

# Connecticut General Life Insurance Company

Hartford, Connecticut

CERTIFIES that it has insured certain employees of

## Douglas Aircraft Company, Inc.

### GROUP HOSPITAL AND SURGICAL EXPENSE BENEFITS

Subject to the terms and conditions of Policy No. GH-8588, the employee named on the last page of this certificate is insured for Group Hospital and Surgical Expense Benefits.

#### GROUP HOSPITAL EXPENSE BENEFITS

Upon receipt by the Insurance Company of due proof that the employee has been confined in a legally constituted hospital (other than a hospital owned or operated by the United States Government or in a hospital which makes no charge that the employee is required to pay), with the recommendation and approval of a legally qualified physician or surgeon, (a) for at least eighteen hours because of disease or because of injury for which emergency care is not required, or (b) for any period of time because of surgical operation or because of injury for which emergency care is required (hereinafter referred to as confinement) the Insurance Company will pay the employee for the expense incurred (a) for hospital charges for bed and board and (b) for hospital charges for necessary services and supplies (including any charge for ambulance service, whether or not charged by the hospital), subject to the following provisions.

The maximum payment for hospital charges for bed and board shall be the maximum rate of daily benefit set forth on the last page hereof multiplied by the number of days of confinement, but in no event shall the payment exceed one hundred times such maximum rate of daily benefit during any one period of continuous disability and the maximum payment for hospital charges for necessary services and supplies (including any charge for ambulance service, whether or not charged by the hospital), other than charges for bed and board, during any one period of continuous disability shall be \$600.00.

In addition to confinement which commences prior to the termination of the employee's insurance under the policy, confinement commencing within three months after termination of the employee's insurance under the policy, provided such employee shall have been totally disabled on the date of such termination and such total disability shall have been continuous from the date of termination to the date such confinement commences, shall be deemed to be confinement commencing while the employee is insured thereunder.

#### GROUP SURGICAL EXPENSE BENEFITS

The term "operation" as used herein shall mean any surgical procedure listed on pages 5, 6 and 7 of this certificate.

Upon receipt by the Insurance Company of due proof that the employee has undergone an operation because of injury, disease or pregnancy, with the recommendation and approval of a legally qualified physician or surgeon, the Insurance Company will pay the employee (subject to the limitations hereinafter set forth) (a) for the surgical fee incurred by such employee for such operation, but in no case to exceed the limit for such operation as provided by the SCHEDULE OF MAXIMUM PAYMENTS FOR SURGICAL PROCEDURES on pages 5, 6 and 7 hereof, (b) for any fee charged by an anaesthesiologist other than one provided by the hospital, but in no case to exceed the limit as set forth in the SCHEDULE under ANAESTHESIA PROCEDURES, and (c) for any fee charged by an assistant surgeon, but in no case to exceed the limit as set forth in the SCHEDULE under ASSISTANT PROCEDURES; provided that the maximum payment for all operations during any one period of continuous disability shall be \$562.50 plus any additional payment for anaesthesiologist and assistant surgeon.

In addition to an operation which is performed prior to the termination of the employee's insurance under the policy, an operation performed (a) within three months after termination of the employee's insurance under the policy provided such employee shall have been totally disabled on the date of such termination and such total disability shall have been continuous from the date of termination to the date such operation is performed, or (b) after termination of the employee's insurance under the policy if such operation is necessitated by pregnancy which commenced while the employee was so insured, shall be deemed to be an operation performed while the employee is insured thereunder.

The following limitations apply to both Group Hospital Expense and Surgical Expense Benefits:

#### Limitations. No payment will be made

- (a) for charges for special nursing fees, dental fees or medical fees;
- (b) for charges for surgical fees, or for any other fees for which payment is provided under the Group Surgical Expense Benefits Rider, except as provided above;
- (c) for any confinement or operation resulting from accidental injury arising out of, or in the course of, employment or from sickness for which benefits are provided under any workmen's compensation or similar law;
- (d) for confinement due to pregnancy;
- (e) for any operation necessitated by pregnancy unless such operation is necessitated by pregnancy commencing on or after the date the employee becomes insured, nor will payment be made for any operation necessitated by pregnancy not listed in the SCHEDULE OF MAXIMUM PAYMENTS FOR SURGICAL PROCEDURES on pages 5, 6 and 7 hereof;
- (f) for charges incurred as a direct or indirect result of poliomyelitis.

This insurance is not in lieu of and does not affect any requirement for coverage by workmen's compensation insurance.

Upon termination of active employment in an eligible class, the insurance on any employee shall automatically cease except as provided in the following paragraph:

If the active employment of any employee is terminated on account of sickness or injury or because he is granted a leave of absence, his insurance will continue until the Employer cancels the insurance by written notice to the Insurance Company.

Connecticut General Life Insurance Company

*CW Bady*  
Vice President and Secretary



### GROUP MATERNITY EXPENSE BENEFITS

Subject to the terms and conditions of Policy No. GH-8588 and the Group Maternity Benefits Rider attached thereto, the employee named on the last page of this certificate is insured for Maternity Expense Benefits.

