

**Digest of**

**50 Selected Health and Insurance Plans  
for Salaried Employees, Spring 1963**



**UNITED STATES DEPARTMENT OF LABOR**  
W. Willard Wirtz, Secretary

**BUREAU OF LABOR STATISTICS**  
Ewan Clague, Commissioner

**Bulletin No. 1377**

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## Preface

This bulletin describes the principal features of 50 selected health and insurance plans in effect in the spring of 1963 covering salaried employees. It is designed to serve as a companion publication to the Bureau's Digest of 50 Selected Pension Plans for Salaried Employees, Spring 1963 (BLS Bulletin 1373, 1963).

The plans in this digest are not presented as model or typical plans, nor as a representative sample. They were selected to illustrate the plans of one or more major employers in each industry. All but one plan cover large numbers of workers; they range in size from a thousand workers to several hundred thousand.

The present bulletin—the Bureau's first digest of health and insurance plans covering salaried workers—supplements the Bureau's Digest of One Hundred Selected Health and Insurance Plans Under Collective Bargaining, Winter 1961-62 (BLS Bulletin 1330, 1962). It is expected that both of these digests will be revised at regular intervals.

The cooperation of plan administrators and other company officials is gratefully acknowledged, as is the assistance of the Department's Office of Labor-Management and Welfare-Pension Reports.

The digest was prepared by Harry E. Davis, assisted by Arne H. Anderson, under the supervision of Donald M. Landay, in the Bureau's Division of Industrial and Labor Relations, under the general direction of L. R. Linsenmayer, Assistant Commissioner for Wages and Industrial Relations.

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# Digest of 50 Selected Health and Insurance Plans for Salaried Employees, Spring 1963

## Explanatory Notes

Although the terms and provisions of the digest of health and insurance plans used in this report are generally self-explanatory, some special definitions and qualifications were required. These are set forth below. It must be emphasized that a summary of a plan necessarily omits many features and administrative details embodied in the agreements and insurance policies which govern the operation of the plan, and which may be necessary in making comparisons of benefits provided under different plans. For example, some plans that graduate benefit amounts according to salary group determine the benefit by the salary group to which the employee belonged at the beginning of the insurance year. Under these plans the amount of an employee's insurance increases only if he is promoted to a salary group that falls within a higher insurance category; a general wage increase does not automatically increase his coverage. Under other plans, any increase a worker receives may affect his insurance coverage. These differences are not shown in the plan summaries.

### Plans for Salaried Employees

For purposes of this study, salaried employees include professional, administrative, technical, and clerical workers.

### Symbols and Abbreviations

- X When used in the digest, this symbol means that the column is applicable or that the benefit is provided under the program.
- When used in the digest, this symbol means that the column is not applicable or that the benefit is not provided under the program.

### Variations Within Plans

Although a single program may be in effect throughout the various plants and offices covered by a multiestablishment program, variations in some benefits may occur between establishments. A common example of this variation is that relating to hospital, surgical, and medical benefits provided through Blue Cross and Blue Shield programs. Benefits under these programs generally vary from locality to locality. Where variations in benefits are known to exist under a particular multiestablishment plan, the provisions covering the largest group of workers are described.

### Individuals to Whom the Benefits Apply

Except as indicated, life insurance (or death benefits) and accidental death and dismemberment insurance are available only to active employees. Accident and sickness insurance and sick leave benefits are available only to active employees. The availability of hospital, surgical, medical, and major medical benefits to the active employee and his dependents, and to the retired employee and his spouse, is indicated in the appropriate sections of the plan digest.

### Scope

For each plan, the digest shows the scope of the disabilities (nonoccupational and/or occupational) for which accidental death and dismemberment insurance and accident and sickness benefits are payable. Paid sick leave was provided for both nonoccupational and/or occupational disabilities unless so indicated. Health benefits, except where indicated, are available only for nonoccupational (off-the-job) disabilities.

### Eligibility Requirements

This term applies to requirements which a new employee must fulfill in order to be covered by the plan or to become eligible to participate in the program. Although the employee generally becomes eligible to receive benefits upon qualifying for plan coverage, further requirements may be stipulated for specific benefits, e.g., hospital benefits in maternity cases. These additional requirements are not summarized.

In States with temporary disability insurance programs,<sup>1</sup> workers insured by private plans are eligible for disability cash benefits as soon as they qualify under the State law, irrespective of the

<sup>1</sup> Four States (Rhode Island, California, New Jersey, and New York) have enacted statutes providing protection from loss of wages because of temporary disability arising out of nonoccupational causes. The statutes of California and New Jersey permit the substitution of private plans meeting specified standards for the State plan. The New York statute does not provide for a State plan but requires employers to arrange for the benefits through insurance companies, a competitive State fund, or by self-insurance. Rhode Island makes no provision for the substitution of a private plan and, therefore, does not affect the qualification requirements of private plans in that State. A detailed summary of these plans appears as appendix A in the Bureau's companion report, Digest of One Hundred Selected Health and Insurance Plans Under Collective Bargaining, Winter 1961-62 (BLS Bulletin 1330, 1962).

private plan eligibility requirements. These payments may be provided under the private plan through modification of its eligibility rules or from the State plan until the worker becomes eligible under the private plan. In addition, some plans may not appear to comply with statutory requirements as regards eligibility requirements; in these cases, however, they need not do so inasmuch as the private plan benefits are in addition to those prescribed by the State law.

Immediately or first of following month. This term is used to indicate the eligibility requirements under which an employee becomes eligible to participate in the program not later than the first of the month following date of employment.

#### Life Insurance

In addition to the basic life insurance provided all employees covered by the plan, extra amounts are made available under some plans either on a contributory basis or entirely at the employee's expense. The availability and amounts of this supplementary insurance are shown in the "optional life insurance" column and the charge to the employee is shown in the "financing" column. Additional protection may also be provided by death benefit provisions of pension plans, which are not described in this report.

#### Accidental Death and Dismemberment

Death and dismemberment benefits. Under an accidental death and dismemberment provision, death benefits are payable in addition to any life insurance benefits which otherwise may be provided under the program. Multidismemberment benefits are generally payable upon the loss of two or more members. The benefit amount shown in this column is the accidental death and multidismemberment benefit. The amount payable in event of single dismemberment, e. g., the loss of one hand, one foot, or the sight of one eye, is one-half the death and multidismemberment amount unless otherwise specified in a footnote.

#### Accident and Sickness

In this report, accident and sickness insurance benefits are limited to the type of insurance under which predetermined weekly cash payments are made to covered employees during periods of temporary disability. Paid sick leave plans are shown in separate columns. In some cases, employees are covered by both accident and sickness insurance and paid sick leave programs. Limitation on the duration of benefits upon maternity disabilities, and the nonavailability of these benefits for maternity disabilities, are noted in footnotes.

#### Sick Leave

The sick leave programs described in the digest are formal plans that provide full pay, partial pay, or a combination of full and

partial pay for specified periods to employees who are temporarily disabled. "Weeks of full pay" precedes "weeks of less than full pay," except where otherwise noted. The duration of these benefit periods, which usually depend upon the employee's length of service, is shown in the appropriate columns. The waiting period before benefits are payable under some programs is shown in footnotes. Informal sick leave allowances determined on an individual basis are not described.

#### Hospital Benefits

Except where noted, these benefits are always provided on a "per disability basis." Allowances for hospital care are generally provided on an "up to" basis. This means that the patient will be reimbursed for charges up to the allowance shown in the digest. In some plans, however, the specified allowance is paid irrespective of the charge for the accommodations used or services provided. If the latter type of benefit is provided, it is so noted in a footnote.

Similar qualifications apply to the surgical and medical care allowances and are noted accordingly.

Daily benefit or service. If the plan provides for either "ward or semiprivate" accommodations, only "semiprivate" is entered as the benefit available. For this digest, semiprivate accommodations are rooms having at least two beds and not more than six beds. In those cases where the plan indicates that semiprivate accommodations are provided but limits the allowance to a specified cash amount, only the cash amount is noted. Generally, where semiprivate room accommodations are provided, the plan also specifies an allowance toward the cost of a private room. This provision is not noted in the plan summaries.

Ancillary services. Include cash allowances or services provided in addition to daily room and board benefits. If the plan pays for the full cost of all of the services required, "full cost of services" is entered in the column. If the plan pays for full cost of specified services or full cost of certain services and partial cost of other specified services, "full cost of specified services" is entered. A listing of the services covered often runs to considerable length and, therefore, is not reproduced in these summaries. The ancillary service benefits, except where noted, are payable only during the full benefit period.

Services provided may vary considerably among plans, but usually include the use of operating room and equipment, general nursing care, laboratory examinations consistent with the diagnosis for which hospitalized, drugs and medications for use in hospital, the administration of anesthetics, and X-ray examinations consistent with diagnosis and treatment of condition for which hospitalized.

Emergency out-patient care benefit or service. Refers to the service or cash benefit provided in the out-patient department of a hospital. To receive this benefit, treatment usually must be obtained within a specified number of hours after the cause of the emergency occurs. Hospital confinement is not required. If services necessary for treatment are provided with no cost limitation, "required services provided" is entered in this column; if there is a cost limitation on the amount of services provided, this is noted.

#### Maternity Provisions

Hospital and surgical care benefits are described in the appropriate sections and are those available for normal delivery cases. Usually, higher allowances or benefits are provided in cases where obstetrical complications arise; these benefits are not described in this report.

#### Surgical and Medical

Like hospital allowances, allowances shown in the digest for surgical and medical care are the maximum amounts provided. If the allowance is payable irrespective of the surgeon's or physician's charge, this is noted in a footnote. Surgical benefits are provided in the hospital, home, office, and elsewhere unless otherwise noted.

Income limits for service surgical and medical benefits. The annual income under this provision, unless otherwise indicated, is the maximum total income of all persons covered. Single individuals and families with incomes below these limits are entitled to service benefits; i. e., cooperating doctors have agreed to accept the plan allowances as full payment of their fees. If their income exceeds these limits, or if they use noncooperating doctors, the allowances shown in the adjacent columns are payable.

Medical care allowances. Generally, these benefits are not payable for treatment received in connection with or following an operation. However, under some plans providing for in-hospital medical benefits, the maximum amount of medical benefits payable is determined according to a specified formula if an operation is performed during the period. Where such a formula is included in the plan, the details are set forth in a footnote.

#### Major Medical Benefits

Major medical benefits are provided either (1) in addition to the benefits provided under the basic hospital, surgical, and medical sections of a health and insurance program (supplemental major medical plans), or (2) instead of basic hospital, surgical, and medical benefits (comprehensive major medical plans).

These benefits are usually payable only after the employee has paid the "deductible" and his share of the coinsurance. In supplemental plans, the deductible is always an amount in excess of basic plan benefits.

Comprehensive plans also usually require the worker to pay a deductible before receiving any benefits, but under some plans certain hospital, surgical, and/or medical benefits are provided on a "first dollar" basis, i. e., the deductible and coinsurance provisions do not apply until specified benefits have been received. After these benefits are received, the employee must pay the deductible and his share of the coinsurance. The benefits payable without deductibles or coinsurance are shown in the hospital, surgical, and medical sections preceding each summary, with an explanatory heading.

Maximum lifetime benefits. The maximum benefits per lifetime for active employees and their dependents is not applicable after the employee retires; a new maximum lifetime benefit applies to benefits received after retirement.

#### Other Benefits

This section includes benefits provided under the plan that are not described elsewhere in the digest. Out-of-hospital allowances for anesthetics, X-ray, electrocardiograms, etc., where provided, are included in this section. Where such benefits are provided only during hospital confinement, they are not shown here because they are considered part of the "extra allowance or services" in the hospitalization section. As in the hospital, surgical, and medical sections of this report, except where noted, the allowance shown is the maximum payable for a specified service.

#### Benefit Coverage During Retirement Period

Benefits made available to retired employees and their dependents under the program are covered in the appropriate sections of the digest. Benefits paid for entirely by the employee are included only if available on a group-rate basis. Coverage available to retired workers and/or their dependents through conversion to individual premium rate policies are not included in this report. Although not discussed here, under most plans the employee must meet specified age and service requirements or be retired under the company's retirement program to be eligible for plan benefits.

#### Financing

Amounts of contribution. Information is provided only to the extent that details are available in the literature describing the plan.



## Plans for Salaried Employees

| Sick leave            |                       |                  | Hospital benefits                           |                         |                   |              |                                            |                                                                               | Income limits for service surgical and medical benefits | Surgical benefits                     |                |                   |                 |
|-----------------------|-----------------------|------------------|---------------------------------------------|-------------------------|-------------------|--------------|--------------------------------------------|-------------------------------------------------------------------------------|---------------------------------------------------------|---------------------------------------|----------------|-------------------|-----------------|
| Years of service      | Days benefit per year |                  | Daily benefit or service                    | Maximum duration (days) | Extended coverage |              | Ancillary services                         | Maternity benefit                                                             |                                                         | Emergency out-patient care or service | Most-expensive | Appen-<br>dectomy | Normal delivery |
|                       | At half pay           | At full pay      |                                             |                         | Days              | Daily amount |                                            |                                                                               |                                                         |                                       |                |                   |                 |
| Employee              |                       |                  | Employee and dependents                     |                         |                   |              |                                            |                                                                               |                                                         |                                       |                |                   |                 |
|                       |                       | Weeks            | Semiprivate room.                           | 120                     | —                 | —            | Full cost of specified ancillary services. | Semiprivate room for 120 days plus full cost of specified ancillary services. | Required services provided.                             | —                                     | \$300          | \$200             | \$100           |
| Immediately after 1/4 | —                     | 1                |                                             |                         |                   |              |                                            |                                                                               |                                                         |                                       |                |                   |                 |
| 1/4 to 1              | —                     | 2                |                                             |                         |                   |              |                                            |                                                                               |                                                         |                                       |                |                   |                 |
| 1 to 3                | —                     | 4                |                                             |                         |                   |              |                                            |                                                                               |                                                         |                                       |                |                   |                 |
| 3 to 5                | —                     | 6                |                                             |                         |                   |              |                                            |                                                                               |                                                         |                                       |                |                   |                 |
| 5 to 7                | —                     | 8                |                                             |                         |                   |              |                                            |                                                                               |                                                         |                                       |                |                   |                 |
| 7 to 10               | —                     | 11               |                                             |                         |                   |              |                                            |                                                                               |                                                         |                                       |                |                   |                 |
| 10 to 15              | —                     | 13               |                                             |                         |                   |              |                                            |                                                                               |                                                         |                                       |                |                   |                 |
| 15 to 25              | —                     | 17               |                                             |                         |                   |              |                                            |                                                                               |                                                         |                                       |                |                   |                 |
| 25 and over.          | —                     | 21               |                                             |                         |                   |              |                                            |                                                                               |                                                         |                                       |                |                   |                 |
|                       |                       | 26               |                                             |                         |                   |              |                                            |                                                                               |                                                         |                                       |                |                   |                 |
|                       |                       | ( <sup>3</sup> ) |                                             |                         |                   |              |                                            |                                                                               |                                                         |                                       |                |                   |                 |
|                       |                       |                  | Retired employee and dependent <sup>4</sup> |                         |                   |              |                                            |                                                                               |                                                         |                                       |                |                   |                 |
|                       |                       |                  | Same as above.                              | Same as above.          | —                 | —            | Same as above.                             | —                                                                             | Same as above.                                          | —                                     | \$200          | \$133             | —               |

<sup>3</sup> Employees covered by accident and sickness insurance receive difference between full salary and amount provided by accident and sickness insurance.

<sup>4</sup> Hospital and surgical benefit expenses limited to a lifetime maximum of \$2,500 for retiree and \$2,500 for retiree's wife.

## Selected Health and Insurance Plans

| Company                     | Medical allowances             |        |          |           |                                   |                                 |                      |                | Other benefits |                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |
|-----------------------------|--------------------------------|--------|----------|-----------|-----------------------------------|---------------------------------|----------------------|----------------|----------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
|                             | Home                           | Office | Hospital | Elsewhere | Maximum number of visits paid for | Maximum number of days paid for | Maximum compensation | Benefits begin |                | Types and amounts                                                                                                                                                                                                                                                                                                                                                                                                                                                      |
|                             |                                |        |          |           |                                   |                                 |                      | Sickness       | Accident       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |
| Aluminum Company of America | Employee and dependents        |        |          |           |                                   |                                 |                      |                |                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |
|                             | —                              | —      | —        | —         | —                                 | —                               | —                    | —              | —              | <p>Anesthesia allowance: If surgical allowance is \$75 or less, \$15; if surgical allowance is over \$75, 20 percent of surgical allowance.</p> <p>Radiation therapy allowance: (For cases in or out of hospital), \$7.50 per treatment—up to maximum of schedule per disability.</p> <p>Diagnostic X-ray allowance: \$75 during any 12-month period.</p> <p>Diagnostic examinations: Electroencephalogram, \$25; electrocardiogram, \$15; basal metabolism, \$10.</p> |
|                             | Retired employee and dependent |        |          |           |                                   |                                 |                      |                |                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |
|                             | —                              | —      | —        | —         | —                                 | —                               | —                    | —              | —              | —                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |

for Salaried Employees—Continued

| Major medical                         |                   |                                         |                          |                                                     |             |                                                    |                           | Financing                                                                                                                                                                                                                                                             |         |
|---------------------------------------|-------------------|-----------------------------------------|--------------------------|-----------------------------------------------------|-------------|----------------------------------------------------|---------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------|
| Type of expense subject to deductible | Deductible amount | Accumulation period and its application | Benefit period           |                                                     | Coinsurance | Maximum benefit                                    | Reinstatement             | Employee                                                                                                                                                                                                                                                              | Company |
|                                       |                   |                                         | From start of disability | From incurrence of expenses in excess of deductible |             |                                                    |                           |                                                                                                                                                                                                                                                                       |         |
| Employee and dependents               |                   |                                         |                          |                                                     |             |                                                    |                           |                                                                                                                                                                                                                                                                       |         |
| All.                                  | \$100             | Calendar year; all disabilities.        | —                        | Calendar year; all disabilities.                    | 80 percent. | \$10,000 per calendar year; \$20,000 per lifetime. | Evidence of insurability. | <u>Basic life insurance</u><br>— Full cost.<br><u>Optional life insurance</u><br>\$0.60 per \$1,000 per month. Balance of cost.<br><u>Accidental death and dismemberment</u><br>\$0.10 per \$1,000 per month. Balance of cost.<br><u>Other benefits</u><br>Full cost. |         |
| Retired employee and dependent        |                   |                                         |                          |                                                     |             |                                                    |                           |                                                                                                                                                                                                                                                                       |         |
| —                                     | —                 | —                                       | —                        | —                                                   | —           | —                                                  | —                         | <u>Basic life insurance</u><br>— Full cost.<br><u>Optional life insurance</u><br>\$0.60 per \$1,000 per month. Balance of cost.<br><u>Other benefits</u><br>Full cost.                                                                                                |         |

## Selected Health and Insurance

| Company                 | Eligibility<br>(when new<br>employees<br>become<br>eligible)                                                                              | Schedule of benefits                                                                                                                                                                                                                                                                                                                                                                                        |                                    |                               |                                               |                             | Scope of accidental<br>death and<br>dismemberment |                      | Scope of accident<br>and sickness |                      | Accident and sickness                    |                    |                   |   |
|-------------------------|-------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------|-------------------------------|-----------------------------------------------|-----------------------------|---------------------------------------------------|----------------------|-----------------------------------|----------------------|------------------------------------------|--------------------|-------------------|---|
|                         |                                                                                                                                           | Basis of graduation                                                                                                                                                                                                                                                                                                                                                                                         | Life<br>insurance                  | Optional<br>life<br>insurance | Accidental<br>death and<br>dismem-<br>berment | Accident<br>and<br>sickness | Occupa-<br>tional                                 | Nonoccu-<br>pational | Occupa-<br>tional                 | Nonoccu-<br>pational | Maximum<br>duration                      | Day benefit begins |                   |   |
|                         |                                                                                                                                           |                                                                                                                                                                                                                                                                                                                                                                                                             |                                    |                               |                                               |                             |                                                   |                      |                                   |                      |                                          | Accident           | Sickness          |   |
| American Airlines, Inc. | Sick<br>leave:<br>After 6<br>months of<br>employ-<br>ment.<br>Other<br>benefits:<br>Immedi-<br>ately, or<br>1st of<br>following<br>month. | Employee                                                                                                                                                                                                                                                                                                                                                                                                    |                                    |                               |                                               |                             |                                                   |                      |                                   |                      |                                          |                    |                   |   |
|                         |                                                                                                                                           | Monthly salary:                                                                                                                                                                                                                                                                                                                                                                                             |                                    |                               |                                               |                             |                                                   |                      |                                   |                      |                                          |                    |                   |   |
|                         |                                                                                                                                           | Less than \$250                                                                                                                                                                                                                                                                                                                                                                                             | \$4,000                            | \$2,000                       | \$3,000                                       | \$35                        | —                                                 | X                    | —                                 | X                    | 26 weeks <sup>1</sup> per<br>disability. | 8th. <sup>2</sup>  | 8th. <sup>2</sup> |   |
|                         |                                                                                                                                           | \$250 to \$300                                                                                                                                                                                                                                                                                                                                                                                              | 5,000                              | 2,500                         | 3,000                                         | 40                          |                                                   |                      |                                   |                      |                                          |                    |                   |   |
|                         |                                                                                                                                           | \$300 to \$400                                                                                                                                                                                                                                                                                                                                                                                              | 7,500                              | 3,750                         | 4,000                                         | 40                          |                                                   |                      |                                   |                      |                                          |                    |                   |   |
|                         |                                                                                                                                           | \$400 to \$500                                                                                                                                                                                                                                                                                                                                                                                              | 10,000                             | 5,000                         | 5,000                                         | 50                          |                                                   |                      |                                   |                      |                                          |                    |                   |   |
|                         |                                                                                                                                           | \$500 to \$600                                                                                                                                                                                                                                                                                                                                                                                              | 12,500                             | 6,250                         | 6,000                                         | 50                          |                                                   |                      |                                   |                      |                                          |                    |                   |   |
|                         |                                                                                                                                           | \$600 to \$700                                                                                                                                                                                                                                                                                                                                                                                              | 15,000                             | 7,500                         | 8,000                                         | 50                          |                                                   |                      |                                   |                      |                                          |                    |                   |   |
|                         |                                                                                                                                           | \$700 to \$800                                                                                                                                                                                                                                                                                                                                                                                              | 20,000                             | 10,000                        | 8,000                                         | 50                          |                                                   |                      |                                   |                      |                                          |                    |                   |   |
|                         |                                                                                                                                           | \$800 to \$1000                                                                                                                                                                                                                                                                                                                                                                                             | 25,000                             | 12,500                        | 10,000                                        | 50                          |                                                   |                      |                                   |                      |                                          |                    |                   |   |
|                         |                                                                                                                                           | \$1,000 to \$2,500                                                                                                                                                                                                                                                                                                                                                                                          | 35,000                             | 17,500                        | 10,000                                        | 50                          |                                                   |                      |                                   |                      |                                          |                    |                   |   |
|                         |                                                                                                                                           | \$2,500 and over                                                                                                                                                                                                                                                                                                                                                                                            | 50,000                             | 25,000                        | 10,000                                        | 50                          |                                                   |                      |                                   |                      |                                          |                    |                   |   |
|                         |                                                                                                                                           | Retired employee                                                                                                                                                                                                                                                                                                                                                                                            |                                    |                               |                                               |                             |                                                   |                      |                                   |                      |                                          |                    |                   |   |
|                         |                                                                                                                                           | Retiring at age 55<br>(age 50 for pilot<br>personnel) with 10<br>years of service: <sup>7</sup><br>Amount of basic life<br>insurance in effect<br>immediately prior to<br>retirement reduced<br>20 percent and 20<br>percent annually<br>thereafter until<br>amount in effect<br>equals the greater of<br>20 percent of amount<br>in effect immediately<br>prior to retirement<br>and \$2,000. <sup>8</sup> | Same as<br>basis of<br>graduation. | —                             | —                                             | —                           | —                                                 | —                    | —                                 | —                    | —                                        | —                  | —                 | — |

<sup>1</sup> Benefit not provided for maternity cases.<sup>2</sup> Expiration of paid sick leave, if later.<sup>3</sup> Benefit provided as part of comprehensive major medical program; total hospital and major medical benefits limited to \$10,000 per lifetime.<sup>4</sup> After satisfaction of calendar year deductible. See major medical section.<sup>5</sup> Duration not specified; plan pays full cost of all hospital expenses not in excess of \$500.

Plans for Salaried Employees

| Sick leave                                                               |                       |                                | Hospital benefits                                             |                         |                   |                  |                                                             |                   | Income limits for service surgical and medical benefits | Surgical benefits                     |                  |                  |                  |                  |   |
|--------------------------------------------------------------------------|-----------------------|--------------------------------|---------------------------------------------------------------|-------------------------|-------------------|------------------|-------------------------------------------------------------|-------------------|---------------------------------------------------------|---------------------------------------|------------------|------------------|------------------|------------------|---|
| Years of service                                                         | Days benefit per year |                                | Daily benefit or service                                      | Maximum duration (days) | Extended coverage |                  | Ancillary services                                          | Maternity benefit |                                                         | Emergency out-patient care or service | Most-expensive   | Appen-dectomy    | Normal delivery  |                  |   |
|                                                                          | At half pay           | At full pay                    |                                                               |                         | Days              | Daily amount     |                                                             |                   |                                                         |                                       |                  |                  |                  |                  |   |
| Employee                                                                 |                       |                                | Employee and dependents <sup>3</sup>                          |                         |                   |                  |                                                             |                   |                                                         |                                       |                  |                  |                  |                  |   |
| 1/2 to 1<br>1 to 2<br>2 to 3<br>3 to 4<br>4 to 5<br>5 to 6<br>6 and over | —                     | Weeks                          | Semiprivate room plus up to \$4 towards cost of private room. | ( <sup>5</sup> )        | —                 | —                | Difference between actual room and board charges and \$500. | ( <sup>6</sup> )  | —                                                       | See major medical benefits.           |                  | ( <sup>6</sup> ) |                  |                  |   |
|                                                                          |                       | 1                              |                                                               |                         |                   |                  |                                                             |                   |                                                         |                                       |                  |                  |                  |                  |   |
|                                                                          |                       | 2                              |                                                               |                         |                   |                  |                                                             |                   |                                                         |                                       |                  |                  |                  |                  |   |
|                                                                          |                       | 4                              |                                                               |                         |                   |                  |                                                             |                   |                                                         |                                       |                  |                  |                  |                  |   |
|                                                                          |                       | 6                              |                                                               |                         |                   |                  |                                                             |                   |                                                         |                                       |                  |                  |                  |                  |   |
|                                                                          |                       | 8                              |                                                               |                         |                   |                  |                                                             |                   |                                                         |                                       |                  |                  |                  |                  |   |
|                                                                          |                       | 10                             |                                                               | ( <sup>4</sup> )        |                   |                  |                                                             |                   |                                                         |                                       |                  |                  |                  |                  |   |
|                                                                          |                       | 12                             |                                                               |                         |                   |                  |                                                             |                   |                                                         |                                       |                  |                  |                  |                  |   |
|                                                                          |                       | Retired employee and dependent |                                                               |                         |                   |                  |                                                             |                   |                                                         |                                       |                  |                  |                  |                  |   |
|                                                                          |                       |                                |                                                               |                         | ( <sup>8</sup> )  | ( <sup>8</sup> ) | —                                                           | —                 | ( <sup>8</sup> )                                        | —                                     | ( <sup>8</sup> ) | —                | ( <sup>8</sup> ) | ( <sup>8</sup> ) | — |

<sup>6</sup> Lump-sum normal delivery maternity benefit of \$200 in lieu of regular hospital and major medical benefits.

<sup>7</sup> Employees with 10 years of service who are disabled and qualify for a disability pension under the social security act are also eligible for benefit.

<sup>8</sup> Retired employees may apply 50 percent of the ultimate minimum retired group life insurance benefit toward payment of medical expenses covered under the major medical benefit which he and his dependent had prior to his retirement; when such benefits are paid a corresponding reduction is made in the amount of the retired employee's life insurance.

Selected Health and Insurance Plans

| Company                 | Medical allowances             |        |          |           |                                   |                                 |                      |                | Other benefits |                   |
|-------------------------|--------------------------------|--------|----------|-----------|-----------------------------------|---------------------------------|----------------------|----------------|----------------|-------------------|
|                         | Home                           | Office | Hospital | Elsewhere | Maximum number of visits paid for | Maximum number of days paid for | Maximum compensation | Benefits begin |                | Types and amounts |
|                         |                                |        |          |           |                                   |                                 |                      | Sickness       | Accident       |                   |
| American Airlines, Inc. | Employee and dependents        |        |          |           |                                   |                                 |                      |                |                |                   |
|                         | See major medical benefits.    |        |          |           |                                   |                                 |                      |                |                |                   |
|                         |                                |        |          |           |                                   |                                 |                      |                |                |                   |
|                         | Retired employee and dependent |        |          |           |                                   |                                 |                      |                |                |                   |
|                         | (8)                            | (8)    | (8)      | (8)       | (8)                               | (8)                             | (8)                  | (8)            | (8)            | —                 |

<sup>9</sup> Also see hospital section.

<sup>10</sup> Deductible in hospital is \$50. Total deductible, including hospital charges, shall not exceed \$100.

for Salaried Employees—Continued

| Major medical                                   |                                    |                                                                                 |                          |                                                     |                |                        |                                                                  | Financing                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                  |                                    |                                                 |            |                  |                 |        |        |                |      |      |                |      |       |                |      |       |                |      |       |                |      |       |                |      |       |                  |      |       |                    |       |       |                  |       |       |                  |
|-------------------------------------------------|------------------------------------|---------------------------------------------------------------------------------|--------------------------|-----------------------------------------------------|----------------|------------------------|------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------|------------------------------------|-------------------------------------------------|------------|------------------|-----------------|--------|--------|----------------|------|------|----------------|------|-------|----------------|------|-------|----------------|------|-------|----------------|------|-------|----------------|------|-------|------------------|------|-------|--------------------|-------|-------|------------------|-------|-------|------------------|
| Type of expense subject to deductible           | Deductible amount                  | Accumulation period and its application                                         | Benefit period           |                                                     | Coinsurance    | Maximum benefit        | Reinstatement                                                    | Employee                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | Company          |                                    |                                                 |            |                  |                 |        |        |                |      |      |                |      |       |                |      |       |                |      |       |                |      |       |                |      |       |                  |      |       |                    |       |       |                  |       |       |                  |
|                                                 |                                    |                                                                                 | From start of disability | From incurrence of expenses in excess of deductible |                |                        |                                                                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                  |                                    |                                                 |            |                  |                 |        |        |                |      |      |                |      |       |                |      |       |                |      |       |                |      |       |                |      |       |                  |      |       |                    |       |       |                  |       |       |                  |
| Employee and dependents <sup>9</sup>            |                                    |                                                                                 |                          |                                                     |                |                        |                                                                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                  |                                    |                                                 |            |                  |                 |        |        |                |      |      |                |      |       |                |      |       |                |      |       |                |      |       |                |      |       |                  |      |       |                    |       |       |                  |       |       |                  |
| All.                                            | \$ 100<br>( <sup>10</sup> )        | 90 consecutive days per calendar year plus 3-month carryover; all disabilities. | —                        | Calendar year; all disabilities.                    | 80 percent.    | \$10,000 for lifetime. | After use of \$1,000 of expenses; upon evidence of insurability. | <table border="1"> <thead> <tr> <th rowspan="2">Monthly earnings</th> <th colspan="2">Monthly contribution<sup>11</sup></th> </tr> <tr> <th>Individual</th> <th>Family</th> </tr> </thead> <tbody> <tr> <td>Less than \$250</td> <td>\$1.88</td> <td>\$6.18</td> </tr> <tr> <td>\$250 to \$300</td> <td>2.28</td> <td>7.42</td> </tr> <tr> <td>\$300 to \$400</td> <td>3.20</td> <td>10.06</td> </tr> <tr> <td>\$400 to \$500</td> <td>4.20</td> <td>12.80</td> </tr> <tr> <td>\$500 to \$600</td> <td>5.10</td> <td>15.40</td> </tr> <tr> <td>\$600 to \$700</td> <td>6.00</td> <td>16.34</td> </tr> <tr> <td>\$700 to \$800</td> <td>7.66</td> <td>17.96</td> </tr> <tr> <td>\$800 to \$1,000</td> <td>9.48</td> <td>19.78</td> </tr> <tr> <td>\$1,000 to \$2,500</td> <td>12.82</td> <td>23.12</td> </tr> <tr> <td>\$2,500 and over</td> <td>17.68</td> <td>27.98</td> </tr> </tbody> </table> | Monthly earnings | Monthly contribution <sup>11</sup> |                                                 | Individual | Family           | Less than \$250 | \$1.88 | \$6.18 | \$250 to \$300 | 2.28 | 7.42 | \$300 to \$400 | 3.20 | 10.06 | \$400 to \$500 | 4.20 | 12.80 | \$500 to \$600 | 5.10 | 15.40 | \$600 to \$700 | 6.00 | 16.34 | \$700 to \$800 | 7.66 | 17.96 | \$800 to \$1,000 | 9.48 | 19.78 | \$1,000 to \$2,500 | 12.82 | 23.12 | \$2,500 and over | 17.68 | 27.98 | Balance of cost. |
| Monthly earnings                                | Monthly contribution <sup>11</sup> |                                                                                 |                          |                                                     |                |                        |                                                                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                  |                                    |                                                 |            |                  |                 |        |        |                |      |      |                |      |       |                |      |       |                |      |       |                |      |       |                |      |       |                  |      |       |                    |       |       |                  |       |       |                  |
|                                                 | Individual                         | Family                                                                          |                          |                                                     |                |                        |                                                                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                  |                                    |                                                 |            |                  |                 |        |        |                |      |      |                |      |       |                |      |       |                |      |       |                |      |       |                |      |       |                  |      |       |                    |       |       |                  |       |       |                  |
| Less than \$250                                 | \$1.88                             | \$6.18                                                                          |                          |                                                     |                |                        |                                                                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                  |                                    |                                                 |            |                  |                 |        |        |                |      |      |                |      |       |                |      |       |                |      |       |                |      |       |                |      |       |                  |      |       |                    |       |       |                  |       |       |                  |
| \$250 to \$300                                  | 2.28                               | 7.42                                                                            |                          |                                                     |                |                        |                                                                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                  |                                    |                                                 |            |                  |                 |        |        |                |      |      |                |      |       |                |      |       |                |      |       |                |      |       |                |      |       |                  |      |       |                    |       |       |                  |       |       |                  |
| \$300 to \$400                                  | 3.20                               | 10.06                                                                           |                          |                                                     |                |                        |                                                                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                  |                                    |                                                 |            |                  |                 |        |        |                |      |      |                |      |       |                |      |       |                |      |       |                |      |       |                |      |       |                  |      |       |                    |       |       |                  |       |       |                  |
| \$400 to \$500                                  | 4.20                               | 12.80                                                                           |                          |                                                     |                |                        |                                                                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                  |                                    |                                                 |            |                  |                 |        |        |                |      |      |                |      |       |                |      |       |                |      |       |                |      |       |                |      |       |                  |      |       |                    |       |       |                  |       |       |                  |
| \$500 to \$600                                  | 5.10                               | 15.40                                                                           |                          |                                                     |                |                        |                                                                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                  |                                    |                                                 |            |                  |                 |        |        |                |      |      |                |      |       |                |      |       |                |      |       |                |      |       |                |      |       |                  |      |       |                    |       |       |                  |       |       |                  |
| \$600 to \$700                                  | 6.00                               | 16.34                                                                           |                          |                                                     |                |                        |                                                                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                  |                                    |                                                 |            |                  |                 |        |        |                |      |      |                |      |       |                |      |       |                |      |       |                |      |       |                |      |       |                  |      |       |                    |       |       |                  |       |       |                  |
| \$700 to \$800                                  | 7.66                               | 17.96                                                                           |                          |                                                     |                |                        |                                                                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                  |                                    |                                                 |            |                  |                 |        |        |                |      |      |                |      |       |                |      |       |                |      |       |                |      |       |                |      |       |                  |      |       |                    |       |       |                  |       |       |                  |
| \$800 to \$1,000                                | 9.48                               | 19.78                                                                           |                          |                                                     |                |                        |                                                                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                  |                                    |                                                 |            |                  |                 |        |        |                |      |      |                |      |       |                |      |       |                |      |       |                |      |       |                |      |       |                  |      |       |                    |       |       |                  |       |       |                  |
| \$1,000 to \$2,500                              | 12.82                              | 23.12                                                                           |                          |                                                     |                |                        |                                                                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                  |                                    |                                                 |            |                  |                 |        |        |                |      |      |                |      |       |                |      |       |                |      |       |                |      |       |                |      |       |                  |      |       |                    |       |       |                  |       |       |                  |
| \$2,500 and over                                | 17.68                              | 27.98                                                                           |                          |                                                     |                |                        |                                                                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                  |                                    |                                                 |            |                  |                 |        |        |                |      |      |                |      |       |                |      |       |                |      |       |                |      |       |                |      |       |                  |      |       |                    |       |       |                  |       |       |                  |
| Retired employee and dependent <sup>8</sup>     |                                    |                                                                                 |                          |                                                     |                |                        |                                                                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                  |                                    |                                                 |            |                  |                 |        |        |                |      |      |                |      |       |                |      |       |                |      |       |                |      |       |                |      |       |                  |      |       |                    |       |       |                  |       |       |                  |
| Same as above.                                  | Same as above.                     | Same as above.                                                                  | —                        | Same as above.                                      | Same as above. | ( <sup>8</sup> )       | ( <sup>8</sup> )                                                 | <table border="1"> <thead> <tr> <th colspan="2">Life insurance</th> </tr> </thead> <tbody> <tr> <td>\$2 per month per \$1,000 of minimum continued.</td> <td></td> </tr> </tbody> </table>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | Life insurance   |                                    | \$2 per month per \$1,000 of minimum continued. |            | Balance of cost. |                 |        |        |                |      |      |                |      |       |                |      |       |                |      |       |                |      |       |                |      |       |                  |      |       |                    |       |       |                  |       |       |                  |
| Life insurance                                  |                                    |                                                                                 |                          |                                                     |                |                        |                                                                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                  |                                    |                                                 |            |                  |                 |        |        |                |      |      |                |      |       |                |      |       |                |      |       |                |      |       |                |      |       |                  |      |       |                    |       |       |                  |       |       |                  |
| \$2 per month per \$1,000 of minimum continued. |                                    |                                                                                 |                          |                                                     |                |                        |                                                                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                  |                                    |                                                 |            |                  |                 |        |        |                |      |      |                |      |       |                |      |       |                |      |       |                |      |       |                |      |       |                  |      |       |                    |       |       |                  |       |       |                  |

<sup>11</sup> Monthly contribution for all employees except those based in California. Contribution amounts shown include the employee's cost of optional life insurance.

## Selected Health and Insurance

| Company                                                                                                                                                                                                                                 | Eligibility<br>(when new<br>employees<br>become<br>eligible)                                           | Schedule of benefits                                      |                   |                               |                                               |                             | Scope of accidental<br>death and<br>dismemberment |                      | Scope of accident<br>and sickness |                      | Accident and sickness |                    |          |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------|-----------------------------------------------------------|-------------------|-------------------------------|-----------------------------------------------|-----------------------------|---------------------------------------------------|----------------------|-----------------------------------|----------------------|-----------------------|--------------------|----------|
|                                                                                                                                                                                                                                         |                                                                                                        | Basis of graduation                                       | Life<br>insurance | Optional<br>life<br>insurance | Accidental<br>death and<br>dismem-<br>berment | Accident<br>and<br>sickness | Occupa-<br>tional                                 | Nonoccu-<br>pational | Occupa-<br>tional                 | Nonoccu-<br>pational | Maximum<br>duration   | Day benefit begins |          |
|                                                                                                                                                                                                                                         |                                                                                                        |                                                           |                   |                               |                                               |                             |                                                   |                      |                                   |                      |                       | Accident           | Sickness |
| American Telephone and<br>Telegraph Co.                                                                                                                                                                                                 | Paid sick<br>leave: 2<br>months.<br><br>Other<br>benefits:<br>After 6<br>months of<br>employ-<br>ment. | Employee                                                  |                   |                               |                                               |                             |                                                   |                      |                                   |                      |                       |                    |          |
|                                                                                                                                                                                                                                         |                                                                                                        | Annual basic pay:                                         |                   |                               |                                               |                             |                                                   |                      |                                   |                      |                       |                    |          |
|                                                                                                                                                                                                                                         |                                                                                                        | Less than \$3,000                                         | \$3,000           | —                             | \$3,000                                       | —                           | X                                                 | X                    | —                                 | —                    |                       |                    |          |
|                                                                                                                                                                                                                                         |                                                                                                        | \$3,000 to \$4,000                                        | 4,000             | —                             | 4,000                                         |                             |                                                   |                      |                                   |                      |                       |                    |          |
|                                                                                                                                                                                                                                         |                                                                                                        | \$4,000 to \$5,000                                        | 5,000             | —                             | 5,000                                         |                             |                                                   |                      |                                   |                      |                       |                    |          |
|                                                                                                                                                                                                                                         |                                                                                                        | \$5,000 to \$6,000                                        | 6,000             | —                             | 6,000                                         |                             |                                                   |                      |                                   |                      |                       |                    |          |
|                                                                                                                                                                                                                                         |                                                                                                        | \$6,000 to \$7,000                                        | 7,000             | —                             | 7,000                                         |                             |                                                   |                      |                                   |                      |                       |                    |          |
|                                                                                                                                                                                                                                         |                                                                                                        | \$7,000 to \$8,000                                        | 8,000             | —                             | 8,000                                         |                             |                                                   |                      |                                   |                      |                       |                    |          |
|                                                                                                                                                                                                                                         |                                                                                                        | \$8,000 to \$9,000                                        | 9,000             | —                             | 9,000                                         |                             |                                                   |                      |                                   |                      |                       |                    |          |
|                                                                                                                                                                                                                                         |                                                                                                        | \$9,000 to \$10,000<br>and up in increments of<br>\$1,000 | 10,000<br>1,000   | —<br>—                        | 10,000<br>1,000                               |                             |                                                   |                      |                                   |                      |                       |                    |          |
| Retired employee                                                                                                                                                                                                                        |                                                                                                        |                                                           |                   |                               |                                               |                             |                                                   |                      |                                   |                      |                       |                    |          |
| If continuously<br>insured since age 45:<br>Amount in effect im-<br>mediately prior to<br>retirement main-<br>tained for 1 year,<br>then reduced 10 per-<br>cent of the initial<br>amount annually for<br>5 years; minimum,<br>\$1,500. | Same as<br>basis of<br>gradua-<br>tion.                                                                | —                                                         | —                 | —                             | —                                             | —                           | —                                                 | —                    | —                                 | —                    | —                     |                    |          |

<sup>1</sup> Hospital and surgical benefits are those available to the largest group of employees.

Plans for Salaried Employees

| Sick leave                                                |                       |                | Hospital benefits                    |                         |                   |                                     |                                                                                              |                                               | Income limits for service surgical and medical benefits | Surgical benefits                     |                |                |                 |  |
|-----------------------------------------------------------|-----------------------|----------------|--------------------------------------|-------------------------|-------------------|-------------------------------------|----------------------------------------------------------------------------------------------|-----------------------------------------------|---------------------------------------------------------|---------------------------------------|----------------|----------------|-----------------|--|
| Years of service                                          | Days benefit per year |                | Daily benefit or service             | Maximum duration (days) | Extended coverage |                                     | Ancillary services                                                                           | Maternity benefit                             |                                                         | Emergency out-patient care or service | Most-expensive | Appen-dectomy  | Normal delivery |  |
|                                                           | At half pay           | At full pay    |                                      |                         | Days              | Daily amount                        |                                                                                              |                                               |                                                         |                                       |                |                |                 |  |
| Employee                                                  |                       |                | Employee and dependents <sup>1</sup> |                         |                   |                                     |                                                                                              |                                               |                                                         |                                       |                |                |                 |  |
| <u>Sickness and nonoccupational accident disabilities</u> |                       |                | Semiprivate room.                    | 21                      | 180               | 50 percent of cost of semi-private. | Full cost of specified services for 1st 21 days; 50 percent of cost for additional 180 days. | \$80 for room, board, and ancillary services. | \$7.25                                                  | Individual, \$2,500; family, \$4,000. | \$250          | \$125          | \$75            |  |
|                                                           | <u>Weeks</u>          | <u>Weeks</u>   |                                      |                         |                   |                                     |                                                                                              |                                               |                                                         |                                       |                |                |                 |  |
| Less than 1                                               | —                     | 1              |                                      |                         |                   |                                     |                                                                                              |                                               |                                                         |                                       |                |                |                 |  |
| 1 to 2                                                    | 9                     | 1              |                                      |                         |                   |                                     |                                                                                              |                                               |                                                         |                                       |                |                |                 |  |
| 2 to 5                                                    | 9                     | 5              |                                      |                         |                   |                                     |                                                                                              |                                               |                                                         |                                       |                |                |                 |  |
| 5 to 10                                                   | 13                    | 14             |                                      |                         |                   |                                     |                                                                                              |                                               |                                                         |                                       |                |                |                 |  |
| 10 to 15                                                  | 39                    | 14             |                                      |                         |                   |                                     |                                                                                              |                                               |                                                         |                                       |                |                |                 |  |
| 15 to 20                                                  | 26                    | 27             |                                      |                         |                   |                                     |                                                                                              |                                               |                                                         |                                       |                |                |                 |  |
| 20 to 25                                                  | 13                    | 40             |                                      |                         |                   |                                     |                                                                                              |                                               |                                                         |                                       |                |                |                 |  |
| 25 and over                                               | —                     | 53             |                                      |                         |                   |                                     |                                                                                              |                                               |                                                         |                                       |                |                |                 |  |
| <u>Occupational accident disabilities</u>                 |                       |                |                                      |                         |                   |                                     |                                                                                              |                                               |                                                         |                                       |                |                |                 |  |
| Total disabilities                                        | <u>Weeks</u>          | <u>Weeks</u>   |                                      |                         |                   |                                     |                                                                                              |                                               |                                                         |                                       |                |                |                 |  |
|                                                           | In excess of 13.      | 13             |                                      |                         |                   |                                     |                                                                                              |                                               |                                                         |                                       |                |                |                 |  |
| Partial disabilities:                                     |                       |                |                                      |                         |                   |                                     |                                                                                              |                                               |                                                         |                                       |                |                |                 |  |
| Less than 15                                              | 299                   | 13             |                                      |                         |                   |                                     |                                                                                              |                                               |                                                         |                                       |                |                |                 |  |
| 15 to 20                                                  | 286                   | 26             |                                      |                         |                   |                                     |                                                                                              |                                               |                                                         |                                       |                |                |                 |  |
| 20 to 25                                                  | 273                   | 39             |                                      |                         |                   |                                     |                                                                                              |                                               |                                                         |                                       |                |                |                 |  |
| 25 and over                                               | 260                   | 52             |                                      |                         |                   |                                     |                                                                                              |                                               |                                                         |                                       |                |                |                 |  |
| Retired employee and dependent                            |                       |                |                                      |                         |                   |                                     |                                                                                              |                                               |                                                         |                                       |                |                |                 |  |
|                                                           | Same as above.        | Same as above. | Same as above.                       | Same as above.          | Same as above.    | —                                   | Same as above.                                                                               | Same as above.                                | Same as above.                                          | Same as above.                        | Same as above. | Same as above. | —               |  |

Selected Health and Insurance Plans

| Company                              | Medical allowances             |        |          |           |                                   |                                 |                      |                | Other benefits |                   |
|--------------------------------------|--------------------------------|--------|----------|-----------|-----------------------------------|---------------------------------|----------------------|----------------|----------------|-------------------|
|                                      | Home                           | Office | Hospital | Elsewhere | Maximum number of visits paid for | Maximum number of days paid for | Maximum compensation | Benefits begin |                | Types and amounts |
|                                      |                                |        |          |           |                                   |                                 |                      | Sickness       | Accident       |                   |
| American Telephone and Telegraph Co. | Employee and dependents        |        |          |           |                                   |                                 |                      |                |                |                   |
|                                      | —                              | —      | —        | —         | —                                 | —                               | —                    | —              | —              | —                 |
|                                      | Retired employee and dependent |        |          |           |                                   |                                 |                      |                |                |                   |
|                                      | —                              | —      | —        | —         | —                                 | —                               | —                    | —              | —              | —                 |

<sup>2</sup> \$2,500 for dependents over age 65.

<sup>3</sup> Employees pay full cost of basic hospital and surgical benefits which are made available by company.

for Salaried Employees—Continued

| Type of expense subject to deductible | Deductible amount                                        | Accumulation period and its application | Major medical                           |                                                     |                                                                         |                                     |                                                           | Financing                                                                                                                                       |                                                                                            |
|---------------------------------------|----------------------------------------------------------|-----------------------------------------|-----------------------------------------|-----------------------------------------------------|-------------------------------------------------------------------------|-------------------------------------|-----------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------|
|                                       |                                                          |                                         | Benefit period                          |                                                     | Coinsurance                                                             | Maximum benefit                     | Reinstatement                                             | Employee                                                                                                                                        | Company                                                                                    |
|                                       |                                                          |                                         | From start of disability                | From incurrence of expenses in excess of deductible |                                                                         |                                     |                                                           |                                                                                                                                                 |                                                                                            |
| Employee and dependents               |                                                          |                                         |                                         |                                                     |                                                                         |                                     |                                                           |                                                                                                                                                 |                                                                                            |
| All.                                  | 4 percent of annual pay: Minimum, \$100; maximum, \$500. | 12 months; all disabilities.            | 12 months; a <sup>1</sup> disabilities. | —                                                   | 80 percent.<br>Exception: Out-of-hospital psychiatric care, 50 percent. | \$15,000 per lifetime. <sup>2</sup> | After \$1,000 of expenses; upon evidence of insurability. | <u>Life insurance and accidental death and dismemberment</u><br>50 cents per month per \$1,000 for amount in excess of \$2,000.<br><br>—<br>(3) | Balance of cost.<br><br><br><br><br><br><br><br><br><br><u>Major medical</u><br>Full cost. |
| Retired employee and dependent        |                                                          |                                         |                                         |                                                     |                                                                         |                                     |                                                           |                                                                                                                                                 |                                                                                            |
| Same as above.                        | Same as above. <sup>4</sup>                              | Same as above.                          | —                                       | Same as above.                                      | Same as above.                                                          | \$2,500 per lifetime.               | —                                                         | —<br>(5)                                                                                                                                        | Full cost.                                                                                 |

<sup>4</sup> Deductible based on the annual retirement benefit without social security adjustment.

<sup>5</sup> Retired employees pay full cost of basic hospital and surgical benefits.

