# 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 required, or (b) for any period of time because of surgical the Insurance Company will pay the employee for the expense incurred (a) for hospital charges for bed and board and (b) for pital), 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 maximum rate of daily benefit during any one period of continuous disability and the maximum payment for hospital charges for charges for bed and board, during any one period of continuous disability and the maximum payment for hospital charges for 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 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

#### GROUP SURGICAL EXPENSE BENEFITS

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 in no case to exceed the limit for such operation as provided by the SCHEDULE OF MAXIMUM PAYMENTS FOR SURGICAL 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 anaesthesiologist other than one provided by the hospital, charged by an assistant surgeon, but in no case to exceed the limit as set forth in the SCHEDULE under ANAESTHESIA PROCEDURES, and (c) for any fee CEDURES; provided that the maximum payment for all operations during any one period of continuous disability shall be \$562.50

In addition to an operation which is performed prior to the termination of the employee's insurance under the policy, an operahave 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

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

for charges for special nursing fees, dental fees or medical fees; for charges for special nursing fees, dental fees or medical fees; 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; 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;

for confinement due to pregnancy; 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; 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

opon termination of active employment in an engine class, the insurance on any employee shan automatically class careful 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

CMEddy, 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

- (a) for fees charged for examination during a period of hospital confinement for which the employee is entitled to benefits under the above policy;
- (b) 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;
- (c) for fees charged for examination made in connection with pregnancy;
- (d) for fees charged for any dental or eye examination, unless such examination is made for diagnosis of an injury;
- (e) 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
LABORATORY PROCE	DURES	LABORATORY PROCEDURES	(cont'd)	LABORATORY PROCEDU	RES (cont'd)
A/G Ratio Agglutination (6 antigens) Albumen (serum) Amino Acids Amylase A-Z (Friedman) 1 Animal Bilirubin Qualitative Bilirubin Qualitative Bleeding & Coagulation Time Blood Count (see "Complete") B.M.R. Bromides Bromosulphalein Calcium Cell Fragility Cephalin Flocculation Chlorides Cholesterol Esters Clinitest Set Clot Retraction Coagulation Time	\$ 5.00 5.00 5.00 7.50 10.00 12.50 2.50 2.50 3.00 5.00 5.00 5.00 5.00 5.00 5.00 5.00 5.00 5.00 5.00 5.00 5.00 5.00 5.00 5.00 5.00 5.00 5.00	LABORATORY PROCEDURES Corpuscular Hemoglobin Concentration Corpuscular Volume Creatinine Cross Match Cross Match & Typing Cultures: Miscellaneous Blood Electrocardiographic Tracing Office Home Friedman (see — A-Z) Gastric Globulin Guinea Pig Inoculation Glucose Tolerance: 4 hours Per additional hour Hematocrit Hemoglobin Heterophile Agglutination Iodine Icterus Index Mosenthal	\$ 3.00 5.00 5.00 5.00 10.00 15.00 17.00 10.00 10.00 10.00 15.00 2.00 2.00 5.00 10.00	Protein Potassium Potassium Potassium & Sodium (K & NA) Platelet Count Prothrombin for first Thereafter P. S. P. Red Cell Count Red Count & Hemoglobin Reticulocyte Count RH Factor Sedimentation Rate Semen Examination Serology Repeat Skin Tests Smears: Grams Acid-Fast Special Sodium Sodium & Potassium (K & NA)	\$ (cont'd)  \$ 5.00
Lee White Co2 (under oil) Complete Blood Count Coombs	2.00 7.50 5.00 5.00	N.P.N. Papanicolaou Test Phosphates: Acid or Alkaline Phosphorus	5.00 5.00 5.00 7.50 5.00	Spinal Fluid: Routine Sugar Protein Pandy's	10.00 5.00 5.00 2.00

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

Description of Operation	Maximum Payment		Maximum Payment		ximum
LABORATORY PROCEDURES	(cont'd)	RADIOLOGIC PROCEDURES (co	nt'd)	RADIOLOGIC PROCEDURES (cont'	d)
Serology	\$ 5.00	Optic Foramina	\$10.00	Re-examination for progress on known ulcer	
Cell Count	2.50	Mastoids	25.00	(within 3 months)	\$15.00
Gold	5.00	Foreign body in orbit	10.00	Small Bowel Study	25.00
Stools:		Foreign body localization	25.00	Gastrointestinal and Small Bowel Study	40.00
Parasites	5.00	Tempero-mandibular joints	15.00	Barium Enema	20.00
Occult Blood	2.50	Salivary Calculus	10.00	Barium Enema with Air Contrast	25.00
Thymol Turbidity	5.00	With Injection	15.00	Gall Bladder	20.00
Tissue:		Encephalography or Ventriculography	35.00	Gastrointestinal plus Barium Enema and Gall	20.00
(Microscopic) Routine	10.00	Dentals, one area	2.00	Bladder	40.00
Frozen	25.00	Complete	12.50	Gastrointestinal plus Enema and Gall Bladder	50.00
Gross	2.00		12.00	Esophagus	15.00
Typing (Blood)	3.00	Chest		Pelvimetry	20.00
White Blood Count & Differential	2.50	Routine PA	10.00	Uterosalpingography (not including injection)	20.00
Urea Nitrogen	5.00	PA Stereo or Pa and lateral	12.50	Cholangiography (not metading injection)	15.00
Urea Clearance	10.00	Complete chest fluroscopy and necessary fil		Intravenous Urogram, including injection (in-	10.00
Uric Acid	5.00	Bronochogram (not including injection)	25.00	Intravenous Urogram, including injection (in- cludes preliminary KUB)	25.00
Urinalysis:		Ribs	12.50	Retrograde Urogram (includes preliminary	20.00
Complete	2.00	Sternum	12.50	KUB)	20.00
Any part thereof	2.00			Cystogram (including injection)	20.00
Except Microscopic	2.00	Spine		-) otogram (morading injection)	20.00
Urobilinogen:		Any one area	15.00	Extremities	
Qualitative	2.50	Additional areas on same visit	10.00	Pelvis	10.00
Quantitative	5.00	Detailed study of any one area, includir	g	For Stereo add	2.50
	1	obliques and other special projections	25.00	Fingers, Toes	5.00
RADIOLOGIC PROCEDUR	RES	Sacroiliac joints only	10.00	Hand, Wrist, Foot, Ankle	7.50
		Myelography	50.00	Arm, Forearm, Elbow, Knee, Leg	10.00
Skull		(Additional charge if procedure is unduly long	r)	Shoulder, Clavicle, Femur, Hips	12.50
Complete skull series (6 or more views)	25.00		3/	Phlebography	25.00
Partial skull examination (2 or 3 views)	15.00	Abdomen		Additional areas on same visit	15.00
Nasal bones only	10.00	KUB	10.00	Hip Nailing	20.00
Facial bones	15.00	(For decubitus or upright add)	5.00	Recheck fracture, same day, 50% of usual fee	20.00
Mandible	15.00	Gastrointestinal Series (Fluoroscopy spot an	d	and, so to distantee	
Paranasal sinuses	20.00	immediate films and follow-up films as in	1-	Special	
Sella Turcica	10.00	dicated — includes preliminary flat plate)	25.00	Fluroscopy (Intubation, etc.)	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