Upon receipt by the Insurance Company of due proof that a female employee, has, with the recommendation and approval of a legally qualified physician or surgeon, incurred expenses as a result of pregnancy for (a) treatment by such a physician or surgeon, (b) hospital charges for bed and board during confinement in a legally constituted hospital, or (c) hospital charges for necessary services and supplies, the Insurance Company will pay the employee for all such expenses subject to the following provisions.

The maximum payment for all such expenses incurred in connection with any one pregnancy shall be \$150.00.

In addition to expenses incurred prior to the termination of the employee's insurance under the rider, expenses incurred as a result of a pregnancy which results in a childbirth or miscarriage occurring after the termination of the employee's insurance under the rider, which pregnancy commenced while the employee was insured under the rider, shall be deemed to be expense incurred while the employee is insured thereunder.

**Limitation.** No payment will be made under the rider in connection with a pregnancy which results in childbirth or miscarriage unless such pregnancy commences on or after the date an employee becomes insured thereunder.

This insurance shall terminate with the termination of the insurance under the above policy.

### GROUP LABORATORY AND X-RAY EXAMINATION BENEFITS

Subject to the terms and conditions of Policy No. GH-8588 and the Group Laboratory and X-Ray Examination Expense Benefits Rider attached thereto, the employee named on the last page of this certificate is insured for Group Laboratory and X-Ray Examination Expense Benefits.

Upon receipt by the Insurance Company of due proof that the employee has received a laboratory examination or an x-ray examination for diagnosis of an injury or disease with the recommendation and approval of a legally qualified physician or surgeon, the Insurance Company will pay to the employee, subject to the further provisions of the rider, for the fee charged by the physician or surgeon for such examination, but in no case to exceed 50% of the limit for such examination as provided by the SCHEDULE OF MAXIMUM PAYMENTS FOR LABORATORY AND X-RAY EXAMINATIONS set forth below.

In addition to an examination made prior to the termination of an employee's insurance under the rider, an examination made within three months after termination of the employee's insurance under the rider, provided such employee shall have been totally disabled on the date of such termination and such total disability shall have been continuous from the date of termination to the date such examination is made, shall be deemed to be an examination made while the employee is insured thereunder.

**Limitations.** No benefits will be paid under the rider

- for fees charged for examination during a period of hospital confinement for which the employee is entitled to benefits under the above policy;
- for fees charged for examination made in connection with an injury arising out of, or in the course of, any employment for wage or profit, or for fees charged for examination made in connection with any disease for which benefits are provided under any workmen's compensation or similar law;
- for fees charged for examination made in connection with pregnancy;
- for fees charged for any dental or eye examination, unless such examination is made for diagnosis of an injury;
- for fees charged as a direct or indirect result of poliomyelitis.

This insurance shall terminate with the termination of the insurance under the above policy.

### SCHEDULE OF MAXIMUM PAYMENTS FOR LABORATORY AND X-RAY EXAMINATIONS

(Up to 50% of these amounts will be payable as described above.)

Description of Procedure	Maximum Payment	Description of Procedure	Maximum Payment	Description of Procedure	Maximum Payment
<b>LABORATORY PROCEDURES</b>		<b>LABORATORY PROCEDURES (cont'd)</b>		<b>LABORATORY PROCEDURES (cont'd)</b>	
A/G Ratio	\$ 5.00	Corpuscular Hemoglobin Concentration	\$ 3.00	Protein	\$ 5.00
Agglutination (6 antigens)	5.00	Corpuscular Volume	3.00	Potassium	5.00
Albumen (serum)	5.00	Creatinine	5.00	Potassium & Sodium (K & NA)	10.00
Amino Acids	7.50	Cross Match	3.00	Platelet Count	3.00
Amylase	5.00	Cross Match & Typing	5.00	Prothrombin for first	5.00
A-Z (Friedman) 1 Animal	10.00	Cultures:		Thereafter	3.00
2 Animal	12.50	Miscellaneous	5.00	P. S. P.	5.00
Bilirubin Qualitative	2.50	Blood	10.00	Red Cell Count	2.00
Bilirubin Quantitative	2.50	Electrocardiographic Tracing		Red Count & Hemoglobin	2.50
Bleeding & Coagulation Time	3.00	Office	15.00	Reticulocyte Count	5.00
Blood Count (see "Complete")	5.00	Home	17.00	RH Factor	5.00
B.M.R.	10.00	Friedman (see — A-Z)	10.00	Sedimentation Rate	3.00
Bromides	5.00	Gastric	10.00	Semen Examination	7.50
Bromosulphalein	5.00	Globulin	5.00	Serology	5.00
Calcium	5.00	Guinea Pig Inoculation	10.00	Repeat	3.00
Cell Fragility	7.50	Glucose Tolerance: 4 hours	15.00	Skin Tests	5.00
Cephalin Flocculation	5.00	Per additional hour	2.00	Smears:	
Chlorides	5.00	Hematocrit	3.00	Grams	2.50
Cholesterol	5.00	Hemoglobin	2.00	Acid-Fast	2.50
Cholesterol Esters	5.00	Heterophile Agglutination	5.00	Special	2.50
Clinitest Set	3.00	Iodine	10.00	Sodium	5.00
Clot Retraction	2.00	Icterus Index	5.00	Sodium & Potassium (K & NA)	10.00
Coagulation Time	2.00	Mosenthal	5.00	Spinal Fluid:	
Lee White	2.00	N.P.N.	5.00	Routine	10.00
Co <sub>2</sub> (under oil)	7.50	Papanicolaou Test	5.00	Sugar	5.00
Complete Blood Count	5.00	Phosphates: Acid or Alkaline	7.50	Protein	5.00
Coombs	5.00	Phosphorus	5.00	Pandy's	2.00



