GROUP FLAT MATERNITY BENEFIT

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

Coverage:

Plan may include benefits for female employees or for both female employees and wives of male employees.

Lump sum payment according to schedule of plan selected.

Limitations

Benefits not payable for pregnancy existing on date insurance covering a female employee or dependent wife 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 dependent wives 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 OR BLUE SHIELD.

Underwriting:

May be written only in conjunction with Metropolitan Group Accident and Sickness and Surgical insurance or Hospital Expense and Surgical insurance but Maternity benefits must be excluded under those coverages

Plans available:

See reverse side.

Rates:

See pages 6-3 and 8-10. The appropriate rate for personal insurance is charged for each employee and combined with the rate for Personal Surgical Operation insurance. If dependent benefits are involved, a composite with the Dependent Surgical rate will be established by applying the Dependent Flat Maternity rate to all employees with a wife.

NOTE: The "maternity excluded" rates are applied to Accident and Sickness, Hospital Expense and Surgical Operation insurance.

PLAINTIFF'S EXHIBIT
MET-545

GROUP FLAT MATERNITY BENEFIT

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

Plans Available	Normal Childbirth (Flat Payment)	Caesarean Section (Flat Payment)	Operation for Ectopic Pregnancy (Flat Payment)	Miscarriage - Reimbursement for Actual Cost of Hospital and Surgical Services Up to (Maximum)
Plan I	$ 50	$100	$100	$ 25.00
Plan II	75	125	125	37.50
Plan III	100	150	150	50.00
Plan IV	150	225	225	75.00
Plan V	200	300	300	100.00

Note that flat payments are made except for miscarriage for which payments are reimbursement of hospital and surgical services up to the specified maximum.

REIMBURSEMENT TYPE FLAT MATERNITY BENEFITS ARE ALSO AVAILABLE FOR GROUPS THAT HAVE WIDELY VARYING CHARGES BY AREA.

6 873-Sept 1957 - Printed in U.S.A. (9 57)

GROUP FLAT MATERNITY BENEFIT

(Not applicable to Modern Security Plans)

Schedule of Minimum Monthly Premiums Per $100 Maternity Benefit

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
$.04	$.11	$.17	$.22	$.28	$.34	$.39	$.45	$.51	$.56

DEPENDENT COVERAGE

$1.12

Immediate Maternity Benefits

Personal Coverage. The rates provide immediate benefits for female employees becoming insured on or within 31 days after the issue date of the Group Policy.

Dependent Coverage. The rates exclude benefits for pregnancies 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 OF $10.00 per $100 of maternity benefit will be charged for all employees with dependent wives becoming insured on or within 31 days after the issue date.

G-873 Jan. 1967 Printed in U.S.A. [illegible]

COMBINED DISABILITY PREMIUM $1,000 OR LESS
GROUP FLAT MATERNITY BENEFIT

Schedule of Minimum Monthly Premiums Per $100 Maternity Benefit

PERSONAL COVERAGE

% of Benefit on Females

Less than 11	11-21	21-31	31-41	41-51	51-61	61-71	71-81	81-91	91 and over
$ 042	$ 115	$.168	$ 220	$ 283	$ 336	$ 388	$ 441	$.504	$.556

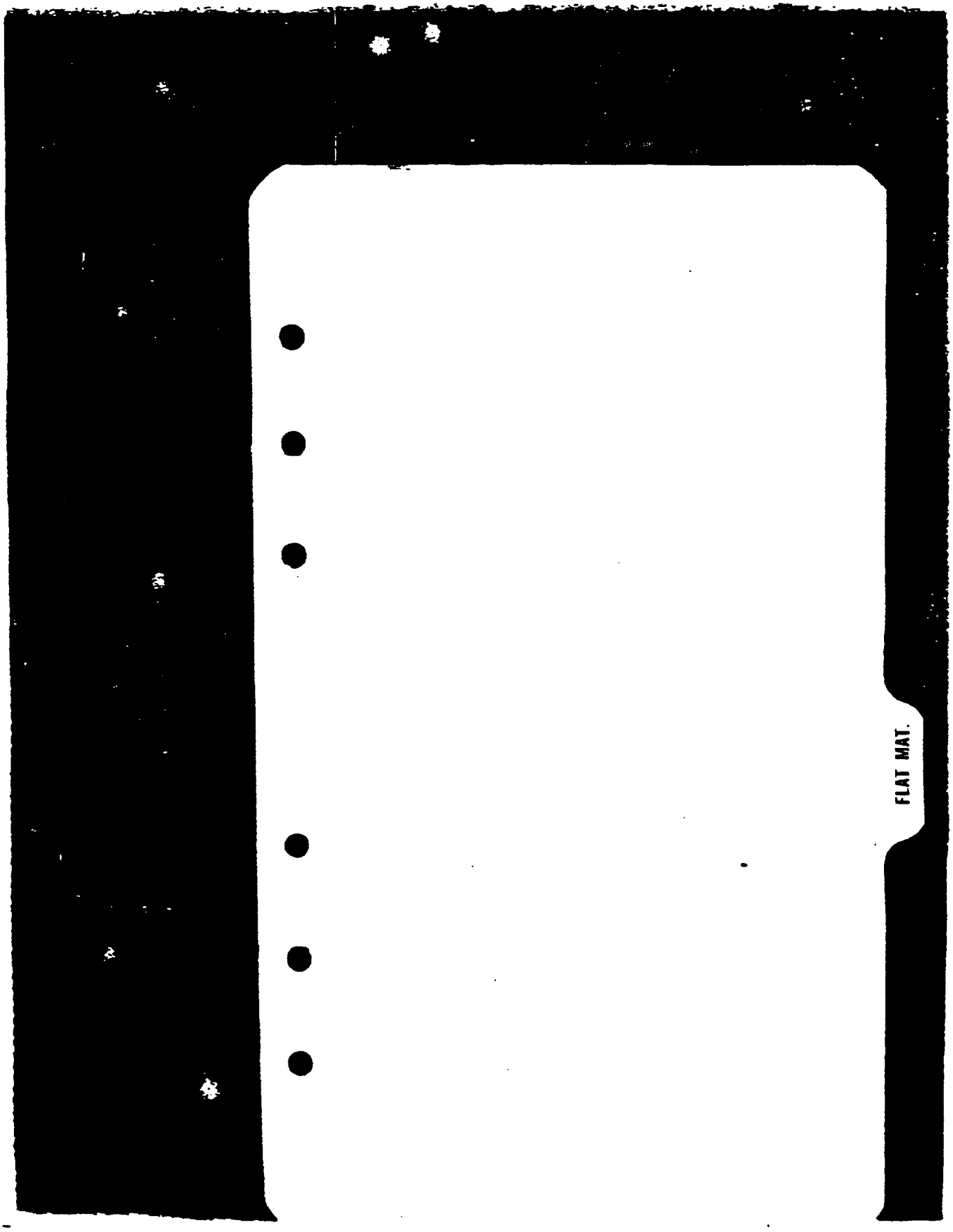
DEPENDENT COVERAGE

$1 113

Immediate Maternity Benefits

Personal Coverage - The rates provide immediate benefits for female employees becoming insured on or within 31 days after the issue date of the Group Policy

Dependent Coverage - The rates exclude benefits for pregnancies 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 OF $9 975 per $100 of maternity benefit will be charged for all employees with dependent wives becoming insured on or within 31 days after the issue date.


FLAT MAT.