

# John Hancock

## MUTUAL LIFE INSURANCE COMPANY

BOSTON, MASSACHUSETTS

(herein called the Insurer)

**Certifies** that under and subject to the terms and conditions of the Group Policy specified below issued to the Policyholder, the employee named below is insured for those coverages applicable to him in accordance with the Schedule of Insurance contained herein, as of the effective date shown below, provided he is then actively at work, otherwise on the date he returns to active work.

If the Schedule of Insurance includes insurance for dependents (as defined) that insurance will be provided for the employee's dependents only if the required written application and wage deduction authorization (if any) for such insurance has been made by the employee. If such insurance is not effective on the effective date shown below, it shall not become effective until the date determined in accordance with the terms and conditions of the Policy.

<b>1 NAME OF EMPLOYEE</b> <div style="display: flex; justify-content: space-between; border-bottom: 1px solid black; margin-bottom: 5px;"> <span>Williams</span> <span>Leon</span> <span>L</span> </div> <div style="display: flex; justify-content: space-between; font-size: small;"> <span>Last</span> <span>First</span> <span>Middle Initial</span> </div>			<b>EFFECTIVE DATE</b> <div style="border-bottom: 1px solid black; text-align: center; margin-bottom: 5px;">6/15/67</div>		<b>CERTIFICATE NUMBER</b> <div style="border-bottom: 1px solid black; height: 20px;"></div>	
<b>2 NAME OF POLICYHOLDER/EMPLOYER</b> <div style="border-bottom: 1px solid black; text-align: center; margin-bottom: 5px;">Neighborhood Youth Corps In San Diego</div>			<b>PLAN No.</b> <div style="border-bottom: 1px solid black; height: 20px;"></div>		<b>CLASS</b> <div style="border-bottom: 1px solid black; height: 20px;"></div>	
<b>3 NAME OF BENEFICIARY AND RELATIONSHIP TO EMPLOYEE</b> <div style="display: flex; justify-content: space-between; border-bottom: 1px solid black; margin-bottom: 5px;"> <span>Williams</span> <span>Dorothy</span> <span>J</span> </div> <div style="display: flex; justify-content: space-between; font-size: small;"> <span>Last</span> <span>First</span> <span>Middle Initial</span> </div>			<div style="border-bottom: 1px solid black; text-align: center; margin-bottom: 5px;">Wife</div> <div style="text-align: center; font-size: small;">Relationship</div>			

Are dependents insured on Effective Date: Yes ☐ No ☒

This certificate describes in general terms the insurance under the Group Policy, but does not constitute a waiver of any of its terms and conditions, all of which are controlling.

The Group Policy under which this certificate is issued may at any time be amended or discontinued by agreement between the Insurer and the Policyholder without the consent of or giving of notice to the employee or to any beneficiary or any other person having a beneficial interest in the Group Policy.

The Group Policy is not in lieu of and does not affect any requirement for coverage by Workmen's Compensation Insurance.

The provisions set forth on the following pages hereof are hereby made a part of this certificate.

This certificate replaces and makes void any and all insurance certificates, for the coverage(s) contained herein, that may have been issued previously to the within-named employee under the above Group Policy.

JOHN HANCOCK MUTUAL LIFE INSURANCE COMPANY

*Arthur E. Seaton*  
President



# POLICY SPECIFICATIONS

## SCHEDULE OF INSURANCE

### LIFE, ACCIDENTAL DEATH AND DISMEMBERMENT

<i>Classification of Employees</i>	<i>Life Insurance</i>	<i>Accidental Death and Dismemberment Insurance (Full Amount)</i>
All Employees	\$2,000	\$2,000

The amounts of Life Insurance and Accidental Death and Dismemberment Insurance of an employee who is age 65 or over on the date his insurance becomes effective shall be 50% of the amount indicated in the above schedule.

The amounts of Life Insurance and Accidental Death and Dismemberment Insurance of an employee who attains age 65 after the effective date of his insurance shall be reduced to 50% of the amount as indicated in the above schedule on his 65th birthday.

If there is more than one classification in the Schedule above, any change in the amounts of insurance of an employee resulting from a change in his classification shall become effective on the date of such change in classification; provided that an increase in the employee's amount of insurance shall become effective on the date of change in classification only if he is then actively at work with his Participating Employer on a regularly scheduled, full-time basis, otherwise on the first date thereafter on which he is actively at work with his Participating Employer.

THE FOLLOWING COVERAGES ARE APPLICABLE TO:

- ☐ Employee only  
☒ Employee and Dependent

### HOSPITAL EXPENSE

For Injury or Disease			For Pregnancy
Rate of Maximum Daily Benefit for Board and Room	Maximum Board and Room Benefit	Maximum Special Services	Maximum Pregnancy Benefit
\$ 35	\$ 2450	\$ 700	\$ No Benefit

### SURGICAL OPERATION EXPENSE

Surgical Conversion Factor . . . \$ 5

### LABORATORY AND X-RAY EXPENSE

Maximum Benefit . . . . . \$50

### MEDICAL EXPENSE

Rate of Benefit  
Per Treatment . . . . \$ 5

Maximum Benefit . . . \$350

### SUPPLEMENTAL ACCIDENT EXPENSE

Maximum Benefit . . . . . \$300

Series A  
GC-101(PS-1)  
Ed. 1-66  
Printed in U.S.A.  
PLATE C



POLICY SPECIFICATIONS (Continued)

SCHEDULE OF INSURANCE (Continued)

MAJOR MEDICAL EXPENSE

Benefit Percentage

80 % of the amount by which the sum of all hospital charges, surgical charges and medical charges incurred during the Benefit Period, or Calendar Year if the Calendar Year Plan is in effect, exceeds the Deductible Amount, except that the Benefit Percentage for medical charges made by a psychiatrist or physician, for treatment of nervous or mental conditions while not hospital confined, shall be 50% and the maximum benefit payable for all such charges incurred in any period of twelve consecutive months shall not exceed \$500.

Aggregate Maximum Benefit  
\$ 10,000

Accumulation Period  
6 months

Maximum Covered Expense for  
Daily Board and Room

*In Private Room* — the charge most frequently made by the hospital for the best type of semi-private accommodations

*In Other Accommodations* — the full charge made by the hospital for board and room

Deductible Amount

The Deductible Amount applicable to each individual insured under the policy shall be the sum of (1) and (2) below:

(1) Cash Deductible.....\$ 100

(2) The total amount of benefits (including the value of all benefits furnished on a service basis) provided under a Base Plan with respect to Covered Expenses of the individual.

The term "Base Plan" includes all other coverages furnishing benefits of a type included in this coverage and provided under the policy or under any other Group Policy issued by the Insurer, or under any law which affords such benefits by reason of employment or place of residence, and under all other policies, plans or programs for which any Employer participating under the policy pays any part of the cost or makes deductions from employees' earnings.

If a person is not covered under all Base Plan coverages for which he is eligible, his amount under this subdivision (2) for Deductible Amount purposes shall be \$300.

Charges Subject to Cash Deductible..... All Charges

Notwithstanding anything to the contrary set forth herein, if on the date insurance would otherwise become effective a dependent is confined because of injury or disease in a hospital or other institution, or is confined at home or elsewhere so as to be unable to carry on any substantial part of the regular and customary activities of a person in good health and of the same age and sex, or if a dependent has been confined in a hospital within 31 days prior to the date insurance would otherwise become effective, the insurance of such dependent shall not become effective earlier than (a) the date following a period of 31 days during which the dependent has not been confined as set forth above, either in a hospital, at home or elsewhere, or (b) the date evidence of the dependent's complete recovery is received by the Insurer at its Home Office, whichever occurs first.

The foregoing shall not apply to postpone the effective date of the insurance of a child born while the employee's dependents are insured under the policy, but no Life Insurance for Dependents (if provided under the policy for the dependents of the employee) shall be in effect for such child while he is under 15 days of age.

If an employee is entitled to additional benefits during hospital confinement under the California Unemployment Insurance Act, his daily hospital room and board benefit shall be reduced by \$12.00.

**NOTICE TO PERSONS BECOMING ENTITLED TO MEDICARE BENEFITS  
UNDER THE UNITED STATES SOCIAL SECURITY ACT.**

- (1) Those employees and dependents who become eligible for benefits under Medicare shall not be eligible or insured under the Policy for any coverage providing benefits for hospital or surgical or medical expenses, on or after the date on which the employee or dependent, as the case may be, becomes eligible for benefits under Medicare. Accordingly, any such employee or dependent who is insured for any such coverage under said Policy on the date immediately prior to the date he becomes eligible for benefits under Medicare shall cease to be insured thereunder on said prior date, and no benefits shall be payable under said Policy for any such expenses incurred by or on account of any such employee or dependent after the date on which he ceased to be insured under said Policy, notwithstanding anything to the contrary set forth in said Policy.
- (2) If an employee or dependent ceases to be insured under one or more coverages in said Policy, solely by reason of subdivision (1) above, such cessation shall not affect or terminate his eligibility under any other coverage applicable to him under said Policy, and, in the case of an employee, such cessation of his insurance shall not affect or terminate eligibility or insurance under said Policy of any of his dependents who are otherwise eligible, notwithstanding anything to the contrary set forth in said Policy.



