A PROPOSAL FOR

PITTSBURG CORNING CORPORATION

April 21, 1964

MAJOR MEDICAL SUPPLEMENT

PURPOSE OF THE PLAN

This coverage is a supplement to, but does not replace Basic Coverage. From the first day an illness commences or injury is incurred while covered, the subscriber has the extra protection needed because of an especially serious, lengthy or costly sickness or accident.

Covered medical expense includes services rendered in a hospital which are not provid d by basic coverage as well as expenses incurred before or after hospitalization, or even when hospital care is not required at all.

BENEFITS PROVIDED

A. Benefit Period

365 consecutive days commencing on the first day on which a participant is under the care of a physician for the treatment of any covered illness or injury. Following the expiration of a major medical benefit period, a new major medical benefit period commences on the first day on which the participant is again under the care of a physician for the treatment of any covered illness or injury.

B. Maximum:

Per Benefit Period		Per Lifetime*
$5,000.00	with a	$10,000.00

C. Deductible:

$100.00

D. Allowance toward Room and Board:

Room allowance up to a maximum of $25.00

E. Co-insurance Percentages:

After the above deductible has been satisfied, the co-insurance percentage provided will be:

Member pays 20%
Major Medical Supplement pays 80%

*When a Participant has received $10,000 hereunder for Medical Expenses incurred in two or more Benefit Periods, then, in order to be eligible for a subsequent Benefit Period, acceptable proof of insurability of such Participant must be furnished to the Plan.

COVERED MEDICAL EXPENSES

Medical Expense means reasonable and n c ssary charges incurred by a Participant, after the effective dat of such Participant's coverage, for an illness or accidental injury, if performed or prescribed by a Physician, subject to the exclusion and limitations set forth, for the following:

1. Services of Physicians.
2. Hospital charges for room and board (including special diets and general nursing services), xcept that the amount of such charges over and above $25 per day shall not be consider d h reunder for any purpose.
3. Use of operating or treatment room.
4. An sthetics and administration thereof.
5. X-ray and diagnostic laboratory procedures.
6. Radiation therapy.
7. Oxygen and its administration.
8. Blood transfusions, including cost of blood, blood plasma and blood plasma expanders.
9. Drugs, medicines and dressings used in a Hospital and prescription drugs and prescription medicines purchased for use outside a Hospital.
10. Services of a qualified professional physical therapist.
11. Services of private-duty nurses, not related to the patient by blood or marriage (a) out or in a Hospital, in the case of Registered Nurses; or (b) in a Hospital only, in the case of Vocational Nurses.
12. R ntal of iron lung or other durable equipment required for temporary therapeutic use.
13. Professional ambulance service used locally to or from the Hospital except in connection with out-patient care of non-accidental illness.
14. Prosthetic appliances necessary for the alleviation of or correction of conditions arising out of accidental injury occurring or illness commencing after the Participant's effective date f coverage hereunder.

LIMITATIONS AND EXCLUSIONS

1. Services or supplies for any occupational condition, ailment or injury arising out of and in th course of employment, or services or supplies which are furnished without cost to a Participant under the laws of the United States or of any state or political subdivision thereof, and in no event for services or supplies provided by the Veterans' Administration.
2. Disease contracted or injuries sustained as a result of war, declared or undeclared, r any act of war.
3. Dental care and treatments, dental surgery or dental appliances unless such charges are mad necessary by accidental bodily injury effected solely through external means and occurring while the Participant is covered under this Supplement.
4. Ey glasses or hearing aids or examinations for the prescription or fitting thereof.
5. Services or supplies for cosmetic purposes, except for the correction of defects incurred through traumatic injuries sustained by the Participant while covered under this Supplement.
6. S rvices or supplies not incidental or necessary to treatment of injury or sickness.
7. Services or supplies rendered for childbirth, abortion, miscarriage, caesarean section, prenatal or post-natal care, or for routine care of a newborn infant.
8. Travel, whether or not recommended by a physician.
9. Convalescent, custodial or sanitaria care or rest cures.
10. Services or supplies not specifically listed as Medical Expenses.

