges, if any, were recommended and approved by a licensed physician; or
2. for surgical or medical fees, or charges for private duty nursing; or
3. for which the Employee is entitled to any benefit under the Dependents Poliomyelitis Expense Benefits;
4. which shall have commenced prior to the date the Dependent shall have become covered under this Benefit;
5. in a hospital operated by the United States of America or an agency thereof, or in any hospital which makes no charge that the Employee is required to pay;
6. on account of injury or disease for which the Dependent is entitled to indemnity in accordance with the provisions of any workmen's compensation or similar law;
7. on account of pregnancy, childbirth, miscarriage or abortion and commencing within Nine months from the date the wife shall have become covered, unless such pregnancy shall have commenced while the wife shall have been covered under this Benefit, as evidenced by a written statement of the attending physician.



Surgical Expense Benefits Dependents

If an insured Employee incurs expense with respect to an Eligible Dependent for a surgical procedure listed in the Surgical Schedule set forth on Pages 19 to 21, inclusive, performed by a licensed physician as a result of bodily injury or sickness, or if an Employee incurs expense with respect to his wife who is an Eligible Dependent for an operation listed in said Schedule under the title "Obstetrical Care," the Insurance Company will pay:

1. The surgical fees charged for such surgical procedure not to exceed the amount set forth in said Schedule, subject to a maximum of (a) \$300 for all surgical procedures due to the same or related causes and (b) the largest amount provided in the Schedule for any One of the surgical procedures performed when Two or more surgical procedures are performed during One operation.
2. The fees, if any, charged by a licensed physician or professional anesthetist (other than the physician performing such surgical procedure) for administration of anesthetics up to \$25 or one-fifth of the payment made on account of the surgical fees, whichever is less.

No payment shall be made under this Benefit for expenses incurred:

- (1) for any operation performed during a period of hospital confinement which shall have commenced prior to the date the Dependent shall have become covered under this Benefit;

- (2) for or in connection with any dental work, dental treatment, or cosmetic surgery, except to the extent that any of them require a surgical procedure for the repair or alleviation of damage to the Dependent's person caused solely by bodily injury sustained while the Dependent is covered under this Benefit;
- (3) for any professional fees whatsoever other than the fees personally payable by the Employee to the physician for performing the surgical procedure, or to the physician or professional anesthetist for administering anesthetics;
- (4) for services rendered in a hospital operated by the United States of America or an agency thereof;
- (5) for any operation for which the Employee is entitled to any benefit under the Benefit entitled "Poliomyelitis Expense Benefit";
- (6) for any operation performed on account of injury or disease for which the Dependent is entitled to indemnity in accordance with the provisions of any workmen's compensation or similar law;
- (7) for any operation listed in said Schedule under the title "Obstetrical Care" and performed within Nine months from the date the wife shall have become covered, unless performed as a result of pregnancy which shall have commenced while the wife shall have been covered under this Benefit, as evidenced by a written statement of the attending surgeon.



Medical Expense Benefits

Dependents
Physicians' In-Hospital
Visits X-ray and
Laboratory Examinations

If an insured Employee incurs expense with respect to an Eligible Dependent for visits for treatment by a licensed physician on account of bodily injury or sickness while such Dependent is confined as an admitted in-patient in a hospital, or if an Employee incurs expense with respect to an Eligible Dependent for X-ray or laboratory examinations (other than urinalysis and excluding X-ray therapy) made or recommended by a licensed physician and in connection with the diagnosis of bodily injury or sickness, the Insurance Company will pay:

1. The physician's charges, during any One period of hospital confinement, up to a maximum of \$480, but not to exceed an amount equal to the number of days for which Hospital Expense Benefits are payable multiplied by \$4.00.
2. Charges for X-ray or laboratory examinations up to a maximum as set forth in the Schedule on Page 22 provided the total amount payable for all examinations shall not exceed \$50 in any Six successive months period.

