GROUP HOSPITAL EXPENSE INSURANCE (Non-Occupational)

NOTE: Exceptions in SOLID CAPITALS must be referred to Regional Supervisor.

Coverage:

Plan may cover employees only or employees and dependents

Daily Benefit - Reimbursement, up to daily maximum selected for the plan, of actual charges by hospital for room and board
FIXED DAILY BENEFIT PLANS AVAILABLE EXCEPT IN CANADA

Special Services - Reimbursement, up to maximum selected for the plan (see Rate pages), of actual charges for services other than room and board (services of doctors and nurses excluded) received during period for which Daily Benefits are payable
SPECIAL AMBULANCE BENEFIT AVAILABLE

Duration of Benefits - 31 or 70 times the Daily Benefit if maximum for Special Services does not exceed 20 times the Daily Benefit, otherwise 31 or 70 days. Illustration: If under a 31 times plan the Daily Benefit were $10 and the actual daily charge for room and board $8, the period during which charges would be reimbursed would be extended to 38 days with a fraction of one day's benefit payable for the 39th

120 DAY PLANS AVAILABLE

Maternity benefits, subject to limitations indicated herein, may be included or may be excluded entirely

Deductible Plans - A practical method of reducing the cost of Hospital Expense Insurance is a "deductible" arrangement whereby the employee pays the first $25 or $50 of charges otherwise payable under Plans. Benefits are computed in the usual manner according to the provisions of the Plan and the amount actually paid is the benefit thus computed minus the "deductible". The "deductible" does not apply to maternity benefits

Limitations:

Confinement in legally constituted hospital, on recommendation of legally licensed physician, for at least 18 hours required. The 18-hour requirement is waived if confinement is for emergency care not later than the day following an injury or in connection with surgery performed in a hospital.

Maternity benefits limited to a maximum of 10 times the Daily Benefit for room and board and Special Services combined. DOLLAR MAXIMUM MATERNITY BENEFIT AVAILABLE ALTERNATIVELY

Benefits not payable for pregnancy existing on date insurance covering a female employee or dependent becomes effective, but this limitation waived for female employees becoming insured on effective date of Plan or within 31 days thereafter. If at least 50 employees insured, limitation may also be waived for dependents on same basis as for female employees subject to payment of additional premium. All existing pregancies are excluded where benefits are transferred from another insurance company.
SPECIAL ARRANGEMENTS AVAILABLE WHERE COVERAGE IS TRANSFERRED FROM A LOCAL PLAN SUCH AS BLUE CROSS

Underwriting:

Any standard plans on brand new cases or where Hospital Expense Insurance is being added to an existing plan may include a "deductible" arrangement. No offer should be made on an existing plan with Hospital Expense Insurance without prior Home Office approval.

Note: See Page 7-1 if In-Hospital Physicians' Attendance is included in Plan

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PLAINTIFF'S EXHIBIT
MET-799

GROUP HOSPITAL EXPENSE INSURANCE (Non-Occupational)

NOTE: *Exceptions in* SOLID CAPITALS *must be referred to Regional Supervisor.*

Amount of benefits should be consistent with local hospital charges and a flat Daily Benefit for all employees is desirable

Benefits should not supplement existing hospital coverage

Dependent benefits may not exceed Personal benefits

Minimum Daily Benefit usually $10 but if necessary may be $7 for Group with 50 or more lives. Special Services 10 times Daily Benefit LOWER MINIMUM POSSIBLE

Maximum Daily Benefit $15 MAXIMUM TO $20 AVAILABLE

Special Services may be on basis of any plan for which rates are quoted in this Rate Book. OTHER TYPES OF PLANS WILL BE CONSIDERED.

Rates:

For Daily Benefit not in even dollars use next lower even dollar and add pro-rata part of difference between that and next higher dollar.

Flat rates may be used if no employee contributes more than the Flat "maternity excluded" rate or, in the case of employees with wives, when the plan includes maternity benefits, more than the Flat "maternity included" rate before "children only" adjustment, i.e., the Flat "maternity excluded" rate plus the difference between the Split rates for "maternity included" and "maternity excluded"

Split rate, which requires a census at issue, may be used on any case, but the composite rate based on the distribution of employees by family status at issue will be used regardless of whether such composite is higher than the flat rate.

Composite rates - If split rates are used, regardless of whether maternity benefits are included, a composite rate will be established based upon the distribution of dependent insurance on employees with children only, wife only, and both wife and children. This composite will be the rate charged for all employees insured for dependent insurance, regardless of the number or classification of dependents.

No composites will be calculated for a plan which includes Maternity benefits where the flat rate is applied because these rates already assume that some employees will have only children eligible for dependent hospital benefits.

Ratio group - For non-contributory plans or where contributions are the same whether or not employees are covered for dependent insurance, a ratio of total dependent benefits to total personal benefits is established at initial issue. Dependent insurance premiums are based on the application of this ratio to personal insurance in force

Rate references

See Page 4.3

GROUP HOSPITAL EXPENSE INSURANCE

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	15 X	4-6	4-7
	20 X	4-8	4-9
	$100 + 3 4 $1200	4 10	4-11
	$200 + 3 4 $2400	4-12	4-13
70 Times or Days	10 X	4-14	4-15
	15 X	4 16	4-17
	20 X	4 18	4 19
	$100 + 3 4 $1200	4 20	4-21
	$200 + 3 4 $2400	4 22	4-23
120 Times or Days	10 X	4 24	4-25
	15 X	4 26	4-27
	20 X	4 28	4-29
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GROUP HOSPITAL EXPENSE INSURANCE

Reimbursement Plan Schedule of Minimum Monthly Premiums Per Employee Non-Occupational No Industry Loading

(Not applicable to Modern Security Plans)

Maximum Room and Board 31 TIMES the Daily Benefit Maximum Special Services 10 Times the Daily Benefit

MATERNITY BENEFITS INCLUDED*

PERSONAL COVERAGE

Full Benefits on Females

Maximum Daily Benefit	Less than 21	21 25	26 30	31 40	41 50	51 60	61 70	71 80	81 90	91 and over
$7	$ 1 41	$ 1 54	$ 1 61	$ 1 66	$ 1 74	$ 1 82	$ 1 87	$ 1 95	$ 2 02	$ 2 08
8	1 63	1 72	1 81	1 87	1 94	2 03	2 10	2 18	2 26	2 33
9	1 79	1 88	1 97	2 05	2 13	2 24	2 31	2 40	2 48	2 56
10	1 92	2 06	2 13	2 22	2 31	2 42	2 50	2 59	2 69	2 78
11	2 05	2 17	2 29	2 37	2 48	2 58	2 69	2 79	2 89	2 99
12	2 18	2 31	2 42	2 53	2 64	2 76	2 86	2 97	3 08	3 19
13	2 32	2 48	2 58	2 69	2 80	2 92	3 05	3 18	3 28	3 41
14	2 44	2 58	2 71	2 84	2 96	3 10	3 22	3 35	3 47	3 59
15	2 56	2 72	2 85	2 97	3 12	3 26	3 38	3 53	3 67	3 78
16	2 67	2 85	2 99	3 12	3 27	3 42	3 55	3 70	3 86	3 97
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19	3 04	3 23	3 39	3 56	3 73	3 91	4 06	4 23	4 41	4 55
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21	3 26	3 47	3 67	3 83	4 02	4 21	4 38	4 58	4 76	4 93
22	3 37	3 59	3 78	3 95	4 16	4 36	4 54	4 73	4 94	5 10
23	3 47	3 70	3 91	4 08	4 30	4 50	4 69	4 89	5 11	5 29
24	3 59	3 81	4 03	4 21	4 44	4 66	4 84	5 05	5 28	5 46
25	3 69	3 93	4 15	4 33	4 58	4 80	4 99	5 21	5 44	5 64
26	3 80	4 06	4 28	4 46	4 71	4 95	5 15	5 38	5 64	5 83
27	3 92	4 18	4 40	4 59	4 86	5 11	5 31	5 54	5 82	6 01
28	4 03	4 30	4 53	4 73	5 01	5 26	5 47	5 71	6 00	6 20
29	4 15	4 42	4 66	4 86	5 17	5 42	5 63	5 87	6 18	6 39
30	4 26	4 54	4 78	4 99	5 32	5 57	5 78	6 03	6 36	6 57

MATERNITY BENEFITS INCLUDED*

DEPENDENT COVERAGE

Split Rates				
Flat Rates	Children Only	Wife Only	Wife & Children	Maximum Daily Benefit
$ 3 67	$ 1 88	$2 49	$ 4.37	$7
4 08	2 03	2 82	4 85	8
4 44	2 15	3 11	5 26	9
4 80	2 28	3 39	5 67	10
5 15	2 43	3 65	6 08	11
5 48	2 55	3 90	6.45	12
5 84	2 69	4 18	6 87	13
6 17	2 81	4.43	7 24	14
6 50	2 95	4 67	7 62	15
6 83	3 07	4.92	7.99	16
7 17	3.21	5 18	8.38	17
7 49	3 33	5.43	8.76	18
7 81	3 45	5 68	9 13	19
8 13	3.56	5.93	9.49	20
8 44	3.68	6 18	9 86	21
8 75	3 79	6 42	10 21	22
9 05	3 90	6 67	10 57	23
9 36	4 01	6.91	10 92	24
9 67	4 13	7 15	11 28	25
9 99	4 25	7 40	11 65	26
10 31	4 37	7 65	12 02	27
10 61	4 49	7 91	12 40	28
10 95	4 61	8 16	12 77	29
11 27	4 73	8 41	13 14	30

* Includes standard maternity benefit (maximum of 10 times daily benefit). The personal rates provide immediate maternity benefits for female employees becoming insured on or within 31 days after the issue date of the Group Policy. The dependent rates exclude benefits for pregnancy existing on the issue date of the dependent insurance. To include standard maternity benefits for pregnancy existing on the issue date of the dependent insurance an ADDITIONAL SINGLE PREMIUM OF $ 05 per $1 00 will be charged for all employees with dependent wives becoming insured on or within 31 days after the issue date.

GROUP HOSPITAL EXPENSE INSURANCE

Reimbursement Plan — Schedule of Maximum Monthly Premiums Per Employee — Non-Occupational — No Industry Loading

(Not applicable to Modern Security Plans)

Maximum Room and Board — 31 TIMES the Daily Benefit — Maximum Special Services — 10 Times the Daily Benefit

MATERNITY BENEFITS EXCLUDED

PERSONAL COVERAGE

Cost Per Unit on Females

Maximum Daily Benefit	Less than 21	21-25	26-30	31-40	41-50	51-60	61-70	71-80	81-90	91 and over
$ -	$ 1.43	$ 1.45	$ 1.49	$ 1.51	$ 1.54	$ 1.58	$ 1.60	$ 1.63	$ 1.66	$ 1.69
-	1.66	1.68	1.67	1.69	1.72	1.76	1.79	1.82	1.85	1.88
-	1.75	1.78	1.82	1.85	1.88	1.93	1.96	1.99	2.02	2.06
-	1.88	1.93	1.96	2.00	2.04	2.08	2.11	2.14	2.18	2.22
-	2.01	2.05	2.10	2.12	2.17	2.21	2.26	2.29	2.33	2.37
-	2.18	2.22	2.27	2.30	2.35	2.39	2.44	2.47	2.52	2.57
-	2.27	2.30	2.36	2.40	2.44	2.48	2.54	2.58	2.62	2.68
-	2.41	2.47	2.51	2.57	2.62	2.67	2.72	2.76	2.81	2.86
-	2.54	2.59	2.64	2.70	2.75	2.79	2.85	2.90	2.96	3.02
-	2.67	2.72	2.77	2.82	2.88	2.93	2.98	3.04	3.07	3.13
-	2.81	2.86	2.89	2.95	3.01	3.06	3.11	3.16	3.21	3.28
-	2.85	2.90	2.96	3.02	3.07	3.13	3.19	3.24	3.30	3.36
-	1.01	1.03	1.07	3.10	3.20	3.26	3.32	3.37	3.44	3.49
-	1.07	1.11	1.21	3.26	3.32	3.38	3.45	3.52	3.57	3.63
-	1.18	1.24	3.31	3.17	3.43	3.50	3.56	3.61	3.69	3.75
-	1.28	3.15	3.41	3.47	3.54	3.61	3.68	3.74	3.82	3.87
-	1.38	3.45	3.52	3.57	3.66	3.72	3.79	3.85	3.94	4.00
-	1.47	3.55	3.62	3.68	3.77	3.84	3.90	3.97	4.06	4.12
-	1.59	3.66	3.72	3.78	3.88	3.95	4.01	4.08	4.18	4.24
-	1.70	3.77	3.83	3.89	4.00	4.07	4.13	4.20	4.31	4.37
-	1.81	3.88	3.96	4.00	4.12	4.19	4.25	4.32	4.43	4.50
-	1.92	3.99	4.05	4.11	4.24	4.31	4.37	4.44	4.57	4.63
-	2.03	4.10	4.16	4.22	4.36	4.43	4.49	4.56	4.70	4.76
-	2.14	4.21	4.27	4.33	4.48	4.55	4.61	4.68	4.83	4.89

MATERNITY BENEFITS EXCLUDED

DEPENDENT COVERAGE

Spread Rates

Flat Rates	(Children) Only	Wife Only	Wife & Child(ren)	Maximum Daily Benefit
$ 2.90	$ 1.88	$1.71	$ 3.50	$7
3.20	2.02	1.92	3.94	8
3.65	2.14	2.10	4.24	9
3.70	2.28	2.27	4.55	10
3.96	2.43	2.42	4.85	11
-	2.55	2.56	5.11	12
-	2.69	2.72	5.41	13
-	2.81	2.86	5.67	14
-	2.95	2.98	5.94	15
-	3.07	3.12	6.20	16
-	3.21	3.28	6.49	17
-	3.33	3.41	6.74	18
-	3.45	3.55	7.00	19
-	3.58	3.69	7.25	20
-	3.68	3.83	7.51	21
-	3.79	3.96	7.75	22
-	3.90	4.09	7.99	23
-	4.01	4.22	8.23	24
-	4.13	4.35	8.48	25
-	4.25	4.49	8.74	26
-	4.37	4.63	9.00	27
-	4.49	4.77	9.26	28
-	4.61	4.91	9.52	29
-	4.71	5.05	9.78	30

GROUP HOSPITAL EXPENSE INSURANCE

Reimbursement Plan - Schedule of Minimum Monthly Premiums Per Employee Non-Occupational No Industry Loading

(Not applicable to Modern Security Plans)

Maximum Room and Board 31 TIMES the Daily Benefit Maximum Special Services 15 Times the Daily Benefit

MATERNITY BENEFITS INCLUDED*

PERSONAL COVERAGE

Ages of Insureds on Premium

Maximum Daily Benefit	Less than 21	21-25	26-30	31-35	36-40	41-45	46-50	51-55	56-60	61-65	66 and over
$7	$ 1.61	$ 1.69	$ 1.76	$ 1.82	$ 1.90	$ 1.98	$ 2.04	$ 2.12	$ 2.19	$ 2.25	
8	1.79	1.88	1.97	2.04	2.11	2.21	2.27	2.36	2.45	2.53	
9	1.95	2.05	2.12	2.22	2.30	2.41	2.48	2.58	2.67	2.75	
10	2.07	2.19	2.29	2.38	2.47	2.57	2.66	2.76	2.87	2.98	
11	2.18	2.31	2.42	2.51	2.62	2.73	2.83	2.94	3.04	3.16	
12	2.32	2.43	2.56	2.66	2.78	2.89	3.01	3.13	3.23	3.35	
13	2.41	2.57	2.69	2.82	2.93	3.06	3.18	3.31	3.42	3.54	
14	2.56	2.70	2.83	2.95	3.09	3.23	3.34	3.48	3.61	3.72	
15	2.67	2.84	2.98	3.10	3.24	3.39	3.52	3.66	3.81	3.91	
16	2.79	2.96	3.11	3.24	3.40	3.55	3.68	3.83	3.98	4.11	
17	2.92	3.09	3.25	3.39	3.55	3.71	3.85	4.01	4.17	4.31	
18	3.02	3.22	3.37	3.53	3.69	3.85	4.00	4.18	4.35	4.49	
19	3.14	3.31	3.51	3.65	3.83	4.02	4.17	4.34	4.51	4.67	
20	3.24	3.44	3.63	3.80	3.97	4.16	4.32	4.51	4.69	4.85	
21	3.33	3.55	3.74	3.91	4.11	4.29	4.47	4.66	4.85	5.02	
22	3.44	3.65	3.85	4.02	4.24	4.43	4.61	4.81	5.01	5.19	
23	3.53	3.76	3.96	4.15	4.36	4.57	4.75	4.96	5.17	5.36	
24	3.63	3.86	4.08	4.26	4.50	4.71	4.90	5.10	5.14	5.52	
25	3.71	3.97	4.19	4.38	4.63	4.85	5.04	5.26	5.51	5.70	
26	3.84	4.09	4.32	4.51	4.78	5.00	5.20	5.43	5.62	5.82	
27	3.96	4.21	4.44	4.64	4.93	5.16	5.36	5.59	5.87	6.07	
28	4.07	4.33	4.57	4.78	5.08	5.31	5.52	5.76	6.05	6.26	
29	4.19	4.45	4.70	4.91	5.22	5.47	5.68	5.92	6.21	6.45	
30	4.30	4.57	4.82	5.03	5.37	5.62	5.84	6.08	6.38	6.61	

MATERNITY BENEFITS INCLUDED*

DEPENDENT COVERAGE

Split Rates

Flat Rates	(Children) Only	Wife Only	Wife & (Children)	Maximum Daily Benefit
$ 3.98	$ 1.98	$2.67	$ 4.63	$7
4.31	2.11	2.91	5.12	8
4.68	2.25	3.29	5.54	9
5.04	2.38	3.55	5.93	10
5.37	2.52	3.82	6.34	11
5.71	2.65	4.08	6.71	12
6.05	2.79	4.32	7.11	13
6.37	2.93	4.56	7.49	14
6.71	3.06	4.81	7.87	15
7.03	3.19	5.07	8.26	16
7.36	3.30	5.31	8.61	17
7.67	3.41	5.56	8.97	18
7.98	3.53	5.80	9.33	19
8.29	3.65	6.04	9.69	20
8.60	3.76	6.28	10.06	21
8.91	3.87	6.52	10.39	22
9.21	3.99	6.77	10.76	23
9.52	4.10	7.01	11.11	24
9.83	4.21	7.26	11.47	25
10.15	4.32	7.51	11.84	26
10.47	4.43	7.76	12.21	27
10.74	4.57	8.02	12.59	28
11.11	4.69	8.27	12.96	29
11.11	4.81	8.52	13.33	30

* Includes standard maternity benefit (maximum of 10 times daily benefit) - The personal rates provide immediate maternity benefits for female employees becoming insured on or within 31 days after the issue date of the Group Policy. The dependent rates exclude benefits for pregnancy existing on the issue date of the dependent insurance. To include Standard maternity benefits for pregnancy existing on the issue date of the dependent insurance an ADDITIONAL SINGLE PREMIUM of $ 95 per $1.00 will be charged for all employees with dependent wives becoming insured on or within 31 days after the issue date.

GROUP HOSPITAL EXPENSE INSURANCE

Reimbursement Plan Schedule of Maximum Monthly Premiums Per Employee Non-Occupational No Industry Loading

(Not applicable to Modern Security Plans)

Maximum Room and Board 31 TIMES the Daily Benefit Maximum Special Services 15 Times the Daily Benefit

MATERNITY BENEFITS EXCLUDED

PERSONAL COVERAGE

Maximum Daily Benefit	Ages of Insureds on Females									
	Less than 11	11 21	21 31	31 41	41 51	51 61	61 71	71 81	81 91	91 and over
$7	$ 1 58	$ 1 61	$ 1 64	$ 1 67	$ 1 70	$ 1 74	$ 1 77	$ 1 80	$ 1 83	$ 1 86
8	1 76	1 79	1 83	1 86	1 89	1 94	1 96	2 00	2 04	2 08
9	1 91	1 95	1 97	2 02	2 05	2 10	2 13	2 17	2 21	2 25
10	2 03	2 08	2 12	2 16	2 19	2 23	2 27	2 31	2 36	2 40
11	2 14	2 19	2 23	2 27	2 31	2 36	2 40	2 44	2 48	2 54
12	2 27	2 30	2 36	2 40	2 44	2 48	2 54	2 59	2 62	2 68
13	2 38	2 43	2 47	2 53	2 57	2 62	2 67	2 72	2 78	2 81
14	2 50	2 55	2 59	2 64	2 70	2 75	2 79	2 85	2 90	2 94
15	2 61	2 67	2 72	2 77	2 82	2 88	2 93	2 98	3 04	3 07
16	2 73	2 78	2 84	2 89	2 95	3 01	3 06	3 11	3 18	3 21
17	2 85	2 90	2 96	3 02	3 07	3 13	3 18	3 24	3 30	3 36
18	2 95	3 02	3 06	3 13	3 18	3 24	3 30	3 37	3 43	3 48
19	3 06	3 12	3 19	3 23	3 30	3 37	3 43	3 48	3 54	3 61
20	3 16	3 22	3 29	3 36	3 41	3 48	3 54	3 61	3 67	3 73
21	3 25	3 32	3 38	3 45	3 52	3 58	3 65	3 71	3 78	3 84
22	3 35	3 41	3 48	3 53	3 62	3 68	3 75	3 82	3 89	3 96
23	3 44	3 51	3 57	3 64	3 72	3 79	3 85	3 92	4 00	4 07
24	3 53	3 60	3 67	3 73	3 82	3 89	3 96	4 02	4 12	4 18
25	3 63	3 69	3 76	3 83	3 93	4 00	4 06	4 13	4 23	4 30
26	3 73	3 80	3 87	3 98	4 05	4 12	4 18	4 25	4 34	4 42
27	3 85	3 91	3 98	4 05	4 17	4 24	4 30	4 37	4 46	4 54
28	3 96	4 02	4 09	4 16	4 29	4 36	4 42	4 49	4 62	4 69
29	4 07	4 13	4 20	4 27	4 41	4 48	4 54	4 61	4 75	4 82
30	4 18	4 24	4 31	4 38	4 51	4 60	4 66	4 73	4 88	4 95