- (a) in connection with any injuries arising out of or in the course of employment;
- (b) 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;
- (c) 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

- (a) for expenses incurred more than three years after the date on which the employee contracted poliomyelitis;
- (b) 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

- 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

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 considered as one injury and a recurrent sickness snall 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

- for expenses incurred subsequent to two years after the day on which such total disability commenced, except in connection with poliomyelitis;
- 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;
- for hospital charges for bed and board accommodation in a private room in excess of \$20 per day;
- for expenses incurred in connection with alcoholism or drug addiction, or in connection with nervous or mental disorders not requiring hospital confinement;
- 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;
- 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;
- 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;
- 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;
- 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

Each succeeding 15 minutes 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. 2. Anesthesia for Tonsillectomy 3. Other short procedures  TUMORS  Benign or superficial tumors and cysts or abscesses Requiring hospital confinement Not requiring hospital confinement	18.75 4.00 15.00 15.00 50.00 20.00 100.00	ASSISTANT PROCEDURES  (Time computed as beginning when operation begins)  1. For cases where the surgical fee is \$120.00 or more First hour or any major portion thereof Each succeeding 15 minutes 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.  2. No payment will be made for an assistant surgeon unless the surgical fee is \$120.00 or more.  NEUROLOGY AND NEUROSURGIC PROCEDURES  Angiogram, Cerebral Unilateral Bilateral Bone flap for tumor with Ventrical Study or Angiogram Chorodotomy for relief of pain Craniotomy for Subdural Hematoma Electroencephlogram Laminectomy, Decompression Laminectomy, Decompression Laminectomy, Decompression Laminectomy, perfontal Unilateral	55.00 75.00 375.00 300.00 262.50	Perineorrhaphy — Chronic Cystocele and Rectocele and Trachelorraphy Perineorrhaphy — Relaxed Perineum Presacral neurectomy Rectocele Rectocele Rectocele Rectocele Rectocele Rectocele Rectocele Repair Removal of vaginal septum Trachelorrhaphy Uterine Flexions, etc. Correction by Suspension Uterine Polypi, Removal Vulvectomy Simple Radical Rubin Test (without X-ray)  OPHTHALMOLOGIC PROCEDURES  Intro-ocular Surgery: Cataract Operations a. Needling procedures on children's congenital cataracts b. Intra-capsular and Extra-capsular cataract extractions Capsulotomy for secondary pupillary membranes:	\$210.00 115.00 187.50 115.00 75.00 75.00 150.00 55.00 150.00 337.50 12.00
in the operating room)  1. For all cases except those specified in 2. and 3. below First hour or any major portion thereof Each succeeding 15 minutes 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.  2. Anesthesia for Tonsillectomy 3. Other short procedures  TUMORS  Benign or superficial tumors and cysts or abscesses Requiring hospital confinement Not requiring hospital confinement Malignant tumors of face, lip or skin	4.00 15.00 15.00 50.00 20.00	begins)  1. For cases where the surgical fee is \$120.00 or more First hour or any major portion thereof Each succeeding 15 minutes 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.  2. No payment will be made for an assistant surgeon unless the surgical fee is \$120.00 or more.  NEUROLOGY AND NEUROSURGIC PROCEDURES  Angiogram, Cerebral Unilateral Bilateral Bone flap for tumor with Ventrical Study or Angiogram Chorodotomy for Subdural Hematoma Electroencephlogram Chorodotomy for Subdural Hematoma Electroencephlogram Laminectomy, Decompression Laminectomy, Decompression Laminectomy for Spinal Cord Tumor Protruded Intervertebral Disc surgery	4.00 AL 55.00 75.00 375.00 300.00 262.50	Perineorrhaphy — Chronic Cystocele and Rectocele and Trachelorraphy Perineorrhaphy — Relaxed Perineum Presacral neurectomy Rectocele Repair Removal of vaginal septum Trachelorrhaphy Uterine Flexions, etc. Correction by Suspension Uterine Polypi, Removal Vulvectomy Simple Radical Rubin Test (without X-ray)  OPHTHALMOLOGIC PROCEDURES  Intro-ocular Surgery: Cataract Operations a. Needling procedures on children's congenital cataracts b. Intra-capsular and Extra-capsular cataract extractions Capsulotomy for secondary pupillary mem-	\$210.00 115.00 187.50 118.00 75.00 150.00 55.00 150.00 337.50 12.00
1. For all cases except those specified in 2. and 3. below First hour or any major portion thereof Each succeeding 15 minutes 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. 2. Anesthesia for Tonsillectomy 3. Other short procedures  TUMORS  Benign or superficial tumors and cysts or abscesses Requiring hospital confinement Not requiring hospital confinement Malignant tumors of face, lip or skin	4.00 15.00 15.00 50.00 20.00	For cases where the surgical fee is \$120.00 or more     First hour or any major portion thereof Each succeeding 15 minutes     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.  2. No payment will be made for an assistant surgeon unless the surgical fee is \$120.00 or more.  NEUROLOGY AND NEUROSURGIC PROCEDURES  Angiogram, Cerebral Unilateral Bilateral Bone flap for tumor with Ventrical Study or Angiogram Chorodotomy for Subdural Hematoma Electroencephlogram Laminectomy, Decompression Laminectomy, Decompression Laminectomy for Spinal Cord Tumor Protruded Intervertebral Disc surgery	4.00 AL 55.00 75.00 375.00 300.00 262.50	Permeormapny — Relaxed Permeum Presacral neurectomy Rectocele Repair Removal of vaginal septum Trachelorrhaphy Uterine Flexions, etc. Correction by Suspension Uterine Polypi, Removal Vulvectomy Simple Radical Rubin Test (without X-ray)  OPHTHALMOLOGIC PROCEDURES  Intro-ocular Surgery: Cataract Operations a. Needling procedures on children's congenital cataracts b. Intra-capsular and Extra-capsular cataract extractions Capsulotomy for secondary pupillary mem-	115.00 187.50 115.00 75.00 75.00 150.00 55.00 150.00 337.50 12.00