## Selected Health and Insurance

| Company        | Eligibility<br>(when new<br>employees<br>become<br>eligible) | Schedule of benefits                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                    |                               |                                                                                              |                                                                        | Scope of accidental<br>death and<br>dismemberment |                      | Scope of accident<br>and sickness |                      | Accident and sickness                    |                    |          |
|----------------|--------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------|-------------------------------|----------------------------------------------------------------------------------------------|------------------------------------------------------------------------|---------------------------------------------------|----------------------|-----------------------------------|----------------------|------------------------------------------|--------------------|----------|
|                |                                                              | Basis of graduation                                                                                                                                                                                                                                                                                                                                                                                                                                                       | Life<br>insurance                  | Optional<br>life<br>insurance | Accidental<br>death and<br>dismem-<br>berment                                                | Accident<br>and<br>sickness                                            | Occupa-<br>tional                                 | Nonoccu-<br>pational | Occupa-<br>tional                 | Nonoccu-<br>pational | Maximum<br>duration                      | Day benefit begins |          |
|                |                                                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                    |                               |                                                                                              |                                                                        |                                                   |                      |                                   |                      |                                          | Accident           | Sickness |
| The Borden Co. | After 6<br>months of<br>employ-<br>ment.                     | Employee                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                    |                               |                                                                                              |                                                                        |                                                   |                      |                                   |                      |                                          |                    |          |
|                |                                                              | Annual earnings.                                                                                                                                                                                                                                                                                                                                                                                                                                                          | 1½ times<br>annual<br>earnings.    | —                             | 100 times<br>⅓ of<br>weekly<br>earnings:<br>Minimum,<br>\$ 2, 000,<br>maximum,<br>\$ 6, 700. | ⅓ of<br>weekly<br>earnings:<br>Minimum,<br>\$ 20; max-<br>imum, \$ 67. | —                                                 | X                    | —                                 | X                    | 26 weeks <sup>1</sup> per<br>disability. | 8th.               | 8th.     |
|                |                                                              | Retired employee                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                    |                               |                                                                                              |                                                                        |                                                   |                      |                                   |                      |                                          |                    |          |
|                |                                                              | Retiring at age 65 or<br>over with 15 years of<br>service and insured<br>for less than 10 years,<br>\$ 500; insured for 10 or<br>more years, 1½ times<br>average compensation<br>paid in last 5 years<br>maintained for 1 year,<br>then reduced 25 per-<br>cent annually for each<br>of the next 3 years.<br><br>Minimum, the greater<br>of: (1) 37.5 percent of<br>average compensation<br>paid in last 5 years<br>immediately prior to<br>retirement and (2)<br>\$ 500. | Same as<br>basis of<br>graduation. | —                             | —                                                                                            | —                                                                      | —                                                 | —                    | —                                 | —                    | —                                        | —                  |          |

<sup>1</sup> Maternity accident and sickness benefit payments limited to 6 weeks.

<sup>2</sup> Hospital benefits payable for all expenses in excess of \$25.

Plans for Salaried Employees

| Sick leave       |                       |             | Hospital benefits                           |                         |                   |              |                                                                                |                                                |                                       | Income limits for service surgical and medical benefits | Surgical benefits |                   |                 |
|------------------|-----------------------|-------------|---------------------------------------------|-------------------------|-------------------|--------------|--------------------------------------------------------------------------------|------------------------------------------------|---------------------------------------|---------------------------------------------------------|-------------------|-------------------|-----------------|
| Years of service | Days benefit per year |             | Daily benefit or service                    | Maximum duration (days) | Extended coverage |              | Ancillary services                                                             | Maternity benefit                              | Emergency out-patient care or service |                                                         | Most-expensive    | Appen-<br>dectomy | Normal delivery |
|                  | At half pay           | At full pay |                                             |                         | Days              | Daily amount |                                                                                |                                                |                                       |                                                         |                   |                   |                 |
| Employee         |                       |             | Employee and dependents                     |                         |                   |              |                                                                                |                                                |                                       |                                                         |                   |                   |                 |
| —                | —                     | —           | Semi-private. <sup>2</sup>                  | 70                      | —                 | —            | \$300 plus 75 percent of the next \$700; combined maximum, \$825. <sup>2</sup> | \$100 for room, board, and ancillary services. | —                                     | —                                                       | \$300             | \$150             | \$75            |
|                  |                       |             | Retired employee and dependent <sup>3</sup> |                         |                   |              |                                                                                |                                                |                                       |                                                         |                   |                   |                 |
|                  |                       |             | Same as above.                              | ( <sup>4</sup> )        | —                 | —            | Same as above. <sup>2</sup>                                                    | —                                              | —                                     | —                                                       | Same as above.    | Same as above.    | —               |

<sup>3</sup> Available only to employees retiring with 20 or more years of service.  
<sup>4</sup> Maximum room and board benefit limited to \$1,050.

Selected Health and Insurance Plans

| Company        | Medical allowances             |        |          |           |                                   |                                 |                      |                | Other benefits |                                                                                                                                                                                                                                                                                                                                                    |
|----------------|--------------------------------|--------|----------|-----------|-----------------------------------|---------------------------------|----------------------|----------------|----------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
|                | Home                           | Office | Hospital | Elsewhere | Maximum number of visits paid for | Maximum number of days paid for | Maximum compensation | Benefits begin |                | Types and amounts                                                                                                                                                                                                                                                                                                                                  |
|                |                                |        |          |           |                                   |                                 |                      | Sickness       | Accident       |                                                                                                                                                                                                                                                                                                                                                    |
| The Borden Co. | Employee and dependents        |        |          |           |                                   |                                 |                      |                |                |                                                                                                                                                                                                                                                                                                                                                    |
|                | —                              | —      | —        | —         | —                                 | —                               | —                    | —              | —              | X-ray expense allowances: <sup>5</sup><br>(Out of hospital only), \$ 50.<br><br>X-ray radium therapy allowance:<br>\$150 during any 12-consecutive<br>month period but not to exceed<br>\$7.50 for any one treatment.<br><br>Shock therapy allowance:<br>\$200 during any 12-consecutive<br>month period, but not more than<br>\$15 per treatment. |
|                | Retired employee and dependent |        |          |           |                                   |                                 |                      |                |                |                                                                                                                                                                                                                                                                                                                                                    |
|                | —                              | —      | —        | —         | —                                 | —                               | —                    | —              | —              | —                                                                                                                                                                                                                                                                                                                                                  |

<sup>5</sup> Employee must pay first \$25.

for Salaried Employees—Continued

| Major medical                         |                                                                |                                         |                          |                                                     |             |                         |                                                                        | Financing                                                                                              |                  |
|---------------------------------------|----------------------------------------------------------------|-----------------------------------------|--------------------------|-----------------------------------------------------|-------------|-------------------------|------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------|------------------|
| Type of expense subject to deductible | Deductible amount                                              | Accumulation period and its application | Benefit period           |                                                     | Coinsurance | Maximum benefit         | Reinstatement                                                          | Employee                                                                                               | Company          |
|                                       |                                                                |                                         | From start of disability | From incurrence of expenses in excess of deductible |             |                         |                                                                        |                                                                                                        |                  |
| Employee and dependents               |                                                                |                                         |                          |                                                     |             |                         |                                                                        |                                                                                                        |                  |
| All.                                  | 4 percent of annual earnings: Minimum, \$ 175; maximum, \$400. | 6 months per disability.                | 2 years.                 | —                                                   | 75 percent. | \$5,000 per disability. | After complete recovery from illness or injury causing the disability. | <u>Life insurance</u><br>9/10 percent of monthly earnings.                                             | Balance of cost. |
|                                       |                                                                |                                         |                          |                                                     |             |                         |                                                                        | <u>Other benefits</u><br>1/2 percent of earnings to a maximum of \$0.50 per week, or \$2.17 per month. | Balance of cost. |
| Retired employee and dependent        |                                                                |                                         |                          |                                                     |             |                         |                                                                        |                                                                                                        |                  |
|                                       | —                                                              | —                                       | —                        | —                                                   | —           | —                       | —                                                                      | —                                                                                                      | Full cost.       |



## Plans for Salaried Employees

| Sick leave       |                       |                  | Hospital benefits              |                                 |                   |              |                                    |                                                                              | Income limits for service surgical and medical benefits | Surgical benefits                     |                |                   |                 |
|------------------|-----------------------|------------------|--------------------------------|---------------------------------|-------------------|--------------|------------------------------------|------------------------------------------------------------------------------|---------------------------------------------------------|---------------------------------------|----------------|-------------------|-----------------|
| Years of service | Days benefit per year |                  | Daily benefit or service       | Maximum duration (days)         | Extended coverage |              | Ancillary services                 | Maternity benefit                                                            |                                                         | Emergency out-patient care or service | Most-expensive | Appen-<br>dectomy | Normal delivery |
|                  | At half pay           | At full pay      |                                |                                 | Days              | Daily amount |                                    |                                                                              |                                                         |                                       |                |                   |                 |
| Employee         |                       |                  | Employee and dependents        |                                 |                   |              |                                    |                                                                              |                                                         |                                       |                |                   |                 |
| 2                | 90                    | 90               | \$12 per day.                  | 31 per disability. <sup>2</sup> | —                 | —            | \$100 per disability. <sup>2</sup> | Room and board, \$12 per day for 10 days.<br>Ancillary services, \$50.       | \$70 per disability. <sup>2</sup>                       | —                                     | \$200          | \$100             | \$50            |
|                  |                       |                  | Retired employee and dependent |                                 |                   |              |                                    |                                                                              |                                                         |                                       |                |                   |                 |
|                  |                       |                  | —                              | —                               | —                 | —            | —                                  | —                                                                            | —                                                       | —                                     | —              | —                 | —               |
| Employee         |                       |                  | Employee and dependents        |                                 |                   |              |                                    |                                                                              |                                                         |                                       |                |                   |                 |
| ( <sup>6</sup> ) | —                     | ( <sup>6</sup> ) | Semiprivate room.              | 120                             | —                 | —            | Full cost of specified services.   | Semiprivate room for 6 days, plus full cost of specified ancillary services. | Required services provided.                             | —                                     | \$300          | \$150             | \$90            |
|                  |                       |                  | Retired employee and dependent |                                 |                   |              |                                    |                                                                              |                                                         |                                       |                |                   |                 |
|                  |                       |                  | —                              | —                               | —                 | —            | —                                  | —                                                                            | —                                                       | —                                     | —              | —                 | —               |

<sup>5</sup> Weekly benefits are determined from a schedule of average weekly wages, with a minimum of \$10 and a maximum of \$50.

<sup>6</sup> Not payable for weeks in which employee receives paid sick leave.

<sup>7</sup> Maternity accident and sickness benefit payments limited to 8 weeks.

<sup>8</sup> A paid sick leave benefit of 2 weeks at full pay is provided after 3 months' service, increasing to 30 weeks at full pay after 15 years of service.

Selected Health and Insurance Plans

| Company                     | Medical allowances             |        |          |           |                                   |                                 |                      |                | Other benefits |                   |
|-----------------------------|--------------------------------|--------|----------|-----------|-----------------------------------|---------------------------------|----------------------|----------------|----------------|-------------------|
|                             | Home                           | Office | Hospital | Elsewhere | Maximum number of visits paid for | Maximum number of days paid for | Maximum compensation | Benefits begin |                | Types and amounts |
|                             |                                |        |          |           |                                   |                                 |                      | Sickness       | Accident       |                   |
| Burlington Industries, Inc. | Employee and dependents        |        |          |           |                                   |                                 |                      |                |                |                   |
|                             | —                              | —      | —        | —         | —                                 | —                               | —                    | —              | —              | —                 |
|                             | Retired employee and dependent |        |          |           |                                   |                                 |                      |                |                |                   |
| Campbell Soup Co.           | Employee and dependents        |        |          |           |                                   |                                 |                      |                |                |                   |
|                             | —                              | —      | —        | —         | —                                 | —                               | —                    | —              | —              | —                 |
|                             | Retired employee and dependent |        |          |           |                                   |                                 |                      |                |                |                   |
|                             | —                              | —      | —        | —         | —                                 | —                               | —                    | —              | —              | —                 |

for Salaried Employees—Continued

| Major medical                         |                                                                                       |                                         |                          |                                                     |             |                                                                                                   |                                | Financing                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |         |
|---------------------------------------|---------------------------------------------------------------------------------------|-----------------------------------------|--------------------------|-----------------------------------------------------|-------------|---------------------------------------------------------------------------------------------------|--------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------|
| Type of expense subject to deductible | Deductible amount                                                                     | Accumulation period and its application | Benefit period           |                                                     | Coinsurance | Maximum benefit                                                                                   | Reinstatement                  | Employee                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | Company |
|                                       |                                                                                       |                                         | From start of disability | From incurrence of expenses in excess of deductible |             |                                                                                                   |                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |         |
| Employee and dependents               |                                                                                       |                                         |                          |                                                     |             |                                                                                                   |                                | Employee                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |         |
| All.                                  | \$100                                                                                 | 90 consecutive days per disability.     | 2 years per disability.  | —                                                   | 75 percent. | \$10,000 per benefit period.                                                                      | —                              | <u>Basic life insurance, paid sick leave, hospital and surgical benefits</u><br>— Full cost.<br><u>Optional life insurance</u><br>\$0.65 per \$1,000 per month. Balance of cost.<br><u>Major medical</u><br>\$1.18 per month. Balance of cost.                                                                                                                                                                                                                             |         |
| Dependents                            |                                                                                       |                                         |                          |                                                     |             |                                                                                                   |                                | <u>Hospital, surgical, and major medical</u><br>Full cost. —                                                                                                                                                                                                                                                                                                                                                                                                               |         |
| Retired employee and dependent        |                                                                                       |                                         |                          |                                                     |             |                                                                                                   |                                | <u>Life insurance</u><br>— Full cost.                                                                                                                                                                                                                                                                                                                                                                                                                                      |         |
| Employee and dependents               |                                                                                       |                                         |                          |                                                     |             |                                                                                                   |                                | Employee                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |         |
| All.                                  | Basic plan members, \$50<br>Nonmembers of basic plan, \$500 per disability plus \$50. | 90 days.                                | —                        | X                                                   | 75 percent. | \$5,000 per disability.<br>Exception: Maximum payable for normal delivery maternity cases, \$100. | Upon evidence of insurability. | <u>Basic life insurance, accident and sickness, paid sick leave, and employees' hospital and surgical benefits</u><br>— Full cost.<br><u>Optional life insurance</u><br>Full cost. —<br><u>Accidental death and dismemberment</u><br>\$0.055 per \$1,000 per month. —<br><u>Major medical</u><br><u>Monthly contribution</u><br>Employee only — \$1.15 —<br>Family ————— 3.75 —<br><u>Dependent's hospital and surgical benefits</u><br>\$4.70 per month. Balance of cost. |         |
| Retired employee and dependent        |                                                                                       |                                         |                          |                                                     |             |                                                                                                   |                                | Full cost.                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |         |

## Selected Health and Insurance

| Company                                                                                                                                                             | Eligibility<br>(when new<br>employees<br>become<br>eligible)                                               | Schedule of benefits |                                                                               |                                                            |                                               | Scope of accidental<br>death and<br>dismemberment |                   | Scope of accident<br>and sickness |                   | Accident and sickness |                                          |                    |                              |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------|----------------------|-------------------------------------------------------------------------------|------------------------------------------------------------|-----------------------------------------------|---------------------------------------------------|-------------------|-----------------------------------|-------------------|-----------------------|------------------------------------------|--------------------|------------------------------|
|                                                                                                                                                                     |                                                                                                            | Basis of graduation  | Life<br>insurance                                                             | Optional<br>life<br>insurance                              | Accidental<br>death and<br>dismem-<br>berment | Accident<br>and<br>sickness                       | Occupa-<br>tional | Nonoccu-<br>pational              | Occupa-<br>tional | Nonoccu-<br>pational  | Maximum<br>duration                      | Day benefit begins |                              |
|                                                                                                                                                                     |                                                                                                            |                      |                                                                               |                                                            |                                               |                                                   |                   |                                   |                   |                       |                                          | Accident           | Sickness                     |
| Caterpillar Tractor Co.                                                                                                                                             | After 30<br>days of<br>employ-<br>ment.                                                                    | Nonexempt employee   |                                                                               |                                                            |                                               |                                                   |                   |                                   |                   |                       |                                          |                    |                              |
|                                                                                                                                                                     |                                                                                                            | Weekly salary:       |                                                                               |                                                            |                                               |                                                   | X                 | X                                 | X                 | X                     | 26 weeks <sup>2</sup> per<br>disability. | 1st.               | 8th. or 1st.<br>in hospital. |
|                                                                                                                                                                     |                                                                                                            | Less than \$85       | \$4,000                                                                       | \$4,000                                                    | \$4,000                                       | \$48                                              |                   |                                   |                   |                       |                                          |                    |                              |
|                                                                                                                                                                     |                                                                                                            | \$85.20 to \$95      | 4,500                                                                         | 4,500                                                      | 4,500                                         | 54                                                |                   |                                   |                   |                       |                                          |                    |                              |
|                                                                                                                                                                     |                                                                                                            | \$95.20 to \$105     | 5,000                                                                         | 5,000                                                      | 5,000                                         | 60                                                |                   |                                   |                   |                       |                                          |                    |                              |
|                                                                                                                                                                     |                                                                                                            | \$105.20 to \$115    | 5,500                                                                         | 5,500                                                      | 5,500                                         | 66                                                |                   |                                   |                   |                       |                                          |                    |                              |
|                                                                                                                                                                     |                                                                                                            | \$115.20 to \$125    | 6,000                                                                         | 6,000                                                      | 6,000                                         | 72                                                |                   |                                   |                   |                       |                                          |                    |                              |
|                                                                                                                                                                     |                                                                                                            | \$125.20 to \$135    | 6,500                                                                         | 6,500                                                      | 6,500                                         | 78                                                |                   |                                   |                   |                       |                                          |                    |                              |
| \$135.20 to \$145                                                                                                                                                   | 7,000                                                                                                      | 7,000                | 7,000                                                                         | 84                                                         |                                               |                                                   |                   |                                   |                   |                       |                                          |                    |                              |
| \$145.20 and over                                                                                                                                                   | 7,500                                                                                                      | 7,500                | 7,500                                                                         | 90                                                         | (1)                                           |                                                   |                   |                                   |                   |                       |                                          |                    |                              |
| Exempt employee                                                                                                                                                     |                                                                                                            |                      |                                                                               |                                                            |                                               |                                                   |                   |                                   |                   |                       |                                          |                    |                              |
| Annual salary.                                                                                                                                                      | Amount<br>equal to<br>2 times<br>annual<br>salary;<br>maximum,<br>\$100,000.                               | —                    | Amount<br>equal to<br>annual<br>salary;<br>maximum,<br>\$50,000. <sup>3</sup> | —                                                          | —                                             | X                                                 | X                 | —                                 | —                 | —                     | —                                        | —                  |                              |
| Long-term disability                                                                                                                                                |                                                                                                            |                      |                                                                               |                                                            |                                               |                                                   |                   |                                   |                   |                       |                                          |                    |                              |
| Monthly salary.                                                                                                                                                     | —                                                                                                          | —                    | —                                                                             | 1/3 of sal-<br>ary; max-<br>imum,<br>\$1,389 per<br>month. | —                                             | —                                                 | X                 | X                                 | —                 | Up to age 65.         | After 6<br>months.                       | After 6<br>months. |                              |
| Retired nonexempt employee                                                                                                                                          |                                                                                                            |                      |                                                                               |                                                            |                                               |                                                   |                   |                                   |                   |                       |                                          |                    |                              |
| Retiring at or after age<br>60 with 10 years of<br>service and insured 5<br>years at time of<br>retirement.                                                         |                                                                                                            |                      |                                                                               |                                                            |                                               |                                                   |                   |                                   |                   |                       |                                          |                    |                              |
| Flat.                                                                                                                                                               | \$1,500                                                                                                    | —                    | —                                                                             | —                                                          | —                                             | —                                                 | —                 | —                                 | —                 | —                     | —                                        | —                  |                              |
| Retired exempt employee                                                                                                                                             |                                                                                                            |                      |                                                                               |                                                            |                                               |                                                   |                   |                                   |                   |                       |                                          |                    |                              |
| Retiring at or after<br>age 55 with 15 years<br>of service or age 65<br>with 10 years of<br>service and insured 5<br>years immediately<br>prior to retire-<br>ment. | 50 percent<br>of amount<br>of insur-<br>ance in<br>effect im-<br>mediately<br>prior to<br>retire-<br>ment. | —                    | —                                                                             | —                                                          | —                                             | —                                                 | —                 | —                                 | —                 | —                     | —                                        | —                  |                              |

<sup>1</sup> The occupational weekly accident and sickness benefit is the difference between workmen's compensation benefit and above amounts.

<sup>2</sup> Maternity accident and sickness benefits limited to 6 weeks.

<sup>3</sup> Maximum amount payable for multidismemberment is \$10,000, for single dismemberment, \$5,000.

<sup>4</sup> Benefits provided as part of comprehensive major medical program.

Plans for Salaried Employees

| Sick leave         |                       |             | Hospital benefits                                      |                         |                   |              |                                  |                                                                               | Income limits for service surgical and medical benefits | Surgical benefits                     |                        |                   |                 |
|--------------------|-----------------------|-------------|--------------------------------------------------------|-------------------------|-------------------|--------------|----------------------------------|-------------------------------------------------------------------------------|---------------------------------------------------------|---------------------------------------|------------------------|-------------------|-----------------|
| Years of service   | Days benefit per year |             | Daily benefit or service                               | Maximum duration (days) | Extended coverage |              | Ancillary services               | Maternity benefit                                                             |                                                         | Emergency out-patient care or service | Most-expensive         | Appen-<br>dectomy | Normal delivery |
|                    | At half pay           | At full pay |                                                        |                         | Days              | Daily amount |                                  |                                                                               |                                                         |                                       |                        |                   |                 |
| Nonexempt employee |                       |             | Nonexempt employee and dependents                      |                         |                   |              |                                  |                                                                               |                                                         |                                       |                        |                   |                 |
| —                  | —                     | —           | Semiprivate room.                                      | 365 per disability.     | —                 | —            | Full cost of specified services. | Semiprivate room for 10 days, plus full cost of specified ancillary services. | Required services provided.                             | —                                     | \$250                  | \$125             | \$75            |
| Exempt employee    |                       |             | Exempt employee and dependents <sup>4</sup>            |                         |                   |              |                                  |                                                                               |                                                         |                                       |                        |                   |                 |
| —                  | —                     | 6 months.   | Same as above.                                         | ( <sup>5</sup> )        | —                 | —            | Same as above.                   | Same as regular benefits.                                                     | Same as above.                                          | —                                     | 80 percent of charges. |                   |                 |
|                    |                       |             | Retired nonexempt employees and dependent <sup>6</sup> |                         |                   |              |                                  |                                                                               |                                                         |                                       |                        |                   |                 |
|                    |                       |             | Same as above.                                         | Same as above.          | —                 | —            | Same as above.                   | —                                                                             | Same as above.                                          | —                                     | Same as above.         | Same as above.    | —               |
|                    |                       |             | Retired exempt employee and dependent <sup>7</sup>     |                         |                   |              |                                  |                                                                               |                                                         |                                       |                        |                   |                 |
|                    |                       |             | Same as above.                                         | Same as above.          | —                 | —            | Same as above.                   | —                                                                             | Same as above.                                          | —                                     | Same as above.         | Same as above.    | —               |

<sup>5</sup> No duration specified. See major medical benefit.

<sup>6</sup> Retired at or after age 60, with 10 years of service.

<sup>7</sup> Retiring at or after age 55 with 15 years of service or age 65 with 10 years of service and insured 5 years immediately prior to retirement.

Selected Health and Insurance Plans

| Company                     | Medical allowances                                 |        |                                |           |                                   |                                 |                      |                | Other benefits |                                                                                                                           |   |
|-----------------------------|----------------------------------------------------|--------|--------------------------------|-----------|-----------------------------------|---------------------------------|----------------------|----------------|----------------|---------------------------------------------------------------------------------------------------------------------------|---|
|                             | Home                                               | Office | Hospital                       | Elsewhere | Maximum number of visits paid for | Maximum number of days paid for | Maximum compensation | Benefits begin |                | Types and amounts                                                                                                         |   |
|                             |                                                    |        |                                |           |                                   |                                 |                      | Sickness       | Accident       |                                                                                                                           |   |
| Caterpillar Tractor Co.     | Nonexempt employee and dependents                  |        |                                |           |                                   |                                 |                      |                |                |                                                                                                                           |   |
|                             | —                                                  | —      | \$3.50 per day of confinement. | —         | —                                 | 365 per disability.             | \$1,277.50           | 1st day.       | 1st day.       | Diagnostic X-ray and laboratory examination allowance: (For non-hospitalized cases), \$50 per disability; \$100 per year. |   |
|                             | Exempt employee and dependents                     |        |                                |           |                                   |                                 |                      |                |                |                                                                                                                           |   |
|                             | See major medical benefits.                        |        |                                |           |                                   |                                 |                      |                |                |                                                                                                                           |   |
|                             | Retired nonexempt employee and dependent           |        |                                |           |                                   |                                 |                      |                |                |                                                                                                                           |   |
|                             | —                                                  | —      | —                              | —         | —                                 | —                               | —                    | —              | —              | —                                                                                                                         | — |
|                             | Retired exempt employee and dependent <sup>7</sup> |        |                                |           |                                   |                                 |                      |                |                |                                                                                                                           |   |
| See major medical benefits. |                                                    |        |                                |           |                                   |                                 |                      |                |                |                                                                                                                           |   |

for Salaried Employees—Continued

| Major medical                                      |                   |                                                         |                          |                                                     |                                                                                     |                                           |                                                         | Financing                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                      |                |               |                |                        |            |                  |       |      |                  |       |      |                   |       |      |                   |       |      |                   |       |      |                   |       |      |                   |       |      |                  |
|----------------------------------------------------|-------------------|---------------------------------------------------------|--------------------------|-----------------------------------------------------|-------------------------------------------------------------------------------------|-------------------------------------------|---------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------|----------------|---------------|----------------|------------------------|------------|------------------|-------|------|------------------|-------|------|-------------------|-------|------|-------------------|-------|------|-------------------|-------|------|-------------------|-------|------|-------------------|-------|------|------------------|
| Type of expense subject to deductible              | Deductible amount | Accumulation period and its application                 | Benefit period           |                                                     | Coinsurance                                                                         | Maximum benefit                           | Reinstatement                                           | Employee                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | Company              |                |               |                |                        |            |                  |       |      |                  |       |      |                   |       |      |                   |       |      |                   |       |      |                   |       |      |                   |       |      |                  |
|                                                    |                   |                                                         | From start of disability | From incurrence of expenses in excess of deductible |                                                                                     |                                           |                                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                      |                |               |                |                        |            |                  |       |      |                  |       |      |                   |       |      |                   |       |      |                   |       |      |                   |       |      |                   |       |      |                  |
| Nonexempt employee and dependents                  |                   |                                                         |                          |                                                     |                                                                                     |                                           |                                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                      |                |               |                |                        |            |                  |       |      |                  |       |      |                   |       |      |                   |       |      |                   |       |      |                   |       |      |                   |       |      |                  |
| —                                                  | —                 | —                                                       | —                        | —                                                   | —                                                                                   | —                                         | —                                                       | <u>Basic life, accidental death and dismemberment, and accident and sickness insurance</u><br><table border="0"> <tr> <td><u>Weekly salary</u></td> <td><u>Monthly</u></td> <td></td> </tr> <tr> <td>Less than \$85</td> <td>-----</td> <td>\$ 3.20</td> </tr> <tr> <td>\$85.20 to \$95</td> <td>-----</td> <td>3.55</td> </tr> <tr> <td>\$95.20 to \$105</td> <td>-----</td> <td>3.90</td> </tr> <tr> <td>\$105.20 to \$115</td> <td>-----</td> <td>4.25</td> </tr> <tr> <td>\$115.20 to \$125</td> <td>-----</td> <td>4.60</td> </tr> <tr> <td>\$125.20 to \$135</td> <td>-----</td> <td>4.95</td> </tr> <tr> <td>\$135.20 to \$145</td> <td>-----</td> <td>5.30</td> </tr> <tr> <td>\$145.20 and over</td> <td>-----</td> <td>5.65</td> </tr> </table><br><u>Optional life insurance</u><br>\$0.60 per \$1,000 per month.   Same as above. | <u>Weekly salary</u> | <u>Monthly</u> |               | Less than \$85 | -----                  | \$ 3.20    | \$85.20 to \$95  | ----- | 3.55 | \$95.20 to \$105 | ----- | 3.90 | \$105.20 to \$115 | ----- | 4.25 | \$115.20 to \$125 | ----- | 4.60 | \$125.20 to \$135 | ----- | 4.95 | \$135.20 to \$145 | ----- | 5.30 | \$145.20 and over | ----- | 5.65 | Balance of cost. |
| <u>Weekly salary</u>                               | <u>Monthly</u>    |                                                         |                          |                                                     |                                                                                     |                                           |                                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                      |                |               |                |                        |            |                  |       |      |                  |       |      |                   |       |      |                   |       |      |                   |       |      |                   |       |      |                   |       |      |                  |
| Less than \$85                                     | -----             | \$ 3.20                                                 |                          |                                                     |                                                                                     |                                           |                                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                      |                |               |                |                        |            |                  |       |      |                  |       |      |                   |       |      |                   |       |      |                   |       |      |                   |       |      |                   |       |      |                  |
| \$85.20 to \$95                                    | -----             | 3.55                                                    |                          |                                                     |                                                                                     |                                           |                                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                      |                |               |                |                        |            |                  |       |      |                  |       |      |                   |       |      |                   |       |      |                   |       |      |                   |       |      |                   |       |      |                  |
| \$95.20 to \$105                                   | -----             | 3.90                                                    |                          |                                                     |                                                                                     |                                           |                                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                      |                |               |                |                        |            |                  |       |      |                  |       |      |                   |       |      |                   |       |      |                   |       |      |                   |       |      |                   |       |      |                  |
| \$105.20 to \$115                                  | -----             | 4.25                                                    |                          |                                                     |                                                                                     |                                           |                                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                      |                |               |                |                        |            |                  |       |      |                  |       |      |                   |       |      |                   |       |      |                   |       |      |                   |       |      |                   |       |      |                  |
| \$115.20 to \$125                                  | -----             | 4.60                                                    |                          |                                                     |                                                                                     |                                           |                                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                      |                |               |                |                        |            |                  |       |      |                  |       |      |                   |       |      |                   |       |      |                   |       |      |                   |       |      |                   |       |      |                  |
| \$125.20 to \$135                                  | -----             | 4.95                                                    |                          |                                                     |                                                                                     |                                           |                                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                      |                |               |                |                        |            |                  |       |      |                  |       |      |                   |       |      |                   |       |      |                   |       |      |                   |       |      |                   |       |      |                  |
| \$135.20 to \$145                                  | -----             | 5.30                                                    |                          |                                                     |                                                                                     |                                           |                                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                      |                |               |                |                        |            |                  |       |      |                  |       |      |                   |       |      |                   |       |      |                   |       |      |                   |       |      |                   |       |      |                  |
| \$145.20 and over                                  | -----             | 5.65                                                    |                          |                                                     |                                                                                     |                                           |                                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                      |                |               |                |                        |            |                  |       |      |                  |       |      |                   |       |      |                   |       |      |                   |       |      |                   |       |      |                   |       |      |                  |
|                                                    |                   |                                                         |                          |                                                     |                                                                                     |                                           |                                                         | —                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | Full cost.           |                |               |                |                        |            |                  |       |      |                  |       |      |                   |       |      |                   |       |      |                   |       |      |                   |       |      |                   |       |      |                  |
| Exempt employee and dependents                     |                   |                                                         |                          |                                                     |                                                                                     |                                           |                                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                      |                |               |                |                        |            |                  |       |      |                  |       |      |                   |       |      |                   |       |      |                   |       |      |                   |       |      |                   |       |      |                  |
| Nonhospital medical expenses.                      | \$80              | Calendar year plus 3-month carryover; all disabilities. | —                        | Calendar year; all disabilities.                    | 80 percent.<br>Exceptions:<br>Psychiatric care (in or out of hospital), 50 percent. | \$10,000 per year; \$30,000 per lifetime. | After use of \$1,000 and upon evidence of insurability. | <u>Life insurance, accidental death and dismemberment, and long-term disability insurance</u><br>1.5 percent of monthly salary.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | Balance of cost.     |                |               |                |                        |            |                  |       |      |                  |       |      |                   |       |      |                   |       |      |                   |       |      |                   |       |      |                   |       |      |                  |
|                                                    |                   |                                                         |                          |                                                     |                                                                                     |                                           |                                                         | —                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | Full cost.           |                |               |                |                        |            |                  |       |      |                  |       |      |                   |       |      |                   |       |      |                   |       |      |                   |       |      |                   |       |      |                  |
| Retired nonexempt employee and dependent           |                   |                                                         |                          |                                                     |                                                                                     |                                           |                                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                      |                |               |                |                        |            |                  |       |      |                  |       |      |                   |       |      |                   |       |      |                   |       |      |                   |       |      |                   |       |      |                  |
| —                                                  | —                 | —                                                       | —                        | —                                                   | —                                                                                   | —                                         | —                                                       | <u>Life insurance</u><br>—   Full cost.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                      |                |               |                |                        |            |                  |       |      |                  |       |      |                   |       |      |                   |       |      |                   |       |      |                   |       |      |                   |       |      |                  |
|                                                    |                   |                                                         |                          |                                                     |                                                                                     |                                           |                                                         | <u>Hospital and surgical</u><br><table border="0"> <tr> <td><u>Monthly</u></td> <td></td> </tr> <tr> <td>Employee only</td> <td>----- \$3.25</td> </tr> <tr> <td>Employee and dependent</td> <td>----- 7.50</td> </tr> </table>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | <u>Monthly</u>       |                | Employee only | ----- \$3.25   | Employee and dependent | ----- 7.50 | Balance of cost. |       |      |                  |       |      |                   |       |      |                   |       |      |                   |       |      |                   |       |      |                   |       |      |                  |
| <u>Monthly</u>                                     |                   |                                                         |                          |                                                     |                                                                                     |                                           |                                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                      |                |               |                |                        |            |                  |       |      |                  |       |      |                   |       |      |                   |       |      |                   |       |      |                   |       |      |                   |       |      |                  |
| Employee only                                      | ----- \$3.25      |                                                         |                          |                                                     |                                                                                     |                                           |                                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                      |                |               |                |                        |            |                  |       |      |                  |       |      |                   |       |      |                   |       |      |                   |       |      |                   |       |      |                   |       |      |                  |
| Employee and dependent                             | ----- 7.50        |                                                         |                          |                                                     |                                                                                     |                                           |                                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                      |                |               |                |                        |            |                  |       |      |                  |       |      |                   |       |      |                   |       |      |                   |       |      |                   |       |      |                   |       |      |                  |
| Retired exempt employee and dependent <sup>7</sup> |                   |                                                         |                          |                                                     |                                                                                     |                                           |                                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                      |                |               |                |                        |            |                  |       |      |                  |       |      |                   |       |      |                   |       |      |                   |       |      |                   |       |      |                   |       |      |                  |
| Same as above.                                     | Same as above.    | Same as above.                                          | —                        | Same as above.                                      | Same as above.                                                                      | \$5,000 per year; \$10,000 per lifetime.  | —                                                       | <u>Life insurance</u><br>Retired prior to age 65:<br>\$0.60 per \$1,000 per month.   Balance of cost.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                      |                |               |                |                        |            |                  |       |      |                  |       |      |                   |       |      |                   |       |      |                   |       |      |                   |       |      |                   |       |      |                  |
|                                                    |                   |                                                         |                          |                                                     |                                                                                     |                                           |                                                         | At or after age 65:<br>—   Full cost.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                      |                |               |                |                        |            |                  |       |      |                  |       |      |                   |       |      |                   |       |      |                   |       |      |                   |       |      |                   |       |      |                  |
|                                                    |                   |                                                         |                          |                                                     |                                                                                     |                                           |                                                         | <u>Major medical</u><br><table border="0"> <tr> <td><u>Monthly</u></td> <td></td> </tr> <tr> <td>Employee only</td> <td>----- \$1.50</td> </tr> <tr> <td>Employee and dependent</td> <td>----- 3.65</td> </tr> </table>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | <u>Monthly</u>       |                | Employee only | ----- \$1.50   | Employee and dependent | ----- 3.65 | Balance of cost. |       |      |                  |       |      |                   |       |      |                   |       |      |                   |       |      |                   |       |      |                   |       |      |                  |
| <u>Monthly</u>                                     |                   |                                                         |                          |                                                     |                                                                                     |                                           |                                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                      |                |               |                |                        |            |                  |       |      |                  |       |      |                   |       |      |                   |       |      |                   |       |      |                   |       |      |                   |       |      |                  |
| Employee only                                      | ----- \$1.50      |                                                         |                          |                                                     |                                                                                     |                                           |                                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                      |                |               |                |                        |            |                  |       |      |                  |       |      |                   |       |      |                   |       |      |                   |       |      |                   |       |      |                   |       |      |                  |
| Employee and dependent                             | ----- 3.65        |                                                         |                          |                                                     |                                                                                     |                                           |                                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                      |                |               |                |                        |            |                  |       |      |                  |       |      |                   |       |      |                   |       |      |                   |       |      |                   |       |      |                   |       |      |                  |



Plans for Salaried Employees

| Sick leave       |                       |             | Hospital benefits              |                         |                   |                                        |                                                                                              |                                              |                                       | Income limits for service surgical and medical benefits | Surgical benefits |                   |                  |
|------------------|-----------------------|-------------|--------------------------------|-------------------------|-------------------|----------------------------------------|----------------------------------------------------------------------------------------------|----------------------------------------------|---------------------------------------|---------------------------------------------------------|-------------------|-------------------|------------------|
| Years of service | Days benefit per year |             | Daily benefit or service       | Maximum duration (days) | Extended coverage |                                        | Ancillary services                                                                           | Maternity benefit                            | Emergency out-patient care or service |                                                         | Most-expensive    | Appen-<br>dectomy | Normal delivery  |
|                  | At half pay           | At full pay |                                |                         | Days              | Daily amount                           |                                                                                              |                                              |                                       |                                                         |                   |                   |                  |
| Employee         |                       |             | Employee and dependents        |                         |                   |                                        |                                                                                              |                                              |                                       |                                                         |                   |                   |                  |
| —                | —                     | —           | Semiprivate room.              | 21                      | 180               | 50 percent of cost of semprivate room. | Full cost of specified services for 1st 21 days; 50 percent of cost for additional 180 days. | \$80 for room, board and ancillary services. | \$7.25                                | Individual, \$250; family, \$4,000.                     | \$250             | \$125             | \$75             |
|                  |                       |             | Retired employee and dependent |                         |                   |                                        |                                                                                              |                                              |                                       |                                                         |                   |                   |                  |
| —                | —                     | —           | —                              | —                       | —                 | —                                      | —                                                                                            | —                                            | —                                     | —                                                       | —                 | —                 | —                |
| Employee         |                       |             | Employee and dependents        |                         |                   |                                        |                                                                                              |                                              |                                       |                                                         |                   |                   |                  |
|                  |                       |             | \$14                           | 31                      | —                 | —                                      | \$140                                                                                        | ( <sup>5</sup> )                             | Required services provided.           | —                                                       | \$250             | \$125             | ( <sup>5</sup> ) |
|                  |                       |             | Retired employee and dependent |                         |                   |                                        |                                                                                              |                                              |                                       |                                                         |                   |                   |                  |
| —                | —                     | —           | —                              | —                       | —                 | —                                      | —                                                                                            | —                                            | —                                     | —                                                       | —                 | —                 | —                |

<sup>4</sup> Maternity accident and sickness benefit payments limited to 6 weeks.  
<sup>5</sup> Lump-sum maternity benefit of \$200 for employees and \$100 for dependents.

## Selected Health and Insurance Plans

| Company                        | Medical allowances             |                |                |           |                                   |                                 |                                    |                |          | Other benefits                                                                                                                                                                                                                         |
|--------------------------------|--------------------------------|----------------|----------------|-----------|-----------------------------------|---------------------------------|------------------------------------|----------------|----------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
|                                | Home                           | Office         | Hospital       | Elsewhere | Maximum number of visits paid for | Maximum number of days paid for | Maximum compensation               | Benefits begin |          | Types and amounts                                                                                                                                                                                                                      |
|                                |                                |                |                |           |                                   |                                 |                                    | Sickness       | Accident |                                                                                                                                                                                                                                        |
| The Chase Manhattan Bank.      | Employee and dependents        |                |                |           |                                   |                                 |                                    |                |          |                                                                                                                                                                                                                                        |
|                                | —                              | —              | —              | —         | —                                 | —                               | —                                  | —              | —        | Radiation therapy allowance: (For cases in or out of hospital), \$7.50 per treatment; maximum, \$175 per year.<br><br>Electro-shock therapy allowance: (For cases in or out of hospital), \$10 per treatment; maximum, \$100 per year. |
|                                | Retired employee and dependent |                |                |           |                                   |                                 |                                    |                |          |                                                                                                                                                                                                                                        |
| Cluett, Peabody, and Co., Inc. | Employee and dependents        |                |                |           |                                   |                                 |                                    |                |          |                                                                                                                                                                                                                                        |
|                                | \$3 per visit.                 | \$2 per visit. | \$3 per visit. | —         | 1 per day.                        | —                               | \$200 per disability. <sup>6</sup> | 1st day.       | 2d day.  | —                                                                                                                                                                                                                                      |
|                                | Retired employee and dependent |                |                |           |                                   |                                 |                                    |                |          |                                                                                                                                                                                                                                        |
|                                | —                              | —              | —              | —         | —                                 | —                               | —                                  | —              | —        | —                                                                                                                                                                                                                                      |

<sup>6</sup> For employees age 60 and over, maximum is payable during any 12-consecutive month period.

for Salaried Employees—Continued

| Major medical                         |                                                                                                                                                                 |                                                      |                          |                                                     |             |                                                    |                                                                                                                     | Financing                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |         |
|---------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------|--------------------------|-----------------------------------------------------|-------------|----------------------------------------------------|---------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------|
| Type of expense subject to deductible | Deductible amount                                                                                                                                               | Accumulation period and its application              | Benefit period           |                                                     | Coinsurance | Maximum benefit                                    | Reinstatement                                                                                                       | Employee                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | Company |
|                                       |                                                                                                                                                                 |                                                      | From start of disability | From incurrence of expenses in excess of deductible |             |                                                    |                                                                                                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |         |
| Employee and dependents               |                                                                                                                                                                 |                                                      |                          |                                                     |             |                                                    |                                                                                                                     | Employee                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |         |
| All.                                  | Annual earnings:<br>Less than \$7,500—\$100<br>\$7,500 to \$10,000—\$200<br>\$10,000 to \$15,000—\$300<br>\$15,000 to \$20,000—\$400<br>\$20,000 and over—\$500 | 12 months; all disabilities.                         | —                        | 12 months; all disabilities.                        | 80 percent. | \$15,000 per lifetime.                             | After \$2,500 in benefits and at least 6 consecutive months without further expense; upon evidence of insurability. | <u>All benefits except optional life insurance and major medical</u><br>—   Full cost.<br><u>Optional and supplemental life insurance</u><br>\$0.60 per \$1,000 per month.   Balance of cost.<br><u>Major medical</u><br>\$1.45 per month.   Balance of cost.                                                                                                                                                                                                                                                     |         |
| Retired employee and dependent        |                                                                                                                                                                 |                                                      |                          |                                                     |             |                                                    |                                                                                                                     | Dependents                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |         |
|                                       |                                                                                                                                                                 |                                                      |                          |                                                     |             |                                                    |                                                                                                                     | <u>Hospital and surgical</u><br>\$7.62 per month.   Balance of cost.<br><u>Major medical</u><br>\$5.17 per month.   Balance of cost.                                                                                                                                                                                                                                                                                                                                                                              |         |
| Retired employee and dependent        |                                                                                                                                                                 |                                                      |                          |                                                     |             |                                                    |                                                                                                                     | Life insurance                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |         |
| All.                                  | \$250                                                                                                                                                           | 12 months; all disabilities.                         | —                        | 12 months per disability.                           | 80 percent. | \$5,000 per lifetime.                              | —                                                                                                                   | —   Full cost.<br><u>Major medical</u><br>Full cost.   —                                                                                                                                                                                                                                                                                                                                                                                                                                                          |         |
| Employee and dependents               |                                                                                                                                                                 |                                                      |                          |                                                     |             |                                                    |                                                                                                                     | All employees                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |         |
| All.                                  | \$100                                                                                                                                                           | Calendar year, 3-month carry-over; all disabilities. | —                        | Calendar year; all disabilities.                    | 80 percent. | \$5,000 per benefit period; \$10,000 per lifetime. | After use of \$1,000 of expense, upon evidence of insurability.                                                     | <u>Major medical</u><br>Full cost.   <u>Monthly</u><br>Employee only ---- \$0.97<br>Employee and dependents ----- 2.68<br><u>Other benefits (except optional life insurance)</u><br>—   Full cost.<br><u>Supervisors, specialists, salesmen, and executives</u><br><u>Optional life insurance</u><br><u>Annual salary</u>   <u>Monthly</u><br>Under \$3,000 ---- \$0.90<br>\$3,000—\$4,000 ---- 3.60<br>\$4,000—\$7,000 ---- 6.00<br>\$7,000—\$15,000 --- 10.20<br>\$15,000 and over -- 12.00<br>Balance of cost. |         |
| Retired employee and dependent        |                                                                                                                                                                 |                                                      |                          |                                                     |             |                                                    |                                                                                                                     | Optional life insurance                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |         |
| —                                     | —                                                                                                                                                               | —                                                    | —                        | —                                                   | —           | —                                                  | —                                                                                                                   | —                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | —       |



Plans for Salaried Employees

| Sick leave       |                       |             | Hospital benefits                    |                         |                   |              |                                  |                                                | Income limits for service surgical and medical benefits | Surgical benefits                     |                |                   |                 |
|------------------|-----------------------|-------------|--------------------------------------|-------------------------|-------------------|--------------|----------------------------------|------------------------------------------------|---------------------------------------------------------|---------------------------------------|----------------|-------------------|-----------------|
| Years of service | Days benefit per year |             | Daily benefit or service             | Maximum duration (days) | Extended coverage |              | Ancillary services               | Maternity benefit                              |                                                         | Emergency out-patient care or service | Most-expensive | Appen-<br>dectomy | Normal delivery |
|                  | At half pay           | At full pay |                                      |                         | Days              | Daily amount |                                  |                                                |                                                         |                                       |                |                   |                 |
| Employee         |                       |             | Employee and dependents              |                         |                   |              |                                  |                                                |                                                         |                                       |                |                   |                 |
| —                | —                     | —           |                                      |                         |                   |              |                                  |                                                |                                                         |                                       |                |                   |                 |
|                  |                       |             | See major medical benefits.          |                         |                   |              |                                  |                                                |                                                         |                                       |                |                   |                 |
|                  |                       |             | Retired employee and dependent       |                         |                   |              |                                  |                                                |                                                         |                                       |                |                   |                 |
| —                | —                     | —           | —                                    | —                       | —                 | —            | —                                | —                                              | —                                                       | —                                     | —              | —                 |                 |
| Employee         |                       |             | Employee and dependents <sup>5</sup> |                         |                   |              |                                  |                                                |                                                         |                                       |                |                   |                 |
| —                | —                     | —           | Semi-private room.                   | 70                      | —                 | —            | Full cost of specified services. | \$ 50 for room, board, and ancillary services. | Required services provided.                             | —                                     | \$ 300         | \$ 150            | \$ 50           |
|                  |                       |             | Retired employee and dependent       |                         |                   |              |                                  |                                                |                                                         |                                       |                |                   |                 |
| —                | —                     | —           | —                                    | —                       | —                 | —            | —                                | —                                              | —                                                       | —                                     | —              | —                 |                 |

<sup>4</sup> Maternity accident and sickness benefit limited to 6 weeks.

<sup>5</sup> Available to California employees and their dependents; employees in other areas are covered by different programs.

## Selected Health and Insurance Plans

| Company                        | Medical allowances          |                |                |           |                                   |                                 |                                                                               |                |          | Other benefits                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |
|--------------------------------|-----------------------------|----------------|----------------|-----------|-----------------------------------|---------------------------------|-------------------------------------------------------------------------------|----------------|----------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
|                                | Home                        | Office         | Hospital       | Elsewhere | Maximum number of visits paid for | Maximum number of days paid for | Maximum compensation                                                          | Benefits begin |          | Types and amounts                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |
|                                |                             |                |                |           |                                   |                                 |                                                                               | Sickness       | Accident |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |
| Consolidated Foods Corp.       | Employee and dependents     |                |                |           |                                   |                                 |                                                                               |                |          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |
|                                | See major medical benefits. |                |                |           |                                   |                                 |                                                                               |                |          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |
|                                | Retired employee            |                |                |           |                                   |                                 |                                                                               |                |          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |
|                                | —                           | —              | —              | —         | —                                 | —                               | —                                                                             | —              | —        | —                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |
| Crown Zellerbach Corp.         | Employee                    |                |                |           |                                   |                                 |                                                                               |                |          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |
|                                | \$6 per visit.              | \$4 per visit. | \$3 per day.   | —         | 1 per day.                        | —                               | Home and office:<br>\$300 per year.<br><br>Hospital:<br>\$210 per disability. | 1st day.       | 3d day.  | Anesthesia allowance:<br>(For cases in or out of hospital),<br>\$10 for first one-half hour plus<br>\$2.50 for each additional one-<br>quarter hour, maximum \$40.<br><br>Diagnostic laboratory and X-ray<br>examination allowance for non-<br>hospitalized cases:<br><br>Employee: \$50 per accident<br>\$50 all illness per<br>calendar year.<br><br>Dependent: \$35 per accident<br>\$35 all illness per<br>calendar year.<br><br>Polio allowance: (For expenses<br>in excess of those covered by<br>other plan benefits incurred with-<br>in 3 years of commencement of<br>disability). \$5,000. |
|                                | Dependents                  |                |                |           |                                   |                                 |                                                                               |                |          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |
|                                | —                           | —              | Same as above. | —         | Same as above.                    | —                               | Hospital:<br>\$210 per disability.                                            | 1st day.       | 1st day. |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |
| Retired employee and dependent |                             |                |                |           |                                   |                                 |                                                                               |                |          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |
|                                | —                           | —              | —              | —         | —                                 | —                               | —                                                                             | —              | —        | —                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |

<sup>5</sup> Deductible for dependent child is one half that of an adult.

<sup>6</sup> Deductible based on salary at the beginning of the calendar year of retirement.