## GENERAL PROVISIONS

### Discontinuance of Insurance of Employees

Part A. The insurance of an employee under a particular coverage shall be discontinued on the earliest of the following dates:

- (1) the date his classification changes to a class of employees which is ineligible for insurance under that coverage;
- (2) the date as of which the policy is amended making the class of employees of which he is a member ineligible for insurance under that coverage;
- (3) the date of termination of that coverage for the class of employees of which he is a member.

Part B. The insurance of an employee under all coverages for which he is insured shall be discontinued on the earliest of the following dates:

- (1) the date of termination of his employment (see paragraph below);
- (2) if his insurance is provided on a Contributory Basis, the date of expiration of the period for which he last made the required premium contribution to his Participating Employer for his insurance;
- (3) the date the participation of his Participating Employer in all insurance under the policy is discontinued;
- (4) the date of termination of the policy.

Employment for insurance purposes terminates on the date the employee ceases active work with his Participating Employer, except that, in the circumstances specified below, employment shall be deemed to continue for insurance purposes, for the coverages specified, until the earlier of (a) the expiration of the period specified below, or (b) the date the employee's Participating Employer, acting in accordance with rules which preclude individual selection, terminates the employee's employment for insurance purposes, by written notice to the employee, or by written notice to the Insurer, or by any other means.

<i>While Employee is Absent from Work Due to</i>	<i>*Employment May Be Deemed to Continue for this Period</i>	<i>For These Coverages</i>
(i) Sickness or Injury	Indefinite	All coverages
(ii) Temporary layoff	Not beyond end of policy month next following policy month in which layoff begins	All coverages
(iii) Leave of absence	Not beyond end of policy month next following policy month in which leave of absence begins	Life Insurance (and Accidental Death and Dismemberment Insurance, if any)

\*In no event will employment be deemed to continue beyond the date on which the employee commences active duty in the armed forces of any country or state or international organization.



## **GENERAL PROVISIONS**

### **Discontinuance of Insurance of Dependents**

**Part A.** The insurance of a dependent under a particular coverage shall be discontinued on the earliest of the following dates:

- (1) the date the employee's insurance classification is changed to one in which his dependents are ineligible for insurance under that coverage;
- (2) the date as of which the policy is amended making the dependents of that class of employees of which the employee is a member ineligible for insurance under that particular coverage;
- (3) the date of termination of that coverage for the dependents of that class of employees of which the employee is a member.

**Part B.** The insurance of a dependent under all coverages for which he is insured shall be discontinued on the earliest of the following dates:

- (1) the date of discontinuance of the employee's insurance under all coverages for which he is insured;
- (2) the date the dependent becomes eligible as an employee for insurance under the policy;
- (3) the date he ceases to be included within the definition of the term "dependent";
- (4) the date the dependent commences active duty in the armed forces of any country or state or international organization, or becomes a member of any civilian force auxiliary to any military force;
- (5) if the dependent's insurance is provided on a Contributory Basis, the date of expiration of the period for which the employee last made the required premium contribution for the insurance of his dependents;
- (6) the date of termination of the policy.



## GENERAL PROVISIONS

### Beneficiary of Employee

The employee's beneficiary shall be the person or persons designated by the employee in writing and entered in the insurance records maintained as provided under Policy Specifications.

If no beneficiary designation is in effect at the employee's death, or if there is no designated beneficiary then living, as to any part of the amount of insurance, the Insurer may, at its option, pay such part to the employee's estate or to any one or more of the following surviving relatives of the employee: wife, husband, child or children, mother, father, brothers or sisters.

If the beneficiary is a minor or is otherwise incapable of giving a valid release for any payment due, the Insurer may, at its option and until claim is made by the duly appointed guardian of such beneficiary, make payment of the amount of insurance payable to that beneficiary, at a rate not exceeding [\$50] per month, to any relative by blood or connection by marriage of the beneficiary, or to any other person or institution appearing to it to have assumed custody and principal support of the beneficiary, for the sole benefit of the beneficiary. The liability of the Insurer shall be fully discharged to the extent that payments are made under this provision.

### Change of Beneficiary

Changes in the employee's designation of beneficiary may be made by the employee by notice in writing given to his Participating Employer, but the new designation shall become effective only when it is received for entry in the insurance records maintained as provided under Policy Specifications, and then shall relate back to take effect as of the date the notice is signed, whether or not the employee is living when the new designation is entered in the insurance records, but without prejudice to the Insurer for any payment made or other action taken by the Insurer before the new designation is received.

### Optional Methods of Settlement

Any amount of insurance payable under this policy on account of the death of the employee shall be paid either in one amount or in accordance with the terms of a settlement option which has been agreed to and acknowledged by the Insurer.

A settlement option may be elected by the employee while he is insured, and may be changed or revoked by him at any time.

If no settlement option elected by the employee is in effect at his death, the beneficiary may elect a settlement option after the employee's death, subject to the Insurer's agreement to and acknowledgment of the option elected.

No settlement option shall be available as to any amount of insurance payable to an executor, administrator, trustee, corporation, partnership or association.

The rate of interest applicable to payments under an option shall be that determined by the Insurer to be applicable for the year in which death of the employee occurs but shall not be less than 2% per annum.

### Assignment

Any benefits that may become payable under this policy for hospital, surgical or medical expenses may be assigned by the employee but the Insurer will not be on notice of any assignment unless it is in writing, nor until a duplicate of the original assignment has been filed with the Insurer. The Insurer assumes no responsibility for the validity or sufficiency of any assignment.



## POLICY WORDS AND PHRASES

Certain of the words and phrases used in the policy are listed below with the definition or explanation of the manner in which the term is used for the purposes of the policy.

- "coverage" means all of the terms and provisions appearing under the caption of that portion of the policy providing the particular kind of coverage.
- "written notice" means notice in writing in a form supplied by or satisfactory to the Insurer for that purpose.
- "injury" shall mean only a bodily injury sustained accidentally by external means.
- "non-occupational" means, with respect to injury, an injury which does not arise out of and in the course of any employment for wage or profit; and with respect to disease, means a disease in connection with which the person is entitled to no benefits under any Workmen's Compensation law or similar legislation.
- "full-time employee" means only an employee who customarily works a regularly scheduled work week with a Participating Employer of at least 30 hours per week, and shall include a proprietor or partner of a Participating Employer which is a proprietorship or partnership, provided he is actively engaged in and regularly devotes at least 30 hours per week to the conduct of the business of that Participating Employer.
- "actively at work" — an employee shall be considered "actively at work" for the purposes of insurance if he reports for work on the date in question at his usual place of employment with his Participating Employer and such usual place of employment is outside of his home, and if when he so reports he is able to perform all of the usual and customary duties of his occupation on a regular, full-time basis. If an employee does not so report, or if his usual place of employment with his Participating Employer is not outside of his home, he shall be considered "actively at work" if at any time on the date in question, he is neither (i) hospital confined, nor (ii) disabled to a degree that he could not then have reported to a place of employment outside of his home and performed all of the usual and customary duties of his occupation on a regular, full-time basis.



## POLICY WORDS AND PHRASES (Continued)

- "wholly disabled" as used in the Accident and Health coverages for Employees means disability to the extent that the employee is able to perform none of the usual and customary duties of his occupation; and in Dependent coverages (if provided under the policy) means disability to the extent that the dependent can perform none of the usual and customary duties or activities of a person in good health and of the same age and sex.
- "physician" means only a person who is duly licensed (a) to prescribe and administer any drugs, or (b) to perform surgical procedures.
- "hospital" means only an institution licensed as a hospital (if licensing is required) and operated pursuant to law for the care and treatment of sick and injured persons, which institution provides 24-hour nursing care and has facilities both for diagnosis, and, except in the case of a hospital primarily concerned with the treatment of chronic diseases, for major surgery. The term "hospital" shall not be construed to include a hotel, rest home, nursing home, convalescent home, place for custodial care, home for the aged, or a place used primarily for the confinement or treatment of drug addicts or alcoholics.
- "hospital confinement" — a person shall be deemed to be confined in a hospital, for the purposes of the policy, if his confinement continues for 18 consecutive hours or longer; or if a board and room charge is made in connection with his confinement; or if the confinement results from a non-occupational injury requiring emergency care and commences prior to midnight of the day following the date of injury; or if the confinement is required because of a surgical procedure.
- "reasonable and customary" — a charge shall be considered reasonable and customary to the extent that it does not exceed the general level of charges being made by others of similar standing in the locality where the charge is incurred, when furnishing like or comparable treatment, services or supplies to individuals of the same sex and of comparable age and income, for a similar disease or injury. The term "locality" means a county or such greater area as is necessary to establish a representative cross section of persons or other entities regularly furnishing the type of treatment, services or supplies for which the charge was made.
- "surgical procedure" means only the following:
  - (a) cutting operation; (b) suturing of a wound; (c) treatment of a fracture;
  - (d) reduction of a dislocation; (e) radiotherapy (excluding radioactive isotope therapy) if used in lieu of a cutting operation for removal of a tumor; (f) electrocauterization; (g) diagnostic and therapeutic endoscopic procedures; (h) injection treatment of hemorrhoids and varicose veins.
- "Accident and Health coverages" means all coverages under the policy except Life Insurance.