First hour or any major portion thereof Each succeeding 15 minutes 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.  2. Anesthesia for Tonsillectomy 3. Other short procedures  TUMORS  Benign or superficial tumors and cysts or abscesses Requiring hospital confinement Not requiring hospital confinement Malignant tumors of face, lip or skin	4.00 15.00 15.00 50.00 20.00	or more First hour or any major portion thereof Each succeeding 15 minutes 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 ac- cordance with the formula above, and pay- ment to be made in whichever amount is the greater. 2. No payment will be made for an assistant surgeon unless the surgical fee is \$120.00 or more.  NEUROLOGY AND NEUROSURGIC PROCEDURES  Angiogram, Cerebral Unilateral Bilateral Bone flap for tumor with Ventrical Study or Angiogram Chorodotomy for relief of pain Cranitomy for Subdural Hematoma Electroencephlogram Laminectomy, Decompression Laminectomy, For Spinal Cord Tumor Protruded Intervertebral Disc survery	4.00 AL 55.00 75.00 375.00 300.00 262.50	Rectocele Repair Removal of vaginal septum Trachelorrhaphy Uterine Flexions, etc. Correction by Suspension Uterine Polypi, Removal Vulvectomy Simple Radical Rubin Test (without X-ray)  OPHTHALMOLOGIC PROCEDURES  Intro-ocular Surgery: Cataract Operations a. Needling procedures on children's congenital cataracts b. Intra-capsular and Extra-capsular cataract extractions Capsulotomy for secondary pupillary mem-	187.50 115.00 75.00 75.00 150.00 55.00 150.00 337.50 12.00
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.  2. Anesthesia for Tonsillectomy 3. Other short procedures  TUMORS  Benign or superficial tumors and cysts or abscesses Requiring hospital confinement Not requiring hospital confinement Malignant tumors of face, lip or skin	4.00 15.00 15.00 50.00 20.00	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.  2. No payment will be made for an assistant surgeon unless the surgical fee is \$120.00 or more.  NEUROLOGY AND NEUROSURGIC PROCEDURES  Angiogram, Cerebral Unilateral Bilateral Bone flap for tumor with Ventrical Study or Angiogram Chorodotomy for Subdural Hematoma Electroencephlogram Chaminectomy, Decompression Laminectomy, Decompression Laminectomy for Spinal Cord Tumor Protruded Intervertebral Disc surgery	4.00 AL 55.00 75.00 375.00 300.00 262.50	Removal of vaginal septum Trachelorrhaphy Uterine Flexions, etc. Correction by Suspension Uterine Polypi, Removal Vulvectomy Simple Radical Rubin Test (without X-ray)  OPHTHALMOLOGIC PROCEDURES  Intro-ocular Surgery: Cataract Operations a. Needling procedures on children's congenital cataracts b. Intra-capsular and Extra-capsular cataract extractions Capsulotomy for secondary pupillary mem-	75.00 75.00 150.00 55.00 150.00 337.50 12.00
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.  2. Anesthesia for Tonsillectomy 3. Other short procedures  TUMORS  Benign or superficial tumors and cysts or abscesses Requiring hospital confinement Not requiring hospital confinement Malignant tumors of face, lip or skin	50.00 20.00	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.  2. No payment will be made for an assistant surgeon unless the surgical fee is \$120.00 or more.  NEUROLOGY AND NEUROSURGIC PROCEDURES  Angiogram, Cerebral Unilateral Bilateral Bone flap for tumor with Ventrical Study or Angiogram Chorodotomy for relief of pain Craniotomy for Subdural Hematoma Electroencephlogram Laminectomy, Decompression Laminectomy for Spinal Cord Tumor Protruded Intervertebral Disc surgery	55.00 75.00 375.00 300.00 262.50	Trachelorrhaphy Uterine Flexions, etc. Correction by Suspension Uterine Polypi, Removal Vulvectomy Simple Radical Rubin Test (without X-ray)  OPHTHALMOLOGIC PROCEDURES  Intro-ocular Surgery: Cataract Operations a. Needling procedures on children's congenital cataracts b. Intra-capsular and Extra-capsular cataract extractions Capsulotomy for secondary pupillary mem-	75.00 150.00 55.00 150.00 337.50 12.00
accordance with the formula above, and payment to be made in whichever amount is the greater.  2. Anesthesia for Tonsillectomy 3. Other short procedures  TUMORS  Benign or superficial tumors and cysts or abscesses Requiring hospital confinement Not requiring hospital confinement Malignant tumors of face, lip or skin  1	50.00 20.00	cordance with the formula above, and payment to be made in whichever amount is the greater.  2. No payment will be made for an assistant surgeon unless the surgical fee is \$120.00 or more.  NEUROLOGY AND NEUROSURGIC PROCEDURES  Angiogram, Cerebral Unilateral Bilateral Bone flap for tumor with Ventrical Study or Angiogram Chorodotomy for Subdural Hematoma Electroencephlogram Laminectomy, Decompression Laminectomy, Decompression Laminectomy for Spinal Cord Tumor Protruded Intervertebral Disc surgery	55.00 75.00 375.00 300.00 262.50	pension Uterine Polypi, Removal Vulvectomy Simple Radical Rubin Test (without X-ray)  OPHTHALMOLOGIC PROCEDURES  Intro-ocular Surgery: Cataract Operations a. Needling procedures on children's congenital cataracts b. Intra-capsular and Extra-capsular cataract extractions Capsulotomy for secondary pupillary mem-	55.00 150.00 337.50 12.00