No payment shall be made under this Benefit for expenses incurred:

1. for dental work or treatment, dental X-rays or eye refractions; or
2. for visits in connection with any surgical procedure for which benefits are payable under the Dependent Surgical Benefit unless such visits are from a licensed physician other than the One performing the surgical procedure; or

3. for visits in connection with pregnancy or resulting childbirth, abortion or miscarriage; except that if complications arising from pregnancy and resulting childbirth, abortion or miscarriage of the Employee's wife have caused visits in addition to those which would have been made in the absence of such complications, benefits shall be payable with respect to such additional visits; or
4. for X-ray examinations or laboratory examinations performed while the Dependent is confined in a hospital and charged for by the hospital; or
5. for which the Employee is entitled to any benefit under the cover entitled "Poliomyelitis Expense Benefits"; or
6. in a hospital operated by the United States of America or an agency thereof, or in any hospital which makes no charge that the Employee is required to pay; or
7. on account of injury or disease for which the Dependent is entitled to indemnity in accordance with the provisions of any workmen's compensation or similar law.

Successive periods of hospital confinement shall be considered as One period of hospital confinement unless the Dependent shall have completely recovered from the injury or sickness causing the earlier confinement before the later confinement commences, or unless the later confinement is due to injury or sickness entirely unrelated to the causes of the earlier confinement.



Poliomyelitis Expense Benefits Dependents

If an insured Employee incurs expense with respect to an Eligible Dependent for the treatment of poliomyelitis (infantile paralysis), the Insurance Company will pay an amount equal to the charges

- (a) made by a hospital or sanitarium for room and board, general and private duty nursing services, miscellaneous services and supplies, treatments, drugs, serums, medicines, use of iron lung, physiotherapy, braces, apparatus, or other hospital equipment;
- (b) made by a licensed physician, legally qualified physiotherapist or registered graduate nurse (other than a physiotherapist or nurse who ordinarily resides in the Employee's home or is a member of the immediate family);
- (c) for transportation from the Dependent's residence or the place at which the Dependent becomes disabled to a hospital or sanitarium or from the place at which the Dependent becomes disabled to the Dependent's residence and to a hospital or sanitarium, and from any such hospital or sanitarium to the Dependent's residence or to another such hospital or sanitarium;

up to a maximum of \$5,000 for the treatment of each case of poliomyelitis.

No payment shall be made under this Benefit for expenses incurred:

1. unless the treatment, hospital or sanitarium confinement, services or supplies were recommended and approved by a licensed physician; or

2. more than Three years after the commencement of such case of poliomyelitis; or
3. more than Six months prior to the day the Insurer receives written notice that the expenses have been incurred (failure to give notice within said Six months period shall not invalidate or reduce any claim if it shall be shown not to have been reasonably possible to give such notice within said period and that notice was given as soon as was reasonably possible); or
4. for confinement or services rendered in a hospital operated by the United States of America or an agency thereof, or in any hospital which makes no charge that the Employee is required to pay.



Major Medical Expense Benefits Dependents

In addition to the benefits under other provisions of the Plan, if an Employee incurs expense with respect to an Eligible Dependent as a result of bodily injury or sickness, the Insurance Company will pay benefits equal to 75% of the amount by which the total "covered expenses" incurred in a calendar year exceed the sum of (a) \$100, which the Employee must pay, (b) the 25% of the Dependent's miscellaneous hospital expenses over \$500, which the Employee is required to pay under Item 2 of the Dependents Hospital Expense Benefits and (c) the amount of benefits paid under the other provisions of this Plan. The aggregate of benefits payable as Major Medical Expense Benefits in the Dependent's entire lifetime shall not exceed \$5,000.

"Covered expenses" mean only such of the following expenses as are incurred by the Employee for treatment of bodily injury or sickness of the Dependent:

1. Charges made by a hospital, in its own behalf, for services and supplies required by and rendered to the Dependent during confinement, provided that any daily room and board charge in excess of \$20 will not be considered as a covered expense;
2. Charges made by a licensed physician or registered graduate nurse (other than a nurse who ordinarily resides in the Employee's home or who is a member of the immediate family);

3. Charges made for any of the following services and supplies, to the extent such charges do not duplicate charges included under items 1 and 2 above;
 - (a) drugs and medicines obtained upon the prescription of a licensed physician;
 - (b) anesthetics and their administration;
 - (c) diagnostic X-ray and laboratory examinations;
 - (d) X-ray, radium, and radioactive isotopes therapy;
 - (e) oxygen and its administration;
 - (f) rental of wheel chair, hospital bed, iron lung and other durable equipment;
 - (g) artificial limbs and artificial eyes;
 - (h) charges for transportation from the Dependent's residence or the place at which the Dependent becomes disabled to a hospital, or from the place at which the Dependent becomes disabled to the Dependent's residence and to a hospital, and from any such hospital to the Dependent's residence or to another such hospital.