MATERNITY BENEFITS EXCLUDED

DEPENDENT COVERAGE

Flat Rates	Split Rates			Maximum Daily Benefit
	Child(ren) Only	Wife Only	Wife & Child(ren)	
$ 3 13	$ 1 96	$1 89	$ 3 85	$7
3 43	2 11	2 11	4 22	8
3 69	2 25	2 28	4 53	9
3 94	2 38	2 43	4 81	10
4 16	2 52	2 59	5 11	11
4 39	2 65	2 72	5 37	12
4 62	2 79	2 86	5 65	13
4 83	2 93	2 99	5 82	14
5 06	3 06	3 13	6 19	15
5 27	3 19	3 28	6 47	16
5 49	3 30	3 37	6 71	17
5 69	3 41	3 56	6 85	18
5 88	3 53	3 67	7 20	19
6 08	3 65	3 80	7 45	20
6 29	3 76	3 93	7 68	21
6 48	3 87	4 06	7 93	22
6 68	3 99	4 19	8 18	23
6 88	4 10	4 32	8 42	24
7 08	4 21	4 44	8 67	25
7 29	4 33	4 60	8 93	26
7 50	4 45	4 74	9 19	27
7 71	4 57	4 88	9 45	28
7 92	4 69	5 02	9 71	29
8 11	4 81	5 16	9 97	30

GROUP HOSPITAL EXPENSE INSURANCE

Reimbursement Plan Schedule of Minimum Monthly Premiums Per Employee Non Occupational No Industry Loading

(Not applicable to Modern Security Plans)

Maximum Room and Board 31 TIMES the Daily Benefit Maximum Special Services 20 Times the Daily Benefit

MATERNITY BENEFITS INCLUDED*

PERSONAL COVERAGE

Maximum Daily Benefit	% of Benefits on Females									
	Less than 11	11-21	21-31	31-41	41-51	51-61	61-71	71-81	81-91	91 and over
$7	$ 1.73	$ 1.82	$ 1.89	$ 1.95	$ 2.04	$ 2.11	$ 2.18	$ 2.27	$ 2.33	$ 2.46
8	1.88	1.98	2.07	2.16	2.22	2.31	2.39	2.48	2.55	2.64
9	2.03	2.13	2.23	2.31	2.39	2.50	2.58	2.68	2.76	2.85
10	2.16	2.27	2.37	2.47	2.56	2.67	2.76	2.87	2.96	3.06
11	2.27	2.39	2.50	2.61	2.73	2.82	2.93	3.05	3.15	3.26
12	2.40	2.52	2.64	2.74	2.88	3.00	3.10	3.22	3.34	3.44
13	2.50	2.65	2.77	2.89	3.01	3.14	3.26	3.38	3.51	3.63
14	2.62	2.76	2.91	3.03	3.15	3.29	3.42	3.55	3.68	3.81
15	2.73	2.89	3.03	3.15	3.30	3.44	3.57	3.72	3.86	3.98
16	2.83	3.00	3.15	3.29	3.44	3.59	3.72	3.88	4.03	4.17
17	2.95	3.12	3.28	3.42	3.58	3.74	3.88	4.05	4.22	4.34
18	3.05	3.25	3.41	3.56	3.72	3.89	4.05	4.20	4.38	4.54
19	3.17	3.36	3.53	3.70	3.86	4.04	4.20	4.39	4.55	4.71
20	3.27	3.46	3.65	3.81	4.00	4.18	4.34	4.53	4.71	4.87
21	3.38	3.57	3.76	3.93	4.13	4.31	4.49	4.68	4.88	5.04
22	3.46	3.67	3.87	4.05	4.27	4.45	4.65	4.83	5.04	5.21
23	3.56	3.78	3.98	4.17	4.39	4.59	4.77	4.98	5.20	5.38
24	3.66	3.88	4.09	4.28	4.52	4.73	4.92	5.12	5.37	5.54
25	3.76	3.99	4.21	4.39	4.66	4.86	5.06	5.28	5.54	5.71
26	3.87	4.11	4.34	4.52	4.81	5.01	5.22	5.45	5.72	5.90
27	3.99	4.23	4.46	4.65	4.96	5.17	5.38	5.61	5.90	6.08
28	4.10	4.35	4.59	4.79	5.11	5.32	5.54	5.78	6.08	6.27
29	4.22	4.47	4.72	4.92	5.25	5.48	5.70	5.94	6.26	6.46
30	4.33	4.59	4.84	5.05	5.40	5.63	5.85	6.10	6.44	6.64

MATERNITY BENEFITS INCLUDED*

DEPENDENT COVERAGE

Flat Rates	Split Rates			Maximum Daily Benefit
	Child(ren) Only	Wife Only	Wife & Child(ren)	
$ 4.07	$ 2.00	$2.82	$ 4.82	$7
4.44	2.13	3.12	5.25	8
4.81	2.27	3.40	5.67	9
5.15	2.42	3.66	6.08	10
5.50	2.55	3.91	6.46	11
5.82	2.69	4.15	6.84	12
6.15	2.82	4.40	7.22	13
6.47	2.96	4.63	7.59	14
6.79	3.09	4.88	7.97	15
7.10	3.21	5.11	8.32	16
7.45	3.35	5.35	8.70	17
7.73	3.47	5.59	9.06	18
8.04	3.58	5.83	9.41	19
8.35	3.70	6.06	9.78	20
8.66	3.82	6.30	10.12	21
8.96	3.93	6.54	10.47	22
9.27	4.04	6.78	10.83	23
9.58	4.15	7.03	11.18	24
9.88	4.27	7.27	11.54	25
10.20	4.39	7.52	11.91	26
10.52	4.51	7.77	12.28	27
10.86	4.63	8.03	12.66	28
11.16	4.75	8.28	13.03	29
11.48	4.87	8.53	13.40	30

* Includes standard maternity benefit (maximum of 10 times daily benefit) The personal rates provide immediate maternity benefits for female employees becoming insured on or within 31 days after the issue date of the Group Policy The dependent rates exclude benefits for pregnancy existing on the issue date of the dependent insurance To include standard maternity benefits for pregnancy existing on the issue date of the dependent insurance an ADDITIONAL SINGLE PREMIUM OF $ 95 per $1 00 will be charged for all employees with dependent risks becoming insured on or within 31 days after the issue date

GROUP HOSPITAL EXPENSE INSURANCE

Reimbursement Plan — Schedule of Minimum Monthly Premiums Per Employee — Non-Occupational — NO Industry Loading

(Not applicable to Modern Security Plans)

Maximum Room and Board — 31 TIMES the Daily Benefit — Maximum Special Services — 20 Times the Daily Benefit

MATERNITY BENEFITS EXCLUDED

PERSONAL COVERAGE

$ of Benefits on Females

Maximum Daily Benefit	Less than 11	11 20	21 30	31 40	41 50	51 60	61 70	71 80	81 90	91 and over
$7	$ 1 70	$ 1 78	$ 1 87	$ 1 80	$ 1 84	$ 1 87	$ 1 91	$ 1 95	$ 1 97	$ 2 02
8	1 85	1 89	1 93	1 96	2 00	2 04	2 08	2 12	2 14	2 19
9	1 99	2 03	2 08	2 11	2 14	2 19	2 23	2 27	2 30	2 35
10	2 12	2 16	2 20	2 25	2 28	2 33	2 37	2 42	2 45	2 50
11	2 23	2 27	2 31	2 37	2 42	2 45	2 50	2 55	2 59	2 63
12	2 35	2 39	2 44	2 48	2 54	2 59	2 63	2 68	2 73	2 77
13	2 45	2 51	2 55	2 60	2 65	2 70	2 75	2 79	2 85	2 90
14	2 56	2 61	2 67	2 72	2 76	2 81	2 87	2 92	2 97	3 03
15	2 67	2 72	2 77	2 82	2 88	2 93	2 98	3 04	3 09	3 14
16	2 77	2 82	2 88	2 96	2 99	3 05	3 10	3 16	3 21	3 27
17	2 88	2 93	2 98	3 05	3 11	3 16	3 22	3 28	3 33	3 39
18	2 98	3 05	3 10	3 16	3 22	3 28	3 35	3 39	3 46	3 53
19	3 09	3 15	3 21	3 28	3 33	3 39	3 46	3 53	3 58	3 65
20	3 19	3 24	3 31	3 37	3 44	3 50	3 56	3 63	3 69	3 75
21	3 28	3 34	3 40	3 47	3 54	3 60	3 67	3 73	3 81	3 86
22	3 37	3 43	3 50	3 56	3 65	3 70	3 77	3 84	3 92	3 98
23	3 47	3 53	3 59	3 66	3 75	3 81	3 87	3 94	4 03	4 09
24	3 56	3 62	3 68	3 75	3 85	3 91	3 98	4 04	4 15	4 20
25	3 66	3 71	3 78	3 84	3 96	4 01	4 08	4 15	4 26	4 31
26	3 77	3 82	3 89	3 95	4 08	4 13	4 20	4 27	4 39	4 44
27	3 88	3 93	4 00	4 06	4 20	4 25	4 32	4 39	4 52	4 57
28	3 99	4 04	4 11	4 17	4 32	4 37	4 44	4 51	4 65	4 70
29	4 10	4 15	4 22	4 28	4 44	4 49	4 56	4 63	4 78	4 83
30	4 21	4 26	4 33	4 39	4 56	4 61	4 68	4 75	4 91	4 96

MATERNITY BENEFITS EXCLUDED

DEPENDANT COVERAGE

Maximum Daily Benefit	Flat Rates	Split Rates (Children) Only	Split Rates Wife Only	Split Rates Wife & (Children)	Maximum Daily Benefit
$7	$ 3 30	$ 2 00	$2 04	$ 4 04	$7
8	3 56	2 13	2 22	4 35	8
9	3 82	2 27	2 39	4 66	9
10	4 05	2 42	2 54	4 96	10
11	4 29	2 55	2 68	5 23	11
12	4 50	2 89	2 81	5 50	12
13	4 72	2 82	2 94	5 76	13
14	4 93	2 96	3 06	6 02	14
15	5 14	3 09	3 20	6 29	15
16	5 34	3 21	3 32	6 53	16
17	5 56	3 35	3 45	6 80	17
18	5 75	3 47	3 57	7 04	18
19	5 95	3 58	3 70	7 28	19
20	6 15	3 70	3 82	7 52	20
21	6 35	3 82	3 95	7 77	21
22	6 54	3 93	4 08	8 01	22
23	6 74	4 04	4 21	8 25	23
24	6 94	4 15	4 34	8 49	24
25	7 11	4 27	4 47	8 74	25
26	7 30	4 38	4 61	9 00	26
27	7 55	4 51	4 75	9 26	27
28	7 76	4 63	4 89	9 52	28
29	7 97	4 75	5 03	9 78	29
30	8 18	4 87	5 17	10 04	30

GROUP HOSPITAL EXPENSE INSURANCE

Reimbursement Plan Schedule of Maximum Monthly Premiums Per Employee Non-Occupational No Industry Loading

(Not applicable to Modern Security Plans)

Maximum Room and Board 31 DAYS Maximum Special Services $100 in full plus 3/4 of next $1200 with a maximum combined benefit of $1000

MATERNITY BENEFITS INCLUDED*

PERSONAL COVERAGE

Maximum Daily Benefit	% of Benefits on Females									
	Less than 11	11-21	21-31	31-41	41-51	51-61	61-71	71-81	81-91	91 and over
$7	$ 1 86	$ 1 94	$ 2 03	$ 2 09	$ 2 17	$ 2 25	$ 2 33	$ 2 41	$ 2 48	$ 2 55
8	1 97	2 06	2 15	2 23	2 32	2 39	2 48	2 57	2 66	2 73
9	2 08	2 19	2 27	2 37	2 45	2 56	2 63	2 74	2 83	2 92
10	2 18	2 30	2 40	2 49	2 59	2 70	2 78	2 89	2 99	3 10
11	2 30	2 41	2 54	2 65	2 74	2 84	2 96	3 07	3 17	3 27
12	2 40	2 52	2 64	2 74	2 88	3 00	3 10	3 22	3 34	3 44
13	2 50	2 65	2 77	2 89	3 01	3 14	3 26	3 38	3 51	3 63
14	2 61	2 75	2 89	3 01	3 14	3 28	3 41	3 53	3 67	3 79
15	2 70	2 87	3 01	3 13	3 28	3 41	3 55	3 70	3 83	3 96
16	2 80	2 97	3 12	3 25	3 41	3 56	3 68	3 84	4 00	4 13
17	2 92	3 08	3 25	3 38	3 55	3 71	3 85	4 01	4 17	4 31
18	3 01	3 21	3 37	3 52	3 68	3 84	3 99	4 17	4 32	4 48
19	3 12	3 31	3 47	3 63	3 81	4 00	4 13	4 32	4 50	4 64
20	3 21	3 42	3 60	3 76	3 94	4 13	4 30	4 46	4 65	4 81
21	3 30	3 52	3 73	3 88	4 08	4 26	4 45	4 63	4 81	4 98
22	3 41	3 63	3 81	4 01	4 21	4 41	4 60	4 78	4 97	5 15
23	3 50	3 73	3 96	4 14	4 33	4 54	4 73	4 94	5 14	5 32
24	3 61	3 83	4 08	4 26	4 47	4 68	4 91	5 09	5 30	5 48
25	3 70	3 95	4 21	4 39	4 60	4 82	5 06	5 26	5 47	5 66
26	3 81	4 07	4 34	4 52	4 73	4 97	5 22	5 43	5 65	5 85
27	3 93	4 19	4 46	4 65	4 86	5 13	5 38	5 59	5 83	6 03
28	4 04	4 31	4 59	4 79	5 05	5 28	5 54	5 76	6 01	6 22
29	4 16	4 43	4 72	4 92	5 19	5 44	5 70	5 92	6 19	6 41
30	4 27	4 55	4 84	5 05	5 34	5 58	5 85	6 08	6 37	6 59

MATERNITY BENEFITS INCLUDED*

DEPENDENT COVERAGE

Maximum Daily Benefit	Flat Rates	Split Rates		
		(Children) Only	Wife Only	Wife & Children
$7	$ 4 30	$ 2 10	$2.90	$ 5 00
8	4.60	2 22	3 23	5 45
9	4 93	2 35	3 46	5 81
10	5.24	2.47	3 71	6 28
11	5.55	2.60	3.94	6 54
12	5 85	2 73	4 15	6 88
13	6 17	2 86	4.40	7.28
14	6 48	2 98	4 63	7 61
15	6 78	3 11	4 85	7.97
16	7.09	3.23	5.08	8.31
17	7 40	3 37	5 31	8 88
18	7 70	3 48	5 55	9 03
19	7 99	3 60	5.77	9.37
20	8 29	3 71	5 99	9.70
21	8.58	3.83	6.21	10.04
22	8 85	3 94	6 44	10.38
23	9 19	4.05	6.67	10.73
24	9 48	4 18	6 89	11.06
25	9 78	4 28	7 11	11 39
26	10 10	4 40	7.36	11 78
27	10 42	4 52	7 61	12 13
28	10 74	4 64	7 87	12 51
29	11 06	4 76	8 12	12 88
30	11 38	4 88	8 37	13 25

* Includes standard maternity benefit (maximum of 10 times daily benefit) The personal rates provide immediate maternity benefits for female employees becoming insured on or within 31 days after the issue date of the Group Policy The dependent rates exclude benefits for pregnancy existing on the issue date of the dependent insurance To include standard maternity benefits for pregnancy existing on the issue date of the dependent insurance on ADDITIONAL SINGLE PREMIUM OF $ 95 per $1.00 will be charged for all employees with dependent wives becoming insured on or within 31 days after the issue date

GROUP HOSPITAL EXPENSE INSURANCE

Reimbursement Plan — Schedule of Minimum Monthly Premiums Per Employee — Non-Occupational — No Industry Funding

(Not applicable to Modern Security Plans)

Maximum Room and Board — 31 DAYS — Maximum Special Services — $100 in full plus 3/4 of next $1200 with a maximum combined benefit of $1000

MATERNITY BENEFITS EXCLUDED

PERSONAL COVERAGE

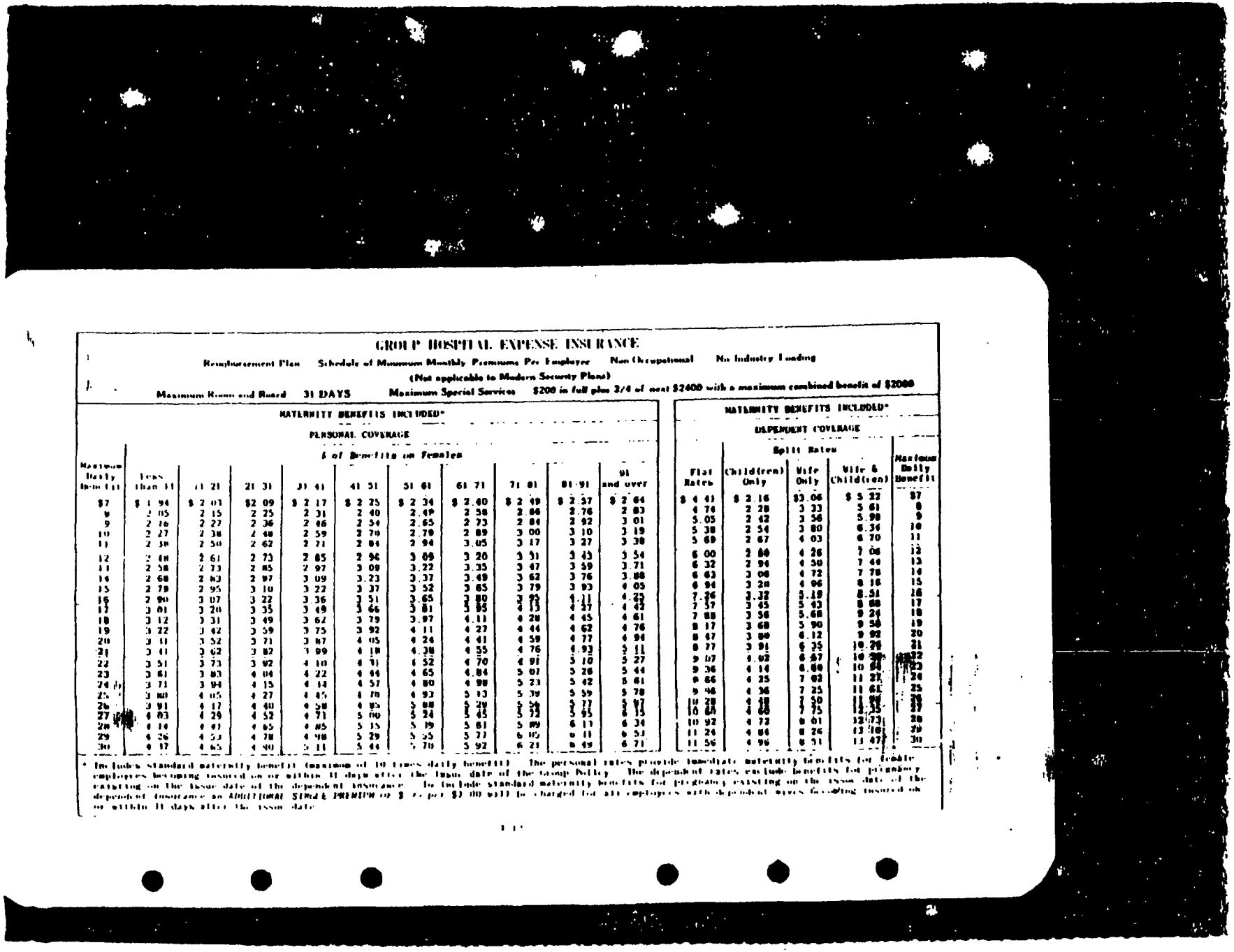
of Benefits on Premium

Maximum Daily Benefit	Less than 11	11 21	21 31	31 41	41 51	51 61	61 71	71 81	81 91	91 and over
$7	$ 1 83	$ 1 86	$ 1 91	$ 1 94	$ 1 97	$ 2 01	$ 2 05	$ 2 09	$ 2 12	$ 2 16
8	1 91	1 97	2 01	2 05	2 10	2 12	2 17	2 21	2 25	2 28
9	2 [illegible]	2 09	2 12	2 17	2 20	2 25	2 28	2 33	2 37	2 42
10	2 1	2 19	2 23	2 27	2 31	2 36	2 40	2 44	2 48	2 54
11	2 28	2 29	2 35	2 39	2 43	2 47	2 53	2 57	2 61	2 65
12	2 35	2 39	2 44	2 48	2 54	2 59	2 63	2 68	2 73	2 77
13	2 45	2 51	2 55	2 60	2 65	2 70	2 75	2 78	2 85	2 90
14	2 55	2 60	2 65	2 70	2 75	2 80	2 86	2 90	2 96	3 01
15	2 64	2 70	2 75	2 80	2 86	2 90	2 96	3 02	3 06	3 12
16	2 74	2 79	2 85	2 90	2 96	3 02	3 06	3 12	3 18	3 23
17	2 85	2 90	2 96	3 02	3 07	3 13	3 19	3 24	3 30	3 36
18	2 94	3 00	3 06	3 12	3 18	3 23	3 29	3 36	3 40	3 47
19	3 04	3 10	3 15	3 21	3 28	3 35	3 39	3 46	3 53	3 58
20	3 13	3 20	3 26	3 32	3 38	3 45	3 53	3 56	3 63	3 69
21	3 22	3 29	3 37	3 42	3 49	3 55	3 63	3 68	3 76	3 81
22	3 32	3 38	3 47	3 53	3 59	3 66	3 74	3 79	3 85	3 92
23	3 41	3 48	3 57	3 63	3 69	3 76	3 85	3 90	3 97	4 03
24	3 51	3 57	3 68	3 73	3 80	3 86	3 97	4 01	4 08	4 15
25	3 60	3 67	3 78	3 84	3 90	3 97	4 08	4 13	4 19	4 26
26	3 71	3 78	3 89	3 95	4 02	4 09	4 20	4 25	4 32	4 38
27	3 82	3 89	3 98	4 06	4 14	4 21	4 32	4 37	4 45	4 52
28	3 91	4 00	4 11	4 17	4 26	4 33	4 44	4 49	4 58	4 65
29	4 04	4 11	4 22	4 28	4 38	4 45	4 56	4 61	4 71	4 78
30	4 15	4 22	4 33	4 39	4 50	4 57	4 68	4 73	4 84	4 91

MATERNITY BENEFITS EXCLUDED

DEPENDANT COVERAGE

Flat Rates	Split Rates: (Children) Only	Split Rates: Wife Only	Split Rates: Wife & Children	Maximum Daily Benefit
$ 3 53	$ 2 18	$2 20	$ 4 38	$7
3 72	2 22	2 33	4 55	8
3 94	2 35	2 45	4 80	9
4 14	2 47	2 58	5 06	10
4 34	2 60	2 71	5 31	11
4 53	2 73	2 81	5 54	12
4 74	2.86	2 94	5 80	13
4 94	2 98	3 06	6 04	14
5 13	3.11	3 19	6 29	15
5 33	3 22	3 29	6 52	16
5 53	3 37	3 41	6 78	17
5 72	3 48	3 53	7 01	18
5 90	3 60	3 64	7 24	19
6 09	3 71	3 75	7 46	20
6 28	3 83	3 86	7 69	21
6 47	3 94	3 98	7 92	22
6 66	4 05	4 09	8 14	23
6 84	4 16	4 20	8 36	24
7 03	4 28	4 31	8 59	25
7 45	4 50	4 62	9 05	26
7 65	4 52	4 59	9 11	27
7 84	4 64	4 73	9 37	28
7 87	4 76	4 87	9 63	29
8 08	4 88	5 01	9 89	30