# **SCHEDULE OF MAXIMUM PAYMENTS FOR LABORATORY AND X-RAY EXAMINATIONS (Continued)**

Description of Operation	Maximum Payment	Description of Operation	Maximum Payment	Description of Operation	Maximum Payment
<b>LABORATORY PROCEDURES (cont'd)</b>		<b>RADIOLOGIC PROCEDURES (cont'd)</b>		<b>RADIOLOGIC PROCEDURES (cont'd)</b>	
Serology	\$ 5.00	Optic Foramina	\$10.00	Re-examination for progress on known ulcer (within 3 months)	\$15.00
Cell Count	2.50	Mastoids	25.00	Small Bowel Study	25.00
Gold	5.00	Foreign body in orbit	10.00	Gastrointestinal and Small Bowel Study	40.00
Stools:		Foreign body localization	25.00	Barium Enema	20.00
Parasites	5.00	Temporo-mandibular joints	15.00	Barium Enema with Air Contrast	25.00
Occult Blood	2.50	Salivary Calculus	10.00	Gall Bladder	20.00
Thymol Turbidity	5.00	With Injection	15.00	Gastrointestinal plus Barium Enema and Gall Bladder	40.00
Tissue:		Encephalography or Ventriculography	35.00	Bladder	40.00
(Microscopic) Routine	10.00	Dentals, one area	2.00	Gastrointestinal plus Enema and Gall Bladder	50.00
Frozen	25.00	Complete	12.50	Esophagus	15.00
Gross	2.00			Pelvimetry	20.00
Typing (Blood)	3.00	<b>Chest</b>		Uterosalpingography (not including injection)	20.00
White Blood Count & Differential	2.50	Routine PA	10.00	Cholangiography	15.00
Urea Nitrogen	5.00	PA Stereo or Pa and lateral	12.50	Intravenous Urogram, including injection (includes preliminary KUB)	25.00
Urea Clearance	10.00	Complete chest fluoroscopy and necessary film	15.00	Retrograde Urogram (includes preliminary KUB)	20.00
Uric Acid	5.00	Bronchogram (not including injection)	25.00	Cystogram (including injection)	20.00
Urinalysis:		Ribs	12.50		
Complete	2.00	Sternum	12.50		
Any part thereof	2.00			<b>Extremities</b>	
Except Microscopic	2.00	<b>Spine</b>		Pelvis	10.00
Urobilinogen:		Any one area	15.00	For Stereo add	2.50
Qualitative	2.50	Additional areas on same visit	10.00	Fingers, Toes	5.00
Quantitative	5.00	Detailed study of any one area, including obliques and other special projections	25.00	Hand, Wrist, Foot, Ankle	7.50
		Sacroiliac joints only	10.00	Arm, Forearm, Elbow, Knee, Leg	10.00
		Myelography	50.00	Shoulder, Clavicle, Femur, Hips	12.50
		(Additional charge if procedure is unduly long)		Phlebography	25.00
<b>RADIOLOGIC PROCEDURES</b>		<b>Abdomen</b>		Additional areas on same visit	15.00
<b>Skull</b>		KUB	10.00	Hip Nailing	20.00
Complete skull series (6 or more views)	25.00	(For decubitus or upright add)	5.00	Recheck fracture, same day, 50% of usual fee	
Partial skull examination (2 or 3 views)	15.00	Gastrointestinal Series (Fluoroscopy spot and immediate films and follow-up films as indicated — includes preliminary flat plate)	25.00		
Nasal bones only	10.00			<b>Special</b>	
Facial bones	15.00			Fluoroscopy (Intubation, etc.)	10.00
Mandible	15.00				
Paranasal sinuses	20.00				
Sella Turcica	10.00				

## **GROUP ADDITIONAL ACCIDENT EXPENSE BENEFITS**

Subject to the terms and conditions of Policy No. GH-8588 and the Additional Accident Expense Benefits Rider attached thereto, the employee named on the last page of this certificate is insured for Additional Accident Expense Benefits.

Upon receipt by the Insurance Company of due proof that the employee has sustained directly and independently of all other causes, bodily injuries effected solely through accidental means, and as a result thereof has within ninety days of the date of the accident incurred expenses for treatment by a physician or surgeon, hospital confinement or employment of a trained nurse, the Insurance Company will pay that portion of such expenses which exceeds the total amount of the benefits payable in connection with such injuries under the terms of the Group Hospital Expense Benefits Policy and the riders attached thereto, but in no event shall such payment under the provisions of this rider exceed \$300.00.

If, upon termination of the employee's insurance under the rider, the employee is totally disabled, the benefits provided above will be payable provided treatment by a physician or surgeon, hospital confinement or the employment of a trained nurse commences within three months following such termination of insurance and further provided that the total disability has been continuous from the date of such termination of insurance to the date of such treatment, confinement or employment commences.