No payment will be made

1. in connection with pregnancy or resulting childbirth, abortion or miscarriage, except that if complications arising out of any of these with respect to the Employee's wife who is an Eligible Dependent cause the Employee to incur covered expenses in addition to those which would have been incurred in the absence of such complications, benefits shall be payable with respect to such excess expenses;
2. in connection with any dental work, dental treatment, eye examinations, glasses, hearing aids, or the fitting of any thereof, or cosmetic surgery, except to the extent that any of them are necessary for the repair or alleviation of damage to the Dependent's person caused solely by bodily injury sustained while the Dependent is covered;
3. for any services or supplies not certified by a licensed physician attending the Dependent as being required for therapeutic treatment;
4. for treatment of poliomyelitis;

5. for charges incurred in connection with injury or disease for which the Dependent is entitled to indemnity in accordance with the provisions of any workmen's compensation or similar law;
6. for charges incurred while you or your dependent, as the case may be, are confined in a hospital operated by the United States of America or an agency thereof, or in any hospital which makes no charge that you are required to pay.



General Information

► HOSPITAL

Whenever the term hospital is used anywhere herein it means an institution which meets all of the following tests:

1. It is engaged primarily in providing medical care and treatment of sick and injured persons on an in-patient basis at the patient's expense and maintains diagnostic and therapeutic facilities for surgical and medical diagnosis and treatment of such persons by or under the supervision of a staff of duly qualified physicians;
2. It continuously provides 24 hour a day nursing service by or under the supervision of registered graduate nurses and is operated continuously with organized facilities for operative surgery; and
3. It is not, other than incidentally, a place of rest, a place for the aged, a place for drug addicts, a place for alcoholics or a nursing home.

► ROOM AND BOARD

Room and board charges wherever referred to herein shall include all charges for medical care and treatment, by whatever name such charges are called, which are made by the hospital at a daily or weekly rate for room and board and other hospital services and supplies, and which are regularly made by the hospital as a condition of occupancy of the class of accommodations occupied.

► DEPENDENTS

The term dependent is limited to

- (1) the employee's wife or husband, and
- (2) the employee's unmarried children over 14 days but under 19 years of age

residing in the United States of America or Canada, unless they are insured as employees of the Employer, except that children 14 days and under shall also be considered dependents for purposes of the Major Medical Expense Insurance.

The term "Qualified Employee" means any full-time active employee of the Employer who is an Officer, Supervisor or Specialist, or is occupying a position classified as Exception "A" position under Agreement with the Railway Company and the Brotherhood of Railway and Steamship Clerks, is not an Employee represented by One of the Non-Operating Organizations who is insured with respect to his Dependents under Group Policy Contract No. GA 23000, issued by the Company, in accordance with agreement of December 1, 1956; and is not employed in a group represented by One of the Four Operating Brotherhoods or by the Railroad Yardmasters of America, the American Train Dispatchers Association, or by the Association of Railway Trainmen and Locomotive Firemen.

The term "Furloughed Employee" means any Employee who has been a Qualified Employee insured under the group policy but is not actively at work and whose compensation as an employee has been discontinued and who is absent from work on authority of a properly approved leave of absence.

► WHO MAY ENROLL

Each New Qualified Employee shall be eligible for Dependents Insurance on the first day of the calendar month next following the date he completes a month of employment, or on the date he acquires a dependent, whichever is later.

Each individual who has completed a month's service with the Employer and who later becomes a "Qualified Employee," shall be eligible for the Dependents Insurance on the first day of the month

in which he became a "Qualified Employee," or on the date he acquires a dependent, whichever is later, unless premium payments have been made for him under Group Policy Contract No. GA 23000, issued by the Company, in which case eligibility under the group policy shall be as of the first day of the following month.