## POLICY WORDS AND PHRASES (Continued)

- "dependent" shall include only the following, provided they are not eligible to be insured under this policy as employees and, if previously insured as employees, are not eligible to receive any benefits under this policy as a result of a disability existing when insurance as an employee was discontinued:
  - (i) the wife or husband of an employee, while not divorced or legally separated from the employee;
  - (ii) each child of an employee, from the earlier of
    - (a) the date he attains 15 days of age, or
    - (b) the first date on which he is confined in a hospital and his mother is not confined in the same hospital,and while the child is unmarried, is not employed on a regular and full-time basis, and is dependent on the employee for support, and is under 23 years of age.



## **This Coverage Provides**

### **LIFE INSURANCE FOR EMPLOYEES**

#### **Death Benefit**

The Insurer will pay to an employee's beneficiary the amount of life insurance in force on the employee's life at the time of his death, as determined in accordance with the Schedule of Insurance shown for this coverage under Policy Specifications, upon receipt of due proof at its Home Office that the employee died while insured under this coverage.

#### **Conversion Privilege**

Part A. An employee whose entire amount of life insurance is discontinued because

- (a) his employment for insurance purposes is terminated, or
  - (b) his classification changes to a class of employees which is ineligible for life insurance,
- will be entitled to have an individual policy of life insurance issued to him by the Insurer, in an amount which shall not exceed the amount of his life insurance which discontinued for whichever of the reasons in (a) and (b) above is applicable.

Part B. An employee whose entire amount of life insurance is discontinued because

- (a) all life insurance under the policy is terminated, or
- (b) the policy is amended making the class of employees of which he is a member ineligible for life insurance, or
- (c) his Participating Employer's participation in all insurance under the policy is discontinued,

and who had then been continuously insured for life insurance under the policy for at least 5 years will be entitled to have an individual policy of life insurance issued to him by the Insurer, in an amount which shall not exceed

- (i) the amount of his life insurance which discontinued for whichever of the reasons in (a), (b) and (c) above is applicable, less any amount for which the employee is or becomes eligible under this or any other Group Policy within 31 days after the date his life insurance was discontinued, or

- (ii) \$2,000,

whichever is less.

(Coverage continued in next page)



**This Coverage Provides**  
**LIFE INSURANCE FOR EMPLOYEES (Continued)**

**Conversion Privilege (Continued)**

Part C. Issue of the individual policy will be subject to all of the following conditions:

- (1) No evidence of insurability shall be required.
- (2) Written application for the individual policy and the first premium therefor must be delivered or mailed to the Insurer within 31 days after the date on which the employee's insurance under this coverage was discontinued.
- (3) The individual policy will be in any one of the forms then customarily issued by the Insurer, except a policy of term insurance, and shall be without disability or other supplementary benefits.
- (4) The premium for the individual policy will be determined by the Insurer from its then current rates, based upon the employee's attained age at his birthday nearest to the date of issue of the individual policy, upon the class of risk to which he then belongs, and upon the form and amount of the individual policy.
- (5) Insurance under the individual policy will not become effective until the end of the 31-day period described in (2) above.

**Benefit for Death During Conversion Period**

Upon receipt of due proof at its Home Office of the death of the employee during the 31-day period within which he could have made application for an individual policy of life insurance under the provision entitled "Conversion Privilege", the Insurer will pay to the beneficiary as a death benefit the maximum amount for which an individual policy could have been issued to him under that provision, whether or not the employee had made application for an individual policy.

If he had made application for an individual policy, the designation in that application of a beneficiary different from the beneficiary under this Policy shall, notwithstanding any other provision of this Policy, effect a change of beneficiary under this Policy to the beneficiary designated in that application.

(Coverage continued in next page)



**This Coverage Provides**  
**LIFE INSURANCE FOR EMPLOYEES (Continued)**

**Waiver of Premium Benefit**

The Insurer will waive the payment of premiums for the life insurance of an employee and will continue that insurance in force, upon receipt at its Home Office of due proof that the employee,

- (1) while insured under this coverage and before his 60th birthday, became totally disabled (which as used in this provision shall mean totally disabled by injury or disease to the extent that he was able to perform no work for compensation or profit and was able to engage in no business or occupation), and
- (2) has been continuously so disabled for at least 9 consecutive months when the required proof is furnished.

The required proof may be furnished while the employee is insured but if not, then it must be furnished not more than 1 year after the last date for which premium for his life insurance was paid by the Policyholder.

The initial period for which premium will be waived will commence with the date the required proof is received by the Insurer and will continue while the employee remains totally disabled, for up to 12 months from receipt of the required proof. Premium will be waived for succeeding periods of 12 months each while the employee continues to be totally disabled if due proof that his total disability continues is received by the Insurer at its Home Office during the last 3 months of the immediately preceding 12-month period.

The Insurer will have the right to require proof of the continuance of total disability of the employee from time to time during the first 2 years following receipt of due proof. After 2 years proof will be required not oftener than once a year. As part of any proof, the employee may be required to be examined at the Insurer's expense by a medical examiner designated by the Insurer.

The amount of life insurance on which premium will be waived under this provision shall be the amount which was in force on the life of the employee on the date he became totally disabled, or, if this provision applies to less than all of his life insurance under this policy, then the amount to which this provision applied on that date. In any event, his amount of life insurance on which premium is waived will be reduced if and when it would have been reduced under the Schedule of Insurance that would be applicable to him if he were insured under this coverage but not totally disabled.

(Coverage continued in next page)



## **This Coverage Provides**

### **LIFE INSURANCE FOR EMPLOYEES (Continued)**

#### **Waiver of Premium Benefit (Continued)**

If the employee dies while insurance under this coverage is being continued in accordance with this provision, the amount of life insurance on which premium is being waived at the time of his death, as determined in accordance with the preceding paragraph, shall be paid by the Insurer to the employee's beneficiary.

If the employee dies within 1 year after the last date for which premium was paid to the Insurer for his insurance under this coverage, but before proof of his total disability is furnished to the Insurer, and if due proof of his death, and that he was totally disabled from the last date for which such premium was paid to the date of his death, is furnished to the Insurer at its Home Office not more than 1 year after his death, the Insurer will pay to his beneficiary the amount of life insurance to which this provision applied when premium therefor was last paid, or, if less, the amount of life insurance that would have been in force on his life on his date of death under the Schedule of Insurance that would be applicable to him if he were then insured under this coverage but not totally disabled.

If the employee ceases to be totally disabled, or if he fails to submit proof of continuance of his total disability when required, or if he fails to be examined medically when required, no further benefit will be provided for him under this provision in connection with that disability. If the employee does not return to active work in a class of employees eligible for life insurance under the policy, within 31 days after the date his benefits under this provision ceased, he may convert the life insurance that was subject to this provision, in accordance with the provision entitled "Conversion Privilege", as though his insurance had ceased on that date because of termination of employment.

If a benefit is payable under the provision entitled "Benefit for Death During Conversion Period" on account of the employee's death, the amount, if any, payable under this provision will be reduced by the amount of that benefit.

If an individual policy was issued on the employee's life in accordance with the provision entitled "Conversion Privilege" no payment will be made under this provision, if the individual policy is not surrendered to the Insurer without the payment of any claim on that policy except for refund of any premium paid thereon. The designation of a beneficiary under such an individual policy or in the application therefor (if the individual policy had not become effective) different from the beneficiary under the Group Policy shall, notwithstanding any other provision of the Group Policy to the contrary, effect a change of beneficiary under the Group Policy to the beneficiary so designated.

Termination of the policy will not affect the rights of any employee who is entitled to this benefit by reason of becoming totally disabled prior to termination of the policy. Benefits provided in accordance with this provision after the date of termination of the policy will not affect that termination or continue the policy in force after that date.



### **This Coverage Provides**

## **ACCIDENTAL DEATH AND DISMEMBERMENT INSURANCE FOR EMPLOYEES**

### **Accidental Death and Dismemberment Indemnity**

If an employee suffers any of the losses listed below as a result of an injury, the Insurer will pay the amount of insurance specified for the loss in the Schedule of Indemnities below, upon receipt of due proof that

- (1) the injury occurred while the employee was insured under this coverage;
- (2) the loss occurred within 90 days after the injury;
- (3) the loss resulted directly and solely from the injury and independently of all other causes.

### **Schedule of Indemnities**

<b>Full Amount of Insurance for Loss of</b>	<b>One Half of the Full Amount of Insurance for Loss of</b>
Life	Sight of One Eye
Both Hands	One Hand
Both Feet	One Foot
One Hand and One Foot	
Sight of Both Eyes	
One Hand and Sight of One Eye	
One Foot and Sight of One Eye	

Loss of hands or feet shall mean loss by severance at or above the wrist or ankle joint, and loss of sight shall mean total and irrecoverable loss of sight.