<sup>7</sup> Initial maximum may be increased by 3 percent for each year of unused coverage in excess of 5 years that retired employee and dependent were covered by plan.

for Salaried Employees—Continued

| Major medical                         |                                                                            |                                                      |                          |                                                     |                                                                             |                                                                                                        |                                                                    | Financing                                                                                                                                                                                                                                                                                                                    |                  |
|---------------------------------------|----------------------------------------------------------------------------|------------------------------------------------------|--------------------------|-----------------------------------------------------|-----------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------|
| Type of expense subject to deductible | Deductible amount                                                          | Accumulation period and its application              | Benefit period           |                                                     | Coinsurance                                                                 | Maximum benefit                                                                                        | Reinstatement                                                      | Employee                                                                                                                                                                                                                                                                                                                     | Company          |
|                                       |                                                                            |                                                      | From start of disability | From incurrence of expenses in excess of deductible |                                                                             |                                                                                                        |                                                                    |                                                                                                                                                                                                                                                                                                                              |                  |
| Employee and dependents               |                                                                            |                                                      |                          |                                                     |                                                                             |                                                                                                        |                                                                    |                                                                                                                                                                                                                                                                                                                              |                  |
| All; except hospital and surgical.    | \$100                                                                      | Calendar year, 3-month carry-over; all disabilities. | —                        | 12 months; all disabilities.                        | 80 percent.                                                                 | \$10,000 per lifetime.<br><br>Exception: For maternity—\$300 per pregnancy.                            | After use of \$1,000 of expense and upon evidence of insurability. | <u>Basic life insurance, and accidental death and dismemberment</u><br>—   Full cost.<br><u>Optional life insurance and accidental death and dismemberment</u><br>\$0.50 per \$1,000 per month.   Balance of cost.<br><u>Major medical</u><br>Employee only— \$2.87 per month.<br>Employee and dependents— \$8.66 per month. | Balance of cost. |
| Retired employee and dependent        |                                                                            |                                                      |                          |                                                     |                                                                             |                                                                                                        |                                                                    |                                                                                                                                                                                                                                                                                                                              |                  |
| —                                     | —                                                                          | —                                                    | —                        | —                                                   | —                                                                           | —                                                                                                      | —                                                                  | —                                                                                                                                                                                                                                                                                                                            | —                |
| Employee and dependents               |                                                                            |                                                      |                          |                                                     |                                                                             |                                                                                                        |                                                                    | Employee                                                                                                                                                                                                                                                                                                                     |                  |
| All.                                  | 2 percent of annual earnings: Minimum, \$100; maximum, \$500. <sup>2</sup> | Calendar year, 3-month carry-over; all disabilities. | —                        | Calendar year; all disabilities.                    | 80 percent.<br><br>Exception: Out-of-hospital psychiatric care, 50 percent. | \$10,000 per lifetime.                                                                                 | After use of \$1,000 of expense and upon evidence of insurability. | <u>Optional life insurance</u><br>\$0.48 per \$1,000 per month.   —<br><u>Other benefits</u><br>—   Full cost.                                                                                                                                                                                                               | —                |
|                                       |                                                                            |                                                      |                          |                                                     |                                                                             |                                                                                                        |                                                                    | Dependents                                                                                                                                                                                                                                                                                                                   |                  |
|                                       |                                                                            |                                                      |                          |                                                     |                                                                             |                                                                                                        |                                                                    | Full cost.                                                                                                                                                                                                                                                                                                                   | —                |
| Retired employee and dependent        |                                                                            |                                                      |                          |                                                     |                                                                             |                                                                                                        |                                                                    |                                                                                                                                                                                                                                                                                                                              |                  |
| Same as above.                        | Same as above. <sup>6</sup>                                                | Same as above.                                       | —                        | Same as above.                                      | Same as above.                                                              | Amount of benefits not used during active employment: Minimum, \$1,000; maximum, \$2,500. <sup>7</sup> | —                                                                  | Full cost.                                                                                                                                                                                                                                                                                                                   | —                |

## Selected Health and Insurance

| Company                | Eligibility<br>(when new<br>employees<br>become<br>eligible) | Schedule of benefits                                                                                                                                                                                                                                            |                                                                   |                                                                   |                                               |                             | Scope of accidental<br>death and<br>dismemberment |                 | Scope of accident<br>and sickness |                 | Accident and sickness |                    |          |   |
|------------------------|--------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------|-------------------------------------------------------------------|-----------------------------------------------|-----------------------------|---------------------------------------------------|-----------------|-----------------------------------|-----------------|-----------------------|--------------------|----------|---|
|                        |                                                              | Basis of graduation                                                                                                                                                                                                                                             | Life<br>insurance                                                 | Optional<br>life<br>insurance                                     | Accidental<br>death and<br>dismem-<br>berment | Accident<br>and<br>sickness | Occupational                                      | Nonoccupational | Occupational                      | Nonoccupational | Maximum<br>duration   | Day benefit begins |          |   |
|                        |                                                              |                                                                                                                                                                                                                                                                 |                                                                   |                                                                   |                                               |                             |                                                   |                 |                                   |                 |                       | Accident           | Sickness |   |
| The Detroit Edison Co. | After<br>6 months<br>of em-<br>ployment.                     | Employee                                                                                                                                                                                                                                                        |                                                                   |                                                                   |                                               |                             |                                                   |                 |                                   |                 |                       |                    |          |   |
|                        |                                                              | Annual salary.                                                                                                                                                                                                                                                  | Amount<br>equal to<br>annual<br>salary:<br>Maximum,<br>\$150,000. | Amount<br>equal to<br>annual<br>salary:<br>Maximum,<br>\$150,000. | —                                             | —                           | —                                                 | —               | —                                 | —               | —                     | —                  | —        | — |
|                        |                                                              | Retired employee                                                                                                                                                                                                                                                |                                                                   |                                                                   |                                               |                             |                                                   |                 |                                   |                 |                       |                    |          |   |
|                        |                                                              | Retiring at age 65: Amount in effect immediately prior to retirement reduced 10 percent at retirement and 10 percent annually thereafter, until amount equals 50 percent of amount in effect prior to retirement or \$2,500, whichever is greater. <sup>1</sup> | —                                                                 | —                                                                 | —                                             | —                           | —                                                 | —               | —                                 | —               | —                     | —                  | —        |   |

<sup>1</sup> Employees retiring after age 60 with 15 years of service: Amount in effect at date of retirement may be maintained until age 65; then reduced in manner stated above, or reduction in coverage may begin immediately (retired employees' contribution toward the cost of insurance ceases when reduction in coverage begins). If employee becomes insured by the optional insurance after age 45, total life insurance coverage is reduced to \$2,500 at retirement.

## Plans for Salaried Employees

| Sick leave       |                       |                 | Hospital benefits                           |                         |                   |              |                        |                                                                     | Income limits for service surgical and medical benefits | Surgical benefits                     |                |                   |                 |
|------------------|-----------------------|-----------------|---------------------------------------------|-------------------------|-------------------|--------------|------------------------|---------------------------------------------------------------------|---------------------------------------------------------|---------------------------------------|----------------|-------------------|-----------------|
| Years of service | Days benefit per year |                 | Daily benefit or service                    | Maximum duration (days) | Extended coverage |              | Ancillary services     | Maternity benefit                                                   |                                                         | Emergency out-patient care or service | Most-expensive | Appen-<br>dectomy | Normal delivery |
|                  | At half pay           | At full pay     |                                             |                         | Days              | Daily amount |                        |                                                                     |                                                         |                                       |                |                   |                 |
| Employee         |                       |                 | Employee and dependents                     |                         |                   |              |                        |                                                                     |                                                         |                                       |                |                   |                 |
| 6 months.        | —                     | <sup>2</sup> 20 | Semiprivate room.                           | 365                     | —                 | —            | Full cost of services. | Semiprivate room for 365 days plus full cost of ancillary services. | <sup>3</sup> \$20                                       | —                                     | \$450          | \$160             | \$90            |
|                  |                       |                 | Retired employee <sup>4</sup> and dependent |                         |                   |              |                        |                                                                     |                                                         |                                       |                |                   |                 |
|                  |                       |                 | Same as above.                              | Same as above.          | —                 | —            | Same as above.         | —                                                                   | Same as above.                                          | —                                     | Same as above. | Same as above.    | —               |

<sup>2</sup> Employees may accumulate from 7 to 52 weeks of sick leave, depending upon length of service.

<sup>3</sup> Also payable for emergency treatment in clinic or doctor's office.

<sup>4</sup> Retiring at age 60 or later.

## Selected Health and Insurance Plans

| Company                 | Medical allowances                          |        |                |           |                                   |                                 |                         |                | Other benefits |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |
|-------------------------|---------------------------------------------|--------|----------------|-----------|-----------------------------------|---------------------------------|-------------------------|----------------|----------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
|                         | Home                                        | Office | Hospital       | Elsewhere | Maximum number of visits paid for | Maximum number of days paid for | Maximum compensation    | Benefits begin |                | Types and amounts                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |
|                         |                                             |        |                |           |                                   |                                 |                         | Sickness       | Accident       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |
| The Detroit, Edison Co. | Employee and dependents                     |        |                |           |                                   |                                 |                         |                |                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |
|                         | —                                           | —      | \$5 per day.   | —         | —                                 | 365 per disability.             | \$1,825 per disability. | 1st day.       | 1st day.       | <p>Anesthesia allowance: For non-hospitalized cases except when used as part of treatment for accidental bodily injury, up to \$10 for each use.</p> <p>Operating room allowance: For nonhospitalized cases except when used as part of treatment for accidental bodily injury, up to \$10 for each use.</p> <p>Diagnostic X-ray allowance: For diagnosis in connection with one disability in 365-day period, up to \$20.</p> <p>Laboratory diagnosis allowance: For one disability in 365-day period, up to \$20.</p> <p>Radiological therapy allowance: Up to \$10 per treatment of malignancy (maximum—\$100 for one disability in 365-day period).</p> <p>Ambulance allowance: Up to \$20 per trip.</p> |
|                         | Retired employee <sup>4</sup> and dependent |        |                |           |                                   |                                 |                         |                |                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |
|                         | —                                           | —      | Same as above. | —         | —                                 | Same as above.                  | Same as above.          | Same as above. | Same as above. | Same as above.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |

for Salaried Employees—Continued

| Major medical                               |                   |                                         |                          |                                                     |                |                                                                |                                                                  | Financing                                                                                                                                                                                                                                                                                                                                                                                                                                        |         |
|---------------------------------------------|-------------------|-----------------------------------------|--------------------------|-----------------------------------------------------|----------------|----------------------------------------------------------------|------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------|
| Type of expense subject to deductible       | Deductible amount | Accumulation period and its application | Benefit period           |                                                     | Coinsurance    | Maximum benefit                                                | Reinstatement                                                    | Employee                                                                                                                                                                                                                                                                                                                                                                                                                                         | Company |
|                                             |                   |                                         | From start of disability | From incurrence of expenses in excess of deductible |                |                                                                |                                                                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                  |         |
| Employee and dependents                     |                   |                                         |                          |                                                     |                |                                                                |                                                                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                  |         |
| All.                                        | \$100             | 12 months; all disabilities.            | —                        | 12 consecutive months; all disabilities.            | 80 percent.    | \$10,000 per disability; \$20,000 per lifetime for dependents. | Dependents: After use of \$1,000, upon evidence of insurability. | <u>Basic life insurance, sick leave, and major medical</u><br>—   Full cost.<br><u>Optional life insurance</u><br>\$0.60 per \$1,000 per month.   Balance of cost.<br><u>Hospital, surgical, and medical</u><br><u>Per week</u><br>Employee only .... \$0.84<br>Employee and spouse ..... 1.89<br>Employee, spouse, and children ..... 2.16<br>Each additional dependent ..... .90<br>  Balance of cost.<br><u>Major medical</u><br>  Full cost. |         |
| Retired employee <sup>4</sup> and dependent |                   |                                         |                          |                                                     |                |                                                                |                                                                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                  |         |
| Same as above.                              | Same as above.    | Same as above.                          | —                        | Same as above.                                      | Same as above. | \$5,000 per disability; \$10,000 per lifetime.                 | —                                                                | <u>Life insurance and major medical</u><br>—   Full cost.<br><u>Hospital, surgical, and medical</u><br>Same as for active employee.   Balance of cost.<br><u>Major medical</u><br>  Full cost.                                                                                                                                                                                                                                                   |         |

## Selected Health and Insurance

| Company                    | Eligibility<br>(when new<br>employees<br>become<br>eligible)                                                                                                                                                                                | Schedule of benefits                                                                                                                                                                                                                                                                                            |                   |                               |                                               |                             | Scope of accidental<br>death and<br>dismemberment |                      | Scope of accident<br>and sickness |                      | Accident and sickness |                    |                  |
|----------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------|-------------------------------|-----------------------------------------------|-----------------------------|---------------------------------------------------|----------------------|-----------------------------------|----------------------|-----------------------|--------------------|------------------|
|                            |                                                                                                                                                                                                                                             | Basis of graduation                                                                                                                                                                                                                                                                                             | Life<br>insurance | Optional<br>life<br>insurance | Accidental<br>death and<br>dismem-<br>berment | Accident<br>and<br>sickness | Occupa-<br>tional                                 | Nonoccu-<br>pational | Occupa-<br>tional                 | Nonoccu-<br>pational | Maximum<br>duration   | Day benefit begins |                  |
|                            |                                                                                                                                                                                                                                             |                                                                                                                                                                                                                                                                                                                 |                   |                               |                                               |                             |                                                   |                      |                                   |                      |                       | Accident           | Sickness         |
| Douglas Aircraft Co., Inc. | Life insur-<br>ance and<br>accidental<br>death and<br>dismem-<br>berment<br>benefits:<br>Imme-<br>diately or<br>1st of fol-<br>lowing<br>month.<br><br>Other<br>benefits:<br>1st of<br>month<br>following<br>1 month of<br>employ-<br>ment. | Employee                                                                                                                                                                                                                                                                                                        |                   |                               |                                               |                             |                                                   |                      |                                   |                      |                       |                    |                  |
|                            |                                                                                                                                                                                                                                             | Flat.                                                                                                                                                                                                                                                                                                           | \$9,000           | —                             | \$9,000                                       | ( <sup>2</sup> )            | X                                                 | X                    | —                                 | ( <sup>2</sup> )     | ( <sup>2</sup> )      | ( <sup>2</sup> )   | ( <sup>2</sup> ) |
|                            |                                                                                                                                                                                                                                             | Monthly earnings:                                                                                                                                                                                                                                                                                               |                   |                               |                                               |                             |                                                   |                      |                                   |                      |                       |                    |                  |
|                            |                                                                                                                                                                                                                                             | Less than \$416                                                                                                                                                                                                                                                                                                 | —                 | \$2,000                       | \$2,000                                       |                             |                                                   |                      |                                   |                      |                       |                    |                  |
|                            |                                                                                                                                                                                                                                             | \$416 to \$625                                                                                                                                                                                                                                                                                                  | —                 | 6,000                         | 6,000                                         |                             |                                                   |                      |                                   |                      |                       |                    |                  |
|                            |                                                                                                                                                                                                                                             | \$625 to \$833                                                                                                                                                                                                                                                                                                  | —                 | 12,000                        | 12,000                                        |                             |                                                   |                      |                                   |                      |                       |                    |                  |
|                            |                                                                                                                                                                                                                                             | \$833 to \$1,250                                                                                                                                                                                                                                                                                                | —                 | 16,000                        | 16,000                                        |                             |                                                   |                      |                                   |                      |                       |                    |                  |
|                            |                                                                                                                                                                                                                                             | \$1,250 to \$1,666                                                                                                                                                                                                                                                                                              | —                 | 21,000                        | 21,000                                        |                             |                                                   |                      |                                   |                      |                       |                    |                  |
|                            |                                                                                                                                                                                                                                             | \$1,666 and over                                                                                                                                                                                                                                                                                                | —                 | 31,000                        | 31,000                                        |                             |                                                   |                      |                                   |                      |                       |                    |                  |
|                            |                                                                                                                                                                                                                                             | At age 68: Amount in effect immediately prior to age 68 reduced immediately by 10 percent, and reduced by like amount for next succeeding 6 anniversaries and by a reduction of 5 percent in the 7th year to an amount which equals 25 percent of amount in effect immediately prior to reduction. <sup>1</sup> |                   |                               |                                               |                             |                                                   |                      |                                   |                      |                       |                    |                  |
|                            |                                                                                                                                                                                                                                             | Retired employee                                                                                                                                                                                                                                                                                                |                   |                               |                                               |                             |                                                   |                      |                                   |                      |                       |                    |                  |
|                            |                                                                                                                                                                                                                                             | Retirement at or after age 60.                                                                                                                                                                                                                                                                                  |                   | —                             | —                                             | —                           | —                                                 | —                    | —                                 | —                    | —                     | —                  |                  |
|                            |                                                                                                                                                                                                                                             | Same as for employee at age 68.                                                                                                                                                                                                                                                                                 |                   |                               |                                               |                             |                                                   |                      |                                   |                      |                       |                    |                  |

<sup>1</sup> Retired employees may use an amount equal to 70 percent of that amount of life insurance that would be in effect after his 7th year of retirement towards payment of his and his dependent's medical care expenses which would have been covered if he had remained an active employee, that are in excess of \$100 annually. When such benefits are paid, a corresponding reduction is made in the retired employees life insurance.

<sup>2</sup> Employees covered by California Temporary Disability Law. See Digest of One Hundred Selected Health and Insurance Plans Under Collective Bargaining, Winter 1961-62 (BLS Bulletin 1330, 1962), for a detailed summary of the benefits provided under this law.

Plans for Salaried Employees

| Sick leave       |                       |             | Hospital benefits                           |                         |                   |                  |                                                                                                                 |                   | Income limits for service surgical and medical benefits | Surgical benefits                     |                  |                   |                  |
|------------------|-----------------------|-------------|---------------------------------------------|-------------------------|-------------------|------------------|-----------------------------------------------------------------------------------------------------------------|-------------------|---------------------------------------------------------|---------------------------------------|------------------|-------------------|------------------|
| Years of service | Days benefit per year |             | Daily benefit or service                    | Maximum duration (days) | Extended coverage |                  | Ancillary services                                                                                              | Maternity benefit |                                                         | Emergency out-patient care or service | Most-expensive   | Appen-<br>dectomy | Normal delivery  |
|                  | At half pay           | At full pay |                                             |                         | Days              | Daily amount     |                                                                                                                 |                   |                                                         |                                       |                  |                   |                  |
| Employee         |                       |             | Employee and dependents <sup>3</sup>        |                         |                   |                  |                                                                                                                 |                   |                                                         |                                       |                  |                   |                  |
| —                | —                     | —           | <sup>4</sup> \$16                           | 120                     | ( <sup>3</sup> )  | ( <sup>3</sup> ) | Employee:<br>\$300 plus<br>80 percent<br>of excess.<br><br>Dependent:<br>\$100 plus<br>80 percent<br>of excess. | ( <sup>5</sup> )  | —                                                       | —                                     | ( <sup>6</sup> ) | \$192.50          | ( <sup>5</sup> ) |
|                  |                       |             | Retired employee and dependent <sup>1</sup> |                         |                   |                  |                                                                                                                 |                   |                                                         |                                       |                  |                   |                  |
|                  |                       |             | —                                           | —                       | —                 | —                | —                                                                                                               | —                 | —                                                       | —                                     | —                | —                 | —                |

<sup>3</sup> Benefits provided as part of a comprehensive major medical program. Total hospital, surgical, and medical benefits limited to \$7,500 during each 2-year period, for each covered employee.

<sup>4</sup> California employees are also covered by the California State Temporary Disability law which pays \$12 a day for the first 20 days of hospital confinement per disability.

<sup>5</sup> Lump-sum payment of \$150, in lieu of regular hospital and surgical benefits.

<sup>6</sup> Amount determined by a relative value scale at a \$5.50 factor.

## Selected Health and Insurance Plans

| Company                    | Medical allowances                          |        |          |           |                                   |                                 |                      |                  |                  | Other benefits    |
|----------------------------|---------------------------------------------|--------|----------|-----------|-----------------------------------|---------------------------------|----------------------|------------------|------------------|-------------------|
|                            | Home                                        | Office | Hospital | Elsewhere | Maximum number of visits paid for | Maximum number of days paid for | Maximum compensation | Benefits begin   |                  | Types and amounts |
|                            |                                             |        |          |           |                                   |                                 |                      | Sickness         | Accident         |                   |
| Douglas Aircraft Co., Inc. | Employee and dependents <sup>3</sup>        |        |          |           |                                   |                                 |                      |                  |                  |                   |
|                            | \$11.00                                     | \$5.50 | \$5.50   | —         | ( <sup>3</sup> )                  | ( <sup>3</sup> )                | ( <sup>3</sup> )     | ( <sup>3</sup> ) | ( <sup>3</sup> ) | —                 |
|                            | Retired employee and dependent <sup>1</sup> |        |          |           |                                   |                                 |                      |                  |                  |                   |
|                            | —                                           | —      | —        | —         | —                                 | —                               | —                    | —                | —                | —                 |

<sup>7</sup> Also see hospital, surgical, and medical sections.

<sup>8</sup> Out-of-hospital psychiatric care is not a covered expense.

for Salaried Employees—Continued

| Type of expense subject to deductible                                                                                                 | Deductible amount                 | Accumulation period and its application | Major medical            |                                                     |                                 |                             |               | Financing                                                                                                                                                                                                                                                                                                                                               |         |
|---------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------|-----------------------------------------|--------------------------|-----------------------------------------------------|---------------------------------|-----------------------------|---------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------|
|                                                                                                                                       |                                   |                                         | Benefit period           |                                                     | Coinsurance                     | Maximum benefit             | Reinstatement | Employee                                                                                                                                                                                                                                                                                                                                                | Company |
|                                                                                                                                       |                                   |                                         | From start of disability | From incurrence of expenses in excess of deductible |                                 |                             |               |                                                                                                                                                                                                                                                                                                                                                         |         |
| Employee and dependents <sup>7</sup>                                                                                                  |                                   |                                         |                          |                                                     |                                 |                             |               |                                                                                                                                                                                                                                                                                                                                                         |         |
| All, except hospital, surgical, radio-isotope treatment for proven malignancies and in-hospital medical expenses.<br>( <sup>8</sup> ) | Employee, \$25; dependents, \$50. | 60 days per disability.                 | —                        | 2 years.                                            | 80 percent.<br>( <sup>8</sup> ) | \$7,500 per benefit period. | Automatic.    | <u>Basic life and accidental death and dismemberment insurance</u><br>—   Full cost.<br><br><u>Optional life and accidental death and dismemberment insurance</u><br>\$0.66 per \$1,000 per month.   Balance of cost.<br><br><u>Other employee benefits</u><br>—   Full cost.<br><br><u>Dependents benefits</u><br>\$2.95 per month.   Balance of cost. |         |
| Retired employee and dependent <sup>1</sup>                                                                                           |                                   |                                         |                          |                                                     |                                 |                             |               |                                                                                                                                                                                                                                                                                                                                                         |         |
| —                                                                                                                                     | —                                 | —                                       | —                        | —                                                   | —                               | —                           | —             | <u>Life insurance</u><br>\$1.80 per \$1,000 per month of the 25 percent minimum continued.   Balance of cost.                                                                                                                                                                                                                                           |         |

## Selected Health and Insurance

| Company                             | Eligibility<br>(when new<br>employees<br>become<br>eligible)                                                                                                                                                                                                                 | Schedule of benefits                                                                                                                                              |                   |                                                                                                                         |                                                                                                              |                             | Scope of accidental<br>death and<br>dismemberment |                      | Scope of accident<br>and sickness |                      | Accident and sickness                                            |                    |          |
|-------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------|-------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------|-----------------------------|---------------------------------------------------|----------------------|-----------------------------------|----------------------|------------------------------------------------------------------|--------------------|----------|
|                                     |                                                                                                                                                                                                                                                                              | Basis of graduation                                                                                                                                               | Life<br>insurance | Optional<br>life<br>insurance                                                                                           | Accidental<br>death and<br>dismem-<br>berment                                                                | Accident<br>and<br>sickness | Occupa-<br>tional                                 | Nonoccu-<br>pational | Occupa-<br>tional                 | Nonoccu-<br>pational | Maximum<br>duration                                              | Day benefit begins |          |
|                                     |                                                                                                                                                                                                                                                                              |                                                                                                                                                                   |                   |                                                                                                                         |                                                                                                              |                             |                                                   |                      |                                   |                      |                                                                  | Accident           | Sickness |
| E. I. du Pont de Nemours<br>and Co. | Life in-<br>surance:<br>After 1<br>year of<br>employ-<br>ment.<br><br>Occupa-<br>tional acci-<br>dental<br>death: Im-<br>mediately.<br><br>Accident<br>and sick-<br>ness: After<br>6 months.<br><br>Other ben-<br>efit: Im-<br>mediately<br>or 1st of<br>following<br>month. | Employee                                                                                                                                                          |                   |                                                                                                                         |                                                                                                              |                             |                                                   |                      |                                   |                      |                                                                  |                    |          |
|                                     |                                                                                                                                                                                                                                                                              | <u>Prior to age 65</u>                                                                                                                                            |                   | Up to 5<br>years of<br>service:<br>Amount<br>equal to<br>1 year of<br>earnings.                                         | Amount<br>equal to 3<br>times an-<br>nual earn-<br>ings: Max-<br>imum,<br>\$100,000.<br><br>( <sup>3</sup> ) | \$25                        | X<br><br>( <sup>3</sup> )                         | —                    | —                                 | X                    | 26 weeks <sup>4</sup> per<br>disability.<br><br>( <sup>3</sup> ) | 8th.               | 8th.     |
|                                     |                                                                                                                                                                                                                                                                              | Service:<br>1 to 2 years \$1,000<br>2 to 3 years 1,500<br>3 to 4 years 2,000<br>4 to 5 years 2,500<br>5 years and over 3,000                                      |                   | 5 years<br>and over:<br>Amount<br>when added<br>to basic<br>equals up<br>to 3 times<br>annual<br>earnings. <sup>2</sup> |                                                                                                              |                             |                                                   |                      |                                   |                      |                                                                  |                    |          |
|                                     |                                                                                                                                                                                                                                                                              | Retired employee                                                                                                                                                  |                   |                                                                                                                         |                                                                                                              |                             |                                                   |                      |                                   |                      |                                                                  |                    |          |
|                                     |                                                                                                                                                                                                                                                                              | <u>At age 65</u>                                                                                                                                                  |                   |                                                                                                                         |                                                                                                              |                             |                                                   |                      |                                   |                      |                                                                  |                    |          |
|                                     |                                                                                                                                                                                                                                                                              | Basic: Amount in effect immediately prior to age 65 reduced in 11 equal annual installments to \$1,500. <sup>1</sup>                                              |                   |                                                                                                                         |                                                                                                              |                             |                                                   |                      |                                   |                      |                                                                  |                    |          |
|                                     |                                                                                                                                                                                                                                                                              | Optional: Amount in effect immediately prior to age 65 reduced in 11 equal annual installments to one-half normal annual earnings; minimum, \$1,500. <sup>1</sup> |                   |                                                                                                                         |                                                                                                              |                             |                                                   |                      |                                   |                      |                                                                  |                    |          |
|                                     |                                                                                                                                                                                                                                                                              | Same as for employee prior to and at age 65.                                                                                                                      |                   |                                                                                                                         |                                                                                                              |                             |                                                   |                      |                                   |                      |                                                                  |                    |          |

<sup>1</sup> Each reduced amount adjusted to the next highest \$100.

<sup>2</sup> This insurance may be purchased in amounts equal to annual earnings, or when combined with basic insurance equals 2 or 3 times annual earnings.

<sup>3</sup> Occupational accidental death only; no benefits for dismemberment.

<sup>4</sup> Maternity accident and sickness benefit payments limited to 6 weeks.

## Plans for Salaried Employees

| Sick leave                     |                                                                              |             | Hospital benefits                    |                         |                   |                    |                                                                                                                                                    |                                                | Income limits for service surgical and medical benefits | Surgical benefits                     |                |                   |                 |
|--------------------------------|------------------------------------------------------------------------------|-------------|--------------------------------------|-------------------------|-------------------|--------------------|----------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------|---------------------------------------------------------|---------------------------------------|----------------|-------------------|-----------------|
| Years of service               | Days benefit per year                                                        |             | Daily benefit or service             | Maximum duration (days) | Extended coverage |                    | Ancillary services                                                                                                                                 | Maternity benefit                              |                                                         | Emergency out-patient care or service | Most-expensive | Appen-<br>dectomy | Normal delivery |
|                                | At half pay                                                                  | At full pay |                                      |                         | Days              | Daily amount       |                                                                                                                                                    |                                                |                                                         |                                       |                |                   |                 |
| Employee                       |                                                                              |             | Employee and dependents <sup>6</sup> |                         |                   |                    |                                                                                                                                                    |                                                |                                                         |                                       |                |                   |                 |
|                                | <u>Occupational disabilities</u>                                             |             | Semiprivate room.                    | 70                      | 660               | Semi-private room. | Full cost of specified services for 70 days; and 80 percent of charges above stated minimum for specified services during extended benefit period. | \$100 for room, board, and ancillary services. | \$7                                                     | —                                     | \$225          | \$100             | \$75            |
|                                | Difference between workmen's compensation benefit and full pay for 6 months. |             | ( <sup>7</sup> )                     | ( <sup>7</sup> )        |                   |                    |                                                                                                                                                    |                                                |                                                         |                                       |                |                   |                 |
|                                | <u>Nonoccupational disabilities</u>                                          |             |                                      |                         |                   |                    |                                                                                                                                                    |                                                |                                                         |                                       |                |                   |                 |
|                                | No formal plan.                                                              |             |                                      |                         |                   |                    | ( <sup>7</sup> )                                                                                                                                   |                                                |                                                         |                                       |                |                   |                 |
| Retired employee and dependent |                                                                              |             |                                      |                         |                   |                    |                                                                                                                                                    |                                                |                                                         |                                       |                |                   |                 |
| —                              | —                                                                            | —           | Same as above.                       | Same as above.          | Same as above.    | Same as above.     | Same as above.                                                                                                                                     | —                                              | Same as above.                                          | —                                     | Same as above. | Same as above.    | —               |

<sup>5</sup> After age 60, sickness benefits limited to 26 weeks during any 12 consecutive months.

<sup>6</sup> Group Hospital Service, Inc. (Blue Cross and Blue Shield Plan) for Delaware employees; employees in other areas covered by different programs.

<sup>7</sup> If employee does not elect to be covered by extended benefits; \$10 per day for room, board, and ancillary services is provided for an additional 295 days.

## Selected Health and Insurance Plans

| Company                          | Medical allowances                   |        |                |           |                                   |                                 |                                           |                |                | Other benefits                                                                                                                                                                                                                                                                                                                                                                         |
|----------------------------------|--------------------------------------|--------|----------------|-----------|-----------------------------------|---------------------------------|-------------------------------------------|----------------|----------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
|                                  | Home                                 | Office | Hospital       | Elsewhere | Maximum number of visits paid for | Maximum number of days paid for | Maximum compensation                      | Benefits begin |                | Types and amounts                                                                                                                                                                                                                                                                                                                                                                      |
|                                  |                                      |        |                |           |                                   |                                 |                                           | Sickness       | Accident       |                                                                                                                                                                                                                                                                                                                                                                                        |
| E. I. du Pont de Nemours and Co. | Employee and dependents <sup>6</sup> |        |                |           |                                   |                                 |                                           |                |                |                                                                                                                                                                                                                                                                                                                                                                                        |
|                                  | —                                    | —      | \$3 per day.   | —         | —                                 | 90<br>( <sup>8</sup> )          | \$270 per disability.<br>( <sup>8</sup> ) | 3d day.        | 3d day.        | Medical and surgical expenses, special expenses for special operations, surgical appliances, artificial limbs, etc; special rehabilitation training; funeral expenses and other expenses not covered by or over and above workmen's compensation benefits—company pays difference between above expenses and amount paid under the workmen's compensation law.<br><br>( <sup>9</sup> ) |
|                                  | Retired employee and dependent       |        |                |           |                                   |                                 |                                           |                |                |                                                                                                                                                                                                                                                                                                                                                                                        |
|                                  | —                                    | —      | Same as above. | —         | —                                 | Same as above.                  | Same as above.                            | Same as above. | Same as above. | —                                                                                                                                                                                                                                                                                                                                                                                      |

<sup>8</sup> With extended benefits, maximum number of days is 730 and maximum compensation is \$2,190 per disability.

<sup>9</sup> Provided employees who incur occupational injury or disease arising out of and in the course of their employment with the company.

for Salaried Employees—Continued

| Major medical                         |                   |                                         |                          |                                                     |             |                 |               | Financing                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |         |
|---------------------------------------|-------------------|-----------------------------------------|--------------------------|-----------------------------------------------------|-------------|-----------------|---------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------|
| Type of expense subject to deductible | Deductible amount | Accumulation period and its application | Benefit period           |                                                     | Coinsurance | Maximum benefit | Reinstatement | Employee                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | Company |
|                                       |                   |                                         | From start of disability | From incurrence of expenses in excess of deductible |             |                 |               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |         |
| Employee and dependents               |                   |                                         |                          |                                                     |             |                 |               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |         |
| —                                     | —                 | —                                       | —                        | —                                                   | —           | —               | —             | <u>Basic life, and occupational accidental death insurance</u><br>—   Full cost.<br><u>Optional life insurance</u><br>\$0.60 per \$1,000 per month.   Balance of cost.<br><u>Hospital, surgical, and medical</u><br><u>Employees with 1 year of service and their dependents</u> <sup>10</sup><br>One-half of dependent's benefits and full cost of extended benefits.   Full cost of employee's benefits and one-half of dependent's benefits.<br><u>Accident and sickness</u><br>\$1.25 per month.   Balance of cost.<br><u>Other</u><br>—   Full cost. |         |
| Retired employee and dependent        |                   |                                         |                          |                                                     |             |                 |               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |         |
| —                                     | —                 | —                                       | —                        | —                                                   | —           | —               | —             | <u>Basic life insurance</u><br>—   Full cost.<br><u>Optional life insurance</u><br>\$0.60 per \$1,000 per month.   Balance of cost.<br><u>Hospital, surgical, and medical</u><br>One-half of dependent's benefits and full cost of extended benefits.   Full cost of employee's benefits and one-half of dependent's benefits.                                                                                                                                                                                                                            |         |

<sup>10</sup> Employee with less than 1 year of service may obtain coverage for himself and his dependents by paying full cost.

## Selected Health and Insurance

| Company           | Eligibility<br>(when new<br>employees<br>become<br>eligible) | Schedule of benefits                                                                                                                                                          |                                |                               |                                               |                             | Scope of accidental<br>death and<br>dismemberment |                      | Scope of accident<br>and sickness |                 | Accident and sickness |                    |          |
|-------------------|--------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------|-------------------------------|-----------------------------------------------|-----------------------------|---------------------------------------------------|----------------------|-----------------------------------|-----------------|-----------------------|--------------------|----------|
|                   |                                                              | Basis of graduation                                                                                                                                                           | Life<br>insurance              | Optional<br>life<br>insurance | Accidental<br>death and<br>dismem-<br>berment | Accident<br>and<br>sickness | Occupa-<br>tional                                 | Nonoccupa-<br>tional | Occupational                      | Nonoccupational | Maximum<br>duration   | Day benefit begins |          |
|                   |                                                              |                                                                                                                                                                               |                                |                               |                                               |                             |                                                   |                      |                                   |                 |                       | Accident           | Sickness |
| Eastman Kodak Co. | Immedi-<br>ately or<br>1st of<br>following<br>month.         | Employee                                                                                                                                                                      |                                |                               |                                               |                             |                                                   |                      |                                   |                 |                       |                    |          |
|                   |                                                              | Earnings.                                                                                                                                                                     | 2 times<br>annual<br>earnings. | —                             | 2 times<br>annual<br>earnings. <sup>1</sup>   | —                           | X                                                 | —                    | —                                 | —               | —                     | —                  | —        |
|                   |                                                              | Retired employee                                                                                                                                                              |                                |                               |                                               |                             |                                                   |                      |                                   |                 |                       |                    |          |
|                   |                                                              | Retiring at age 65: <sup>6</sup>                                                                                                                                              | —                              | —                             | —                                             | —                           | —                                                 | —                    | —                                 | —               | —                     | —                  |          |
|                   |                                                              | <u>Service</u>                                                                                                                                                                | <u>Amount of<br/>insurance</u> |                               |                                               |                             |                                                   |                      |                                   |                 |                       |                    |          |
|                   |                                                              | Less than 5 years                                                                                                                                                             | \$500                          |                               |                                               |                             |                                                   |                      |                                   |                 |                       |                    |          |
|                   |                                                              | 5 to 10 years                                                                                                                                                                 | \$1,000                        |                               |                                               |                             |                                                   |                      |                                   |                 |                       |                    |          |
|                   |                                                              | 10 or more years of service, full amount maintained until age 66 then reduced in equal amounts until following percentages of insurance in effect at age 65 remain at age 70: |                                |                               |                                               |                             |                                                   |                      |                                   |                 |                       |                    |          |
|                   |                                                              | <u>Service</u>                                                                                                                                                                | <u>Percentage</u>              |                               |                                               |                             |                                                   |                      |                                   |                 |                       |                    |          |
|                   |                                                              | 10 years                                                                                                                                                                      | 25                             |                               |                                               |                             |                                                   |                      |                                   |                 |                       |                    |          |
|                   |                                                              | 11 years                                                                                                                                                                      | 27½                            |                               |                                               |                             |                                                   |                      |                                   |                 |                       |                    |          |
|                   |                                                              | etc. in increments of—                                                                                                                                                        |                                |                               |                                               |                             |                                                   |                      |                                   |                 |                       |                    |          |
|                   |                                                              | 1 year                                                                                                                                                                        | 2½                             |                               |                                               |                             |                                                   |                      |                                   |                 |                       |                    |          |
|                   |                                                              | to a maximum of—                                                                                                                                                              |                                |                               |                                               |                             |                                                   |                      |                                   |                 |                       |                    |          |
|                   |                                                              | 20 years and over                                                                                                                                                             | 50                             |                               |                                               |                             |                                                   |                      |                                   |                 |                       |                    |          |

<sup>1</sup> At age 66 accidental death insurance is reduced as per schedule for retiree's basic insurance. This insurance terminates at retirement.

<sup>2</sup> Benefit for occupational disabilities is the difference between the workmen's compensation benefit and sick leave pay. Sick leave is not payable for maternity disabilities.

<sup>3</sup> For the weeks that workers with less than 5 years of service received ½ pay the maximum amount that the company will pay is \$50.

Plans for Salaried Employees

| Sick leave                  |                       |                    | Hospital benefits              |                         |                   |                   |                                                               |                                                                                    |                                       | Income limits for service surgical and medical benefits | Surgical benefits |                   |                 |
|-----------------------------|-----------------------|--------------------|--------------------------------|-------------------------|-------------------|-------------------|---------------------------------------------------------------|------------------------------------------------------------------------------------|---------------------------------------|---------------------------------------------------------|-------------------|-------------------|-----------------|
| Years of service            | Days benefit per year |                    | Daily benefit or service       | Maximum duration (days) | Extended coverage |                   | Ancillary services                                            | Maternity benefit                                                                  | Emergency out-patient care or service |                                                         | Most-expensive    | Appen-<br>dectomy | Normal delivery |
|                             | At half pay           | At full pay        |                                |                         | Days              | Daily amount      |                                                               |                                                                                    |                                       |                                                         |                   |                   |                 |
| Employee                    |                       |                    | Employee and dependents        |                         |                   |                   |                                                               |                                                                                    |                                       |                                                         |                   |                   |                 |
| Up through 1                | 24                    | 2                  | Semiprivate room.              | 70                      | 50                | <sup>5</sup> \$10 | Full cost of specified services for 1st 70 days. <sup>5</sup> | \$8 per day for room, board, and ancillary services; minimum, \$50; maximum, \$80. | Required services provided.           | \$7,200                                                 | \$425             | \$148.75          | \$75            |
| 2                           | 17                    | 9                  |                                |                         |                   |                   |                                                               |                                                                                    |                                       |                                                         |                   |                   |                 |
| 3                           | 12                    | 14                 |                                |                         |                   |                   |                                                               |                                                                                    |                                       |                                                         |                   |                   |                 |
| 4                           | 7                     | 19                 |                                |                         |                   |                   |                                                               |                                                                                    |                                       |                                                         |                   |                   |                 |
| 5                           | 2                     | 24                 |                                |                         |                   |                   |                                                               |                                                                                    |                                       |                                                         |                   |                   |                 |
| 5 <sup>1/2</sup> through 15 |                       | 26                 |                                |                         |                   |                   |                                                               |                                                                                    |                                       |                                                         |                   |                   |                 |
| After 15                    | ( <sup>2,3</sup> )    | ( <sup>2,4</sup> ) |                                |                         |                   |                   |                                                               |                                                                                    |                                       |                                                         |                   |                   |                 |
|                             |                       |                    | Retired employee and dependent |                         |                   |                   |                                                               |                                                                                    |                                       |                                                         |                   |                   |                 |
|                             |                       |                    | Same as above.                 | Same as above.          | Same as above.    | Same as above.    | Same as above.                                                | —                                                                                  | Same as above.                        | Same as above.                                          | Same as above.    | Same as above.    | —               |

<sup>4</sup> For each month of service over 12 the worker acquires 2 days of sick leave at full pay; in order to convert days of sick leave to weeks, 5 days equal 1 week.

<sup>5</sup> \$10 per day is paid for room, board, and ancillary services for additional 50 days per disability.

<sup>6</sup> For employee retiring prior to age 65, full amount of insurance is maintained until age 66 then reduced as for employee retiring at age 65.

## Selected Health and Insurance Plans

| Company           | Medical allowances             |        |          |           |                                   |                                 |                      |                |          | Other benefits    |                                                                                                                                                                                           |
|-------------------|--------------------------------|--------|----------|-----------|-----------------------------------|---------------------------------|----------------------|----------------|----------|-------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
|                   | Home                           | Office | Hospital | Elsewhere | Maximum number of visits paid for | Maximum number of days paid for | Maximum compensation | Benefits begin |          | Types and amounts |                                                                                                                                                                                           |
|                   |                                |        |          |           |                                   |                                 |                      | Sickness       | Accident |                   |                                                                                                                                                                                           |
| Eastman Kodak Co. | Employee and dependents        |        |          |           |                                   |                                 |                      |                |          |                   |                                                                                                                                                                                           |
|                   | —                              | —      | —        | —         | —                                 | —                               | —                    | —              | —        | —                 | Radiation therapy allowance: (For care in or out of hospital) no specified maximum.<br><br>Anesthesia allowance: (For cases in or out of hospital) on a time basis, no specified maximum. |
|                   | Retired employee and dependent |        |          |           |                                   |                                 |                      |                |          |                   |                                                                                                                                                                                           |
|                   | —                              | —      | —        | —         | —                                 | —                               | —                    | —              | —        | —                 | Same as above.                                                                                                                                                                            |

<sup>7</sup> Based on annual salary, ranging from less than \$5,000 to \$25,000 and over, the maximum benefit ranges from \$5,000 to \$25,000.

<sup>8</sup> Employees pay for sick leave coverage during the 1st 3 years of employment at the rate of  $\frac{1}{2}$  of 1 percent of salary per week; maximum 30 cents per week.

for Salaried Employees—Continued

| Type of expense subject to deductible       | Deductible amount                                                                                                                                                                          | Accumulation period and its application                 | Major medical            |                                                     |                |                 | Financing                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |          |        |        |                   |      |        |                    |      |      |                     |      |      |                      |      |      |                      |      |      |                   |      |      |
|---------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------|--------------------------|-----------------------------------------------------|----------------|-----------------|--------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------|--------|--------|-------------------|------|--------|--------------------|------|------|---------------------|------|------|----------------------|------|------|----------------------|------|------|-------------------|------|------|
|                                             |                                                                                                                                                                                            |                                                         | Benefit period           |                                                     | Coinsurance    | Maximum benefit | Reinstatement                  | Employee                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | Company  |        |        |                   |      |        |                    |      |      |                     |      |      |                      |      |      |                      |      |      |                   |      |      |
|                                             |                                                                                                                                                                                            |                                                         | From start of disability | From incurrence of expenses in excess of deductible |                |                 |                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |          |        |        |                   |      |        |                    |      |      |                     |      |      |                      |      |      |                      |      |      |                   |      |      |
| Employee and dependents                     |                                                                                                                                                                                            |                                                         |                          |                                                     |                |                 |                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |          |        |        |                   |      |        |                    |      |      |                     |      |      |                      |      |      |                      |      |      |                   |      |      |
| All.                                        | Annual earnings:<br>Less than \$5,000—\$100<br>\$5,000 to \$7,500—\$125<br>\$7,500 to \$10,000—\$175<br>\$10,000 to \$15,000—\$250<br>\$15,000 to \$25,000—\$350<br>\$25,000 or more—\$500 | Calendar year with 3-month carryover; all disabilities. | —                        | Calendar year; all disabilities.                    | 75 percent.    | (7)             | Upon evidence of insurability. | <u>Life insurance</u><br>\$0.60 per \$1,000 per month.   Balance of cost.<br><u>Accidental death and dismemberment and sick leave</u><br>—   Full cost.<br><u>Major medical</u><br><u>Monthly contribution</u><br><table border="1"> <thead> <tr> <th>Earnings</th> <th>Single</th> <th>Family</th> </tr> </thead> <tbody> <tr> <td>Less than \$5,000</td> <td>0.55</td> <td>\$1.10</td> </tr> <tr> <td>\$5,000 to \$7,500</td> <td>1.05</td> <td>2.10</td> </tr> <tr> <td>\$7,500 to \$10,000</td> <td>1.20</td> <td>2.40</td> </tr> <tr> <td>\$10,000 to \$15,000</td> <td>1.40</td> <td>2.80</td> </tr> <tr> <td>\$15,000 to \$25,000</td> <td>1.60</td> <td>3.20</td> </tr> <tr> <td>\$25,000 and over</td> <td>1.75</td> <td>3.50</td> </tr> </tbody> </table> Balance of cost.<br><u>Hospital and surgical</u><br>1/2 cost.   Balance of cost. | Earnings | Single | Family | Less than \$5,000 | 0.55 | \$1.10 | \$5,000 to \$7,500 | 1.05 | 2.10 | \$7,500 to \$10,000 | 1.20 | 2.40 | \$10,000 to \$15,000 | 1.40 | 2.80 | \$15,000 to \$25,000 | 1.60 | 3.20 | \$25,000 and over | 1.75 | 3.50 |
| Earnings                                    | Single                                                                                                                                                                                     | Family                                                  |                          |                                                     |                |                 |                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |          |        |        |                   |      |        |                    |      |      |                     |      |      |                      |      |      |                      |      |      |                   |      |      |
| Less than \$5,000                           | 0.55                                                                                                                                                                                       | \$1.10                                                  |                          |                                                     |                |                 |                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |          |        |        |                   |      |        |                    |      |      |                     |      |      |                      |      |      |                      |      |      |                   |      |      |
| \$5,000 to \$7,500                          | 1.05                                                                                                                                                                                       | 2.10                                                    |                          |                                                     |                |                 |                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |          |        |        |                   |      |        |                    |      |      |                     |      |      |                      |      |      |                      |      |      |                   |      |      |
| \$7,500 to \$10,000                         | 1.20                                                                                                                                                                                       | 2.40                                                    |                          |                                                     |                |                 |                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |          |        |        |                   |      |        |                    |      |      |                     |      |      |                      |      |      |                      |      |      |                   |      |      |
| \$10,000 to \$15,000                        | 1.40                                                                                                                                                                                       | 2.80                                                    |                          |                                                     |                |                 |                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |          |        |        |                   |      |        |                    |      |      |                     |      |      |                      |      |      |                      |      |      |                   |      |      |
| \$15,000 to \$25,000                        | 1.60                                                                                                                                                                                       | 3.20                                                    |                          |                                                     |                |                 |                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |          |        |        |                   |      |        |                    |      |      |                     |      |      |                      |      |      |                      |      |      |                   |      |      |
| \$25,000 and over                           | 1.75                                                                                                                                                                                       | 3.50                                                    |                          |                                                     |                |                 |                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |          |        |        |                   |      |        |                    |      |      |                     |      |      |                      |      |      |                      |      |      |                   |      |      |
| Retired employee and dependent <sup>9</sup> |                                                                                                                                                                                            |                                                         |                          |                                                     |                |                 |                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |          |        |        |                   |      |        |                    |      |      |                     |      |      |                      |      |      |                      |      |      |                   |      |      |
| Same as above.                              | Same as above.<br>(10)                                                                                                                                                                     | Same as above.                                          | —                        | Same as above.                                      | Same as above. | Same as above.  | —                              | <u>Life insurance, hospital, surgical, and major medical</u><br>—   Full cost.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |          |        |        |                   |      |        |                    |      |      |                     |      |      |                      |      |      |                      |      |      |                   |      |      |

<sup>9</sup> The retired employee must have 15 years of service and must have been insured for 5 years preceding retirement.

<sup>10</sup> Based on worker's retirement annuity.

## Selected Health and Insurance

| Company              | Eligibility<br>(when new<br>employees<br>become<br>eligible) | Schedule of benefits                                                                                                                                                                                                                              |                                                                                               |                               |                                                                                                                                                                                    |                                                                                                                                                                                                           | Scope of accidental<br>death and<br>dismemberment |                      | Scope of accident<br>and sickness |                      | Accident and sickness                    |                            |          |
|----------------------|--------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------|-------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------|----------------------|-----------------------------------|----------------------|------------------------------------------|----------------------------|----------|
|                      |                                                              | Basis of graduation                                                                                                                                                                                                                               | Life<br>insurance                                                                             | Optional<br>life<br>insurance | Accidental<br>death and<br>dismem-<br>berment                                                                                                                                      | Accident<br>and<br>sickness                                                                                                                                                                               | Occupa-<br>tional                                 | Nonoccu-<br>pational | Occupa-<br>tional                 | Nonoccu-<br>pational | Maximum<br>duration                      | Day benefit begins         |          |
|                      |                                                              |                                                                                                                                                                                                                                                   |                                                                                               |                               |                                                                                                                                                                                    |                                                                                                                                                                                                           |                                                   |                      |                                   |                      |                                          | Accident                   | Sickness |
| General Electric Co. | Imme-<br>diately or<br>1st of fol-<br>lowing<br>month.       | Employee                                                                                                                                                                                                                                          |                                                                                               |                               |                                                                                                                                                                                    |                                                                                                                                                                                                           |                                                   |                      |                                   |                      |                                          |                            |          |
|                      |                                                              | Annual earnings.                                                                                                                                                                                                                                  | 2 times<br>basic<br>earnings.                                                                 | —                             | Basic:<br>1 year of<br>earnings.<br><br>Optional:<br>Up to<br>\$100,000<br>or 5 times<br>annual<br>earnings<br>(which-<br>ever is<br>greater)<br>but no<br>more than<br>\$250,000. | \$15 per<br>week for<br>1st 20<br>days of<br>salary con-<br>tinuance.<br>Thereafter,<br>50 percent<br>of salary;<br>minimum,<br>\$32.50;<br>maximum,<br>\$85 for an<br>additional<br>26 weeks.<br><br>(1) | X                                                 | X                    | X                                 | X                    | 30 weeks <sup>2</sup> per<br>disability. | 8th or 1st<br>in hospital. |          |
|                      |                                                              | Retired employee                                                                                                                                                                                                                                  |                                                                                               |                               |                                                                                                                                                                                    |                                                                                                                                                                                                           |                                                   |                      |                                   |                      |                                          |                            |          |
|                      |                                                              | Retiring prior to age<br>65: Amount in effect<br>immediately prior to<br>retirement maintained<br>until age 65; there-<br>after, same as for<br>employee retiring at<br>age 65.                                                                   | —                                                                                             | —                             | —                                                                                                                                                                                  | —                                                                                                                                                                                                         | —                                                 | —                    | —                                 | —                    | —                                        | —                          | —        |
|                      |                                                              | Retiring at age 65:<br>Amount in effect<br>immediately prior to<br>age 65 reduced 2.5<br>percent per month<br>until amount in effect<br>equals specified per-<br>cent of amount in ef-<br>fect immediately prior<br>to retirement.                | Percent-<br>age of<br>amount in<br>effect<br>imme-<br>diately<br>prior to<br>retire-<br>ment: |                               |                                                                                                                                                                                    |                                                                                                                                                                                                           |                                                   |                      |                                   |                      |                                          |                            |          |
|                      |                                                              | Service:<br>5 years ----- 16 <sup>2</sup> / <sub>3</sub><br>6 years ----- 20<br>7 years ----- 23 <sup>1</sup> / <sub>3</sub><br>8 years ----- 26 <sup>2</sup> / <sub>3</sub><br>9 years ----- 30<br>10 years ----- 33 <sup>1</sup> / <sub>3</sub> |                                                                                               |                               |                                                                                                                                                                                    |                                                                                                                                                                                                           |                                                   |                      |                                   |                      |                                          |                            |          |

<sup>1</sup> The occupational weekly accident and sickness benefit is the difference between the workmen's compensation benefit and the above amount.