### **Limitations. No payment shall be made**

- in connection with any injuries arising out of or in the course of employment;
- for expense incurred in connection with treatment by a physician or surgeon, hospital confinement or employment of a trained nurse commencing subsequent to the date on which the employee's insurance terminated, except as provided in the next paragraph above;
- as a direct or indirect result of poliomyelitis.

This insurance shall terminate with the termination of the insurance under the above policy.

## **GROUP POLIOMYELITIS EXPENSE BENEFITS**

Subject to the terms and conditions of Policy No. GH-8588 and the Group Poliomyelitis Expense Benefits Rider attached thereto, the employee named on the last page of this certificate is insured for Group Poliomyelitis Expense Benefits.

Upon receipt by the Insurance Company of due proof that the employee has contracted poliomyelitis which first manifests itself and is diagnosed as such while the employee is insured under the above policy, and as a result thereof has incurred expenses with the recommendation and approval of a legally qualified physician for (1) treatment by such a physician, (2) confinement in a legally constituted hospital or in a sanitarium qualified to provide special treatment of poliomyelitis, (3) employment of a trained nurse, (4) ambulance service, including transportation by airplane or railroad, to or from such hospital or to or from such sanitarium, or (5) necessary medical or surgical services and supplies, the Insurance Company will pay to the employee an amount equal to all such expenses incurred in connection with such disease, but in no event shall payment under the provisions of the rider exceed \$5000.00.

### **Limitations. No payment shall be made under the rider**

- for expenses incurred more than three years after the date on which the employee contracted poliomyelitis;
- for expenses incurred for treatment, confinement, services, supplies or transportation other than those which, in the opinion of the attending physician, are specifically required for the treatment of poliomyelitis.

This insurance shall terminate with the termination of the insurance under the above policy.



## GROUP ADDITIONAL EXPENSE BENEFITS

Subject to the terms and conditions of Policy No. GH-8588 and the Additional Expense Benefits Rider attached thereto, the employee named on the last page of this certificate is insured for Additional Expense Benefits.

The benefits provided hereunder are in addition to the benefits under the above policy.

Upon receipt by the Insurance Company of due proof that the employee has while insured under the policy and after the effective date of this rider become totally and continuously disabled because of accidental bodily injury or sickness, and, as a result of such injury or sickness, incurred necessary and reasonable expenses (other than expenses incurred in a hospital owned or operated by the United States Government or in a hospital which makes no charge that the employee is required to pay) for (1) treatment by a legally qualified physician or surgeon, (2) hospital confinement, (3) nursing services by a trained nurse other than a member of the employee's family, (4) medical or surgical supplies, or (5) laboratory examinations or x-ray examinations for diagnosis of an injury or disease with the recommendation and approval of a legally qualified physician or surgeon, the Insurance Company will pay to the employee an amount equal to 80% of such expenses incurred during such period of total and continuous disability and during the six month period immediately thereafter, after first deducting from such expenses the Deductible Amount shown below, and subject to a maximum payment of \$5,000.00 during any one Disability Period.

**The Deductible Amount shall be the sum of**

- (a) All other payments to which the employee is entitled under the above policy (including any other riders thereto) for or with respect to expenses incurred in connection with the injury or sickness, and
- (b) \$100.

An employee shall be deemed totally and continuously disabled during any period when, as a result of accidental bodily injury or sickness, he is completely unable to perform the duties of his occupation.

Disability Period shall mean a period beginning with the date on which total disability commenced and continuing until the date the employee has completely recovered from the injury or sickness causing the disability. An employee shall be deemed to have completely recovered on the day following the completion of six months of active employment on a full-time basis.

For the purposes of the insurance provided in this rider, all injuries sustained in connection with any one accident shall be considered as one injury and a recurrent sickness shall be considered as one sickness except where the treatments in connection with such sickness are separated by an interval of six months or more or a complete recovery has taken place before the later treatment commences. Treatment of two or more sicknesses during a disability period shall be considered as treatment of one sickness (a) unless treatment of the later sickness commences after the termination of treatment of the earlier sickness or (b) unless such sicknesses are totally unrelated, in which event such later sickness shall be deemed to commence a separate Disability Period.

**Limitations. No payment will be made under the rider**

- (a) for expenses incurred subsequent to two years after the day on which such total disability commenced, except in connection with poliomyelitis;
- (b) for expenses incurred in connection with poliomyelitis subsequent to two years after the day on which payment is first provided for under the terms of the rider;
- (c) for hospital charges for bed and board accommodation in a private room in excess of \$20 per day;
- (d) for expenses incurred in connection with alcoholism or drug addiction, or in connection with nervous or mental disorders not requiring hospital confinement;
- (e) for expenses incurred in connection with accidental injury arising out of, or in the course of any employment for wage or profit or in connection with sickness for which benefits are provided under any Workmen's Compensation or similar law;
- (f) for expenses incurred in connection with dental work except those made necessary by accidental injury to natural teeth sustained by the employee after the effective date of his insurance under this rider;
- (g) for expenses incurred in connection with confinement in a hospital owned or operated by the United States Government or for surgical, medical, or other treatment, services or supplies received in or from such a hospital, or for hospital confinement or any surgical, medical, or other treatment, services or supplies for which no charge is made that the employee is required to pay;
- (h) for expenses incurred on or after the day the employee's insurance under this rider terminates, except that if the employee is totally disabled on such day, this limitation shall not apply with respect to treatment of the injury or sickness causing such total disability which is received during the period of total disability;
- (i) for expenses incurred in connection with pregnancy, except in connection with ectopic pregnancy or complications requiring intra-abdominal surgery after termination of pregnancy, and only where such pregnancy commences on or after the date the employee becomes insured hereunder.