GROUP HOSPITAL EXPENSE INSURANCE

Reimbursement Plan Schedule of Maximum Monthly Premiums Per Employee Non-Occupational No Industry Loading

(Not applicable to Modern Security Plans)

Maximum Room and Board 31 DAYS Maximum Special Services $200 in full plus 3/4 of next $2400 with a maximum combined benefit of $2000

MATERNITY BENEFITS INCLUDED*

PERSONAL COVERAGE

$ of Benefits on Females

Maximum Daily Benefit	Less than 11	11-21	21-31	31-41	41-51	51-61	61-71	71-81	81-91	91 and over
$7	$ 1.94	$ 2.03	$2.09	$ 2.17	$ 2.25	$ 2.34	$ 2.40	$ 2.49	$ 2.57	$ 2.64
8	2.05	2.15	2.25	2.31	2.40	2.49	2.58	2.66	2.76	2.83
9	2.16	2.27	2.36	2.46	2.54	2.65	2.73	2.84	2.92	3.01
10	2.27	2.38	2.48	2.59	2.70	2.79	2.89	3.00	3.10	3.19
11	2.38	2.50	2.62	2.71	2.84	2.94	3.05	3.17	3.27	3.38
12	2.48	2.61	2.73	2.85	2.96	3.08	3.20	3.31	3.43	3.54
13	2.58	2.73	2.85	2.97	3.09	3.22	3.35	3.47	3.59	3.71
14	2.68	2.83	2.97	3.09	3.23	3.37	3.49	3.62	3.76	3.88
15	2.79	2.95	3.10	3.22	3.37	3.52	3.65	3.79	3.93	4.05
16	2.90	3.07	3.22	3.36	3.51	3.65	3.80	3.93	4.11	4.22
17	3.01	3.20	3.35	3.49	3.66	3.81	3.95	4.13	4.27	4.42
18	3.12	3.31	3.49	3.62	3.79	3.97	4.11	4.28	4.45	4.61
19	3.22	3.42	3.59	3.75	3.92	4.11	4.27	4.44	4.62	4.76
20	3.33	3.52	3.71	3.87	4.05	4.24	4.41	4.59	4.77	4.94
21	3.43	3.62	3.82	3.99	4.18	4.38	4.55	4.76	4.93	5.11
22	3.53	3.73	3.92	4.10	4.31	4.52	4.70	4.91	5.10	5.27
23	3.63	3.83	4.04	4.22	4.44	4.65	4.84	5.07	5.26	5.44
24	3.73	3.94	4.15	4.34	4.57	4.80	4.98	5.23	5.42	5.61
25	3.80	4.05	4.27	4.45	4.70	4.93	5.13	5.39	5.59	5.78
26	3.91	4.17	4.40	4.58	4.85	5.08	5.28	5.54	5.77	5.97
27	4.03	4.29	4.52	4.71	5.00	5.24	5.45	5.72	5.95	6.15
28	4.14	4.41	4.65	4.85	5.15	5.39	5.61	5.89	6.13	6.34
29	4.26	4.53	4.78	4.98	5.29	5.55	5.77	6.05	6.31	6.53
30	4.37	4.65	4.90	5.11	5.44	5.70	5.92	6.23	6.49	6.71

MATERNITY BENEFITS INCLUDED*

DEPENDENT COVERAGE

Flat Rates	Split Rates			Maximum Daily Benefit
	Child(ren) Only	Wife Only	Wife & Child(ren)	
$ 4.41	$ 2.16	$3.06	$ 5.22	$7
4.76	2.28	3.23	5.61	8
5.05	2.42	3.56	5.90	9
5.38	2.54	3.80	6.36	10
5.69	2.67	4.03	6.70	11
6.00	2.80	4.26	7.06	12
6.32	2.94	4.50	7.44	13
6.63	3.06	4.72	7.78	14
6.94	3.20	4.96	8.16	15
7.26	3.32	5.19	8.51	16
7.57	3.45	5.42	8.88	17
7.88	3.58	5.68	9.24	18
8.17	3.68	5.90	9.58	19
8.47	3.80	6.12	9.92	20
8.77	3.91	6.35	10.26	21
9.07	4.02	6.57	10.58	22
9.36	4.14	6.80	10.84	23
9.66	4.25	7.02	11.27	24
9.96	4.36	7.25	11.61	25
10.28	4.48	7.50	11.96	26
10.61	4.60	7.75	12.35	27
10.92	4.72	8.01	12.73	28
11.24	4.84	8.26	13.10	29
11.56	4.96	8.51	13.47	30

* Includes standard maternity benefit (maximum of 10 times daily benefit). The personal rates provide immediate maternity benefits for female employees becoming insured on or within 31 days after the issue date of the Group Policy. The dependent rates exclude benefits for pregnancy existing on the issue date of the covering on the issue date of the dependent insurance. To include standard maternity benefits for pregnancy existing on the issue date of the dependent insurance an ADDITIONAL SINGLE PREMIUM of $ ___ per $1.00 will be charged for all employees with dependent wives becoming insured on or within 31 days after the issue date.

GROUP HOSPITAL EXPENSE INSURANCE

Reimbursement Plan Schedule of Maximum Monthly Premiums Per Employee Non-Occupational No Industry Loading

(Not applicable to Modern Security Plans)

Maximum Room and Board 31 DAYS Maximum Special Services $200 in full plus 3/4 of next $2400 with a maximum combined benefit of $2000

MATERNITY BENEFITS INCLUDED

PERSONAL COVERAGE

Full Benefits on Females

Maximum Daily Benefit	Less than 21	21-31	31-41	41-51	51-61	61-71	71-81	81-91	91 and over
$7	$ 1.91	$ 1.95	$ 1.97	$ 2.02	$ 2.05	$ 2.10	$ 2.13	$ 2.17	$ 2.21	$ 2.25
8	2.02	2.06	2.11	2.13	2.18	2.22	2.27	2.30	2.35	2.38
9	2.12	2.17	2.21	2.26	2.29	2.34	2.38	2.43	2.46	2.51
10	2.23	2.27	2.31	2.37	2.42	2.45	2.50	2.55	2.59	2.63
11	2.34	2.38	2.44	2.47	2.53	2.57	2.62	2.67	2.71	2.76
12	2.43	2.48	2.53	2.59	2.62	2.68	2.73	2.77	2.82	2.87
13	2.53	2.59	2.63	2.68	2.71	2.78	2.86	2.88	2.87	2.98
14	2.62	2.68	2.73	2.78	2.84	2.89	2.94	2.99	3.05	3.10
15	2.73	2.78	2.84	2.89	2.95	3.01	3.06	3.11	3.16	3.21
16	2.84	2.89	2.95	3.01	3.06	3.11	3.18	3.23	3.28	3.33
17	2.94	3.01	3.06	3.12	3.18	3.23	3.29	3.36	3.40	3.47
18	3.05	3.11	3.18	3.22	3.29	3.36	3.41	3.47	3.53	3.60
19	3.14	3.21	3.27	3.33	3.39	3.46	3.53	3.58	3.65	3.70
20	3.23	3.30	3.37	3.43	3.48	3.56	3.63	3.69	3.75	3.82
21	3.33	3.39	3.46	3.53	3.59	3.67	3.72	3.81	3.86	3.93
22	3.42	3.49	3.55	3.62	3.69	3.77	3.84	3.92	3.98	4.04
23	3.52	3.58	3.65	3.71	3.80	3.87	3.94	4.03	4.09	4.15
24	3.61	3.68	3.74	3.81	3.90	3.96	4.04	4.15	4.20	4.27
25	3.70	3.77	3.84	3.90	4.00	4.08	4.15	4.26	4.31	4.38
26	3.81	3.88	3.95	4.01	4.12	4.20	4.27	4.38	4.44	4.51
27	3.92	3.98	4.06	4.12	4.24	4.32	4.39	4.50	4.57	4.64
28	4.01	4.08	4.17	4.23	4.36	4.44	4.51	4.62	4.70	4.77
29	4.10	4.21	4.28	4.34	4.48	4.56	4.63	4.74	4.83	4.90
30	4.25	4.32	4.39	4.45	4.60	4.68	4.75	4.86	4.96	5.03

MATERNITY BENEFITS EXCLUDED

DEPENDENT COVERAGE

Split Rates

Flat Rates	Child(ren) Only	Wife Only	Wife & Child(ren)	Maximum Daily Benefit
$ 3.64	$ 2.16	$2.28	$ 4.44	$ 07
3.86	2.28	2.63	4.71	8
4.06	2.42	2.55	4.97	9
4.28	2.54	2.68	5.22	10
4.48	2.67	2.80	5.47	11
4.68	2.80	2.92	5.72	12
4.89	2.94	3.06	5.98	13
5.09	3.06	3.15	6.21	14
5.29	3.20	3.28	6.48	15
5.50	3.32	3.40	6.72	16
5.70	3.45	3.53	6.98	17
5.90	3.56	3.66	7.22	18
6.08	3.68	3.77	7.45	19
6.27	3.80	3.88	7.68	20
6.46	3.91	4.00	7.91	21
6.65	4.02	4.11	8.13	22
6.83	4.14	4.22	8.36	23
7.02	4.25	4.33	8.58	24
7.21	4.36	4.45	8.81	25
7.42	4.48	4.58	9.07	26
7.63	4.60	4.75	9.33	27
7.84	4.72	4.87	9.59	28
8.05	4.84	5.01	9.85	29
8.26	4.96	5.15	10.11	30

GROUP HOSPITAL EXPENSE INSURANCE

Reimbursement Plan Schedule of Maximum Monthly Premiums Per Employee Non Occupational No Industry Loading

(Not applicable to Modern Security Plans)

Maximum Room and Board 70 TIMES the Daily Benefit Maximum Special Services 10 Times the Daily Benefit

MATERNITY BENEFITS INCLUDED*

PERSONAL COVERAGE

$ of Benefits on Females

Maximum Daily Benefit	Less than 11	11-21	21-31	31-41	41-51	51-61	61-71	71-81	81-91	91 and over
07	$ 1.55	$ 1.63	$ 1.70	$ 1.76	$ 1.84	$ 1.92	$ 1.97	$ 2.05	$ 2.13	$ 2.18
8	1.73	1.82	1.91	1.98	2.05	2.14	2.21	2.30	2.38	2.45
9	1.90	1.99	2.09	2.17	2.25	2.36	2.43	2.53	2.61	2.68
10	2.04	2.16	2.25	2.35	2.44	2.55	2.63	2.73	2.83	2.82
11	2.18	2.30	2.42	2.50	2.62	2.72	2.83	2.94	3.04	3.14
12	2.32	2.45	2.56	2.67	2.79	2.91	3.01	3.13	3.24	3.35
13	2.46	2.58	2.73	2.84	2.96	3.08	3.21	3.34	3.45	3.58
14	2.59	2.74	2.87	3.00	3.13	3.27	3.39	3.52	3.65	3.77
15	2.72	2.88	3.02	3.14	3.28	3.44	3.56	3.71	3.85	3.97
16	2.84	3.02	3.16	3.30	3.44	3.60	3.73	3.89	4.05	4.17
17	2.97	3.15	3.30	3.44	3.59	3.75	3.90	4.06	4.22	4.37
18	3.10	3.28	3.46	3.61	3.77	3.94	4.09	4.26	4.43	4.58
19	3.22	3.43	3.59	3.76	3.93	4.12	4.27	4.45	4.63	4.77
20	3.35	3.56	3.75	3.91	4.09	4.28	4.45	4.64	4.82	4.98
21	3.49	3.68	3.88	4.04	4.24	4.43	4.61	4.81	5.00	5.17
22	3.58	3.80	4.00	4.17	4.39	4.59	4.77	4.97	5.18	5.35
23	3.69	3.92	4.13	4.31	4.53	4.74	4.93	5.14	5.36	5.54
24	3.81	4.04	4.26	4.44	4.68	4.90	5.09	5.30	5.54	5.72
25	3.92	4.17	4.39	4.57	4.83	5.05	5.25	5.47	5.73	5.91
26	4.03	4.29	4.52	4.70	4.98	5.20	5.41	5.64	5.91	6.10
27	4.15	4.41	4.64	4.83	5.13	5.36	5.57	5.80	6.06	6.28
28	4.26	4.53	4.77	4.97	5.28	5.51	5.78	5.97	6.27	6.47
29	4.38	4.65	4.90	5.10	5.42	5.67	5.89	6.13	6.45	6.66
30	4.49	4.77	5.02	5.23	5.57	5.82	6.04	6.29	6.63	6.84

MATERNITY BENEFITS INCLUDED*

DEPENDENT COVERAGE

Flat Rates	Split Rates: Child(ren) Only	Split Rates: Wife Only	Split Rates: Wife & Child(ren)	Maximum Daily Benefit
$ 3.85	$ 2.00	$2.60	$ 4.60	07
4.28	2.15	2.84	5.09	8
4.66	2.28	3.24	5.52	9
5.04	2.43	3.53	5.98	10
5.40	2.58	3.80	6.38	11
5.75	2.71	4.06	6.77	12
6.12	2.86	4.35	7.21	13
6.47	2.99	4.61	7.60	14
6.81	3.14	4.86	8.00	15
7.15	3.27	5.12	8.38	16
7.51	3.41	5.38	8.80	17
7.84	3.54	5.65	9.19	18
8.18	3.67	5.91	9.58	19
8.51	3.79	6.17	9.98	20
8.83	3.91	6.42	10.33	21
9.15	4.03	6.67	10.70	22
9.47	4.15	6.93	11.08	23
9.79	4.27	7.18	11.45	24
10.11	4.39	7.43	11.82	25
10.42	4.51	7.68	12.19	26
10.75	4.63	7.93	12.56	27
11.07	4.75	8.19	12.94	28
11.39	4.87	8.44	13.31	29
11.71	4.99	8.69	13.68	30

* Includes standard maternity benefit (maximum of 10 times daily benefit) The personal rates provide immediate maternity benefits for female employees becoming insured on or within 31 days after the issue date of the Group Policy. The dependent rates exclude benefits for pregnancy existing on the issue date of the dependent insurance. To include standard maternity benefits for pregnancy existing on the issue date of the dependent insurance an ADDITIONAL SINGLE PREMIUM OF $ 95 per $1.00 will be charged for all employees with dependent wives becoming insured on or within 31 days after the issue date

GROUP HOSPITAL EXPENSE INSURANCE

Reimbursement Plan Schedule of Maximum Monthly Premiums Per Employee Non-Occupational No Industry Loading

(Not applicable to Modern Security Plans)

Maximum Room and Board 70 TIMES the Daily Benefit Maximum Special Services 10 Times the Daily Benefit

MATERNITY BENEFITS EXCLUDED

PERSONAL COVERAGE

Maximum Daily Benefit	Age of Insured — Number of Benefits on Premium									
	Less than 11	11 21	21 31	31 41	41 51	51 61	61 71	71 81	81 91	91 and over
$7	$ 1 52	$ 1 55	$ 1 58	$ 1 61	$ 1 64	$ 1 68	$ 1 70	$ 1 73	$ 1 77	$ 1 79
8	1 70	1 73	1 77	1 80	1 83	1 87	1 90	1 94	1 97	2 00
9	1 86	1 89	1 94	1 97	2 00	2 05	2 08	2 12	2 15	2 19
10	2 00	2 05	2 08	2 13	2 16	2 21	2 24	2 28	2 32	2 36
11	2 14	2 18	2 23	2 26	2 31	2 35	2 40	2 44	2 48	2 52
12	2 27	2 32	2 36	2 41	2 45	2 50	2 54	2 59	2 63	2 68
13	2 41	2 45	2 51	2 55	2 60	2 66	2 70	2 75	2 79	2 85
14	2 53	2 59	2 61	2 69	2 73	2 79	2 84	2 88	2 94	2 99
15	2 66	2 71	2 76	2 81	2 87	2 93	2 97	3 03	3 08	3 13
16	2 78	2 84	2 88	2 95	3 00	3 06	3 12	3 17	3 22	3 27
17	2 90	2 96	3 02	3 07	3 14	3 20	3 25	3 31	3 36	3 42
18	3 03	3 08	3 15	3 21	3 27	3 33	3 39	3 45	3 51	3 57
19	3 15	3 22	3 27	3 34	3 40	3 47	3 53	3 59	3 66	3 71
20	3 27	3 34	3 41	3 47	3 53	3 60	3 67	3 74	3 80	3 86
21	3 38	3 45	3 52	3 58	3 65	3 72	3 79	3 86	3 93	3 99
22	3 49	3 56	3 63	3 69	3 77	3 84	3 91	3 98	4 06	4 12
23	3 60	3 67	3 74	3 80	3 89	3 96	4 03	4 10	4 19	4 25
24	3 71	3 78	3 85	3 91	4 01	4 08	4 15	4 22	4 32	4 38
25	3 82	3 89	3 96	4 02	4 13	4 20	4 27	4 36	4 45	4 51
26	3 92	4 00	4 07	4 13	4 25	4 32	4 39	4 49	4 58	4 65
27	4 04	4 11	4 18	4 24	4 37	4 44	4 51	4 62	4 71	4 77
28	4 15	4 22	4 29	4 35	4 49	4 56	4 63	4 76	4 84	4 90
29	4 26	4 33	4 40	4 46	4 61	4 68	4 75	4 87	4 97	5 03
30	4 37	4 44	4 51	4 57	4 73	4 80	4 87	4 99	5 10	5 16

MATERNITY BENEFITS EXCLUDED

DEPENDENT COVERAGE

Maximum Daily Benefit	Flat Rates	Split Rates			
		(Children) Only	Wife Only	Wife & (Children)	
$7	$ 3 08	$ 2 00	$1 82	$ 3 02	$7
8	3 40	2 15	2 04	4 19	8
9	3 67	2 28	2 23	4 51	9
10	3 94	2 43	2 41	4 84	10
11	4 19	2 58	2 57	5 15	11
12	4 43	2 71	2 72	5 43	12
13	4 69	2 86	2 89	5 75	13
14	4 93	2 99	3 04	6 03	14
15	5 16	3 14	3 18	6 32	15
16	5 39	3 27	3 33	6 60	16
17	5 64	3 41	3 49	6 90	17
18	5 86	3 54	3 63	7 17	18
19	6 09	3 67	3 78	7 45	19
20	6 31	3 79	3 93	7 72	20
21	6 52	3 91	4 07	7 98	21
22	6 73	4 03	4 21	8 24	22
23	6 94	4 15	4 35	8 50	23
24	7 15	4 27	4 49	8 76	24
25	7 36	4 39	4 63	9 02	25
26	7 57	4 51	4 77	9 28	26
27	7 78	4 63	4 91	9 53	27
28	7 99	4 75	5 05	9 80	28
29	8 20	4 87	5 19	10 06	29
30	8 41	4 99	5 33	10 32	30

GROUP HOSPITAL EXPENSE INSURANCE

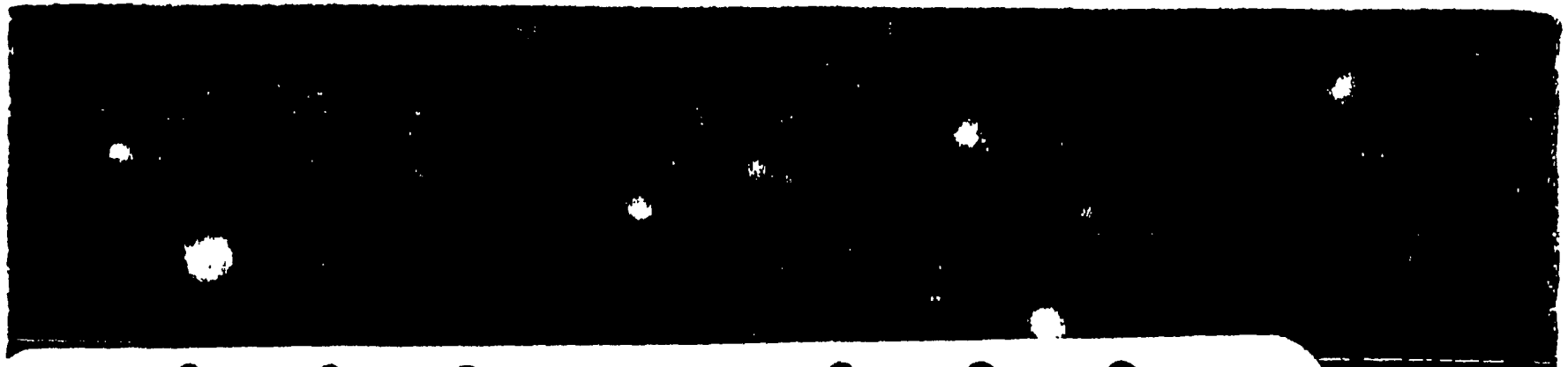
Reimbursement Plan Schedule of Maximum Monthly Premiums Per Employee Non Occupational No Industry Loading

(Not applicable to Modern Security Plans)

Maximum Room and Board 70 TIMES the Daily Benefit Maximum Special Services 15 Times the Daily Benefit