▶ **WHEN THE EMPLOYEE BECOMES INSURED FOR THE DEPENDENT BENEFITS**

Each eligible Qualified Employee is to be insured for the Dependents Insurance on the date he becomes eligible.

Each person who becomes a dependent of an insured Qualified Employee while such employee is insured for the Dependents Insurance is to be covered from the date on which such person becomes a dependent.

Each Furloughed Employee who has agreed, on forms satisfactory to the Company, to pay the Employer the amount of the premium required for the Dependents Insurance shall continue to be insured until such time as his insurance is terminated in accordance with "1." of the section entitled "When Insurance Terminates."

The Dependents Insurance under the Major Medical Expense Benefits as to any dependent, other than a newborn child, who, under the orders of a duly qualified physician, is confined in a hospital or other institution on the date such Insurance as to such dependent would otherwise become effective, shall not become effective until (a) the termination of a period of thirty days during which such dependent shall not have been so confined, or (b) the Company is furnished with evidence satisfactory to it that such dependent has completely recovered from all injuries and sicknesses, whichever first occurs.

▶ **CERTIFICATE OF INSURANCE**

When the employee is insured he will receive a certificate describing the benefits in detail.

▶ **CLAIMS**

When the employee has a claim he should notify the Employer immediately and claim forms will be made available.

► WHEN INSURANCE TERMINATES

1. Except as hereinafter provided, all insurance on any employee covered under the group policy shall terminate at the earliest time specified below:

- a. Upon discontinuance of the group policy.
- b. On the last day of the calendar month during which he shall cease to be included in the classes of employees eligible for insurance.
- c. On the last day of the calendar month during which he ceases to be an active Qualified Employee and becomes a Furloughed Employee; however, the Employer may continue in effect the insurance of such Furloughed Employee for a period of not to exceed ninety days following the last day of the month during which the employee became a Furloughed Employee, except that where a leave of absence is granted on account of illness the insurance may be continued for not to exceed a period of twelve months following the end of the month during which the employee was an active Qualified Employee.
- d. On the last day of the calendar month during which he shall leave the service of the Employer or be dismissed therefrom.
- e. Any and all insurance provided under the group policy on a contributory basis shall terminate at the end of the period for which the Qualified Employee shall have made to the Employer the payments required thereunder to apply toward the premium for such insurance.
- f. When all dependents of the Qualified Employee shall have ceased to be covered.
- g. The Major Medical Expense Insurance as to a dependent terminates when such person becomes entitled to the maximum benefit.

2. When Individual Dependents Cease to be Covered:

Any Dependent of a Qualified Employee shall cease to be covered under the group policy prior to the termination of the Employee's Dependents Insurance at the earliest time specified below:

- a. When such person ceases to be a dependent of the insured employee.
- b. When such dependent becomes covered under a Hospital Association Plan.

► **PRIVILEGE OF OBTAINING INDIVIDUAL INSURANCE**

An Individual Policy providing Hospital, Surgical and Medical Expense benefits may be obtained, without further evidence of insurability, upon termination of insurance under the Group Policy:

- (a) due to termination of the employee's employment in the classes eligible for insurance thereunder, or
- (b) due to the death of the employee while the employee is insured for Dependent Insurance thereunder, or
- (c) with respect to a child of the employee, due to such child's ceasing to be a dependent, as defined therein,

provided the applicant qualifies, makes application and pays the premium for such Individual Policy within 31 days after such termination of insurance.

Information as to the coverage available and premium rates can be obtained from the Employer when the Group Insurance terminates.

► **RETIRED EMPLOYEE INSURANCE PROGRAM**

When you are retired, the insurance explained in this booklet shall terminate. At that time your Employer will give you an opportunity to enroll for the hospitalization benefits, surgical benefits and the medical expense benefits, which will be available for your dependents. A new insurance certificate explaining the Retired Employee Benefits will be issued to you when you become insured.