<sup>2</sup> Not payable for maternity disabilities.

Plans for Salaried Employees

| Sick leave                     |                       |                  | Hospital benefits        |                             |                   |              |                    |                   | Income limits for service surgical and medical benefits | Surgical benefits                     |                             |                   |                  |
|--------------------------------|-----------------------|------------------|--------------------------|-----------------------------|-------------------|--------------|--------------------|-------------------|---------------------------------------------------------|---------------------------------------|-----------------------------|-------------------|------------------|
| Years of service               | Days benefit per year |                  | Daily benefit or service | Maximum duration (days)     | Extended coverage |              | Ancillary services | Maternity benefit |                                                         | Emergency out-patient care or service | Most-expensive              | Appen-<br>dectomy | Normal delivery  |
|                                | At half pay           | At full pay      |                          |                             | Days              | Daily amount |                    |                   |                                                         |                                       |                             |                   |                  |
| Employee and dependents        |                       |                  |                          |                             |                   |              |                    |                   |                                                         |                                       |                             |                   |                  |
| ( <sup>3</sup> )               | ( <sup>3</sup> )      | ( <sup>3</sup> ) |                          | See major medical benefits. |                   |              |                    |                   | ( <sup>4</sup> )                                        |                                       | See major medical benefits. |                   | ( <sup>4</sup> ) |
| Retired employee and dependent |                       |                  |                          |                             |                   |              |                    |                   |                                                         |                                       |                             |                   |                  |
|                                |                       |                  |                          | See major medical benefits. |                   |              |                    |                   |                                                         |                                       |                             |                   |                  |

<sup>3</sup> No formal plan. Employer, however, usually provides full pay for 1st 20 days.  
<sup>4</sup> Lump-sum maternity benefit of \$150.

## Selected Health and Insurance Plans

| Company              | Medical allowances             |        |          |           |                                   |                                 |                      |                | Other benefits |                             |
|----------------------|--------------------------------|--------|----------|-----------|-----------------------------------|---------------------------------|----------------------|----------------|----------------|-----------------------------|
|                      | Home                           | Office | Hospital | Elsewhere | Maximum number of visits paid for | Maximum number of days paid for | Maximum compensation | Benefits begin |                | Types and amounts           |
|                      |                                |        |          |           |                                   |                                 |                      | Sickness       | Accident       |                             |
| General Electric Co. | Employee and dependents        |        |          |           |                                   |                                 |                      |                |                |                             |
|                      |                                |        |          |           |                                   |                                 |                      |                |                | See major medical benefits. |
| General Electric Co. | Retired employee and dependent |        |          |           |                                   |                                 |                      |                |                |                             |
|                      |                                |        |          |           |                                   |                                 |                      |                |                | See major medical benefits. |

for Salaried Employees—Continued

| Major medical                               |                                                                |                                                         |                                  |                                                     |                                                                                                                                                                                                |                                                                                                  |                                | Financing                                                                                                               |                  |
|---------------------------------------------|----------------------------------------------------------------|---------------------------------------------------------|----------------------------------|-----------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------|--------------------------------|-------------------------------------------------------------------------------------------------------------------------|------------------|
| Type of expense subject to deductible       | Deductible amount                                              | Accumulation period and its application                 | Benefit period                   |                                                     | Coinsurance                                                                                                                                                                                    | Maximum benefit                                                                                  | Reinstatement                  | Employee                                                                                                                | Company          |
|                                             |                                                                |                                                         | From start of disability         | From incurrence of expenses in excess of deductible |                                                                                                                                                                                                |                                                                                                  |                                |                                                                                                                         |                  |
| Employee and dependents                     |                                                                |                                                         |                                  |                                                     |                                                                                                                                                                                                |                                                                                                  |                                | Employees                                                                                                               |                  |
| All.                                        | Hospital and surgical: \$25.<br>Other: \$50.<br>Maximum, \$50. | Calendar year with 3-month carryover; all disabilities. | Calendar year; all disabilities. | —                                                   | Hospital and surgical expense: 100 percent of first \$225; thereafter, 85 percent.<br><br>Other medical expenses: 75 percent.<br><br>Exceptions: Out-of-hospital psychiatric care, 50 percent. | \$7,500 per benefit period; \$15,000 per lifetime.                                               | Upon evidence of insurability. | <u>Life insurance, basic accidental death or dismemberment, weekly accident, sickness, maternity, and major medical</u> |                  |
|                                             |                                                                |                                                         |                                  |                                                     |                                                                                                                                                                                                |                                                                                                  |                                | 7/10 percent of annual earnings.                                                                                        | Balance of cost. |
|                                             |                                                                |                                                         |                                  |                                                     |                                                                                                                                                                                                |                                                                                                  |                                | Additional accidental death                                                                                             |                  |
|                                             |                                                                |                                                         |                                  |                                                     |                                                                                                                                                                                                |                                                                                                  |                                | \$0.60 per \$1,000 per year.                                                                                            | —                |
|                                             |                                                                |                                                         |                                  |                                                     |                                                                                                                                                                                                |                                                                                                  |                                | Dependents                                                                                                              |                  |
|                                             |                                                                |                                                         |                                  |                                                     |                                                                                                                                                                                                |                                                                                                  |                                | 2 percent of 1st \$5,000 of annual earnings.                                                                            | Balance of cost. |
| Retired employee and dependent <sup>5</sup> |                                                                |                                                         |                                  |                                                     |                                                                                                                                                                                                |                                                                                                  |                                |                                                                                                                         |                  |
| All.                                        | \$25                                                           | Calendar year with 3-month carryover; all disabilities. | Calendar year; all disabilities. | —                                                   | 100 percent of first \$225; thereafter, 85 percent.                                                                                                                                            | 10 to 15 years of service: \$2,000. <sup>6</sup><br><br>15 years and over: \$3,000. <sup>6</sup> | —                              | —                                                                                                                       | Full cost.       |

<sup>5</sup> Benefit is applicable only to hospital and surgical expenses; medical expenses are excluded from coverage.

<sup>6</sup> Maximum payable for all expenses incurred by both retiree and wife.

## Selected Health and Insurance

| Company              | Eligibility<br>(when new employees become eligible) | Schedule of benefits                                                                                                                                                                                                                    |                                           |                         |                                                        |                                                                                         | Scope of accidental death and dismemberment |                 | Scope of accident and sickness |                 | Accident and sickness                                                                                                          |                    |          |
|----------------------|-----------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------|-------------------------|--------------------------------------------------------|-----------------------------------------------------------------------------------------|---------------------------------------------|-----------------|--------------------------------|-----------------|--------------------------------------------------------------------------------------------------------------------------------|--------------------|----------|
|                      |                                                     | Basis of graduation                                                                                                                                                                                                                     | Life insurance                            | Optional life insurance | Accidental death and dismemberment                     | Accident and sickness                                                                   | Occupational                                | Nonoccupational | Occupational                   | Nonoccupational | Maximum duration                                                                                                               | Day benefit begins |          |
|                      |                                                     |                                                                                                                                                                                                                                         |                                           |                         |                                                        |                                                                                         |                                             |                 |                                |                 |                                                                                                                                | Accident           | Sickness |
| General Motors Corp. | 1st of month next following 1 month of employment.  | Employee                                                                                                                                                                                                                                |                                           |                         |                                                        |                                                                                         |                                             |                 |                                |                 |                                                                                                                                |                    |          |
|                      |                                                     | Base salary.                                                                                                                                                                                                                            | Approximately 2 times annual base salary. | —                       | Approximately 1 year of base salary; Maximum, \$9,600. | Monthly benefit for employees with base salary of less than \$750 monthly. <sup>2</sup> | X                                           | X               | X                              | X               | Graduated by service:<br>Less than 1 year—6 months<br>1 to 5 years—8 months<br>5 years and over—12 months.<br>( <sup>3</sup> ) | 8th.               | 8th.     |
|                      |                                                     | Monthly earnings:                                                                                                                                                                                                                       |                                           |                         |                                                        |                                                                                         |                                             |                 |                                |                 |                                                                                                                                |                    |          |
|                      |                                                     | Less than \$345                                                                                                                                                                                                                         |                                           |                         |                                                        | \$205                                                                                   |                                             |                 |                                |                 |                                                                                                                                |                    |          |
|                      |                                                     | \$345 to \$370                                                                                                                                                                                                                          |                                           |                         |                                                        | 235                                                                                     |                                             |                 |                                |                 |                                                                                                                                |                    |          |
|                      |                                                     | \$370 to \$395                                                                                                                                                                                                                          |                                           |                         |                                                        | 255                                                                                     |                                             |                 |                                |                 |                                                                                                                                |                    |          |
|                      |                                                     | \$395 to \$420                                                                                                                                                                                                                          |                                           |                         |                                                        | 275                                                                                     |                                             |                 |                                |                 |                                                                                                                                |                    |          |
|                      |                                                     | \$420 to \$445                                                                                                                                                                                                                          |                                           |                         |                                                        | 290                                                                                     |                                             |                 |                                |                 |                                                                                                                                |                    |          |
|                      |                                                     | \$445 to \$470                                                                                                                                                                                                                          |                                           |                         |                                                        | 310                                                                                     |                                             |                 |                                |                 |                                                                                                                                |                    |          |
|                      |                                                     | \$470 to \$500                                                                                                                                                                                                                          |                                           |                         |                                                        | 340                                                                                     |                                             |                 |                                |                 |                                                                                                                                |                    |          |
|                      |                                                     | \$500 to \$550                                                                                                                                                                                                                          |                                           |                         |                                                        | 375                                                                                     |                                             |                 |                                |                 |                                                                                                                                |                    |          |
|                      |                                                     | \$550 to \$600                                                                                                                                                                                                                          |                                           |                         |                                                        | 410                                                                                     |                                             |                 |                                |                 |                                                                                                                                |                    |          |
|                      |                                                     | \$600 to \$750                                                                                                                                                                                                                          |                                           |                         |                                                        | 450                                                                                     |                                             |                 |                                |                 |                                                                                                                                |                    |          |
|                      |                                                     |                                                                                                                                                                                                                                         |                                           |                         | ( <sup>1</sup> )                                       |                                                                                         |                                             |                 |                                |                 |                                                                                                                                |                    |          |
|                      |                                                     | Retired employee                                                                                                                                                                                                                        |                                           |                         |                                                        |                                                                                         |                                             |                 |                                |                 |                                                                                                                                |                    |          |
|                      |                                                     | Retiring at or after age 65:                                                                                                                                                                                                            | —                                         | —                       | —                                                      | —                                                                                       | —                                           | —               | —                              | —               | —                                                                                                                              | —                  | —        |
|                      |                                                     | Insurance reduced 2 percent monthly until ( <sup>1</sup> ) for employees with 10 or more years coverage, amount equals 1.5 percent of amount in effect immediately prior to initial reduction multiplied by years of coverage up to 20. |                                           |                         |                                                        |                                                                                         |                                             |                 |                                |                 |                                                                                                                                |                    |          |
|                      |                                                     | Retiring prior to age 65:                                                                                                                                                                                                               |                                           |                         |                                                        |                                                                                         |                                             |                 |                                |                 |                                                                                                                                |                    |          |
|                      |                                                     | Amount in effect prior to retirement continued until age 65, then reduced in same manner as for employee retiring at age 65.                                                                                                            |                                           |                         |                                                        |                                                                                         |                                             |                 |                                |                 |                                                                                                                                |                    |          |

<sup>1</sup> The occupational weekly accident and sickness benefit is the difference between workmen's compensation and above amount.

<sup>2</sup> Employees earning \$750 and over per month are covered by an informal salary continuation program. Employees earning \$750 and over per month employed in California, New Jersey, New York, or Rhode Island also receive State temporary disability benefits.

<sup>3</sup> Maternity accident and sickness benefit limited to 1½ months.

Plans for Salaried Employees

| Sick leave                         |                       |             | Hospital benefits                           |                         |                   |              |                                  |                                                                               | Income limits for service surgical and medical benefits | Surgical benefits                     |                |                   |                 |   |
|------------------------------------|-----------------------|-------------|---------------------------------------------|-------------------------|-------------------|--------------|----------------------------------|-------------------------------------------------------------------------------|---------------------------------------------------------|---------------------------------------|----------------|-------------------|-----------------|---|
| Years of service                   | Days benefit per year |             | Daily benefit or service                    | Maximum duration (days) | Extended coverage |              | Ancillary services               | Maternity benefit                                                             |                                                         | Emergency out-patient care or service | Most-expensive | Appen-<br>dectomy | Normal delivery |   |
|                                    | At half pay           | At full pay |                                             |                         | Days              | Daily amount |                                  |                                                                               |                                                         |                                       |                |                   |                 |   |
| Employee                           |                       |             | Employee and dependents <sup>5</sup>        |                         |                   |              |                                  |                                                                               |                                                         |                                       |                |                   |                 |   |
| Less than 1<br>1 to 5<br>5 or more | —                     | 1           | Semiprivate room.                           | 365                     | —                 | —            | Full cost of specified services. | Semiprivate room for 365 days plus full cost of specified ancillary services. | Required services provided.                             | \$7,500                               | \$450          | \$157.50          | \$90            |   |
|                                    | —                     | 8           |                                             |                         |                   |              |                                  |                                                                               |                                                         |                                       |                |                   |                 |   |
|                                    | —                     | 13          |                                             |                         |                   |              |                                  |                                                                               |                                                         |                                       |                |                   |                 |   |
|                                    |                       | (4)         |                                             |                         |                   |              |                                  |                                                                               |                                                         |                                       |                |                   |                 |   |
|                                    |                       |             | Retired employee and dependent <sup>5</sup> |                         |                   |              |                                  |                                                                               |                                                         |                                       |                |                   |                 |   |
|                                    |                       |             | Same as above.                              | Same as above.          | —                 | —            | Same as above.                   | —                                                                             | Same as above.                                          | Same as above.                        | Same as above. | Same as above.    | Same as above.  | — |

<sup>4</sup> Above schedule applies to employees with monthly base salaries of less than \$750. Sick leave payments reduced by any statutory or sickness and accident benefits the worker receives. Employees earning \$750 and over per month covered by informal salary continuation plan.

<sup>5</sup> Michigan Hospital Service and Michigan Medical Service (Blue Cross and Blue Shield Plans); benefits for employees in other areas covered by other plans providing coverage as nearly equal as practicable to coverage provided for employees in Michigan.

## Selected Health and Insurance Plans

| Company              | Medical allowances                   |        |                                                                                              |           |                                   |                                 |                         |                | Other benefits |                   |
|----------------------|--------------------------------------|--------|----------------------------------------------------------------------------------------------|-----------|-----------------------------------|---------------------------------|-------------------------|----------------|----------------|-------------------|
|                      | Home                                 | Office | Hospital                                                                                     | Elsewhere | Maximum number of visits paid for | Maximum number of days paid for | Maximum compensation    | Benefits begin |                | Types and amounts |
|                      |                                      |        |                                                                                              |           |                                   |                                 |                         | Sickness       | Accident       |                   |
| General Motors Corp. | Employee and dependents <sup>5</sup> |        |                                                                                              |           |                                   |                                 |                         |                |                |                   |
|                      | —                                    | —      | 1st day, \$15; 2d through 20th day, \$6; thereafter, \$4.80 per day.<br><br>( <sup>6</sup> ) | —         | —                                 | 365 per disability.             | \$1,785 per disability. | 1st day.       | 1st day.       | —                 |
|                      | Retired employee and dependent       |        |                                                                                              |           |                                   |                                 |                         |                |                |                   |
|                      | —                                    | —      | Same as above.                                                                               | —         | —                                 | Same as above.                  | Same as above.          | Same as above. | Same as above. | —                 |

<sup>6</sup> If employees annual base salary is less than \$5,000 per year, dollar amounts benefits are somewhat lower.

<sup>7</sup> In-hospital care for nervous or mental conditions \$30 per day less any allowance by basic coverages.

<sup>8</sup> Up to \$10 per day for private room expenses in excess of semiprivate charges.

for Salaried Employees—Continued

| Major medical                         |                                                                                                                                                                             |                                         |                          |                                                     |                |                                                                                                                                              |                                | Financing                                                                                                                                                                                                                                                                                                                     |         |
|---------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------|--------------------------|-----------------------------------------------------|----------------|----------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------|
| Type of expense subject to deductible | Deductible amount                                                                                                                                                           | Accumulation period and its application | Benefit period           |                                                     | Coinsurance    | Maximum benefit                                                                                                                              | Reinstatement                  | Employee                                                                                                                                                                                                                                                                                                                      | Company |
|                                       |                                                                                                                                                                             |                                         | From start of disability | From incurrence of expenses in excess of deductible |                |                                                                                                                                              |                                |                                                                                                                                                                                                                                                                                                                               |         |
| Employee and dependents               |                                                                                                                                                                             |                                         |                          |                                                     |                |                                                                                                                                              |                                |                                                                                                                                                                                                                                                                                                                               |         |
| All.                                  | Annual earnings:<br>Less than \$12,000 - \$100<br>\$12,000 to \$18,000 - \$150<br>\$18,000 to \$24,000 - \$200<br>\$24,000 to \$30,000 - \$250<br>\$30,000 and over - \$300 | 12 months; all disabilities.            | —                        | 12 months; all disabilities.                        | 80 percent.    | \$10,000 per benefit period.<br><br>Unlimited per lifetime for employees.<br><br>\$20,000 per lifetime for dependents.<br><br>(7)<br><br>(8) | Upon evidence of insurability. | <u>Life insurance</u><br>Less than \$18,000<br>— Full cost.<br>\$18,000 and over<br>\$0.50 per \$1,000. Balance of cost.<br><u>Major medical</u><br><u>Monthly</u><br>Individual ..... \$0.50<br>Individual and wife ..... 1.25 Balance of cost.<br>Individual and family ..... 1.50<br><u>Other benefits</u><br>— Full cost. |         |
| Retired employee and dependent        |                                                                                                                                                                             |                                         |                          |                                                     |                |                                                                                                                                              |                                |                                                                                                                                                                                                                                                                                                                               |         |
| Same as above.                        | Same as above.<br><br>(Except relates to earnings prior to retirement.)                                                                                                     | 90 days.                                | —                        | Same as above.                                      | Same as above. | Same as above.                                                                                                                               | —                              | <u>Life insurance</u><br>\$0.50 per month per \$1,000 to age 65.<br>No employee contributions after age 65.<br><u>Major medical</u><br>Full cost.<br><u>Monthly</u><br>Individual ..... \$3.50<br>Individual and wife ..... 7.50<br><u>Hospital, surgical, and medical</u><br>One-half of cost. One-half of cost.             |         |



Plans for Salaried Employees

| Sick leave       |                       |             | Hospital benefits              |                         |                   |                                          |                                                                                              |                                                                               |                                       | Income limits for service surgical and medical benefits | Surgical benefits |                   |                 |
|------------------|-----------------------|-------------|--------------------------------|-------------------------|-------------------|------------------------------------------|----------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------|---------------------------------------|---------------------------------------------------------|-------------------|-------------------|-----------------|
| Years of service | Days benefit per year |             | Daily benefit or service       | Maximum duration (days) | Extended coverage |                                          | Ancillary services                                                                           | Maternity benefit                                                             | Emergency out-patient care or service |                                                         | Most-expensive    | Appen-<br>dectomy | Normal delivery |
|                  | At half pay           | At full pay |                                |                         | Days              | Daily amount                             |                                                                                              |                                                                               |                                       |                                                         |                   |                   |                 |
| Employee         |                       |             | Employee and dependents        |                         |                   |                                          |                                                                                              |                                                                               |                                       |                                                         |                   |                   |                 |
| —                | —                     | —           | Semiprivate room.              | 21                      | 180               | 50 percent of cost of semi-private room. | Full cost of specified services for 1st 21 days; 50 percent of cost for additional 180 days. | \$80 for room, board, and ancillary services.                                 | \$ 7.25                               | Individual, \$2,500; family, \$4,000.                   | \$ 250            | \$ 125            | \$ 75           |
|                  |                       |             | Retired employee and dependent |                         |                   |                                          |                                                                                              |                                                                               |                                       |                                                         |                   |                   |                 |
| —                | —                     | —           | —                              | —                       | —                 | —                                        | —                                                                                            | —                                                                             | —                                     | —                                                       | —                 | —                 | —               |
| Employee         |                       |             | Employee and dependents        |                         |                   |                                          |                                                                                              |                                                                               |                                       |                                                         |                   |                   |                 |
| —                | —                     | —           | Semiprivate room.              | 120                     | —                 | —                                        | Full cost of specified services.                                                             | Semiprivate room for 120 days plus full cost of specified ancillary services. | Required services provided.           | —                                                       | \$ 250            | \$ 125            | \$ 75           |
|                  |                       |             | Retired employee and dependent |                         |                   |                                          |                                                                                              |                                                                               |                                       |                                                         |                   |                   |                 |
| —                | —                     | —           | Same as above.                 | Same as above.          | —                 | —                                        | Same as above.                                                                               | —                                                                             | Same as above.                        | —                                                       | Same as above.    | Same as above.    | —               |

## Selected Health and Insurance Plans

| Company                      | Medical allowances             |        |                                                                                                           |           |                                   |                                 |                       |                | Other benefits |                                                                                                                                                                                                                                                                                                                                                         |
|------------------------------|--------------------------------|--------|-----------------------------------------------------------------------------------------------------------|-----------|-----------------------------------|---------------------------------|-----------------------|----------------|----------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
|                              | Home                           | Office | Hospital                                                                                                  | Elsewhere | Maximum number of visits paid for | Maximum number of days paid for | Maximum compensation  | Benefits begin |                | Types and amounts                                                                                                                                                                                                                                                                                                                                       |
|                              |                                |        |                                                                                                           |           |                                   |                                 |                       | Sickness       | Accident       |                                                                                                                                                                                                                                                                                                                                                         |
| Gimbel Brothers, Inc.        | Employee and dependents        |        |                                                                                                           |           |                                   |                                 |                       |                |                |                                                                                                                                                                                                                                                                                                                                                         |
|                              | —                              | —      | 1st 2 days, \$4 per visit; 3d through 21st day, \$4 per day; 22d through 201st day, \$14 per week.<br>(4) | —         | 1st 2 days, 2 visits per day.     | 201 days.                       | \$452 per disability. | 1st day.       | 1st day.       | Anesthesia allowance: (For cases in or out of hospital), 20 percent of surgical allowance; minimum, \$15.<br><br>Radiation therapy allowance: (For cases in or out of hospital), \$7.50 per treatment; maximum, \$200 per year.<br><br>Electro-shock therapy allowance: (For cases in or out of hospital), \$10 per treatment; maximum, \$100 per year. |
|                              | Retired employee and dependent |        |                                                                                                           |           |                                   |                                 |                       |                |                |                                                                                                                                                                                                                                                                                                                                                         |
|                              | —                              | —      | —                                                                                                         | —         | —                                 | —                               | —                     | —              | —              | —                                                                                                                                                                                                                                                                                                                                                       |
| Goodyear Tire and Rubber Co. | Employee and dependents        |        |                                                                                                           |           |                                   |                                 |                       |                | Employee only  |                                                                                                                                                                                                                                                                                                                                                         |
|                              | —                              | —      | 1st 2 days; \$5 per day, thereafter, \$3 per day.                                                         | —         | —                                 | 120 per disability.             | \$364                 | 1st day.       | 1st day.       | X-ray and radium therapy allowance: \$150 during any 12 consecutive months.<br><br>Employee and dependents<br><br>Diagnostic X-ray allowance: (For cases in or out of hospital), \$70 during any 12 consecutive months.                                                                                                                                 |
|                              | Retired employee and dependent |        |                                                                                                           |           |                                   |                                 |                       |                |                |                                                                                                                                                                                                                                                                                                                                                         |
|                              | —                              | —      | Same as above.                                                                                            | —         | —                                 | Same as above.                  | Same as above.        | Same as above. | Same as above. | —                                                                                                                                                                                                                                                                                                                                                       |

<sup>4</sup> Plus consultation allowance of \$10.

for Salaried Employees—Continued

| Type of expense subject to deductible | Deductible amount                             | Accumulation period and its application | Major medical            |                                                     |                                                                        |                          |                                | Financing                                                                                                      |                |                  |
|---------------------------------------|-----------------------------------------------|-----------------------------------------|--------------------------|-----------------------------------------------------|------------------------------------------------------------------------|--------------------------|--------------------------------|----------------------------------------------------------------------------------------------------------------|----------------|------------------|
|                                       |                                               |                                         | Benefit period           |                                                     | Coinsurance                                                            | Maximum benefit          | Reinstatement                  | Employee                                                                                                       | Company        |                  |
|                                       |                                               |                                         | From start of disability | From incurrence of expenses in excess of deductible |                                                                        |                          |                                |                                                                                                                |                |                  |
| Employee and dependents               |                                               |                                         |                          |                                                     |                                                                        |                          |                                |                                                                                                                |                |                  |
| All.                                  | Greater of (a) basic benefits; and (b) \$500. | 6 months; all disabilities.             | 2 years.                 | —                                                   | 80 percent.                                                            | \$10,000 per disability. | —                              | Life insurance, accidental death and dismemberment, accident and sickness, and hospital, surgical, and medical | Full cost.     |                  |
|                                       |                                               |                                         |                          |                                                     |                                                                        |                          |                                | Major medical                                                                                                  |                |                  |
|                                       |                                               |                                         |                          |                                                     |                                                                        |                          |                                | Monthly contribution                                                                                           |                |                  |
|                                       |                                               |                                         |                          |                                                     |                                                                        |                          |                                | Employee only ..                                                                                               | \$ 3.25        |                  |
|                                       |                                               |                                         |                          |                                                     |                                                                        |                          |                                | Employee and wife .....                                                                                        | 7.25           |                  |
|                                       |                                               |                                         |                          |                                                     |                                                                        |                          |                                | Employee and husband .....                                                                                     | 6.75           |                  |
|                                       |                                               |                                         |                          |                                                     |                                                                        |                          |                                | Employee and children .....                                                                                    | 4.75           | Balance of cost. |
|                                       |                                               |                                         |                          |                                                     |                                                                        |                          |                                | Employee, wife, and children .....                                                                             | 8.75           |                  |
|                                       |                                               |                                         |                          |                                                     |                                                                        |                          |                                | Employee, husband, and children .....                                                                          | 8.25           |                  |
| Retired employee and dependent        |                                               |                                         |                          |                                                     |                                                                        |                          |                                |                                                                                                                |                |                  |
| —                                     | —                                             | —                                       | —                        | —                                                   | —                                                                      | —                        | —                              | —                                                                                                              | —              | —                |
| Employee and dependents               |                                               |                                         |                          |                                                     |                                                                        |                          |                                |                                                                                                                |                |                  |
| All.                                  | \$100                                         | 120 days per disability.                | —                        | 2 years.                                            | 80 percent.<br>Exception: Out-of-hospital psychiatric care—50 percent. | \$20,000 per lifetime.   | Upon evidence of insurability. | Full cost.                                                                                                     | Major medical  | —                |
|                                       |                                               |                                         |                          |                                                     |                                                                        |                          |                                | —                                                                                                              | Other Benefits | Full cost.       |
| Retired employee and dependent        |                                               |                                         |                          |                                                     |                                                                        |                          |                                |                                                                                                                |                |                  |
| All.                                  | \$300                                         | Same as above.                          | —                        | Same as above.                                      | 80 percent.                                                            | \$5,000 per lifetime.    | —                              | Same as above.                                                                                                 | Same as above. | Same as above.   |

## Selected Health and Insurance

| Company                   | Eligibility<br>(when new<br>employees<br>become<br>eligible)                                                          | Schedule of benefits              |                                                                                                     |                               |                                                                                                      |                             | Scope of accidental<br>death and<br>dismemberment |                      | Scope of accident<br>and sickness |                                                      | Accident and sickness                    |                    |          |
|---------------------------|-----------------------------------------------------------------------------------------------------------------------|-----------------------------------|-----------------------------------------------------------------------------------------------------|-------------------------------|------------------------------------------------------------------------------------------------------|-----------------------------|---------------------------------------------------|----------------------|-----------------------------------|------------------------------------------------------|------------------------------------------|--------------------|----------|
|                           |                                                                                                                       | Basis of graduation               | Life<br>insurance                                                                                   | Optional<br>life<br>insurance | Accidental<br>death and<br>dismem-<br>berment                                                        | Accident<br>and<br>sickness | Occupational                                      | Nonoccu-<br>pational | Occupational                      | Nonoccu-<br>pational                                 | Maximum<br>duration                      | Day benefit begins |          |
|                           |                                                                                                                       |                                   |                                                                                                     |                               |                                                                                                      |                             |                                                   |                      |                                   |                                                      |                                          | Accident           | Sickness |
| The Greyhound Corp.       | Paid sick<br>leave:<br>1 year.<br><br>Other<br>benefits:<br>After<br>6 months<br>of employ-<br>ment.                  | Employee                          |                                                                                                     |                               |                                                                                                      |                             |                                                   |                      |                                   |                                                      |                                          |                    |          |
|                           |                                                                                                                       | Flat.                             | —                                                                                                   | —                             | —                                                                                                    | \$50                        | X                                                 | X                    | —                                 | X                                                    | 26 weeks <sup>1</sup> per<br>disability. | 1st.               | 8th.     |
|                           |                                                                                                                       | Monthly salary:                   |                                                                                                     |                               |                                                                                                      | ( <sup>1</sup> )            |                                                   |                      |                                   |                                                      |                                          |                    |          |
|                           |                                                                                                                       | Less than \$400                   | \$4,900                                                                                             | —                             | \$3,000                                                                                              |                             |                                                   |                      |                                   |                                                      |                                          |                    |          |
| \$400 to \$550            | 7,000                                                                                                                 | —                                 | 4,000                                                                                               |                               |                                                                                                      |                             |                                                   |                      |                                   |                                                      |                                          |                    |          |
|                           | \$550 to \$700                                                                                                        | 9,800                             | —                                                                                                   | 5,000                         |                                                                                                      |                             |                                                   |                      |                                   |                                                      |                                          |                    |          |
|                           | \$700 to \$850                                                                                                        | 14,000                            | —                                                                                                   | 5,000                         |                                                                                                      |                             |                                                   |                      |                                   |                                                      |                                          |                    |          |
|                           | \$850 to \$1,000                                                                                                      | 17,000                            | —                                                                                                   | 5,000                         |                                                                                                      |                             |                                                   |                      |                                   |                                                      |                                          |                    |          |
|                           | \$1,000 to \$1,250                                                                                                    | 20,000                            | —                                                                                                   | 5,000                         |                                                                                                      |                             |                                                   |                      |                                   |                                                      |                                          |                    |          |
|                           | and up in increments of<br>\$250 to \$2,000<br>and over                                                               | 5,000 to<br>40,000                |                                                                                                     |                               |                                                                                                      |                             |                                                   |                      |                                   |                                                      |                                          |                    |          |
|                           |                                                                                                                       | Retired employee                  |                                                                                                     |                               |                                                                                                      |                             |                                                   |                      |                                   |                                                      |                                          |                    |          |
|                           |                                                                                                                       | —                                 | —                                                                                                   | —                             | —                                                                                                    | —                           | —                                                 | —                    | —                                 | —                                                    | —                                        | —                  |          |
| Hart, Schaffner and Marx. | Life insur-<br>ance:<br>Imme-<br>diately or<br>1st of fol-<br>lowing<br>month.<br><br>Other<br>benefits:<br>3 months. | Employee                          |                                                                                                     |                               |                                                                                                      |                             |                                                   |                      |                                   |                                                      |                                          |                    |          |
|                           |                                                                                                                       | Men: Annual salary.               | An amount<br>equal to<br>annual<br>salary<br>carried to<br>next<br>\$1,000.                         | —                             | An amount<br>equal to<br>annual<br>salary<br>carried to<br>next<br>\$1,000;<br>Maximum,<br>\$10,000. | —                           | —                                                 | X                    | —                                 | —                                                    | —                                        | —                  | —        |
|                           |                                                                                                                       | Women: Annual<br>salary.          | An amount<br>equal to<br>annual<br>salary<br>carried to<br>next<br>\$1,000;<br>Maximum,<br>\$4,000. |                               | An amount<br>equal to<br>annual<br>salary<br>carried to<br>next<br>\$1,000;<br>Maximum,<br>\$4,000.  |                             |                                                   |                      |                                   |                                                      |                                          |                    |          |
|                           |                                                                                                                       | Long-term disability <sup>3</sup> |                                                                                                     |                               |                                                                                                      |                             |                                                   |                      |                                   |                                                      |                                          |                    |          |
|                           | Monthly salary                                                                                                        |                                   |                                                                                                     |                               | 60 percent<br>of monthly<br>salary.                                                                  | —                           | —                                                 | X                    | X                                 | To age 65 for<br>sickness; for<br>life for accident. | After 6<br>months.                       | After 6<br>months. |          |
|                           |                                                                                                                       | Retired employee                  |                                                                                                     |                               |                                                                                                      |                             |                                                   |                      |                                   |                                                      |                                          |                    |          |
|                           |                                                                                                                       | —                                 | —                                                                                                   | —                             | —                                                                                                    | —                           | —                                                 | —                    | —                                 | —                                                    | —                                        | —                  |          |

<sup>1</sup> Maternity accident and sickness benefit payments limited to \$30 weekly for 6 weeks.

<sup>2</sup> Standard workweek is 6 days.

Plans for Salaried Employees

| Sick leave       |                       |                        | Hospital benefits                    |                         |                   |              |                                  |                                                                                                                              | Income limits for service surgical and medical benefits | Surgical benefits                     |                |                   |                 |
|------------------|-----------------------|------------------------|--------------------------------------|-------------------------|-------------------|--------------|----------------------------------|------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------|---------------------------------------|----------------|-------------------|-----------------|
| Years of service | Days benefit per year |                        | Daily benefit or service             | Maximum duration (days) | Extended coverage |              | Ancillary services               | Maternity benefit                                                                                                            |                                                         | Emergency out-patient care or service | Most-expensive | Appen-<br>dectomy | Normal delivery |
|                  | At half pay           | At full pay            |                                      |                         | Days              | Daily amount |                                  |                                                                                                                              |                                                         |                                       |                |                   |                 |
| Employee         |                       |                        | Employee and dependents              |                         |                   |              |                                  |                                                                                                                              |                                                         |                                       |                |                   |                 |
| 1 to 2           | —                     | 6                      | Semiprivate room.                    | 70                      | —                 | —            | Full cost of specified services. | Room and board, \$9 daily; Maximum, \$90; ancillary services—dif-<br>ference between actual room and board charges and \$90. | Required serv-<br>ices provided.                        | —                                     | \$300          | \$150             | \$50            |
| 2 to 3           | —                     | 7                      |                                      |                         |                   |              |                                  |                                                                                                                              |                                                         |                                       |                |                   |                 |
| 3 to 4           | —                     | 8                      |                                      |                         |                   |              |                                  |                                                                                                                              |                                                         |                                       |                |                   |                 |
| 4 to 5           | —                     | 9                      |                                      |                         |                   |              |                                  |                                                                                                                              |                                                         |                                       |                |                   |                 |
| 5 and over.      | —                     | 12<br>( <sup>2</sup> ) |                                      |                         |                   |              |                                  |                                                                                                                              |                                                         |                                       |                |                   |                 |
|                  |                       |                        | Retired employee and dependent       |                         |                   |              |                                  |                                                                                                                              |                                                         |                                       |                |                   |                 |
|                  |                       |                        | —                                    | —                       | —                 | —            | —                                | —                                                                                                                            | —                                                       | —                                     | —              | —                 | —               |
| Employee         |                       |                        | Employee and dependents <sup>4</sup> |                         |                   |              |                                  |                                                                                                                              |                                                         |                                       |                |                   |                 |
| —                | —                     | —                      | \$15                                 | 31                      | —                 | —            | \$300                            | \$150 for room, board, and an-<br>cillary services.                                                                          | —                                                       | —                                     | \$150          | \$100             | \$50            |
|                  |                       |                        | Retired employee and dependent       |                         |                   |              |                                  |                                                                                                                              |                                                         |                                       |                |                   |                 |
|                  |                       |                        | —                                    | —                       | —                 | —            | —                                | —                                                                                                                            | —                                                       | —                                     | —              | —                 | —               |

<sup>3</sup> Only available to employees earning \$10,000 and over annually.

<sup>4</sup> Hospital benefits payable for expenses in excess of \$25.

## Selected Health and Insurance Plans

| Company                   | Medical allowances             |        |              |           |                                   |                                 |                      |                |          | Other benefits                                                                                                                                                              |
|---------------------------|--------------------------------|--------|--------------|-----------|-----------------------------------|---------------------------------|----------------------|----------------|----------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
|                           | Home                           | Office | Hospital     | Elsewhere | Maximum number of visits paid for | Maximum number of days paid for | Maximum compensation | Benefits begin |          | Types and amounts                                                                                                                                                           |
|                           |                                |        |              |           |                                   |                                 |                      | Sickness       | Accident |                                                                                                                                                                             |
| The Greyhound Corp.       | Employee and dependents        |        |              |           |                                   |                                 |                      |                |          |                                                                                                                                                                             |
|                           | —                              | —      | \$5 per day. | —         | —                                 | —                               | <sup>5</sup> \$300   | 1st day.       | 1st day. | —                                                                                                                                                                           |
|                           | Retired employee and dependent |        |              |           |                                   |                                 |                      |                |          |                                                                                                                                                                             |
|                           | —                              | —      | —            | —         | —                                 | —                               | —                    | —              | —        | —                                                                                                                                                                           |
| Hart, Schaffner and Marx. | Employee and dependents        |        |              |           |                                   |                                 |                      |                |          |                                                                                                                                                                             |
|                           | —                              | —      | —            | —         | —                                 | —                               | —                    | —              | —        | Ambulance allowance: \$10 per trip; \$20 per disability.<br>Polio benefits: \$5,000 during any 3-year period.<br>Employee only: Emergency care in or out of hospital, \$10. |
|                           | Retired employee and dependent |        |              |           |                                   |                                 |                      |                |          |                                                                                                                                                                             |
|                           | —                              | —      | —            | —         | —                                 | —                               | —                    | —              | —        | —                                                                                                                                                                           |

<sup>5</sup> If surgical operation performed, maximum compensation is reduced by amount paid by the plan for the surgical procedure.

<sup>6</sup> After 3 months with less than \$50 of eligible charges, new benefit period commences and deductible must be satisfied again.

for Salaried Employees—Continued

| Type of expense subject to deductible | Deductible amount                     | Accumulation period and its application | Major medical            |                                                     |                                                                         |                                                    |                                                                     | Financing                                                                                                                                                                                                                                                                                                                                                                                                        |         |
|---------------------------------------|---------------------------------------|-----------------------------------------|--------------------------|-----------------------------------------------------|-------------------------------------------------------------------------|----------------------------------------------------|---------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------|
|                                       |                                       |                                         | Benefit period           |                                                     | Coinsurance                                                             | Maximum benefit                                    | Reinstatement                                                       | Employee                                                                                                                                                                                                                                                                                                                                                                                                         | Company |
|                                       |                                       |                                         | From start of disability | From incurrence of expenses in excess of deductible |                                                                         |                                                    |                                                                     |                                                                                                                                                                                                                                                                                                                                                                                                                  |         |
| Employee and dependents               |                                       |                                         |                          |                                                     |                                                                         |                                                    |                                                                     |                                                                                                                                                                                                                                                                                                                                                                                                                  |         |
| All.                                  | \$100                                 | 12 months; all disabilities.            | —                        | 12 months; all disabilities.                        | 80 percent.<br>Exception: Out-of-hospital psychiatric care, 50 percent. | \$5,000 per benefit period; \$10,000 per lifetime. | After use of \$1,000 of expenses and upon evidence of insurability. | <u>Paid sick leave</u><br>Full cost.<br><br><u>Other benefits</u><br>Balance of cost. \$14.25                                                                                                                                                                                                                                                                                                                    |         |
| Retired employee and dependent        |                                       |                                         |                          |                                                     |                                                                         |                                                    |                                                                     |                                                                                                                                                                                                                                                                                                                                                                                                                  |         |
| —                                     | —                                     | —                                       | —                        | —                                                   | —                                                                       | —                                                  | —                                                                   | —                                                                                                                                                                                                                                                                                                                                                                                                                | —       |
| Employee and dependents               |                                       |                                         |                          |                                                     |                                                                         |                                                    |                                                                     |                                                                                                                                                                                                                                                                                                                                                                                                                  |         |
| All.                                  | Greater of: Basic benefits and \$500. | 1 year per disability.                  | —                        | Period of each disability. <sup>6</sup>             | 80 percent.                                                             | \$10,000 per lifetime.                             | Upon evidence of insurability.                                      | <u>Life insurance and accidental death and dismemberment</u><br>\$0.75 per \$1,000 per month. Balance of cost.<br><br><u>Long-term disability</u><br>\$4 per year per \$1,000 of salary. Balance of cost.<br><br><u>Other benefits</u><br><br><u>Monthly contribution</u><br>Employee only... \$ 3.05<br>Employee and 1 dependent ..... 5.35<br>Employee and 2 or more dependents ..... 7.50<br>Balance of cost. |         |
| Retired employee and dependent        |                                       |                                         |                          |                                                     |                                                                         |                                                    |                                                                     |                                                                                                                                                                                                                                                                                                                                                                                                                  |         |
| —                                     | —                                     | —                                       | —                        | —                                                   | —                                                                       | —                                                  | —                                                                   | —                                                                                                                                                                                                                                                                                                                                                                                                                | —       |

## Selected Health and Insurance

| Company                                  | Eligibility<br>(when new<br>employees<br>become<br>eligible) | Schedule of benefits                    |                                    |                               |                                               |                             | Scope of accidental<br>death and<br>dismemberment |                      | Scope of accident<br>and sickness |                      | Accident and sickness |                    |          |
|------------------------------------------|--------------------------------------------------------------|-----------------------------------------|------------------------------------|-------------------------------|-----------------------------------------------|-----------------------------|---------------------------------------------------|----------------------|-----------------------------------|----------------------|-----------------------|--------------------|----------|
|                                          |                                                              | Basis of graduation                     | Life<br>insurance                  | Optional<br>life<br>insurance | Accidental<br>death and<br>dismem-<br>berment | Accident<br>and<br>sickness | Occupa-<br>tional                                 | Nonoccu-<br>pational | Occupa-<br>tional                 | Nonoccu-<br>pational | Maximum<br>duration   | Day benefit begins |          |
|                                          |                                                              |                                         |                                    |                               |                                               |                             |                                                   |                      |                                   |                      |                       | Accident           | Sickness |
| International Business<br>Machines Corp. | Immedi-<br>ately or<br>1st of fol-<br>lowing<br>month.       | Employee                                |                                    |                               |                                               |                             |                                                   |                      |                                   |                      |                       |                    |          |
|                                          |                                                              | Continuous service:<br>Less than 1 year | \$1,000                            | —                             | —                                             | —                           | —                                                 | —                    | —                                 | —                    | —                     | —                  | —        |
|                                          |                                                              | 1 to 2 years                            | 3,000                              |                               |                                               |                             |                                                   |                      |                                   |                      |                       |                    |          |
|                                          |                                                              | 2 to 3 years                            | 6,000                              |                               |                                               |                             |                                                   |                      |                                   |                      |                       |                    |          |
|                                          |                                                              | 3 to 4 years                            | 9,000                              |                               |                                               |                             |                                                   |                      |                                   |                      |                       |                    |          |
|                                          |                                                              | 4 to 5 years                            | 12,000                             |                               |                                               |                             |                                                   |                      |                                   |                      |                       |                    |          |
|                                          |                                                              | 5 to 6 years                            | 15,000                             |                               |                                               |                             |                                                   |                      |                                   |                      |                       |                    |          |
|                                          |                                                              | 6 to 7 years                            | 16,000                             |                               |                                               |                             |                                                   |                      |                                   |                      |                       |                    |          |
|                                          |                                                              | 7 to 8 years                            | 17,000                             |                               |                                               |                             |                                                   |                      |                                   |                      |                       |                    |          |
|                                          |                                                              | 8 to 9 years                            | 18,000                             |                               |                                               |                             |                                                   |                      |                                   |                      |                       |                    |          |
|                                          |                                                              | 9 to 10 years                           | 19,000                             |                               |                                               |                             |                                                   |                      |                                   |                      |                       |                    |          |
|                                          |                                                              | 10 to 11 years                          | 20,000                             |                               |                                               |                             |                                                   |                      |                                   |                      |                       |                    |          |
|                                          |                                                              | and up in increments of                 |                                    |                               |                                               |                             |                                                   |                      |                                   |                      |                       |                    |          |
|                                          |                                                              | 1 year to a maximum                     | 333.33                             |                               |                                               |                             |                                                   |                      |                                   |                      |                       |                    |          |
|                                          |                                                              | of 25 years and over                    | to a maxi-<br>mum of<br>25,000     |                               |                                               |                             |                                                   |                      |                                   |                      |                       |                    |          |
|                                          |                                                              |                                         | ( <sup>1</sup> )                   |                               |                                               |                             |                                                   |                      |                                   |                      |                       |                    |          |
|                                          |                                                              | Retired employee                        |                                    |                               |                                               |                             |                                                   |                      |                                   |                      |                       |                    |          |
|                                          |                                                              | Service.                                | \$50 times<br>years of<br>service. |                               |                                               |                             |                                                   |                      |                                   |                      |                       |                    |          |

<sup>1</sup> Employee's spouse or dependents receive an additional 3 months' pay.

<sup>2</sup> For occupational disabilities company pays difference between-workmen's compensation benefits and full pay.