is the greater. 2. Anesthesia for Tonsillectomy 3. Other short procedures  TUMORS  Benign or superficial tumors and cysts or abscesses Requiring hospital confinement Not requiring hospital confinement Malignant tumors of face, lip or skin	50.00 20.00	ment to be made in whichever amount is the greater.  2. No payment will be made for an assistant surgeon unless the surgical fee is \$120.00 or more.  NEUROLOGY AND NEUROSURGIC PROCEDURES  Angiogram, Cerebral Unilateral Bilateral Bone flap for tumor with Ventrical Study or Angiogram Chorodotomy for Subdural Hematoma Electroencephlogram Laminectomy, Decompression Laminectomy for Spinal Cord Tumor Protruded Intervertebral Disc surgery	55.00 75.00 375.00 300.00 262.50	Vulvectomy Simple Radical Rubin Test (without X-ray)  OPHTHALMOLOGIC PROCEDURES  Intro-ocular Surgery: Cataract Operations a. Needling procedures on children's congenital cataracts b. Intra-capsular and Extra-capsular cataract extractions Capsulotomy for secondary pupillary mem-	150.00 337.50 12.00
2. Anesthesia for Tonsillectomy 3. Other short procedures  TUMORS  Benign or superficial tumors and cysts or abscesses Requiring hospital confinement Not requiring hospital confinement Malignant tumors of face, lip or skin	50.00 20.00	2. No payment will be made for an assistant surgeon unless the surgical fee is \$120.00 or more.  NEUROLOGY AND NEUROSURGIC PROCEDURES  Angiogram, Cerebral Unilateral Bilateral Bone flap for tumor with Ventrical Study or Angiogram Chorodotomy for relief of pain Craniotomy for Subdural Hematoma Electroencephlogram Laminectomy, Decompression Laminectomy, or Spinal Cord Tumor Protruded Intervertebral Disc surgery	55.00 75.00 375.00 300.00 262.50	Radical Rubin Test (without X-ray)  OPHTHALMOLOGIC PROCEDURES  Intro-ocular Surgery: Cataract Operations a. Needling procedures on children's congenital cataracts b. Intra-capsular and Extra-capsular cataract extractions Capsulotomy for secondary pupillary mem-	337.50 12.00
Benign or superficial tumors and cysts or abscesses Requiring hospital confinement Not requiring hospital confinement Malignant tumors of face, lip or skin	20.00	NEUROLOGY AND NEUROSURGIC PROCEDURES  Angiogram, Cerebral Unilateral Bilateral Bone flap for tumor with Ventrical Study or Angiogram Chorodotomy for relief of pain Craniotomy for Subdural Hematoma Electroencephlogram Laminectomy, Decompression Laminectomy for Spinal Cord Tumor Protruded Intervertebral Disc survery	55.00 75.00 375.00 300.00 262.50	OPHTHALMOLOGIC PROCEDURES  Intro-ocular Surgery: Cataract Operations a. Needling procedures on children's congenital cataracts b. Intra-capsular and Extra-capsular cataract extractions Capsulotomy for secondary pupillary mem-	115.00
Benign or superficial tumors and cysts or abscesses Requiring hospital confinement Not requiring hospital confinement Malignant tumors of face, lip or skin	20.00	PROCEDURES  Angiogram, Cerebral Unilateral Bilateral Bone flap for tumor with Ventrical Study or Angiogram Chorodotomy for relief of pain Craniotomy for Subdural Hematoma Electroencephlogram Laminectomy, Decompression Laminectomy for Spinal Cord Tumor Protruded Intervertebral Disc survery	55.00 75.00 375.00 300.00 262.50	Intro-ocular Surgery: Cataract Operations a. Needling procedures on children's congenital cataracts b. Intra-capsular and Extra-capsular cataract extractions Capsulotomy for secondary pupillary mem-	115.00
Benign or superficial tumors and cysts or abscesses Requiring hospital confinement Not requiring hospital confinement Malignant tumors of face, lip or skin	20.00	Unilateral Bilateral Bone flap for tumor with Ventrical Study or Angiogram Chorodotomy for relief of pain Craniotomy for Subdural Hematoma Electroencephlogram Laminectomy, Decompression Laminectomy for Spinal Cord Tumor Protruded Intervertebral Disc surgery	75.00 375.00 300.00 262.50	Needling procedures on children's congenital cataracts     Intra-capsular and Extra-capsular cataract extractions     Capsulotomy for secondary pupillary mem-	
abscesses Requiring hospital confinement Not requiring hospital confinement Malignant tumors of face, lip or skin	20.00	Bilateral Bone flap for tumor with Ventrical Study or Angiogram Chorodotomy for relief of pain Craniotomy for Subdural Hematoma Electroencephlogram Laminectomy, Decompression Laminectomy for Spinal Cord Tumor Protruded Intervertebral Disc survery	75.00 375.00 300.00 262.50	Needling procedures on children's congenital cataracts     Intra-capsular and Extra-capsular cataract extractions     Capsulotomy for secondary pupillary mem-	
Requiring hospital confinement Not requiring hospital confinement Malignant tumors of face, lip or skin	20.00	Bone flap for tumor with Ventrical Study or Angiogram Chorodotomy for relief of pain Craniotomy for Subdural Hematoma Electroencephlogram Laminectomy, Decompression Laminectomy for Spinal Cord Tumor Protruded Intervertebral Disc survery	375.00 300.00 262.50	b. Intra-capsular and Extra-capsular cat- aract extractions  Capsulotomy for secondary pupillary mem-	
Not requiring hospital confinement Malignant tumors of face, lip or skin 1	20.00	Chorodotomy for relief of pain Craniotomy for Subdural Hematoma Electroencephlogram Laminectomy, Decompression Laminectomy for Spinal Cord Tumor Protruded Intervertebral Disc survery	300.00 262.50	Capsulotomy for secondary pupillary mem-	262.50
	100.00	Cranotomy for Subdural Hematoma Electroencephlogram Laminectomy, Decompression Laminectomy for Spinal Cord Tumor Protruded Intervertebral Disc surgery Lobotomy, prefrontal Unilateral	262.50	nianes'	
GENERAL SURGERY PROCEDURES		Laminectomy, Decompression Laminectomy for Spinal Cord Tumor Protruded Intervertebral Disc surgery Lobotomy, prefrontal Unilateral	18.75	a. Ziegler procedures	75.00
GENERAL SURGERY PROCEDURES		Protruded Intervertebral Disc surgery Lobotomy, prefrontal Unilateral	300.00 375.00	b. Use of scissors after keratome or knife incisions	115.00