SCHEDULE I

Schedule of Operations

	Maximum Amount of Payment
ABDOMEN	
Appendectomy, freeing of adhesions or exploration of, or cutting into the abdominal cavity	\$150:00
Removal of, or other operation on gall bladder	225.00
Gastro-enterostomy	225.00
Resection of stomach, bowel or rectum	300.00
ABSCESSSES (See Tumors)	
AMPUTATIONS	
Thigh, leg	188.00
Upper arm, forearm, entire hand or foot.	150.00
Fingers or toes, each	23.00
BLOOD TRANSFUSION, each	38.00
BREAST	
Removal of benign tumor or cyst requiring hospital confinement.	75.00
Simple amputation	150.00
Radical amputation	225.00
CHEST	
Complete thoracoplasty, transthoracic approach to stomach, diaphragm, esophagus; sympathectomy or laryngectomy	300.00
Removal of lung or portion of lung	300.00
Bronchoscopy, esophagoscopy	60.00
Induction of artificial pneumothorax, initial	38.00
refills each (not more than 12).	15.00
CYSTS (See Tumors)	
DISLOCATION, Reduction of	
Hip, vertebra, ankle joint, elbow or knee joint (patella excepted).	53.00
Shoulder	38.00
Lower jaw, collar bone, wrist or patella	23.00
For dislocations requiring an open operation, the maximum amount of payment is Two times amount indicated.	
EXCISION OR FIXATION BY CUTTING	
Hip joint	225.00
Shoulder, knee joint, semilunar cartilage, elbow, wrist or ankle joint	150.00
Removal of diseased portion of bone, including curettage (alveolar processes excepted)	75.00
EAR, NOSE OR THROAT	
Fenestration, one or both sides	300.00
Mastoidectomy, one or both sides,	
Simple	150.00
Radical	225.00
Tonsillectomy, adenoidectomy, or both	45.00
Sinus operation by cutting (puncture of antrum excepted)	75.00
Submucous resection of nasal septum	75.00
Tracheotomy	75.00
Any other cutting operation	23.00

	Maximum Amount of Payment
EYE	
Operation for detached retina	\$300.00
Cataract, removal of	225.00
Any other cutting operation into the eyeball (through the cornea or sclera) or cutting operation on eye muscles	150.00
Removal of eyeball.	113.00
Any other cutting operation on eyeball	30.00
FRACTURE—Treatment of	
Thigh, vertebra or vertebrae, pelvis, (coccyx excepted)	113.00
Leg, kneecap, upper arm, ankle (Potts)	75.00
Lower jaw (alveolar process excepted), collar bone, shoulder blade, forearm, wrist (Colles), skull	38.00
Hand, foot	23.00
Fingers or toes, each	15.00
Nose.	15.00
Rib or ribs, three or more.	38.00
fewer than three.	15.00
If compound fracture, maximum amount of payment is 1½ times amount indicated.	
If open operation, maximum amount of payment is Two times amount indicated. (Bone grafting or bone splicing considered as open opera- tion; skeletal traction pin is not so considered.)	
GENITO-URINARY TRACT	
Removal of, or cutting into, kidney	300.00
Fixation of kidney	225.00
Removal of tumors or stones in ureter or bladder:	
By cutting operation	150.00
By endoscopic means	53.00
Cystoscopy	38.00
Removal of prostate by open operation	225.00
Removal of prostate by endoscopic means	150.00
Circumcision	23.00
Varicocele, hydrocele, orchidectomy or epididymectomy,	
Single.	75.00
Bilateral	113.00
Hysterectomy	225.00
Other cutting operations on uterus and its appendages with abdomi- nal approach	150.00
Cervix amputation	75.00
Dilation and curettage (non-puerperal), cervix, cauterization or conization, polypectomy, or any combination of these	38.00
Vaginal plastic, operation for cystocele or rectocele	113.00
GOITRE	
Removal of thyroid, subtotal	225.00
Removal of adenoma or benign tumor of thyroid	150.00
HERNIA	
Single hernia	150.00
More than one hernia	188.00
JOINT	
Incision into, tapping excepted	38.00