This insurance shall automatically terminate with termination of the insurance under the above policy.

### THE FOLLOWING PROVISION APPLIES TO ALL FORMS OF INSURANCE HEREUNDER

No payment shall be made under the policy and riders attached thereto, if any, for hospital confinement in a hospital owned or operated by the United States Government or for surgical, medical, or other treatments, services or supplies received in or from such a hospital; or for hospital confinement or any surgical, medical, or other treatments, services or supplies for which no charge is made that the employee is required to pay.

### THE FOLLOWING PROVISION APPLIES TO ALL FORMS OF INSURANCE HEREUNDER

The insurance on any employee shall in any event cease with the termination of the Group Hospital Expense Benefits Policy issued to the Employer.

In addition to the employee benefits outlined in this certificate, the policy also provides certain benefits applicable to the employee's eligible dependents, provided such insurance is requested in writing by the employee within 30 days of the day he acquires his first dependent. The term "dependent" means

- (a) the lawful wife (or the husband) of the employee, and
- (b) such of the employee's children as are over fourteen days of age but under nineteen years of age and unmarried;

excluding, in any case, any employee of the Employer.

Notify your Employer as soon as you acquire your first eligible dependent.



### SCHEDULE OF MAXIMUM PAYMENTS FOR SURGICAL PROCEDURES

Description of Operation	Maximum Payment	Description of Operation	Maximum Payment	Description of Operation	Maximum Payment	
ANESTHESIA PROCEDURES		ASSISTANT PROCEDURES		GYNECOLOGIC PROCEDURES (cont'd)		
(To include induction time and time spent in the operating room)		(Time computed as beginning when operation begins)				
1. For all cases except those specified in 2. and 3. below		1. For cases where the surgical fee is \$120.00 or more		Perineorrhaphy — Chronic Cystocele and Rectocele and Trachelorrhaphy	\$210.00	
First hour or any major portion thereof	\$ 18.75	First hour or any major portion thereof	\$ 18.75	Perineorrhaphy — Relaxed Perineum	115.00	
Each succeeding 15 minutes	4.00	Each succeeding 15 minutes	4.00	Presacral neurectomy	187.50	
In cases in which the surgical fee is \$225.00 or more the anesthesia fee shall be 15% of the surgical fee, or shall be calculated in accordance with the formula above, and payment to be made in whichever amount is the greater.		In cases in which the surgical fee is \$225.00 or more the assistant fee shall be 15% of the surgical fee, or shall be calculated in accordance with the formula above, and payment to be made in whichever amount is the greater.		Rectocele Repair	115.00	
2. Anesthesia for Tonsillectomy	15.00	2. No payment will be made for an assistant surgeon unless the surgical fee is \$120.00 or more.		Removal of vaginal septum	75.00	
3. Other short procedures	15.00			Trachelorrhaphy	75.00	
				Uterine Flexions, etc. Correction by Suspension	150.00	
				Uterine Polypi, Removal	55.00	
				Vulvectomy		
				Simple	150.00	
				Radical	337.50	
				Rubin Test (without X-ray)	12.00	
				OPHTHALMOLOGIC PROCEDURES		
TUMORS		NEUROLOGY AND NEUROSURGICAL PROCEDURES		Intro-ocular Surgery: Cataract Operations		
Benign or superficial tumors and cysts or abscesses		Angiogram, Cerebral		a. Needling procedures on children's congenital cataracts		115.00
Requiring hospital confinement	50.00	Unilateral		b. Intra-capsular and Extra-capsular cataract extractions		262.50
Not requiring hospital confinement	20.00	Bilateral		Capsulotomy for secondary pupillary membranes:		
Malignant tumors of face, lip or skin	100.00	Bone flap for tumor with Ventricular Study or Angiogram		a. Ziegler procedures		75.00
		Chorodotomy for relief of pain		b. Use of scissors after keratome or knife incisions		115.00
		Craniotomy for Subdural Hematoma		Optical iridectomies, sphincteromies, etc.		115.00
		Electroencephalogram		Excision of prolapsed iris:		
		Laminectomy, Decompression		a. Post-cataract extraction requiring re-opening of original incision		95.00
		Laminectomy for Spinal Cord Tumor		b. Excision of prolapsed iris through traumatic laceration of cornea, etc.		115.00
		Protruded Intervertebral Disc surgery		Glaucoma Surgery:		
		Lobotomy, prefrontal		a. Paracentesis — posterior sclerotomy		55.00
		Unilateral		b. Trephine, Irido-corneo-sclerotomy, Cycloclathralysis, Iridenclisis, Iridectomy, Cyclo-diathermy, etc.		170.00
		Bilateral		c. Goniotomy		170.00
		Myelogram with introduction and removal of material		Surgery for retinal separations by diathermy — use of galvanic current, thermophore, etc.		300.00
		Nerve Block		Intro-ocular foreign bodies:		
		Lumbar paravertebral Block		a. Removal with either hand or giant magnet		170.00
		Stellate Ganglion block with procaine		b. Removal of non-magnetic foreign bodies		187.50
		Peripheral nerve block		Intra-orbital, extra-ocular foreign bodies		170.00
		Neurectomy (Obturator)		Embedded foreign bodies (cornea)		4.00
		Neurectomy, Tibial (Stoffel)		Requiring removal under slit lamp		12.00
		Neurectomy, Trigeminal		Enucleations, Eviscerations with or without implants		150.00
		Neuroplasty (Sciatic)		Exenterations		225.00
		Neuroplasty, Repair or Transplant		Tear Sac Surgery:		
		Sciatic		a. Dupur-Detemp type of Dacrocysto-rhinostomy		210.00
		Peroneal		b. Sac transplant		210.00
		Nerve, repair of Peripheral		c. Dacrocystectomy		150.00
		Single		d. Simple probing without incisions		15.00
		More than one		e. Use of retained tubing		18.75
		Pneumoencephalogram		Muscle Surgery:		
		Scalenus Anticus Section		a. Recession and Resections together or done separately		170.00
		Sympathectomy, Upper Thoracic		b. Bilateral recessions		170.00
		Sympathectomy, Thoracolumbar, each side		c. Tuckings, cinches, tenotomies, etc.		170.00
		Sympathectomy, Lumbar		d. Tendon transplants		225.00
		Unilateral		Ptosis Surgery:		
		Bilateral (1 sitting)		a. Resection of Tarsus and Levator		170.00
		Spinal Tap		b. Traynor type or other procedure where lid supported by globe		170.00
		Ventral Study		c. Procedures that utilize the Frontalis such as Gytton-Freidenwald quadrangular suture, Reese orbicularis oculi procedure, Fascial sling, etc.		187.50
				Corneal procedures such as pterygium transplants or excisions		55.00
				Pterygium, with mucous membrane or skin graft		130.00
				Ectropion and Entropion procedures (Ziegler Caution)		37.50
				Ectropion and Entropion procedures, cutting		150.00
				Plastic procedures, epicanthus repair		187.50
				Chalazion:		
				Excision of small lid papilloma and closure without plastic repair		18.75
				Excision of section of lid with plastic repair		150.00
				Epilation by electrolysis		12.00
				Delimitating keratotomy		55.00
				Conjunctival flap operation		115.00
				Thermal cauterization or corneal ulcer		15.00