Plans for Salaried Employees

| Sick leave                     |                       |                        | Hospital benefits                                                    |                         |                   |              |                                                                |                                              | Income limits for service surgical and medical benefits        | Surgical benefits                     |                |                   |
|--------------------------------|-----------------------|------------------------|----------------------------------------------------------------------|-------------------------|-------------------|--------------|----------------------------------------------------------------|----------------------------------------------|----------------------------------------------------------------|---------------------------------------|----------------|-------------------|
| Years of service               | Days benefit per year |                        | Daily benefit or service                                             | Maximum duration (days) | Extended coverage |              | Ancillary services                                             | Maternity benefit                            |                                                                | Emergency out-patient care or service | Most-expensive | Appen-<br>dectomy |
|                                | At half pay           | At full pay            |                                                                      |                         | Days              | Daily amount |                                                                |                                              |                                                                |                                       |                |                   |
| Employee                       |                       |                        | Employee and dependents                                              |                         |                   |              |                                                                |                                              |                                                                |                                       |                |                   |
| —                              | —                     | 26 weeks. <sup>2</sup> | 75 percent of room and board charges; or in full up to \$10 per day. | 120 per year.           | —                 | —            | 75 percent of charges; or in full up to \$100: Maximum, \$500. | Regular hospital and major medical benefits. | 75 percent of charges; or in full up to \$100: Maximum, \$500. | See major medical benefits.           |                |                   |
| Retired employee and dependent |                       |                        |                                                                      |                         |                   |              |                                                                |                                              |                                                                |                                       |                |                   |
|                                |                       |                        | Same as above.                                                       | Same as above.          | —                 | —            | Same as above.                                                 | —                                            | Same as above.                                                 | See major medical benefits.           |                |                   |

## Selected Health and Insurance Plans

| Company                               | Medical allowances             |        |          |           |                                   |                                 |                      |                | Other benefits |                             |     |
|---------------------------------------|--------------------------------|--------|----------|-----------|-----------------------------------|---------------------------------|----------------------|----------------|----------------|-----------------------------|-----|
|                                       | Home                           | Office | Hospital | Elsewhere | Maximum number of visits paid for | Maximum number of days paid for | Maximum compensation | Benefits begin |                | Types and amounts           |     |
|                                       |                                |        |          |           |                                   |                                 |                      | Sickness       | Accident       |                             |     |
| International Business Machines Corp. | Employee and dependents        |        |          |           |                                   |                                 |                      |                |                |                             |     |
|                                       |                                |        |          |           |                                   |                                 |                      |                |                | See major medical benefits. | --- |
|                                       | Retired employee and dependent |        |          |           |                                   |                                 |                      |                |                |                             |     |
|                                       |                                |        |          |           |                                   |                                 |                      |                |                | See major medical benefits. | --- |

for Salaried Employees—Continued

| Major medical                         |                   |                                                          |                          |                                                     |                |                                             |                                                                 | Financing |            |
|---------------------------------------|-------------------|----------------------------------------------------------|--------------------------|-----------------------------------------------------|----------------|---------------------------------------------|-----------------------------------------------------------------|-----------|------------|
| Type of expense subject to deductible | Deductible amount | Accumulation period and its application                  | Benefit period           |                                                     | Coinsurance    | Maximum benefit                             | Reinstatement                                                   | Employee  | Company    |
|                                       |                   |                                                          | From start of disability | From incurrence of expenses in excess of deductible |                |                                             |                                                                 |           |            |
| Employee and dependents               |                   |                                                          |                          |                                                     |                |                                             |                                                                 |           |            |
| All.                                  | \$ 200            | Calendar year, plus 3-month carryover; all disabilities. | —                        | Calendar year; all disabilities.                    | 75 percent.    | \$ 15,000 per lifetime.                     | After use of \$ 1,000 of expense upon evidence of insurability. | —         | Full cost. |
| Retired employee and dependent        |                   |                                                          |                          |                                                     |                |                                             |                                                                 |           |            |
| Same as above.                        | Same as above.    | Same as above.                                           | —                        | Same as above.                                      | Same as above. | \$ 50 times years of service; per lifetime. | —                                                               | —         | Full cost. |

## Selected Health and Insurance

| Company                                      | Eligibility<br>(when new<br>employees<br>become<br>eligible)     | Schedule of benefits                         |                                     |                                                                                       |                                               |                             | Scope of accidental<br>death and<br>dismemberment |                      | Scope of accident<br>and sickness |                      | Accident and sickness                           |                    |                            |
|----------------------------------------------|------------------------------------------------------------------|----------------------------------------------|-------------------------------------|---------------------------------------------------------------------------------------|-----------------------------------------------|-----------------------------|---------------------------------------------------|----------------------|-----------------------------------|----------------------|-------------------------------------------------|--------------------|----------------------------|
|                                              |                                                                  | Basis of graduation                          | Life<br>insurance                   | Optional<br>life<br>insurance                                                         | Accidental<br>death and<br>dismem-<br>berment | Accident<br>and<br>sickness | Occupa-<br>tional                                 | Nonoccu-<br>pational | Occupa-<br>tional                 | Nonoccu-<br>pational | Maximum<br>duration                             | Day benefit begins |                            |
|                                              |                                                                  |                                              |                                     |                                                                                       |                                               |                             |                                                   |                      |                                   |                      |                                                 | Accident           | Sickness                   |
| International Harvester Co.                  | 1st of<br>month fol-<br>lowing 1<br>month of<br>employ-<br>ment. | Nonmanagerial employees                      |                                     |                                                                                       |                                               |                             |                                                   |                      |                                   |                      |                                                 |                    |                            |
|                                              |                                                                  | Basic weekly earnings:                       |                                     |                                                                                       |                                               |                             |                                                   |                      |                                   |                      |                                                 |                    |                            |
|                                              |                                                                  | Less than \$48.08                            | \$4,800                             | --                                                                                    | \$2,800                                       | --                          | X                                                 | X                    | X                                 | X                    | 52 weeks per<br>disability.<br>( <sup>5</sup> ) | 1st.               | 8th or 1st<br>in hospital. |
|                                              |                                                                  | \$48.08 to \$67.30<br>etc. in increments of— | 5,800                               |                                                                                       | ( <sup>2</sup> )                              |                             | ( <sup>4</sup> )                                  |                      |                                   |                      |                                                 |                    |                            |
|                                              |                                                                  | \$19.23<br>to a maximum of<br>\$375 and over | 1,000<br>22,800<br>( <sup>1</sup> ) |                                                                                       |                                               |                             |                                                   |                      |                                   |                      |                                                 |                    |                            |
|                                              |                                                                  | Basic weekly earnings:                       |                                     |                                                                                       |                                               |                             |                                                   |                      |                                   |                      |                                                 |                    |                            |
|                                              |                                                                  | Less than \$74.80                            |                                     |                                                                                       |                                               | \$42                        |                                                   |                      |                                   |                      |                                                 |                    |                            |
|                                              |                                                                  | \$74.80 to \$84.80                           |                                     |                                                                                       |                                               | 49                          |                                                   |                      |                                   |                      |                                                 |                    |                            |
|                                              |                                                                  |                                              |                                     |                                                                                       |                                               | etc. in increments of—      |                                                   |                      |                                   |                      |                                                 |                    |                            |
|                                              |                                                                  | \$10                                         |                                     |                                                                                       |                                               | 7                           |                                                   |                      |                                   |                      |                                                 |                    |                            |
|                                              |                                                                  |                                              |                                     | to a maximum of                                                                       |                                               |                             |                                                   |                      |                                   |                      |                                                 |                    |                            |
| \$124.80 and over                            |                                                                  |                                              |                                     | 84<br>( <sup>3</sup> )                                                                |                                               |                             |                                                   |                      |                                   |                      |                                                 |                    |                            |
| Managerial employees                         |                                                                  |                                              |                                     |                                                                                       |                                               |                             |                                                   |                      |                                   |                      |                                                 |                    |                            |
| Basic annual salary:                         |                                                                  |                                              |                                     |                                                                                       |                                               |                             |                                                   |                      |                                   |                      |                                                 |                    |                            |
| Less than \$3,500                            | \$8,800                                                          | —                                            | \$2,800                             | —                                                                                     | X                                             | X                           | —                                                 | —                    | —                                 | —                    | —                                               | —                  |                            |
| \$3,500 to \$4,499                           | 10,800                                                           |                                              | 2,800                               |                                                                                       | (Death only.)                                 |                             |                                                   |                      |                                   |                      |                                                 |                    |                            |
|                                              | etc. in increments of—                                           |                                              |                                     |                                                                                       |                                               |                             |                                                   |                      |                                   |                      |                                                 |                    |                            |
| \$1,000                                      | 2,000                                                            |                                              |                                     |                                                                                       |                                               |                             |                                                   |                      |                                   |                      |                                                 |                    |                            |
|                                              | to a maximum of                                                  |                                              |                                     |                                                                                       |                                               |                             |                                                   |                      |                                   |                      |                                                 |                    |                            |
| \$49,500 and over                            | 102,800<br>( <sup>1</sup> )                                      |                                              | 2,800<br>(Death only.)              |                                                                                       |                                               |                             |                                                   |                      |                                   |                      |                                                 |                    |                            |
| Long-term disability <sup>6</sup>            |                                                                  |                                              |                                     |                                                                                       |                                               |                             |                                                   |                      |                                   |                      |                                                 |                    |                            |
| Basic annual salary.                         | —                                                                | —                                            | —                                   | 1/3 of base<br>salary to a<br>maximum<br>of \$15,000<br>per year.<br>( <sup>3</sup> ) | —                                             | —                           | X                                                 | X                    | —                                 | Up to age 65.        | Upon expiration of<br>sick leave.               |                    |                            |
| Retired employee                             |                                                                  |                                              |                                     |                                                                                       |                                               |                             |                                                   |                      |                                   |                      |                                                 |                    |                            |
| ( <sup>6</sup> )                             | ( <sup>8</sup> )                                                 | —                                            | —                                   | —                                                                                     | —                                             | —                           | —                                                 | —                    | —                                 | —                    | —                                               | —                  |                            |
| Managerial employees                         |                                                                  |                                              |                                     |                                                                                       |                                               |                             |                                                   |                      |                                   |                      |                                                 |                    |                            |
| Retiring at age 65 with 25 years of service. |                                                                  |                                              |                                     |                                                                                       |                                               |                             |                                                   |                      |                                   |                      |                                                 |                    |                            |
| Basic annual salary:                         |                                                                  |                                              |                                     |                                                                                       |                                               |                             |                                                   |                      |                                   |                      |                                                 |                    |                            |
| Less than \$3,500                            | \$3,000                                                          |                                              |                                     |                                                                                       |                                               |                             |                                                   |                      |                                   |                      |                                                 |                    |                            |
| \$3,500 to \$4,000                           | 4,000                                                            |                                              |                                     |                                                                                       |                                               |                             |                                                   |                      |                                   |                      |                                                 |                    |                            |
|                                              | etc. in increments of—                                           |                                              |                                     |                                                                                       |                                               |                             |                                                   |                      |                                   |                      |                                                 |                    |                            |
| \$1,000                                      | 1,000                                                            |                                              |                                     |                                                                                       |                                               |                             |                                                   |                      |                                   |                      |                                                 |                    |                            |
|                                              | to a maximum of                                                  |                                              |                                     |                                                                                       |                                               |                             |                                                   |                      |                                   |                      |                                                 |                    |                            |
| \$49,500                                     | 50,000                                                           |                                              |                                     |                                                                                       |                                               |                             |                                                   |                      |                                   |                      |                                                 |                    |                            |

<sup>1</sup> Combination of term and paid-up insurance.

<sup>2</sup> Flat amount (\$2,800) provided for accidental death, multidismemberment, or loss of both eyes; 50 percent of accidental death benefit provided for single dismemberment or loss of one eye.

<sup>3</sup> The occupational accident and sickness benefit is the difference between the workmen's compensation benefit and the amount specified above.

<sup>4</sup> Accidental dismemberment only.

<sup>5</sup> Maternity accident and sickness benefit limited to 6 weeks.

<sup>6</sup> Payable only to employees earning \$4,500 or more annually. Payable for the 1st 4 days of disability, with supervisor's approval.

<sup>7</sup> Sick leave payable after absence of 5 consecutive working days. Sick leave paid for occupational disabilities is difference between workmen's compensation benefit and full salary. See also accident and sickness benefit.

Plans for Salaried Employees

| Sick leave                                  |                       |             | Hospital benefits        |                         |                   |              |                                  |                                                                               | Income limits for service surgical and medical benefits | Surgical benefits                     |                |                   |                 |
|---------------------------------------------|-----------------------|-------------|--------------------------|-------------------------|-------------------|--------------|----------------------------------|-------------------------------------------------------------------------------|---------------------------------------------------------|---------------------------------------|----------------|-------------------|-----------------|
| Years of service                            | Days benefit per year |             | Daily benefit or service | Maximum duration (days) | Extended coverage |              | Ancillary services               | Maternity benefit                                                             |                                                         | Emergency out-patient care of service | Most-expensive | Appen-<br>dectomy | Normal delivery |
|                                             | At half pay           | At full pay |                          |                         | Days              | Daily amount |                                  |                                                                               |                                                         |                                       |                |                   |                 |
| Managerial employees only                   |                       |             | Employee and dependents  |                         |                   |              |                                  |                                                                               |                                                         |                                       |                |                   |                 |
| Less than 14                                | —                     | 26          | Semiprivate room.        | 365 days.               | —                 | —            | Full cost of specified services. | Semiprivate room for 365 days plus full cost of specified ancillary services. | Required services provided.                             | —                                     | \$250          | \$125             | \$62.50         |
| 14 to 15                                    | —                     | 28          |                          |                         |                   |              |                                  |                                                                               |                                                         |                                       |                |                   |                 |
| 15 to 16                                    | —                     | 30          |                          |                         |                   |              |                                  |                                                                               |                                                         |                                       |                |                   |                 |
| 16 to 17                                    | —                     | 32          |                          |                         |                   |              |                                  |                                                                               |                                                         |                                       |                |                   |                 |
| 17 to 18                                    | —                     | 34          |                          |                         |                   |              |                                  |                                                                               |                                                         |                                       |                |                   |                 |
| 18 to 19                                    | —                     | 36          |                          |                         |                   |              |                                  |                                                                               |                                                         |                                       |                |                   |                 |
| 19 to 20                                    | —                     | 38          |                          |                         |                   |              |                                  |                                                                               |                                                         |                                       |                |                   |                 |
| 20 to 21                                    | —                     | 40          |                          |                         |                   |              |                                  |                                                                               |                                                         |                                       |                |                   |                 |
| 21 to 22                                    | —                     | 42          |                          |                         |                   |              |                                  |                                                                               |                                                         |                                       |                |                   |                 |
| 22 to 23                                    | —                     | 44          |                          |                         |                   |              |                                  |                                                                               |                                                         |                                       |                |                   |                 |
| 23 to 24                                    | —                     | 46          |                          |                         |                   |              |                                  |                                                                               |                                                         |                                       |                |                   |                 |
| 24 to 25                                    | —                     | 48          |                          |                         |                   |              |                                  |                                                                               |                                                         |                                       |                |                   |                 |
| 25 to 26                                    | —                     | 50          |                          |                         |                   |              |                                  |                                                                               |                                                         |                                       |                |                   |                 |
| 26 and over                                 | —                     | 52          |                          |                         |                   |              |                                  |                                                                               |                                                         |                                       |                |                   |                 |
|                                             |                       | (7)         |                          |                         |                   |              |                                  |                                                                               |                                                         |                                       |                |                   |                 |
| Retired employee and dependent <sup>9</sup> |                       |             |                          |                         |                   |              |                                  |                                                                               |                                                         |                                       |                |                   |                 |
|                                             |                       |             | Same as above.           | Same as above.          | —                 | —            | Same as above.                   | —                                                                             | Same as above.                                          | —                                     | Same as above. | Same as above.    | —               |

<sup>8</sup> All employees retiring at age 60 with 10 years of service (or age 55 with 10 years because of total and permanent disability) and with 5 years of participation in the plan prior to retirement: Amount of paid up insurance in effect immediately prior to retirement or amount based on service as listed below, whichever is greater.

|                         |         |                         |
|-------------------------|---------|-------------------------|
| <u>Years of service</u> |         | <u>Years of service</u> |
| 10 to 15                | \$1,100 | 20 to 25                |
| 15 to 20                | 1,400   | 25 and over             |
|                         |         | \$1,700                 |
|                         |         | 2,000                   |

<sup>9</sup> Retired managerial employees have the option of having either their basic hospital, surgical, and medical benefit continued on a contributory basis or only their major medical benefit coverage continued without cost to them.

## Selected Health and Insurance Plans

| Company and date of information | Medical allowances                          |        |                                                       |           |                                   |                                 |                         |                | Other benefits |                                                                                                                                                                                                                            |
|---------------------------------|---------------------------------------------|--------|-------------------------------------------------------|-----------|-----------------------------------|---------------------------------|-------------------------|----------------|----------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
|                                 | Home                                        | Office | Hospital                                              | Elsewhere | Maximum number of visits paid for | Maximum number of days paid for | Maximum compensation    | Benefits begin |                | Types and amounts                                                                                                                                                                                                          |
|                                 |                                             |        |                                                       |           |                                   |                                 |                         | Sickness       | Accident       |                                                                                                                                                                                                                            |
| International Harvester Co.     | Employee and dependents                     |        |                                                       |           |                                   |                                 |                         |                |                |                                                                                                                                                                                                                            |
|                                 | —                                           | —      | \$5 for each day of confinement.<br>( <sup>10</sup> ) | —         | —                                 | 365 per disability.             | \$1,825 per disability. | 1st day.       | 1st day.       | Anesthesia allowance: (For cases in or out of hospital), 20 percent of surgical allowance.<br><br>Diagnostic X-ray and laboratory examination allowance: (For non-hospitalized cases), maximum of \$100 per calendar year. |
| International Harvester Co.     | Retired employee and dependent <sup>9</sup> |        |                                                       |           |                                   |                                 |                         |                |                |                                                                                                                                                                                                                            |
|                                 | —                                           | —      | Same as above.                                        | —         | —                                 | Same as above.                  | Same as above.          | Same as above. | Same as above. | Same as above.                                                                                                                                                                                                             |

<sup>10</sup> Benefit provided prior to surgery, after surgery benefit provided only to physician other than surgeon.

<sup>11</sup> Cost of life insurance varies by type of insurance, i. e., term insurance or a combination of term insurance and paid-up insurance, age at which first covered by the plan and type of employee; the company pays the balance of the cost in each case.

for Salaried Employees—Continued

| Major medical                                           |                   |                                                         |                          |                                                     |                                                                             |                                                                                               |                                                         | Financing                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |         |
|---------------------------------------------------------|-------------------|---------------------------------------------------------|--------------------------|-----------------------------------------------------|-----------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------|---------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------|
| Type of expense subject to deductible                   | Deductible amount | Accumulation period and its application                 | Benefit period           |                                                     | Coinsurance                                                                 | Maximum benefit                                                                               | Reinstatement                                           | Employee                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | Company |
|                                                         |                   |                                                         | From start of disability | From incurrence of expenses in excess of deductible |                                                                             |                                                                                               |                                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |         |
| Managerial employees and dependents                     |                   |                                                         |                          |                                                     |                                                                             |                                                                                               |                                                         | All employees and dependents                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |         |
| All.                                                    | \$100             | Calendar year plus 3-month carryover; all disabilities. | —                        | Calendar year; all disabilities.                    | 80 percent.<br><br>Exception: Out-of-hospital psychiatric care, 50 percent. | \$15,000 per lifetime.                                                                        | After use of \$1,000 and upon evidence of insurability. | <u>Hospital, surgical, medical, and accidental death and dismemberment insurance</u><br>—   Full cost.<br><u>Life insurance</u><br>(11)   (11)<br><u>Managerial employees</u><br><u>Paid sick leave</u><br>—   Full cost.<br><u>Long-term disability</u><br><u>Annual salary</u> <u>Weekly contribution</u><br>\$4,500 to \$5,500    \$0.40<br>etc. in increments of—<br>\$1,000    .12    Balance of cost.<br>to a maximum of<br>\$24,500    2.71<br><u>Major medical</u><br>Employee only ----- \$0.20<br>Employee and<br>dependent ----- .43    Balance of cost.<br>Employee and family ----- .53<br><u>Nonmanagerial employees</u><br><u>Accident and sickness benefit</u><br><u>Weekly salary</u> <u>Weekly contribution</u><br>Less than \$74.80    \$0.54<br>\$74.80 to \$84.80    .63<br>etc. in increments of—<br>\$10    .09    Balance of cost.<br>to a maximum of<br>\$124.80 and over    1.09 |         |
| Retired managerial employees and dependent <sup>9</sup> |                   |                                                         |                          |                                                     |                                                                             |                                                                                               |                                                         | Retired employees and dependent                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |         |
| Same as above.                                          | Same as above.    | Same as above.                                          | —                        | Same as above.                                      | Same as above.                                                              | \$15,000 per lifetime reduced by amount received while an active employee, if not reinstated. | —                                                       | <u>Life insurance</u><br>—   Full cost. <sup>12</sup><br><u>Hospital, surgical, and medical</u><br><u>Monthly contribution</u><br>Individual ----- \$3.82<br>Individual and<br>dependent ----- 8.45    Balance of cost.<br>Individual and more<br>than one de-<br>pendent ----- 10.60<br><u>Major medical</u> <sup>9</sup><br>—   Full cost.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |         |

<sup>12</sup> The company pays the full cost of the difference between the amount of paid-up life insurance the employee has accumulated and the guaranteed minimum.

## Selected Health and Insurance

| Company                 | Eligibility<br>(when new<br>employees<br>become<br>eligible) | Schedule of benefits                                                                                                                      |                                                |                               |                                               |                             | Scope of accidental<br>death and<br>dismemberment |                      | Scope of accident<br>and sickness |                      | Accident and sickness                    |                    |          |    |
|-------------------------|--------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------|-------------------------------|-----------------------------------------------|-----------------------------|---------------------------------------------------|----------------------|-----------------------------------|----------------------|------------------------------------------|--------------------|----------|----|
|                         |                                                              | Basis of graduation                                                                                                                       | Life<br>insurance                              | Optional<br>life<br>insurance | Accidental<br>death and<br>dismem-<br>berment | Accident<br>and<br>sickness | Occupa-<br>tional                                 | Nonoccu-<br>pational | Occupa-<br>tional                 | Nonoccu-<br>pational | Maximum<br>duration                      | Day benefit begins |          |    |
|                         |                                                              |                                                                                                                                           |                                                |                               |                                               |                             |                                                   |                      |                                   |                      |                                          | Accident           | Sickness |    |
| International Paper Co. | After 6<br>months of<br>employ-<br>ment.                     | Employee                                                                                                                                  |                                                |                               |                                               |                             |                                                   |                      |                                   |                      |                                          |                    |          |    |
|                         |                                                              | Annual earnings:                                                                                                                          |                                                |                               |                                               |                             |                                                   |                      |                                   |                      |                                          |                    |          |    |
|                         |                                                              | Less than \$1,500-----                                                                                                                    | \$1,000                                        | —                             | \$1,000                                       | \$20                        | X                                                 | X                    | --                                | X                    | 26 weeks <sup>2</sup> per<br>disability. | 8th.               | 8th.     |    |
|                         |                                                              | \$1,500 to \$2,500-----                                                                                                                   | 2,000                                          |                               | 2,000                                         | 25                          |                                                   |                      |                                   |                      |                                          |                    |          |    |
|                         |                                                              | \$2,500 to \$3,000-----                                                                                                                   | 5,000                                          |                               | 3,000                                         | 30                          |                                                   |                      |                                   |                      |                                          |                    |          |    |
|                         |                                                              | \$3,000 to \$3,500-----                                                                                                                   | 5,000                                          |                               | 3,000                                         | 35                          |                                                   |                      |                                   |                      |                                          |                    |          |    |
|                         |                                                              | \$3,500 to \$4,000-----                                                                                                                   | 5,000                                          |                               | 3,000                                         | 40                          |                                                   |                      |                                   |                      |                                          |                    |          |    |
|                         |                                                              | \$4,000 to \$4,500-----                                                                                                                   | 5,000                                          |                               | 3,000                                         | 45                          |                                                   |                      |                                   |                      |                                          |                    |          |    |
|                         |                                                              | \$4,500 to \$5,000-----                                                                                                                   | 5,000                                          |                               | 3,000                                         | 50                          |                                                   |                      |                                   |                      |                                          |                    |          |    |
|                         |                                                              | \$5,000 and over-----                                                                                                                     | 10,000                                         |                               | 3,000                                         | 50                          |                                                   |                      |                                   |                      |                                          |                    |          |    |
|                         |                                                              |                                                                                                                                           | ( <sup>1</sup> )                               |                               | ( <sup>1</sup> )                              |                             |                                                   |                      |                                   |                      |                                          |                    |          |    |
|                         |                                                              | Retired employee                                                                                                                          |                                                |                               |                                               |                             |                                                   |                      |                                   |                      |                                          |                    |          |    |
|                         |                                                              | Retiring at age 65 with 15 or more years of service:                                                                                      |                                                |                               |                                               |                             |                                                   |                      |                                   |                      |                                          |                    |          |    |
|                         |                                                              | Amount of life and accidental death and dismemberment insurance in effect immediately prior to retirement maintained.                     |                                                |                               |                                               |                             | --                                                | X                    | X                                 | --                   | --                                       |                    | --       | -- |
|                         |                                                              | Retiring at age 65 with 10 but less than 15 years of service:                                                                             |                                                |                               |                                               |                             |                                                   |                      |                                   |                      |                                          |                    |          |    |
|                         |                                                              | A percentage of \$5,500 or such lesser amount of insurance in effect immediately prior to retirement based on service as indicated below: |                                                |                               |                                               |                             |                                                   |                      |                                   |                      |                                          |                    |          |    |
|                         |                                                              | Years of service                                                                                                                          | Percent of \$5,500 or lesser amount maintained |                               |                                               |                             |                                                   |                      |                                   |                      |                                          |                    |          |    |
|                         |                                                              | 10 to 11 -----                                                                                                                            | 10                                             | -----                         | 10                                            |                             |                                                   |                      |                                   |                      |                                          |                    |          |    |
|                         |                                                              | 11 to 12 -----                                                                                                                            | 20                                             | -----                         | 20                                            |                             |                                                   |                      |                                   |                      |                                          |                    |          |    |
|                         |                                                              | 12 to 13 -----                                                                                                                            | 30                                             | -----                         | 30                                            |                             |                                                   |                      |                                   |                      |                                          |                    |          |    |
|                         |                                                              | 13 to 14 -----                                                                                                                            | 50                                             | -----                         | 50                                            |                             |                                                   |                      |                                   |                      |                                          |                    |          |    |
|                         |                                                              | 14 to 15 -----                                                                                                                            | 75                                             | -----                         | 75                                            |                             |                                                   |                      |                                   |                      |                                          |                    |          |    |
| International Shoe Co.  | After 3<br>months of<br>employ-<br>ment.                     | Employee                                                                                                                                  |                                                |                               |                                               |                             |                                                   |                      |                                   |                      |                                          |                    |          |    |
|                         |                                                              | Flat.                                                                                                                                     | \$2,000                                        | —                             | —                                             | \$25                        | —                                                 | —                    | —                                 | X                    | 13 weeks <sup>7</sup> per<br>disability. | 1st.               | 8th.     |    |
|                         |                                                              |                                                                                                                                           |                                                |                               | ( <sup>7</sup> )                              |                             |                                                   |                      |                                   |                      | ( <sup>7</sup> )                         | ( <sup>7</sup> )   |          |    |
|                         |                                                              | Retired employee                                                                                                                          |                                                |                               |                                               |                             |                                                   |                      |                                   |                      |                                          |                    |          |    |
|                         |                                                              | —                                                                                                                                         | —                                              | —                             | —                                             | —                           | —                                                 | —                    | —                                 | —                    | —                                        | —                  | —        |    |

<sup>1</sup> In addition, each employee will receive annually, an increase of \$100 of life and accidental death and dismemberment insurance until 5 such increases have been made.

<sup>2</sup> Maternity accident and sickness benefit payments limited to 6 weeks.

<sup>3</sup> Benefits described are those provided employees of the Northern Division, employees of other divisions are provided different benefits.

<sup>4</sup> Dependent on actual daily room and board charges; maximum allowance limited to \$840.

<sup>5</sup> Lump-sum payment of \$150 in lieu of regular hospital and surgical benefits.

## Plans for Salaried Employees

| Sick leave       |                       |             | Hospital benefits                           |                         |                   |              |                    |                   | Income limits for service surgical and medical benefits | Surgical benefits                     |                    |                    |                  |
|------------------|-----------------------|-------------|---------------------------------------------|-------------------------|-------------------|--------------|--------------------|-------------------|---------------------------------------------------------|---------------------------------------|--------------------|--------------------|------------------|
| Years of service | Days benefit per year |             | Daily benefit or service                    | Maximum duration (days) | Extended coverage |              | Ancillary services | Maternity benefit |                                                         | Emergency out-patient care of service | Most-expensive     | Appen-<br>dectomy  | Normal delivery  |
|                  | At half pay           | At full pay |                                             |                         | Days              | Daily amount |                    |                   |                                                         |                                       |                    |                    |                  |
| Employee         |                       |             | Employee and dependents <sup>3</sup>        |                         |                   |              |                    |                   |                                                         |                                       |                    |                    |                  |
| —                | —                     | —           | \$12                                        | ( <sup>4</sup> )        | —                 | —            | \$150              | ( <sup>5</sup> )  | \$150                                                   | —                                     | \$250              | \$125              | ( <sup>5</sup> ) |
| Employee         |                       |             | Retired employee and dependent <sup>3</sup> |                         |                   |              |                    |                   |                                                         |                                       |                    |                    |                  |
| —                | —                     | —           | \$12                                        | 70 per year.            | —                 | —            | \$150 per year.    | —                 | \$150 per year.                                         | —                                     | <sup>6</sup> \$250 | <sup>6</sup> \$125 | —                |
| Employee         |                       |             | Employee and dependents <sup>8</sup>        |                         |                   |              |                    |                   |                                                         |                                       |                    |                    |                  |
| —                | —                     | —           | \$12                                        | 31                      | —                 | —            | \$240              | ( <sup>9</sup> )  | <sup>10</sup> \$240                                     | —                                     | \$200              | \$100              | ( <sup>9</sup> ) |
| Employee         |                       |             | Retired employee and dependent              |                         |                   |              |                    |                   |                                                         |                                       |                    |                    |                  |
| —                | —                     | —           | —                                           | —                       | —                 | —            | —                  | —                 | —                                                       | —                                     | —                  | —                  | —                |

<sup>6</sup> Maximum surgical benefit for all operations during a year for retired worker and dependent is \$250 for each.

<sup>7</sup> Not payable for maternity disabilities. Benefit for women is \$20 a week until December 1, 1963.

<sup>8</sup> Hospital benefits payable for expenses in excess of \$25.

<sup>9</sup> Lump-sum payment of \$100 in lieu of regular hospital and surgical benefits.

<sup>10</sup> Also payable for X-ray charges in doctor's office within 24 hours of accident.

## Selected Health and Insurance Plans

| Company and date of information | Medical allowances                          |        |                                                |           |                                   |                                 |                       |                |          | Other benefits    |
|---------------------------------|---------------------------------------------|--------|------------------------------------------------|-----------|-----------------------------------|---------------------------------|-----------------------|----------------|----------|-------------------|
|                                 | Home                                        | Office | Hospital                                       | Elsewhere | Maximum number of visits paid for | Maximum number of days paid for | Maximum compensation  | Benefits begin |          | Types and amounts |
|                                 |                                             |        |                                                |           |                                   |                                 |                       | Sickness       | Accident |                   |
| International Paper Co.         | Employee and dependents <sup>3</sup>        |        |                                                |           |                                   |                                 |                       |                |          |                   |
|                                 | —                                           | —      | \$4 for each day of confinement.               | —         | —                                 | —                               | \$250 per disability. | 1st day.       | 1st day. | —                 |
| International Paper Co.         | Retired employee and dependent <sup>3</sup> |        |                                                |           |                                   |                                 |                       |                |          |                   |
|                                 | —                                           | —      | Same as above.                                 | —         | —                                 | —                               | \$250 per year.       | 1st day.       | 1st day. | —                 |
| International Shoe Co.          | Employee and dependents                     |        |                                                |           |                                   |                                 |                       |                |          |                   |
|                                 | —                                           | —      | \$3 for each day of confinement. <sup>12</sup> | —         | —                                 | 31 per disability.              | \$93 per disability.  | 1st day.       | 1st day. | —                 |
| International Shoe Co.          | Retired employee and dependent              |        |                                                |           |                                   |                                 |                       |                |          |                   |
|                                 | —                                           | —      | —                                              | —         | —                                 | —                               | —                     | —              | —        | —                 |

<sup>11</sup> Company pays full cost of benefit for employees with 15 years of service retiring owing to disability. Other employees retiring prior to age 65 pay \$0.60 per month per \$1,000 until age 65.

<sup>12</sup> If surgical operation performed, allowance is greater of: (a) \$3 for each day of hospital confinement up to day of operation; and (b) \$3 for each day of confinement minus surgical operation allowance.

for Salaried Employees—Continued

| Major medical                         |                   |                                         |                          |                                                     |             |                 |               | Financing                                                                  |                  |
|---------------------------------------|-------------------|-----------------------------------------|--------------------------|-----------------------------------------------------|-------------|-----------------|---------------|----------------------------------------------------------------------------|------------------|
| Type of expense subject to deductible | Deductible amount | Accumulation period and its application | Benefit period           |                                                     | Coinsurance | Maximum benefit | Reinstatement | Employee                                                                   | Company          |
|                                       |                   |                                         | From start of disability | From incurrence of expenses in excess of deductible |             |                 |               |                                                                            |                  |
| Employee and dependents               |                   |                                         |                          |                                                     |             |                 |               | Employee                                                                   |                  |
| —                                     | —                 | —                                       | —                        | —                                                   | —           | —               | —             | —                                                                          | Full cost.       |
| Employee and dependents               |                   |                                         |                          |                                                     |             |                 |               | Dependents                                                                 |                  |
| —                                     | —                 | —                                       | —                        | —                                                   | —           | —               | —             | \$6.93 per month.                                                          | Balance of cost. |
| Retired employee and dependent        |                   |                                         |                          |                                                     |             |                 |               |                                                                            |                  |
| —                                     | —                 | —                                       | —                        | —                                                   | —           | —               | —             | <u>Life insurance and accidental death and dismemberment</u> <sup>11</sup> |                  |
|                                       |                   |                                         |                          |                                                     |             |                 |               | —                                                                          | Full cost.       |
|                                       |                   |                                         |                          |                                                     |             |                 |               | <u>Other benefits</u>                                                      |                  |
|                                       |                   |                                         |                          |                                                     |             |                 |               | Full cost.                                                                 |                  |
| Employee and dependents               |                   |                                         |                          |                                                     |             |                 |               |                                                                            |                  |
| —                                     | —                 | —                                       | —                        | —                                                   | —           | —               | —             | <u>Life insurance</u>                                                      |                  |
|                                       |                   |                                         |                          |                                                     |             |                 |               | \$0.40 per month per \$1,000.                                              | Balance of cost. |
|                                       |                   |                                         |                          |                                                     |             |                 |               | <u>Other benefits</u>                                                      |                  |
|                                       |                   |                                         |                          |                                                     |             |                 |               |                                                                            | Full cost.       |
| Retired employee and dependent        |                   |                                         |                          |                                                     |             |                 |               |                                                                            |                  |
| —                                     | —                 | —                                       | —                        | —                                                   | —           | —               | —             | —                                                                          | —                |

## Selected Health and Insurance

| Company                    | Eligibility (when new employees become eligible) | Schedule of benefits                                                                                                                                                                                                                                                                                   |                |                                                                      |                                                               |                       | Scope of accidental death and dismemberment |                 | Scope of accident and sickness |                                       | Accident and sickness |                    |          |
|----------------------------|--------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------|----------------------------------------------------------------------|---------------------------------------------------------------|-----------------------|---------------------------------------------|-----------------|--------------------------------|---------------------------------------|-----------------------|--------------------|----------|
|                            |                                                  | Basis of graduation                                                                                                                                                                                                                                                                                    | Life insurance | Optional life insurance                                              | Accidental death and dismemberment                            | Accident and sickness | Occupational                                | Nonoccupational | Occupational                   | Nonoccupational                       | Maximum duration      | Day benefit begins |          |
|                            |                                                  |                                                                                                                                                                                                                                                                                                        |                |                                                                      |                                                               |                       |                                             |                 |                                |                                       |                       | Accident           | Sickness |
| S. S. Kresge Co.           | Immediately or 1st of following month.<br>(1)    | Employee                                                                                                                                                                                                                                                                                               |                |                                                                      |                                                               |                       |                                             |                 |                                |                                       |                       |                    |          |
|                            |                                                  | Annual earnings:                                                                                                                                                                                                                                                                                       |                |                                                                      |                                                               |                       |                                             |                 |                                |                                       |                       |                    |          |
|                            |                                                  | \$3,000 to \$4,000                                                                                                                                                                                                                                                                                     | \$7,000        | —                                                                    | —                                                             | —                     | —                                           | —               | —                              | —                                     | —                     | —                  | —        |
|                            |                                                  | \$4,000 to \$5,000                                                                                                                                                                                                                                                                                     | 9,000          |                                                                      |                                                               |                       |                                             |                 |                                |                                       |                       |                    |          |
|                            |                                                  | \$5,000 to \$6,000                                                                                                                                                                                                                                                                                     | 11,000         |                                                                      |                                                               |                       |                                             |                 |                                |                                       |                       |                    |          |
|                            |                                                  | \$6,000 to \$7,000                                                                                                                                                                                                                                                                                     | 13,000         |                                                                      |                                                               |                       |                                             |                 |                                |                                       |                       |                    |          |
|                            |                                                  | \$7,000 to \$8,000                                                                                                                                                                                                                                                                                     | 15,000         |                                                                      |                                                               |                       |                                             |                 |                                |                                       |                       |                    |          |
|                            |                                                  | \$8,000 to \$9,000                                                                                                                                                                                                                                                                                     | 17,000         |                                                                      |                                                               |                       |                                             |                 |                                |                                       |                       |                    |          |
|                            |                                                  | and up in increments of                                                                                                                                                                                                                                                                                |                |                                                                      |                                                               |                       |                                             |                 |                                |                                       |                       |                    |          |
|                            |                                                  | \$1,000 to                                                                                                                                                                                                                                                                                             | 2,000 to       |                                                                      |                                                               |                       |                                             |                 |                                |                                       |                       |                    |          |
|                            |                                                  | \$20,000 and over                                                                                                                                                                                                                                                                                      | 40,000         |                                                                      |                                                               |                       |                                             |                 |                                |                                       |                       |                    |          |
|                            |                                                  |                                                                                                                                                                                                                                                                                                        | (2)            |                                                                      |                                                               |                       |                                             |                 |                                |                                       |                       |                    |          |
|                            |                                                  | Retired employee                                                                                                                                                                                                                                                                                       |                |                                                                      |                                                               |                       |                                             |                 |                                |                                       |                       |                    |          |
|                            |                                                  | Amount of paid-up insurance in effect immediately prior to retirement.                                                                                                                                                                                                                                 |                |                                                                      |                                                               |                       |                                             |                 |                                |                                       |                       |                    |          |
| Kroehler Manufacturing Co. | After 3 months of employment.                    | Employee                                                                                                                                                                                                                                                                                               |                |                                                                      |                                                               |                       |                                             |                 |                                |                                       |                       |                    |          |
|                            |                                                  | <u>Prior to age 65</u>                                                                                                                                                                                                                                                                                 |                | Amount equal to 1.5 times annual earnings: Maximum, \$40,000.<br>(4) | 60 percent of weekly earnings: Minimum, \$25; maximum, \$100. | X                     | X                                           | —               | X                              | 52 weeks <sup>5</sup> per disability. | 1st.                  | 8th.               |          |
|                            |                                                  | Annual salary:                                                                                                                                                                                                                                                                                         |                |                                                                      |                                                               |                       |                                             |                 |                                |                                       |                       |                    |          |
|                            |                                                  | Less than \$2,250                                                                                                                                                                                                                                                                                      | \$2,500        | \$2,500                                                              | \$2,500                                                       |                       |                                             |                 |                                |                                       |                       |                    |          |
| \$2,250 to \$3,000         | 3,000                                            | 3,000                                                                                                                                                                                                                                                                                                  | 3,000          |                                                                      |                                                               |                       |                                             |                 |                                |                                       |                       |                    |          |
| \$3,000 to \$4,000         | 4,000                                            | 4,000                                                                                                                                                                                                                                                                                                  | 4,000          |                                                                      |                                                               |                       |                                             |                 |                                |                                       |                       |                    |          |
| \$4,000 to \$5,000         | 5,000                                            | 5,000                                                                                                                                                                                                                                                                                                  | 5,000          |                                                                      |                                                               |                       |                                             |                 |                                |                                       |                       |                    |          |
| \$5,000 to \$6,000         | 6,000                                            | 6,000                                                                                                                                                                                                                                                                                                  | 6,000          |                                                                      |                                                               |                       |                                             |                 |                                |                                       |                       |                    |          |
| \$6,000 to \$7,000         | 7,500                                            | 7,500                                                                                                                                                                                                                                                                                                  | 7,500          |                                                                      |                                                               |                       |                                             |                 |                                |                                       |                       |                    |          |
| \$7,000 to \$8,500         | 8,500                                            | 8,500                                                                                                                                                                                                                                                                                                  | 8,500          |                                                                      |                                                               |                       |                                             |                 |                                |                                       |                       |                    |          |
| \$8,500 to \$10,000        | 10,000                                           | 10,000                                                                                                                                                                                                                                                                                                 | 10,000         |                                                                      |                                                               |                       |                                             |                 |                                |                                       |                       |                    |          |
| \$10,000 to \$15,000       | 15,000                                           | 15,000                                                                                                                                                                                                                                                                                                 | 15,000         |                                                                      |                                                               |                       |                                             |                 |                                |                                       |                       |                    |          |
| \$15,000 and over          | 20,000                                           | 20,000                                                                                                                                                                                                                                                                                                 | 10,000         |                                                                      |                                                               |                       |                                             |                 |                                |                                       |                       |                    |          |
|                            |                                                  | After age 65: Basic and optional amount in effect immediately prior to age 65 reduced 10 percent on January 1, and reduced by like amount on next 4 succeeding anniversaries until amount in effect equals the greater of: \$1,250, or 50 percent of amount in effect prior to the original reduction. |                |                                                                      |                                                               |                       |                                             |                 |                                |                                       |                       |                    |          |
|                            |                                                  | Retired employee                                                                                                                                                                                                                                                                                       |                |                                                                      |                                                               |                       |                                             |                 |                                |                                       |                       |                    |          |
|                            |                                                  | Same as for active employee after age 65, if employee retires prior to age 65, reduction begins on January 1 following retirement.                                                                                                                                                                     |                |                                                                      |                                                               |                       |                                             |                 |                                |                                       |                       |                    |          |

<sup>1</sup> Employees earning between \$3,000 and \$4,000 annually are not eligible for life insurance until after 5 years of service.

<sup>2</sup> Combination of term insurance and paid-up insurance.

<sup>3</sup> Michigan Hospital Service and Michigan Medical Service (Blue Cross and Blue Shield plans); employees in other areas covered by different programs.

## Plans for Salaried Employees

| Sick leave       |                       |             | Hospital benefits                    |                         |                   |              |                                                                 |                                                             | Income limits for service surgical and medical benefits | Surgical benefits                     |                |              |                 |
|------------------|-----------------------|-------------|--------------------------------------|-------------------------|-------------------|--------------|-----------------------------------------------------------------|-------------------------------------------------------------|---------------------------------------------------------|---------------------------------------|----------------|--------------|-----------------|
| Years of service | Days benefit per year |             | Daily benefit or service             | Maximum duration (days) | Extended coverage |              | Ancillary services                                              | Maternity benefit                                           |                                                         | Emergency out-patient care or service | Most-expensive | Appendectomy | Normal delivery |
|                  | At half pay           | At full pay |                                      |                         | Days              | Daily amount |                                                                 |                                                             |                                                         |                                       |                |              |                 |
| Employee         |                       |             | Employee and dependents <sup>3</sup> |                         |                   |              |                                                                 |                                                             |                                                         |                                       |                |              |                 |
| —                | —                     | —           | Semiprivate room.                    | 365                     | —                 | —            | Full cost of specified services.                                | Full cost of room, board, and specified ancillary services. | Required services provided.                             | \$7,500                               | \$450          | \$157.50     | \$90            |
|                  |                       |             | Retired employee and dependent       |                         |                   |              |                                                                 |                                                             |                                                         |                                       |                |              |                 |
| —                | —                     | —           | —                                    | —                       | —                 | —            | —                                                               | —                                                           | —                                                       | —                                     | —              | —            | —               |
| Employee         |                       |             | Employee and dependents              |                         |                   |              |                                                                 |                                                             |                                                         |                                       |                |              |                 |
| —                | —                     | —           | Employee, \$18; dependents, \$12.    | 50                      | —                 | —            | \$240, plus 75 percent of additional charges; Maximum, \$1,740. | \$120 for room, board, and ancillary services.              | —                                                       | —                                     | \$210          | \$140        | \$70            |
|                  |                       |             | Retired employee and dependent       |                         |                   |              |                                                                 |                                                             |                                                         |                                       |                |              |                 |
| —                | —                     | —           | —                                    | —                       | —                 | —            | —                                                               | —                                                           | —                                                       | —                                     | —              | —            | —               |

<sup>4</sup> Available to executives and plant and divisional managers only.

<sup>5</sup> Maternity accident and sickness benefits limited to 6 weeks.

## Selected Health and Insurance Plans

| Company                    | Medical allowances                   |                |                                                                      |                |                                   |                                 |                                    |                |          | Other benefits                                                                                                                                                                                 |
|----------------------------|--------------------------------------|----------------|----------------------------------------------------------------------|----------------|-----------------------------------|---------------------------------|------------------------------------|----------------|----------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
|                            | Home                                 | Office         | Hospital                                                             | Elsewhere      | Maximum number of visits paid for | Maximum number of days paid for | Maximum compensation               | Benefits begin |          | Types and amounts                                                                                                                                                                              |
|                            |                                      |                |                                                                      |                |                                   |                                 |                                    | Sickness       | Accident |                                                                                                                                                                                                |
| S. S. Kresge Co.           | Employee and dependents <sup>3</sup> |                |                                                                      |                |                                   |                                 |                                    |                |          |                                                                                                                                                                                                |
|                            | —                                    | —              | 1st day, \$15; 2d through 20th day, \$6; thereafter, \$4.80 per day. | —              | —                                 | 365 per disability.             | \$1.785 per disability.            | 1st day.       | 1st day. | Anesthesia allowance for cases in or out of hospital, if administered by nonhospital employee: 1st half hour or fraction thereof, \$18; next 1/2 hour, \$13.50; each succeeding 1/2 hour, \$9. |
|                            | Retired employee and dependent       |                |                                                                      |                |                                   |                                 |                                    |                |          |                                                                                                                                                                                                |
|                            | —                                    | —              | —                                                                    | —              | —                                 | —                               | —                                  | —              | —        | —                                                                                                                                                                                              |
| Kroehler Manufacturing Co. | Employee only                        |                |                                                                      |                |                                   |                                 |                                    |                |          |                                                                                                                                                                                                |
|                            | \$3 per visit.                       | \$2 per visit. | \$3 per visit.                                                       | \$3 per visit. | ( <sup>6</sup> )                  | —                               | \$150 per disability. <sup>7</sup> | 4th day.       | 1st day. | Diagnostic X-ray and laboratory examinations allowance: \$25 for any one accident or for all sicknesses during 12 consecutive months.<br>Anesthesia allowance: \$10 per operation.             |
|                            | Retired employee and dependent       |                |                                                                      |                |                                   |                                 |                                    |                |          |                                                                                                                                                                                                |
|                            | —                                    | —              | —                                                                    | —              | —                                 | —                               | —                                  | —              | —        | —                                                                                                                                                                                              |

<sup>6</sup> Limited to 3 visits during any period of 7 consecutive days.

<sup>7</sup> After age 60 maximum applied to any 12-consecutive month period.

for Salaried Employees—Continued

| Type of expense subject to deductible                   | Deductible amount              | Accumulation period and its application              | Major medical            |                                                     |                                                                                                                    |                                                    |                                                               | Financing                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                   |         |  |                                                         |        |                  |                        |                                |                                |        |                                 |     |     |            |      |      |      |      |      |      |      |      |      |      |      |                            |  |     |  |  |               |  |  |                            |  |  |                |        |                  |                               |      |
|---------------------------------------------------------|--------------------------------|------------------------------------------------------|--------------------------|-----------------------------------------------------|--------------------------------------------------------------------------------------------------------------------|----------------------------------------------------|---------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------|---------|--|---------------------------------------------------------|--------|------------------|------------------------|--------------------------------|--------------------------------|--------|---------------------------------|-----|-----|------------|------|------|------|------|------|------|------|------|------|------|------|----------------------------|--|-----|--|--|---------------|--|--|----------------------------|--|--|----------------|--------|------------------|-------------------------------|------|
|                                                         |                                |                                                      | Benefit period           |                                                     | Coinsurance                                                                                                        | Maximum benefit                                    | Reinstatement                                                 | Employee                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | Company                           |         |  |                                                         |        |                  |                        |                                |                                |        |                                 |     |     |            |      |      |      |      |      |      |      |      |      |      |      |                            |  |     |  |  |               |  |  |                            |  |  |                |        |                  |                               |      |
|                                                         |                                |                                                      | From start of disability | From incurrence of expenses in excess of deductible |                                                                                                                    |                                                    |                                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                   |         |  |                                                         |        |                  |                        |                                |                                |        |                                 |     |     |            |      |      |      |      |      |      |      |      |      |      |      |                            |  |     |  |  |               |  |  |                            |  |  |                |        |                  |                               |      |
| Employee and dependents                                 |                                |                                                      |                          |                                                     |                                                                                                                    |                                                    |                                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                   |         |  |                                                         |        |                  |                        |                                |                                |        |                                 |     |     |            |      |      |      |      |      |      |      |      |      |      |      |                            |  |     |  |  |               |  |  |                            |  |  |                |        |                  |                               |      |
| —                                                       | —                              | —                                                    | —                        | —                                                   | —                                                                                                                  | —                                                  | —                                                             | Combination term and paid-up life insurance                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                   |         |  |                                                         |        |                  |                        |                                |                                |        |                                 |     |     |            |      |      |      |      |      |      |      |      |      |      |      |                            |  |     |  |  |               |  |  |                            |  |  |                |        |                  |                               |      |
|                                                         |                                |                                                      |                          |                                                     |                                                                                                                    |                                                    |                                                               | <table border="0"> <tr> <td>Annual salary</td> <td>Monthly</td> <td></td> </tr> <tr> <td>\$3,000 to \$4,000 ---</td> <td>\$5.00</td> <td rowspan="3">Balance of cost.</td> </tr> <tr> <td>\$4,000 to \$5,000 ---</td> <td>7.00</td> </tr> <tr> <td>etc., in increments of \$1,000</td> <td>2.00</td> </tr> <tr> <td colspan="3" style="text-align: center;">Hospital, surgical, and medical</td> </tr> <tr> <td>Full cost.</td> <td></td> <td>—</td> </tr> </table>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | Annual salary                     | Monthly |  | \$3,000 to \$4,000 ---                                  | \$5.00 | Balance of cost. | \$4,000 to \$5,000 --- | 7.00                           | etc., in increments of \$1,000 | 2.00   | Hospital, surgical, and medical |     |     | Full cost. |      | —    |      |      |      |      |      |      |      |      |      |                            |  |     |  |  |               |  |  |                            |  |  |                |        |                  |                               |      |
| Annual salary                                           | Monthly                        |                                                      |                          |                                                     |                                                                                                                    |                                                    |                                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                   |         |  |                                                         |        |                  |                        |                                |                                |        |                                 |     |     |            |      |      |      |      |      |      |      |      |      |      |      |                            |  |     |  |  |               |  |  |                            |  |  |                |        |                  |                               |      |
| \$3,000 to \$4,000 ---                                  | \$5.00                         | Balance of cost.                                     |                          |                                                     |                                                                                                                    |                                                    |                                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                   |         |  |                                                         |        |                  |                        |                                |                                |        |                                 |     |     |            |      |      |      |      |      |      |      |      |      |      |      |                            |  |     |  |  |               |  |  |                            |  |  |                |        |                  |                               |      |
| \$4,000 to \$5,000 ---                                  | 7.00                           |                                                      |                          |                                                     |                                                                                                                    |                                                    |                                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                   |         |  |                                                         |        |                  |                        |                                |                                |        |                                 |     |     |            |      |      |      |      |      |      |      |      |      |      |      |                            |  |     |  |  |               |  |  |                            |  |  |                |        |                  |                               |      |
| etc., in increments of \$1,000                          | 2.00                           |                                                      |                          |                                                     |                                                                                                                    |                                                    |                                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                   |         |  |                                                         |        |                  |                        |                                |                                |        |                                 |     |     |            |      |      |      |      |      |      |      |      |      |      |      |                            |  |     |  |  |               |  |  |                            |  |  |                |        |                  |                               |      |
| Hospital, surgical, and medical                         |                                |                                                      |                          |                                                     |                                                                                                                    |                                                    |                                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                   |         |  |                                                         |        |                  |                        |                                |                                |        |                                 |     |     |            |      |      |      |      |      |      |      |      |      |      |      |                            |  |     |  |  |               |  |  |                            |  |  |                |        |                  |                               |      |
| Full cost.                                              |                                | —                                                    |                          |                                                     |                                                                                                                    |                                                    |                                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                   |         |  |                                                         |        |                  |                        |                                |                                |        |                                 |     |     |            |      |      |      |      |      |      |      |      |      |      |      |                            |  |     |  |  |               |  |  |                            |  |  |                |        |                  |                               |      |
| Retired employee and dependent                          |                                |                                                      |                          |                                                     |                                                                                                                    |                                                    |                                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                   |         |  |                                                         |        |                  |                        |                                |                                |        |                                 |     |     |            |      |      |      |      |      |      |      |      |      |      |      |                            |  |     |  |  |               |  |  |                            |  |  |                |        |                  |                               |      |
| —                                                       | —                              | —                                                    | —                        | —                                                   | —                                                                                                                  | —                                                  | —                                                             | —                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                   |         |  |                                                         |        |                  |                        |                                |                                |        |                                 |     |     |            |      |      |      |      |      |      |      |      |      |      |      |                            |  |     |  |  |               |  |  |                            |  |  |                |        |                  |                               |      |
| Executives, plant and division managers, and dependents |                                |                                                      |                          |                                                     |                                                                                                                    |                                                    |                                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                   |         |  |                                                         |        |                  |                        |                                |                                |        |                                 |     |     |            |      |      |      |      |      |      |      |      |      |      |      |                            |  |     |  |  |               |  |  |                            |  |  |                |        |                  |                               |      |
| All.                                                    | \$100                          | Calendar year, 3-month carry-over; all disabilities. | —                        | Calendar year; all disabilities.                    | 80 percent. Exceptions: Psychiatric care, employee not totally disabled and dependent out-of-hospital, 50 percent. | \$5,000 per benefit period; \$10,000 per lifetime. | After use of \$1,000 expenses; upon evidence of insurability. | <table border="0"> <tr> <td colspan="2" style="text-align: center;">All benefits except major medical</td> <td></td> </tr> <tr> <td colspan="3">Depending on salary class: Weekly (see life insurance).</td> </tr> <tr> <td style="text-align: center;"><u>Employee only</u></td> <td style="text-align: center;"><u>Employee and dependents</u></td> <td rowspan="10">Balance of cost.</td> </tr> <tr> <td>\$0.50</td> <td>\$0.80</td> </tr> <tr> <td>.65</td> <td>.95</td> </tr> <tr> <td>.85</td> <td>1.15</td> </tr> <tr> <td>1.05</td> <td>1.35</td> </tr> <tr> <td>1.20</td> <td>1.50</td> </tr> <tr> <td>1.50</td> <td>1.80</td> </tr> <tr> <td>1.70</td> <td>2.00</td> </tr> <tr> <td>2.00</td> <td>2.30</td> </tr> <tr> <td>etc., in increments of .30</td> <td></td> </tr> <tr> <td colspan="3" style="text-align: center;">(8)</td> </tr> <tr> <td colspan="2" style="text-align: center;">Major medical</td> <td></td> </tr> <tr> <td colspan="2" style="text-align: center;"><u>Weekly contribution</u></td> <td></td> </tr> <tr> <td>Employee -----</td> <td>\$0.39</td> <td rowspan="2">Balance of cost.</td> </tr> <tr> <td>Employee and dependents -----</td> <td>9.88</td> </tr> </table> | All benefits except major medical |         |  | Depending on salary class: Weekly (see life insurance). |        |                  | <u>Employee only</u>   | <u>Employee and dependents</u> | Balance of cost.               | \$0.50 | \$0.80                          | .65 | .95 | .85        | 1.15 | 1.05 | 1.35 | 1.20 | 1.50 | 1.50 | 1.80 | 1.70 | 2.00 | 2.00 | 2.30 | etc., in increments of .30 |  | (8) |  |  | Major medical |  |  | <u>Weekly contribution</u> |  |  | Employee ----- | \$0.39 | Balance of cost. | Employee and dependents ----- | 9.88 |
| All benefits except major medical                       |                                |                                                      |                          |                                                     |                                                                                                                    |                                                    |                                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                   |         |  |                                                         |        |                  |                        |                                |                                |        |                                 |     |     |            |      |      |      |      |      |      |      |      |      |      |      |                            |  |     |  |  |               |  |  |                            |  |  |                |        |                  |                               |      |
| Depending on salary class: Weekly (see life insurance). |                                |                                                      |                          |                                                     |                                                                                                                    |                                                    |                                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                   |         |  |                                                         |        |                  |                        |                                |                                |        |                                 |     |     |            |      |      |      |      |      |      |      |      |      |      |      |                            |  |     |  |  |               |  |  |                            |  |  |                |        |                  |                               |      |
| <u>Employee only</u>                                    | <u>Employee and dependents</u> | Balance of cost.                                     |                          |                                                     |                                                                                                                    |                                                    |                                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                   |         |  |                                                         |        |                  |                        |                                |                                |        |                                 |     |     |            |      |      |      |      |      |      |      |      |      |      |      |                            |  |     |  |  |               |  |  |                            |  |  |                |        |                  |                               |      |
| \$0.50                                                  | \$0.80                         |                                                      |                          |                                                     |                                                                                                                    |                                                    |                                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                   |         |  |                                                         |        |                  |                        |                                |                                |        |                                 |     |     |            |      |      |      |      |      |      |      |      |      |      |      |                            |  |     |  |  |               |  |  |                            |  |  |                |        |                  |                               |      |
| .65                                                     | .95                            |                                                      |                          |                                                     |                                                                                                                    |                                                    |                                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                   |         |  |                                                         |        |                  |                        |                                |                                |        |                                 |     |     |            |      |      |      |      |      |      |      |      |      |      |      |                            |  |     |  |  |               |  |  |                            |  |  |                |        |                  |                               |      |
| .85                                                     | 1.15                           |                                                      |                          |                                                     |                                                                                                                    |                                                    |                                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                   |         |  |                                                         |        |                  |                        |                                |                                |        |                                 |     |     |            |      |      |      |      |      |      |      |      |      |      |      |                            |  |     |  |  |               |  |  |                            |  |  |                |        |                  |                               |      |
| 1.05                                                    | 1.35                           |                                                      |                          |                                                     |                                                                                                                    |                                                    |                                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                   |         |  |                                                         |        |                  |                        |                                |                                |        |                                 |     |     |            |      |      |      |      |      |      |      |      |      |      |      |                            |  |     |  |  |               |  |  |                            |  |  |                |        |                  |                               |      |
| 1.20                                                    | 1.50                           |                                                      |                          |                                                     |                                                                                                                    |                                                    |                                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                   |         |  |                                                         |        |                  |                        |                                |                                |        |                                 |     |     |            |      |      |      |      |      |      |      |      |      |      |      |                            |  |     |  |  |               |  |  |                            |  |  |                |        |                  |                               |      |
| 1.50                                                    | 1.80                           |                                                      |                          |                                                     |                                                                                                                    |                                                    |                                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                   |         |  |                                                         |        |                  |                        |                                |                                |        |                                 |     |     |            |      |      |      |      |      |      |      |      |      |      |      |                            |  |     |  |  |               |  |  |                            |  |  |                |        |                  |                               |      |
| 1.70                                                    | 2.00                           |                                                      |                          |                                                     |                                                                                                                    |                                                    |                                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                   |         |  |                                                         |        |                  |                        |                                |                                |        |                                 |     |     |            |      |      |      |      |      |      |      |      |      |      |      |                            |  |     |  |  |               |  |  |                            |  |  |                |        |                  |                               |      |
| 2.00                                                    | 2.30                           |                                                      |                          |                                                     |                                                                                                                    |                                                    |                                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                   |         |  |                                                         |        |                  |                        |                                |                                |        |                                 |     |     |            |      |      |      |      |      |      |      |      |      |      |      |                            |  |     |  |  |               |  |  |                            |  |  |                |        |                  |                               |      |
| etc., in increments of .30                              |                                |                                                      |                          |                                                     |                                                                                                                    |                                                    |                                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                   |         |  |                                                         |        |                  |                        |                                |                                |        |                                 |     |     |            |      |      |      |      |      |      |      |      |      |      |      |                            |  |     |  |  |               |  |  |                            |  |  |                |        |                  |                               |      |
| (8)                                                     |                                |                                                      |                          |                                                     |                                                                                                                    |                                                    |                                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                   |         |  |                                                         |        |                  |                        |                                |                                |        |                                 |     |     |            |      |      |      |      |      |      |      |      |      |      |      |                            |  |     |  |  |               |  |  |                            |  |  |                |        |                  |                               |      |
| Major medical                                           |                                |                                                      |                          |                                                     |                                                                                                                    |                                                    |                                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                   |         |  |                                                         |        |                  |                        |                                |                                |        |                                 |     |     |            |      |      |      |      |      |      |      |      |      |      |      |                            |  |     |  |  |               |  |  |                            |  |  |                |        |                  |                               |      |
| <u>Weekly contribution</u>                              |                                |                                                      |                          |                                                     |                                                                                                                    |                                                    |                                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                   |         |  |                                                         |        |                  |                        |                                |                                |        |                                 |     |     |            |      |      |      |      |      |      |      |      |      |      |      |                            |  |     |  |  |               |  |  |                            |  |  |                |        |                  |                               |      |
| Employee -----                                          | \$0.39                         | Balance of cost.                                     |                          |                                                     |                                                                                                                    |                                                    |                                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                   |         |  |                                                         |        |                  |                        |                                |                                |        |                                 |     |     |            |      |      |      |      |      |      |      |      |      |      |      |                            |  |     |  |  |               |  |  |                            |  |  |                |        |                  |                               |      |
| Employee and dependents -----                           | 9.88                           |                                                      |                          |                                                     |                                                                                                                    |                                                    |                                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                   |         |  |                                                         |        |                  |                        |                                |                                |        |                                 |     |     |            |      |      |      |      |      |      |      |      |      |      |      |                            |  |     |  |  |               |  |  |                            |  |  |                |        |                  |                               |      |
| Retired employee and dependent                          |                                |                                                      |                          |                                                     |                                                                                                                    |                                                    |                                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                   |         |  |                                                         |        |                  |                        |                                |                                |        |                                 |     |     |            |      |      |      |      |      |      |      |      |      |      |      |                            |  |     |  |  |               |  |  |                            |  |  |                |        |                  |                               |      |
| —                                                       | —                              | —                                                    | —                        | —                                                   | —                                                                                                                  | —                                                  | —                                                             | Full cost.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                   |         |  |                                                         |        |                  |                        |                                |                                |        |                                 |     |     |            |      |      |      |      |      |      |      |      |      |      |      |                            |  |     |  |  |               |  |  |                            |  |  |                |        |                  |                               |      |