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MONTHLY COST

PITTSBURG CORNING CORPORATION

April 21, 1964

	1 Person/Spon. Dep.	2 Person/Family
Major Medical Supplement		
$5,000 each benefit period $10,000 maximum 80/20% coinsurance $25 per day room and board and general nursing $100 deductible		
This supplement is in addition to your present basic plan: 300 Service, $10 Room	$ .96	2.64
In addition to 300 Service, $14 Room	$ .82	2.27
In addition to "300" Service, $12 Room	$ .89	2.46

CHOICE OF HOSP. ROOM ALLOWANCE $10 $12 $14 FOR 120 DAYS

ALL USUAL HOSPITAL SERVICES COVERED IN FULL NO DOLLAR LIMIT

CHOICES FROM NO DEDUCTIBLE TO $50 DEDUCTIBLE

CHOICE OF C. I. E. OR MAJOR MEDICAL

10 GOOD REASONS WHY YOU SHOULD CHOOSE

BLUE CROSS-BLUE SHIELD

"300" SERVICE

FOR ACCIDENT AND ILLNESS BENEFITS

BETTER THAN A CREDIT CARD AT THE HOSPITAL

KEEP IT AFTER RETIREMENT OR TERMINATION

MATERNITY CARE BENEFITS

SURGICAL BENEFITS UP TO $300

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NOTE: [illegible] DOCUMENT DID NOT COME FROM FILES

EFFICIENT, LOW-COST OPERATION

AN UNBROKEN RECORD OF RELIABILITY and INTEGRITY

BLUE CROSS-BLUE SHIELD

HOW MUCH WILL YOUR NEXT HOSPITAL BILL BE?

...and When?

Everyone can expect to need hospital care sometime. One glance at any day's headlines will tell you your turn might be anytime. ONE out of THREE families will have someone in the hospital THIS YEAR! And these hospital-doctor bills . . . like other large, unexpected expenses . . . have a way of coming at just the very worst time.

Modern health care is a bargain but people need an easy monthly payment system to make the miracles of modern medicine available without financial worry. BLUE CROSS and BLUE SHIELD offer a wide choice of services designed to fit the needs of your employees with a method of payment that makes it possible to budget this problem away.

And behind this protection you will have the solid integrity of BLUE CROSS and BLUE SHIELD. A record of honest performance, broad benefits and quality service has made and kept BLUE CROSS and BLUE SHIELD by far the largest in this field; the most widely accepted, by hospitals, by doctors, and by the people. Millions, the country over, are enrolled in BLUE CROSS and BLUE SHIELD today.

Choices Available for Your Group:

$10, $12, or $14 per day room allowance for 120 days.
Choice on deductible for hospital cases: No deductible, $25 deductible on medical cases only, deductibles on ach hospital case of $25, $35 or $50.
Choice of either Catastrophic Illness End rsement (C.I.E.) or Major Medical (E.B.E.)

Don't Forget these Advantages of Blue Cross-Blue Shield:

- **Better than a credit card at the hospital**
  Your Blue Cross I.D. Card establishes your credit at the hospital. Most hospital services will be billed to Blue Cross and not to you.
- **All usual hospital services covered in full.**
  This is the Blue Cross "service" principle which places no money limit on the amounts of hospital services you may receive.
- **Maternity Care benefits**
  After husband and wife have been enrolled nine months.
- **Surgical benefits up to $300**
  Plus benefits for physicians' care for medical cases in the hospital beginning with the first day — plus benefits as listed for laboratory, x-ray, and physical therapy outside the hospital.
- **The opportunity to keep protection after termination or retirement.**
  Your employees may continue their protection when they leave your employ, for any reason, by transferring to Direct Pay plans available at established rates.
- **Efficient, low-cost operation.**
  Blue Cross was the pioneer in the health insurance field and has more years of experience than any other organization in this business. Blue Cross efficiency is proven by an operating cost of less than 10% last year. Of the 15 leading companies offering this kind of protection, this was the lowest operating cost by a substantial margin. What is not used for operating costs is available for benefits.
- **An unbroken record of reliability and integrity.**
  This assures you that your employees will receive the services you have chosen for them.

"300" SERVICE . . . with Variations

All "300" Service memberships provide the same great list of hospital-medical benefits, but at different monthly rates. The reason for the difference in cost is simple:

(a) the difference caused by the choice in the hospital room allowance.

(b) the difference caused by the choice of a *no deductible* plan or one of the deductible plans.

The following is a list of the broad benefits available under "300" Service:

BLUE CROSS®

Benefits for Hospital Services

When you go to the hospital, this is what Blue Cross pays for you:

Up to $10, $12, or $14 per day allowance for room, board, and general nursing care, as selected for your group.

As much as 120 days each hospital confinement — then after 90 days free of hospital care, another 120 days, and so on.

ALL usual hospital services, ordered by your physician, including the following:

Anesthetic materials and services, rendered by an employee of the hospital.

ALL Drugs and Medicines (except blood and plasma)

ALL Operating, Delivery and Cystoscopic Room services.

ALL Laboratory examinations.

ALL Surgical Dressings, splints and casts.