Maximum Daily Benefit	MATERNITY BENEFITS INCLUDED* — PERSONAL COVERAGE — $ of Benefits on Females										MATERNITY BENEFITS INCLUDED* — DEPENDENT COVERAGE — Split Rates				Maximum Daily Benefit
	Less than 11	11-21	21-31	31-41	41-51	51-61	61-71	71-81	81-91	91 and over	Flat Rates	Child(ren) Only	Wife Only	Wife & Child(ren)	
07	$ 1.71	$ 1.79	$ 1.86	$ 1.93	$ 2.01	$ 2.09	$ 2.15	$ 2.23	$ 2.31	$ 2.37	$ 4.10	$ 2.00	$2.79	$ 4.88	07
8	1.90	1.99	2.09	2.16	2.23	2.33	2.40	2.49	2.56	2.66	4.53	2.24	3.14	5.38	8
9	2.07	2.17	2.25	2.35	2.43	2.54	2.62	2.72	2.81	2.89	4.92	2.39	3.44	5.83	9
10	2.20	2.32	2.42	2.52	2.61	2.71	2.81	2.91	3.02	3.11	5.28	2.53	3.71	6.24	10
11	2.32	2.45	2.56	2.66	2.77	2.88	2.98	3.10	3.20	3.32	5.64	2.68	3.98	6.66	11
12	2.46	2.58	2.71	2.81	2.94	3.05	3.17	3.29	3.40	3.52	5.99	2.82	4.23	7.05	12
13	2.58	2.73	2.85	2.98	3.09	3.23	3.35	3.48	3.60	3.72	6.34	2.97	4.50	7.47	13
14	2.72	2.86	3.00	3.12	3.26	3.41	3.52	3.66	3.79	3.91	6.69	3.12	4.75	7.87	14
15	2.84	3.01	3.15	3.28	3.42	3.57	3.71	3.85	4.00	4.11	7.03	3.25	5.01	8.26	15
16	2.98	3.14	3.29	3.42	3.58	3.74	3.87	4.03	4.18	4.32	7.37	3.39	5.28	8.67	16
17	3.10	3.27	3.44	3.58	3.75	3.91	4.05	4.22	4.38	4.52	7.71	3.51	5.53	9.04	17
18	3.23	3.41	3.57	3.73	3.89	4.06	4.21	4.39	4.57	4.71	8.03	3.63	5.78	9.42	18
19	3.33	3.53	3.71	3.86	4.04	4.22	4.39	4.56	4.74	4.90	8.36	3.76	6.03	9.78	19
20	3.44	3.65	3.84	4.01	4.19	4.38	4.55	4.74	4.92	5.09	8.68	3.88	6.28	10.16	20
21	3.54	3.76	3.96	4.13	4.33	4.52	4.70	4.90	5.09	5.27	9.00	4.00	6.52	10.53	21
22	3.65	3.87	4.07	4.25	4.47	4.67	4.85	5.05	5.25	5.44	9.32	4.12	6.78	10.90	22
23	3.75	3.98	4.19	4.38	4.60	4.81	5.00	5.21	5.43	5.62	9.64	4.24	7.04	11.28	23
24	3.86	4.09	4.31	4.50	4.74	4.96	5.15	5.36	5.60	5.79	9.96	4.36	7.29	11.65	24
25	3.96	4.21	4.43	4.62	4.88	5.10	5.30	5.52	5.78	5.97	10.28	4.48	7.54	12.02	25
26	4.07	4.33	4.56	4.75	5.01	5.25	5.46	5.68	5.96	6.16	10.60	4.60	7.78	12.39	26
27	4.19	4.45	4.68	4.88	5.16	5.41	5.62	5.85	6.14	6.34	10.92	4.72	8.04	12.76	27
28	4.30	4.57	4.81	5.02	5.33	5.56	5.78	6.02	6.32	6.53	11.24	4.84	8.30	13.14	28
29	4.42	4.69	4.94	5.15	5.47	5.72	5.94	6.18	6.50	6.72	11.56	4.96	8.55	13.51	29
30	4.53	4.81	5.08	5.28	5.62	5.87	6.09	6.34	6.68	6.90	11.88	5.08	8.80	13.88	30

* Includes standard maternity benefit (maximum of 10 times daily benefit) The personal rates provide immediate maternity benefits for female employees becoming [illegible] or within 31 days after the issue date of the Group Policy. The dependent rates exclude benefits for pregnancy existing on the issue [illegible] of the dependent insured. To include standard maternity benefits for pregnancy existing on the issue date of the dependent insurance a[illegible] ADDITIONAL SINGLE PREMIUM of $ 95 per $1.00 will be charged for all employees with dependent wives becoming insured on or within 31 days after [illegible] issue date



GROUP HOSPITAL EXPENSE INSURANCE

Reimbursement Plan Schedule of Minimum Monthly Premiums Per Employee Non-Occupational No Industry Loading

(Not applicable to Modern Security Plans)

Maximum Room and Board 70 TIMES the Daily Benefit Maximum Special Services 35 Times the Daily Benefit

MATERNITY BENEFITS EXCLUDED

PERSONAL COVERAGE

Maximum Daily Benefit	Age of Beneficiary on Premium Basis										
	Less than 11	11-21	21-31	31-41	41-51	51-61	61-71	71-81	81-91	91 and over	
$7	$1.66	$1.71	$1.74	$1.78	$1.81	$1.85	$1.88	$1.91	$1.95	$1.99	$7
8	1.87	1.90	1.95	1.98	2.01	2.06	2.09	2.13	2.17	2.21	8
9	2.03	2.07	2.10	2.15	2.18	2.23	2.27	2.31	2.35	2.39	9
10	2.18	2.21	2.25	2.30	2.33	2.37	2.42	2.46	2.51	2.55	10
11	2.28	2.33	2.37	2.42	2.46	2.51	2.55	2.60	2.64	2.70	11
12	2.41	2.45	2.51	2.55	2.60	2.66	2.70	2.75	2.79	2.85	12
13	2.53	2.58	2.63	2.69	2.73	2.78	2.84	2.89	2.94	2.99	13
14	2.66	2.71	2.76	2.81	2.87	2.93	2.97	3.03	3.08	3.13	14
15	2.78	2.84	2.89	2.95	3.00	3.06	3.12	3.17	3.23	3.27	15
16	2.90	2.96	3.02	3.07	3.13	3.20	3.25	3.31	3.36	3.42	16
17	3.03	3.08	3.15	3.21	3.27	3.33	3.39	3.45	3.51	3.57	17
18	3.14	3.21	3.28	3.33	3.39	3.45	3.51	3.58	3.65	3.70	18
19	3.25	3.32	3.38	3.44	3.51	3.58	3.65	3.70	3.77	3.84	19
20	3.40	3.47	3.50	3.57	3.63	3.70	3.77	3.84	3.90	3.97	20
21	3.48	3.54	3.60	3.67	3.74	3.81	3.90	3.95	4.02	4.09	21
22	3.56	3.63	3.70	3.77	3.85	3.92	3.99	4.06	4.14	4.21	22
23	3.66	3.73	3.80	3.87	3.96	4.03	4.10	4.17	4.26	4.33	23
24	3.78	3.83	3.90	3.97	4.07	4.14	4.21	4.28	4.38	4.45	24
25	3.86	3.93	4.00	4.07	4.18	4.25	4.32	4.39	4.50	4.57	25
26	3.97	4.04	4.11	4.18	4.30	4.37	4.44	4.51	4.63	4.70	26
27	4.08	4.15	4.22	4.29	4.42	4.49	4.56	4.63	4.75	4.83	27
28	4.19	4.26	4.33	4.40	4.54	4.61	4.68	4.75	4.89	4.96	28
29	4.30	4.37	4.44	4.51	4.66	4.73	4.80	4.87	5.02	5.09	29
30	4.41	4.48	4.55	4.62	4.78	4.85	4.92	4.99	5.15	5.22	30

MATERNITY BENEFITS INCLUDED

DEPENDENT COVERAGE

Maximum Daily Benefit	Split Rates			
	Flat Rates	Child(ren) Only	Wife Only	Wife & Child(ren)
$7	$3.33	$2.09	$2.01	$4.10
8	3.65	2.24	2.24	4.48
9	3.93	2.38	2.43	4.82
10	4.18	2.53	2.59	5.12
11	4.43	2.68	2.75	5.43
12	4.67	2.82	2.89	5.71
13	4.91	2.97	3.04	6.01
14	5.14	3.12	3.18	6.30
15	5.38	3.25	3.33	6.58
16	5.61	3.39	3.48	6.88
17	5.84	3.51	3.63	7.14
18	6.05	3.63	3.77	7.40
19	6.27	3.78	3.90	7.68
20	6.48	3.88	4.04	7.92
21	6.69	4.00	4.19	8.18
22	6.90	4.12	4.32	8.44
23	7.11	4.24	4.46	8.70
24	7.32	4.36	4.60	8.96
25	7.53	4.48	4.74	9.22
26	7.76	4.60	4.88	9.48
27	7.95	4.72	5.02	9.74
28	8.16	4.84	5.16	10.00
29	8.37	4.96	5.30	10.26
30	8.58	5.08	5.44	10.52

GROUP HOSPITAL EXPENSE INSURANCE

Reimbursement Plan Schedule of Maximum Monthly Premiums Per Employee Non-Occupational No Industry Loading

(Not applicable to Modern Security Plans)

Maximum Room and Board 70 TIMES the Daily Benefit Maximum Special Services 20 Times the Daily Benefit

MATERNITY BENEFITS INCLUDED*

PERSONAL COVERAGE

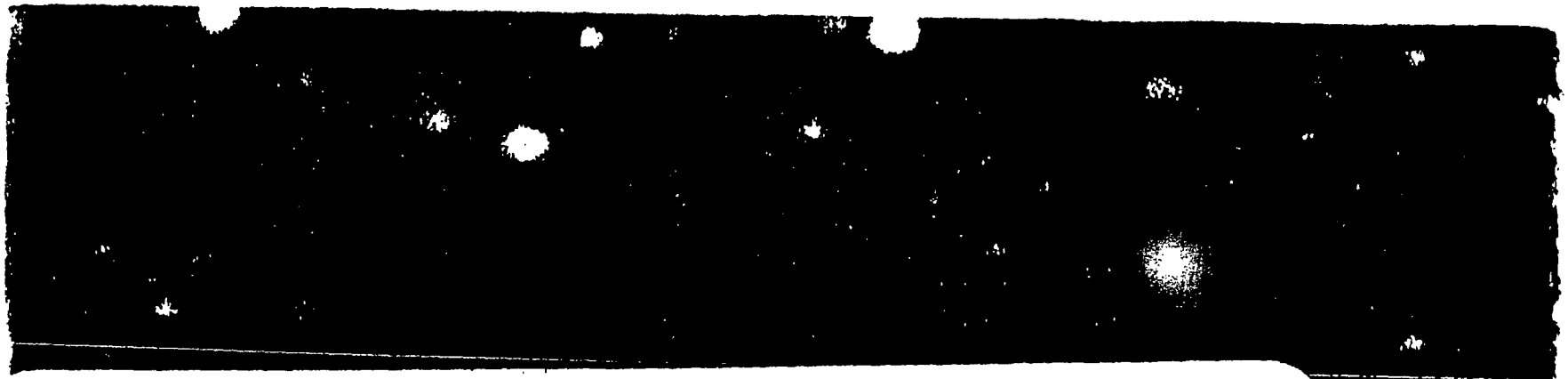
Maximum Daily Benefit	Age of Benefits on Females: Less than 11	11-21	21-31	31-41	41-51	51-61	61-71	71-81	81-91	91 and over
$7	$ 1 86	$ 1 93	$ 2 00	$ 2 07	$ 2 16	$ 2 25	$ 2 30	$ 2 39	$ 2 46	$ 2 53
8	2 00	2 10	2 19	2 27	2 35	2 44	2 52	2 61	2 69	2 78
9	2 16	2 26	2 36	2 44	2 53	2 64	2 72	2 82	2 91	3 00
10	2 29	2 41	2 51	2 61	2 71	2 82	2 91	3 02	3 12	3 22
11	2 41	2 54	2 65	2 76	2 88	2 98	3 09	3 21	3 32	3 42
12	2 55	2 67	2 80	2 90	3 04	3 16	3 27	3 39	3 51	3 62
13	2 66	2 81	2 93	3 06	3 18	3 31	3 44	3 56	3 69	3 81
14	2 78	2 93	3 08	3 20	3 33	3 47	3 60	3 74	3 87	4 00
15	2 90	3 06	3 21	3 33	3 48	3 63	3 76	3 91	4 06	4 18
16	3 01	3 18	3 33	3 46	3 63	3 78	3 92	4 08	4 24	4 38
17	3 13	3 31	3 47	3 61	3 78	3 93	4 08	4 25	4 41	4 56
18	3 24	3 44	3 61	3 76	3 93	4 10	4 26	4 42	4 60	4 76
19	3 37	3 56	3 74	3 91	4 07	4 26	4 42	4 61	4 78	4 94
20	3 47	3 67	3 86	4 03	4 22	4 40	4 57	4 76	4 95	5 11
21	3 57	3 78	3 98	4 15	4 36	4 54	4 72	4 92	5 12	5 29
22	3 68	3 89	4 09	4 27	4 48	4 68	4 87	5 07	5 28	5 46
23	3 78	4 00	4 21	4 40	4 63	4 83	5 02	5 23	5 46	5 64
24	3 89	4 11	4 33	4 52	4 77	4 98	5 17	5 38	5 63	5 81
25	3 99	4 23	4 45	4 64	4 91	5 12	5 32	5 54	5 81	5 99
26	4 10	4 35	4 58	4 77	5 06	5 27	5 48	5 71	5 99	6 18
27	4 22	4 47	4 70	4 90	5 21	5 43	5 64	5 87	6 17	6 36
28	4 33	4 59	4 83	5 04	5 36	5 58	5 80	6 04	6 35	6 55
29	4 45	4 71	4 96	5 17	5 50	5 74	5 96	6 20	6 53	6 74
30	4 56	4 83	5 08	5 30	5 65	5 89	6 11	6 36	6 71	6 92

MATERNITY BENEFITS INCLUDED*

DEPENDENT COVERAGE

Flat Rates	Split Rates: Child(ren) Only	Wife Only	Wife & Child(ren)	Maximum Daily Benefit
$ 4 20	$ 2 13	$2 95	$ 5 08	$7
4 47	2 27	3 26	5 53	8
5 05	2 42	3 55	5 97	9
5 41	2 57	3 82	6 39	10
5 77	2 71	4 08	6 79	11
6 11	2 86	4 33	7 19	12
6 45	3 00	4 59	7 59	13
6 78	3 15	4 83	7 98	14
7 12	3 29	5 08	8 37	15
7 44	3 44	5 32	8 76	16
7 78	3 58	5 57	9 14	17
8 10	3 89	5 82	9 51	18
8 42	3 81	6 07	9 88	19
8 74	3 94	6 30	10 24	20
9 06	4 08	6 55	10 61	21
9 36	4 18	6 80	10 98	22
9 70	4 30	7 06	11 36	23
10 02	4 42	7 31	11 73	24
10 34	4 54	7 56	12 10	25
10 66	4 66	7 81	12 47	26
10 98	4 78	8 06	12 84	27
11 30	4 90	8 32	13 22	28
11 62	5 02	8 57	13 59	29
11 94	5 14	8 82	13 96	30

* Includes standard maternity benefit (maximum of 10 times daily benefit). The personal rates provide immediate maternity benefits for female employees becoming insured on or within 31 days after the issue date of the Group Policy. The dependent rates exclude benefits for pregnancy existing on the issue date of the dependent insurance. To include standard maternity benefits for pregnancy existing on the issue date of the dependent insurance on ADDITIONAL SINGLE PREMIUM OF $ 95 per $1 00 will be charged for all employees with dependent rates becoming insured on or within 31 days after the issue date



GROUP HOSPITAL EXPENSE INSURANCE

Reimbursement Plan Schedule of Maximum Monthly Premiums Per Employee Non-Occupational No Industry Loading

(Not applicable to Modern Security Plans)

Maximum Room and Board 70 TIMES the Daily Benefit Maximum Special Services 20 Times the Daily Benefit

MATERNITY BENEFITS INCLUDED

PERSONAL COVERAGE

Age of Insured on Premium Due Date

Maximum Daily Benefit	Less than 21	21 - 25	26 - 30	31 - 35	36 - 40	41 - 45	46 - 50	51 - 55	56 - 60	61 - 65	66 - 70	71 - 75	76 - 80	81 - 85	86 - 90	91 and over
$7	$ 1.81	$ 1.85	$ 1.88	$ 1.92	$ 1.96	$ 1.99	$ 2.03	$ 2.07	$ 2.10	$ 2.14	$ 2.17	$ 2.21	$ 2.25	$ 2.28	$ 2.33	$ 2.36
8	1.93	2.01	2.05	2.09	2.13	2.17	2.21	2.25	2.28	2.33	2.36	2.40	2.45	2.50	2.54	2.58
9	2.13	2.16	2.21	2.26	2.28	2.33	2.37	2.41	2.45	2.50	2.54	2.58	2.61	2.66	2.70	2.74
10	2.25	2.30	2.34	2.39	2.43	2.48	2.52	2.57	2.61	2.66	2.70	2.74	2.78	2.80	2.85	2.89
11	2.37	2.42	2.46	2.52	2.57	2.61	2.66	2.71	2.76	2.80	2.85	2.89	2.93	2.97	3.01	3.05
12	2.50	2.54	2.60	2.64	2.70	2.75	2.80	2.85	2.89	2.93	2.97	3.03	3.08	3.12	3.17	3.21
13	2.61	2.67	2.71	2.77	2.82	2.87	2.93	2.97	3.03	3.08	3.12	3.16	3.22	3.26	3.32	3.36
14	2.72	2.78	2.84	2.89	2.94	2.99	3.05	3.11	3.16	3.22	3.26	3.29	3.34	3.40	3.48	3.52
15	2.86	2.89	2.95	3.00	3.06	3.12	3.17	3.23	3.29	3.34	3.40	3.42	3.48	3.53	3.59	3.64
16	2.95	3.00	3.06	3.12	3.18	3.24	3.30	3.36	3.42	3.48	3.53	3.58	3.62	3.67	3.75	3.80
17	3.06	3.12	3.18	3.24	3.31	3.36	3.43	3.48	3.56	3.61	3.67	3.69	3.75	3.80	3.87	3.92
18	3.17	3.24	3.30	3.36	3.43	3.49	3.56	3.61	3.68	3.75	3.80	3.81	3.88	3.94	4.00	4.06
19	3.29	3.35	3.42	3.49	3.54	3.61	3.68	3.75	3.81	3.88	3.93	3.94	4.00	4.06	4.12	4.18
20	3.39	3.45	3.52	3.59	3.66	3.72	3.78	3.86	3.93	3.99	4.06	4.06	4.12	4.20	4.26	4.32
21	3.49	3.55	3.62	3.69	3.77	3.83	3.90	3.97	4.05	4.11	4.18	4.20	4.26	4.32	4.38	4.44
22	3.59	3.65	3.72	3.79	3.88	3.94	4.01	4.08	4.17	4.23	4.30	4.32	4.38	4.44	4.52	4.58
23	3.69	3.75	3.82	3.89	3.99	4.05	4.13	4.18	4.29	4.35	4.42	4.44	4.52	4.58	4.64	4.70
24	3.79	3.85	3.92	3.99	4.10	4.16	4.23	4.30	4.41	4.47	4.54	4.56	4.64	4.70	4.78	4.84
25	3.89	3.95	4.02	4.09	4.21	4.27	4.34	4.41	4.53	4.59	4.66	4.68	4.76	4.84	4.90	4.96
26	4.00	4.06	4.12	4.20	4.31	4.38	4.45	4.52	4.64	4.72	4.78	4.80	4.90	4.96	5.04	5.10
27	4.11	4.17	4.24	4.31	4.42	4.49	4.57	4.64	4.76	4.84	4.90	4.92	5.02	5.08	5.16	5.22
28	4.22	4.28	4.35	4.42	4.53	4.61	4.68	4.76	4.88	4.96	5.02	5.04	5.14	5.20	5.28	5.34
29	4.33	4.39	4.46	4.53	4.64	4.72	4.80	4.88	5.00	5.08	5.14	5.16	5.26	5.32	5.40	5.46
30	4.44	4.50	4.57	4.64	4.76	4.84	4.92	5.00	5.12	5.20	5.26	5.28	5.38	5.44	5.52	5.58

MATERNITY BENEFITS INCLUDED

DEPENDENT COVERAGE

Spouse Rates

Maximum Daily Benefit	Flat Rates	Child(ren) Only	Wife Only	Wife & Child(ren)
$7	$ 3.51	$ 2.13	$2.17	$ 4.30
8	3.79	2.27	2.36	4.63
9	4.06	2.42	2.54	4.96
10	4.31	2.57	2.70	5.27
11	4.56	2.71	2.85	5.58
12	4.78	2.86	2.98	5.85
13	5.02	3.00	3.13	6.13
14	5.24	3.15	3.26	6.41
15	5.47	3.29	3.40	6.69
16	5.68	3.42	3.53	6.95
17	5.91	3.58	3.67	7.23
18	6.12	3.69	3.80	7.49
19	6.37	3.81	3.94	7.75
20	6.54	3.94	4.06	8.00
21	6.75	4.06	4.20	8.28
22	6.96	4.18	4.34	8.52
23	7.17	4.30	4.46	8.78
24	7.38	4.42	4.62	9.04
25	7.59	4.54	4.76	9.30
26	7.80	4.66	4.90	9.56
27	8.01	4.78	5.04	9.82
28	8.22	4.90	5.18	10.08
29	8.43	5.02	5.32	10.34
30	8.64	5.14	5.46	10.60

GROUP HOSPITAL EXPENSE INSURANCE

Reimbursement Plan **Schedule of Minimum Monthly Premiums Per Employee** **Non Occupational** **No Industry Loading**

(Not applicable to Modern Security Plans)

Maximum Room and Board **70 DAYS** **Maximum Special Services** **$100 in full plus 3/4 of next $1200 with a maximum combined benefit of $1000**

MATERNITY BENEFITS INCLUDED*

PERSONAL COVERAGE

	% of Benefits on Females									
Maximum Daily Benefit	Less than 11	11-20	21-30	31-40	41-50	51-60	61-70	71-80	81-90	91 and over
$7	$ 1.86	$ 2.06	$ 2.15	$ 2.21	$ 2.30	$ 2.38	$ 2.45	$ 2.54	$ 2.62	$ 2.69
8	2.09	2.19	2.28	2.36	2.45	2.53	2.62	2.71	2.80	2.88
9	2.21	2.32	2.41	2.51	2.59	2.70	2.78	2.89	2.98	3.07
10	2.32	2.44	2.54	2.64	2.74	2.85	2.94	3.05	3.15	3.26
11	2.44	2.56	2.69	2.78	2.90	3.00	3.12	3.23	3.34	3.44
12	2.55	2.67	2.80	2.90	3.04	3.16	3.27	3.38	3.51	3.62
13	2.66	2.81	2.93	3.06	3.18	3.31	3.44	3.56	3.69	3.81
14	2.77	2.92	3.06	3.18	3.32	3.46	3.59	3.72	3.86	3.98
15	2.87	3.04	3.19	3.31	3.46	3.60	3.74	3.89	4.03	4.16
16	2.97	3.15	3.30	3.44	3.60	3.75	3.88	4.04	4.20	4.34
17	3.10	3.27	3.44	3.58	3.75	3.91	4.05	4.22	4.38	4.52
18	3.20	3.40	3.56	3.72	3.88	4.05	4.20	4.38	4.54	4.70
19	3.31	3.51	3.67	3.84	4.02	4.21	4.35	4.54	4.72	4.87
20	3.41	3.62	3.81	3.97	4.16	4.35	4.52	4.69	4.88	5.05
21	3.51	3.73	3.90	4.10	4.30	4.49	4.68	4.86	5.05	5.23
22	3.62	3.84	4.06	4.23	4.44	4.64	4.84	5.02	5.22	5.40
23	3.72	3.95	4.19	4.37	4.57	4.78	5.00	5.19	5.38	5.58
24	3.83	4.06	4.32	4.50	4.71	4.93	5.16	5.35	5.56	5.75
25	3.93	4.18	4.45	4.63	4.85	5.07	5.32	5.52	5.74	5.93
26	4.04	4.30	4.58	4.76	5.00	5.22	5.48	5.72	5.92	6.12
27	4.14	4.42	4.70	4.89	5.15	5.38	5.64	5.85	6.10	6.30
28	4.27	4.54	4.83	5.03	5.30	5.53	5.80	6.02	6.28	6.49
29	4.39	4.66	4.96	5.16	5.44	5.69	5.96	6.18	6.46	6.68
30	4.50	4.78	5.08	5.29	5.59	5.84	6.11	6.36	6.64	6.86

