

PLAN OF
MEDICAL - HOSPITAL BENEFITS
FOR RETIRED EMPLOYEES AND DEPENDENTS
COAL DIVISION
EASTERN GAS AND FUEL ASSOCIATES



1/1/1958

SECTION I - DEFINITIONS

Whenever used herein:

- A. "Company" means the Coal Division, Eastern Gas and Fuel Associates.
- B. "Employee Member" means a retired employee of the Company receiving retirement benefits under a formal pension plan of the Company or under an allowance from the Company.
- C. "Dependent" means the wife or the husband of an employee member provided she or he was insured as a dependent of the employee under a Company hospital plan, if any, in effect at the time of the employee's retirement.
- D. "Plan" means the hospital and medical benefits as hereinafter stated available to Employee Members and Dependents thereof.

SECTION II - MEMBERSHIP AND COST

- A. The Plan becomes effective to all Employee Members on January 1, 1958, without cost, unless confined to a hospital in which case the Plan will become effective upon discharge from the hospital.
- B. The Dependent may be included in the Plan by making application therefor within thirty-one (31) days immediately following the effective date of the Plan for the Employee Member and contributing at the rate of \$5.00 per month. If the Dependent is confined to a hospital at the time application is made, the Dependent will not be included in the Plan until discharged from the hospital.

SECTION III - PAYMENT OF BENEFITS

Payment of benefits under the Plan will be made only to the Employee Member or the Dependent, and the Employee Member and dependent shall not have the right to assign the benefits or any portion thereof to which either may be entitled under the Plan.

SECTION IV - EXCLUDED BENEFITS

Life insurance or death benefits are not payable under the Plan for either the Employee Member or Dependent.

SECTION V - BENEFITS - EMPLOYEE MEMBER

- A. The maximum amount of benefits to an Employee Member under the Plan is \$2,500, which amount, subject to the limitations set forth under Paragraph B of this Section V, is available as follows:
 - 1. Up to the sum of \$600 per year for the first four years from the date the Plan becomes effective for the Employee Member, of which amount \$500 may be expended for room and board, services, medical attention, and

surgery performed while confined in the hospital, and \$100 for medical services rendered out of the hospital.

2. For the fifth year the sum of \$600 (\$500 thereof for in-the-hospital and \$100 for out-of-the-hospital) or the unused balance of the maximum amount, whichever is the smaller; for the sixth year the sum of \$700 (\$600 thereof for in-the-hospital and \$100 for out-of-the-hospital) or the unused balance of the maximum amount, whichever is the smaller; for the seventh year the sum of \$800 (\$700 thereof for in-the-hospital and \$100 for out-of-the-hospital) or the unused balance of the maximum amount, whichever is the smaller; for the eighth year the sum of \$900 (\$800 thereof for in-the-hospital and \$100 for out-of-the-hospital) or the unused balance of the maximum amount, whichever is the smaller; for the ninth year the sum of \$1,000 (\$900 thereof for in-the-hospital and \$100 for out-of-the-hospital) or the unused balance of the maximum amount, whichever is the smaller; for the tenth year the sum of \$1,100 (\$1,000 thereof for in-the-hospital and \$100 for out-of-the-hospital) or the unused balance of the maximum amount, whichever is the smaller.

B. Benefits are subject to the following limitations:

1. Hospital room and board \$12.00 per day.
2. Hospital medical attendance \$3.00 per visit.
3. Surgery according to schedule attached.
4. Medical attention by a duly licensed physician at his office \$3.00 per visit.
5. Home calls by a duly licensed physician \$5.00 per visit.

C. Benefits are not payable for:

1. Dental services of any kind except in cases of bodily injury;
2. Examinations which are not performed, recommended, or approved by a duly licensed physician or surgeon;
3. Eye examinations for or the supplying or fitting of eye glasses;
4. Examinations for or the supplying or fitting of hearing aids.

SECTION VI - BENEFITS - DEPENDENT

- A. The maximum amount of benefits to a Dependent under the Plan is \$1,500, which amount, subject to the limitations set forth under Paragraph B of this Section VI, is available as follows:

1. Up to the sum of \$600 per year for the first two years from the date the Plan becomes effective for the Dependent of which amount \$500 may be expended for room and board, services, medical attention, and surgery performed while confined in the hospital, and \$100 for medical services rendered out of the hospital.
2. For the third year the sum of \$600 (\$500 thereof for in-the-hospital and \$100 for out-of-the-hospital) or the unused balance of the maximum amount, whichever is the smaller; for the fourth year the sum of \$600 (\$500 thereof for in-the-hospital and \$100 for out-of-the-hospital) or the unused balance of the maximum amount, whichever is the smaller; for the fifth year the sum of \$600 (\$500 thereof for in-the-hospital and \$100 for out-of-the-hospital) or the unused balance of the maximum amount, whichever is the smaller; for the sixth year the sum of \$700 (\$600 thereof for in-the-hospital and \$100 for out-of-the-hospital) or the unused balance of the maximum amount, whichever is the smaller; for the seventh year the sum of \$800 (\$700 thereof for in-the-hospital and \$100 for out-of-the-hospital) or the unused balance of the maximum amount, whichever is the smaller; for the eighth year the sum of \$900 (\$800 thereof for in-the-hospital and \$100 for out-of-the-hospital) or the unused balance of the maximum amount, whichever is the smaller; for the ninth year the sum of \$1,000 (\$900 thereof for in-the-hospital and \$100 for out-of-the-hospital) or the unused balance of the maximum amount, whichever is the smaller; for the tenth year the sum of \$1,100 (\$1,000 thereof for in-the-hospital and \$100 for out-of-the-hospital) or the unused balance of the maximum amount, whichever is the smaller.

B. Benefits are subject to the following limitations:

1. Hospital room and board \$12.00 per day.
2. Hospital medical attendance \$3.00 per visit.
3. Surgery according to schedule attached.
4. Medical attention by a duly licensed physician at his office \$3.00 per visit.
5. Home calls by a duly licensed physician \$5.00 per visit.

C. Benefits are not payable for:

1. Dental services of any kind except in cases of bodily injury;
2. Examinations which are not performed, recommended, or approved by a duly licensed physician or surgeon;
3. Eye examinations for or the supplying or fitting of eye glasses;
4. Examinations for or the supplying or fitting of hearing aids.

D. Upon the death of the Employee Member, benefits will continue to be available to the Dependent without further contribution.

SECTION VII - TERMINATION OF BENEFITS

A. Benefits under the Plan for the Employee Member will terminate upon payment of the maximum amount of \$2,500, or upon death, whichever first occurs.

B. Benefits under the Plan for the Dependent will terminate upon payment of the maximum amount of \$1,500, remarriage, death, or failure to make contribution as required, whichever first occurs.

SECTION VIII - ADMINISTRATION

The Plan will be administered by three Trustees under a Declaration of Trust dated December 2, 1957. The Trustees in their discretion may delegate to an administrator the responsibility of managing the Plan in accordance with the policies, regulations, and procedures that shall be established by the Trustees from time to time pursuant to the terms and provisions of the Declaration of Trust.

SECTION IX - AMENDMENT - TERMINATION

The Plan, which it is hoped will continue indefinitely, was arranged after careful study and thorough investigation. The Trustees reserve the right, however, to amend, change, add to, modify, or delete any or all of the provisions of the Plan, and may in their sole discretion terminate the Plan in whole or in part at any time, and in such event any reserve funds or existing funds in any amount thereof remaining after payment or providing for the payment of all proper expenses and accrued liabilities of the Plan shall be paid to the Company.

SCHEDULE OF SURGICAL BENEFITS

<u>OPERATION</u>	<u>Maximum Payment for the Employee Member or a Dependent (If Included)</u>	
ABDOMEN - Cutting into abdominal cavity for diagnosis, treatment or removal of organs therein (unless otherwise specified in the schedule)	\$150.00	
Two or more surgical procedures performed through the same abdominal incision will be considered as one operation, and the maximum will be the largest of the maximums for the individual operations.		
ABCESS - Requiring hospital residence (furuncles excepted)	37.50	
AMPUTATION OF		
Thigh	112.50	
Leg, entire foot, arm, forearm or entire hand	75.00	
Fingers or toes, each	15.00	
BREAST		
Amputation	150.00	
Abscess, deep (furuncles excepted)	37.50	
CHEST		
Complete thoracoplasty, or removal of portion of lung	225.00	
Other cutting into thoracic cavity for diagnosis or treatment (tapping excepted)	60.00	
Induction of artificial pneumothorax	37.50	
	Not	
	Requiring	Requiring
	Open	Open
	Operation	Operation
DISLOCATION, Reduction of		
Hip or knee joint (patella excepted)	\$52.50	\$105.00
Shoulder, elbow or ankle joint	37.50	75.00
Lower jaw	22.50	45.00
Collar bone or wrist	15.00	30.00
EXCISION, Removal of		
Shoulder or hip joint	150.00	
Knee joint	112.50	
Elbow, wrist or ankle joint	75.00	
Diseased portion of bone, including curettage (alveolar processes excepted)	75.00	
EAR, NOSE OR THROAT		
Mastoidectomy		
One side	112.50	
Both sides	150.00	
Laryngectomy	150.00	
Intra-Laryngeal operation by laryngoscopic procedure	75.00	