# SCHEDULE OF MAXIMUM PAYMENTS FOR SURGICAL PROCEDURES (Continued)

Description of Operation	Maximum Payment	Description of Operation	Maximum Payment	Description of Operation	Maximum Payment
<b>ORTHOPEDIC PROCEDURES (cont'd)</b>		<b>ORTHOPEDIC PROCEDURES (cont'd)</b>		<b>ORTHOPEDIC PROCEDURES (cont'd)</b>	
<b>I. Spine</b>		Skeletal	\$ 37.50	Finger splints (Bunnell)	\$ 7.50
Fracture reduction		Appliances:		Clavicle crutch	7.50
Closed	\$187.50	Mold for brace	18.75	Casts	
Open	300.00	Mold for arch support	7.50	Spica	55.00
Dislocation reduction,		Shoe pads	7.50	Long arm	18.75
Closed	187.50	Dennis-Browne brace	18.75	Short arm or splints	12.00
Open	300.00	Dennis-Browne re-taping	7.50	Traction cast (Bohler)	37.50
Traction, Skin,		Casts — Spica		Osteotomy, same as open reduction fracture.	
Head halter	18.75	Adult	55.00	Osteoplasty (Graft to cyst), same as open reduction fracture.	
Skeletal	37.50	Child	37.50	Osteotomy, same as open reduction fracture.	
Appliance application, Scoliosis Brace	55.00	CHD and re-manipulation	75.00	Arthroscopy:	
Casts, body jacket or mold:		Long leg	25.00	Shoulder	187.50
Thomas Collar	37.50	Short leg	18.75	Elbow	187.50
Scoliosis	95.00	Walking heel	4.00	Wrist	187.50
Minerva jacket	115.00	Walking iron	7.50	Arthroplasty:	
Osteotomy (Smith Petersen)	300.00	Clubfoot casts, per foot	18.75	Shoulder & Elbow	375.00
Osteoplasty (cervical rib excision)	187.50	Clubfoot casts, wedging	7.50	Wrist & Hand	150.00
Osteotomy (hemi-vertebra)	300.00	Cast wedging-fracture	25.00	Arthrodesis, same as arthroplasty.	
Arthrodesis (laminotomy and disc)	300.00	Osteotomy — Same as open reduction fracture.		Amputation, same as open reduction fracture.	
Arthrodesis (fusion)	375.00	Osteoplasty — Same as open reduction fracture.		Cast wedging	
Tenotomy (sternomastoid, Scalene)	150.00	Osteotomy — Same as open reduction fracture.		Tenotomy-Comm. extensors at elbow	150.00
Fasciotomy (spine extensor)	115.00	Arthroplasty:		Pronator teres	150.00
Fascioplasty (abdominal transplant) per procedure	115.00	Hip	375.00	Tendoplasty — Repair:	
Kissing Spines Bursectomy	150.00	Knee	375.00	Supraspinatus	225.00
Manipulation	37.50	Arthrodesis:		Biceps	225.00
Aspiration biopsy	95.00	Hip & Knee	337.50	Triceps	225.00
Removal metallic fixative	115.00	Ankle	262.50	Finger flexors, each	75.00
		Triple	225.00	Finger extensors, each	37.50
		Amputation — Same as open reduction fracture.		Transplants:	
<b>II. Pelvis:</b>		Tenotomy — Hip flexor (Soutter)	187.50	Trapezius, distal	300.00
Fracture Reduction		Hip adductor	187.50	Biceps and triceps (Ober)	225.00
Closed	95.00	Gluteus medius (Durham)	187.50	Recurrent dislocation, shoulder	300.00
Open	300.00	Hamstrings	150.00	Medial epicondyle, proximal	150.00
Dislocation Reduction		Heel Cord	150.00	Biceps posterior, child	115.00
Closed	187.50	Abd. Hallucis	75.00	Pronator teres lateral, child	115.00
Open	300.00	Toe extensors	75.00	Flexors to dorsum (Jones)	300.00
Traction, Skin		Tendoplasty — Repair	187.50	Opponens	150.00
Girdle	18.75	Patellar tendon, Heel cord	187.50	Sublimis for intrinsics, each Sheath section	115.00
Skeletal	37.50	Toe flexors or extensors, transplant	187.50	Tendovaginitis, trigger finger	115.00
Appliances:		Trochanter distal	187.50	Fasciotomy, Elbow for Bolkmanns	115.00