GENERAL SURGERY PROCEDURES		Unilateral	300.00	Optical iridectomies, sphincterotomies, etc. Excision of prolapsed iris:	115.00
GENERAL SURGERI PROCEDURES		Bilateral	262.50 375.00	<ul> <li>a. Post-cataract extraction requiring re- opening of original incision</li> </ul>	95.00
Compand Imperovations		Myelogram with introduction and removal of material		b. Excision of prolapsed iris through traumatic laceration of cornea, etc.	115.00
General Instructions 1. In multiple procedures performed through the same incision, payment will be made for		Nerve Block	25.00	Glaucoma Surgery:	
the major procedure only.		Lumbar paravertebral Block Stellate Ganglion block with procaine	15.00 15.00	<ul> <li>a. Paracentesis — posterior sclerotomy</li> <li>b. Trephine, Irido-corneo-sclerectomy, Cy-</li> </ul>	55.00
2. In multiple procedures, in remote operative fields and separate incisions, an additional		Peripheral nerve block Neurectomy (Obturator)	12.00 187.50	clodialysis, Iridencleisis, Iridectomy, Cyclo- diathermy, etc.	170.00
50% of the minor fee will be paid. 3. Bilateral procedures in separate operative		Neurectomy (Obturator) Neurectomy, Tibial (Stoffel) Neurectomy, Trigeminal	150.00 300.00	c. Goniotomy Surgery for retinal separations by diathermy	170.00
fields will be allowed an additional 50% unless		Neuroplasty (Sciatic) Neuroplasty, Repair or Transplant	187.50	— use of galvanic current, thermophore, etc. Intra-ocular foreign bodies:	300.00
otherwise specified in the fee schedule.		Sciatic	225.00	a. Removal with either hand or giant	150.00
Biopsy	150.00	Peroneal Nerve, repair of Peripheral	225.00	magnet b. Removal of non-magnetic foreign bodies Intra-orbital, extra-ocular foreign bodies	170.00 187.50
	18.75 18.75	Single More than one not to exceed	75.00 187.50	Embedded foreign bodies (cornea)	170.00 4.00
Breast		Pneumoencephlogram	25.00 150.00	Requiring removal under slit lamp Enucleations, Eviscerations with or without	12.00
Drainage of breast abscess	37.50 25.00	Sympathectomy, Upper Thoracic Sympathectomy, Thoracolumbar, each side Sympathectomy, Lumbar	262.50	implants Exenterations	150.00 225.00
Simple mastectomy 1	262.50 115.00	Sympathectomy, Lumbar	300.00	Tear Sac Surgery: a. Dupur-Detemp type of Dacrocysto-	225.00
Cholecystectomy 2	75.00 225.00	Unilateral Bilateral (1 sitting)	225.00 337.50	rhinostomy	210.00
Colon	285.00	Spinal Tap Ventrical Study	7.50 55.00	b. Sac transplant c. Dacrocystectomy	210.00 150.00
Resection of 2 Miles abd. — perineal resection of colon 3	262.50 300.00			d. Simple probing without incisions e. Use of retained tubing	15.00 18.75
Colostomy 1. Cyst	150.00	OBSTETRICAL PROCEDURES		Muscle Surgery: a. Recession and Resections together or	
	115.00	Abortion	55.00	done separately b. Bilateral recessions	170.00 170.00
Necessitating hospitalization	37.50	Cesarean Section, abdominal (pre and post natal)	225.00	<ul><li>c. Tuckings, cinches, tenotomies, etc.</li><li>d. Tendon transplants</li></ul>	170.00 225.00
Sebaceous cyst, removal	18.75 18.75	Curettage, diagnostic or therapeutic Postpartum tubal ligation	55.00 75.00	Ptosis Surgery:	
Gastrectomy, partial Gastrectomy, total	300.00 337 50 125.00	Pregnancy, ectopic	170.00	a. Resection of Tarsus and Levator b. Traynor type or other procedure where	170.00
Hernia, inguinal, recurrent	150.00			b. Traynor type or other procedure where lid supported by globe c. Procedures that utilize the Frontalis	170.00
Hernia, inguinal with orchidopexy 1: Hernia, femoral 1:	150.00	GYNECOLOGIC PROCEDURES		such as Gytton-Freidenwald quadrangular	e je Lilone a
Hernia, ventral with fascial or mesh implant 13	187.50 262.50	Bartholin's Gland — Excision Bartholin's Gland — Incision	45.00 12.00	suture, Reese orbicularis oculi procedure, Fascial sling, etc. Corneal procedures such as pterygium trans-	187.50
Laceration, suturing of	7.50	Cauterization of Cervix Cervical Biopsy	12.00	Ptervoium with mucous membrane or skin	55.00
Pancreatic cyst. marsupialization 2:	337.50 210.00	Cervical Polyp	12.00 55.00	graft Ectropion and Entropion procedures (Ziegler Cautery)	130.00
Pneumoperitoneum	15.00	Cervix, Amputation Cervix — Dilatation	75.00 7.50		37.50
Primary with fluroscopy Refill with fluroscopy	25.00 7.50	Cervix — Dilatation Cervix — Repair of tear Colporthaphy Anterior or Posterior	75.00	Plastic procedures, epicanthus repair	150.00 187.50
Ramstedt pyloromyotomy Resection of small bowel	150.00	Anterior and Posterior	115.00 170.00	Chalazion: Excision of small lid papilloma and closure	
Splenectomy 22 Thyroid	225.00 225.00	Conization of Cervix Cul-de-sac, drainage	55.00 37.50	without plastic repair Excision of section of lid with plastic repair	18.75 150.00
Thyroidectomy 2 Excision of solitary adenoma of thyroid or	210.00	Culdoscopy Cystocele Repair	55.00	Epilation by electrolysis	12.00 55.00
nemi-thyroidectomy 13	150.00 150.00	Enterocele Endometrial Biopsy	115.00 200.00	Deliminating keratotomy Conjunctival flap operation Thermal cauterization or corneal ulcer	115.00 15.00
Veins	190.00	Fistula, Recto-vaginal Fistula, Vesicovaginal	12.00 200.00	r nermai cauterization of corneal utcer	13.00
Ligation of saphenous vein with dissection of bulb		Hymenectomy	250.00 37.50		
Bilateral 1	75.00 115.00	Hysterectomy, Subtotal Hysterectomy, Total, vaginal or abdominal	187.50	ORTHOPEDIC PROCEDURES	
Complete stripping	95.00	Hysterectomy, with Salpingo-oophorectomy Hysterectomy with sterilization	225.00 225.00 225.00		
	150.00	Labial Tumors and Cysts, Removal Myomectomy, with Laparotomy	37.50	In the event multiple procedures are performed in separate fields, the major fee will apply plus 50% of the secondary procedure(s).	
Radical resection soft tissue 2	262.50 337.50	Oophorectomy and/or Salpingectomy, one or both	187.50 150.00	50% of the secondary procedure(s). Fracture fee includes application of casts, appliances, traction, etc.	