ALL X-Ray examinations.

ALL Oxygen therapy.

ALL Basal Metabolism tests.

ALL Electrocardiograms.

ALL Transfusion equipment.

ALL *Hospital Maternity* Services — including delivery room, nursery room service, infant feeding, during maternity stay of mother; conditions arising from pregnancy (including complications of pregnancy). All after husband and wife have been enrolled nine months.

ALL *Hospital "Out-Patient"* Services for Accident and Minor Surgery — all usual hospital services except blood and plasma within 24 hours in accident cases and on the day of surgery for minor surgery not related to an accident.

BLUE SHIELD®

Benefits for Doctor Services

Blue Shield benefits are to help pay doctor bills. For surgery, either in the hospital or in the doctor's office. For medical treatment, when you are confined to the hospital.

Your membership agreement will include a long list of the more common operations, and the surgical allowance for each. Benefits for surgical procedures vary from a minimum of $6.50 to a maximum of $300.

Obstetrical Benefits

Normal delivery with pre-and post-natal care	$ 75.00
Caesarean Section	$165.00

Medical Care: When confined to the hospital as a medical case, payment will be made on the doctor's bill, as follows:

For first five days, per day	$ 6.00
For next five days, per day	$ 5.00
For balance, per day	$ 4.00
Maximum	$300.00

Radiation and X-Ray Treatments:

Whenever rendered, up to $200.00, per schedule

Schedule (Partial List)

	per treatment	maximum
Malignancies		
Larynx	$ 6.25	$175.00
Stomach	$ 6.25	$125.00
Testicle	$ 6.25	$200.00
Non-Malignant Diseases	per treatment	maximum
Bursitis	$ 4.00	$ 35.00
Carbuncle	$ 4.00	$ 25.00
Radio-Active Isotopes		$125.00

Anesthesia: 15% of Surgical Benefits plus $5.00

Special Professional Services: When necessary for the proper health care of the patient, payment will be made for ONE-HALF the usual and customary charges for the following services, wherever rendered, and up to the following maximum payment per contract year:

Laboratory	up to $ 50.00
X-Ray (diagnostic)	up to $ 50.00
Physical Therapy	up to $ 25.00

(Special Professional Services are not available when the services are rendered in connection with a routine physical examination, or obstetrical care.)

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WHAT I BLUE CRO ?
WHAT IS BLUE HIELD?

BLUE CROSS provides hospital care, usually in a BLUE CROSS member-hospital — and that includes practically all general hospitals in Texas and of course comparable benefits in non-member and out-of-state hospitals, clearly explained in your membership agreement. When your doctor orders you to the hospital, the hospital provides the hospital services you need, limited only by the type of membership you have chosen.

When you are admitted, just present your BLUE CROSS identity card. In most cases, no deposit is required, no credit references. For BLUE CROSS pays the hospital direct, the amount called for under the membership you have chosen.

This is the simple, easy way. No paper work, no claims to file. It makes BLUE CROSS different from all others.

BLUE SHIELD provides benefits to cover all or part of the doctor's charges, whether for surgery or medical treatment in the hospital; or surgery in the doctor's office. Be sure to show the doctor your BLUE SHIELD identity card.

GROUP REQUIREMENTS

If the number of employees is:	The number is required to enroll and continue is:
10-13	10 (minimum group eligible)
14-16	All but 3
17-20	All but 4
21 or more	75%, minimum of 16

If your group cannot meet these requirements, write for information about Non-Group enrollment.

MONTHLY PAYMENTS

will be through payroll allotment.

NO RED TAPE

when you enter the hospital. There are no forms to fill out, you simply present your Blue Cross Identification Card to the member hospital, and Blue Cross and Blue Shield pay the hospital and the doctor direct.

COST

Room Allowance_____
Basic Deductible (if any)_____
Major Medical Deductible_____

	BC/BS	BC/BS & CIE	BC/BS & EBE
Individual Member			
Member and one dependent			
Family — man, wife and all unmarried children under 19			
Each Sponsored Dependent (unmarried children, ages 19 to 25)			

Room Allowance_____
Basic Deductible (if any)_____
Major Medical Deductible_____

	BC/BS	BC/BS & CIE	BC/BS & EBE
Individual Member			
Member and one dependent			
Family — man, wife and all unmarried children under 19			
Each Sponsored Dependent (unmarried children, ages 19 to 25)			

REPRESENTATIVE

DISTRICT OFFICE

BLUE CROSS®
GROUP HOSPITAL SERVICE, INC.

BLUE SHIELD®
GROUP MEDICAL & SURGICAL SERVICE

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