MATERNITY BENEFITS INCLUDED*

DEPENDENT COVERAGE

	Split Rates			
Flat Rates	Children Only	Wife Only	Wife & Children	Maximum Daily Benefit
$ 4.52	$ 2.23	$3.12	$ 5.35	$7
4.84	2.36	3.30	5.74	8
5.18	2.50	3.62	6.12	9
5.50	2.63	3.87	6.50	10
5.83	2.77	4.11	6.88	11
6.14	2.90	4.33	8.23	12
6.47	3.04	4.59	7.63	13
6.79	3.17	4.82	7.99	14
7.11	3.31	5.06	8.37	15
7.43	3.44	5.29	8.73	16
7.75	3.58	5.53	9.11	17
8.07	3.70	5.78	9.48	18
8.37	3.83	6.00	9.83	19
8.68	3.95	6.23	10.18	20
8.99	4.07	6.46	10.53	21
9.30	4.19	6.69	10.88	22
9.61	4.31	6.93	11.26	23
9.92	4.43	7.16	11.59	24
10.23	4.55	7.39	11.94	25
10.55	4.67	7.64	12.31	26
10.87	4.79	7.86	12.68	27
11.19	4.91	8.15	13.06	28
11.51	5.03	8.40	13.43	29
11.81	5.15	8.66	13.80	30

* Includes standard maternity benefit (maximum of 10 times daily benefit) The personal rates provide immediate maternity benefits for female employees becoming insured on or within 31 days after the issue date of the Group Policy The dependent rates exclude benefits for pregnancy existing on the issue date of the existing on the issue date of the dependent insurance To include standard maternity benefits for pregnancy existing on the issue date of the dependent insurance an ADDITIONAL SINGLE PREMIUM OF $ [illegible] per $1 00 will be charged for all employees with dependent rates becoming insured on or within 31 days after the issue date



GROUP HOSPITAL EXPENSE INSURANCE

Reimbursement Plan — Schedule of Minimum Monthly Premiums Per Employee — Non-Occupational — No Industry Loading

(Not applicable to Modern Security Plans)

Maximum Room and Board — 70 DAYS — Maximum Special Services — $100 in full plus 3/4 of next $1200 with a maximum combined benefit of $1000

MATERNITY BENEFITS EXCLUDED

PERSONAL COVERAGE

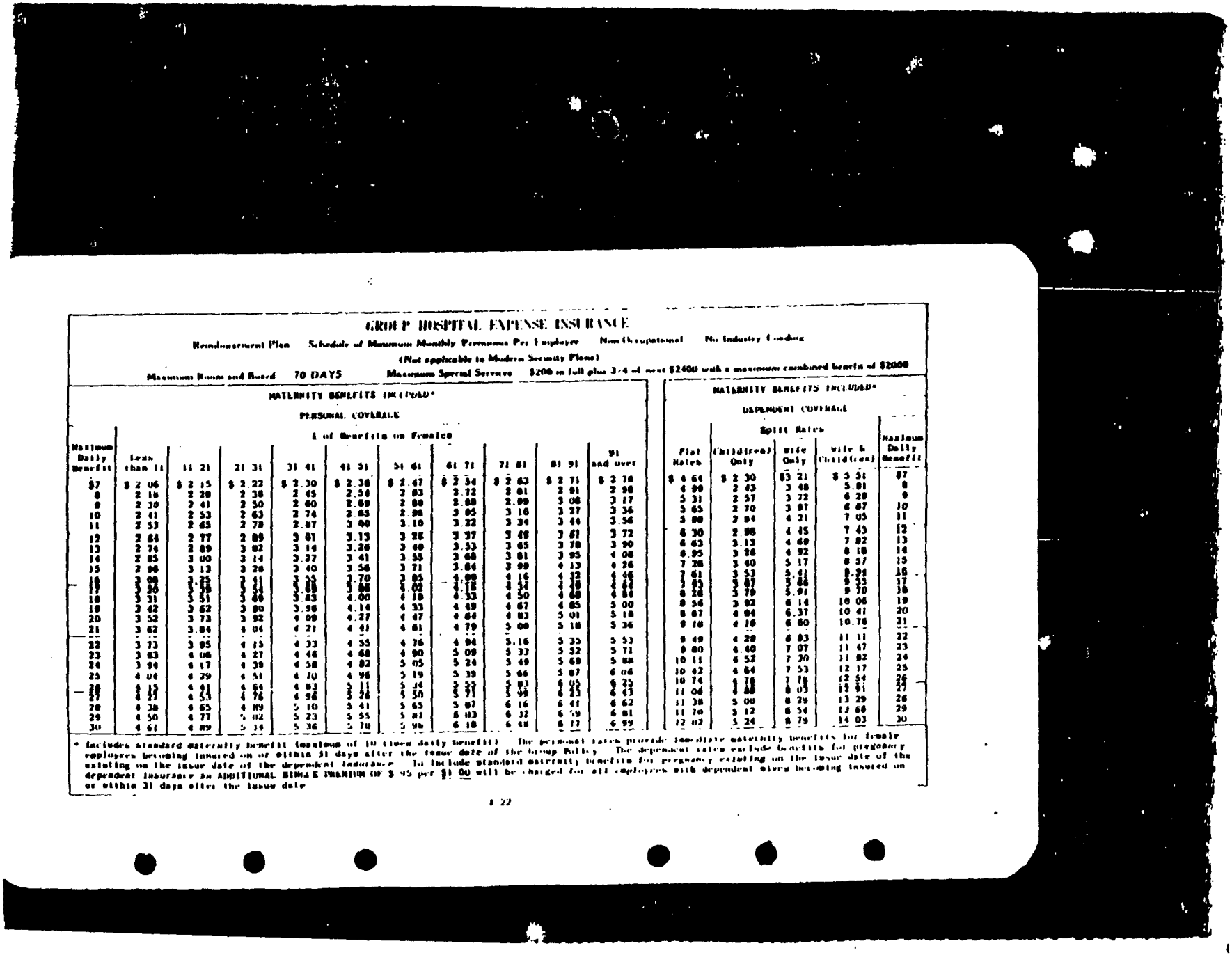
Age Brackets on Females

Maximum Daily Benefit	Less than 11	11-21	21-31	31-41	41-51	51-61	61-71	71-81	81-91	91 and over
$7	$ 1 95	$ 1 98	$ 2 03	$ 2 06	$ 2 10	$ 2 14	$ 2 18	$ 2 22	$ 2 28	$ 2 30
8	2 06	2 10	2 14	2 18	2 23	2 26	2 31	2 35	2 39	2 43
9	2 17	2 22	2 26	2 31	2 34	2 39	2 43	2 48	2 52	2 57
10	2 28	2 33	2 37	2 42	2 46	2 51	2 55	2 60	2 64	2 70
11	2 40	2 44	2 50	2 54	2 59	2 63	2 69	2 73	2 78	2 82
12	2 50	2 54	2 60	2 64	2 70	2 75	2 80	2 85	2 90	2 95
13	2 61	2 67	2 71	2 77	2 82	2 87	2 93	2 97	3 03	3 08
14	2 72	2 77	2 82	2 87	2 93	2 98	3 04	3 09	3 15	3 20
15	2 84	2 87	2 93	2 98	3 04	3 09	3 15	3 21	3 26	3 32
16	2 91	2 97	3 03	3 09	3 15	3 21	3 26	3 32	3 38	3 44
17	3 01	3 08	3 15	3 21	3 27	3 33	3 39	3 45	3 51	3 57
18	3 13	3 20	3 25	3 32	3 38	3 44	3 50	3 57	3 62	3 69
19	3 23	3 30	3 35	3 42	3 49	3 56	3 61	3 68	3 75	3 81
20	3 33	3 40	3 47	3 53	3 60	3 67	3 74	3 79	3 86	3 93
21	3 43	3 50	3 58	3 64	3 71	3 78	3 86	3 91	3 98	4 05
22	3 53	3 60	3 69	3 75	3 82	3 88	3 96	4 03	4 10	4 17
23	3 63	3 70	3 80	3 86	3 93	4 00	4 08	4 15	4 22	4 29
24	3 73	3 80	3 91	3 97	4 04	4 11	4 20	4 27	4 34	4 41
25	3 83	3 90	4 02	4 08	4 15	4 22	4 34	4 39	4 46	4 53
26	3 94	4 01	4 13	4 19	4 27	4 38	4 46	4 51	4 58	4 66
27	4 05	4 12	4 24	4 30	4 38	4 46	4 58	4 63	4 72	4 79
28	4 16	4 21	4 35	4 41	4 51	4 58	4 70	4 75	4 85	4 92
29	4 27	4 34	4 46	4 52	4 63	4 70	4 82	4 87	4 98	5 05
30	4 38	4 45	4 57	4 64	4 75	4 82	4 94	4 99	5 11	5 18

MATERNITY BENEFITS EXCLUDED

DEPENDENT COVERAGE

	Split Rates			
Flat Rates	Child(ren) Only	Wife Only	Wife & Child(ren)	Maximum Daily Benefit
$ 3 75	$ 2 23	$2 34	$ 4 57	$7
3 96	2 36	2 48	4 84	8
4 19	2 50	2 61	5 11	9
4 40	2 63	2 75	5 38	10
4 62	2 77	2 88	5 65	11
4 82	2 90	2 99	5 89	12
5 04	3 04	3 13	6 17	13
5 25	3 17	3 25	6 42	14
5 46	3 31	3 38	6 69	15
5 67	3 44	3 50	6 94	16
5 88	3 58	3 63	7 21	17
6 09	3 70	3 78	7 46	18
6 28	3 83	3 87	7 70	19
6 48	3 95	3 99	7 94	20
6 68	4 07	4 11	8 18	21
6 88	4 19	4 23	8 42	22
7 08	4 31	4 35	8 66	23
7 28	4 43	4 47	8 90	24
7 48	4 55	4 59	9 14	25
7 69	4 67	4 73	9 40	26
7 90	4 78	4 87	9 66	27
8 11	4 91	5 01	9 92	28
8 32	5 03	5 15	10 18	29
8 53	5 15	5 29	10 44	30



GROUP HOSPITAL EXPENSE INSURANCE

Reimbursement Plan Schedule of Maximum Monthly Premiums Per Employee Non-Occupational No Industry Grading

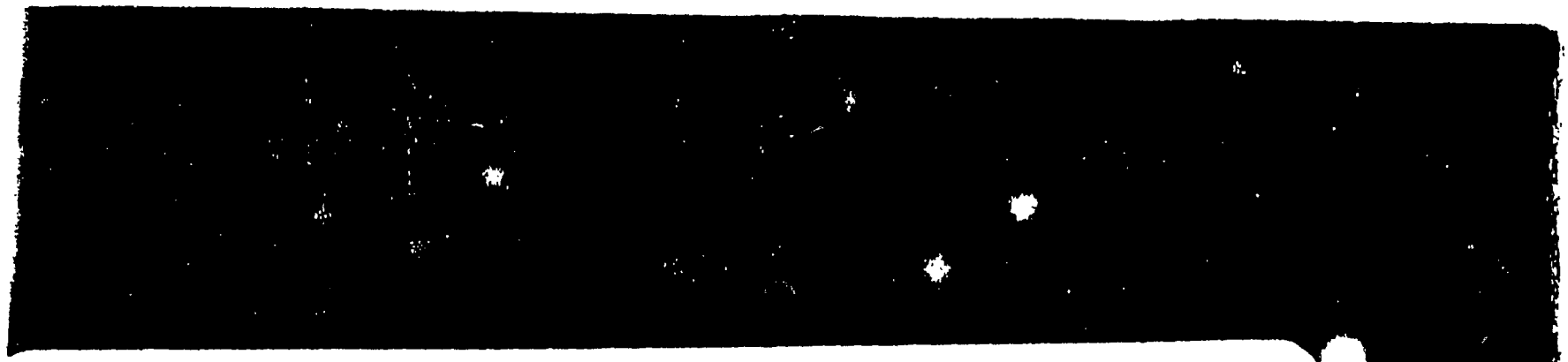
(Not applicable to Modern Security Plans)

Maximum Room and Board 70 DAYS Maximum Special Services $200 in full plus 3/4 of next $2400 with a maximum combined benefit of $2000

Maximum Daily Benefit	MATERNITY BENEFITS INCLUDED* PERSONAL COVERAGE # of Benefits on Females: Less than 11	11 21	21 31	31 41	41 51	51 61	61 71	71 81	81 91	91 and over
$7	$ 2 06	$ 2 15	$ 2.22	$ 2.30	$ 2.38	$ 2.47	$ 2 54	$ 2 63	$ 2 71	$ 2 78
8	2 16	2 28	2 38	2 45	2.54	2 63	2.72	2 81	2 91	2 98
9	2 30	2 41	2 50	2 60	2.69	2 80	2.88	2.99	3 08	3 17
10	2 41	2 53	2 63	2 74	2.85	2.96	3 05	3 16	3 27	3 36
11	2 53	2 65	2 78	2 87	3 00	3.10	3.22	3 34	3 44	3.56
12	2 64	2 77	2 89	3 01	3.13	3 26	3 37	3 48	3 61	3 72
13	2 76	2 89	3 02	3 14	3.26	3 40	3.53	3 65	3 78	3 90
14	2 85	3 00	3 14	3.27	3 41	3.55	3 68	3 81	3 95	4 08
15	2 96	3 13	3 26	3 40	3.56	3 71	3.84	3 99	4 13	4 26
16	3 08	3 25	3 41	3 55	3.70	3 85	4.00	4 16	4 32	4 46
17	3 20	3 38	3 54	3 68	3.85	4 00	4.16	4 32	4 49	4 64
18	3 31	3 51	3 68	3 83	4.00	4 18	4.33	4 50	4 68	4 84
19	3 42	3 62	3 80	3 96	4.14	4 33	4 49	4 67	4 85	5 00
20	3 52	3 73	3 92	4 09	4.27	4 47	4 64	4 83	5 01	5 18
21	3 62	3.84	4 04	4 21	4 41	4 61	4 79	5 00	5 18	5 36
22	3 73	3 95	4 15	4 33	4 55	4 76	4 94	5.16	5 35	5 53
23	3 83	4 06	4 27	4 46	4 68	4 90	5 09	5 33	5 52	5 71
24	3 94	4 17	4 39	4 58	4 82	5 05	5 24	5 49	5 69	5 88
25	4 04	4 29	4 51	4 70	4 96	5 19	5 39	5 66	5 87	6 06
26	4 15	4 41	4 64	4 83	5 11	5 34	5 55	5 83	6 05	6 25
27	4 27	4 53	4 76	4 96	5 24	5 50	5 71	5 99	6 23	6 43
28	4 38	4 65	4 89	5 10	5 41	5 65	5 87	6 16	6 41	6 62
29	4 50	4 77	5 02	5 23	5 55	5 81	6 03	6 32	6 59	6 81
30	4 61	4 89	5 14	5 36	5 70	5 96	6 18	6 48	6 77	6 99

Maximum Daily Benefit	MATERNITY BENEFITS INCLUDED* DEPENDENT COVERAGE Flat Rates	Split Rates: Child(ren) Only	Wife Only	Wife & Child(ren)	Maximum Daily Benefit
$7	$ 4 64	$ 2 30	$3 21	$ 5 51	$7
8	4 99	2 43	3 48	5.81	8
9	5 31	2 57	3 72	6 29	9
10	5 65	2 70	3 97	6 87	10
11	5 80	2 84	4 21	7 05	11
12	6 30	2 98	4 45	7 43	12
13	6 63	3 13	4 69	7 82	13
14	6 95	3 26	4 92	8 18	14
15	7 28	3 40	5 17	8 57	15
16	7 61	3 53	5 41	8 94	16
17	7 93	3 67	5 66	9 33	17
18	8 26	3 79	5.91	9 70	18
19	8 56	3 92	6 14	10 06	19
20	8 87	4 06	6.37	10 41	20
21	9 18	4 18	6 60	10.78	21
22	9 49	4 28	6 83	11 11	22
23	9 80	4.40	7 07	11 47	23
24	10 11	4 52	7 30	11 82	24
25	10 42	4 64	7 53	12 17	25
26	10 74	4 76	7 78	12 54	26
27	11 06	4 88	8 03	12 91	27
28	11 38	5 00	8 29	13 29	28
29	11 70	5 12	8 54	13 66	29
30	12 02	5 24	8 79	14 03	30

* Includes standard maternity benefit (maximum of 10 times daily benefit) The personal rates provide immediate maternity benefits for female employees becoming insured on or within 31 days after the issue date of the Group Policy The dependent rates exclude benefits for pregnancy existing on the issue date of the dependent insurance To include standard maternity benefits for pregnancy existing on the issue date of the dependent insurance an ADDITIONAL SINGLE PREMIUM OF $ 45 per $1 00 will be charged for all employees with dependent wives becoming insured on or within 31 days after the issue date



GROUP HOSPITAL EXPENSE INSURANCE

Reimbursement Plan Schedule of Maximum Monthly Premiums Per Employee Non Occupational No Industry Loading

(Not applicable to Modern Security Plans)

Maximum Room and Board 70 DAYS Maximum Special Services $200 in full plus 3/4 of next $2400 with a maximum combined benefit of $2000

MATERNITY BENEFITS EXCLUDED

PERSONAL COVERAGE

Full Benefits on Premium

Maximum Daily Benefit	Less than 11	11-21	21-31	31-41	41-51	51-61	61-71	71-81	81-91	91 and over
$7	$ 2 02	$ 2 07	$ 2 10	$ 2 15	$ 2 18	$ 2 23	$ 2 27	$ 2 31	$ 2 35	$ 2 39
8	2 15	2 19	2 24	2 27	2 32	2 36	2 41	2 45	2 50	2 53
9	2 26	2 31	2 35	2 40	2 44	2 49	2 53	2 58	2 62	2 67
10	2 37	2 42	2 46	2 52	2 57	2 61	2 66	2 71	2 76	2 80
11	2 49	2 53	2 58	2 63	2 69	2 73	2 79	2 84	2 88	2 94
12	2 59	2 64	2 69	2 75	2 79	2 85	2 90	2 95	3 00	3 05
13	2 69	2 75	2 80	2 85	2 90	2 96	3 02	3 08	3 12	3 17
14	2 79	2 85	2 90	2 96	3 02	3 07	3 13	3 18	3 24	3 30
15	2 90	2 96	3 02	3 07	3 14	3 20	3 25	3 31	3 36	3 42
16	3 02	3 07	3 14	3 20	3 25	3 31	3 38	3 44	3 50	3 56
17	3 13	3 20	3 25	3 32	3 38	3 44	3 50	3 57	3 62	3 69
18	3 24	3 31	3 38	3 45	3 50	3 57	3 63	3 69	3 76	3 83
19	3 34	3 41	3 48	3 54	3 61	3 68	3 75	3 81	3 88	3 94
20	3 44	3 51	3 58	3 65	3 71	3 79	3 86	3 93	3 99	4 06
21	3.56	3.61	3.68	3 75	3 82	3.99	3.97	4 05	4 11	4.18
22	3 64	3 71	3 78	3 85	3 93	4 01	4 08	4 17	4 23	4 30
23	3 74	3 81	3 88	3 95	4 04	4 12	4 19	4 29	4 35	4 42
24	3 84	3 91	3 98	4 05	4 15	4 23	4 30	4 41	4 47	4 56
25	3 94	4 01	4 08	4 15	4 26	4 34	4 41	4 53	4 59	4 68
26	4 05	4 12	4 19	4 26	4 38	4 46	4 53	4 65	4.72	4.79
27	4 18	4 25	4 30	4 37	4 50	4 58	4 65	4 77	4 85	4 92
28	4 27	4 34	4 41	4 48	4 62	4 70	4 77	4 89	4 98	5 05
29	4 38	4 45	4 52	4 59	4 74	4 82	4 89	5 01	5 11	5 18
30	4 49	4 56	4 63	4 70	4 86	4 94	5 01	5 13	5 24	5 33

MATERNITY BENEFITS EXCLUDED

DEPENDANT COVERAGE

Maximum Daily Benefit	Split Rates				Flat Rates
	Wife & Child(ren)	Wife Only	Child(ren) Only	Flat Rates	
87	$ 4 73	$2 43	$ 2 30	$ 3 87	87
8	5 01	2 58	2 43	4 11	8
9	5 28	2 71	2 57	4 32	9
10	5 55	2 85	2 70	4 55	10
11	5 82	2 98	2 84	4 77	11
12	6 09	3 11	2 98	4 98	12
13	6 36	3 23	3 12	5 20	13
14	6 61	3 35	3 28	5 41	14
15	6 89	3 48	3 40	5 63	15
16	7 15	3 62	3 53	5 85	16
17	7 43	3 76	3 67	6 06	17
18	7 68	3 89	3 78	6 28	18
19	7 93	4 01	3 92	6 47	19
20	8 17	4 13	4 04	6 67	20
21	8.41	4.25	4.16	6 87	21
22	8 65	4 37	4 28	7 07	22
23	8 89	4 49	4 40	7 27	23
24	9 13	4 61	4 52	7 47	24
25	9 37	4 73	4 64	7 67	25
26	9 61	4 87	4 76	7 88	26
27	9 89	5 01	4 88	8 08	27
28	10 15	5 15	5 00	8 30	28
29	10 41	5 29	5 12	8 52	29
30	10 67	5 43	5 24	8 72	30

GROUP HOSPITAL EXPENSE INSURANCE

Reimbursement Plan Schedule of Minimum Premiums For Employee Non-Occupational No Industry Loading

(Not applicable to Modern Security Plans)

Maximum Room and Board 120 DAYS Maximum Special Services 10 Times the Daily Benefit