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

Description of Operation	Maximum Payment	Description of Operation	Maximum Payment	Description of Operation Pa	aximum ayment
ORTHOPEDIC PROCEDURES (	cont'd)	ORTHOPEDIC PROCEDURES (co.	nt'd)	ORTHOPEDIC PROCEDURES (cont	'd)
1. Spine		Skeletal Appliances:	\$ 37.50	Finger splints (Bunnell) Clavicle crutch	\$ 7.50 7.50
Fracture reduction	#10g F0	Mold for brace	18.75	Casts	
Closed Open	\$187.50 300.00	Mold for arch support Shoe pads	7.50 7.50	Spica Long arm	55.00 18.75
Dislocation reduction,	187.50	Dennis-Browne brace Dennis-Browne re-taping	18.75 7.50	Short arm or splints Traction cast (Bohler)	12.00
Closed Open	300.00	Casts — Spica Adult		Osteotomy, same as open reduction fracture.	37.50
Traction, Skin, Head halter	18.75	Adult Child	55.00 37.50	Osteoplasty (Graft to cyst), same as open reduction fracture.	
Skeletal	37.50	CHD and re-manipulation	75.00	Ostectomy, same as open reduction fracture.	
Appliance application, Scoliosis Brace Casts, body jacket or mold:	55.00	Long leg Short leg	25.00 18.75	Arthrotomy: Shoulder	187.50
Thomas Collar Scoliosis	37.50 95.00	Walking heel Walking iron	4.00 7.50	Elbow Wrist	187.50
Minerva jacket	115.00	Clubfoot casts, per foot	18.75	Arthroplasty:	187.50
Ostectomy (Smith Petersen) Osteoplasty (cervical rib excision)	300.00 187.50	Clubfoot casts, per foot Clubfoot casts, wedging Cast wedging-fracture	7.50 25.00	Shoulder & Elbow Wrist & Hand	375.00 150.00
Ostectomy (hemi-vertabra)	300.00	Osteotomy — Same as open reduction fractur Osteoplasty — Same as open reduction fra	e. 20.00	Arthrodesis, same as arthroplasty.	100.00
Arthrotomy (laminotomy and disc) Arthrodesis (fusion) Tenotomy (sternomastoid, Scalene)	300.00 375.00	ture.		Amputation, same as open reduction fracture.  Cast wedging	25.00
Tenotomy (sternomastoid, Scalene)	150.00	Ostectomy — Same as open reduction fractur	e.	Tenotomy-Comm. extensors at elbow	150.00
Fasciotomy (spine extensor) Fascioplasty (abdominal transplant) per	pro-	Arthroplasty: Hip	375.00	Pronator teres Tendoplasty — Repair:	150.00
cedure Kissing Spines Bursectomy Manipulation	115.00 150.00	Knee Arthrodesis:	375.00	Supraspinatus Biceps	225.00 225.00
Manipulation Aspiration biopsy	150.00 37.50 95.00	Hip & Knee	337.50	Triceps	225.00
Removal metallic fixative	115.00	Ankle Triple	262.50 225.00	Finger flexors, each Finger extensors, each	75.00 37.50
		Amputation — Same as open reduction fra- ture.	c-	Transplants: Trapezius, distal	
II. Pelvis:		Tenotomy — Hip flexor (Soutter) Hip adductor	187.50	Biceps and triceps (Ober)	300.00 225.00
Fracture Reduction		Gluteus medius (Durham)	187.50 187.50	Recurrent dislocation shoulder	300.00 150.00
Closed	95.00	Hamstrings	150.00	Medial epicondyle, proximal Biceps posterior, child	115.00
Open Dislocation Reduction	300.00	Heel Cord Abd, Hallucis	150.00 75.00	Pronator teres lateral, child Flexors to dorsum (Jones)	115.00 300.00
Closed	187.50	Toe extensors	75.00 187.50 187.50 187.50 187.50 150.00	Opponens	150.00
Open Traction, Skin	300.00	Tendoplasty — Repair Patellar tendon, Heel cord	187.50 187.50	Sublimis for intrinsics, each Sheath section	115.00 115.00
Girdle Skeletal	18.75 37.50	Toe flexors or extensors, transplant	187.50	Tendovaginitis, trigger finger Faschiotomy, Elbow for Bolkmanns	115.00
Appliances:		Trochanter distal Hamstrings, anterior — child	187.50	Fasciaplasty Bursectomy, Subdeltoid Radionumeral	115.00 150.00
Casts, Double Leg (Jones Jahss) Short Double Spica	55.00 55.00	Hamstrings, anterior — child Patellar t. advance — child Peroneals anterior — child Peroneal & Posterior Tib. Post. child	150.00	Radionumeral	150.00
Osteoplasty (hip shelf)	300.00	Peroneal & Posterior Tib. Post. child	115.00 115.00	Manipulation for mobilization: Shoulder, elbow, wrist, fingers Needling — Aspiration or injection Removal metallic fixatives	37.50
Ostectomy (ilium, sequestrum) Coccygectomy	225.00 130.00	EPH to MI (Jones) child Common extensors to dorsum child	115.00 115.00	Needling — Aspiration or injection	7.50
Arthrodosia (sparo ilina)	225.00	Tenodesis for knee ligaments	225.00		75.00
Tenotomy, (Pyriformis)	375.00 115.00	Fasciotomy, Fascia lata Plantar	115.00 115.00	Plastic syndactylism — See Skin Grafts Removal loose body at elbow	187.50
Tendoplasty, T. Fascia lata post	115.00	Bursectomy, Trochanteric	150.00	Dactylization, finger transplant	262.50
Amputation, (hemi-pelvectomy) Tenotomy, (Pyriformis) Tendoplasty, T. Fascia lata post Fasciotomy, gluteal Heyman Bursectomy, ischial, etc.	115.00 150.00	Patellar Achilles	115.00 115.00	Dupuytrens, tenotomy Complete dissection	75.00 187.50
Needling, caudal, SI, Sciatic Bunionectomy	18.75	Manipulation for mobilization:		Complete dissection	107.50
Unilateral	115.00	Hip, knee Needling — Aspiration or injection	37.50	PEDIATRIC PROCEDURES	
Bilateral	170.00	Hip, knee, ankle Menisectomy or loose body	18.75 225.00		100.00
		Synovectomy knee, ankle	262.50	Exchange transfusion Circumcision of newborn	130.00 15.00
III. Lower Extremity:		Baker cyst, excision Knee ligament repair	150.00 262.50	Transfusion of newborn Stomach lavage	25.00
		Doggreent dislocation notella	225.00	Stomach lavage	12.00
Fracture reduction: Femur, closed	115.00	Tibial Tubercle transplant Excision ganglion Removal tibial bone for graft Removal of ingrown toenail	225.00 75.00	OTOLARYNGOLOGY PROCEDURE	
Open not to exc Tibia, condyles, closed	eed 337.50 150.00	Removal tibial bone for graft	75.00		2.5
Fibula, shaft		Hammer toe operation	55.00 95.00	Simple mastoidectomy: One side	187.50
Closed Open	37.50 75.00			Both sides Radical Mastoidectomy:	262.50
Tibia and fibula, shaft, ankle Closed	150.00	IV. Upper Extremity:		One side	262.50 375.00
Open Tarsal	262.50	Fracture Reduction:		Both sides Ear Polyps	375.00 22.50
Closed	115.00	Clavicle, Closed Open	55.00 115.00	Ear Polyps Caloric Tests	12.00
Open Metatarsal	225.00	Humeros, Closed	115.00	Impacted Cerumen Foreign Body, external canal	7.50 12.00
Closed	55.00	Open Ulna, Olecranon, Closed	225.00 115.00	Patching of Ear Drum	12.00
Open Foot Phalanges	115.00	Open	225.00	Paracentesis, tympanic Paracentesis, both sides	15.00 22.50
Closed	18.75	Radius, Head, Closed Open	115.00 225.00	Insufflation of Eustachian tubes	7.50
Open Patella	55.00	Colles, Closed	75.00	Fenestration Larynx — biopsy	300.00 55.00
Closed	75.00	Open Carpal, Closed	187.50 75.00	Laryngo-fissure Laryngectomy	187.50 300.00
Open Dislocation, Traumatic, Reduction:	225.00	Open Metacarpal, Closed	187.50	Laryngoscopy: Diagnostic	45.00
Hip, Closed	115.00 262.50	Open	55.00 115.00	Larynx, Removal of Cord Tumor Saliyary Duct, dilation and probing	150.00 15.00
Open Knee, Closed	262.50 115.00	Both bones, radius and ulna, Closed Open	115.00	Salivary Duct, dilation and probing Cutting into Trachea	115.00
Open Ankle, Closed	225.00	Dislocation, traumatic reduction:	300.00	Antrum Puncture Ethmoidectomy, one side	12.00 75.00
Open	75.00 187.50	Acromio-clavicular, Closed Open	95.00 225.00	Ethmoidectomy, both sides Antrum Caldwell-Luc	115.00
Foot, Closed Open	75.00	Shoulder, Closed	75.00	Unilateral	170.00
Open	150.00 37.50	Open Elbow, Closed	300.00 75.00	Bilateral Nasoantral Window	262.50
Metatarsal phalangeal or IP, Closed			75.00	A TUDOGITCI AT HILLOW	FF 00
Metatarsal phalangeal or IP, Closed Open	75.00	Open	225.00	Unilateral	75.00
Metatarsal phalangeal or IP, Closed Open Dislocation, congenital, child reduction Hip. one. Closed		Carpal (lunate), Closed Open	115.00	Bilateral	115.00
Metatarsal phalangeal or IP, Closed Open Dislocation, congenital, child reduction Hip, one, Closed Open		Carpal (lunate), Closed Open Metacarpal-phal or IP, Closed	115.00 225.00 55.00	Bilateral Sphenoidectomy Extranasal Sinus Operation	115.00 150.00
Metatarsal phalangeal or IP, Closed Open Dislocation, congenital, child reduction Hip. one. Closed	75.00 115.00 225.00 187.50 75.00 225.00	Carpal (lunate), Closed Open	115.00 225.00	Bilateral Sphenoidectomy	115.00