The total amount payable for all losses resulting from any one accident shall not exceed the employee's Full Amount of Insurance shown for this coverage under Policy Specifications.

### **Limitations**

No benefit will be payable for any loss caused wholly or partly, directly or indirectly, by

- (a) disease, or bodily or mental infirmity, or medical or surgical treatment thereof; or
- (b) ptomaines, or bacterial infections, except infection introduced through a visible wound accidentally sustained; or
- (c) suicide while sane or insane, or intentionally self-inflicted injury; or
- (d) war, or any act of war, whether declared or undeclared.



### **This Coverage Provides**

## **HOSPITAL EXPENSE INSURANCE FOR EMPLOYEES AND DEPENDENTS**

### **Benefits for Expenses due to Injury or Disease**

The Insurer will pay the benefits described in (A) and (B) below for the charges described therein which are made to an employee or to a dependent in connection with his hospital confinement,

- (1) which results directly from a non-occupational injury or a non-occupational disease of the employee or dependent, as the case may be, and
- (2) which commences while he is insured under this coverage.

#### **(A) Benefit for Board and Room**

A benefit equal to the reasonable and customary charges made by the hospital for board and room of the employee or dependent, as the case may be, up to a maximum of

- (i) the applicable Rate of Maximum Daily Benefit for Board and Room shown for this coverage under Policy Specifications, multiplied by
- (ii) the number of days in the period of confinement for which the hospital charges for board and room of the employee or dependent,

but the total benefit that shall be payable for the charges made for board and room during all hospital confinements which are considered as occurring during a continuous period of disability shall not exceed the applicable Maximum Board and Room Benefit shown for this coverage under Policy Specifications.

#### **(B) Benefit for Special Services**

A benefit equal to the reasonable and customary charges made in connection with the confinement,

- (i) by the hospital for services or supplies furnished to the employee or dependent, as the case may be, for his use during his hospital confinement, including charges for blood and blood plasma to the extent the charges are not reduced by blood donations (but not including charges for board and room, or for special nursing services, or for services of a physician),
- (ii) for anesthetics and the administration thereof, and
- (iii) for local use of an ambulance,

and which are incurred before the Maximum Board and Room Benefit provided in (A) above becomes payable, but the total benefit that shall be payable for the charges described in (i) through (iii) above made in connection with all hospital confinements which are considered as occurring during a continuous period of disability shall not exceed the applicable Maximum Special Services Benefit shown for this coverage under Policy Specifications.

(Coverage continued in next page)



**This Coverage Provides**  
**HOSPITAL EXPENSE INSURANCE**  
**FOR EMPLOYEES AND DEPENDENTS (Continued)**

**Extension of Benefits**

If an employee or dependent is wholly disabled as a result of a non-occupational injury or a non-occupational disease when his insurance under this coverage is discontinued and if he becomes confined in a hospital as a result of a non-occupational injury or a non-occupational disease, within 3 months thereafter and during the continuance of that disability, the same benefits shall be payable for the charges made in connection with that hospital confinement that would have been payable if the confinement commenced while he was insured.

**Continuous Period of Disability**

Successive periods of hospital confinement shall be considered as occurring during one continuous period of disability unless the Insurer receives evidence satisfactory to it that the causes of the later period of hospital confinement are unrelated to the causes of the previous period of hospital confinement, or that the later period of hospital confinement commenced after the employee or dependent, as the case may be, completely recovered from the causes of his previous period of hospital confinement, or, in the case of an employee, commenced after he had returned to work and completed one full day of active service with his Participating Employer.

**Limitations**

No benefit shall be payable for a charge,

- (a) which is incurred in connection with confinement for general health examination or confinement for a surgical procedure or treatment performed primarily for beautification;
- (b) which is incurred in connection with confinement as a result of pregnancy (which term includes resulting childbirth or miscarriage);
- (c) which is incurred under any of the circumstances described in the provision entitled "General Exclusions" set forth in the Special Provisions section of this Part 3;
- (d) which is incurred in connection with confinement of a child prior to the date the child attains 15 days of age and while the mother is confined in the same hospital.



**This Coverage Provides**  
**SURGICAL OPERATION EXPENSE INSURANCE**  
**FOR EMPLOYEES AND DEPENDENTS**

**Benefits for Expense due to Injury or Disease**

The Insurer will pay a benefit for the charge made to an employee or to a dependent by a physician in connection with a surgical procedure performed on the employee or dependent, as the case may be, while he is insured under this coverage and as a result of a non-occupational injury or a non-occupational disease.

The benefit shall be equal to the amount of the charge made by a physician,

- (1) for performing the procedure, and
- (2) for necessary pre-operative treatment during hospital confinement, and customary post-operative treatment, furnished in connection with the procedure,

but shall not exceed the amount obtained by multiplying (i) the Unit Value determined for the procedure in accordance with the applicable Schedule of Surgical Procedures and Values, by (ii) the applicable Surgical Conversion Factor shown under Policy Specifications, except that, unless otherwise specified in the Schedule,

- (a) the total benefit that shall be payable in connection with all procedures performed at the same operative session either through the same incision, or in the same natural body orifice, or in the same operative field shall not exceed the amount obtained by multiplying (i) the largest of the Unit Values specified in said Schedule for the procedures performed, by (ii) the applicable Conversion Factor;
- (b) the total benefit that shall be payable in connection with bilateral procedures performed at the same operative session in separate operative fields shall not exceed the amount obtained by multiplying (i) one and one-half times the Unit Value specified in said Schedule for the procedure when not performed bilaterally, by (ii) the applicable Conversion Factor;
- (c) the total benefit that shall be payable in connection with all other procedures performed at the same operative session in separate operative fields shall not exceed the amount obtained by multiplying (i) the largest of the Unit Values specified in said Schedule for the procedures performed, plus one-half the sum of the other Unit Values specified in said Schedule for the procedures performed, by (ii) the applicable Conversion Factor;

but in no event shall the total benefit that shall be payable in connection with all procedures performed at the same operative session exceed the applicable Maximum Surgical Benefit which is determined by multiplying a Unit Value of 225 by the applicable Conversion Factor, and which is specified for this coverage under Policy Specifications.

The total benefit that shall be payable in connection with all surgical procedures performed at separate operative sessions shall not exceed such applicable Maximum Surgical Benefit, unless the Insurer receives evidence satisfactory to it that the causes of the procedure or procedures performed at the later operative session are unrelated to the causes of the procedure or procedures performed at the previous operative sessions, or that the later operative session occurred after the employee or dependent, as the case may be, had completely recovered from the causes of the procedure or procedures performed at the previous operative session, or, in the case of an employee, occurred after he had returned to work and completed one full day of active service with his Participating Employer.

(Coverage continued in next page)



**This Coverage Provides**

**SURGICAL OPERATION EXPENSE INSURANCE  
FOR EMPLOYEES AND DEPENDENTS (Continued)**

**Extension of Benefits**

If an employee or dependent is wholly disabled as a result of a non-occupational injury or a non-occupational disease when his insurance under this coverage is discontinued and if he undergoes a surgical procedure as a result of a non-occupational injury or a non-occupational disease, within 3 months thereafter and during the continuance of that disability, the same benefit shall be payable for that procedure that would have been payable if it had been performed while he was insured.

**Limitations**

No benefit shall be payable for any charge,

- (a) in connection with a surgical procedure performed as a result of or in connection with pregnancy (which term includes resulting childbirth or miscarriage);
- (b) in connection with a surgical procedure performed primarily for beautification;
- (c) in connection with the prevention or correction of teeth irregularities and malocclusion of jaws by wire appliances, braces or other mechanical aids, or any other care, repair, removal, replacement, or treatment of the teeth, or surrounding tissues, except, (1) when necessitated by damage to sound natural teeth or surrounding tissues as a result of an injury which occurs while the employee or dependent, as the case may be, is insured under this coverage, or (2) for the excision of impacted unerupted teeth or of a tumor or cyst, or incision and drainage of an abscess or cyst, or (3) for any other oral surgical procedure not involving any tooth structure, alveolar process, or gingival tissues;
- (d) which is incurred under any of the circumstances described in the provision entitled "General Exclusions" set forth in the Special Provisions section of this Part 3;
- (e) in connection with a surgical procedure for circumcision of a child prior to the date the child attains 15 days of age.