MATERNITY BENEFITS INCLUDED* — PERSONAL COVERAGE — % of Benefits on Females												MATERNITY BENEFITS INCLUDED* — DEPENDENT COVERAGE				
													Split Rates			
Maximum Daily Benefit	Less than 11	11-21	21-31	31-41	41-51	51-61	61-71	71-81	81-91	91 and over	Flat Rates	Child(ren) Only	Wife Only	Wife & Child(ren)	Maximum Daily Benefit
$ 7	$1.60	$1.68	$1.75	$1.81	$1.89	$1.97	$2.02	$2.10	$2.18	$2.23	$3.94	$2.86	$2.65	$4.71	$ 7
8	1.78	1.87	1.98	2.03	2.10	2.20	2.27	2.36	2.44	2.51	4.38	3.21	3.00	5.21	8
9	1.98	2.05	2.15	2.23	2.31	2.42	2.49	2.59	2.67	2.76	4.77	3.35	3.31	5.66	9
10	2.18	2.22	2.31	2.41	2.50	2.62	2.70	2.80	2.90	2.99	5.16	3.50	3.60	6.10	10
11	2.34	2.37	2.49	2.57	2.69	2.78	2.88	3.01	3.11	3.22	5.53	3.66	3.88	6.54	11
12	2.50	2.52	2.63	2.75	2.86	2.98	3.09	3.21	3.32	3.43	5.88	3.98	4.14	6.93	12
13	2.53	2.66	2.81	2.92	3.04	3.16	3.29	3.42	3.53	3.67	6.26	3.85	4.44	7.39	13
14	2.67	2.82	2.95	3.08	3.20	3.35	3.48	3.61	3.74	3.86	6.62	3.98	4.70	7.78	14
15	2.80	2.96	3.10	3.22	3.38	3.53	3.65	3.80	3.94	4.08	6.96	3.23	4.96	8.19	15
16	2.93	3.11	3.25	3.39	3.54	3.69	3.83	3.99	4.13	4.27	7.31	3.37	5.22	8.58	16
17	3.06	3.24	3.40	3.55	3.71	3.88	4.01	4.18	4.33	4.47	7.68	3.51	5.49	9.00	17
18	3.19	3.37	3.55	3.71	3.87	4.04	4.19	4.36	4.54	4.69	8.02	3.65	5.76	9.41	18
19	3.32	3.53	3.69	3.86	4.03	4.22	4.38	4.56	4.74	4.88	8.36	3.78	6.02	9.80	19
20	3.45	3.66	3.85	4.01	4.20	4.39	4.56	4.75	4.93	5.10	8.70	3.90	6.29	10.19	20
21	3.56	3.78	3.99	4.15	4.35	4.54	4.72	4.93	5.12	5.29	9.03	4.02	6.54	10.57	21
22	3.68	3.91	4.11	4.28	4.50	4.71	4.89	5.09	5.30	5.47	9.35	4.15	6.80	10.95	22
23	3.80	4.03	4.24	4.42	4.65	4.86	5.05	5.26	5.49	5.67	9.68	4.27	7.06	11.33	23
24	3.92	4.15	4.38	4.56	4.80	5.02	5.21	5.43	5.67	5.85	10.00	4.40	7.31	11.71	24
25	4.03	4.29	4.51	4.69	4.95	5.18	5.38	5.60	5.86	6.05	10.33	4.52	7.57	12.09	25
26	4.14	4.41	4.64	4.82	5.10	5.33	5.54	5.77	6.04	6.24	10.65	4.64	7.82	12.46	26
27	4.26	4.53	4.76	4.95	5.25	5.49	5.70	5.93	6.22	6.42	10.97	4.76	8.07	12.83	27
28	4.37	4.65	4.89	5.09	5.40	5.64	5.86	6.10	6.40	6.61	11.29	4.88	8.33	13.21	28
29	4.49	4.77	5.02	5.22	5.54	5.80	6.02	6.26	6.58	6.80	11.61	5.00	8.58	13.58	29
30	4.60	4.89	5.14	5.35	5.69	5.95	6.17	6.42	6.76	6.98	11.94	5.12	8.83	13.95	30

* Includes standard maternity benefit (maximum of 10 times daily benefit). The personal rates provide immediate maternity benefits for female employees becoming insured on or within 31 days after the issue date of the Group Policy. The dependent rates exclude benefits for pregnancy existing on the issue date of the existing on the issue date of the dependent insurance. To include standard maternity benefits for pregnancy existing on the issue date of the dependent insurance an ADDITIONAL MONTHLY PREMIUM of $.45 per $1.00 will be charged for all employees with dependent wives becoming insured on or within 31 days after the issue date.

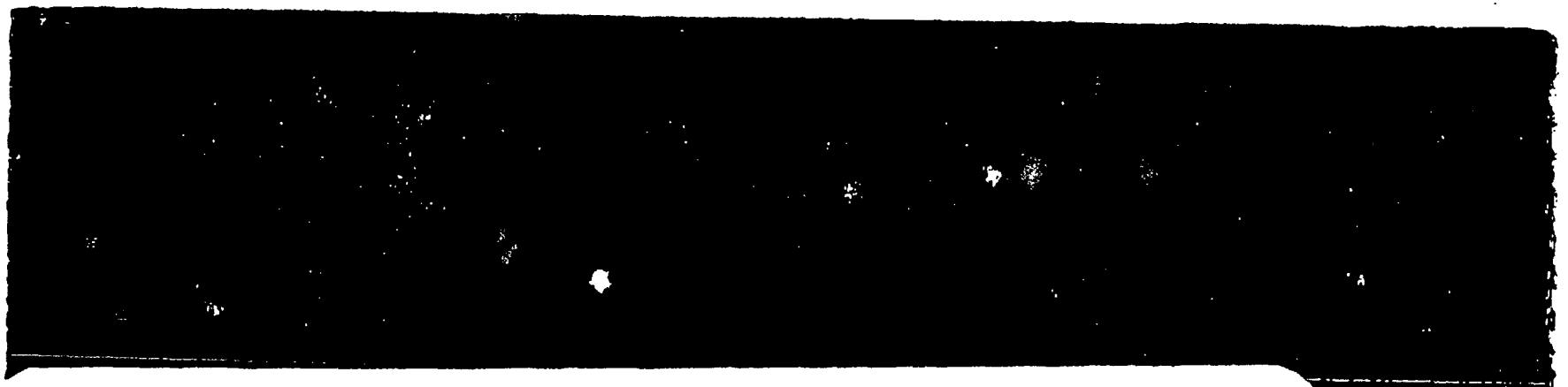
GROUP HOSPITAL EXPENSE INSURANCE

Reimbursement I Schedule of Minimum Premiums Per Employee Non Occupational No Industry Loading

(Not applicable to Modern Security Plans)

Maximum Room and Board 120 DAYS Maximum Special Services 10 Times the Daily Benefit

MATERNITY BENEFITS EXCLUDED												MATERNITY BENEFITS EXCLUDED				
PERSONAL COVERAGE												DEPENDENT COVERAGE				
	% of Benefits on Females												Split Rates			
Maximum Daily Benefit	Less than 11	11 21	21 31	31 41	41 51	51 61	61 71	71 81	81 91	91 and over		Flat Rates	Child(ren) Only	Wife Only	Wife & Child(ren)	Maximum Daily Benefit
$ 7	$1 57	$1 60	$1 63	$1 66	$1 69	$1 72	$1 75	$1 78	$1 82	$1 84		$3 17	$2 06	$1 87	$3 93	$ 7
8	1 75	1 78	1 82	1 85	1 88	1 93	1 96	2 00	2 03	2 06		3 50	2 21	2 10	4 31	8
9	1 92	1 95	2 00	2 03	2 06	2 11	2 14	2 18	2 21	2 26		3 78	2 35	2 30	4 85	9
10	2 06	2 11	2 14	2 19	2 22	2 28	2 31	2 35	2 39	2 43		4 06	2 50	2 48	4 98	10
11	2 20	2 25	2 30	2 33	2 38	2 42	2 47	2 51	2 55	2 60		4 32	2 68	2 65	5 31	11
12	2 34	2 38	2 43	2 48	2 52	2 58	2 62	2 67	2 71	2 76		4 56	2 78	2 80	5 59	12
13	2 48	2 53	2 58	2 63	2 68	2 72	2 78	2 83	2 87	2 94		4 83	2 85	2 98	5 93	13
14	2 61	2 67	2 71	2 77	2 81	2 87	2 93	2 98	3 03	3 08		5 08	3 08	3 13	6 21	14
15	2 74	2 78	2 84	2 89	2 96	3 02	3 06	3 12	3 17	3 22		5 32	3 23	3 28	6 51	15
16	2 86	2 93	2 98	3 04	3 09	3 15	3 21	3 27	3 33	3 37		5 55	3 27	3 43	6 80	16
17	2 99	3 05	3 11	3 16	3 23	3 30	3 35	3 41	3 46	3 53		5 81	3 51	3 59	7 10	17
18	3 12	3 17	3 24	3 31	3 37	3 43	3 49	3 55	3 62	3 68		6 04	3 65	3 74	7 39	18
19	3 24	3 32	3 37	3 44	3 50	3 57	3 64	3 70	3 77	3 82		6 27	3 78	3 88	7 67	19
20	3 37	3 44	3 51	3 57	3 64	3 71	3 78	3 85	3 91	3 98		6 50	3 80	4 05	7 95	20
21	3 48	3 55	3 63	3 69	3 76	3 83	3 90	3 98	4 05	4 11		6 72	4 02	4 19	8 22	21
22	3 59	3 67	3 74	3 80	3 88	3 96	4 03	4 10	4 18	4 24		6 93	4 15	4 31	8 48	22
23	3 71	3 78	3 85	3 91	4 01	4 08	4 15	4 22	4 32	4 38		7 15	4 27	4 48	8 75	23
24	3 82	3 89	3 97	4 03	4 13	4 20	4 27	4 35	4 45	4 51		7 36	4 40	4 62	9 02	24
25	3 93	4 01	4 08	4 14	4 25	4 33	4 40	4 47	4 58	4 65		7 58	4 52	4 77	8 29	25
26	4 04	4 12	4 19	4 25	4 37	4 45	4 52	4 59	4 71	4 78		7 79	4 64	4 91	9 55	26
27	4 15	4 23	4 30	4 36	4 48	4 57	4 64	4 71	4 84	4 91		8 00	4 76	5 05	9 81	27
28	4 26	4 34	4 41	4 47	4 61	4 69	4 76	4 83	4 97	5 04		8 21	4 88	5 19	10 07	28
29	4 37	4 45	4 52	4 58	4 73	4 81	4 88	4 95	5 10	5 17		8 42	5 00	5 33	10 33	29
30	4 48	4 56	4 63	4 69	4 84	4 93	5 00	5 07	5 23	5 30		8 63	5 12	5 47	10 59	30



GROUP HOSPITAL EXPENSE INSURANCE

Reimbursement Plan — Schedule of Minimum Premiums Per Employee — Non-Occupational — No Industry Loading

(Not applicable to Modern Security Plans)

Maximum Room and Board — 120 DAYS — Maximum Special Services — 15 Times the Daily Benefit

Maximum Daily Benefit	MATERNITY BENEFITS INCLUDED* PERSONAL COVERAGE — % of Benefits on Females: Less than 11	11-21	21-31	31-41	41-51	51-61	61-71	71-81	81-91	91 and over	MATERNITY BENEFITS INCLUDED* DEPENDENT COVERAGE: Flat Rates	Split Rates: Child(ren) Only	Wife Only	Wife & Child(ren)	Maximum Daily Benefit
$ 7	$1.76	$1.84	$1.91	$1.98	$2.06	$2.15	$2.21	$2.29	$2.37	$2.43	$4.20	$2.15	$2.85	$5.00	$ 7
8	1.96	2.05	2.15	2.22	2.29	2.39	2.46	2.55	2.65	2.73	4.64	2.31	3.21	5.52	8
9	2.13	2.23	2.31	2.41	2.50	2.61	2.69	2.79	2.88	2.96	5.04	2.46	3.51	5.97	9
10	2.26	2.39	2.49	2.59	2.68	2.78	2.88	2.98	3.10	3.19	5.42	2.61	3.79	6.40	10
11	2.39	2.52	2.63	2.73	2.84	2.95	3.06	3.18	3.28	3.40	5.77	2.76	4.06	6.82	11
12	2.53	2.65	2.79	2.89	3.01	3.13	3.25	3.37	3.48	3.61	6.13	2.86	4.32	7.22	12
13	2.66	2.81	2.93	3.08	3.17	3.31	3.44	3.57	3.69	3.81	6.49	3.06	4.59	7.65	13
14	2.80	2.94	3.08	3.20	3.35	3.50	3.61	3.75	3.88	4.00	6.83	3.21	4.85	8.06	14
15	2.92	3.10	3.24	3.37	3.51	3.66	3.80	3.95	4.10	4.22	7.19	3.35	5.11	8.46	15
16	3.05	3.23	3.38	3.51	3.68	3.84	3.97	4.13	4.28	4.42	7.54	3.49	5.38	8.87	16
17	3.19	3.38	3.53	3.68	3.85	4.01	4.15	4.32	4.48	4.63	7.89	3.82	5.64	9.26	17
18	3.30	3.51	3.67	3.83	3.99	4.16	4.32	4.50	4.68	4.82	8.21	3.74	5.90	9.64	18
19	3.43	3.63	3.81	3.96	4.15	4.34	4.50	4.67	4.85	5.02	8.55	3.87	6.15	10.02	19
20	3.54	3.75	3.95	4.12	4.30	4.49	4.66	4.86	5.04	5.21	8.87	4.00	6.40	10.40	20
21	3.64	3.87	4.07	4.24	4.44	4.63	4.80	5.02	5.21	5.39	9.20	4.12	6.66	10.78	21
22	3.76	3.98	4.18	4.36	4.59	4.79	4.97	5.17	5.38	5.57	9.55	4.24	6.91	11.15	22
23	3.86	4.09	4.30	4.50	4.72	4.93	5.12	5.34	5.56	5.75	9.85	4.37	7.17	11.54	23
24	3.97	4.20	4.43	4.62	4.86	5.08	5.28	5.49	5.73	5.92	10.18	4.49	7.43	11.92	24
25	4.08	4.33	4.55	4.74	5.01	5.23	5.43	5.65	5.92	6.11	10.51	4.61	7.68	12.29	25
26	4.19	4.45	4.68	4.87	5.14	5.38	5.59	5.82	6.10	6.30	10.83	4.73	7.93	12.66	26
27	4.31	4.57	4.80	5.00	5.31	5.54	5.75	5.98	6.28	6.48	11.15	4.85	8.18	13.03	27
28	4.42	4.69	4.93	5.14	5.46	5.69	5.91	6.15	6.46	6.67	11.47	4.97	8.44	13.41	28
29	4.54	4.81	5.06	5.27	5.60	5.85	6.07	6.31	6.64	6.86	11.79	5.09	8.69	13.78	29
30	4.65	4.93	5.18	5.40	5.75	6.00	6.22	6.47	6.82	7.04	12.11	5.21	8.94	14.15	30

* *Includes standard maternity benefit (maximum of 10 times daily benefit)* The personal rates provide immediate maternity benefits for female employees becoming insured on or within 31 days after the issue date of *the Group Policy* The dependent rates exclude benefits for pregnancy existing on the issue date of the dependent insurance To include standard maternity benefits for pregnancy existing on the issue date of the dependent insurance an ADDITIONAL SINGLE PREMIUM of $ 55 per $1 00 will be charged for all employees with dependent wives becoming insured on or within 31 days after the issue date

GROUP HOSPITAL EXPENSE INSURANCE

Reimbursement Plan Schedule of Minimum Premiums Per Employee Non-Occupational No Industry Loading

(Not applicable to Modern Security Plans)

Maximum Room and Board 120 DAYS Maximum Special Services 15 Times the Daily Benefit

MATERNITY BENEFITS EXCLUDED

PERSONAL COVERAGE

Maximum Daily Benefit	% of Benefits on Females											MATERNITY BENEFITS EXCLUDED				
												DEPENDENT COVERAGE				
													Split Rates			
	Less than 11	11-21	21-31	31-41	41-51	51-61	61-71	71-81	81-91	91 and over	Flat Rates	(Child(ren) Only	Wife Only	Wife & Child(ren)	Maximum Daily Benefit
$ 7	$1.73	$1.76	$1.79	$1.83	$1.86	$1.91	$1.94	$1.97	$2.01	$2.04	$1.63	$2.15	$2.07	$4.22	$ 7
8	1.97	1.96	2.01	2.04	2.07	2.12	2.15	2.19	2.24	2.28	1.76	2.31	2.31	4.62	8
9	2.09	2.13	2.16	2.21	2.25	2.30	2.34	2.38	2.42	2.46	1.85	2.46	2.50	4.96	9
10	2.22	2.28	2.32	2.37	2.40	2.44	2.49	2.53	2.59	2.63	1.32	2.61	2.67	5.28	10
11	2.33	2.40	2.44	2.49	2.52	2.58	2.62	2.66	2.72	2.76	1.56	2.76	2.83	5.58	11
12	2.48	2.52	2.56	2.63	2.66	2.72	2.78	2.81	2.87	2.94	1.81	2.85	2.94	5.88	12
13	2.61	2.67	2.71	2.77	2.81	2.87	2.93	2.96	3.03	3.08	2.06	3.06	3.13	6.19	13
14	2.74	2.79	2.86	2.89	2.96	3.02	3.08	3.12	3.17	3.22	2.29	3.21	3.28	6.49	14
15	2.86	2.93	2.98	3.04	3.09	3.15	3.21	3.27	3.33	3.37	2.54	3.35	3.43	6.78	15
16	2.99	3.05	3.11	3.16	3.23	3.30	3.35	3.41	3.46	3.52	2.78	3.49	3.58	7.08	16
17	3.12	3.17	3.24	3.31	3.37	3.43	3.49	3.55	3.62	3.68	3.02	3.63	3.73	7.36	17
18	3.23	3.31	3.36	3.43	3.49	3.55	3.62	3.69	3.76	3.81	3.23	3.74	3.88	7.62	18
19	3.35	3.42	3.49	3.56	3.62	3.69	3.76	3.81	3.88	3.96	3.46	3.87	4.02	7.89	19
20	3.46	3.53	3.61	3.68	3.74	3.81	3.88	3.96	4.02	4.09	3.67	4.00	4.16	8.16	20
21	3.58	3.64	3.73	3.78	3.85	3.92	4.00	4.07	4.14	4.21	3.89	4.12	4.31	8.43	21
22	3.69	3.75	3.84	3.89	3.97	4.04	4.11	4.18	4.25	4.33	4.11	4.25	4.45	8.69	22
23	3.77	3.84	3.91	3.99	4.08	4.15	4.22	4.30	4.39	4.46	4.32	4.37	4.59	8.96	23
24	3.87	3.94	4.02	4.09	4.19	4.26	4.34	4.41	4.51	4.58	4.54	4.49	4.74	9.23	24
25	3.98	4.05	4.12	4.19	4.31	4.38	4.45	4.52	4.64	4.71	4.76	4.61	4.88	9.49	25
26	4.09	4.16	4.23	4.30	4.42	4.50	4.57	4.64	4.77	4.84	4.97	4.73	5.02	9.75	26
27	4.20	4.27	4.34	4.41	4.53	4.62	4.69	4.76	4.90	4.97	5.18	4.85	5.16	10.01	27
28	4.31	4.38	4.45	4.52	4.64	4.74	4.81	4.88	5.03	5.10	5.39	4.97	5.30	10.27	28
29	4.42	4.49	4.56	4.63	4.74	4.86	4.93	5.00	5.16	5.23	5.60	5.09	5.44	10.53	29
30	4.53	4.60	4.67	4.74	4.85	4.98	5.05	5.12	5.29	5.36	5.81	5.21	5.58	10.79	30

GROUP HOSPITAL EXPENSE INSURANCE

Reimbursement Plan Schedule of Maximum Premiums Per Employee Non-Occupational No Industry Loading

(Not applicable to Modern Security Plans)

Maximum Room and Board 120 DAYS Maximum Special Services 20 Times the Daily Benefit

MATERNITY BENEFITS INCLUDED*

PERSONAL COVERAGE

Age of Insured on Premium Due Date

Maximum Daily Benefit	Less than 11	11-21	22-31	32-41	42-51	52-61	62-71	72-81	82-91	92 and over
$7	$1.89	$1.99	$2.06	$2.13	$2.22	$2.29	$2.36	$2.45	$2.52	$2.59
8	2.06	2.16	2.25	2.33	2.41	2.51	2.59	2.68	2.78	2.85
9	2.22	2.32	2.43	2.51	2.60	2.71	2.79	2.89	2.98	3.08
10	2.36	2.48	2.58	2.68	2.78	2.89	2.99	3.10	3.20	3.30
11	2.50	2.61	2.72	2.84	2.96	3.06	3.17	3.29	3.40	3.51
12	2.61	2.75	2.88	2.98	3.12	3.24	3.35	3.48	3.60	3.71
13	2.74	2.89	3.01	3.14	3.26	3.40	3.53	3.65	3.78	3.90
14	2.86	3.01	3.17	3.29	3.42	3.56	3.69	3.83	3.96	4.10
15	2.99	3.15	3.30	3.42	3.57	3.72	3.86	4.01	4.16	4.28
16	3.10	3.27	3.42	3.57	3.72	3.88	4.02	4.18	4.33	4.48
17	3.23	3.40	3.57	3.71	3.89	4.04	4.19	4.36	4.52	4.67
18	3.34	3.54	3.71	3.86	4.03	4.20	4.37	4.53	4.71	4.87
19	3.47	3.66	3.84	4.01	4.18	4.37	4.53	4.72	4.89	5.06
20	3.57	3.77	3.97	4.14	4.33	4.51	4.68	4.88	5.07	5.23
21	3.67	3.88	4.08	4.26	4.47	4.65	4.84	5.04	5.24	5.41
22	3.79	4.00	4.20	4.38	4.62	4.81	4.98	5.19	5.42	5.58
23	3.89	4.11	4.32	4.52	4.75	4.95	5.14	5.36	5.59	5.77
24	4.00	4.23	4.45	4.64	4.89	5.10	5.30	5.51	5.77	5.94
25	4.11	4.35	4.57	4.76	5.04	5.25	5.44	5.67	5.95	6.13
26	4.22	4.47	4.70	4.88	5.19	5.40	5.61	5.84	6.13	6.32
27	4.34	4.58	4.82	5.02	5.34	5.56	5.77	6.00	6.31	6.50
28	4.45	4.71	4.95	5.16	5.49	5.71	5.93	6.17	6.49	6.69
29	4.57	4.83	5.08	5.29	5.63	5.87	6.09	6.33	6.67	6.88
30	4.68	4.95	5.20	5.42	5.78	6.02	6.24	6.49	6.85	7.06