Casts, Double Leg (Jones Jahss)	55.00	Hamstrings, anterior — child	150.00	Fascioplasty	115.00
Short Double Spica	55.00	Patellar t. advance — child	150.00	Bursectomy, Subdeltoid	150.00
Osteoplasty (hip shelf)	300.00	Peroneals anterior — child	150.00	Radionumeral	150.00
Osteotomy (iliac, sequestrum)	225.00	Peroneal & Posterior Tib. Post. child	115.00	Manipulation for mobilization:	
Coccygectomy	130.00	EPH to MI (Jones) child	115.00	Shoulder, elbow, wrist, fingers	37.50
Arthrodesis, (sacro-iliac)	225.00	Common extensors to dorsum child	115.00	Needling — Aspiration or injection	7.50
Amputation, (hemi-pelvectomy)	375.00	Tenodesis for knee ligaments	225.00	Removal metallic fixatives	75.00
Tenotomy, (Pyriformis)	115.00	Fasciotomy, Fascia lata	115.00	Special procedures:	
Tendoplasty, T. Fascia lata post	115.00	Plantar	115.00	Plastic syndactylism — See Skin Grafts	
Fasciotomy, gluteal Heyman	115.00	Bursectomy, Trochanteric	150.00	Removal loose body at elbow	187.50
Bursectomy, ischial, etc.	150.00	Patellar	115.00	Dactylization, finger transplant	262.50
Needling, caudal, SI, Sciatic	18.75	Achilles	115.00	Dupuytren's, tenotomy	75.00
Bunionectomy		Manipulation for mobilization:		Complete dissection	187.50
Unilateral	115.00	Hip, knee	37.50		
Bilateral	170.00	Needling — Aspiration or injection			
		Hip, knee, ankle	18.75		
<b>III. Lower Extremity:</b>		Meniscectomy or loose body	225.00	<b>PEDIATRIC PROCEDURES</b>	
Fracture reduction:		Synovectomy knee, ankle	262.50	Exchange transfusion	130.00
Femur, closed	115.00	Baker cyst, excision	150.00	Circumcision of newborn	15.00
Open	337.50	Knee ligament repair	262.50	Transfusion of newborn	25.00
Tibia, condyles, closed	150.00	Recurrent dislocation patella	225.00	Stomach lavage	12.00
Fibula, shaft		Tibial Tubercle transplant	225.00		
Closed	37.50	Excision ganglion	75.00		
Open	75.00	Removal tibial bone for graft	75.00		
Tibia and fibula, shaft, ankle		Removal of ingrown toenail	55.00		
Closed	150.00	Hammer toe operation	95.00		
Open	262.50				
Tarsal		<b>IV. Upper Extremity:</b>			
Closed	115.00	Fracture Reduction:			
Open	225.00	Clavicle, Closed	55.00		
Metatarsal		Open	115.00		
Closed	55.00	Humeros, Closed	115.00		
Open	115.00	Open	225.00		
Foot Phalanges		Ulna, Olecranon, Closed	115.00		
Closed	18.75	Open	225.00		
Open	55.00	Radius, Head, Closed	115.00		
Patella		Open	225.00		
Closed	75.00	Colles, Closed	75.00		
Open	225.00	Open	187.50		
Dislocation, Traumatic, Reduction:		Carpal, Closed	75.00		
Hip, Closed	115.00	Open	187.50		
Open	262.50	Metacarpal, Closed	55.00		
Knee, Closed	115.00	Open	115.00		
Open	225.00	Both bones, radius and ulna, Closed	115.00		
Ankle, Closed	75.00	Open	300.00		
Open	187.50	Dislocation, traumatic reduction:			
Foot, Closed	75.00	Acromio-clavicular, Closed	95.00		
Open	150.00	Open	225.00		
Metatarsal phalangeal or IP, Closed	37.50	Shoulder, Closed	75.00		
Open	75.00	Open	300.00		
Dislocation, congenital, child reduction		Elbow, Closed	75.00		
Hip, one, Closed	115.00	Open	225.00		
Open	225.00	Carpal (lunate), Closed	115.00		
Both, Closed	187.50	Open	225.00		
Knee, Closed	75.00	Metacarpal-phal or IP, Closed	55.00		
Open	225.00	Open	115.00		
Traction, Skin	18.75	Traction, Skin	18.75		
		Skeletal	37.50		
		Appliances, Mold for brace	18.75		