INTEGUMENTARY SYSTEM		UNIT VALUE	DIGESTIVE SYSTEM		UNIT VALUE
Incision and drainage of sebaceous cysts, furuncle, carbuncle or any other superficial abscesses, simple		4.0	Teeth and Gums		
Excision (including simple closure) of benign lesion of skin, subcutaneous tissue or mucous membrane: lesion diameter,			Incision and drainage of abscess or cyst		4.0
1/4 inch or less		4.0	Excision of cyst involving area one quadrant or less		10.0
over 1/4 up to 1/2 inch		5.0	Excision of cyst involving area greater than one quadrant		20.0
over 1/2 up to 3/4 inch		6.0	Excision of unerupted impacted tooth		10.0
50% for each additional lesion by size up to three lesions			each additional		5.0
Excision of pilonidal cyst or sinus		30.0	Tonsillectomy, with or without adenoidectomy, under age 18		15.0
Suture of wound, simple,			age 18 or over		20.0
1 inch or less (25 mm)		3.0	Gastrectomy, subtotal, with or without vagotomy		80.0
over 1 inch up to 2 inches (2.6-5.0 cm)		4.0	Colectomy, partial resection of large intestine in two stages, including first stage colostomy or cecostomy		100.0
over 2 inches up to 3 inches (5.1-7.5 cm)		5.0	Appendectomy		40.0
50% for each additional wound by size			Proctectomy, complete, combined abdomino-perineal, one or two stages		100.0
Breast			Fistulotomy or fistulectomy, subcutaneous		10.0
Partial mastectomy or excision of cyst, or tumor, unilateral		15.0	submuscular		40.0
bilateral		25.0	Hemorrhoidectomy, external		20.0
Complete (simple) mastectomy		30.0	internal or internal and external		30.0
Radical mastectomy, including breast, pectoral muscles and axillary lymph nodes		70.0	with submuscular fistulotomy or fistulectomy		40.0
			Cholecystectomy: removal of gall bladder		60.0
			with open exploration of common duct		70.0
			Exploratory laparotomy		40.0
			Herniotomy		
			Femoral, inguinal, unilateral		35.0
			Inguinal, with orchidectomy or excision of hydrocele		40.0
MUSCULOSKELETAL SYSTEM			URINARY SYSTEM		
Bones (alveolar processes excepted)			Nephrectomy: excision of kidney		80.0
Excision of bone cyst, chondroma or exostosis: humerus, femur, tibia or radius		50.0	Heminephrectomy: excision of portion of kidney		100.0
			Cystoscopy, diagnostic		8.0
			with ureteral catheterization		15.0
			with fulguration of small bladder tumors (0.5 cm to 2 cm)		25.0
			with removal of calculus from ureter		30.0
			MALE GENITAL SYSTEM		
			Circumcision, other than clamp or dorsal slit		10.0
			Orchidectomy, simple, unilateral		20.0
			bilateral		25.0
			Epididymectomy or excision of hydrocele or varicocele		30.0
			Transurethral resection of prostate, including control of post-operative bleeding, complete		80.0
			FEMALE GENITAL SYSTEM		
			Repair of cystocele, with or without urethrocele		35.0
			Repair of rectocele		30.0
			Repair of cystocele, rectocele and perineoplasty, with or without repair of urethrocele		50.0
			Salpingectomy or oophorectomy, or both, unilateral or bilateral		45.0
			Hysterectomy, with or without dilatation and curettage and surgery on tubes and ovaries:		
			Radical for cancer including regional lymph nodes		100.0
			Subtotal or supracervical		55.0
			Total or pan-hysterectomy (corpus and cervix)		60.0
			Trachelectomy: amputation of cervix		20.0
			Dilatation and curettage of uterus, non-puerperal		15.0
			with conization		20.0
			ENDOCRINE SYSTEM		
			Excision of cyst or adenoma of thyroid		40.0
			Thyroidectomy, subtotal		60.0
			Hemithyroidectomy, total lobectomy		50.0
			NERVOUS SYSTEM		
			Craniotomy, for excision of brain tumor, abscess or cyst		125.0
			Sympathectomy, lumbar, unilateral		55.0
			bilateral		75.0
			Splanchnicectomy, unilateral		65.0
			bilateral		80.0
			EYE		
			Cataract, extraction of lens, unilateral		70.0
			Reattachment of retina, electrocoagulation, scleral resection, buckling or partial tubing, initial		90.0
			Strabismus, operation for, one or both eyes done in one stage		50.0
			EAR		
			Mastoidectomy, simple		50.0
			Stapes mobilization		70.0
			Fenestration of semicircular canal		100.0
			Myringotomy, plicotomy		4.0
			CARDIOVASCULAR SYSTEM		

GSS-RV (JH-1)

Surgical Sch. — Ex. Obs.



## **This Coverage Provides**

### **MEDICAL EXPENSE INSURANCE FOR EMPLOYEES AND DEPENDENTS**

#### **On the In-Hospital Plan**

##### **Benefits for Expenses due to Injury or Disease**

The Insurer will pay a benefit for the charge made to an employee or to a dependent by a physician for each medical treatment which the employee or dependent, as the case may be, receives while insured under this coverage and

- (1) as a result of a non-occupational injury or a non-occupational disease, and
- (2) during the days of a period of hospital confinement for which benefits are payable under this policy.

The benefit shall be equal to the amount of such charge but shall not exceed the applicable Rate of Benefit per Treatment shown for this coverage under Policy Specifications, and the total benefit that shall be payable for all such charges made for medical treatments received by the employee or dependent, as the case may be, during any one continuous period of disability shall not exceed the applicable Maximum Benefit shown for this coverage under Policy Specifications.

##### **Extension of Benefits**

If an employee or dependent is wholly disabled as a result of a non-occupational injury or a non-occupational disease when his insurance under this coverage is discontinued and if he receives medical treatment by a physician as a result of a non-occupational injury or a non-occupational disease, during the days of a period of hospital confinement for which benefits are payable under this policy and which commences within 3 months after the date his insurance was discontinued and during the continuance of that disability, the same benefit shall be payable for the charge made for that treatment that would have been payable if it had been received while he was insured under this coverage.

##### **Continuous Period of Disability**

Treatments received during consecutive periods of hospital confinement shall be considered as having been received during one continuous period of disability unless the later period of hospital confinement is considered as occurring during a separate period of disability for purposes of Hospital Expense Insurance under this policy.

##### **Limitations**

No benefit shall be payable for a charge,

- (a) for more than one treatment on any one day;
- (b) for treatment caused by or resulting from pregnancy (which term includes resulting childbirth or miscarriage);
- (c) for any care, repair, removal, replacement, or treatment of the teeth, or surrounding tissues, or for eye examinations or for the fitting of glasses, or for x-rays, drugs, dressings or medicine;
- (d) for treatment received in connection with and on or after the date of a surgical procedure for which a Surgical Operation Expense Benefit is payable under this policy, other than a minor procedure performed solely for the incidental removal of tissue for diagnostic purposes;
- (e) which is incurred under any of the circumstances described in the provision entitled "General Exclusions" set forth in the Special Provisions section of this Part 3.



**This Coverage Provides**

**LABORATORY AND X-RAY EXAMINATION EXPENSE INSURANCE  
FOR EMPLOYEES AND DEPENDENTS**

**On the Schedule Plan**

**Benefits for Expenses Due to Injury or Disease**

The Insurer will pay a benefit for the charge made to an employee or to a dependent for each laboratory examination and each x-ray examination which is received by the employee or dependent, as the case may be, while insured under this coverage and in connection with the diagnosis of a non-occupational injury or a non-occupational disease.

The benefit shall be equal to the amount of such charge, or the amount determined for the examination in accordance with the applicable Schedule of Laboratory and X-Ray Examinations and Benefits, whichever is less, but the total benefit that shall be payable for the charges made for 2 or more examinations received by the employee or dependent, as the case may be,

- (1) in connection with all injuries resulting from any one accident, or
- (2) in connection with any one disease (the phrase "any one disease" shall include a recurrence of the disease unless complete recovery has intervened),

shall not exceed the applicable Maximum Benefit shown for this coverage under Policy Specifications.

**Extension of Benefits**

If an employee or dependent is wholly disabled as a result of a non-occupational injury or a non-occupational disease when his insurance under this coverage is discontinued and if he receives a laboratory examination or x-ray examination in connection with the diagnosis of a non-occupational injury or a non-occupational disease, within 3 months after the date his insurance was discontinued and during the continuance of that disability, the same benefit shall be payable for the charge made for that examination that would have been payable if it had been received while he was insured.

**Limitations**

No benefit shall be payable for a charge,

- (a) for any examination received by an employee or dependent while confined in a hospital if he is entitled to any hospital expense benefits under this policy in connection with that confinement;
- (b) for any examination due to or resulting from pregnancy (which term includes resulting childbirth or miscarriage);
- (c) for any x-ray examination of the teeth, except when necessitated by injury to sound natural teeth which occurs while the employee or dependent, as the case may be, is insured under this coverage;
- (d) which is incurred under any of the circumstances described in the provision entitled "General Exclusions" set forth in the Special Provisions section of this Part 3.