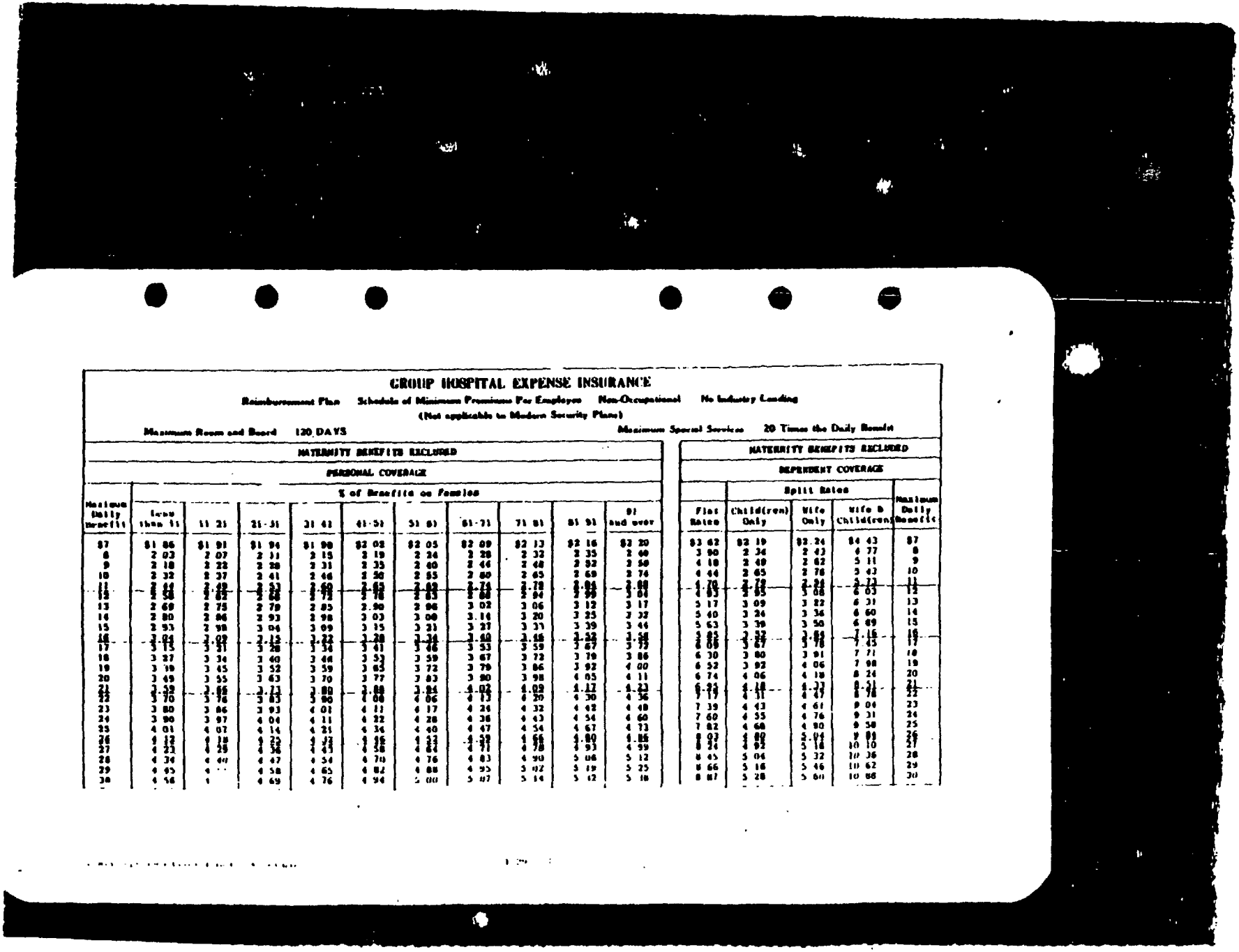
MATERNITY BENEFITS INCLUDED*

DEPENDENT COVERAGE

Split Rates

Maximum Daily Benefit	Flat Rates	Children Only	Wife Only	Wife & Children	Maximum Daily Benefit
$7	$1.19	$2.19	$3.02	$5.21	$7
8	1.78	2.34	3.43	5.67	8
9	2.17	2.49	3.61	6.12	9
10	2.54	2.65	3.90	6.55	10
11	2.91	2.78	4.17	6.96	11
12	3.25	2.93	4.42	7.37	12
13	3.60	3.09	4.68	7.77	13
14	3.94	3.24	4.93	8.17	14
15	4.28	3.39	5.18	8.57	15
16	4.48	3.52	5.43	8.95	16
17	4.96	3.67	5.68	9.35	17
18	5.28	3.80	5.93	9.73	18
19	5.61	3.92	6.19	10.11	19
20	5.94	4.06	6.42	10.48	20
21	6.26	4.18	6.68	10.86	21
22	6.59	4.31	6.93	11.24	22
23	6.92	4.43	7.19	11.62	23
24	10.24	4.55	7.45	12.00	24
25	10.57	4.68	7.70	12.38	25
26	10.89	4.80	7.95	12.75	26
27	11.21	4.92	8.20	13.13	27
28	11.53	5.04	8.46	13.50	28
29	11.85	5.16	8.71	13.87	29
30	12.17	5.28	8.96	14.24	30

* Includes standard maternity benefit (maximum of 10 times daily benefit). The personal rates provide immediate maternity benefits for female employees becoming insured on or within 31 days after the issue date of the Group Policy. The dependent rates exclude benefits for pregnancy existing on the issue date of the dependent insurance. To include standard maternity benefits for pregnancy existing on the issue date of the dependent insurance an ADDITIONAL SINGLE PREMIUM OF $.95 per $1.00 will be charged for all employees with dependent wives becoming insured on or within 31 days after the issue date.



GROUP HOSPITAL EXPENSE INSURANCE

Reimbursement Plan Schedule of Minimum Premiums Per Employee Non-Occupational No Industry Loading

(Not applicable to Modern Security Plans)

Maximum Room and Board 120 DAYS Maximum Special Services 20 Times the Daily Benefit

MATERNITY BENEFITS EXCLUDED																
PERSONAL COVERAGE												DEPENDENT COVERAGE				
	% of Benefits on Families												Split Rates			
Maximum Daily Benefit	Less than 11	11-21	21-31	31-41	41-51	51-61	61-71	71-81	81-91	91 and over	Flat Rates	Child(ren) Only	Wife Only	Wife & Child(ren)	Maximum Daily Benefit
$7	$1.86	$1.91	$1.96	$1.98	$2.02	$2.05	$2.09	$2.13	$2.16	$2.20	$3.62	$2.19	$2.24	$4.43	$7
8	2.03	2.07	2.11	2.15	2.19	2.24	2.28	2.32	2.35	2.40	3.90	2.34	2.43	4.77	8
9	2.18	2.22	2.28	2.31	2.35	2.40	2.44	2.48	2.52	2.58	4.18	2.49	2.62	5.11	9
10	2.32	2.37	2.41	2.46	2.50	2.55	2.60	2.65	2.69	2.74	4.44	2.65	2.78	5.43	10
11	2.46	2.49	2.53	2.60	2.65	2.69	2.74	2.78	2.84	2.88	4.70	2.78	2.94	5.73	11
12	2.58	2.62	2.66	2.72	2.78	2.83	2.88	2.94	2.99	3.04	4.93	2.95	3.08	6.03	12
13	2.69	2.75	2.79	2.85	2.90	2.96	3.02	3.06	3.12	3.17	5.17	3.09	3.22	6.31	13
14	2.80	2.86	2.93	2.98	3.03	3.08	3.16	3.20	3.25	3.32	5.40	3.24	3.36	6.60	14
15	2.93	2.98	3.04	3.09	3.15	3.21	3.27	3.33	3.39	3.44	5.63	3.38	3.50	6.89	15
16	3.04	3.09	3.15	3.22	3.28	3.34	3.40	3.46	3.52	3.58	5.85	3.52	3.64	7.16	16
17	3.15	3.21	3.28	3.34	3.41	3.46	3.53	3.59	3.67	3.72	6.08	3.67	3.78	7.45	17
18	3.27	3.34	3.40	3.46	3.53	3.59	3.67	3.72	3.79	3.86	6.30	3.80	3.91	7.71	18
19	3.39	3.45	3.52	3.59	3.65	3.72	3.79	3.86	3.92	4.00	6.52	3.92	4.06	7.98	19
20	3.49	3.55	3.63	3.70	3.77	3.83	3.90	3.98	4.05	4.11	6.74	4.06	4.18	8.24	20
21	3.59	3.66	3.73	3.80	3.88	3.94	4.02	4.09	4.17	4.23	6.96	4.18	4.33	8.51	21
22	3.70	3.76	3.83	3.90	4.00	4.06	4.13	4.20	4.30	4.36	7.19	4.31	4.47	8.78	22
23	3.80	3.86	3.93	4.01	4.11	4.17	4.24	4.32	4.42	4.48	7.39	4.43	4.61	9.04	23
24	3.90	3.97	4.04	4.11	4.22	4.28	4.36	4.43	4.54	4.60	7.60	4.55	4.76	9.31	24
25	4.01	4.07	4.14	4.21	4.34	4.40	4.47	4.54	4.67	4.73	7.82	4.68	4.90	9.58	25
26	4.12	4.18	4.25	4.32	4.46	4.53	4.59	4.66	4.80	4.86	8.03	4.80	5.04	9.84	26
27	4.23	4.29	4.36	4.43	4.58	4.64	4.71	4.78	4.93	4.99	8.24	4.92	5.18	10.10	27
28	4.34	4.40	4.47	4.54	4.70	4.76	4.83	4.90	5.06	5.12	8.45	5.04	5.32	10.36	28
29	4.45	4.51	4.58	4.65	4.82	4.88	4.95	5.02	5.19	5.25	8.66	5.16	5.46	10.62	29
30	4.56	4.62	4.69	4.76	4.94	5.00	5.07	5.14	5.32	5.38	8.87	5.28	5.60	10.88	30

GROUP HOSPITAL EXPENSE INSURANCE

Reimbursement Plan Schedule of Minimum Premiums Per Employee Non Occupational No Industry Loading

(Not applicable to Modern Security Plans)

Maximum Room and Board 120 DAYS Maximum Special Services $100 in full plus 3/4 of next $1200 with a maximum combined benefit of $1000

MATERNITY BENEFITS INCLUDED*											MATERNITY BENEFITS INCLUDED*				
PERSONAL COVERAGE											DEPENDENT COVERAGE				
	% of Benefits on Females											Split Rates			
Maximum Daily Benefit	Less than 11	11-21	21-31	31-41	41-51	51-61	61-71	71-81	81-91	91 and over	Flat Rates	Child(ren) Only	Wife Only	Wife & Child(ren)	Maximum Daily Benefit
$ 7	$2 04	$2.12	$2 21	$2 27	$2.36	$2.44	$2.52	$2 61	$2.69	$2 76	$4 63	$2.30	$3 19	$5.49	$ 7
8	2 15	2 25	2 34	2 43	2 52	2.60	2.69	2.78	2 87	2 95	4 86	2.43	3 45	5 88	8
9	2 28	2 39	2 48	2 58	2.66	2.77	2.85	2.96	3.06	3.15	5 31	2.58	3 70	6.28	9
10	2 39	2 51	2 61	2 71	2.81	2 93	3.02	3.13	3.23	3.34	5 83	2 71	3.95	6 66	10
11	2 51	2 63	2 77	2 86	2.96	3.08	3.20	3.31	3.40	3.52	6.20	2 86	4 15	7 01	11
12	2 63	2 75	2 88	2 98	3 12	3.21	3.35	3.48	3.60	3.71	6 38	2 99	4 15	7 41	12
13	2 74	2.89	3.01	3.14	3.26	3.40	3.53	3.65	3.78	3.90	6 63	3 13	4.68	7 81	13
14	2.85	3.00	3.14	3.27	3.41	3.55	3.68	3.81	3.95	4.08	6.95	3 27	4 82	8.19	14
15	2.95	3.13	3.28	3 40	3 58	3.69	3.83	3.99	4.13	4 25	7 27	3 41	5.18	8.57	15
16	3.06	3.24	3.39	3.53	3.68	3.83	3.98	4.14	4.30	4.44	7.60	3.54	5.40	8.94	16
17	3.18	3.36	3.52	3.66	3.83	4.01	4.15	4.32	4.49	4.63	7 93	3.68	5.64	9 33	17
18	3.29	3.50	3.66	3.82	3.98	4.15	4.31	4.49	4.65	4.81	8 25	3 81	5 89	9.70	18
19	3.41	3.61	3.77	3 94	4.12	4.32	4.46	4.65	4.83	4 98	8 56	3 94	6.12	10.06	19
20	3 53	3.72	3.91	4.08	4.27	4.46	4.63	4 80	5.00	5.17	8 87	4.07	6 35	10.42	20
21	3.61	3.83	4.02	4.21	4.41	4.60	4.80	4.98	5.17	5.35	9.19	4.19	6.58	10.77	21
22	3 73	3 95	4 17	4 34	4.55	4 75	4 96	5.14	5.34	5.53	9 51	4.32	6 82	11.16	22
23	3 83	4 06	4 30	4 49	4 69	4 90	5 12	5 31	5 52	5 71	9 82	4.44	7 06	11 50	23
24	3 96	4 17	4 44	4 62	4 83	5 05	5 29	5 48	5 69	5 88	10 14	4 58	7 29	11 85	24
25	4 06	4 30	4 57	4 75	4 97	5 20	5 45	5 65	5 87	6 07	10 45	4 69	7 53	12.22	25
26	4 19	4 42	4 70	4 88	5 12	5 33	5 57	5 78	6 03	6 26	10 77	4 81	7 78	12 59	26
27	4 27	4 54	4 82	5 01	5 27	5 51	5 77	5 98	6 25	6 45	11 08	4 95	8 05	12 96	27
28	4 38	4 66	4 95	5 15	5 42	5 66	5 93	6 15	6 41	6 63	11 41	5 05	8 29	13 34	28
29	4 50	4 78	5 08	5 27	5 56	5 82	6 09	6 31	6 59	6 82	11 73	5 17	8 54	13 71	29
30	4 61	4 90	5 20	5 41	5 71	5 97	6 24	6 47	6 77	7 00	12 05	5 29	8 79	14 08	30

* Includes standard maternity benefit (maximum of 10 times daily benefit) The personal rates provide immediate maternity benefits for female employees becoming insured on or within 31 days after the issue date of the Group Policy The dependent rates exclude benefits for pregnancy existing on the issue date of the dependent insurance. To include standard maternity benefits for pregnancy existing on the issue date of the dependent insurance an ADDITIONAL SINGLE PREMIUM OF $ 95 per $1 00 will be charged for all employees with dependents given becoming insured on or within 31 days after the issue date

GROUP HOSPITAL EXPENSE INSURANCE

Reimbursement Plan Schedule of Maximum Monthly Premiums Per Employee Non-Occupational No Industry Loading

(Not applicable to Modern Security Plans)

Maximum Room and Board 120 DAYS Maximum Special Services $100 on full plus 3/4 of next $1200 with a maximum combined benefit of $1000

MATERNITY BENEFITS EXCLUDED

PERSONAL COVERAGE

Maximum Daily Benefit	% of Benefits on Females									
	Less than 11	11-21	21-31	31-41	41-51	51-61	61-71	71-81	81-91	91 and over
$7	$ 2.01	$ 2.04	$ 2.09	$ 2.12	$ 2.15	$ 2.20	$ 2.25	$ 2.29	$ 2.33	$ 2.37
8	2.12	2.16	2.20	2.25	2.30	2.33	2.38	2.42	2.46	2.50
9	2.24	2.28	2.33	2.38	2.41	2.46	2.50	2.55	2.60	2.65
10	2.35	2.40	2.44	2.49	2.53	2.59	2.63	2.68	2.72	2.78
11	2.47	2.51	2.58	2.62	2.67	2.71	2.77	2.81	2.86	2.90
12	2.58	2.62	2.68	2.72	2.78	2.83	2.88	2.94	2.99	3.04
13	2.69	2.75	2.79	2.85	2.90	2.96	3.02	3.06	3.12	3.17
14	2.79	2.85	2.90	2.96	3.02	3.07	3.13	3.18	3.24	3.30
15	2.89	2.96	3.02	3.07	3.13	3.18	3.24	3.31	3.36	3.41
16	3.00	3.06	3.12	3.18	3.24	3.31	3.36	3.42	3.48	3.54
17	3.12	3.17	3.24	3.31	3.37	3.43	3.49	3.55	3.62	3.68
18	3.22	3.30	3.35	3.42	3.48	3.54	3.61	3.68	3.73	3.80
19	3.33	3.40	3.45	3.52	3.59	3.67	3.72	3.79	3.86	3.92
20	3.43	3.50	3.57	3.64	3.71	3.78	3.85	3.90	3.98	4.05
21	3.53	3.61	3.69	3.75	3.82	3.89	3.98	4.03	4.10	4.17
22	3.66	3.71	3.80	3.86	3.93	4.01	4.10	4.15	4.22	4.30
23	3.76	3.81	3.91	3.98	4.05	4.12	4.22	4.27	4.35	4.42
24	3.84	3.91	4.03	4.09	4.16	4.23	4.35	4.40	4.47	4.54
25	3.94	4.02	4.10	4.20	4.27	4.35	4.47	4.52	4.59	4.67
26	4.05	4.13	4.25	4.31	4.39	4.47	4.59	4.64	4.72	4.80
27	4.16	4.24	4.36	4.42	4.51	4.59	4.71	4.76	4.85	4.93
28	4.27	4.35	4.47	4.53	4.61	4.71	4.81	4.88	4.96	5.06
29	4.38	4.46	4.58	4.64	4.74	4.83	4.95	5.00	5.11	5.19
30	4.49	4.57	4.69	4.75	4.87	4.95	5.07	5.12	5.24	5.32

MATERNITY BENEFITS EXCLUDED

DEPENDENT COVERAGE

Flat Rates	Split Rates			Maximum Daily Benefit
	(Children) Only	Wife Only	Wife & (Children)	
$ 3.86	$ 2.30	$2.41	$ 6.71	$7
4.08	2.43	2.55	6.98	8
4.32	2.58	2.69	7.27	9
4.53	2.71	2.83	7.54	10
4.76	2.86	2.97	7.83	11
4.96	2.99	3.08	8.07	12
5.19	3.13	3.22	8.35	13
5.41	3.27	3.35	8.62	14
5.62	3.41	3.48	8.89	15
5.84	3.54	3.61	9.15	16
6.06	3.69	3.74	9.43	17
6.27	3.81	3.87	9.68	18
6.47	3.94	3.99	9.93	19
6.67	4.07	4.11	10.18	20
6.88	4.19	4.23	10.42	21
7.09	4.32	4.36	10.68	22
7.29	4.44	4.48	10.92	23
7.50	4.56	4.60	11.16	24
7.70	4.69	4.73	11.42	25
7.91	4.81	4.87	11.68	26
8.12	4.93	5.01	11.94	27
8.31	5.05	5.15	12.20	28
8.54	5.17	5.29	12.46	29
8.75	5.29	5.43	12.72	30

GROUP HOSPITAL EXPENSE INSURANCE

Reimbursement Plan - Schedule of Minimum Monthly Premiums Per Employee - Non-Occupational No Industry Loading

(Not applicable to Medeva Security Plans)

Maximum Room and Board - 120 DAYS **Maximum Special Services - $200 in full plus 3/4 of next $2400 with a maximum combined benefit of $2000**

MATERNITY BENEFITS INCLUDED*

PERSONAL COVERAGE

Maximum Daily Benefit	% of Benefits on Females									
	Less than 11	11-21	21-31	31-41	41-51	51-61	61-71	71-81	81-91	91 and over
07	$ 2.12	$ 2.21	$ 2.28	$ 2.36	$ 2.45	$ 2.54	$ 2.61	$ 2.70	$ 2.78	$ 2.85
8	2.24	2.35	2.45	2.53	2.61	2.70	2.79	2.88	2.99	3.06
9	2.37	2.48	2.57	2.67	2.76	2.87	2.96	3.07	3.16	3.25
10	2.48	2.60	2.70	2.82	2.93	3.03	3.13	3.24	3.35	3.44
11	2.60	2.73	2.84	2.95	3.08	3.18	3.30	3.43	3.53	3.65
12	2.72	2.85	2.97	3.09	3.21	3.35	3.48	3.61	3.78	3.81
13	2.82	2.97	3.10	3.23	3.35	3.49	3.62	3.74	3.87	4.00
14	2.93	3.09	3.23	3.36	3.50	3.64	3.77	3.91	4.05	4.18
15	3.05	3.22	3.37	3.49	3.65	3.81	3.94	4.08	4.23	4.36
16	3.17	3.34	3.50	3.63	3.80	3.95	4.10	4.28	4.42	4.57
17	3.29	3.48	3.64	3.78	3.96	4.13	4.27	4.45	4.60	4.75
18	3.41	3.61	3.78	3.93	4.11	4.29	4.44	4.61	4.78	4.95
19	3.52	3.72	3.91	4.07	4.25	4.44	4.60	4.78	4.97	5.12
20	3.62	3.84	4.03	4.20	4.38	4.58	4.76	4.95	5.13	5.30
21	3.73	3.95	4.15	4.33	4.53	4.73	4.91	5.12	5.30	5.49
22	3.84	4.06	4.26	4.45	4.67	4.86	5.06	5.29	5.48	5.66
23	3.94	4.17	4.39	4.58	4.80	5.02	5.22	5.46	5.65	5.84
24	4.06	4.29	4.51	4.70	4.94	5.18	5.37	5.62	5.82	6.02
25	4.16	4.41	4.63	4.82	5.09	5.33	5.52	5.80	6.01	6.20
26	4.27	4.52	4.74	4.95	5.21	5.47	5.68	5.97	6.18	6.38
27	4.38	4.65	4.88	5.08	5.36	5.65	5.84	6.13	6.37	6.57
28	4.50	4.77	5.01	5.22	5.51	5.78	6.00	6.30	6.55	6.76
29	4.62	4.89	5.14	5.35	5.64	5.94	6.16	6.46	6.73	6.95
30	4.73	5.01	5.26	5.48	5.83	6.09	6.31	6.62	6.91	7.13