OPERATION	Maximum Payment for the Employee Member or a Dependent (If Included)
EAR, NOSE OR THROAT (Cont.)	
Esophagoscopy or bronchoscopy for removal of foreign body or biopsy	\$150.00
Tracheotomy	75.00
External fronto-ethmoid and sphenoid	150.00
Antrum, caldwell-luc	97.50
Sinus operation by cutting unless otherwise listed (puncture of antrum excepted).	75.00
Puncture of antrum	7.50
Submucous resection of nasal septum	75.00
Removal of nasal polypi	18.75
Tonsillectomy or tonsillectomy and adenoidectomy	37.50
Removal of foreign body unless otherwise listed	7.50
Any other cutting operation (tapping excepted)	15.00

EYE	
Any cutting operation into the eyeball (through the cornea or sclera)	75.00
Cataract, removal	112.50
Cataract, needling	37.50
Glaucoma, operation	112.50
Removal of eyeball	75.00
Removal of intra-ocular foreign body from eye or eyes by magnet	75.00
Removal of foreign body from cornea or sclera	7.50
Strabismus operation	75.00
Lacrimal sac, removal	56.25
Any other cutting operation on the eye	30.00
Ptosis, operation	52.50
Any other cutting operation on the eyelids	15.00

FRACTURE, Treatment of:	Fracture Requiring An Open Operation		
	Simple Fracture	Compound Fracture	Fracture Requiring An Open Operation
Thigh, leg, kneecap, upper arm, vertebra, or vert- ebrae, or pelvis (coccyx excepted)	\$112.50	\$168.75	\$225.00
Lower jaw (alveolar process excepted) collar bone, shoulder blade, or forearm	56.25	84.38	112.50
Wrist, hand, ankle or foot	33.75	50.63	67.50
Fingers or toes, one or more	15.00	22.50	30.00
Nose, rib or ribs	22.50	33.75	45.00

OPERATION	Maximum Payment for the Employee Member or a Dependent (If Included)
GENITO-URINARY TRACT	
Removal of kidney	\$225.00
Cutting into or fixation of kidney	150.00
Removal of tumors or stones in kidney, ureter or bladder	
By cutting operation	150.00
By crushing, cauterization or endoscopic means	37.50
Stricture of urethra	
Open operation	75.00
Intra-urethral cutting operation	37.50
Circumcision	22.50
Removal of entire prostate by open operation (complete procedure)	225.00
Removal of part of prostate	
By endoscopic means	60.00
By other cutting operation	112.50
Varicocele, cutting operation on	37.50
Hydrocele, excision or incision and treatment of sac (tapping excepted)	37.50
Orchidectomy or epididymectomy	52.50
Complete removal of uterus, tubes and ovaries	225.00
Other operations on uterus and its appendages	
Cutting operations with abdominal approach	150.00
Cutting operations without abdominal approach	75.00
Dilatation and curettage (non-puerperal)	37.50
GOITRE	
Thyroidectomy (complete procedure including ligation of thyroid arteries, to be treated as one operation)	225.00
Ligation of thyroid arteries not followed by thyroidectomy	
One or more at one operation	75.00
Two or more stage operation	112.50
(Complete procedure to be treated as one operation)	
HERNIA (Cutting operation for radical cure)	
One or more	112.50
JOINT, Incision into (tapping excepted)	
	37.50
LIGAMENTS, Cutting operation	
Suturing of tendons	37.50
Single	37.50
Multiple	60.00
PARACENTESIS (Tapping of)	
Abdomen, chest, or bladder (other than catheter- ization)	15.00
Ear-drum, hydrocele, joint or spine	15.00

Maximum Payment
for the
Employee Member
or a Dependent
(If Included)

OPERATION

RECTUM, Cutting operation or injection treatment for radical cure of hemor- roids, (Complete procedure)	\$ 52.50
Cutting operation for prolapsed rectum or fistula in ano	37.50
Cutting operation for fissure	15.00
SKULL, Cutting into cranial cavity	225.00
SPINE OR SPINAL CORD, Operation with removal of portion of vertebra or vertebrae (except coccyx)	225.00
Removal of part or all of coccyx	75.00
TEETH - Extraction of impacted teeth (one or more) - Requiring hospital residence	37.50
Not requiring hospital residence	15.00
TUMORS, Cutting operation for removal of Malignant tumors, except those of face, lip or skin	150.00
Malignant tumors, of face, lip or skin	37.50
Benign tumors requiring hospital residence	37.50
Benign tumors not requiring hospital residence	15.00
VARICOSE VEINS, Cutting operation or injection treat- ment (Complete procedure on all veins).	60.00

OPERATIONS NOT ENUMERATED ABOVE

A payment will be determined consistent with the amounts provided above for operations in the same operative field for any cutting operation not covered under this schedule.