(Coverage continued in next page)



**Schedule of Laboratory and X-Ray Examinations and Benefits  
For Coverage Providing**

**LABORATORY AND X-RAY EXAMINATION EXPENSE INSURANCE**

**on the Scheduled Plan**

Description of X-ray Examination	Maximum Payment
Abdomen or organs therein (unless otherwise specified in the Schedule) .....	\$10.00
Arm or leg .....	5.00
Chest (heart and lungs) .....	10.00
Gall Bladder, kidney, ureter, or bladder — dye method .....	15.00
Gastrointestinal series — barium meal .....	25.00
Head (skull or sinuses) .....	10.00
Joints (shoulder, knee, elbow, ankle, wrist, hands, or feet) .....	5.00
Pelvis .....	10.00

Description of Laboratory Examination	Maximum Payment
Basal Metabolism Test .....	\$ 5.00
Electrocardiogram .....	7.50
Hinton, Kahn, or Kline Test (one or more types at one time to be considered one examination) .....	3.00
Malaria smear .....	2.00
Sputum Test .....	2.00
Sugar determinations, blood and urine (one of each) .....	5.00
Sugar Tolerance (three or more blood and urine determinations) .....	10.00
Wassermann Test .....	5.00

The Insurer shall determine a consistent payment for any laboratory or x-ray examination not listed in this Schedule unless payment for the examination is expressly excepted by the other terms of this policy; provided, however, that such payment may be less than the smallest maximum payment listed but such payment shall in no event exceed the largest maximum payment listed.



## **This Coverage Provides**

### **SUPPLEMENTAL ACCIDENT EXPENSE INSURANCE FOR EMPLOYEES AND DEPENDENTS**

#### **Benefits for Expenses Due to Injury**

The Insurer will pay a benefit for the reasonable and customary charges made to an employee or to a dependent for

- (1) medical treatment or surgical procedure by a physician;
- (2) hospital confinement;
- (3) laboratory examinations or x-ray examinations;
- (4) services of a registered graduate nurse who is entitled to use the suffix "R.N." after his or her name, other than a nurse who customarily resides in the employee's home or is a member of the employee's immediate family (which for the purposes of this coverage, consists of employee's wife or husband, and the children, brothers, sisters, and parents of the employee and of the employee's wife or husband);

which are furnished to the employee or dependent, as the case may be, as a result of, and within 3 months after, a nonoccupational injury which occurs while he is insured under this coverage.

The benefit shall be equal to the amount by which

- (i) the total of all such charges exceeds
- (ii) the total amount of benefits payable for those charges under the Hospital Expense Insurance, Surgical Operation Expense Insurance and Medical Expense Insurance coverages in this policy,

but the total benefit that shall be payable under this coverage for all charges incurred by the employee or dependent, as the case may be, in connection with all injuries resulting from any one accident shall not exceed the applicable Maximum Benefit specified for this coverage under Policy Specifications.

#### **Limitations**

No benefit shall be payable for a charge,

- (a) for a surgical procedure or treatment performed primarily for beautification, or for hospital confinement for such surgical procedure or treatment;
- (b) which is incurred more than 3 months after the date of the injury;
- (c) which is incurred under any of the circumstances described in the provision entitled "General Exclusions" set forth in the Special Provisions section of this Part 3.



**This Coverage Provides**  
**MAJOR MEDICAL EXPENSE INSURANCE**  
**FOR EMPLOYEES AND DEPENDENTS**  
**On the Calendar Year Plan**

**Benefits for Expenses Due to Injury or Disease**

The Insurer will pay a benefit for Covered Expenses (as defined below) incurred by an employee or by a dependent during a Calendar Year (as described below) following satisfaction of the Cash Deductible, while insured under this coverage and as a result of a non-occupational injury or a non-occupational disease.

The benefit payable for the covered expenses so incurred shall be equal to the amount determined in accordance with the provision entitled "Benefit Percentage" shown for this coverage under Policy Specifications but the total benefit that shall be payable for all covered expenses incurred during the lifetime of the employee or dependent, as the case may be, (whether or not he is continuously insured) including any benefits payable for expenses incurred following discontinuance of his insurance under this coverage, shall not exceed the applicable Aggregate Maximum Benefit shown for this coverage under Policy Specifications, except to the extent that it has been reinstated in accordance with the provision below entitled "Reinstatement of Aggregate Maximum Benefit".

**Extension of Benefits**

If an employee or dependent is wholly disabled as a result of a non-occupational injury or a non-occupational disease when his insurance under this coverage is discontinued and if he incurs charges as a result of a non-occupational injury or a non-occupational disease, within 1 year after that date and during the continuance of that disability, the same benefit shall be payable for the charges so incurred that would have been payable if they had been incurred while he was insured.

**Satisfying the Cash Deductible**

(Under this provision, a "subject" charge is a charge which is subject to the Cash Deductible, as specified under Policy Specifications, and a "non-subject" charge is a charge which is not subject to the Cash Deductible.)

- (1) When the provision entitled "Charges Subject to Cash Deductible" under Policy Specifications stipulates that all charges for covered expenses are "subject" charges, the employee or dependent, as the case may be, shall satisfy the Cash Deductible by incurring, while insured under this coverage and within a period equal to or less than the applicable Accumulation Period, covered expenses in an amount which exceeds the applicable Base Plan Deductible (if any) by the amount of the applicable Cash Deductible.
- (2) When the provision entitled "Charges Subject to Cash Deductible" stipulates that covered expenses defined as (a) hospital charges, or (b) hospital charges and surgical charges, are "non-subject" charges, the employee or dependent, as the case may be, shall satisfy the Cash Deductible by incurring, while insured under this coverage and within a period equal to or less than the applicable Accumulation Period, "subject" charges in an amount which exceeds the applicable Base Plan Deductible (if any) by the amount of the applicable Cash Deductible.

(Coverage continued in next page)



**This Coverage Provides**  
**MAJOR MEDICAL EXPENSE INSURANCE**  
**FOR EMPLOYEES AND DEPENDENTS (Continued)**

**On the Calendar Year Plan**

**Satisfying the Deductible Amount (Continued)**

- (3) Only covered expenses incurred in a Calendar Year may be included in the total amount of covered expenses for that year, or applied to satisfy the Cash Deductible for that Calendar Year, except that if the Cash Deductible for a Calendar Year is satisfied in whole or in part by covered expenses incurred during the last three months of that year, the amount of covered expenses incurred in that three-month period and applied toward satisfaction of the Cash Deductible for that year shall be carried forward and applied toward satisfaction of the Cash Deductible for the next Calendar Year, but in that event the date of incurral of the first covered expense carried forward shall commence an Accumulation Period.
- (4) A charge for a covered expense shall be deemed to be incurred on the date the employee or dependent receives or is furnished the item or service for which the charge is made.

**Common Accident**

If an employee and one or more of his dependents, or if two or more of his dependents, while insured under this coverage, sustain injuries in the same accident and incur covered expenses as a result of such injuries, the largest of the Deductible Amounts applicable to the persons sustaining injuries in that accident shall be applied, but only once with respect to those covered expenses which are received by such persons as a result of such injuries. However, if any of such persons had, prior to the date of the accident, satisfied the applicable Deductible Amount in that Calendar Year, the covered expenses incurred on his account as a result of the accident shall be included, for the purpose of determining benefits, with his covered expenses which are not incurred as a result of injuries sustained in that accident, but shall not be included for any purpose with the covered expenses incurred by the other persons sustaining injuries in that accident.

(Coverage continued in next page)



**This Coverage Provides**

**MAJOR MEDICAL EXPENSE INSURANCE  
FOR EMPLOYEES AND DEPENDENTS (Continued)**

**Definitions**

For the purpose of this coverage, the following terms shall have the meanings set forth below:

- (1) The term "hospital charges" shall mean only the following covered expenses:
  - (a) charges made by a hospital for board and room, and charges made by the hospital for other hospital services and supplies furnished to the employee or dependent, as the case may be, for his use while he is confined therein (but not including charges for special nursing services or for services of physicians or surgeons);
  - (b) charges for anesthetics and the administration thereof when incurred during hospital confinement;
  - (c) charges for local use of an ambulance when incurred in connection with hospital confinement.
- (2) The term "surgical charges" shall mean the covered expenses incurred for a surgical procedure and for necessary post-operative treatment in connection with the surgical procedure.
- (3) The term "medical charges" shall mean the covered expenses incurred for radioactive isotope therapy, and for any other radiotherapy which does not qualify as a surgical procedure (as defined in Page 2-DEF), and those other covered expenses which are not hospital charges or surgical charges as defined above.

**Covered Expenses**

Charges made for any of the services or supplies in the following List of Covered Items shall be considered "covered expenses" to the extent that the charges are reasonable and customary, except that

- (a) charges made by a hospital for board and room for each day shall be considered "covered expenses" only to the extent of the applicable Maximum Covered Expense for Daily Board and Room shown for this coverage under Policy Specifications; and
- (b) charges made by a psychiatrist or physician for medical treatment of nervous or mental conditions of the employee or dependent, as the case may be, furnished to him while he is not hospital confined shall be considered "covered expenses" only up to a maximum of \$20 for each treatment and for a maximum of 3 treatments in any one calendar week.

**List of Covered Items**

- (1) Board and room furnished by a hospital while the employee or dependent, as the case may be, is confined.
- (2) Hospital services and supplies furnished by a hospital to the employee or dependent, as the case may be, for his use while he is confined (not including board and room, special nursing services, or services of a physician).
- (3) Medical treatment by a physician.
- (4) Surgical procedure performed by a physician.