<sup>8</sup> Executives and plant and division managers pay additional \$0.127 per \$1,000 for optional life insurance.

<sup>9</sup> Employees pay \$1.37 for each dependent between age 19 and age 23.

## Selected Health and Insurance

| Company                                                 | Eligibility (when new employees become eligible)                                                                                                 | Schedule of benefits                                                                                                                                                                                                                                                                                                                                                                                               |                                                                    |                                               |                                    |                                                            | Scope of accidental death and dismemberment |                                 | Scope of accident and sickness  |                       | Accident and sickness                               |                          |                          |
|---------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------|-----------------------------------------------|------------------------------------|------------------------------------------------------------|---------------------------------------------|---------------------------------|---------------------------------|-----------------------|-----------------------------------------------------|--------------------------|--------------------------|
|                                                         |                                                                                                                                                  | Basis of graduation                                                                                                                                                                                                                                                                                                                                                                                                | Life insurance                                                     | Optional life insurance                       | Accidental death and dismemberment | Accident and sickness                                      | Occupational                                | Nonoccupational                 | Occupational                    | Nonoccupational       | Maximum duration                                    | Day benefit begins       |                          |
|                                                         |                                                                                                                                                  |                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                    |                                               |                                    |                                                            |                                             |                                 |                                 |                       |                                                     | Accident                 | Sickness                 |
| Lerner Shops of America, Inc.                           | With annual earnings of less than \$5,000: After 60 days of employment.<br>With annual earnings of \$5,000 or over: After 90 days of employment. | Employee                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                    |                                               |                                    |                                                            |                                             |                                 |                                 |                       |                                                     |                          |                          |
|                                                         |                                                                                                                                                  | Earnings:<br>\$30 weekly or less<br>\$30.01 to \$36.00 weekly<br>\$36.01 weekly to \$5,000 annually<br>\$5,000 annually and over                                                                                                                                                                                                                                                                                   | \$500<br>750<br>1,500<br>2,500                                     | —<br>—<br>—<br>Amount equal to annual salary. | \$500<br>750<br>1,500<br>1,500     | One-half weekly salary; maximum, \$50.<br>( <sup>1</sup> ) | —<br>X<br>—<br>—                            | X<br>( <sup>1</sup> )           | —<br>—<br>—<br>—                | X<br>( <sup>1</sup> ) | 26 weeks <sup>2</sup> per year.<br>( <sup>1</sup> ) | 8th.<br>( <sup>1</sup> ) | 8th.<br>( <sup>1</sup> ) |
|                                                         |                                                                                                                                                  | Retired employee                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                    |                                               |                                    |                                                            |                                             |                                 |                                 |                       |                                                     |                          |                          |
|                                                         |                                                                                                                                                  | Same as for active employee at age 65.                                                                                                                                                                                                                                                                                                                                                                             |                                                                    |                                               |                                    |                                                            | —                                           | —                               | —                               | —                     | —                                                   | —                        | —                        |
| McCrory Corp. (McCrory-McLellan-Green Stores Division). | Life insurance: General employees, 2 years; other employees, 3 months. Other benefits: Immediately or 1st of following month.                    | Employee                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                    |                                               |                                    |                                                            |                                             |                                 |                                 |                       |                                                     |                          |                          |
|                                                         |                                                                                                                                                  | General employee: Flat.<br>Assistant department heads, assistant buyers, supervisory employees, fountain managers, restaurant managers, men and women in training:<br>Executives, assistant executives, department heads, store managers, buyers, district managers, restaurant district managers: Basic annual earnings, less than \$10,000<br>\$10,000 to \$15,000<br>\$15,000 and over<br>Officers<br>Directors | \$2,000<br>5,000<br>10,000<br>15,000<br>20,000<br>25,000<br>10,000 | —<br>—<br>—<br>—<br>—<br>—<br>—               | —<br>—<br>—<br>—<br>—<br>—<br>—    | ( <sup>3</sup> )                                           | —<br>—<br>—<br>—<br>—<br>—<br>—             | —<br>—<br>—<br>—<br>—<br>—<br>— | —<br>—<br>—<br>—<br>—<br>—<br>— | ( <sup>3</sup> )      | ( <sup>3</sup> )                                    | ( <sup>3</sup> )         | ( <sup>3</sup> )         |
|                                                         |                                                                                                                                                  | Retired employee                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                    |                                               |                                    |                                                            |                                             |                                 |                                 |                       |                                                     |                          |                          |
|                                                         |                                                                                                                                                  | —                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                    |                                               |                                    |                                                            |                                             |                                 |                                 |                       |                                                     |                          |                          |

<sup>1</sup> Applicable only to salaried employees of Philadelphia, Penn., and Connecticut stores. Employees in New Jersey, New York, Rhode Island, and California are covered by State temporary disability laws. For detailed summaries of the benefits provided under these laws, see BLS Bulletin 1330 (op. cit.).

<sup>2</sup> Maternity accident and sickness benefits payments limited to 6 weeks.

## Plans for Salaried Employees

| Sick leave       |                       |             | Hospital benefits                    |                         |                   |                                          |                                                                                           |                                                                               | Income limits for service surgical and medical benefits | Surgical benefits                     |                |              |                 |
|------------------|-----------------------|-------------|--------------------------------------|-------------------------|-------------------|------------------------------------------|-------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------|---------------------------------------------------------|---------------------------------------|----------------|--------------|-----------------|
| Years of service | Days benefit per year |             | Daily benefit or service             | Maximum duration (days) | Extended coverage |                                          | Ancillary services                                                                        | Maternity benefit                                                             |                                                         | Emergency out-patient care or service | Most-expensive | Appendectomy | Normal delivery |
|                  | At half pay           | At full pay |                                      |                         | Days              | Daily amount                             |                                                                                           |                                                                               |                                                         |                                       |                |              |                 |
| Employee         |                       |             | Employee and dependents              |                         |                   |                                          |                                                                                           |                                                                               |                                                         |                                       |                |              |                 |
| —                | —                     | —           | Semiprivate room.                    | 120                     | —                 | —                                        | Full cost of specified services.                                                          | Semiprivate room for 120 days plus full cost of specified ancillary services. | Required services provided.                             | —                                     | \$250          | \$125        | \$75            |
|                  |                       |             | Retired employee and dependent       |                         |                   |                                          |                                                                                           |                                                                               |                                                         |                                       |                |              |                 |
| —                | —                     | —           | —                                    | —                       | —                 | —                                        | —                                                                                         | —                                                                             | —                                                       | —                                     | —              | —            | —               |
| Employee         |                       |             | Employee and dependents <sup>4</sup> |                         |                   |                                          |                                                                                           |                                                                               |                                                         |                                       |                |              |                 |
| —                | —                     | —           | Semiprivate room.                    | 21                      | 180               | 50 percent of cost of semi-private room. | Full cost specified services for 1st 21 days; 50 percent of cost for additional 180 days. | \$80 for room, board, and ancillary services.                                 | \$7.25                                                  | Individual, \$2,500; family, \$4,000. | \$500          | \$125        | ·\$75           |
|                  |                       |             | Retired employee and dependent       |                         |                   |                                          |                                                                                           |                                                                               |                                                         |                                       |                |              |                 |
| —                | —                     | —           | —                                    | —                       | —                 | —                                        | —                                                                                         | —                                                                             | —                                                       | —                                     | —              | —            | —               |

<sup>3</sup> No accident and sickness insurance benefit provided by plan; employees covered by the New York State temporary disability law. For a detailed summary of the benefits provided under this law, see BLS Bulletin 1330 (op. cit.).

<sup>4</sup> Associated Hospital service of New York and United Medical Service, Inc. (Blue Cross and Blue Shield plans); employees in other areas covered by different programs.

## Selected Health and Insurance Plans

| Company                                                   | Medical allowances             |        |                                                                                                                        |           |                                   |                                 |                       |                |            | Other benefits                                                                                                                                                                                                                                                                                                                                          |
|-----------------------------------------------------------|--------------------------------|--------|------------------------------------------------------------------------------------------------------------------------|-----------|-----------------------------------|---------------------------------|-----------------------|----------------|------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
|                                                           | Home                           | Office | Hospital                                                                                                               | Elsewhere | Maximum number of visits paid for | Maximum number of days paid for | Maximum compensation  | Benefits begin |            | Types and amounts                                                                                                                                                                                                                                                                                                                                       |
|                                                           |                                |        |                                                                                                                        |           |                                   |                                 |                       | Sickness       | Accident   |                                                                                                                                                                                                                                                                                                                                                         |
| Lerner Shops of America, Inc.                             | Employee and dependents        |        |                                                                                                                        |           |                                   |                                 |                       |                |            |                                                                                                                                                                                                                                                                                                                                                         |
|                                                           | —                              | —      | 1st 2 days, \$4 per visit; 3d through 21st day, \$4 per day; 22d through 201st day, \$14 per week.<br>( <sup>5</sup> ) | —         | 1st 2 days, 2 per day.            | 201 per disability.             | \$452 per disability. | 1st visit.     | 1st visit. | Anesthesia allowance: (For cases in or out of hospital), 20 percent of surgical allowance; minimum, \$15.<br><br>Radiation therapy allowance: (For cases in or out of hospital), \$7.50 per treatment; maximum, \$200 per year.<br><br>Electro-shock therapy allowance: (For cases in or out of hospital), \$10 per treatment; maximum, \$100 per year. |
|                                                           | Retired employee and dependent |        |                                                                                                                        |           |                                   |                                 |                       |                |            |                                                                                                                                                                                                                                                                                                                                                         |
|                                                           | —                              | —      | —                                                                                                                      | —         | —                                 | —                               | —                     | —              | —          | —                                                                                                                                                                                                                                                                                                                                                       |
| McCrorry Corp. (McCrorry-McLellan-Green Stores Division). | Employee and dependents        |        |                                                                                                                        |           |                                   |                                 |                       |                |            |                                                                                                                                                                                                                                                                                                                                                         |
|                                                           | —                              | —      | 1st 2 days, \$4 per visit; 3d through 21st day, \$4 per day; thereafter, \$14 per week.                                | —         | 1st 2 days, 2 per day.            | 201                             | \$452                 | 1st.           | 1st.       | Anesthesia allowance: (For cases in or out of hospital), 20 percent of surgical allowance; minimum, \$15.<br><br>Radiation therapy allowance: (In or out of hospital), \$7.50 per treatment; \$200 per contract year.<br><br>Electro-shock therapy allowance: (For cases in or out of hospital), \$15 per treatment; maximum, \$150 per contract year.  |
|                                                           | Retired employee and dependent |        |                                                                                                                        |           |                                   |                                 |                       |                |            |                                                                                                                                                                                                                                                                                                                                                         |
|                                                           | —                              | —      | —                                                                                                                      | —         | —                                 | —                               | —                     | —              | —          | —                                                                                                                                                                                                                                                                                                                                                       |

<sup>5</sup> Plus consultation allowance of \$10.

for Salaried Employees—Continued

| Type of expense subject to deductible | Deductible amount                                            | Accumulation period and its application | Major medical            |                                                     |             |                                                   |                                | Financing                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                     |                     |  |         |         |                  |        |       |        |       |        |       |        |        |
|---------------------------------------|--------------------------------------------------------------|-----------------------------------------|--------------------------|-----------------------------------------------------|-------------|---------------------------------------------------|--------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------|---------------------|--|---------|---------|------------------|--------|-------|--------|-------|--------|-------|--------|--------|
|                                       |                                                              |                                         | Benefit period           |                                                     | Coinsurance | Maximum benefit                                   | Reinstatement                  | Employee                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | Company             |                     |  |         |         |                  |        |       |        |       |        |       |        |        |
|                                       |                                                              |                                         | From start of disability | From incurrence of expenses in excess of deductible |             |                                                   |                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                     |                     |  |         |         |                  |        |       |        |       |        |       |        |        |
| Employee and dependents               |                                                              |                                         |                          |                                                     |             |                                                   |                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                     |                     |  |         |         |                  |        |       |        |       |        |       |        |        |
| —                                     | —                                                            | —                                       | —                        | —                                                   | —           | —                                                 | —                              | <u>Life insurance</u><br>\$0.60 per \$1,000 per month in excess of first \$2,500.<br>1st \$2,500, full cost. Amount in excess of \$2,500, balance of cost.<br><br><u>Other benefits</u><br>— Full cost.<br><br><u>Dependents</u><br>Full cost.                                                                                                                                                                                                                                                                                                                                                                                                                |                     |                     |  |         |         |                  |        |       |        |       |        |       |        |        |
| Retired employee and dependent        |                                                              |                                         |                          |                                                     |             |                                                   |                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                     |                     |  |         |         |                  |        |       |        |       |        |       |        |        |
| —                                     | —                                                            | —                                       | —                        | —                                                   | —           | —                                                 | —                              | Full cost. —                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                     |                     |  |         |         |                  |        |       |        |       |        |       |        |        |
| Employee and dependents               |                                                              |                                         |                          |                                                     |             |                                                   |                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                     |                     |  |         |         |                  |        |       |        |       |        |       |        |        |
| All.                                  | \$100 or 1 percent of annual earnings, whichever is greater. | Calendar year; all disabilities.        | —                        | Calendar year.                                      | 75 percent. | \$5,000 per calendar year; \$10,000 per lifetime. | Upon evidence of insurability. | <u>Life insurance</u><br><br><u>Executive and department heads</u><br><table border="1"> <thead> <tr> <th>Amount of insurance</th> <th>Annual contribution</th> <th></th> </tr> </thead> <tbody> <tr> <td>\$5,000</td> <td>\$21.50</td> <td rowspan="5">Balance of cost.</td> </tr> <tr> <td>10,000</td> <td>43.00</td> </tr> <tr> <td>15,000</td> <td>64.50</td> </tr> <tr> <td>20,000</td> <td>86.00</td> </tr> <tr> <td>25,000</td> <td>107.00</td> </tr> </tbody> </table><br><u>Other employees</u><br>— Full cost.<br><br><u>Major medical</u><br>75 percent of cost. 25 percent of cost.<br><br><u>Hospital, surgical, and medical</u><br>Full cost. — | Amount of insurance | Annual contribution |  | \$5,000 | \$21.50 | Balance of cost. | 10,000 | 43.00 | 15,000 | 64.50 | 20,000 | 86.00 | 25,000 | 107.00 |
| Amount of insurance                   | Annual contribution                                          |                                         |                          |                                                     |             |                                                   |                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                     |                     |  |         |         |                  |        |       |        |       |        |       |        |        |
| \$5,000                               | \$21.50                                                      | Balance of cost.                        |                          |                                                     |             |                                                   |                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                     |                     |  |         |         |                  |        |       |        |       |        |       |        |        |
| 10,000                                | 43.00                                                        |                                         |                          |                                                     |             |                                                   |                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                     |                     |  |         |         |                  |        |       |        |       |        |       |        |        |
| 15,000                                | 64.50                                                        |                                         |                          |                                                     |             |                                                   |                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                     |                     |  |         |         |                  |        |       |        |       |        |       |        |        |
| 20,000                                | 86.00                                                        |                                         |                          |                                                     |             |                                                   |                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                     |                     |  |         |         |                  |        |       |        |       |        |       |        |        |
| 25,000                                | 107.00                                                       |                                         |                          |                                                     |             |                                                   |                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                     |                     |  |         |         |                  |        |       |        |       |        |       |        |        |
| Retired employee and dependent        |                                                              |                                         |                          |                                                     |             |                                                   |                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                     |                     |  |         |         |                  |        |       |        |       |        |       |        |        |
| —                                     | —                                                            | —                                       | —                        | —                                                   | —           | —                                                 | —                              | —                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                     |                     |  |         |         |                  |        |       |        |       |        |       |        |        |



Plans for Salaried Employees

| Sick leave          |                       |                          | Hospital benefits              |                         |                   |              |                    |                                                                      | Income limits for service surgical and medical benefits | Surgical benefits                     |                |                   |                 |
|---------------------|-----------------------|--------------------------|--------------------------------|-------------------------|-------------------|--------------|--------------------|----------------------------------------------------------------------|---------------------------------------------------------|---------------------------------------|----------------|-------------------|-----------------|
| Years of service    | Days benefit per year |                          | Daily benefit or service       | Maximum duration (days) | Extended coverage |              | Ancillary services | Maternity benefit                                                    |                                                         | Emergency out-patient care or service | Most-expensive | Appen-<br>dectomy | Normal delivery |
|                     | At half pay           | At full pay <sup>3</sup> |                                |                         | Days              | Daily amount |                    |                                                                      |                                                         |                                       |                |                   |                 |
| Exempt employees    |                       |                          | Employee                       |                         |                   |              |                    |                                                                      |                                                         |                                       |                |                   |                 |
| —                   | —                     | <sup>4</sup> 10          | \$12                           | ( <sup>5</sup> )        | —                 | —            | \$120              | Room and board, \$12 per day for 14 days; ancillary services, \$120. | \$15                                                    | —                                     | \$250          | \$166.67          | \$83.33         |
| Nonexempt employees |                       |                          | Dependents                     |                         |                   |              |                    |                                                                      |                                                         |                                       |                |                   |                 |
| 6 months to 1       | —                     | 5                        | \$10                           | ( <sup>5</sup> )        | —                 | —            | \$100              | Room and board, \$10 per day for 10 days; ancillary services, \$100. | \$15                                                    | —                                     | \$150          | \$100             | \$50            |
| 1                   |                       | 5½                       |                                |                         |                   |              |                    |                                                                      |                                                         |                                       |                |                   |                 |
| 1 and 1 month       |                       | 6                        |                                |                         |                   |              |                    |                                                                      |                                                         |                                       |                |                   |                 |
| 1 and 2 months      |                       | 6½                       |                                |                         |                   |              |                    |                                                                      |                                                         |                                       |                |                   |                 |
| 1 and 3 months      |                       | 7                        |                                |                         |                   |              |                    |                                                                      |                                                         |                                       |                |                   |                 |
| 1 and 4 months      |                       | 7½                       |                                |                         |                   |              |                    |                                                                      |                                                         |                                       |                |                   |                 |
| 1 and 5 months      |                       | 8                        |                                |                         |                   |              |                    |                                                                      |                                                         |                                       |                |                   |                 |
| 1 and 6 months      |                       | 8½                       |                                |                         |                   |              |                    |                                                                      |                                                         |                                       |                |                   |                 |
| 1 and 7 months      |                       | 9                        |                                |                         |                   |              |                    |                                                                      |                                                         |                                       |                |                   |                 |
| 1 and 8 months      |                       | 9½                       |                                |                         |                   |              |                    |                                                                      |                                                         |                                       |                |                   |                 |
| 1 and 9 months      |                       | 10                       |                                |                         |                   |              |                    |                                                                      |                                                         |                                       |                |                   |                 |
|                     |                       | ( <sup>6</sup> )         |                                |                         |                   |              |                    |                                                                      |                                                         |                                       |                |                   |                 |
|                     |                       |                          | Retired employee and dependent |                         |                   |              |                    |                                                                      |                                                         |                                       |                |                   |                 |
|                     |                       |                          | —                              | —                       | —                 | —            | —                  | —                                                                    | —                                                       | —                                     | —              | —                 | —               |

<sup>4</sup> Maximum accumulation, 20 days.

<sup>5</sup> Dependent on actual room and board charges; maximum allowance for employee is \$372 per disability; for dependents, \$310 per disability.

<sup>6</sup> Maximum accumulation, 10 days.

Selected Health and Insurance Plans

| Company      | Medical allowances             |        |          |           |                                   |                                 |                      |                | Other benefits |                                                                                                                                                   |
|--------------|--------------------------------|--------|----------|-----------|-----------------------------------|---------------------------------|----------------------|----------------|----------------|---------------------------------------------------------------------------------------------------------------------------------------------------|
|              | Home                           | Office | Hospital | Elsewhere | Maximum number of visits paid for | Maximum number of days paid for | Maximum compensation | Benefits begin |                | Types and amounts                                                                                                                                 |
|              |                                |        |          |           |                                   |                                 |                      | Sickness       | Accident       |                                                                                                                                                   |
| Melpar, Inc. | Employee and dependents        |        |          |           |                                   |                                 |                      |                |                |                                                                                                                                                   |
|              | —                              | —      | —        | —         | —                                 | —                               | —                    | —              | —              | Emergency medical care allowance: (For treatment within 5 days of accident if provided by physician who is not an employee of a hospital), \$ 15. |
|              | Retired employee and dependent |        |          |           |                                   |                                 |                      |                |                |                                                                                                                                                   |
|              | —                              | —      | —        | —         | —                                 | —                               | —                    | —              | —              | —                                                                                                                                                 |

for Salaried Employees—Continued

| Type of expense subject to deductible | Deductible amount                             | Accumulation period and its application | Major medical            |                                                     |                 |                          |                                                                     | Financing                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |         |                  |              |  |                    |                     |                       |        |        |                        |     |      |                        |     |      |                        |      |      |                        |      |      |                         |      |      |                       |      |      |                  |
|---------------------------------------|-----------------------------------------------|-----------------------------------------|--------------------------|-----------------------------------------------------|-----------------|--------------------------|---------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------|------------------|--------------|--|--------------------|---------------------|-----------------------|--------|--------|------------------------|-----|------|------------------------|-----|------|------------------------|------|------|------------------------|------|------|-------------------------|------|------|-----------------------|------|------|------------------|
|                                       |                                               |                                         | Benefit period           |                                                     | Coinsurance     | Maximum benefit          | Reinstatement                                                       | Employee                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | Company |                  |              |  |                    |                     |                       |        |        |                        |     |      |                        |     |      |                        |      |      |                        |      |      |                         |      |      |                       |      |      |                  |
|                                       |                                               |                                         | From start of disability | From incurrence of expenses in excess of deductible |                 |                          |                                                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |         |                  |              |  |                    |                     |                       |        |        |                        |     |      |                        |     |      |                        |      |      |                        |      |      |                         |      |      |                       |      |      |                  |
| Employee and dependents               |                                               |                                         |                          |                                                     |                 |                          |                                                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |         |                  |              |  |                    |                     |                       |        |        |                        |     |      |                        |     |      |                        |      |      |                        |      |      |                         |      |      |                       |      |      |                  |
| All.                                  | Greater of (a) basic benefits; and (b) \$300. | 6 consecutive months per disability.    | —                        | 2 years; per disability.                            | 80 percent. (7) | \$10,000 per disability. | After use of \$1,000 for expense and upon evidence of insurability. | <table border="1"> <thead> <tr> <th rowspan="2">Annual earnings:</th> <th colspan="2">All benefits</th> </tr> <tr> <th>Per month Employee</th> <th>Per month Dependent</th> </tr> </thead> <tbody> <tr> <td>Less than \$2,860----</td> <td>\$0.73</td> <td>\$1.40</td> </tr> <tr> <td>\$2,860 to \$3,900----</td> <td>.79</td> <td>1.46</td> </tr> <tr> <td>\$3,900 to \$5,200----</td> <td>.86</td> <td>1.53</td> </tr> <tr> <td>\$5,200 to \$6,500----</td> <td>1.00</td> <td>1.67</td> </tr> <tr> <td>\$6,500 to \$7,800----</td> <td>1.10</td> <td>1.77</td> </tr> <tr> <td>\$7,800 to \$10,400----</td> <td>1.26</td> <td>1.93</td> </tr> <tr> <td>\$10,400 and over----</td> <td>1.57</td> <td>2.24</td> </tr> </tbody> </table> |         | Annual earnings: | All benefits |  | Per month Employee | Per month Dependent | Less than \$2,860---- | \$0.73 | \$1.40 | \$2,860 to \$3,900---- | .79 | 1.46 | \$3,900 to \$5,200---- | .86 | 1.53 | \$5,200 to \$6,500---- | 1.00 | 1.67 | \$6,500 to \$7,800---- | 1.10 | 1.77 | \$7,800 to \$10,400---- | 1.26 | 1.93 | \$10,400 and over---- | 1.57 | 2.24 | Balance of cost. |
| Annual earnings:                      | All benefits                                  |                                         |                          |                                                     |                 |                          |                                                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |         |                  |              |  |                    |                     |                       |        |        |                        |     |      |                        |     |      |                        |      |      |                        |      |      |                         |      |      |                       |      |      |                  |
|                                       | Per month Employee                            | Per month Dependent                     |                          |                                                     |                 |                          |                                                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |         |                  |              |  |                    |                     |                       |        |        |                        |     |      |                        |     |      |                        |      |      |                        |      |      |                         |      |      |                       |      |      |                  |
| Less than \$2,860----                 | \$0.73                                        | \$1.40                                  |                          |                                                     |                 |                          |                                                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |         |                  |              |  |                    |                     |                       |        |        |                        |     |      |                        |     |      |                        |      |      |                        |      |      |                         |      |      |                       |      |      |                  |
| \$2,860 to \$3,900----                | .79                                           | 1.46                                    |                          |                                                     |                 |                          |                                                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |         |                  |              |  |                    |                     |                       |        |        |                        |     |      |                        |     |      |                        |      |      |                        |      |      |                         |      |      |                       |      |      |                  |
| \$3,900 to \$5,200----                | .86                                           | 1.53                                    |                          |                                                     |                 |                          |                                                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |         |                  |              |  |                    |                     |                       |        |        |                        |     |      |                        |     |      |                        |      |      |                        |      |      |                         |      |      |                       |      |      |                  |
| \$5,200 to \$6,500----                | 1.00                                          | 1.67                                    |                          |                                                     |                 |                          |                                                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |         |                  |              |  |                    |                     |                       |        |        |                        |     |      |                        |     |      |                        |      |      |                        |      |      |                         |      |      |                       |      |      |                  |
| \$6,500 to \$7,800----                | 1.10                                          | 1.77                                    |                          |                                                     |                 |                          |                                                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |         |                  |              |  |                    |                     |                       |        |        |                        |     |      |                        |     |      |                        |      |      |                        |      |      |                         |      |      |                       |      |      |                  |
| \$7,800 to \$10,400----               | 1.26                                          | 1.93                                    |                          |                                                     |                 |                          |                                                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |         |                  |              |  |                    |                     |                       |        |        |                        |     |      |                        |     |      |                        |      |      |                        |      |      |                         |      |      |                       |      |      |                  |
| \$10,400 and over----                 | 1.57                                          | 2.24                                    |                          |                                                     |                 |                          |                                                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |         |                  |              |  |                    |                     |                       |        |        |                        |     |      |                        |     |      |                        |      |      |                        |      |      |                         |      |      |                       |      |      |                  |
| Retired employee and dependent        |                                               |                                         |                          |                                                     |                 |                          |                                                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |         |                  |              |  |                    |                     |                       |        |        |                        |     |      |                        |     |      |                        |      |      |                        |      |      |                         |      |      |                       |      |      |                  |
| —                                     | —                                             | —                                       | —                        | —                                                   | —               | —                        | —                                                                   | —                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | —       |                  |              |  |                    |                     |                       |        |        |                        |     |      |                        |     |      |                        |      |      |                        |      |      |                         |      |      |                       |      |      |                  |

<sup>7</sup> Psychiatric care expenses, except as a result of organic disorder, is not a covered expense.

## Selected Health and Insurance

| Company                | Eligibility<br>(when new<br>employees<br>become<br>eligible) | Schedule of benefits                                                                                                                                                                                                    |                              |                                                    |                                               |                             | Scope of accidental<br>death and<br>dismemberment |                      | Scope of accident<br>and<br>sickness |                      | Accident and sickness |                    |                  |
|------------------------|--------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------|----------------------------------------------------|-----------------------------------------------|-----------------------------|---------------------------------------------------|----------------------|--------------------------------------|----------------------|-----------------------|--------------------|------------------|
|                        |                                                              | Basis of graduation                                                                                                                                                                                                     | Life<br>insurance            | Optional<br>life<br>insurance                      | Accidental<br>death and<br>dismem-<br>berment | Accident<br>and<br>sickness | Occupa-<br>tional                                 | Nonoccu-<br>pational | Occupa-<br>tional                    | Nonoccu-<br>pational | Maximum<br>duration   | Day benefit begins |                  |
|                        |                                                              |                                                                                                                                                                                                                         |                              |                                                    |                                               |                             |                                                   |                      |                                      |                      |                       | Accident           | Sickness         |
| The New York Times Co. | After 6<br>months of<br>employ-<br>ment.                     | Employee                                                                                                                                                                                                                |                              |                                                    |                                               |                             |                                                   |                      |                                      |                      |                       |                    |                  |
|                        |                                                              | Flat.                                                                                                                                                                                                                   | \$1,000                      | Annual<br>salary,<br>less<br>\$1,000. <sup>1</sup> | —                                             | ( <sup>2</sup> )            | —                                                 | —                    | ( <sup>2</sup> )                     | ( <sup>2</sup> )     | ( <sup>2</sup> )      | ( <sup>2</sup> )   | ( <sup>2</sup> ) |
|                        |                                                              | Supplemental insur-<br>ance: Department<br>managers and key<br>staff assistants.                                                                                                                                        | Annual<br>salary.            |                                                    |                                               |                             |                                                   |                      |                                      |                      |                       |                    |                  |
|                        |                                                              | Officers and major<br>department heads.                                                                                                                                                                                 | 2 times<br>annual<br>salary. |                                                    |                                               |                             |                                                   |                      |                                      |                      |                       |                    |                  |
|                        |                                                              | At age 65: Flat.                                                                                                                                                                                                        | \$1,000                      |                                                    |                                               |                             |                                                   |                      |                                      |                      |                       |                    |                  |
|                        |                                                              | Optional life insurance: Amount<br>in effect immediately prior to age<br>65 remains in effect until age 66,<br>then reduced 20 percent each year<br>until at age 70 when only the flat<br>basis insurance is in effect. |                              |                                                    |                                               |                             |                                                   |                      |                                      |                      |                       |                    |                  |
|                        |                                                              | Supplementary life insurance:<br>Amount in effect immediately<br>prior to age 65 continued for 1<br>year, then reduced 10 percent<br>each year for 5 years.                                                             |                              |                                                    |                                               |                             |                                                   |                      |                                      |                      |                       |                    |                  |
|                        |                                                              | Retired employee                                                                                                                                                                                                        |                              |                                                    |                                               |                             |                                                   |                      |                                      |                      |                       |                    |                  |
|                        |                                                              | Same as active employee at<br>age 65.                                                                                                                                                                                   |                              |                                                    | —                                             | —                           | —                                                 | —                    | —                                    | —                    | —                     | —                  |                  |

<sup>1</sup> Optional insurance increased in increments of \$500 to bring total life insurance benefit, including basic, to the level of 1 year's salary, maximum \$30,000.

<sup>2</sup> No accident sickness insurance benefit provided except as required by State law; employee covered by paid sick leave plan.

Plans for Salaried Employees

| Sick leave                                |                                             |                                             | Hospital benefits        |                         |                   |                                          |                                                                                                                                        |                                                | Income limits for service surgical and medical benefits | Surgical benefits                     |                |                   |                 |
|-------------------------------------------|---------------------------------------------|---------------------------------------------|--------------------------|-------------------------|-------------------|------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------|---------------------------------------------------------|---------------------------------------|----------------|-------------------|-----------------|
| Years of service                          | Days benefit per year                       |                                             | Daily benefit or service | Maximum duration (days) | Extended coverage |                                          | Ancillary services                                                                                                                     | Maternity benefit                              |                                                         | Emergency out-patient care or service | Most-expensive | Appen-<br>dectomy | Normal delivery |
|                                           | At half pay                                 | At full pay                                 |                          |                         | Days              | Daily amount                             |                                                                                                                                        |                                                |                                                         |                                       |                |                   |                 |
| Employee and dependents                   |                                             |                                             |                          |                         |                   |                                          |                                                                                                                                        |                                                |                                                         |                                       |                |                   |                 |
| Less than 1<br>1 to 2<br>2 to 3<br>Over 3 | —                                           | 2                                           | Semiprivate room.        | 21                      | 180               | 50 percent of cost of semi-private room. | Full cost of specified ancillary services for 1st 21 days; 50 percent of cost of specified ancillary services for additional 180 days. | \$ 80 for room, board, and ancillary services. | \$ 7. 25                                                | Option A                              |                |                   |                 |
|                                           | 6                                           | 4                                           |                          |                         |                   |                                          |                                                                                                                                        |                                                |                                                         | Individual, \$4,000; family, \$6,000. | \$500          | \$175             | \$75            |
|                                           | 6                                           | 4                                           |                          |                         |                   |                                          |                                                                                                                                        |                                                |                                                         | Option B <sup>4</sup>                 |                |                   |                 |
|                                           | 2 for each year, unused portion cumulative. | 2 for each year, unused portion cumulative. |                          |                         |                   |                                          |                                                                                                                                        |                                                |                                                         | Full cost of all surgical procedures. |                |                   |                 |
|                                           | ( <sup>3</sup> )                            | ( <sup>3</sup> )                            |                          |                         |                   |                                          |                                                                                                                                        |                                                |                                                         |                                       |                |                   |                 |
| Retired employee and dependent            |                                             |                                             |                          |                         |                   |                                          |                                                                                                                                        |                                                |                                                         |                                       |                |                   |                 |
|                                           |                                             |                                             | Same as above.           | Same as above.          | Same as above.    | Same as above.                           | Same as above.                                                                                                                         | —                                              | Same as above.                                          | Option A                              |                |                   |                 |
|                                           |                                             |                                             |                          |                         |                   |                                          |                                                                                                                                        |                                                |                                                         | Same as above.                        | Same as above. | Same as above.    | —               |
|                                           |                                             |                                             |                          |                         |                   |                                          |                                                                                                                                        |                                                |                                                         | Option B <sup>4</sup>                 |                |                   |                 |
|                                           |                                             |                                             |                          |                         |                   |                                          |                                                                                                                                        |                                                |                                                         | Full cost of all surgical procedures. |                |                   |                 |

<sup>3</sup> Sick leave pay reduced by benefit received under State laws or collective bargaining agreement.

<sup>4</sup> Benefits are provided through The Health Insurance Plan of Greater New York; workers who utilize the services of Plan physicians receive paid in full surgical and medical care benefits. If services are provided by other physicians, cash benefits are provided pursuant to a medical-surgical indemnity fee schedule.

Selected Health and Insurance Plans

| Company                | Medical allowances                             |        |                                                                                                                                      |           |                                   |                                 |                      |                |                | Other benefits                                                                                                                                                                                                                                                                                                                                       |
|------------------------|------------------------------------------------|--------|--------------------------------------------------------------------------------------------------------------------------------------|-----------|-----------------------------------|---------------------------------|----------------------|----------------|----------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
|                        | Home                                           | Office | Hospital                                                                                                                             | Elsewhere | Maximum number of visits paid for | Maximum number of days paid for | Maximum compensation | Benefits begin |                | Types and amounts                                                                                                                                                                                                                                                                                                                                    |
|                        |                                                |        |                                                                                                                                      |           |                                   |                                 |                      | Sickness       | Accident       |                                                                                                                                                                                                                                                                                                                                                      |
| The New York Times Co. | Employee and dependents                        |        |                                                                                                                                      |           |                                   |                                 |                      |                |                |                                                                                                                                                                                                                                                                                                                                                      |
|                        | Option A                                       |        |                                                                                                                                      |           |                                   |                                 |                      |                |                |                                                                                                                                                                                                                                                                                                                                                      |
|                        | —                                              | —      | 1st 7 days, \$7 per day; 8th through 14th day, \$6 per day; 15th through 70th day, \$5 per day; 70th through 201st day, \$4 per day. | —         | —                                 | 201                             | \$899                | 1st day.       | 1st day.       | Anesthesia allowance: (For cases in or out of hospital), 20 percent of surgical allowance; minimum, \$20.<br><br>Radiation therapy allowance: (For cases in or out of hospital), \$10 per treatment; maximum \$250 per year.<br><br>Electro-shock therapy allowance: (For cases in or out of hospital), \$15 per treatment; maximum, \$150 per year. |
|                        | Option B <sup>4</sup>                          |        |                                                                                                                                      |           |                                   |                                 |                      |                |                |                                                                                                                                                                                                                                                                                                                                                      |
|                        | Full cost of all medical expenses <sup>5</sup> |        |                                                                                                                                      |           |                                   |                                 |                      |                |                |                                                                                                                                                                                                                                                                                                                                                      |
|                        | Retired employee and dependent                 |        |                                                                                                                                      |           |                                   |                                 |                      |                |                |                                                                                                                                                                                                                                                                                                                                                      |
|                        | Option A                                       |        |                                                                                                                                      |           |                                   |                                 |                      |                |                |                                                                                                                                                                                                                                                                                                                                                      |
|                        | —                                              | —      | Same as above.                                                                                                                       | —         | —                                 | Same as above.                  | Same as above.       | Same as above. | Same as above. | Same as above.                                                                                                                                                                                                                                                                                                                                       |
|                        | Option B <sup>4</sup>                          |        |                                                                                                                                      |           |                                   |                                 |                      |                |                |                                                                                                                                                                                                                                                                                                                                                      |
|                        | Full cost of all medical expenses <sup>5</sup> |        |                                                                                                                                      |           |                                   |                                 |                      |                |                |                                                                                                                                                                                                                                                                                                                                                      |

<sup>5</sup> Exceptions are for home visits by group doctor between 10 p.m and 7 p.m., where a charge of \$2 per visit is made; and for administration of anesthesia.

for Salaried Employees—Continued

| Type of expense subject to deductible | Deductible amount                                               | Accumulation period and its application                 | Major medical            |                                                     |             |                       |                                                                     | Financing                                                                                   |                                                        |
|---------------------------------------|-----------------------------------------------------------------|---------------------------------------------------------|--------------------------|-----------------------------------------------------|-------------|-----------------------|---------------------------------------------------------------------|---------------------------------------------------------------------------------------------|--------------------------------------------------------|
|                                       |                                                                 |                                                         | Benefit period           |                                                     | Coinsurance | Maximum benefit       | Reinstatement                                                       | Employee                                                                                    | Company                                                |
|                                       |                                                                 |                                                         | From start of disability | From incurrence of expenses in excess of deductible |             |                       |                                                                     |                                                                                             |                                                        |
| Employee and dependents <sup>6</sup>  |                                                                 |                                                         |                          |                                                     |             |                       |                                                                     |                                                                                             |                                                        |
| All.                                  | Members of basic plan, \$100; non-members of basic plan, \$500. | Calendar year plus 3-month carryover; all disabilities. | —                        | Calendar year; all disabilities.                    | 75 percent. | \$4,000 per lifetime. | After use of \$1,000 of expenses and upon evidence of insurability. | <u>Basic and optional life insurance</u><br>\$0.60 per \$1,000 per month exceeding \$1,000. | Full cost of first \$1,000, balance of cost of excess. |
|                                       |                                                                 |                                                         |                          |                                                     |             |                       |                                                                     | <u>Supplemental life insurance and paid sick leave</u><br>—                                 | Full cost.                                             |
|                                       |                                                                 |                                                         |                          |                                                     |             |                       |                                                                     | Balance of cost.                                                                            | <u>Other benefits</u><br>\$9.66 per month.             |
| Retired employee and dependent        |                                                                 |                                                         |                          |                                                     |             |                       |                                                                     |                                                                                             |                                                        |
| —                                     | —                                                               | —                                                       | —                        | —                                                   | —           | —                     | —                                                                   | <u>Basic and optional life insurance</u><br>\$0.60 per \$1,000 per month exceeding \$1,000. | Full cost of first \$1,000, balance of cost of excess. |
|                                       |                                                                 |                                                         |                          |                                                     |             |                       |                                                                     | <u>Supplemental life insurance</u><br>—                                                     | Full cost.                                             |
|                                       |                                                                 |                                                         |                          |                                                     |             |                       |                                                                     | Full cost.                                                                                  | <u>Other benefits</u>                                  |

<sup>6</sup> Major medical benefits described are those provided Newspaper Guild members and their dependents, other employees are provided slightly different benefits. Major medical benefits are only available to employees and dependents electing option A in surgical-medical coverage.

Selected Health and Insurance

| Company                       | Eligibility<br>(when new employees become eligible) | Schedule of benefits     |                |                         |                                    |                       | Scope of accidental death and dismemberment |                 | Scope of accident and sickness |                  | Accident and sickness |                    |                  |                  |   |  |
|-------------------------------|-----------------------------------------------------|--------------------------|----------------|-------------------------|------------------------------------|-----------------------|---------------------------------------------|-----------------|--------------------------------|------------------|-----------------------|--------------------|------------------|------------------|---|--|
|                               |                                                     | Basis of graduation      | Life insurance | Optional life insurance | Accidental death and dismemberment | Accident and sickness | Occupational                                | Nonoccupational | Occupational                   | Nonoccupational  | Maximum duration      | Day benefit begins |                  |                  |   |  |
|                               |                                                     |                          |                |                         |                                    |                       |                                             |                 |                                |                  |                       | Accident           | Sickness         |                  |   |  |
| North American Aviation, Inc. | After 3 months of employment.                       | Employee                 |                |                         |                                    |                       |                                             |                 |                                |                  |                       |                    |                  |                  |   |  |
|                               |                                                     | Monthly salary:          |                |                         |                                    |                       |                                             |                 |                                |                  |                       |                    |                  |                  |   |  |
|                               |                                                     | Less than \$350.00       | \$5,000        | —                       | \$5,000                            | ( <sup>1</sup> )      | X                                           | X               | ( <sup>1</sup> )               | ( <sup>1</sup> ) | ( <sup>1</sup> )      | ( <sup>1</sup> )   | ( <sup>1</sup> ) | ( <sup>1</sup> ) |   |  |
|                               |                                                     | \$350.00 to \$400.00     | 7,500          |                         | 7,500                              |                       |                                             |                 |                                |                  |                       |                    |                  |                  |   |  |
|                               |                                                     | \$400.00 to \$450.00     | 10,000         |                         | 10,000                             |                       |                                             |                 |                                |                  |                       |                    |                  |                  |   |  |
|                               |                                                     | \$450.00 to \$500.00     | 12,500         |                         | 10,000                             |                       |                                             |                 |                                |                  |                       |                    |                  |                  |   |  |
|                               |                                                     | \$500.00 to \$600.00     | 15,000         |                         | 10,000                             |                       |                                             |                 |                                |                  |                       |                    |                  |                  |   |  |
|                               |                                                     | \$600.00 to \$700.00     | 17,500         |                         | 10,000                             |                       |                                             |                 |                                |                  |                       |                    |                  |                  |   |  |
|                               |                                                     | \$700.00 to \$833.33     | 20,000         |                         | 10,000                             |                       |                                             |                 |                                |                  |                       |                    |                  |                  |   |  |
|                               |                                                     | \$833.33 to \$1,000.00   | 25,000         |                         | 10,000                             |                       |                                             |                 |                                |                  |                       |                    |                  |                  |   |  |
|                               |                                                     | \$1,000.00 to \$1,166.66 | 27,000         |                         | 10,000                             |                       |                                             |                 |                                |                  |                       |                    |                  |                  |   |  |
|                               |                                                     | \$1,166.66 to \$1,333.33 | 30,000         |                         | 10,000                             |                       |                                             |                 |                                |                  |                       |                    |                  |                  |   |  |
|                               |                                                     | \$1,333.33 to \$1,500.00 | 34,000         |                         | 10,000                             |                       |                                             |                 |                                |                  |                       |                    |                  |                  |   |  |
|                               |                                                     | \$1,500.00 to \$1,666.66 | 38,000         |                         | 10,000                             |                       |                                             |                 |                                |                  |                       |                    |                  |                  |   |  |
|                               |                                                     | \$1,666.66 to \$1,833.33 | 42,000         |                         | 10,000                             |                       |                                             |                 |                                |                  |                       |                    |                  |                  |   |  |
|                               |                                                     | \$1,833.33 to \$2,000.00 | 46,000         |                         | 10,000                             |                       |                                             |                 |                                |                  |                       |                    |                  |                  |   |  |
|                               |                                                     | \$2,000.00 to \$2,291.66 | 50,000         |                         | 10,000                             |                       |                                             |                 |                                |                  |                       |                    |                  |                  |   |  |
|                               |                                                     | \$2,291.66 to \$2,708.33 | 60,000         |                         | 10,000                             |                       |                                             |                 |                                |                  |                       |                    |                  |                  |   |  |
|                               |                                                     | \$2,708.33 to \$3,125.00 | 70,000         |                         | 10,000                             |                       |                                             |                 |                                |                  |                       |                    |                  |                  |   |  |
|                               |                                                     | \$3,125.00 to \$3,541.66 | 80,000         |                         | 10,000                             |                       |                                             |                 |                                |                  |                       |                    |                  |                  |   |  |
|                               |                                                     | \$3,541.66 to \$3,958.33 | 90,000         |                         | 10,000                             |                       |                                             |                 |                                |                  |                       |                    |                  |                  |   |  |
|                               |                                                     | \$3,958.33 and over      | 100,000        |                         | 10,000                             |                       |                                             |                 |                                |                  |                       |                    |                  |                  |   |  |
|                               |                                                     | Retired employee         |                |                         |                                    |                       |                                             |                 |                                |                  |                       |                    |                  |                  |   |  |
|                               |                                                     |                          |                | —                       | —                                  | —                     | —                                           | —               | —                              | —                | —                     | —                  | —                | —                | — |  |

<sup>1</sup> No accident and sickness benefit provided for majority of employees; these employees covered by California State temporary disability law. For a detailed summary of the benefits provided under this law, see Bulletin 1330 (op. cit.).