MATERNITY BENEFITS INCLUDED*

DEPENDENT COVERAGE

Flat Rates	Split Rates			Maximum Daily Benefit
	Child(ren) Only	Wife Only	Wife & Child(ren)	
$ 4.78	$ 2.37	$3.28	$ 5.65	07
5.11	2.50	3.56	6.06	8
5.44	2.65	3.80	6.45	9
5.79	2.78	4.06	6.84	10
6.12	2.93	4.30	7.23	11
6.45	3.07	4.54	7.61	12
6.78	3.22	4.79	8.01	13
7.11	3.36	5.02	8.38	14
7.45	3.50	5.27	8.77	15
7.78	3.64	5.52	9.16	16
8.11	3.78	5.77	9.55	17
8.45	3.90	6.03	9.93	18
8.75	4.04	6.26	10.30	19
9.07	4.18	6.49	10.65	20
9.38	4.28	6.73	11.01	21
9.70	4.41	6.96	11.37	22
10.02	4.53	7.20	11.73	23
10.33	4.66	7.44	12.10	24
10.65	4.78	7.67	12.45	25
10.97	4.90	7.82	12.82	26
11	5.02	8.17	13.18	27
11 .	5.14	8.43	13.57	28
11.93	5.26	8.68	13.94	29
12.25	5.38	8.93	14.31	30

* Includes standard maternity benefit (maximum of 10 times daily benefit) The personal rates provide immediate maternity benefits for female employees becoming insured on or within 31 days after the issue date of the Group Policy The dependent rates exclude benefits for pregnancy existing on the issue date of the dependent insurance To include standard maternity benefits for pregnancy existing on the issue date of the dependent insurance on ADDITIONAL SINGLE PREMIUM OF $ 95 per $1 00 will be charged for all employees with dependent wives becoming insured on or within 31 days after the issue date

GROUP HOSPITAL EXPENSE INSURANCE

Reimbursement Plan - Schedule of Minimum Monthly Premiums Per Employee - Non Occupational - No Industry Loading

(Not applicable to Modern Security Plans)

Maximum Room and Board - 120 DAYS Maximum Special Services - $200 in full plus 3/4 of next $2400 with a maximum combined benefit of $2000

MATERNITY BENEFITS EXCLUDED

PERSONAL COVERAGE

Maximum Daily Benefit	% of Benefits on Females									
	Less than 11	11-21	21-31	31-41	41-51	51-61	61-71	71-81	81-91	91 and over
$7	$ 2.06	$ 2.13	$ 2.16	$ 2.21	$ 2.25	$ 2.30	$ 2.34	$ 2.38	$ 2.42	$ 2.48
8	2.21	2.26	2.31	2.34	2.39	2.43	2.48	2.52	2.58	2.61
9	2.33	2.38	2.42	2.47	2.51	2.56	2.61	2.66	2.70	2.78
10	2.44	2.49	2.53	2.58	2.65	2.69	2.74	2.78	2.84	2.88
11	2.56	2.61	2.67	2.71	2.77	2.81	2.87	2.93	2.97	3.03
12	2.67	2.72	2.79	2.83	2.89	2.94	2.98	3.04	3.09	3.14
13	2.77	2.83	2.88	2.94	2.99	3.05	3.11	3.15	3.21	3.27
14	2.87	2.94	2.98	3.05	3.11	3.18	3.23	3.28	3.34	3.40
15	2.98	3.05	3.11	3.16	3.23	3.30	3.35	3.41	3.46	3.52
16	3.11	3.18	3.23	3.30	3.35	3.41	3.48	3.54	3.61	3.67
17	3.22	3.30	3.35	3.42	3.48	3.53	3.61	3.68	3.73	3.80
18	3.34	3.41	3.48	3.53	3.61	3.68	3.74	3.80	3.87	3.94
19	3.44	3.51	3.59	3.65	3.72	3.79	3.86	3.92	4.00	4.06
20	3.56	3.62	3.69	3.76	3.82	3.90	3.96	4.05	4.11	4.18
21	3.65	3.72	3.79	3.86	3.93	4.02	4.09	4.17	4.23	4.31
22	3.75	3.82	3.89	3.97	4.05	4.13	4.20	4.30	4.36	4.43
23	3.85	3.92	4.00	4.07	4.16	4.24	4.32	4.42	4.48	4.55
24	3.98	4.03	4.10	4.17	4.27	4.38	4.43	4.54	4.60	4.68
25	4.06	4.13	4.20	4.27	4.39	4.47	4.54	4.67	4.73	4.80
26	4.17	4.24	4.31	4.38	4.51	4.59	4.66	4.79	4.86	4.93
27	4.28	4.35	4.42	4.49	4.63	4.71	4.78	4.91	4.99	5.06
28	4.39	4.46	4.53	4.60	4.75	4.83	4.90	5.03	5.12	5.19
29	4.50	4.57	4.64	4.71	4.87	4.95	5.02	5.15	5.25	5.32
30	4.61	4.68	4.75	4.82	4.99	5.07	5.14	5.27	5.38	5.45

MATERNITY BENEFITS EXCLUDED

DEPENDENT COVERAGE

Flat Rates	Split Rates			Maximum Daily Benefit
	Child(ren) Only	Wife Only	Wife & Child(ren)	
$ 3.89	$ 2.37	$2.50	$ 4.07	$7
4.23	2.50	2.66	5.16	8
4.45	2.65	2.79	5.44	9
4.69	2.78	2.94	5.72	10
4.91	2.93	3.07	6.00	11
5.13	3.07	3.20	6.27	12
5.36	3.22	3.33	6.55	13
5.57	3.35	3.45	6.81	14
5.80	3.50	3.58	7.09	15
6.03	3.64	3.73	7.37	16
6.22	3.78	3.87	7.65	17
6.47	3.90	4.01	7.91	18
6.68	4.04	4.13	8.17	19
6.87	4.16	4.25	8.41	20
7.08	4.28	4.38	8.68	21
7.30	4.41	4.50	8.91	22
7.48	4.53	4.62	9.15	23
7.69	4.66	4.75	9.41	24
7.90	4.78	4.87	9.65	25
8.11	4.90	5.01	9.91	26
8.32	5.03	5.14	10.17	27
8.53	5.14	5.29	10.43	28
8.74	5.26	5.43	10.69	29
8.95	5.38	5.57	10.95	30

GROUP HOSPITAL EXPENSE INSURANCE

Reduction in Premium Rates for "Deductible" Hospital Expense Insurance Plans

(Not applicable to Modern Security Plans)

If the Hospital Expense Plan includes a "deductible" arrangement whereby the employee is to pay the first $25 or $50 of the charges for room and board and special services otherwise payable under the Plan, the monthly premium per employee for the basic Plan is reduced in accordance with the following table:

PERSONAL COVERAGE

	% of Benefits on Females									
Deductible	Less than 11	11 - 21	21 - 31	31 - 41	41 - 51	51 - 61	61 - 71	71 - 81	81 - 91	91 and over
$25	$ .51	$ .53	$ .54	$ .55	$ .57	$ .59	$ .60	$ .62	$ .63	$ .65
$50	1.07	1.11	1.16	1.19	1.24	1.28	1.32	1.36	1.40	1.43

DEPENDENT COVERAGE

Deductible	FLAT RATE	SPLIT RATES		
		Child(ren) Only	Wife Only	Wife & Child(ren)
$25	$1.35	$1.07	$.68	$1.75
$50	2.81	2.14	1.46	3.60

GROUP DIAGNOSTIC X-RAY AND LABORATORY EXAMINATION INSURANCE

(Non-Occupational)

Coverage:

Benefits may cover employees only or employees and dependents.

Reimbursement, up to the maximum specified in the plan, for the cost of Diagnostic X-Rays and Laboratory Examinations when such examinations are made outside a hospital or if in a hospital when time spent in hospital is not sufficient to qualify for reimbursement of such charges under *Hospital Expense* insurance.

Plan may include both X-Ray and Laboratory reimbursement or may be limited to reimbursement for X-Ray Examination only.

Plan may provide a maximum for each type of examination performed (scheduled basis) or may provide an overall maximum for all examinations (unscheduled basis).

Limitations:

Benefits are not payable for examination of the urine or X-Ray therapy treatment nor for any examination:

(a) which is not made or recommended by a physician licensed to practice medicine;

(b) which is made during hospital confinement and for which a charge is made by the hospital,

(c) in connection with dental work or treatment;

(d) because of pregnancy or resulting childbirth or complications;

(e) if reimbursement for such examination is otherwise payable under the Group Plan

Underwriting:

Written only in conjunction with Metropolitan Hospital Expense insurance. (If less than 50 lives, Life or Accident and Sickness must also be included.)

Maximum Benefit:

On a scheduled basis

$50 for examinations due to any one accident.
$50 for all examinations during any 12 consecutive months due to sickness.

For schedule of reimbursement, see reverse side

On an unscheduled basis

$25 or $50 for all examinations due to any one accident.
$25 or $50 for all examinations during any 12 consecutive months due to sickness

Rates:

Minimum table. . . . . pages 4-37 and 4-38

Industry loadings. . . . . pages 8-1 through 8-9

Also see page 8-10 and section of page 8-11 dealing with employees age 60 and over.

GROUP DIAGNOSTIC X-RAY AND LABORATORY EXAMINATION INSURANCE

(Non-Occupational)

Schedule of Diagnostic X-Ray and Laboratory Examinations

X-Ray Examination	Maximum Payment
Abdominal Region	
Gastro-intestinal series - barium meal	$25.00
Colon - barium enema	15.00
Gall Bladder, dye method	15.00
Flat film	10.00
Kidney, ureter or bladder:	
dye method - intravenous	10.00
dye method - retrograde pyelogram	20.00
Arm or Leg	5.00
Chest region	
Heart and lungs	10.00
Stereoscopic	15.00
Head - skull, sinuses or lower jaw (except dental X-Ray)	10.00
Pelvis, hip, spine or shoulder	10.00
Ribs - one side	10.00

Laboratory Examinations	Maximum Payment
Electrocardiogram	
With interpretation	$10.00
Without interpretation	7.50
Sugar tolerance test, involving two or more blood sugar determinations and accompanying urinary sugar determinations	10.00
All other laboratory examinations (except urine examinations)	5.00

NOTE: When X-Ray only is written only the examinations in the left hand column above are applicable.

GROUP PERSONAL GROUP DIAGNOSTIC X-RAY AND LABORATORY EXAMINATION INSURANCE
AND
GROUP PERSONAL DIAGNOSTIC X-RAY (ONLY) EXAMINATION INSURANCE

(Non-Occupational)

SCHEDULE OF MINIMUM MONTHLY PREMIUMS

(Not applicable to Modern Security Plans)

Basis of: (a) Payments on an unscheduled basis up to specified maximums or in accordance with a schedule of maximum payments up to $25 for certain examinations.
(b) Specified maximums for examinations due to any one accident and for all examinations during any 12 consecutive months due to illness.

PLAN	% of Benefits on Females									
	Less than 11	11-21	21-31	31-41	41-51	51-61	61-71	71-81	81-91	91 and over
X-Ray and Laboratory Examinations										
Scheduled - $50 maximum	$ .28	$ .29	$ .31	$ .33	$ .35	$ .36	$ .37	$ .38	$ .39	$ .41
Unscheduled - $25 maximum	.24	.25	.26	.27	.28	.29	.30	.31	.32	.34
50 maximum	.36	.37	.39	.41	.43	.45	.46	.47	.49	.51
X-Ray Only:										
Scheduled - $50 maximum	.18	.19	.20	.21	.22	.23	.24	.25	.26	.27
Unscheduled - $25 maximum	.16	.16	.17	.17	.18	.19	.20	.20	.21	.22
50 maximum	.24	.25	.26	.27	.28	.29	.30	.31	.32	.34

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GROUP DEPENDENT GROUP DIAGNOSTIC X-RAY AND LABORATORY EXAMINATION INSURANCE
AND
GROUP DEPENDENT DIAGNOSTIC X-RAY (ONLY) EXAMINATION INSURANCE

(Non-Occupational)

SCHEDULE OF MINIMUM MONTHLY PREMIUMS

(Not applicable to Modern Security Plans)

Basis of: (a) Payments on an unscheduled basis up to specified maximums or in accordance with a schedule of maximum payments up to $25 for certain examinations.

(b) Specified Maximums for examinations due to any one accident and for all examinations during any 12 consecutive months due to illness.

PLAN	Flat Rate	Split Rates		
		Child(ren) Only	Wife Only	Wife and Child(ren)
X-Ray and Laboratory Examinations				
Scheduled - $50 maximum	$ .70	$ .47	$ .42	$ .89
Unscheduled - $25 maximum	.60	.40	.36	.76
50 maximum	.90	.60	.54	1.14
X-Ray Only:				
Scheduled - $50 maximum	.45	.30	.27	.57
Unscheduled - $25 maximum	.40	.27	.24	.51
50 maximum	.60	.40	.36	.76

SURG.

GROUP SURGICAL OPERATION INSURANCE (Non-Occupational)

NOTE: Exceptions in SOLID CAPITALS must be referred to Regional Supervisor.

Coverage:

Plan may cover employees only or employees and dependents.

Benefit - Reimbursement of surgeon's actual charges up to maximum depending upon type of operation performed and plan selected. For available plans see underwriting notes on this page.

Obstetrical benefits, subject to limitations indicated below, may be included or may be excluded entirely.

Limitations:

Operations must be performed by a legally licensed physician or surgeon.

Benefits not payable for pregnancy existing on date insurance covering a female employee or dependent becomes effective, but this limitation waived for female employees becoming insured on effective date of Plan or within 31 days thereafter. If at least 50 employees insured, limitation may also be waived for dependents on same basis as for female employees subject to payment of additional premium. All existing pregnancies are excluded where benefits are transferred from another insurance company. SPECIAL ARRANGEMENTS AVAILABLE WHERE COVERAGE IS TRANSFERRED FROM A LOCAL PLAN SUCH AS BLUE SHIELD.

Underwriting:

Group Surgical Operation insurance is not designed to establish what the surgeon will charge but to help pay such charges. However, the plan should reflect local surgeons' charges and the plans of other employers in the community.

May be written with Metropolitan plan which includes Accident and Sickness and/or Hospital coverage. UNDER SPECIAL CIRCUMSTANCES MAY BE WRITTEN WITH METROPOLITAN GROUP LIFE INSURANCE ONLY.

Plans available - Two basic plans each providing its own schedule of maximum reimbursement for listed operations with an over-all maximum (i.e., $200 or $250) where more than one operation is performed during one period of disability or during separate periods of disability due to the same or related cause(s). Variations of the basic plans may be offered as follows:

	$200 Plan*		$250 Plan	
		(Maximum)		(Maximum)
Personal	100%	$200	80%	$200
and	120%	$240	100%	$250
Dependent	150%	$300	120%	$300
			140%	$350
			160%	$400

* The $200 plan is designed to meet similar plans available in the competitive market. The 80% variation of the $250 plan provides a better schedule when a $200 maximum is desired. The $200 plan should be sold only where required by the employer's specifications (usually resulting from union negotiations).

GROUP SURGICAL OPERATION INSURANCE (Non-Occupational)

NOTE: Exceptions in SOLID CAPITALS must be referred to Regional Supervisor.

Underwriting: (Continued)

A THIRD BASIC PLAN PROVIDING A $150 MAXIMUM IS AVAILABLE.

State medical societies in Georgia, Maine, Rhode Island and Tennessee have formulated schedules of fees which local participating surgeons have agreed to accept in *full payment of* services for the indicated operations for employees within *specified income limits. For employees earning in excess of* these limits fees are applied toward the surgeon's bill as in other states. For employers with employees in those states the Metropolitan will write either the state medical society's schedule or any of our regular surgical plans.

Rates:

Flat rates may be used if no employee contributes more than the Flat "obstetrical excluded" rate or, in the case of employees with wives when the plan includes obstetrical benefits, more than the Flat "obstetrical included" rate before "children only" adjustment, i.e., the Flat "obstetrical excluded" rate plus the difference between the Split rates for "obstetrical included" and "obstetrical excluded".

Split rate, which requires a census at issue, may be used on ANY case, but the composite rate based on the distribution of employees by family status at issue will be used regardless of whether such composite is higher than the Flat rate.

Composite rates - If split rates are used, regardless of whether obstetrical benefits are included, a composite rate will be established based upon the distribution of dependent insurance on employees with children only, wife only, and both wife and children. This composite will be the rate charged for all employees insured for dependent insurance, regardless of the number or classification of dependents.

No composites will be calculated for a plan which includes obstetrical benefits where the flat rate is applied because these rates already assume that some employees will have only children eligible for dependent surgical benefits.

Ratio group - For non-contributory plans or where contributions are the same whether or not employees are covered for dependent insurance, a ratio of total dependent benefits to total personal benefits is established at initial issue. Dependent insurance premiums are based on the application of this ratio to personal insurance in force.

Minimum table pages 5-3 and 5-4

Industry loadings pages 8-1 through 8-9.

Also see page 8-10 and section of page 8-11 dealing with employees age 60 and over

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GROUP SURGICAL OPERATION INSURANCE (Non-Occupational)

Schedule of Minimum Monthly Premiums

(Not applicable to Modern Security Plans)

PERSONAL COVERAGE

MAXIMUM BENEFIT	% Of Benefits On Females									
	Less than 11	11 - 21	21 - 31	31 - 41	41 - 51	51 - 61	61 - 71	71 - 81	81 - 91	91 and over
OBSTETRICAL BENEFITS INCLUDED*										
$200	$ .55	$ .62	$ .66	$ .71	$ .76	$ .83	$ .88	$ .93	$ .98	$1.03
250	.72	.81	.90	.98	1.08	1.16	1.24	1.33	1.42	1.49
OBSTETRICAL BENEFITS EXCLUDED										
$200	.53	.56	.58	.60	.63	.66	.69	.71	.73	.75
250	.69	.72	.76	.80	.85	89	.92	.96	1.01	1.05

* Includes obstetrical benefits for amounts shown in the schedule of surgical operations. The rates provide immediate obstetrical benefits for female employees becoming insured on or within 31 days after the issue date of the Group Policy

GROUP SURGICAL OPERATION INSURANCE (Non-Occupational)

Schedule of Minimum Monthly Premiums

(Not applicable to Modern Security Plans)

DEPENDENT COVERAGE

Maximum Benefit	Obstetrical Benefits	Flat Rate	Split Rates		
			Child(ren) Only	Wife Only	Wife and Child(ren)
$200	Excluded	$1.35	$ .90	$ .85	$1.69
	INCLUDED*	1.90	.90	1.41	2.25
250	Excluded	1.69	1.12	1.07	2.19
	INCLUDED*	2.51	1.12	1.91	3.03

* Includes obstetrical benefits for amounts shown in the schedule of surgical operations

Immediate Obstetrical Benefits for Dependents

Obstetrical coverage excludes benefits for pregnancy existing on the issue date of the dependent insurance. To include benefits for pregnancy existing on the issue date of the dependent insurance an ADDITIONAL SINGLE PREMIUM will be charged for all employees with dependent wives insured on or within 31 days after the issue date. The additional single premium for the $200 Plan is $5.00 and for the $250 Plan $7.50.

POLIOMYELITIS EXPENSE INSURANCE
MUST BE REFERRED TO REGIONAL SUPERVISOR BEFORE ANY OFFER IS MADE

Coverage

Benefits may cover employees only or employees and dependents.

Reimbursement, up to specified maximum (ranging from $1,500 to $5,000), for covered expenses not otherwise reimbursable under other coverages included in the plan. Covered expenses include expenses for following medical services which have been recommended by a physician.

1. Hospital room and board and special services.
2. Surgery and other services of physicians and surgeons licensed to practice medicine.
3. Diagnostic X ray and laboratory examinations.
4. Registered nurses or physiotherapists.
5. Transportation to and from hospitals and sanatoria.
6. Drugs, dressings, splints, braces, use of iron lung and any hospital equipment.

Underwriting

These benefits may be offered only in conjunction with a well-balanced, comprehensive plan of group benefits including Life or Accident and Sickness benefits underwritten by the Metropolitan.

Rates

CONSULT REGIONAL SUPERVISOR.

G-8717 Sept. 1957 Printed in U.S.A.

ADDITIONAL ACCIDENT INSURANCE (Non-Occupational)
MUST BE REFERRED TO REGIONAL SUPERVISOR BEFORE ANY OFFER IS MADE

Coverage:

Benefits may cover employees only or employees and dependents.

Reimbursement, up to a maximum of $300, for expenses incurred as a result of a non occupational accident and within 90 days of the date of the accident.

Benefits are payable for expenses incurred on account of hospital confinement, surgical operation, treatment by a physician or diagnostic X-ray and laboratory examinations, not otherwise payable under the respective provisions of the plan, and for services of a registered nurse.

All such services must be recommended by a legally licensed physician

Underwriting

This insurance may be offered only in conjunction with a well balanced, comprehensive plan of group benefits underwritten by the Metropolitan.

Rates

CONSULT REGIONAL SUPERVISOR.

G 873- (Rev. 1957) Printed in U.S.A. (12-57)

COMBINED DISABILITY PREMIUM $1,000 OR LESS

GROUP SURGICAL OPERATION INSURANCE (Non-Occupational)

Schedule of Minimum Monthly Premiums

PERSONAL COVERAGE

MAXIMUM BENEFIT	% Of Benefits On Females									
	Less than 11	11 - 21	21 - 31	31 - 41	41 - 51	51 - 61	61 - 71	71 - 81	81 - 91	91 and over
OBSTETRICAL BENEFITS INCLUDED*										
$200	.546	609	661	.714	.756	.819	.871	.924	.966	1.029
250	714	798	892	.966	1.071	1.144	1.228	1.312	1.407	1.480
OBSTETRICAL BENEFITS EXCLUDED										
$200	525	567	577	598	.619	.661	682	.703	724	.745
250	682	714	756	787	.850	882	913	.955	997	1.039

* Includes obstetrical benefits for amounts shown in the schedule of surgical operations. The rates provide immediate obstetrical benefits for female employees becoming insured on or within 31 days after the issue date of the Group Policy

COMBINED DISABILITY PREMIUM $1.000 OR LESS

GROUP SURGICAL OPERATION INSURANCE (Non-Occupational)

Schedule of Minimum Monthly Premiums

DEPENDENT COVERAGE

Maximum Benefit	Obstetrical Benefits	Flat Rate	Split Rates		
			Child(ren) Only	Wife Only	Wife and Child(ren)
$200	Excluded	1 333	892	840	1 669
	INCLUDED*	1 879	892	1 396	2 226
250	Excluded	1 669	1 113	1 060	2 173
	INCLUDED*	2 478	1 113	1 890	3 003

* Includes obstetrical benefits for amounts shown in the schedule of surgical operations

Immediate Obstetrical Benefits for Dependents

Obstetrical coverage excludes benefits for pregnancy existing on the issue date of the dependent insurance. To include benefits for pregnancy existing on the issue date of the dependent insurance an ADDITIONAL SINGLE PREMIUM will be charged for all employees with dependent wives insured on or within 31 days after the issue date. The additional single premium for the $200 Plan is $4.987 and for the $250 Plan $7 486

HOSP.