(Coverage continued in next page)



**This Coverage Provides**  
**MAJOR MEDICAL EXPENSE INSURANCE**  
**FOR EMPLOYEES AND DEPENDENTS (Continued)**

**Covered Expenses (Continued)**

List of Covered Items (Continued)

- (5) Private duty nursing service furnished in a hospital or elsewhere by a registered graduate nurse who is entitled to use the suffix "R.N." after his or her name, provided in any case that such nurse is one who does not ordinarily reside in the home of the employee and is not a member of the employee's immediate family (which, for purposes of this coverage, consists of the employee's wife or husband, and the children, brothers, sisters and parents of the employee and of the employee's wife or husband).
- (6) Local use of an ambulance.
- (7) The following services and supplies:
  - (i) Drugs and medicines obtainable only on a physician's prescription;
  - (ii) Anesthetics and oxygen and the administration thereof;
  - (iii) Rental (or, at the Insurer's option, purchase if the Insurer determines that cost of purchase is less than anticipated total rental charges) of iron lung, oxygen tent, hospital bed, wheel chair and similar durable medical equipment designed primarily for use in a hospital for therapeutic purposes;
  - (iv) Blood and blood plasma, and the administration thereof, to the extent the charges therefor are not reduced by blood donations;
  - (v) Braces, crutches and prostheses when necessitated by an injury which occurs, or by a disease which commences, while the employee or dependent, as the case may be, is insured under this coverage, including charges for replacement when required because of pathological change, but not including charges for repair or maintenance;
  - (vi) X-ray examinations and laboratory tests;
  - (vii) Physiotherapy.



**This Coverage Provides**  
**MAJOR MEDICAL EXPENSE INSURANCE**  
**FOR EMPLOYEES AND DEPENDENTS (Continued)**

**Exclusions**

The term "Covered Expenses" shall not include any charge,

- (a) for or in connection with general health examinations;
  - (b) for eye examinations made for or in connection with diagnosis or treatment of astigmatism, myopia or hyperopia;
  - (c) for the fitting or cost of eye glasses or hearing aid, except when necessitated by damage to the natural eye or ear as a result of an injury which occurs while the employee or dependent, as the case may be, is insured under this coverage;
  - (d) in connection with the prevention or correction of teeth irregularities and malocclusion of jaws by wire appliances, braces or other mechanical aids, or any other care, repair, removal, replacement, or treatment of the teeth, or surrounding tissues, except, (1) when necessitated by damage to sound natural teeth or surrounding tissues as a result of an injury which occurs while the employee or dependent, as the case may be, is insured under this coverage, or (2) for the excision of impacted unerupted teeth or of a tumor or cyst, or incision and drainage of an abscess or cyst, or (3) for any other oral surgical procedure not involving tooth structure, alveolar process, or gingival tissues;
  - (e) for or in connection with a surgical procedure or treatment performed primarily for beautification, or for hospital confinement for such surgical procedure or treatment;
  - (f) for transportation or travel other than local use of an ambulance;
  - (g) for any item described in the provision entitled "Covered Expenses",
    - (i) which is received in connection with an injury or disease resulting from war or any act of war, whether declared or undeclared, which war or act of war occurs while the employee or dependent, as the case may be, is insured under this coverage;
    - (ii) which is received in connection with an injury or disease which existed on the date the employee or dependent, as the case may be, became insured under this coverage, unless
      - (a) in the case of an employee, it is received after the employee completed a period of at least 90 consecutive days of employment with his Participating Employer, ending on or after the date on which he became insured under this coverage, or
      - (b) in the case of a dependent, it is received after the dependent completed a period of at least 90 consecutive days while the employee was continuously employed by his Participating Employer, ending on or after the date on which the dependent became insured under this coverage,
- during which period the employee or dependent, as the case may be, neither received medical care or treatment, nor consulted a physician, for or in connection with that injury or disease; provided, that this subdivision (ii) shall not apply to a child who became insured under this coverage on or prior to the date he attained 15 days of age;

(Coverage continued in next page)



## **This Coverage Provides**

### **MAJOR MEDICAL EXPENSE INSURANCE FOR EMPLOYEES AND DEPENDENTS (Continued)**

#### **Exclusions (Continued)**

- (iii) which is received as a result of pregnancy (which term includes resulting childbirth or miscarriage), except when received as a result of and in connection with a surgical procedure for extra-uterine pregnancy or complications of pregnancy (both of which conditions shall be considered "disease" for the purposes of this coverage) for which a medically-indicated intra-abdominal surgical procedure is performed, but in that event the charges for items received as a result of and in connection with such surgical procedure shall be included as "covered expense" only to the extent that the sum of the charges exceeds the amount of any Primary Pregnancy Expense Benefit that may be payable under this coverage for hospital and surgical charges incurred in connection with that pregnancy;
- (iv) which is received after the applicable Aggregate Maximum Benefit becomes payable and before reinstatement of that benefit;
- (v) which is received under any of the circumstances described in the provision entitled "General Exclusions" set forth in the Special Provisions section of this Part 3.

#### **Reinstatement of Aggregate Maximum Benefit**

On January 1 of each year, under either the Benefit Period Plan or the Calendar Year Plan, (other than such a plan which includes a maximum benefit per injury or disease) the benefits which have become payable in preceding Benefit Periods or Calendar Years, as the case may be, shall be automatically restored, subject to the following:

- (1) such restoration shall apply separately to the employee and each dependent, but not more than \$1,000 of such benefits shall be automatically restored for an employee or any dependent in any one year,
- (2) benefits that have become payable for psychiatrist's or physician's charges for medical treatment of nervous or mental conditions furnished while the employee or dependent is not hospital confined, and benefits which became payable by reason of any limited waiver of Exclusion (g) (ii) applicable to charges in connection with pre-existing conditions, shall not be subject to automatic restoration,
- (3) automatic restoration shall not apply to
  - (i) retired employees or their dependents, or
  - (ii) any year beginning after termination of insurance during any period of extended benefits, and
- (4) further automatic restoration of benefits shall not be made for an employee or any dependent after the total amount of benefits automatically restored for such person equals the Aggregate Maximum Benefit applicable to such person.

If benefits which have not been automatically restored for an employee or any dependent, in accordance with the preceding paragraph, exceed, in the aggregate, \$1,000, the Aggregate Maximum Benefit applicable to such employee or dependent may be reinstated if evidence of his insurability satisfactory to the Insurer is submitted to it. The Aggregate Maximum Benefit applicable on the date of approval of such evidence by the Insurer at its Home Office shall be reinstated on that date if he is eligible under this coverage on that date, provided, (1) in the case of an employee, that he is then actively at work with his Participating Employer, otherwise reinstatement shall be effective on the first date thereafter on which he is actively at work with his Participating Employer in the class of employees eligible for insurance under this coverage; and (2) in the case of a dependent, that he is not then prevented by injury or disease from carrying on any substantial part of the regular and customary duties of a person of like age and sex, otherwise reinstatement shall be effective on the date he recovers and resumes substantially all of said duties, if he is then eligible for insurance under this coverage.



## SPECIAL PROVISIONS

### General Exclusions

The calculation of benefits payable under the policy shall not include or be based upon any charge made for or in connection with any confinement, or any examination, or any surgical, medical or other treatment, or any service or supply,

- (a) which was furnished before the date on which the individual on whose account the charge was made became insured under the particular coverage, or which was furnished in connection with or during a hospital confinement which commenced before that date; provided, that if a dependent child becomes insured on or prior to attaining 15 days of age, and while hospital confined, that confinement shall be deemed to have commenced after he became insured, and charges incurred during that hospital confinement and on or after the date he became insured may be included in the calculation of benefits, subject to the other conditions of the policy;
- (b) which is furnished without the recommendation and approval of a physician acting within the scope of his license;
- (c) which is not medically necessary to the care and treatment of any injury, disease or pregnancy of the insured individual on whose account the charge is made;
- (d) which is furnished in connection with an injury which is not a non-occupational injury, or disease which is not a non-occupational disease; provided, that an individual proprietor or partner who is insured under the policy as an employee, and who is not eligible to be covered by the Workmen's Compensation Law or similar law in the jurisdiction of his principal place of employment, shall have benefits available to him (but not to his dependents, if any) in connection with both occupational and non-occupational injuries and diseases, subject to all other applicable terms and conditions of the policy;
- (e) which is furnished by or through any government or any subdivision or agency thereof, or the charge for which is paid or payable or reimbursable by or through any plan or program of any government or any subdivision or agency thereof, other than a plan or program established for the civilian employees of a government or of a subdivision or agency thereof;
- (f) which charge would not have been made in the absence of insurance, or which none of the individuals insured under the policy is legally obligated to pay;
- (g) to the extent that the Insurer is prohibited from providing benefits for such charge, by any law or regulation.



## SPECIAL PROVISIONS

### COORDINATION OF BENEFITS

#### Benefits Subject to this Provision

All of the benefits provided under this policy except Life Insurance (and Accidental Death and Dismemberment Insurance and Accident and Sickness Insurance, if any).