	Maximum Amount of Payment
LIGAMENTS AND TENDONS	
Cutting or transplant, single	\$75.00
Multiple	113.00
Suturing of tendon, single	53.00
Multiple	75.00
OBSTETRICAL CARE	
Delivery of child	90.00
Caesarean section	150.00
Abdominal operation for ectopic pregnancy	150.00
Miscarriage or abortion, including dilation and curettage, if any, (occurring prior to five months of pregnancy)	50.00
PARACENTESIS	
Tapping	23.00
PILONIDAL CYST OR SINUS	
Removal of	75.00
RECTUM	
Hemorrhoidectomy, external	38.00
Internal or internal and external	75.00
Cutting operation for fissure	38.00
Cutting operation for thrombosed hemorrhoids	23.00
Cutting operation for fistula-in-ano, Single	75.00
Multiple	113.00
SKULL	
Cutting into cranial cavity (Trepine excepted).	300.00
Trepine	38.00
SPINE OR SPINAL CORD	
Operation for spinal cord tumor	300.00
Operation with removal of portion of vertebra or vertebrae (except coccyx, transverse or spinous process)	225.00
Removal of part or all of coccyx, or of transverse or spinous process	75.00
TUMORS	
Benign or superficial tumors and cysts or abscesses Requiring hospital confinement	38.00
Not requiring hospital confinement	15.00
Malignant tumors of face, lip or skin	75.00
VARICOSE VEINS	
Injection treatment, complete procedure, one or both legs	60.00
Cutting operation, complete procedure, one leg	75.00
Both legs	113.00
OTHER SURGICAL PROCEDURES	

The Insurance Company will, subject to the limitations applicable to surgical benefits contained in the policy contract, pay for any operation not specified in the above Schedule which involves cutting, or requires the services of a surgeon to perform, an amount determined by the Insurance Company on a basis consistent with the Maximum Amounts of Payment appearing in the above Schedule.

SCHEDULE II
SCHEDULE OF
X-RAY EXAMINATIONS AND LABORATORY EXAMINATIONS

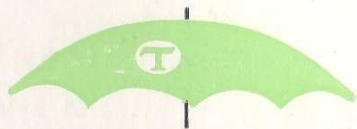
	Maximum Amount of Payment
X-ray Examinations	
ABDOMEN (Intestines, colon, rectum, kidney, etc.)	\$10.00
ARM OR LEG	5.00
CHEST (heart and lungs)	
Flat film	10.00
Stereoscopic films	15.00
GALL BLADDER, dye method	15.00
GASTRO-INTESTINAL SERIES—Barium meal	25.00
HEAD (Skull or sinuses)	10.00
JOINTS (Shoulder, knee, ankle, wrist, hands or feet)	5.00
KIDNEY, URETER OR BLADDER, dye method	15.00
PELVIS OR SPINE	10.00

Laboratory Examinations	
BASAL METABOLISM TEST	5.00
BLOOD TEST	
Hemoglobin determination, red blood cell count, White blood cell count, differential—each (Any combination not to exceed \$5.00)	2.00
ELECTROCARDIOGRAM	7.50
HINTON, KAHN OR KLINE TEST	3.00
MALERIA SMEAR	2.00
SPUTUM TEST	2.00
SUGAR TEST	
One blood sugar determination and accompanying urinary sugar determination	5.00
Sugar tolerance test, involving two or more blood sugar determina- tions and accompanying urinary sugar determinations	10.00
WASSERMAN TEST	5.00

Other Examinations

The Insurance Company will, subject to the limitations applicable to X-ray examinations and laboratory examinations contained in the policy contract, pay for any X-ray examination or laboratory examination not specified in the above Schedule. The amount of payment will be determined by the Insurance Company on a basis consistent with the Maximum Amounts of Payment appearing in the above Schedule.

It is the policy of the University to provide as much
and as early as possible the material available to you
under the Open Curriculum. This is the foundation of
the University's commitment to a liberal education.
The University's Open Curriculum is the result of a
joint effort by the faculty and the administration
to provide a broad and flexible program of study.



GROUP DEPARTMENT
THE TRAVELERS INSURANCE COMPANY
Hartford, Connecticut