**SCHEDULE OF MAXIMUM PAYMENTS FOR SURGICAL PROCEDURES** *(Continued)*

[illegible]

Payment for operations not listed will be determined by the Company and will be in amounts consistent with those listed above.



# Connecticut General Life Insurance Company

Hartford, Connecticut

## CERTIFICATE OF

GROUP HOSPITAL EXPENSE BENEFITS  
GROUP SURGICAL EXPENSE BENEFITS  
GROUP MATERNITY EXPENSE BENEFITS

GROUP LABORATORY AND X-RAY EXAMINATION BENEFITS  
GROUP POLIOMYELITIS EXPENSE BENEFITS  
GROUP ADDITIONAL ACCIDENT EXPENSE BENEFITS  
GROUP ADDITIONAL EXPENSE BENEFITS

## Douglas Aircraft Company, Inc.

NAME OF EMPLOYEE

EMPLOYEE  
NUMBER

DEPARTMENT SHIFT LOCATION

EFFECTIVE DATE

February 1, 1955

## EMPLOYEE BENEFITS ONLY

MAXIMUM RATE OF DAILY BENEFIT:  
(for Employee)

The cost of accommodation in a 3-or-more-bed room in the hospital in which the employee is confined, but not to exceed \$14.00.

EFFECTIVE DATE OF INSURANCE: The insurance benefits set forth in this certificate are effective on the effective date indicated above if the employee is in active service on that day, otherwise on his return to active service.

This certificate replaces any and all insurance certificates and riders previously issued for the above named employee under the policy referred to herein.

## NOTICE AND PROOF OF LOSS

Written notice of injury or of sickness upon which claim may be based must be given to the Insurance Company within twenty days of the date of the commencement of the first loss for which benefits arising out of each such injury or sickness may be claimed.

Notice given by or in behalf of the claimant to the Insurance Company at its Home Office in Hartford, Connecticut, or to any authorized agent of the Insurance Company, with particulars sufficient to identify the insured employee, shall be deemed to be notice to the Insurance Company. Failure to furnish notice or proof within the time provided in the policy shall not invalidate nor reduce any claim if it shall be shown not to have been reasonably possible to furnish such notice or proof and that such notice or proof was furnished as soon as was reasonably possible.

The Insurance Company, upon receipt of the notice required by the policy, will furnish to the claimant such forms as are usually furnished by it for filing proofs of loss. If such forms are not so furnished within fifteen days after the Insurance Company receives such notice, the claimant shall be deemed to have complied with the requirements of the policy as to proof of loss upon submitting, within the time fixed in the policy for filing proofs of loss, written proof covering the occurrence, character and extent of the loss for which claim is made.

Affirmative proof of hospital confinement for which claim is made must be furnished to the Insurance Company within ninety days after the termination of the period for which claim is made. Affirmative proof of any other loss on which claim may be based must be furnished to the Insurance Company not later than ninety days after the date of such loss.

The Insurance Company shall have the right and opportunity to examine the person of the insured when and so often as it may reasonably require during pendency of claim hereunder, and also the right and opportunity to make an autopsy in case of death where it is not forbidden by law.

Upon request of the insured employee and subject to due proof of loss the accrued daily benefits will be paid to the insured employee each two weeks during any period for which the Insurance Company is liable, and any balance remaining unpaid at the termination of such period will be paid to the insured employee immediately upon receipt of due proof. All other benefits provided in the policy will be paid to the insured employee immediately after receipt of due proof.

No action at law or in equity shall be brought to recover on the policy prior to the expiration of sixty days after proof of loss has been filed in accordance with the requirements of the policy, nor shall such action be brought at all unless brought within two years from the expiration of the time within which proof of loss is required by the policy.

If any time limitation of the policy with respect to giving notice of claim or furnishing proof of loss is less than that permitted by the law of the state in which the employee resides at the time the policy is issued, such limitation is hereby extended to agree with the minimum period permitted by such law.