#### Definitions

- (1) "Plan" means any plan providing benefits or services for or by reason of medical or dental care or treatment, which benefits or services are provided by (i) group, blanket or franchise insurance coverage, (ii) hospital service prepayment plan on a group basis, medical service prepayment plan and group practice, or other prepayment coverage on a group basis, (iii) any coverage under labor-management trustee plans, union welfare plans, employer organization plans, or employee benefit organization plans, and (iv) any coverage under governmental programs, or any coverage required or provided by any statute, which coverage is not otherwise excluded from the calculation of benefits under this Plan, but the term "Plan" shall not include any individual policies.

The term "Plan" shall be construed separately with respect to each policy, contract, or other arrangement for benefits or services and separately with respect to that portion of any such policy, contract, or other arrangement which reserves the right to take the benefits or services of other Plans into consideration in determining its benefits and that portion which does not.

- (2) "This Plan" means those portions of this policy which provide the benefits that are subject to this provision.
- (3) "Allowable Expense" means any necessary, reasonable, and customary item of expense at least a portion of which is covered under at least one of the Plans covering the person for whom claim is made.

When a Plan provides benefits in the form of services rather than cash payments, the reasonable cash value of each service rendered shall be deemed to be both an Allowable Expense and a benefit paid.

- (4) "Claim Determination Period" means calendar year, except that if in any calendar year the person is not covered under this Plan for the full calendar year, the claim determination period for that year shall be that portion thereof during which he was covered under this Plan.

#### Effect on Benefits

- (1) This provision shall apply in determining the benefits as to a person covered under this Plan for any Claim Determination Period if, for the Allowable Expenses incurred as to such a person during such Claim Determination Period, the sum of
- (a) the benefits that would be payable under this Plan in the absence of this provision, and

(Provision continued in next page)



## SPECIAL PROVISIONS

### COORDINATION OF BENEFITS (Continued)

#### Effects on Benefits (Continued)

- (b) the benefits that would be payable under all other Plans in the absence therein of provisions of similar purposes to this provision, would exceed such Allowable Expenses.
- (2) As to any Claim Determination Period with respect to which this provision is applicable, the benefits that would be payable under this Plan in the absence of this provision for the Allowable Expenses incurred as to such person during such Claim Determination Period shall be reduced to the extent necessary so that the sum of such reduced benefits and all the benefits payable for such Allowable Expenses under all other Plans, except as provided in item (3) immediately below, shall not exceed the total of such Allowable Expenses. Benefits payable under another Plan include the benefits that would have been payable had claim been duly made therefor.
- (3) If
  - (a) another Plan which is involved in item (2) immediately above and which contains a provision coordinating its benefits with those of this Plan would, according to its rules, determine its benefits after the benefits of this Plan have been determined, and
  - (b) the rules set forth in item (4) immediately below would require this Plan to determine its benefits before such other Plan,then the benefits of such other Plan will be ignored for the purposes of determining the benefits under this Plan.
- (4) For the purposes of item (3) immediately above, the rules establishing the order of benefit determination are:
  - (a) The benefits of a Plan which covers the person on whose expenses claim is based other than as a dependent shall be determined before the benefits of a Plan which covers such person as a dependent;
  - (b) The benefits of a Plan which covers the person on whose expenses claim is based as a dependent of a male person shall be determined before the benefits of a Plan which covers such person as a dependent of a female person;
  - (c) When rules (a) and (b) do not establish an order of benefit determination, the benefits of a Plan which has covered the person on whose expenses claim is based for the longer period of time shall be determined before the benefits of a Plan which has covered such person the shorter period of time.

(Provision continued in next page)



## **SPECIAL PROVISIONS**

### **COORDINATION OF BENEFITS (Continued)**

#### **Effect on Benefits (Continued)**

5. When this provision operates to reduce the total amount of benefits otherwise payable as to a person covered under this Plan during any Claim Determination Period, each benefit that would be payable in the absence of this provision shall be reduced proportionately, and such reduced amount shall be charged against any applicable benefit limit of this Plan.

#### **Right to Receive and Release Necessary Information**

For the purpose of determining the applicability of and implementing the terms of this provision of this Plan or any provision of similar purpose of any other Plan, the Insurer may, without the consent of or notice to any person, release to or obtain from any other insurance company or other organization or person any information, with respect to any person, which the Insurer deems to be necessary for such purposes. Any person claiming benefits under this Plan shall furnish to the Insurer such information as may be necessary to implement this provision.



## STANDARD PROVISIONS

### Employee's Certificate

The Insurer will issue to the Policyholder for delivery to each insured employee a certificate setting forth a summary of the essential features of the insurance and stating to whom the benefits are payable.

### Misstatement of Age

If the age of any person insured under the policy has been misstated there shall be an equitable adjustment of premiums, and if his amount of insurance depends on his age, his amount of insurance shall also be adjusted to that determined by his correct age.

### Incontestability

The policy shall not be contested, except for nonpayment of premium, after it has been in force for 2 years.

No statement made by any person insured under the policy relating to his insurability shall be used in contesting the validity of his insurance, or that coverage or portion of his insurance with respect to which the statement was made, after that insurance or coverage or portion, as the case may be, has been in force prior to the contest for a period of 2 years during his lifetime, and in no event unless the statement is contained in a written application signed by him and a copy of that application is or has been furnished to him or to his beneficiary.

### Conformity with Applicable Law

Any provision of the policy which, on its Effective Date, is in conflict with the applicable law of the Jurisdiction of Issue is hereby amended to conform with the minimum requirements of that law.

If the Insurer determines that persons who are residents of a particular State or Province or other political subdivision are precluded by the laws or regulations of that jurisdiction from being insured for one or more of the coverages provided in the policy, such persons shall not be included in the class of persons eligible for such coverage or coverages.



## STANDARD PROVISIONS (Continued)

(The following provisions apply only to Accident and Health coverages.)

### Proof of Loss

Written proof covering the occurrence, character and extent of loss for which claim is made must be furnished to the Insurer, in case of claim for loss for which the policy provides any periodic payment contingent upon continuing loss, within 90 days after termination of the period for which the Insurer is liable, and in case of claim for any other loss, within 90 days after the date of such loss. (For charges which are applied to satisfy a Deductible Amount the date of loss shall mean the date when the sum of such charges equals the Deductible Amount. For other charges the date of loss shall mean the date the charge is incurred.)

Failure to furnish such proof within the time required shall not invalidate nor reduce any claim if it shall be shown not to have been reasonably possible to furnish such proof within the required time and that proof was given as soon as was reasonably possible.

### Time of Payment of Claims

Claims made for indemnities provided under the policy shall be paid as follows, immediately upon receipt of due written proof of loss:

- (1) If Accidental Death and Dismemberment Insurance indemnities are provided under the policy, indemnity for loss of life will be payable in accordance with the beneficiary designation and the provision of the policy entitled "Beneficiary of Employee", and the provisions respecting such payment which may be prescribed in the policy and effective at the time of payment.

All other indemnity will be payable to the employee.

- (2) If the policy includes coverage providing indemnities for hospital or surgical or medical expenses, those benefits shall be payable to the employee, at his request, each week during any period for which the Insurer is liable.
- (3) If the policy includes coverage providing weekly or monthly payments contingent upon continuing loss, the indemnities for such loss shall be payable to the employee each week or each month, as provided in the particular coverage; provided, however, that if such coverage provides such payments for loss due to pregnancy, the Insurer may, at its option, accelerate the payment of any or all of the indemnities that would otherwise become payable under the coverage in connection with any one pregnancy.

Any accrued indemnity unpaid and unassigned at the employee's death shall be paid in accordance with the beneficiary designation, or at the Insurer's option, to the employee's estate.



## STANDARD PROVISIONS (Continued)

(The following provisions apply only to Accident and Health coverages.)

### Time Limit on Certain Defenses

With respect to any coverage provided under this policy which contains any exclusion of coverage for pre-existing diseases or conditions (the term "pre-existing diseases or conditions" means any disease or condition, other than pregnancy, of any person covered by this policy which existed on, or had its inception before, the effective date of that coverage of such person under this policy), no claim for loss incurred or disability (as defined in this policy) commencing after three years from the effective date of the coverage under which the claim is made shall be reduced or denied on the ground that a disease or physical condition, not excluded from coverage by name or specific description effective on the date of loss, had existed prior to the effective date of the coverage under which the claim is made.

### Physical Examination and Autopsy

The Insurer at its own expense shall have the right and opportunity to have the person of any individual whose injury or sickness is the basis of claim examined by a physician designated by it, when and as often as it may reasonably require during the pendency of a claim under this policy and to make an autopsy in case of death, where it is not forbidden by law.

### Legal Action

No action at law or in equity shall be brought to recover on this policy prior to the expiration of sixty days after written proof of loss has been furnished in accordance with the requirements of this policy. No such action shall be brought after the expiration of three years after the time written proof of loss is required to be furnished.

If any time limitation of this policy with respect to bringing an action at law or in equity to recover on this policy is less than that permitted by the law of the state in which the employee resides at the time the disability or other loss on which claim is based commences or is incurred, that limitation is hereby extended to agree with the minimum period permitted by that law.

### Workmen's Compensation

This policy is not in lieu of and does not affect any requirement for coverage by Workmen's Compensation Insurance.



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