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

Description of Operation Pa	aximum ayment	Description of Operation Pa	aximum ayment		aximum ayment
OTOLARYNGOLOGY PROCEDURES	(cont'd)	THORACIC PROCEDURES (cont'd	1)	OPERATIVE SURVEY (cont'd)	
Removal of foreign body from Naso-pharynx Removal of nasal polyps Single More than one Nasal Hemorrhage, packing for Nasal Hemorrhage, cauterization Submucous Resection Rhinoplasty (for functional purposes only) Fracture Nasal Bones Turbinectomy	\$ 18.75 37.50 75.00 15.00 15.00 115.00 187.50 60.00 55.00	Rib Resection — drainage only Lobectomy Bilateral, 2 stages — each side Lung Abscess — drainage Pneumonectomy Segmental Resection Wedge Resection Exploratory only for inoperable carcinoma of lung Pulmonary Decortication	\$130.00 487.50 375.00 262.50 487.50 525.00 375.00 450.00	Incision and Drainage — Renal Carbuncle Nephrectomy Nephrolithotomy Nephropexy Nephrostomy Pelviolithotomy Symphsiotomy and Nephropexy (Horseshoe Kidney) Nephrouretersectomy	\$187.50 262.50 262.50 187.50 187.50 225.00 262.50 300.00
Cautery Turbinate Injection of Turbinate with sclerosing agent Peritonsillar abscess, incision Tonsillectomy and Adenoidectomy Adults Children, under 16 years of age Adenoidectomy Irradiation of nasopharynx for recurrent	18.75 15.00 18.75 65.00 55.00 37.50	Pulmonary Decortication Multiple Rib Fractures — 5 Multiple Rib Fractures — 6 or more Esophageal Diverticulum Cervical Esophageal Diverticulum Thoracic Esophageal — Gastric Anastomosis without resection Esophageal Surgery — Resection with end to end Anastomosis	115.00 300.00 150.00 450.00 300.00	Ureter: Incision and Drainage, Peri-ureteral Abscess Plastic repair, Ureteropelvic Juncture Ureterectomy Ureter, Anastomosis of	130.00 262.50 262.50 262.50
adenoid tissue, three treatments Uvulectomy  PLASTIC AND REPARATIVE SURGI	37.50 18.75	Esophageal Surgery — Resection with eso- phageal gastric Anastomosis  Heart	525.00	Ureter, Anastomosis of Ureter, Denervation of Ureterocystoneosotomy, Unilateral Ureteral Fistula — Bowel, Skin, Vagina, etc. Ureteropelviostomy Ureteropelviostomy Ureterographicstomy Ureterographicstomy Ureterographicstomy	225.00 262.50 225.00 187.50 187.50
PROCEDURES Fracture of malar Fracture of nose Fracture of mandible (intermaxillary wire)	115.00 60.00 150.00	Cardioplasty Cardiovascular — Patent Ductus Cardiovascular — Coarctation Cardiovascular — Blalock	262.50 450.00 562.50 562.50	Ureterosigmoidostómy — Unilateral Ureterostomy — Cutaneous, Bilateral with cystectomy Ureterosigmoidostomy — Bilateral	300.00 375.00 375.00
Fracture of mandible (open reduction) Fracture of mandible (bilateral, open reduction) Fracture of maxilla (application of traction and splint and reduction)	225.00 262.50 262.50	Cardiac Valvular — Mitral Stenosis Cardiac Valvular — Mitral Insufficiency Cardiac Valvular — Aortic Stenosis Cardiac Valvular — Pulmonary Stenosis Beck Procedure — 2 stages	562.50 562.50 562.50 562.50 562.50	Bladder: Cystectomy, Partial Resection	
Skin Grafts	202.50	Pericardectomy Pericardial Cysts Wounds of Myocardium Wounds of Pericardium	562.50 375.00 470.00 375.00	Not involving Ureters Involving Ureters Cystectomy, Total Cystolithotomy Cystostomy	150.00 262.50 375.00 130.00 75.00
Pre-graft debridement Minimum for any split or intermediate graft Over one hour For each additional hour Tube or pedicle flaps — add 50% of fee of split	75.00 75.00 75.00	Diaphragmatic Hernia Phrenic Crush Pneumonolysis — Closed Pneumonolysis — Open Thoracoplasty — 5 ribs Thoracoplasty — 7 or more ribs Thoracotomy with closed drainage for spontaneous pneumo-thorax	262.50 55.00 150.00 262.50 300.00	Cystostomy, Fulguration Bladder Tumor Diverticulectomy Repair, Extrophy	170.00 225.00 375.00
praft	115.00	Thoracotomy with closed drainage for spon-	375.00	Prostate:	
Excision, plastic closure of hemangioma Hare-lip (single) Hare-lip (double) Cleft Palate	115.00 225.00	taneous pneumo-thorax Thoracotomy with closed drainage for trauma-	150.00	Incision and Drainage, Abscess	75.00
Hare-lip (double)	300.00 225.00	tic pneumo-thorax	262.50	Prostatostomy Davingel (includes	75.00
Pharyngoplasty to improve speech	225.00	Tracheotomy Tumor Mediastinal:	100.00	Prostatectomy Perineal Total (included	300.00
Dupuytrens contracture — See Orthopedic Procedures.		Dermoid	450.00	vasectomy and/or cystotomy if performed)	375.00
Syndactylism	187.50	Aberrant Thyroid Thymus	450.00 450.00	Prostatectomy, Suprapubic (includes vasec-	262.50