## Plans for Salaried Employees

| Sick leave       |                       |             | Hospital benefits                    |                         |                   |              |                                  |                                                                                   | Income limits for service surgical and medical benefits | Surgical benefits                     |                |              |                 |
|------------------|-----------------------|-------------|--------------------------------------|-------------------------|-------------------|--------------|----------------------------------|-----------------------------------------------------------------------------------|---------------------------------------------------------|---------------------------------------|----------------|--------------|-----------------|
| Years of service | Days benefit per year |             | Daily benefit or service             | Maximum duration (days) | Extended coverage |              | Ancillary services               | Maternity benefit                                                                 |                                                         | Emergency out-patient care or service | Most-expensive | Appendectomy | Normal delivery |
|                  | At half pay           | At full pay |                                      |                         | Days              | Daily amount |                                  |                                                                                   |                                                         |                                       |                |              |                 |
| Employee         |                       |             | Employee and dependents <sup>2</sup> |                         |                   |              |                                  |                                                                                   |                                                         |                                       |                |              |                 |
| —                | —                     | —           | <sup>3</sup> \$32                    | 120                     | —                 | —            | Full cost of specified services. | Room and board, \$12 per day for 14 days; ancillary services, <sup>4</sup> \$120. | Required services provided.                             | —                                     | \$825          | \$220        | \$105           |
|                  |                       |             | Retired employee and dependent       |                         |                   |              |                                  |                                                                                   |                                                         |                                       |                |              |                 |
|                  |                       |             | \$24                                 | 70                      | —                 | —            | \$480                            | —                                                                                 | \$480                                                   | —                                     | \$350          | \$175        | —               |

<sup>2</sup> Hospital benefits described are those available to the largest group of employees covered by the plan.

<sup>3</sup> Reduced by \$12 per day during the first 20 days of hospital confinement (the hospital benefit provided under the California State temporary disability law).

<sup>4</sup> For employee only.

## Selected Health and Insurance Plans

| Company                       | Medical allowances             |                |              |                |                                   |                                 |                                                  |                             |            | Other benefits                                                                                                                                                                                                                                                                                                                                                                                                    |
|-------------------------------|--------------------------------|----------------|--------------|----------------|-----------------------------------|---------------------------------|--------------------------------------------------|-----------------------------|------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
|                               | Home                           | Office         | Hospital     | Elsewhere      | Maximum number of visits paid for | Maximum number of days paid for | Maximum compensation                             | Benefits begin              |            | Types and amounts                                                                                                                                                                                                                                                                                                                                                                                                 |
|                               |                                |                |              |                |                                   |                                 |                                                  | Sickness                    | Accident   |                                                                                                                                                                                                                                                                                                                                                                                                                   |
| North American Aviation, Inc. | Employee and dependents        |                |              |                |                                   |                                 |                                                  |                             |            |                                                                                                                                                                                                                                                                                                                                                                                                                   |
|                               | \$3 per visit.                 | \$2 per visit. | \$5 per day. | \$3 per visit. | 1 per day.                        | Hospital: 120 per year.         | Hospital: \$600 per year; other, \$150 per year. | 3d day, or 1st in hospital. | 1st visit. | Anesthesia allowance: (For surgery performed outside hospital), up to \$10.<br><br>Polio expense allowance: (For expenses not covered by other plan benefits incurred within 2 years after date of contraction of disease), up to \$5,000.<br><br>Supplemental accident expense allowance: (For expenses in excess of those covered by other plan benefits, incurred within 90 days after accident), up to \$300. |
| North American Aviation, Inc. | Retired employee and dependent |                |              |                |                                   |                                 |                                                  |                             |            |                                                                                                                                                                                                                                                                                                                                                                                                                   |
|                               | —                              | —              | \$3 per day. | —              | —                                 | 70 per disability.              | \$210 per disability.                            | 1st day.                    | 1st day.   | —                                                                                                                                                                                                                                                                                                                                                                                                                 |

for Salaried Employees—Continued

| Type of expense subject to deductible | Deductible amount                              | Accumulation period and its application | Major medical                    |                                                     |                                                                         |                                          |                                                      | Financing                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                          |
|---------------------------------------|------------------------------------------------|-----------------------------------------|----------------------------------|-----------------------------------------------------|-------------------------------------------------------------------------|------------------------------------------|------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------|
|                                       |                                                |                                         | Benefit period                   |                                                     | Coinsurance                                                             | Maximum benefit                          | Reinstatement                                        | Employee                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | Company                                                                  |
|                                       |                                                |                                         | From start of disability         | From incurrence of expenses in excess of deductible |                                                                         |                                          |                                                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                          |
| Employee and dependents               |                                                |                                         |                                  |                                                     |                                                                         |                                          |                                                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                          |
| All.                                  | \$50.                                          | Calendar year; all disabilities.        | Calendar year; all disabilities. | —                                                   | 80 percent.<br>Exception: Out-of-hospital psychiatric care, 50 percent. | \$5,000 per year, \$10,000 per lifetime. | After use of \$1,000; upon evidence of insurability. | Monthly salary:<br>Less than \$350..... \$1.00<br>\$350 to \$400..... 2.25<br>\$400 to \$450..... 3.50<br>\$450 to \$500..... 4.75<br>\$500 to \$600..... 6.00<br>\$600 to \$700..... 7.25<br>\$700 to \$833..... 8.50<br>\$833 to \$1,000..... 11.00<br>\$1,000 to \$1,166..... 12.25<br>\$1,166 to \$1,333..... 13.50<br>\$1,333 to \$1,500..... 15.50<br>\$1,500 to \$1,666..... 17.50<br>\$1,666 to \$1,833..... 19.50<br>\$1,833 to \$2,000..... 21.50<br>\$2,000 to \$2,291..... 23.50<br>\$2,291 to \$2,708..... 30.05<br>\$2,708 to \$3,125..... 35.05<br>\$3,125 to \$3,541..... 40.05<br>\$3,541 to \$3,958..... 45.05<br>\$3,958 and over..... 50.05 | Monthly contribution, employee only <sup>5</sup><br><br>Balance of cost. |
| Retired employee and dependent        |                                                |                                         |                                  |                                                     |                                                                         |                                          |                                                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                          |
| Same as above.                        | Greater of: (a) basic benefits, and (b) \$100. | 12 months; all disabilities.            | 12 months; all disabilities.     | —                                                   | Same as above.                                                          | \$5,000 per lifetime.                    | —                                                    | Employee only \$5.50<br>Employee and dependent 13.50                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | Balance of cost.                                                         |

<sup>5</sup> Employees earning less than \$2,291 per month pay an additional \$1.50 per month for dependent coverage; employees earning \$2,291 or more per month pay an additional \$2 per month for dependent coverage.

Selected Health and Insurance

| Company                      | Eligibility (when new employees become eligible)                                                        | Schedule of benefits                                                                                                                                                                                                                                                                                                             |                                                                                                                                                                                               |                         |                                    |                                                                                            | Scope of accidental death and dismemberment |                 | Scope of accident and sickness |                 | Accident and sickness |                    |          |
|------------------------------|---------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------|------------------------------------|--------------------------------------------------------------------------------------------|---------------------------------------------|-----------------|--------------------------------|-----------------|-----------------------|--------------------|----------|
|                              |                                                                                                         | Basis of graduation                                                                                                                                                                                                                                                                                                              | Life insurance                                                                                                                                                                                | Optional life insurance | Accidental death and dismemberment | Accident and sickness                                                                      | Occupational                                | Nonoccupational | Occupational                   | Nonoccupational | Maximum duration      | Day benefit begins |          |
|                              |                                                                                                         |                                                                                                                                                                                                                                                                                                                                  |                                                                                                                                                                                               |                         |                                    |                                                                                            |                                             |                 |                                |                 |                       | Accident           | Sickness |
| Pacific Gas and Electric Co. | Paid sick leave:<br>After 1 year of employment.<br><br>Other benefits:<br>After 6 months of employment. | Employee                                                                                                                                                                                                                                                                                                                         |                                                                                                                                                                                               |                         |                                    |                                                                                            |                                             |                 |                                |                 |                       |                    |          |
|                              |                                                                                                         | Monthly salary:<br>Less than \$200<br>\$200 to \$250<br>\$250 to \$300<br>\$300 to \$350<br>\$350 to \$400<br>\$400 to \$450<br>\$450 to \$500<br>\$500 to \$550<br>\$550 to \$600<br>\$600 to \$700<br>\$700 to \$800<br>\$800 to \$1,000<br>\$1,000 to \$1,500<br>\$1,500 to \$2,000<br>\$2,000 to \$2,083<br>\$2,083 and over | \$4,000<br>5,000<br>7,000<br>8,000<br>9,000<br>10,000<br>11,500<br>13,000<br>14,000<br>16,000<br>18,000<br>20,000<br>30,000<br>40,000<br>50,000<br>2 times annual salary; maximum, \$300,000. | —                       | —                                  | Occupational only; 85 percent of basic weekly salary, less workmen's compensation benefit. | —                                           | —               | X                              | —               | 240 weeks.            | 1st.               | 1st.     |
|                              |                                                                                                         | Retired employee                                                                                                                                                                                                                                                                                                                 |                                                                                                                                                                                               |                         |                                    |                                                                                            |                                             |                 |                                |                 |                       |                    |          |
|                              |                                                                                                         | Flat.                                                                                                                                                                                                                                                                                                                            | \$1,000                                                                                                                                                                                       | —                       | —                                  | —                                                                                          | —                                           | —               | —                              | —               | —                     | —                  | —        |

Plans for Salaried Employees.

| Sick leave       |                       |             | Hospital benefits              |                         |                   |              |                                        |                   |                                       | Income limits for service surgical and medical benefits | Surgical benefits |              |                 |
|------------------|-----------------------|-------------|--------------------------------|-------------------------|-------------------|--------------|----------------------------------------|-------------------|---------------------------------------|---------------------------------------------------------|-------------------|--------------|-----------------|
| Years of service | Days benefit per year |             | Daily benefit or service       | Maximum duration (days) | Extended coverage |              | Ancillary services                     | Maternity benefit | Emergency out-patient care or service |                                                         | Most-expensive    | Appendectomy | Normal delivery |
|                  | At half pay           | At full pay |                                |                         | Days              | Daily amount |                                        |                   |                                       |                                                         |                   |              |                 |
| Employee         |                       |             | Employee                       |                         |                   |              |                                        |                   |                                       | Employee and dependents                                 |                   |              |                 |
| —                | 10 <sup>(1)</sup>     |             | \$14                           | 21                      | 159               | \$12         | \$1,000                                | —                 | Required services provided.           | —                                                       | \$600             | \$160        | —               |
|                  |                       |             | Dependents                     |                         |                   |              |                                        |                   |                                       |                                                         |                   |              |                 |
|                  |                       |             | \$12                           | 180                     | —                 | —            | \$500                                  | —                 | Same as above.                        |                                                         |                   |              |                 |
|                  |                       |             | Retired employee and dependent |                         |                   |              |                                        |                   |                                       |                                                         |                   |              |                 |
|                  |                       |             | \$16                           | 30                      | —                 | —            | \$320 plus 75 percent of next \$2,000. | —                 | —                                     | —                                                       | \$225             | \$150        | —               |

<sup>1</sup> Accumulated at the rate of 10 days per year. Unused leave accumulative to a maximum of 80 days. Under specified conditions an additional 20 days is granted upon exhaustion of accumulated and current leave.

Selected Health and Insurance Plans

| Company                        | Medical allowances |                |                |            |                                   |                                 |                          |                             | Other benefits                                                                                                                                                                               |                                                                                                                                               |
|--------------------------------|--------------------|----------------|----------------|------------|-----------------------------------|---------------------------------|--------------------------|-----------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------|
|                                | Home               | Office         | Hospital       | Elsewhere  | Maximum number of visits paid for | Maximum number of days paid for | Maximum compensation     | Benefits begin              |                                                                                                                                                                                              | Types and amounts                                                                                                                             |
|                                |                    |                |                |            |                                   |                                 |                          | Sickness                    | Accident                                                                                                                                                                                     |                                                                                                                                               |
| Pacific Gas and Electric Co.   | Employee           |                |                |            |                                   |                                 |                          |                             |                                                                                                                                                                                              |                                                                                                                                               |
|                                | \$4.50 per visit.  | \$3 per visit. | \$3 per visit. | —          | 1 per day.                        | —                               | \$500 per calendar year. | Hospital<br>1st visit.      | 1st visit.                                                                                                                                                                                   | Diagnostic X-ray and laboratory examination allowance: (For non-hospitalized cases), \$50 for any one accident or sickness per calendar year. |
|                                |                    |                |                |            |                                   |                                 |                          | Home or office<br>3d visit. | 1st visit.                                                                                                                                                                                   |                                                                                                                                               |
| Dependents                     |                    |                |                |            |                                   |                                 |                          |                             |                                                                                                                                                                                              |                                                                                                                                               |
| —                              | —                  | —              | —              | —          | —                                 | —                               | —                        | —                           | —                                                                                                                                                                                            | Employee and dependents                                                                                                                       |
| Retired employee and dependent |                    |                |                |            |                                   |                                 |                          |                             |                                                                                                                                                                                              |                                                                                                                                               |
| —                              | —                  | \$5 per visit. | —              | 1 per day. | —                                 | \$250 per calendar year.        | 1st visit.               | 1st visit.                  | Additional nonoccupational accident expense allowance: (For expenses not covered by other plan benefits incurred within 3 months after date of accident), employee, \$300; dependent, \$300. |                                                                                                                                               |

for Salaried Employees—Continued

| Major medical                         |                   |                                                      |                          |                                                     |             |                       |                                                                                                                                        | Financing                                                                                                                                                                                                                                                                      |                                                                  |
|---------------------------------------|-------------------|------------------------------------------------------|--------------------------|-----------------------------------------------------|-------------|-----------------------|----------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------|
| Type of expense subject to deductible | Deductible amount | Accumulation period and its application              | Benefit period           |                                                     | Coinsurance | Maximum benefit       | Reinstatement                                                                                                                          | Employee                                                                                                                                                                                                                                                                       | Company                                                          |
|                                       |                   |                                                      | From start of disability | From incurrence of expenses in excess of deductible |             |                       |                                                                                                                                        |                                                                                                                                                                                                                                                                                |                                                                  |
| Employee and dependents               |                   |                                                      |                          |                                                     |             |                       |                                                                                                                                        |                                                                                                                                                                                                                                                                                |                                                                  |
| All.                                  | \$100             | Calendar year, 3-month carry-over; all disabilities. | —                        | Calendar year; all disabilities.                    | 75 percent. | \$5,000 per lifetime. | Annual automatic restoration up to \$1,000 and after use of \$1,000 of expenses; complete reinstatement upon evidence of insurability. | <u>Life insurance</u><br>\$0.50 per \$1,000 per month.<br><br><u>Paid sick leave</u><br>Full cost.<br><br><u>Other benefits</u><br><br><u>Monthly contribution</u><br>Employee only ---- \$2.10<br>Employee and dependent ----- 10.00<br>Employee and 2 dependents ----- 17.90 | Balance of cost.<br><br><br><br><br><br><br><br>Balance of cost. |
| Retired employee and dependent        |                   |                                                      |                          |                                                     |             |                       |                                                                                                                                        |                                                                                                                                                                                                                                                                                |                                                                  |
| —                                     | —                 | —                                                    | —                        | —                                                   | —           | —                     | —                                                                                                                                      | <u>Life insurance</u><br>Full cost.<br><br><u>Other benefits</u><br><br><u>Monthly contribution</u><br>Employee only ---- \$3.65<br>Employee and dependent ----- 9.30<br>Employee and 2 dependents ----- 14.95                                                                 | Balance of cost.                                                 |

## Selected Health and Insurance

| Company                   | Eligibility<br>(when new<br>employees<br>become<br>eligible) | Schedule of benefits                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                                                                                             |                               |                                               |                             | Scope of accidental<br>death and<br>dismemberment |                      | Scope of accident<br>and sickness |                      | Accident and sickness |                    |                  |
|---------------------------|--------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------|-----------------------------------------------|-----------------------------|---------------------------------------------------|----------------------|-----------------------------------|----------------------|-----------------------|--------------------|------------------|
|                           |                                                              | Basis of graduation                                                                                                                                                                                                                                                                                                                                                                                      | Life<br>insurance                                                                                                                                           | Optional<br>life<br>insurance | Accidental<br>death and<br>dismem-<br>berment | Accident<br>and<br>sickness | Occupa-<br>tional                                 | Nonoccu-<br>pational | Occupa-<br>tional                 | Nonoccu-<br>pational | Maximum<br>duration   | Day benefit begins |                  |
|                           |                                                              |                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                                                                                             |                               |                                               |                             |                                                   |                      |                                   |                      |                       | Accident           | Sickness         |
| Pennsylvania Railroad Co. | Immedi-<br>ately or<br>1st of<br>following<br>month.         | Employee                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                                                                             |                               |                                               |                             |                                                   |                      |                                   |                      |                       |                    |                  |
|                           |                                                              | <p style="text-align: center;"><u>Prior to age 65</u></p> <p>Annual earnings:</p> <p>Under \$7,200<br/>After 1 year</p> <p>After 2 years</p> <p>\$7,200 or more.</p> <p style="text-align: center;"><u>At age 65</u></p> <p>Amount in effect<br/>immediately prior to<br/>age 65 reduced 10<br/>percent and 10 per-<br/>cent on 4 succeeding<br/>anniversaries to 50<br/>percent of such<br/>amount.</p> | <p>Annual<br/>salary.</p> <p>2 times<br/>annual<br/>earnings.</p> <p>2 times<br/>annual<br/>earnings.</p> <p>Same as<br/>basis of<br/>gradua-<br/>tion.</p> | —                             | —                                             | ( <sup>1</sup> )            | —                                                 | —                    | ( <sup>1</sup> )                  | ( <sup>1</sup> )     | ( <sup>1</sup> )      | ( <sup>1</sup> )   | ( <sup>1</sup> ) |
|                           |                                                              | Retired employee                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                                                             |                               |                                               |                             |                                                   |                      |                                   |                      |                       |                    |                  |
|                           |                                                              | Same as active em-<br>ployee at age 65.                                                                                                                                                                                                                                                                                                                                                                  | Same as<br>basis of<br>gradua-<br>tion.                                                                                                                     | —                             | —                                             | —                           | —                                                 | —                    | —                                 | —                    | —                     | —                  | —                |

<sup>1</sup> No accident and sickness benefit or paid sick leave provided; employees covered by Railroad Unemployment Insurance Act.

Plans for Salaried Employees

| Sick leave       |                       |                  | Hospital benefits              |                         |                   |              |                    |                                               | Income limits for service surgical and medical benefits | Surgical benefits                     |                |                |                 |
|------------------|-----------------------|------------------|--------------------------------|-------------------------|-------------------|--------------|--------------------|-----------------------------------------------|---------------------------------------------------------|---------------------------------------|----------------|----------------|-----------------|
| Years of service | Days benefit per year |                  | Daily benefit or service       | Maximum duration (days) | Extended coverage |              | Ancillary services | Maternity benefit                             |                                                         | Emergency out-patient care or service | Most-expensive | Appen-ectomy   | Normal delivery |
|                  | At half pay           | At full pay      |                                |                         | Days              | Daily amount |                    |                                               |                                                         |                                       |                |                |                 |
| Employee         |                       |                  | Employee and dependents        |                         |                   |              |                    |                                               |                                                         |                                       |                |                |                 |
| ( <sup>1</sup> ) | ( <sup>1</sup> )      | ( <sup>1</sup> ) | Semiprivate room.              | 120                     | —                 | —            | \$250              | \$75 for room, board, and specified services. | \$100                                                   | —                                     | \$300          | \$150          | \$75            |
|                  |                       |                  | Retired employee and dependent |                         |                   |              |                    |                                               |                                                         |                                       |                |                |                 |
|                  |                       |                  | Same as above.                 | 30                      | —                 | —            | Same as above.     | —                                             | —                                                       | —                                     | Same as above. | Same as above. | —               |



for Salaried Employees—Continued

| Type of expense subject to deductible | Deductible amount                                                                                 | Accumulation period and its application | Major medical            |                                                     |             |                          |                                | Financing |                                                                            |
|---------------------------------------|---------------------------------------------------------------------------------------------------|-----------------------------------------|--------------------------|-----------------------------------------------------|-------------|--------------------------|--------------------------------|-----------|----------------------------------------------------------------------------|
|                                       |                                                                                                   |                                         | Benefit period           |                                                     | Coinsurance | Maximum benefit          | Reinstatement                  | Employee  | Company                                                                    |
|                                       |                                                                                                   |                                         | From start of disability | From incurrence of expenses in excess of deductible |             |                          |                                |           |                                                                            |
| Employee and dependents               |                                                                                                   |                                         |                          |                                                     |             |                          |                                |           |                                                                            |
| All.                                  | Annual salary:<br>Less than \$7,200—\$100<br>\$7,200 to \$10,000—\$200<br>\$10,000 and over—\$250 | 6 consecutive months per disability.    | —                        | 3 years per disability.                             | 75 percent. | \$10,000 per disability. | Upon evidence of insurability. | —         | Full cost.                                                                 |
| Retired employee and dependent        |                                                                                                   |                                         |                          |                                                     |             |                          |                                |           |                                                                            |
| —                                     | —                                                                                                 | —                                       | —                        | —                                                   | —           | —                        | —                              | —         | <u>Life insurance</u><br>Full cost.<br><u>Other benefits</u><br>Full cost. |

## Selected Health and Insurance

| Company                    | Eligibility<br>(when new<br>employees<br>become<br>eligible)                                                                                   | Schedule of benefits             |                                                      |                               |                                               |                             | Scope of accidental<br>death and<br>dismemberment |                      | Scope of accident<br>and sickness |                      | Accident and sickness |                    |                  |   |
|----------------------------|------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------|------------------------------------------------------|-------------------------------|-----------------------------------------------|-----------------------------|---------------------------------------------------|----------------------|-----------------------------------|----------------------|-----------------------|--------------------|------------------|---|
|                            |                                                                                                                                                | Basis of graduation              | Life<br>insurance                                    | Optional<br>life<br>insurance | Accidental<br>death and<br>dismem-<br>berment | Accident<br>and<br>sickness | Occupational                                      | Nonoccu-<br>pational | Occupational                      | Nonoccu-<br>pational | Maximum<br>duration   | Day benefit begins |                  |   |
|                            |                                                                                                                                                |                                  |                                                      |                               |                                               |                             |                                                   |                      |                                   |                      |                       | Accident           | Sickness         |   |
| Chas. Pfizer & Co., Inc.   | After 3<br>months of<br>employ-<br>ment.                                                                                                       | Employee                         |                                                      |                               |                                               |                             |                                                   |                      |                                   |                      |                       |                    |                  |   |
|                            |                                                                                                                                                | Annual salary:                   |                                                      |                               |                                               |                             |                                                   |                      |                                   |                      |                       |                    |                  |   |
|                            |                                                                                                                                                | Less than \$3,000                | \$3,500                                              | —                             | \$3,500                                       | ( <sup>1</sup> )            | X                                                 | —                    | —                                 | ( <sup>1</sup> )     | ( <sup>1</sup> )      | ( <sup>1</sup> )   | ( <sup>1</sup> ) |   |
|                            |                                                                                                                                                | \$3,000 to \$4,000               | 5,000                                                |                               | 5,000                                         |                             |                                                   |                      |                                   |                      |                       |                    |                  |   |
|                            |                                                                                                                                                | \$4,000 to \$5,000               | 7,500                                                |                               | 7,500                                         |                             |                                                   |                      |                                   |                      |                       |                    |                  |   |
|                            |                                                                                                                                                | \$5,000 to \$6,000               | 10,000                                               |                               | 10,000                                        |                             |                                                   |                      |                                   |                      |                       |                    |                  |   |
|                            |                                                                                                                                                | \$6,000 to \$7,000               | 12,000                                               |                               | 12,000                                        |                             |                                                   |                      |                                   |                      |                       |                    |                  |   |
|                            |                                                                                                                                                | \$7,000 to \$8,000               | 14,000                                               |                               | 14,000                                        |                             |                                                   |                      |                                   |                      |                       |                    |                  |   |
|                            |                                                                                                                                                | \$8,000 to \$9,000               | 16,000                                               |                               | 16,000                                        |                             |                                                   |                      |                                   |                      |                       |                    |                  |   |
|                            |                                                                                                                                                | \$9,000 to \$10,000              | 18,000                                               |                               | 18,000                                        |                             |                                                   |                      |                                   |                      |                       |                    |                  |   |
|                            |                                                                                                                                                | \$10,000 to \$11,000             | 20,000                                               |                               | 20,000                                        |                             |                                                   |                      |                                   |                      |                       |                    |                  |   |
|                            |                                                                                                                                                | \$11,000 to \$12,000             | 22,000                                               |                               | 22,000                                        |                             |                                                   |                      |                                   |                      |                       |                    |                  |   |
|                            |                                                                                                                                                | \$12,000 to \$13,000             | 24,000                                               |                               | 20,000                                        |                             |                                                   |                      |                                   |                      |                       |                    |                  |   |
|                            |                                                                                                                                                | \$13,000 to \$14,000             | 26,000                                               |                               | 20,000                                        |                             |                                                   |                      |                                   |                      |                       |                    |                  |   |
|                            |                                                                                                                                                | \$14,000 to \$15,000             | 28,000                                               |                               | 20,000                                        |                             |                                                   |                      |                                   |                      |                       |                    |                  |   |
|                            |                                                                                                                                                | \$15,000 to \$16,000             | 30,000                                               |                               | 20,000                                        |                             |                                                   |                      |                                   |                      |                       |                    |                  |   |
|                            |                                                                                                                                                | \$16,000 to \$18,000             | 34,000                                               |                               | 20,000                                        |                             |                                                   |                      |                                   |                      |                       |                    |                  |   |
|                            |                                                                                                                                                | etc. in increments of            |                                                      |                               |                                               |                             |                                                   |                      |                                   |                      |                       |                    |                  |   |
|                            |                                                                                                                                                | \$2,000 to a maximum of          | 4,000                                                |                               |                                               |                             |                                                   |                      |                                   |                      |                       |                    |                  |   |
|                            |                                                                                                                                                | \$50,000 and over                | 100,000                                              |                               | 20,000                                        |                             |                                                   |                      |                                   |                      |                       |                    |                  |   |
|                            |                                                                                                                                                | At age 68: Amount in effect      |                                                      |                               |                                               |                             |                                                   |                      |                                   |                      |                       |                    |                  |   |
|                            |                                                                                                                                                | immediately prior to age 68 re-  |                                                      |                               |                                               |                             |                                                   |                      |                                   |                      |                       |                    |                  |   |
|                            |                                                                                                                                                | duced 50 percent or to \$3,500,  |                                                      |                               |                                               |                             |                                                   |                      |                                   |                      |                       |                    |                  |   |
|                            |                                                                                                                                                | whichever is greater.            |                                                      |                               |                                               |                             |                                                   |                      |                                   |                      |                       |                    |                  |   |
| Pittsburgh Plate Glass Co. | Life insur-<br>ance: After<br>6 months<br>of employ-<br>ment.<br><br>Other ben-<br>efits: Im-<br>mediately<br>or 1st of<br>following<br>month. | Employee                         |                                                      |                               |                                               |                             |                                                   |                      |                                   |                      |                       |                    |                  |   |
|                            |                                                                                                                                                | Annual salary.                   | 3 times<br>annual<br>salary.<br><br>( <sup>2</sup> ) | —                             | —                                             | —                           | —                                                 | —                    | —                                 | —                    | —                     | —                  | —                | — |
|                            |                                                                                                                                                | Retired employee                 |                                                      |                               |                                               |                             |                                                   |                      |                                   |                      |                       |                    |                  |   |
|                            |                                                                                                                                                | 1.5 percent of employee's        |                                                      | —                             | —                                             | —                           | —                                                 | —                    | —                                 | —                    | —                     | —                  | —                |   |
|                            |                                                                                                                                                | average annual salary for high-  |                                                      |                               |                                               |                             |                                                   |                      |                                   |                      |                       |                    |                  |   |
|                            |                                                                                                                                                | est 5 years during last 10 years |                                                      |                               |                                               |                             |                                                   |                      |                                   |                      |                       |                    |                  |   |
|                            |                                                                                                                                                | of service preceding retirement  |                                                      |                               |                                               |                             |                                                   |                      |                                   |                      |                       |                    |                  |   |
|                            |                                                                                                                                                | times years of participation in  |                                                      |                               |                                               |                             |                                                   |                      |                                   |                      |                       |                    |                  |   |
|                            |                                                                                                                                                | life insurance plan to a maxi-   |                                                      |                               |                                               |                             |                                                   |                      |                                   |                      |                       |                    |                  |   |
|                            |                                                                                                                                                | mum of 35 years; minimum,        |                                                      |                               |                                               |                             |                                                   |                      |                                   |                      |                       |                    |                  |   |
|                            |                                                                                                                                                | \$2,500.                         |                                                      |                               |                                               |                             |                                                   |                      |                                   |                      |                       |                    |                  |   |

<sup>1</sup> No accident and sickness benefit provided for majority of employees; these employees covered by New York State temporary disability law. For a detailed summary of the benefits provided under this law, see BLS Bulletin 1330 (op. cit.).

<sup>2</sup> Employees becoming insured between the ages of 45 and 65 are eligible for a percentage of these amounts as follows: Age 45-50, 66<sup>2</sup>/<sub>3</sub> percent; age 50-55, 60 percent; age 55-65, 40 percent; over age 65, \$500 only.

Plans for Salaried Employees

| Sick leave       |                       |             | Hospital benefits              |                         |                   |              |                                                                              |                                                                       | Income limits for service surgical and medical benefits | Surgical benefits                     |                |                   |                 |
|------------------|-----------------------|-------------|--------------------------------|-------------------------|-------------------|--------------|------------------------------------------------------------------------------|-----------------------------------------------------------------------|---------------------------------------------------------|---------------------------------------|----------------|-------------------|-----------------|
| Years of service | Days benefit per year |             | Daily benefit or service       | Maximum duration (days) | Extended coverage |              | Ancillary services                                                           | Maternity benefit                                                     |                                                         | Emergency out-patient care or service | Most-expensive | Appen-<br>dectomy | Normal delivery |
|                  | At half pay           | At full pay |                                |                         | Days              | Daily amount |                                                                              |                                                                       |                                                         |                                       |                |                   |                 |
| Employee         |                       |             | Employee and dependents        |                         |                   |              |                                                                              |                                                                       |                                                         |                                       |                |                   |                 |
| —                | —                     | —           | \$20                           | 120                     | —                 | —            | \$200 plus 75 percent of next \$2,400 of charges; combined maximum, \$2,000. | \$20 per day for room, board, and ancillary services; maximum, \$200. | Required services provided.                             | —                                     | \$250          | \$125             | \$100           |
|                  |                       |             | Retired employee and dependent |                         |                   |              |                                                                              |                                                                       |                                                         |                                       |                |                   |                 |
|                  |                       |             | Same as above.                 | Same as above.          | —                 | —            | Same as above.                                                               | —                                                                     | Same as above.                                          | —                                     | Same as above. | Same as above.    | —               |
| Employee         |                       |             | Employee and dependents        |                         |                   |              |                                                                              |                                                                       |                                                         |                                       |                |                   |                 |
| —                | —                     | —           | \$13                           | 70                      | —                 | —            | \$260                                                                        | \$150 for room, board, and ancillary services.                        | Required services provided.                             | —                                     | \$300          | \$150             | \$75            |
|                  |                       |             | Retired employee and dependent |                         |                   |              |                                                                              |                                                                       |                                                         |                                       |                |                   |                 |
|                  |                       |             | \$10                           | 31 per calendar year.   | —                 | —            | \$200 per calendar year.                                                     | —                                                                     | Same as above.                                          | —                                     | \$200          | \$100             | —               |

Selected Health and Insurance Plans

| Company                    | Medical allowances             |        |                                                 |           |                                   |                                 |                          |                | Other benefits |                                                                                                                                |
|----------------------------|--------------------------------|--------|-------------------------------------------------|-----------|-----------------------------------|---------------------------------|--------------------------|----------------|----------------|--------------------------------------------------------------------------------------------------------------------------------|
|                            | Home                           | Office | Hospital                                        | Elsewhere | Maximum number of visits paid for | Maximum number of days paid for | Maximum compensation     | Benefits begin |                | Types and amounts                                                                                                              |
|                            |                                |        |                                                 |           |                                   |                                 |                          | Sickness       | Accident       |                                                                                                                                |
| Chas. Pfizer & Co., Inc.   | Employee and dependents        |        |                                                 |           |                                   |                                 |                          |                |                |                                                                                                                                |
|                            | —                              | —      | \$5 for each day of confinement. <sup>(3)</sup> | —         | —                                 | 70 per disability.              | \$350                    | 1st day.       | 1st day.       | Diagnostic X-ray allowance: (For cases out of hospital), \$25 per accident or all sicknesses during any 12 consecutive months. |
| Chas. Pfizer & Co., Inc.   | Retired employee and dependent |        |                                                 |           |                                   |                                 |                          |                |                |                                                                                                                                |
|                            | —                              | —      | Same as above.                                  | —         | —                                 | Same as above.                  | Same as above.           | Same as above. | Same as above. | Same as above.                                                                                                                 |
| Pittsburgh Plate Glass Co. | Employee and dependents        |        |                                                 |           |                                   |                                 |                          |                |                |                                                                                                                                |
|                            | —                              | —      | \$4 per day.                                    | —         | —                                 | —                               | \$200                    | 1st day.       | 1st day.       | —                                                                                                                              |
| Pittsburgh Plate Glass Co. | Retired employee and dependent |        |                                                 |           |                                   |                                 |                          |                |                |                                                                                                                                |
|                            | —                              | —      | Same as above.                                  | —         | —                                 | —                               | \$200 per calendar year. | Same as above. | Same as above. | —                                                                                                                              |

<sup>3</sup> If surgical operation performed allowance is greater of (a) \$5 for each day of hospital confinement up to day of operation; and (b) \$5 for each day of confinement minus surgical operation allowance.

<sup>4</sup> These rates are for the employee only. The rate for an employee and children is \$0.39 greater, for an employee and spouse is \$0.69 greater, and for an employee, spouse, and children is \$1.03 greater for all earnings levels.

<sup>5</sup> Maximum benefit for merchandising division employees and dependents is \$5,000 per benefit period.

for Salaried Employees—Continued

| Type of expense subject to deductible | Deductible amount                                                        | Accumulation period and its application | Major medical             |                                                     |                |                                                                                                                                   |                                                     | Financing                                                                                                                                                                                                                                                                                                                            |                  |  |
|---------------------------------------|--------------------------------------------------------------------------|-----------------------------------------|---------------------------|-----------------------------------------------------|----------------|-----------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------|--|
|                                       |                                                                          |                                         | Benefit period            |                                                     | Coinsurance    | Maximum benefit                                                                                                                   | Reinstatement                                       | Employee                                                                                                                                                                                                                                                                                                                             | Company          |  |
|                                       |                                                                          |                                         | From start of disability  | From incurrence of expenses in excess of deductible |                |                                                                                                                                   |                                                     |                                                                                                                                                                                                                                                                                                                                      |                  |  |
| Employee and dependents               |                                                                          |                                         |                           |                                                     |                |                                                                                                                                   |                                                     |                                                                                                                                                                                                                                                                                                                                      |                  |  |
| All.                                  | Greater of (a) \$100 and (b) 1 percent of annual salary; maximum, \$300. | 12 months per disability.               | 12 months per disability. | —                                                   | 75 percent.    | \$7,500 per disability, \$15,000 per lifetime.<br>Exception: Out-of-hospital psychiatric care, maximum lifetime benefit, \$5,000. | After use of \$1,000 upon evidence of insurability. | <u>Annual salary</u><br>Less than \$3,000 ————— \$0.40<br>\$3,000 to \$4,000 ————— .54<br>\$4,000 to \$5,000 ————— .83<br>\$5,000 to \$6,000 ————— 1.14<br>\$6,000 to \$7,000 ————— 1.42<br>\$7,000 to \$8,000 ————— 1.69<br>etc. in increments of<br>\$1,000 ————— to a maximum of .28<br>\$50,000 and over ————— 13.61<br>(*)      | Balance of cost. |  |
| Retired employee and dependent        |                                                                          |                                         |                           |                                                     |                |                                                                                                                                   |                                                     |                                                                                                                                                                                                                                                                                                                                      |                  |  |
| Same as above.                        | Same as above.                                                           | Same as above.                          | Same as above.            | —                                                   | Same as above. | Same as above.                                                                                                                    | —                                                   | <u>Life insurance</u><br>— Full cost.<br><u>Hospital, surgical, medical, and major medical</u><br><u>Monthly contribution</u><br>Employee only ————— \$6.00<br>Employee and dependent — 12.00                                                                                                                                        | Balance of cost. |  |
| Employee and dependents               |                                                                          |                                         |                           |                                                     |                |                                                                                                                                   |                                                     |                                                                                                                                                                                                                                                                                                                                      |                  |  |
| All.                                  | Greater of (a) basic benefits, and (b) \$500.                            | 2 years; all disabilities.              | —                         | 2 years; all disabilities.                          | 75 percent.    | \$10,000 <sup>5</sup> per benefit period.                                                                                         | —                                                   | <u>Life insurance</u><br>\$0.60 per \$1,000 per month. Balance of cost.<br><u>Other benefits</u><br><u>Nonmerchandising division</u><br><u>Monthly contribution</u><br>Employee only ————— \$2.00<br>Employee and dependents — 6.50<br><u>Merchandising division</u><br>Employee only ————— \$1.75<br>Employee and dependents — 5.00 | Balance of cost. |  |
| Retired employee and dependent        |                                                                          |                                         |                           |                                                     |                |                                                                                                                                   |                                                     |                                                                                                                                                                                                                                                                                                                                      |                  |  |
| —                                     | —                                                                        | —                                       | —                         | —                                                   | —              | —                                                                                                                                 | —                                                   | <u>Life insurance</u><br>Prior to age 65: \$0.60 per \$1,000 per month. Balance of cost.<br>At and after age 65:<br>— Full cost.<br><u>Other benefits</u><br><u>Monthly contribution</u><br>Employee only ————— \$2.00<br>Employee and dependent — 5.00                                                                              | Balance of cost. |  |



Plans for Salaried Employees

| Sick leave       |                       |             | Hospital benefits                                                                                          |                         |                   |              |                       |                   | Income limits for service surgical and medical benefits | Surgical benefits                     |                       |                       |                 |
|------------------|-----------------------|-------------|------------------------------------------------------------------------------------------------------------|-------------------------|-------------------|--------------|-----------------------|-------------------|---------------------------------------------------------|---------------------------------------|-----------------------|-----------------------|-----------------|
| Years of service | Days benefit per year |             | Daily benefit or service                                                                                   | Maximum duration (days) | Extended coverage |              | Ancillary services    | Maternity benefit |                                                         | Emergency out-patient care or service | Most-expensive        | Appen-dectomy         | Normal delivery |
|                  | At half pay           | At full pay |                                                                                                            |                         | Days              | Daily amount |                       |                   |                                                         |                                       |                       |                       |                 |
| Employee         |                       |             | The following benefits are provided in full without deductible(s) or coinsurance by the major medical plan |                         |                   |              |                       |                   |                                                         |                                       |                       |                       |                 |
|                  |                       |             | Employee and dependents                                                                                    |                         |                   |              |                       |                   |                                                         |                                       |                       |                       |                 |
| Less than 2      | —                     | 10          | Semiprivate room.                                                                                          | (2)                     | —                 | —            | (2)                   | (3)               | —                                                       | —                                     | \$300                 | \$150                 | (3)             |
| 2 to 3           | —                     | 15          |                                                                                                            |                         |                   |              |                       |                   |                                                         |                                       |                       |                       |                 |
| 3 and over       | —                     | 20          |                                                                                                            |                         |                   |              |                       |                   |                                                         |                                       |                       |                       |                 |
|                  |                       |             | Retired employee and dependent                                                                             |                         |                   |              |                       |                   |                                                         |                                       |                       |                       |                 |
|                  |                       |             | Same as above.<br>(5)                                                                                      | Same as above.<br>(5)   | —                 | —            | Same as above.<br>(5) | —                 | —                                                       | —                                     | Same as above.<br>(5) | Same as above.<br>(5) | —               |

<sup>3</sup> Lump-sum normal delivery allowance of \$175 for employee and \$250 for dependent wife in lieu of regular hospital and surgical benefits is provided.  
<sup>4</sup> Retired workers under age 65 receive same benefits as active workers.  
<sup>5</sup> After later of retirement or age 65, benefits payable without deductible or coinsurance are limited to \$1,000 during the lifetime of each covered person.

Selected Health and Insurance Plans

| Company                                     | Medical allowances             |        |          |           |                                   |                                 |                      |                | Other benefits |                   |
|---------------------------------------------|--------------------------------|--------|----------|-----------|-----------------------------------|---------------------------------|----------------------|----------------|----------------|-------------------|
|                                             | Home                           | Office | Hospital | Elsewhere | Maximum number of visits paid for | Maximum number of days paid for | Maximum compensation | Benefits begin |                | Types and amounts |
|                                             |                                |        |          |           |                                   |                                 |                      | Sickness       | Accident       |                   |
| The Prudential Insurance Company of America | Employee and dependents        |        |          |           |                                   |                                 |                      |                |                |                   |
|                                             | See major medical benefits.    |        |          |           |                                   |                                 |                      |                |                |                   |
|                                             |                                |        |          |           |                                   |                                 |                      |                |                |                   |
| The Prudential Insurance Company of America | Retired employee and dependent |        |          |           |                                   |                                 |                      |                |                |                   |
|                                             | See major medical benefits.    |        |          |           |                                   |                                 |                      |                |                |                   |
|                                             |                                |        |          |           |                                   |                                 |                      |                |                |                   |

<sup>6</sup> Deductible amount varies according to earnings, as follows:

| Annual earnings    | Amount  | Annual earnings      | Amount  | Annual earnings      | Amount   |
|--------------------|---------|----------------------|---------|----------------------|----------|
| Less than \$4,000  | \$50.00 | \$9,000 to \$12,000  | \$87.50 | \$20,000 to \$30,000 | \$150.00 |
| \$4,000 to \$6,000 | 62.50   | \$12,000 to \$15,000 | 100.00  | \$30,000 to \$40,000 | 200.00   |
| \$6,000 to \$9,000 | 75.00   | \$15,000 to \$20,000 | 125.00  | \$40,000 and over    | 250.00   |

for Salaried Employees—Continued

| Major medical                                                                                                                                                                                           |                                                                                |                                                                                                                           |                          |                                                          |                                                                                                                                                        |                                                                                                         | Financing                                                      |                                                                                                                                                                                                                                                                                                                                                                         |         |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------|--------------------------|----------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------|----------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------|
| Type of expense subject to deductible                                                                                                                                                                   | Deductible amount                                                              | Accumulation period and its application                                                                                   | Benefit period           |                                                          | Coinsurance                                                                                                                                            | Maximum benefit                                                                                         | Reinstatement                                                  | Employee                                                                                                                                                                                                                                                                                                                                                                | Company |
|                                                                                                                                                                                                         |                                                                                |                                                                                                                           | From start of disability | From incurrence of expenses in excess of deductible      |                                                                                                                                                        |                                                                                                         |                                                                |                                                                                                                                                                                                                                                                                                                                                                         |         |
| Employee and dependents                                                                                                                                                                                 |                                                                                |                                                                                                                           |                          |                                                          |                                                                                                                                                        |                                                                                                         |                                                                |                                                                                                                                                                                                                                                                                                                                                                         |         |
| All, except hospital and scheduled surgical amounts.                                                                                                                                                    | (6)                                                                            | 90 consecutive days in calendar year for 1st \$50 of deductible, balance of deductible during remainder of calendar year. | —                        | Calendar year, plus 3-month carryover; all disabilities. | 80 percent. <sup>7</sup><br><br>Exception: Out-of-hospital psychiatric care; 50 percent of charges, up to \$20 a visit, for first 50 visits each year. | \$10,000 per year; \$20,000 per lifetime.                                                               | After use of \$1,000 of expenses and evidence of insurability. | <u>Life insurance and accidental death and dismemberment insurance</u><br>\$0.543 per \$1,000 per month.   Balance of cost.<br><u>Paid sick leave</u><br>—   Full cost.<br><u>Major medical</u><br><u>Monthly</u><br>Employee only ----- \$4.00<br>Employee and children only ----- 6.25<br>Employee and wife only ----- 9.50<br>Family ----- 11.75<br>Balance of cost. |         |
| Retired employee and dependent                                                                                                                                                                          |                                                                                |                                                                                                                           |                          |                                                          |                                                                                                                                                        |                                                                                                         |                                                                |                                                                                                                                                                                                                                                                                                                                                                         |         |
| Same as above, except after \$1,000 of covered hospital and surgical benefits payable at 100 percent have been received after the later of retirement or age 65 the deductible applies to all expenses. | Same as above, based on earnings immediately prior to retirement. <sup>6</sup> | Same as above.                                                                                                            | —                        | Same as above.                                           | Same as above.                                                                                                                                         | Later of retirement or age 65; Lesser of residual benefit, and \$5,000 per year, \$10,000 per lifetime. | —                                                              | <u>Life insurance</u><br><u>Male employees with \$1,000 or less and all female employees</u><br>—   Full cost.<br><u>Male employees with more than \$1,000</u><br>\$0.60 per \$1,000 per month.   Balance of cost.<br><u>Major medical</u><br>Same as for active.   Balance of cost.                                                                                    |         |

<sup>7</sup> See hospital and surgical sections for 100 percent coverage included under major medical.



Plans for Salaried Employees

| Sick leave       |                       |             | Hospital benefits                                      |                         |                   |              |                    |                                                                                 | Income limits for service surgical and medical benefits | Surgical benefits                     |                |               |                 |
|------------------|-----------------------|-------------|--------------------------------------------------------|-------------------------|-------------------|--------------|--------------------|---------------------------------------------------------------------------------|---------------------------------------------------------|---------------------------------------|----------------|---------------|-----------------|
| Years of service | Days benefit per year |             | Daily benefit or service                               | Maximum duration (days) | Extended coverage |              | Ancillary services | Maternity benefit                                                               |                                                         | Emergency out-patient care or service | Most-expensive | Appen-dectomy | Normal delivery |
|                  | At half pay           | At full pay |                                                        |                         | Days              | Daily amount |                    |                                                                                 |                                                         |                                       |                |               |                 |
| Employee         |                       |             | Employee and dependents <sup>4</sup>                   |                         |                   |              |                    |                                                                                 |                                                         |                                       |                |               |                 |
| —                | —                     | —           | \$14 per day.                                          | 100                     | —                 | —            | \$150              | Room and board, \$14 per day for 14 days; ancillary services \$80. <sup>5</sup> | Up to \$75.                                             | —                                     | \$275          | \$183         | \$100           |
|                  |                       |             | Supplementary benefits for employees only <sup>6</sup> |                         |                   |              |                    |                                                                                 |                                                         |                                       |                |               |                 |
|                  |                       |             | \$2 per day.                                           | 20 per year.            | —                 | —            | —                  | —                                                                               | —                                                       |                                       |                |               |                 |
|                  |                       |             | Retired employee and dependent <sup>8</sup>            |                         |                   |              |                    |                                                                                 |                                                         |                                       |                |               |                 |
|                  |                       |             | \$10 per day.                                          | 45                      | —                 | —            | \$60               | —                                                                               | Up to \$60.                                             | —                                     | \$200          | \$100         | —               |

<sup>6</sup> Provided in addition to basic hospitalization benefits; payable only if employee is continuously confined to hospital for at least 8 days and is receiving accident and sickness benefits.

<sup>7</sup> Retired employee may use the amount of life insurance in excess of \$300 for payment of expenses incurred by him or his dependent for hospital and surgical care.

<sup>8</sup> Retired employee with 5 but less than 18 years of service who elects not to insure himself or his dependent by contributing toward his coverage, is entitled to the basic and extended benefits for himself and his dependent if his life insurance is in excess of \$300. All benefit payments are deducted from life insurance amount and no payments are made after life insurance has been reduced to \$300.

## Selected Health and Insurance Plans

| Company                      | Medical allowances                          |        |              |           |                                   |                                 |                       |                |                | Other benefits                                                                                                                                                                                                                                                                                                                                                                               |
|------------------------------|---------------------------------------------|--------|--------------|-----------|-----------------------------------|---------------------------------|-----------------------|----------------|----------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
|                              | Home                                        | Office | Hospital     | Elsewhere | Maximum number of visits paid for | Maximum number of days paid for | Maximum compensation  | Benefits begin |                | Types and amounts                                                                                                                                                                                                                                                                                                                                                                            |
|                              |                                             |        |              |           |                                   |                                 |                       | Sickness       | Accident       |                                                                                                                                                                                                                                                                                                                                                                                              |
| Radio Corporation of America | Employee and dependents <sup>4</sup>        |        |              |           |                                   |                                 |                       |                |                |                                                                                                                                                                                                                                                                                                                                                                                              |
|                              | —                                           | —      | \$5 per day. | —         | —                                 | 100 per disability.             | \$500 per disability. | 1st day.       | 1st day.       | Anesthesia allowance: (For cases in or out of hospital, if surgeon makes a separate charge for anesthesia), up to \$25.<br><br>Nonemergency accident and sickness allowance: (In out-patient department of hospital, up to \$75 per disability.<br><br>Nonoccupational accident X-ray and laboratory examination allowance: (For tests performed outside hospital), up to \$50 per accident. |
|                              | Retired employee and dependent <sup>9</sup> |        |              |           |                                   |                                 |                       |                |                |                                                                                                                                                                                                                                                                                                                                                                                              |
|                              | —                                           | —      | \$3 per day. | —         | —                                 | 45 per disability.              | \$135 per disability. | Same as above. | Same as above. | —                                                                                                                                                                                                                                                                                                                                                                                            |

<sup>9</sup> Payments are deducted from life insurance amount in excess of \$300 of employees retired prior to Jan. 1, 1962. No deductions are made from life insurance amounts of employees retiring after Dec. 31, 1961, with 18 years of service.