Burns: Extensive — requiring hospitalization,		Neurofibroma	375.00	rostatectomy, Fermiear (includes vasectomy and/or cystotomy if performed) Prostatectomy, Perineal Total (includes vasectomy and/or cystotomy if performed) Prostatectomy, Suprapubic (includes vasectomy and/or cystotomy if performed) Prostatectomy, Transurethral (includes vasectomy and/or cystotomy if performed) Prostatectomy and/or cystotomy if performed	202.00
minimum Subsequent dressings requiring more than 15	30.00	Mediastinitis Drainage Sternal Surgery:	375.00	repair, i crinear Orethrai i istula (i osterior)	101.00
minutes —	3.00	Pectus Excavatum, Subdiaphragmatic approach	300.00	Repair, Recto-Urethral Fistula (Posterior)	320.00
For each additional 15 minutes	3.00	Pectus, Excavatum, Costal approach and plastic (Radical Operation)	470.00		
PROCTOLOGIC PROCEDURES			110.00	Seminal Vesicles:	
		UROLOGICAL PROCEDURES		Incision and Drainage, Abscess Seminal Vesiculectomy	95.00
Superficial perianal abscess, office incision and drainage	18.75	Cystoscopy		Vasotomy	300.00 55.00
Ischiorectal abscess, hospital incision and drainage under anesthetic	37.50	Diagnostic under local With Catheterization of ureters	12.00 25.00		
Abscess, Ischiorectal combined with first stage Fistulectomy	150.00		23.00	Scrotum:	
Fistulectomy — Subcutaneous	37.50	Cystoscopic Operative Procedures		Hydrocelectomy	95.00
Deep Each additional stage	130.00 55.00	Biopsy, Bladder Tumor — including patho-		Epididymectomy Unilateral Ligation, Internal spermatic vein	115.00 75.00
Anoplasty for cure of fissure Anoplasty for correction of Anal Stenosis	130.00 150.00	logical section Resection Bladder Tumor	25.00 115.00	Ligation, Internal spermatic vein plus Her-	
Hemorrhoidectomy, internal and external Excision of external thrombotic hemorrhoid,	130.00	Litholapaxy Pelvic Lavage	115.00 15.00	niorrhaphy Orchidectomy, Radical	150.00 375.00
office Polypectomy by surgical excision, electric snare, or electrical destruction techniques	18.75	Removal foreign body, bladder, Closed Removal foreign body, urethra Removal Ureteral Stone	55.00 25.00 55.00	Orchidectomy, Radical Orchidectomy, Simple Bilateral Orchidopexy, Torek, 2 stage Varicocelectomy	130.00 262.50 115.00
Single More than one not to exceed Office injection treatment for hemorrhoids or	37.50 187.50	Fulguration urethral polyps or bladder neck	25.00 15.00	Penis:	
rectal prolapse, each Office injection treatment for pruritis ani, each	7.50 7.50	Ureteral Dilatation Ureteral Meatotomy Engagration caruncle female	25.00	Amputation, Radical	262 50
Operative procedure to correct sphincter in-		Fulguration caruncle, female Dilatation of urethral stricture	37.50 6.00	Amputation, Simple	262.50 150.00
continence Congenital anomalies of anus and perineum	187.50 187.50	Hydrocele Aspiration	7.50	Biopsy Circumcision	12.00 30.00
Abdominal — perineal — See General Surgery				Excision — Penile Urethral Fistula	130.00 12.00
Colon Resection — See General Surgery	10.00	OPERATIVE SURVEY		Plastic Repair, Chordee	100.00
Proctoscopic and sigmoidoscopic examination	12.00	Perinephrium:		Plastic Repair, Chordee Plastic Repair, Hypospadias — 2nd Degree per stage (Basis of 3)	150.00
THORACIC PROCEDURES		Adrenalectomy Adrenal Exploration	375.00	Plastic Repair, Hypospadias — 3rd Degree per stage (Basis of 3)	150.00
	EE 00	Excision, Renal Fistula	300.00 115.00	Plastic repair, Epispadias	320.00
Bronchoscopy, including biopsy, diagnosis only Removal of foreign body or other treatment	55.00 75.00	Incision and Drainage, Perinephric Abscess Renal Sympathectomy	150.00 225.00	Urethrotomy — External Urethrotomy — Internal	55.00 75.00
Esophagoscopy, including biopsy, diagnosis only	55.00			Urethral Diverticulum Repair	150.00
Removal of foreign body or dilatation of stricture	75.00	Kidney:		DADIOI OCIC THED ADV	
Cervical Rib Exploratory and Rib Resection, closed drain-	262.50	Decapsulation, unilateral Decapsulation, bilateral	225.00	RADIOLOGIC THERAPY	
age	375.00	Heminephrectomy	337.50 262.50	Superficial (skin) per treatment Deep (under skin) per treatment	7.50
Downant for apprations	at listed w	will be determined by the Company and will be in		(without only) por troutment	10.00

### 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 DEPAI

DEPARTMENT SHIFT LOCATION

EFFECTIVE DATE

125 1

February 1, 1955

#### EMPLOYEE BENEFITS ONLY

CONNECTICUT GENERAL LIFE INSURANCE COMPANY

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 isssed, such limitation is hereby extended to agree with the minimum period permitted by such law.