<sup>10</sup> Retired employees with less than 18 years of service are not eligible for major medical benefits; for retired employees with 18 or more years service, the company pays the full cost of major medical benefits.

for Salaried Employees—Continued

| Major medical                               |                                                                    |                                         |                          |                                                     |                                                                                                               |                                                                                                            |                                                          | Financing                                                                                                                                                                                                                                                                                                                         |                                                                                                            |
|---------------------------------------------|--------------------------------------------------------------------|-----------------------------------------|--------------------------|-----------------------------------------------------|---------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------|----------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------|
| Type of expense subject to deductible       | Deductible amount                                                  | Accumulation period and its application | Benefit period           |                                                     | Coinsurance                                                                                                   | Maximum benefit                                                                                            | Reinstatement                                            | Employee                                                                                                                                                                                                                                                                                                                          | Company                                                                                                    |
|                                             |                                                                    |                                         | From start of disability | From incurrence of expenses in excess of deductible |                                                                                                               |                                                                                                            |                                                          |                                                                                                                                                                                                                                                                                                                                   |                                                                                                            |
| Employee and dependents                     |                                                                    |                                         |                          |                                                     |                                                                                                               |                                                                                                            |                                                          |                                                                                                                                                                                                                                                                                                                                   |                                                                                                            |
| All.                                        | If annual earnings are: Under \$10,000—\$150; over \$10,000—\$200. | 6 consecutive months; per disability.   | —                        | 2 years per disability.                             | 75 percent.<br>Exception: Out-of-hospital psychiatric care, 50 percent; maximum, 50 visits at \$20 per visit. | If annual earnings are: Under \$10,000, \$5,000 per disability; \$10,000 or over, \$10,000 per disability. | After use of \$1,000, and upon evidence of insurability. | —                                                                                                                                                                                                                                                                                                                                 | <u>Life insurance</u><br>Full cost.<br><u>Hospital, surgical, medical, and major medical</u><br>Full cost. |
| Retired employee and dependent <sup>9</sup> |                                                                    |                                         |                          |                                                     |                                                                                                               |                                                                                                            |                                                          |                                                                                                                                                                                                                                                                                                                                   |                                                                                                            |
| Same as above.                              | \$100                                                              | Same as above.                          | —                        | Same as above.                                      | Same as above.                                                                                                | \$3,000 per life-time of family.                                                                           | —                                                        | <u>With 5 to 18 years of service</u><br><u>Life insurance</u><br>Full cost.<br><u>Hospital, surgical, and medical</u><br><u>Monthly contribution</u><br>Employee..... \$2.15<br>Employee and dependent ---- 4.50<br>Balance of cost.<br><u>With 18 or more years of service</u><br><u>All benefits<sup>10</sup></u><br>Full cost. |                                                                                                            |

## Selected Health and Insurance

| Company                                | Eligibility<br>(when new<br>employees<br>become<br>eligible)                                                                                                         | Schedule of benefits |                   |                               |                                               |                             | Scope of accidental<br>death and<br>dismemberment |                      | Scope of accident<br>and sickness |                      | Accident and sickness       |                            |                            |
|----------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------|-------------------|-------------------------------|-----------------------------------------------|-----------------------------|---------------------------------------------------|----------------------|-----------------------------------|----------------------|-----------------------------|----------------------------|----------------------------|
|                                        |                                                                                                                                                                      | Basis of graduation  | Life<br>insurance | Optional<br>life<br>insurance | Accidental<br>death and<br>dismem-<br>berment | Accident<br>and<br>sickness | Occupa-<br>tional                                 | Nonoccu-<br>pational | Occupa-<br>tional                 | Nonoccu-<br>pational | Maximum<br>duration         | Day benefit begins         |                            |
|                                        |                                                                                                                                                                      |                      |                   |                               |                                               |                             |                                                   |                      |                                   |                      |                             | Accident                   | Sickness                   |
| Research Institute of<br>America, Inc. | Other ben-<br>efits: After<br>6 months<br>of employ-<br>ment.<br><br>Sick leave:<br>After 30<br>days of<br>employ-<br>ment.                                          | Employee             |                   |                               |                                               |                             |                                                   |                      |                                   |                      |                             |                            |                            |
|                                        |                                                                                                                                                                      | Less than \$4,000    | \$4,000           | —                             | —                                             | ( <sup>1</sup> )            | —                                                 | —                    | —                                 | ( <sup>1</sup> )     | ( <sup>1</sup> )            | ( <sup>1</sup> )           | ( <sup>1</sup> )           |
|                                        |                                                                                                                                                                      | \$4,000 to \$5,000   | 5,000             | —                             | —                                             | —                           | —                                                 | —                    | —                                 | —                    | —                           | —                          | —                          |
|                                        |                                                                                                                                                                      | \$5,000 to \$6,000   | 6,000             | —                             | —                                             | —                           | —                                                 | —                    | —                                 | —                    | —                           | —                          | —                          |
|                                        |                                                                                                                                                                      | \$6,000 to \$7,500   | 7,500             | —                             | —                                             | —                           | —                                                 | —                    | —                                 | —                    | —                           | —                          | —                          |
|                                        |                                                                                                                                                                      | \$7,500 to \$10,000  | 10,000            | —                             | —                                             | —                           | —                                                 | —                    | —                                 | —                    | —                           | —                          | —                          |
|                                        |                                                                                                                                                                      | \$10,000 to \$12,500 | 15,000            | —                             | —                                             | —                           | —                                                 | —                    | —                                 | —                    | —                           | —                          | —                          |
|                                        |                                                                                                                                                                      | \$12,500 to \$15,000 | 20,000            | —                             | —                                             | —                           | —                                                 | —                    | —                                 | —                    | —                           | —                          | —                          |
|                                        |                                                                                                                                                                      | \$15,000 to \$20,000 | 25,000            | —                             | —                                             | —                           | —                                                 | —                    | —                                 | —                    | —                           | —                          | —                          |
|                                        |                                                                                                                                                                      | \$20,000 and over    | 40,000            | —                             | —                                             | —                           | —                                                 | —                    | —                                 | —                    | —                           | —                          | —                          |
|                                        | At age 60: Amount in effect im-<br>mediately prior to age 60 reduced<br>10 percent at age 60 and 10 per-<br>cent annually thereafter until<br>amount equals \$2,000. |                      |                   |                               |                                               |                             |                                                   |                      |                                   |                      |                             |                            |                            |
|                                        | Retired employee                                                                                                                                                     |                      |                   |                               |                                               |                             |                                                   |                      |                                   |                      |                             |                            |                            |
|                                        | —                                                                                                                                                                    | —                    | —                 | —                             | —                                             | —                           | —                                                 | —                    | —                                 | —                    | —                           | —                          |                            |
| Safeway Stores, Inc.                   | After 3<br>months of<br>employ-<br>ment.                                                                                                                             | Employee             |                   |                               |                                               |                             |                                                   |                      |                                   |                      |                             |                            |                            |
|                                        |                                                                                                                                                                      | Flat.                | —                 | —                             | \$1,000                                       | —                           | X                                                 | X                    | —                                 | X                    | 26 weeks per<br>disability. | 8th or 1st<br>in hospital. | 8th or 1st<br>in hospital. |
|                                        |                                                                                                                                                                      | Annual salary:       |                   |                               |                                               |                             |                                                   |                      |                                   |                      | ( <sup>6</sup> )            | ( <sup>6</sup> )           | ( <sup>6</sup> )           |
|                                        |                                                                                                                                                                      | \$1,664 to \$1,976   | \$3,000           | —                             | —                                             | \$26                        | —                                                 | —                    | —                                 | —                    | —                           | —                          | —                          |
|                                        |                                                                                                                                                                      | \$1,976 to \$2,340   | 3,500             | —                             | —                                             | 30                          | —                                                 | —                    | —                                 | —                    | —                           | —                          | —                          |
|                                        |                                                                                                                                                                      | \$2,340 to \$2,860   | 4,000             | —                             | —                                             | 35                          | —                                                 | —                    | —                                 | —                    | —                           | —                          | —                          |
|                                        |                                                                                                                                                                      | \$2,860 to \$3,640   | 5,000             | —                             | —                                             | 40                          | —                                                 | —                    | —                                 | —                    | —                           | —                          | —                          |
|                                        |                                                                                                                                                                      | \$3,640 to \$4,680   | 6,500             | —                             | —                                             | 45                          | —                                                 | —                    | —                                 | —                    | —                           | —                          | —                          |
|                                        |                                                                                                                                                                      | \$4,680 to \$7,540   | 9,500             | —                             | —                                             | 50                          | —                                                 | —                    | —                                 | —                    | —                           | —                          | —                          |
|                                        |                                                                                                                                                                      | \$7,540 to \$10,140  | 13,500            | —                             | —                                             | 50                          | —                                                 | —                    | —                                 | —                    | —                           | —                          | —                          |
|                                        |                                                                                                                                                                      | \$10,140 to \$12,480 | 17,500            | —                             | —                                             | 50                          | —                                                 | —                    | —                                 | —                    | —                           | —                          | —                          |
|                                        |                                                                                                                                                                      | \$12,480 to \$15,080 | 21,000            | —                             | —                                             | 50                          | —                                                 | —                    | —                                 | —                    | —                           | —                          | —                          |
|                                        |                                                                                                                                                                      | \$15,080 to \$17,420 | 25,000            | —                             | —                                             | 50                          | —                                                 | —                    | —                                 | —                    | —                           | —                          | —                          |
|                                        |                                                                                                                                                                      | \$17,420 to \$22,620 | 30,000            | —                             | —                                             | 50                          | —                                                 | —                    | —                                 | —                    | —                           | —                          | —                          |
| \$22,620 to \$27,300                   | 35,000                                                                                                                                                               | —                    | —                 | 50                            | —                                             | —                           | —                                                 | —                    | —                                 | —                    | —                           |                            |                            |
| \$27,300 to \$40,040                   | 45,000                                                                                                                                                               | —                    | —                 | 50                            | —                                             | —                           | —                                                 | —                    | —                                 | —                    | —                           |                            |                            |
| \$40,040 or over                       | 55,000                                                                                                                                                               | —                    | —                 | 50                            | ( <sup>5,6</sup> )                            | —                           | —                                                 | —                    | —                                 | —                    | —                           |                            |                            |
|                                        | Retired employee                                                                                                                                                     |                      |                   |                               |                                               |                             |                                                   |                      |                                   |                      |                             |                            |                            |
|                                        | Retiring after age 60 with 15 con-<br>secutive years in plan, \$1,000.                                                                                               | —                    | —                 | —                             | —                                             | —                           | —                                                 | —                    | —                                 | —                    | —                           | —                          |                            |

<sup>1</sup> No accident and sickness insurance benefit provided by plan; employees covered by the New York State temporary disability law. For a detailed summary of the benefits provided under this law, see BLS Bulletin 1330 (op. cit.).

<sup>2</sup> Sick leave payments reduced by statutory benefits which a worker receives.

<sup>3</sup> Benefits described are those provided for the largest group of workers under the program; sales force employees and their dependents are covered by different plans.

<sup>4</sup> Benefits are provided through Group Health Insurance, Inc. (New York, N.Y.). Workers that use semiprivate or ward hospital accommodations and utilize the services of participating doctors receive paid in full surgical and medical care benefits. Others receive up to the benefit amount listed in the appropriate column. For a detailed summary of the benefits provided by Group Health Insurance, Inc., see BLS Bulletin 1330 (op. cit.).

## Plans for Salaried Employees

| Sick leave       |                       |                  | Hospital benefits                                             |                         |                   |                                          |                                                                                              |                                                                                         |                                       | Income limits for service surgical and medical benefits | Surgical benefits    |                    |                   |
|------------------|-----------------------|------------------|---------------------------------------------------------------|-------------------------|-------------------|------------------------------------------|----------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------|---------------------------------------|---------------------------------------------------------|----------------------|--------------------|-------------------|
| Years of service | Days benefit per year |                  | Daily benefit or service                                      | Maximum duration (days) | Extended coverage |                                          | Ancillary services                                                                           | Maternity benefit                                                                       | Emergency out-patient care or service |                                                         | Most-expensive       | Appen-<br>dectomy  | Normal delivery   |
|                  | At half pay           | At full pay      |                                                               |                         | Days              | Daily amount                             |                                                                                              |                                                                                         |                                       |                                                         |                      |                    |                   |
| Employees        |                       |                  | Employee (other than sales force) and dependents <sup>3</sup> |                         |                   |                                          |                                                                                              |                                                                                         |                                       |                                                         |                      |                    |                   |
| —                | —                     | <sup>2</sup> 10  | Semiprivate room.                                             | 21                      | 180 <sup>1</sup>  | 50 percent of cost of semi-private room. | Full cost of specified services for 1st 21 days, 50 percent of cost for additional 180 days. | \$80 for room, board, and ancillary services.                                           | \$7.25                                | —<br>( <sup>4</sup> )                                   | <sup>4</sup> \$1,000 | <sup>4</sup> \$165 | <sup>4</sup> \$75 |
|                  |                       |                  | Retired employee and dependent                                |                         |                   |                                          |                                                                                              |                                                                                         |                                       |                                                         |                      |                    |                   |
| —                | —                     | —                | —                                                             | —                       | —                 | —                                        | —                                                                                            | —                                                                                       | —                                     | —                                                       | —                    | —                  | —                 |
| Employees        |                       |                  | Employee and dependents                                       |                         |                   |                                          |                                                                                              |                                                                                         |                                       |                                                         |                      |                    |                   |
| ( <sup>7</sup> ) | —                     | ( <sup>7</sup> ) | 80 percent of cost of semi-private room.                      | 70                      | —                 | —                                        | \$250 plus 80 percent of additional charges.                                                 | 80 percent of cost of semi-private room, board, and ancillary services; maximum, \$120. | \$120                                 | —                                                       | \$350                | \$128              | \$88              |
|                  |                       |                  | Retired employee and dependent                                |                         |                   |                                          |                                                                                              |                                                                                         |                                       |                                                         |                      |                    |                   |
| —                | —                     | —                | —                                                             | —                       | —                 | —                                        | —                                                                                            | —                                                                                       | —                                     | —                                                       | —                    | —                  | —                 |

<sup>5</sup> The accident and sickness plan analyzed covers all salaried employees except salaried employees in California and New Jersey who are covered by the temporary disability programs of those States. For detailed summaries of the benefits provided under those laws, see BLS Bulletin 1330 (op. cit.).

<sup>6</sup> Sick leave payments are used to make up the difference between accident and sickness benefit and full pay. Accident and sickness benefits are not payable for maternity disabilities.

<sup>7</sup> Sick leave accumulates at the rate of 1/2 day per month. Unused sick leave may be accumulated to a maximum of 60 days.

## Selected Health and Insurance Plans

| Company                             | Medical allowances                                            |                |                                                                                                |                |                                   |                                 |                       |                                     |                  | Other benefits                                                                                                                                                                                                           |
|-------------------------------------|---------------------------------------------------------------|----------------|------------------------------------------------------------------------------------------------|----------------|-----------------------------------|---------------------------------|-----------------------|-------------------------------------|------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
|                                     | Home                                                          | Office         | Hospital                                                                                       | Elsewhere      | Maximum number of visits paid for | Maximum number of days paid for | Maximum compensation  | Benefits begin                      |                  | Types and amounts                                                                                                                                                                                                        |
|                                     |                                                               |                |                                                                                                |                |                                   |                                 |                       | Sickness                            | Accident         |                                                                                                                                                                                                                          |
| Research Institute of America, Inc. | Employee (other than sales force) and dependents <sup>3</sup> |                |                                                                                                |                |                                   |                                 |                       |                                     |                  |                                                                                                                                                                                                                          |
|                                     | —                                                             | —              | 1st day, \$15; 2d day, \$10; 3d through 21st day, \$6 per day; thereafter, \$5 per day.<br>(4) | —              | —                                 | 365<br>(4)                      | \$1,854<br>(4)        | 1st day.                            | 1st day.         | Administration of general anesthesia: Scheduled allowances.<br><br>Ambulance service: Up to \$20 per trip to or from hospital.<br><br>Diagnostic X-ray and laboratory examinations: Scheduled allowances.                |
|                                     | Retired employee and dependent                                |                |                                                                                                |                |                                   |                                 |                       |                                     |                  |                                                                                                                                                                                                                          |
|                                     | —                                                             | —              | —                                                                                              | —              | —                                 | —                               | —                     | —                                   | —                | —                                                                                                                                                                                                                        |
| Safeway Stores, Inc.                | Employee                                                      |                |                                                                                                |                |                                   |                                 |                       |                                     |                  | Employee and dependents                                                                                                                                                                                                  |
|                                     | \$4 per visit.                                                | \$4 per visit. | \$4 per day.                                                                                   | \$4 per visit. | —                                 | —                               | \$150 per disability. | Hospital<br>1st day.                | 1st day.         | Laboratory and X-ray examination: (For cases in or out of hospital), \$50 per disability.<br><br>Radiation therapy, allowance: (For cases in or out of hospital), \$200 per disability during any 12 consecutive months. |
|                                     |                                                               |                |                                                                                                |                |                                   |                                 |                       | Home and office<br>3d visit.<br>(8) | 3d visit.<br>(8) |                                                                                                                                                                                                                          |
| Dependents                          |                                                               |                |                                                                                                |                |                                   |                                 |                       |                                     |                  |                                                                                                                                                                                                                          |
|                                     | —                                                             | —              | \$4 per day.                                                                                   | —              | —                                 | —                               | \$150 per disability. | 1st day.                            | 1st day          |                                                                                                                                                                                                                          |
| Retired employee and dependent      |                                                               |                |                                                                                                |                |                                   |                                 |                       |                                     |                  |                                                                                                                                                                                                                          |
|                                     | —                                                             | —              | —                                                                                              | —              | —                                 | —                               | —                     | —                                   | —                | —                                                                                                                                                                                                                        |

<sup>8</sup> If visits begin within 14 days after release from hospital, benefit is paid beginning with 1st visit.

<sup>9</sup> Employee pays an additional \$1.49 per month for dependent coverage.

for Salaried Employees—Continued

| Type of expense subject to deductible                         | Deductible amount                           | Accumulation period and its application | Major medical            |                                                     |                                                                         |                         |               | Financing                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |         |
|---------------------------------------------------------------|---------------------------------------------|-----------------------------------------|--------------------------|-----------------------------------------------------|-------------------------------------------------------------------------|-------------------------|---------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------|
|                                                               |                                             |                                         | Benefit period           |                                                     | Coinsurance                                                             | Maximum benefit         | Reinstatement | Employee                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | Company |
|                                                               |                                             |                                         | From start of disability | From incurrence of expenses in excess of deductible |                                                                         |                         |               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |         |
| Employee (other than sales force) and dependents <sup>3</sup> |                                             |                                         |                          |                                                     |                                                                         |                         |               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |         |
| —                                                             | —                                           | —                                       | —                        | —                                                   | —                                                                       | —                       | —             | <u>Employee benefits</u><br>Full cost.<br><u>Dependents benefits</u><br>Full cost.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |         |
| Retired employee and dependent                                |                                             |                                         |                          |                                                     |                                                                         |                         |               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |         |
| —                                                             | —                                           | —                                       | —                        | —                                                   | —                                                                       | —                       | —             | —                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |         |
| Employee and dependents                                       |                                             |                                         |                          |                                                     |                                                                         |                         |               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |         |
| All.                                                          | \$100<br>Exception: Maternity cases, \$250. | 12 consecutive months per disability.   | —                        | 3 years per disability.                             | 80 percent.<br>Exception: Out-of-hospital psychiatric care; 50 percent. | \$5,000 per disability. | —             | <u>Paid sick leave</u><br>Full cost.<br><u>Other benefits</u><br><u>Monthly contribution</u><br><u>Annual salary</u><br>\$1,664 to \$1,976..... \$1.13<br>\$1,976 to \$2,340..... 1.20<br>\$2,340 to \$2,860..... 1.27<br>\$2,860 to \$3,640..... 1.38<br>\$3,640 to \$4,680..... 1.47<br>\$4,680 to \$7,540..... 1.65<br>\$7,540 to \$10,140..... 1.89<br>\$10,140 to \$12,480... 2.13<br>\$12,480 to \$15,080... 2.34<br>\$15,080 to \$17,420... 2.58<br>\$17,420 to \$22,620... 2.88<br>\$22,620 to \$27,300... 3.18<br>\$27,300 to \$40,040... 3.78<br>\$40,040 and over.... 4.38<br>Balance of cost. |         |
| Retired employee and dependent                                |                                             |                                         |                          |                                                     |                                                                         |                         |               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |         |
| —                                                             | —                                           | —                                       | —                        | —                                                   | —                                                                       | —                       | —             | <u>Life insurance</u><br>Full cost.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |         |



## Plans for Salaried Employees

| Sick leave       |                       |                | Hospital benefits              |                         |                   |                                         |                                                                                                        |                                                | Income limits for service surgical and medical benefits | Surgical benefits                                       |                        |                     |                    |
|------------------|-----------------------|----------------|--------------------------------|-------------------------|-------------------|-----------------------------------------|--------------------------------------------------------------------------------------------------------|------------------------------------------------|---------------------------------------------------------|---------------------------------------------------------|------------------------|---------------------|--------------------|
| Years of service | Days benefit per year |                | Daily benefit or service       | Maximum duration (days) | Extended coverage |                                         | Ancillary services                                                                                     | Maternity benefit                              |                                                         | Emergency out-patient care or service                   | Most-expensive         | Appen-<br>dectomy   | Normal delivery    |
|                  | At half pay           | At full pay    |                                |                         | Days              | Daily amount                            |                                                                                                        |                                                |                                                         |                                                         |                        |                     |                    |
| Employee         |                       |                | Employee and dependents        |                         |                   |                                         |                                                                                                        |                                                |                                                         |                                                         |                        |                     |                    |
| 60 days.         | —                     | <sup>5</sup> 6 | Semiprivate room.              | 21                      | 180               | 50 percent of cost of semiprivate room. | Full cost of specified ancillary services for 1st 21 days; 50 percent of cost for additional 180 days. | \$ 80 for room, board, and ancillary services. | \$ 7. 25                                                | Group A <sup>6</sup>                                    |                        |                     |                    |
|                  |                       |                |                                |                         |                   |                                         |                                                                                                        |                                                |                                                         | Individual coverage, \$4,000; family coverage, \$6,000. | \$ 500                 | \$ 175              | \$ 90              |
|                  |                       |                |                                |                         |                   |                                         |                                                                                                        |                                                |                                                         | Group B <sup>7</sup>                                    |                        |                     |                    |
|                  |                       |                |                                |                         |                   |                                         |                                                                                                        |                                                |                                                         | —<br>( <sup>8</sup> )                                   | <sup>8</sup> \$ 1, 000 | <sup>8</sup> \$ 165 | <sup>8</sup> \$ 75 |
|                  |                       |                | Retired employee and dependent |                         |                   |                                         |                                                                                                        |                                                |                                                         |                                                         |                        |                     |                    |
|                  |                       |                | Same as above.                 | Same as above.          | Same as above.    | Same as above.                          | Same as above.                                                                                         | —                                              | Same as above.                                          | Same as above.                                          | Same as above.         | Same as above.      | —                  |

<sup>6</sup> Unorganized employees and employees represented by a specified union.

<sup>7</sup> Employees represented by 2 different unions.

<sup>8</sup> Benefits are provided through Group Health Insurance, Inc. (New York, N. Y.). Workers that use semiprivate or ward hospital accommodations and utilize the services of participating doctors receive paid in full surgical and medical care benefits. Others receive up to the benefit amount listed in the appropriate column. For a detailed summary of the benefits provided by Group Health Insurance, Inc., see BLS Bulletin 1330 (op. cit.). In lieu of Group Health Insurance, Inc., coverage, the employee who is willing to pay the required additional premium may elect coverage provided through Health Insurance Plan of Greater New York.

Selected Health and Insurance Plans

| Company                                                 | Medical allowances      |                |                                                                                                                          |           |                                   |                                 |                                 |                |                | Other benefits                                                                                                                                                                                                                                                                                          |
|---------------------------------------------------------|-------------------------|----------------|--------------------------------------------------------------------------------------------------------------------------|-----------|-----------------------------------|---------------------------------|---------------------------------|----------------|----------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
|                                                         | Home                    | Office         | Hospital                                                                                                                 | Elsewhere | Maximum number of visits paid for | Maximum number of days paid for | Maximum compensation            | Benefits begin |                | Types and amounts                                                                                                                                                                                                                                                                                       |
|                                                         |                         |                |                                                                                                                          |           |                                   |                                 |                                 | Sickness       | Accident       |                                                                                                                                                                                                                                                                                                         |
| Sperry Gyroscope Co.<br>(Division of Sperry Rand Corp.) | Employee and dependents |                |                                                                                                                          |           |                                   |                                 |                                 |                |                |                                                                                                                                                                                                                                                                                                         |
|                                                         | Group A <sup>6</sup>    |                |                                                                                                                          |           |                                   |                                 |                                 |                |                |                                                                                                                                                                                                                                                                                                         |
|                                                         | —                       | —              | 1st 7 days, \$7 per day; 8th through 14th day, \$6 per day; 15th through 70th day, \$5 per day; thereafter, \$4 per day. | —         | —                                 | 365                             | \$1,605                         | 1st day.       | 1st day.       | Administration of general anesthesia: 20 percent of schedule allowance; minimum, \$20.<br><br>Ambulance service: Up to \$20 per trip to or from hospital.<br><br>Diagnostic X-ray examination: Up to \$75 per contract year.<br><br>Diagnostic laboratory examination: Up to \$37.50 per calendar year. |
|                                                         | Group B <sup>7</sup>    |                |                                                                                                                          |           |                                   |                                 |                                 |                |                |                                                                                                                                                                                                                                                                                                         |
|                                                         | —                       | —              | 1st day, \$15; 2d day, \$10; 3d through 21st day, \$6 per day; thereafter, \$5 per day.<br><br>( <sup>8</sup> )          | —         | —                                 | 365<br><br>( <sup>8</sup> )     | \$1,854<br><br>( <sup>8</sup> ) | 1st day.       | 1st day.       | Administration of general anesthesia: Scheduled allowances.<br><br>Ambulance service: Up to \$20 per trip to or from hospital.<br><br>Diagnostic X-ray and laboratory examinations: Scheduled allowances.                                                                                               |
| Retired employee and dependent                          |                         |                |                                                                                                                          |           |                                   |                                 |                                 |                |                |                                                                                                                                                                                                                                                                                                         |
| —                                                       | —                       | Same as above. | —                                                                                                                        | —         | Same as above.                    | Same as above.                  | Same as above.                  | Same as above. | Same as above. |                                                                                                                                                                                                                                                                                                         |

for Salaried Employees—Continued

| Type of expense subject to deductible | Deductible amount | Accumulation period and its application  | Major medical                                               |                                                     |             |                                                     |               | Financing                                                |                  |
|---------------------------------------|-------------------|------------------------------------------|-------------------------------------------------------------|-----------------------------------------------------|-------------|-----------------------------------------------------|---------------|----------------------------------------------------------|------------------|
|                                       |                   |                                          | Benefit period                                              |                                                     | Coinsurance | Maximum benefit                                     | Reinstatement | Employee                                                 | Company          |
|                                       |                   |                                          | From start of disability                                    | From incurrence of expenses in excess of deductible |             |                                                     |               |                                                          |                  |
| Employee and dependents               |                   |                                          |                                                             |                                                     |             |                                                     |               |                                                          |                  |
| All.                                  | \$200             | 12 consecutive months; all disabilities. | 12 consecutive months; 3-month carryover; all disabilities. | —                                                   | 75 percent. | \$10,000 per benefit period; \$15,000 per lifetime. | —             | Optional life insurance<br>\$0.54 per \$1,000 per month. | Balance of cost. |
|                                       |                   |                                          |                                                             |                                                     |             |                                                     |               | Other benefits<br>—                                      | Full cost.       |
| Retired employee and dependent        |                   |                                          |                                                             |                                                     |             |                                                     |               |                                                          |                  |
| —                                     | —                 | —                                        | —                                                           | —                                                   | —           | —                                                   | —             | —                                                        | Full cost.       |

## Selected Health and Insurance

| Company                          | Eligibility<br>(when new<br>employees<br>become<br>eligible)                                                                                | Schedule of benefits                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                                                                   |                               |                                               |                             | Scope of accidental<br>death and<br>dismemberment |                      | Scope of accident<br>and sickness |                      | Accident and sickness |                    |          |   |
|----------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------|-----------------------------------------------|-----------------------------|---------------------------------------------------|----------------------|-----------------------------------|----------------------|-----------------------|--------------------|----------|---|
|                                  |                                                                                                                                             | Basis of graduation                                                                                                                                                                                                                                                                                                                                                                                                                                             | Life<br>insurance                                                                                                                                 | Optional<br>life<br>insurance | Accidental<br>death and<br>dismem-<br>berment | Accident<br>and<br>sickness | Occupa-<br>tional                                 | Nonoccu-<br>pational | Occupa-<br>tional                 | Nonoccu-<br>pational | Maximum<br>duration   | Day benefit begins |          |   |
|                                  |                                                                                                                                             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                                                                   |                               |                                               |                             |                                                   |                      |                                   |                      |                       | Accident           | Sickness |   |
| Standard Oil Co.<br>(New Jersey) | Paid sick<br>leave: Im-<br>mediately<br>or 1st of<br>following<br>month.<br><br>Other ben-<br>efits: After<br>1 year of<br>employ-<br>ment. | Employee                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                                                                   |                               |                                               |                             |                                                   |                      |                                   |                      |                       |                    |          |   |
|                                  |                                                                                                                                             | Annual earnings:<br>Part I                                                                                                                                                                                                                                                                                                                                                                                                                                      | 1 year of<br>salary.                                                                                                                              | —<br>( <sup>1</sup> )         | —                                             | —                           | —                                                 | —                    | —                                 | —                    | —                     | —                  | —        | — |
|                                  |                                                                                                                                             | Part II<br>( <sup>1</sup> )                                                                                                                                                                                                                                                                                                                                                                                                                                     | 1 year of<br>salary re-<br>duced 5<br>percent<br>semiannu-<br>ally after<br>age 55<br>until elim-<br>inated at<br>age 65.<br><br>( <sup>1</sup> ) |                               |                                               |                             |                                                   |                      |                                   |                      |                       |                    |          |   |
|                                  |                                                                                                                                             | Retired employee                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                   |                               |                                               |                             |                                                   |                      |                                   |                      |                       |                    |          |   |
|                                  |                                                                                                                                             | Retired employees with 15 or<br>more years of service.                                                                                                                                                                                                                                                                                                                                                                                                          | —                                                                                                                                                 | —                             | —                                             | —                           | —                                                 | —                    | —                                 | —                    | —                     | —                  | —        |   |
|                                  |                                                                                                                                             | At age 65: If retired employee<br>elects to contribute—amount in<br>effect immediately prior to re-<br>tirement under Part I above re-<br>duced 5 percent annually to a<br>minimum of 50 percent; if re-<br>tired employee elects not to<br>contribute—amount in effect im-<br>mediately prior to retirement<br>under Part I above reduced to<br>47.5 percent, and 2.5 percent<br>annually thereafter, to a mini-<br>mum of 25 percent.<br><br>( <sup>2</sup> ) |                                                                                                                                                   |                               |                                               |                             |                                                   |                      |                                   |                      |                       |                    |          |   |

<sup>1</sup> Preference beneficiaries (preference beneficiaries are spouse, children under age 21, and dependent parents) receive an additional benefit of \$500 plus a monthly death benefit equal to 1/2 of employees final monthly salary. The duration of the monthly benefit varies by service: 1 but less than 2 years—6 months; 2 but less than 3 years—10 months; 3 but less than 4 years—14 months; 4 but less than 5 years—18 months; 5 years—24 months; thereafter, 1 additional monthly installment for each complete year of service in excess of 5. If there are no preference beneficiaries, a lump-sum benefit of \$300 is provided in lieu of above.

Plans for Salaried Employees

| Sick leave                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |             | Hospital benefits        |                         |                   |                                    |                                                                                              |                                                          | Income limits for service surgical and medical benefits | Surgical benefits                     |                |                   |                 |        |   |   |        |    |   |        |    |    |        |    |    |        |    |    |        |    |    |         |    |    |             |    |    |  |  |  |  |  |  |  |  |  |  |  |
|--------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------|--------------------------|-------------------------|-------------------|------------------------------------|----------------------------------------------------------------------------------------------|----------------------------------------------------------|---------------------------------------------------------|---------------------------------------|----------------|-------------------|-----------------|--------|---|---|--------|----|---|--------|----|----|--------|----|----|--------|----|----|--------|----|----|---------|----|----|-------------|----|----|--|--|--|--|--|--|--|--|--|--|--|
| Years of service               | Days benefit per year                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |             | Daily benefit or service | Maximum duration (days) | Extended coverage |                                    | Ancillary services                                                                           | Maternity benefit                                        |                                                         | Emergency out-patient care or service | Most-expensive | Appen-<br>dectomy | Normal delivery |        |   |   |        |    |   |        |    |    |        |    |    |        |    |    |        |    |    |         |    |    |             |    |    |  |  |  |  |  |  |  |  |  |  |  |
|                                | At half pay                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | At full pay |                          |                         | Days              | Daily amount                       |                                                                                              |                                                          |                                                         |                                       |                |                   |                 |        |   |   |        |    |   |        |    |    |        |    |    |        |    |    |        |    |    |         |    |    |             |    |    |  |  |  |  |  |  |  |  |  |  |  |
| Employee                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |             | Employee and dependents  |                         |                   |                                    |                                                                                              |                                                          |                                                         |                                       |                |                   |                 |        |   |   |        |    |   |        |    |    |        |    |    |        |    |    |        |    |    |         |    |    |             |    |    |  |  |  |  |  |  |  |  |  |  |  |
|                                | <u>Accident</u><br>2/3 pay for 26 weeks.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |             | Semiprivate room.        | 120                     | 81                | 50 percent of cost of semiprivate. | Full cost of specified services for 1st 120 days; 50 percent of cost for additional 81 days. | \$100 for room, board, and specified ancillary services. | Required services provided.                             | Individual, \$2,500; family, \$4,000. | \$250          | \$125             | \$75            |        |   |   |        |    |   |        |    |    |        |    |    |        |    |    |        |    |    |         |    |    |             |    |    |  |  |  |  |  |  |  |  |  |  |  |
|                                | <u>Sickness</u><br><table border="1"> <thead> <tr> <th>Weeks</th> <th>Weeks</th> </tr> </thead> <tbody> <tr><td>Less than 1</td><td>0</td><td>2</td></tr> <tr><td>1 to 2</td><td>2</td><td>4</td></tr> <tr><td>2 to 3</td><td>3</td><td>8</td></tr> <tr><td>3 to 4</td><td>8</td><td>8</td></tr> <tr><td>4 to 5</td><td>13</td><td>8</td></tr> <tr><td>5 to 6</td><td>10</td><td>16</td></tr> <tr><td>6 to 7</td><td>15</td><td>16</td></tr> <tr><td>7 to 8</td><td>20</td><td>16</td></tr> <tr><td>8 to 9</td><td>25</td><td>16</td></tr> <tr><td>9 to 10</td><td>30</td><td>16</td></tr> <tr><td>10 and over</td><td>26</td><td>26</td></tr> </tbody> </table> |             | Weeks                    | Weeks                   | Less than 1       | 0                                  | 2                                                                                            | 1 to 2                                                   | 2                                                       | 4                                     | 2 to 3         | 3                 | 8               | 3 to 4 | 8 | 8 | 4 to 5 | 13 | 8 | 5 to 6 | 10 | 16 | 6 to 7 | 15 | 16 | 7 to 8 | 20 | 16 | 8 to 9 | 25 | 16 | 9 to 10 | 30 | 16 | 10 and over | 26 | 26 |  |  |  |  |  |  |  |  |  |  |  |
| Weeks                          | Weeks                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |             |                          |                         |                   |                                    |                                                                                              |                                                          |                                                         |                                       |                |                   |                 |        |   |   |        |    |   |        |    |    |        |    |    |        |    |    |        |    |    |         |    |    |             |    |    |  |  |  |  |  |  |  |  |  |  |  |
| Less than 1                    | 0                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | 2           |                          |                         |                   |                                    |                                                                                              |                                                          |                                                         |                                       |                |                   |                 |        |   |   |        |    |   |        |    |    |        |    |    |        |    |    |        |    |    |         |    |    |             |    |    |  |  |  |  |  |  |  |  |  |  |  |
| 1 to 2                         | 2                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | 4           |                          |                         |                   |                                    |                                                                                              |                                                          |                                                         |                                       |                |                   |                 |        |   |   |        |    |   |        |    |    |        |    |    |        |    |    |        |    |    |         |    |    |             |    |    |  |  |  |  |  |  |  |  |  |  |  |
| 2 to 3                         | 3                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | 8           |                          |                         |                   |                                    |                                                                                              |                                                          |                                                         |                                       |                |                   |                 |        |   |   |        |    |   |        |    |    |        |    |    |        |    |    |        |    |    |         |    |    |             |    |    |  |  |  |  |  |  |  |  |  |  |  |
| 3 to 4                         | 8                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | 8           |                          |                         |                   |                                    |                                                                                              |                                                          |                                                         |                                       |                |                   |                 |        |   |   |        |    |   |        |    |    |        |    |    |        |    |    |        |    |    |         |    |    |             |    |    |  |  |  |  |  |  |  |  |  |  |  |
| 4 to 5                         | 13                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | 8           |                          |                         |                   |                                    |                                                                                              |                                                          |                                                         |                                       |                |                   |                 |        |   |   |        |    |   |        |    |    |        |    |    |        |    |    |        |    |    |         |    |    |             |    |    |  |  |  |  |  |  |  |  |  |  |  |
| 5 to 6                         | 10                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | 16          |                          |                         |                   |                                    |                                                                                              |                                                          |                                                         |                                       |                |                   |                 |        |   |   |        |    |   |        |    |    |        |    |    |        |    |    |        |    |    |         |    |    |             |    |    |  |  |  |  |  |  |  |  |  |  |  |
| 6 to 7                         | 15                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | 16          |                          |                         |                   |                                    |                                                                                              |                                                          |                                                         |                                       |                |                   |                 |        |   |   |        |    |   |        |    |    |        |    |    |        |    |    |        |    |    |         |    |    |             |    |    |  |  |  |  |  |  |  |  |  |  |  |
| 7 to 8                         | 20                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | 16          |                          |                         |                   |                                    |                                                                                              |                                                          |                                                         |                                       |                |                   |                 |        |   |   |        |    |   |        |    |    |        |    |    |        |    |    |        |    |    |         |    |    |             |    |    |  |  |  |  |  |  |  |  |  |  |  |
| 8 to 9                         | 25                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | 16          |                          |                         |                   |                                    |                                                                                              |                                                          |                                                         |                                       |                |                   |                 |        |   |   |        |    |   |        |    |    |        |    |    |        |    |    |        |    |    |         |    |    |             |    |    |  |  |  |  |  |  |  |  |  |  |  |
| 9 to 10                        | 30                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | 16          |                          |                         |                   |                                    |                                                                                              |                                                          |                                                         |                                       |                |                   |                 |        |   |   |        |    |   |        |    |    |        |    |    |        |    |    |        |    |    |         |    |    |             |    |    |  |  |  |  |  |  |  |  |  |  |  |
| 10 and over                    | 26                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | 26          |                          |                         |                   |                                    |                                                                                              |                                                          |                                                         |                                       |                |                   |                 |        |   |   |        |    |   |        |    |    |        |    |    |        |    |    |        |    |    |         |    |    |             |    |    |  |  |  |  |  |  |  |  |  |  |  |
| Retired employee and dependent |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |             |                          |                         |                   |                                    |                                                                                              |                                                          |                                                         |                                       |                |                   |                 |        |   |   |        |    |   |        |    |    |        |    |    |        |    |    |        |    |    |         |    |    |             |    |    |  |  |  |  |  |  |  |  |  |  |  |
|                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |             | Same as above.           | Same as above.          | Same as above.    | Same as above.                     | Same as above.                                                                               | —                                                        | Same as above.                                          | Same as above.                        | Same as above. | Same as above.    | —               |        |   |   |        |    |   |        |    |    |        |    |    |        |    |    |        |    |    |         |    |    |             |    |    |  |  |  |  |  |  |  |  |  |  |  |

<sup>2</sup> Preference beneficiaries benefit for retired employees with 15 or more years of service: \$375 plus a percentage of the number of monthly benefit payments shown in footnote 1, each equal to 37.5 percent of final monthly earnings, dependent on age at death. Percentage of monthly benefit payments is 90 percent if death occurs at age 66, 80 percent at age 67, 70 percent at age 68, 60 percent at age 69, 50 percent at age 70, 40 percent at age 71, 30 percent at age 72, and 25 percent at age 73 and over. If no preference beneficiaries, lump-sum benefit of \$300 is provided in lieu of above.

## Selected Health and Insurance Plans

| Company                          | Medical allowances             |                |                                                                                                    |                |                                   |                                 |                      |                | Other benefits |                                                                                                                                                                                                                            |
|----------------------------------|--------------------------------|----------------|----------------------------------------------------------------------------------------------------|----------------|-----------------------------------|---------------------------------|----------------------|----------------|----------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
|                                  | Home                           | Office         | Hospital                                                                                           | Elsewhere      | Maximum number of visits paid for | Maximum number of days paid for | Maximum compensation | Benefits begin |                | Types and amounts                                                                                                                                                                                                          |
|                                  |                                |                |                                                                                                    |                |                                   |                                 |                      | Sickness       | Accident       |                                                                                                                                                                                                                            |
| Standard Oil Co.<br>(New Jersey) | Employee and dependents        |                |                                                                                                    |                |                                   |                                 |                      |                |                |                                                                                                                                                                                                                            |
|                                  | —                              | —              | 1st 2 days, \$4 per visit; 3d through 21st day, \$4 per day; 22d through 201st day, \$14 per week. | —              | 1st 2 days, 2 per day.            | —                               | \$452                | 1st day.       | 1st day.       | Radiation therapy allowance:<br>(For cases in or out of hospital), \$7.50 per treatment; \$175 per year.<br><br>Electro-shock therapy allowance:<br>(For cases in or out of hospital), \$10 per treatment, \$100 per year. |
|                                  | Retired employee and dependent |                |                                                                                                    |                |                                   |                                 |                      |                |                |                                                                                                                                                                                                                            |
| —                                | —                              | Same as above. | —                                                                                                  | Same as above. | —                                 | Same as above.                  | Same as above.       | Same as above. | Same as above. | Same as above.                                                                                                                                                                                                             |

for Salaried Employees—Continued

| Type of expense subject to deductible | Deductible amount                                             | Accumulation period and its application | Major medical            |                                                     |                |                        |                                                                             | Financing                                                                                                                                                                                                                                                                                                                      |         |
|---------------------------------------|---------------------------------------------------------------|-----------------------------------------|--------------------------|-----------------------------------------------------|----------------|------------------------|-----------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------|
|                                       |                                                               |                                         | Benefit period           |                                                     | Coinsurance    | Maximum benefit        | Reinstatement                                                               | Employee                                                                                                                                                                                                                                                                                                                       | Company |
|                                       |                                                               |                                         | From start of disability | From incurrence of expenses in excess of deductible |                |                        |                                                                             |                                                                                                                                                                                                                                                                                                                                |         |
| Employee and dependents               |                                                               |                                         |                          |                                                     |                |                        |                                                                             |                                                                                                                                                                                                                                                                                                                                |         |
| All.                                  | 2 percent of annual earnings: Minimum, \$100; maximum, \$500. | 6 consecutive months; all disabilities. | —                        | 2 years per disability.                             | 75 percent.    | \$10,000 per lifetime. | After use of \$1,000 of covered expenses and upon evidence of insurability. | <u>Life insurance</u><br>Part I<br>— Full cost.<br>Part II<br>Full cost, \$0.55 per \$1,000 per month.<br><u>Paid sick leave</u><br>— Full cost.<br><u>Hospital, surgical, and medical</u><br>Balance of cost. $\frac{1}{3}$ of cost: Minimum, \$1 per month; maximum, \$3.50 per month.<br><u>Major medical</u><br>Full cost. |         |
| Retired employee and dependent        |                                                               |                                         |                          |                                                     |                |                        |                                                                             |                                                                                                                                                                                                                                                                                                                                |         |
| Same as above.                        | Same as above.                                                | Same as above.                          | —                        | Same as above.                                      | Same as above. | Same as above.         | —                                                                           | <u>Life insurance</u><br>Under age 65:<br>Same as active employee.<br>At age 65:<br>If employee elects to contribute \$1.25 per \$1,000 per month.<br>If employee elects not to contribute.<br>— Full cost.<br><u>Hospital, surgical, medical, and major medical</u><br>Same as for active employee.                           |         |

## Selected Health and Insurance

| Company                                                                                                                                                                             | Eligibility<br>(when new<br>employees<br>become<br>eligible) | Schedule of benefits |                   |                               |                                               |                             | Scope of accidental<br>death and<br>dismemberment |                      | Scope of accident<br>and sickness |                      | Accident and sickness     |                           |                           |                           |                           |   |   |   |                           |                           |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------|----------------------|-------------------|-------------------------------|-----------------------------------------------|-----------------------------|---------------------------------------------------|----------------------|-----------------------------------|----------------------|---------------------------|---------------------------|---------------------------|---------------------------|---------------------------|---|---|---|---------------------------|---------------------------|
|                                                                                                                                                                                     |                                                              | Basis of graduation  | Life<br>insurance | Optional<br>life<br>insurance | Accidental<br>death and<br>dismem-<br>berment | Accident<br>and<br>sickness | Occupa-<br>tional                                 | Nonoccu-<br>pational | Occupa-<br>tional                 | Nonoccu-<br>pational | Maximum<br>duration       | Day benefit begins        |                           |                           |                           |   |   |   |                           |                           |
|                                                                                                                                                                                     |                                                              |                      |                   |                               |                                               |                             |                                                   |                      |                                   |                      |                           | Accident                  | Sickness                  |                           |                           |   |   |   |                           |                           |
| J. P. Stevens and Co.                                                                                                                                                               | After 1<br>month of<br>employ-<br>ment.                      | Employee             |                   |                               |                                               |                             |                                                   |                      |                                   |                      |                           |                           |                           |                           |                           |   |   |   |                           |                           |
|                                                                                                                                                                                     |                                                              | Men                  |                   |                               |                                               |                             | —<br><br>( <sup>1</sup> )                         | X                    | X                                 | —                    | —<br><br>( <sup>1</sup> ) | —<br><br>( <sup>1</sup> ) | —<br><br>( <sup>1</sup> ) | —<br><br>( <sup>1</sup> ) |                           |   |   |   |                           |                           |
|                                                                                                                                                                                     |                                                              | Annual salary:       |                   |                               |                                               |                             |                                                   |                      |                                   |                      |                           |                           |                           |                           |                           |   |   |   |                           |                           |
|                                                                                                                                                                                     |                                                              | Less than \$3,000    | \$5,000           | —                             | \$5,000                                       |                             |                                                   |                      |                                   |                      |                           |                           |                           |                           |                           |   |   |   |                           |                           |
|                                                                                                                                                                                     |                                                              | \$3,000 to \$4,500   | 8,000             | —                             | 8,000                                         |                             |                                                   |                      |                                   |                      |                           |                           |                           |                           |                           |   |   |   |                           |                           |
|                                                                                                                                                                                     |                                                              | \$4,500 to \$7,500   | 11,000            | —                             | 11,000                                        |                             |                                                   |                      |                                   |                      |                           |                           |                           |                           |                           |   |   |   |                           |                           |
|                                                                                                                                                                                     |                                                              | \$7,500 to \$10,000  | 18,000            | —                             | 18,000                                        |                             |                                                   |                      |                                   |                      |                           |                           |                           |                           |                           |   |   |   |                           |                           |
|                                                                                                                                                                                     |                                                              | \$10,000 to \$15,000 | 24,000            | —                             | 24,000                                        |                             |                                                   |                      |                                   |                      |                           |                           |                           |                           |                           |   |   |   |                           |                           |
|                                                                                                                                                                                     |                                                              | \$15,000 to \$20,000 | 32,000            | —                             | 32,000                                        |                             |                                                   |                      |                                   |                      |                           |                           |                           |                           |                           |   |   |   |                           |                           |
|                                                                                                                                                                                     |                                                              | \$20,000 to \$25,000 | 40,000            | —                             | 40,000                                        |                             |                                                   |                      |                                   |                      |                           |                           |                           |                           |                           |   |   |   |                           |                           |
|                                                                                                                                                                                     |                                                              | \$25,000 to \$30,000 | 50,000            | —                             | 40,000                                        |                             |                                                   |                      |                                   |                      |                           |                           |                           |                           |                           |   |   |   |                           |                           |
|                                                                                                                                                                                     |                                                              | \$30,000 to \$40,000 | 60,000            | —                             | 40,000                                        |                             |                                                   |                      |                                   |                      |                           |                           |                           |                           |                           |   |   |   |                           |                           |
|                                                                                                                                                                                     |                                                              | \$40,000 to \$50,000 | 80,000            | —                             | 40,000                                        |                             |                                                   |                      |                                   |                      |                           |                           |                           |                           |                           |   |   |   |                           |                           |
|                                                                                                                                                                                     |                                                              | \$50,000 and over    | 100,000           | —                             | 40,000                                        |                             |                                                   |                      |                                   |                      |                           |                           |                           |                           |                           |   |   |   |                           |                           |
|                                                                                                                                                                                     |                                                              | Women                |                   |                               |                                               |                             |                                                   |                      |                                   |                      |                           |                           |                           |                           | —<br><br>( <sup>1</sup> ) | X | X | — | —<br><br>( <sup>1</sup> ) | —<br><br>( <sup>1</sup> ) |
| Annual salary:                                                                                                                                                                      |                                                              |                      |                   |                               |                                               |                             |                                                   |                      |                                   |                      |                           |                           |                           |                           |                           |   |   |   |                           |                           |
| Less than \$2,500                                                                                                                                                                   | \$2,500                                                      | —                    | \$2,500           |                               |                                               |                             |                                                   |                      |                                   |                      |                           |                           |                           |                           |                           |   |   |   |                           |                           |
| \$2,500 to \$3,000                                                                                                                                                                  | 3,000                                                        | —                    | 3,000             |                               |                                               |                             |                                                   |                      |                                   |                      |                           |                           |                           |                           |                           |   |   |   |                           |                           |
| \$3,000 to \$4,500                                                                                                                                                                  | 4,000                                                        | —                    | 4,000             |                               |                                               |                             |                                                   |                      |                                   |                      |                           |                           |                           |                           |                           |   |   |   |                           |                           |
| \$4,500 to \$7,500                                                                                                                                                                  | 5,000                                                        | —                    | 5,000             |                               |                                               |                             |                                                   |                      |                                   |                      |                           |                           |                           |                           |                           |   |   |   |                           |                           |
| \$7,500 to \$10,000                                                                                                                                                                 | 7,500                                                        | —                    | 7,500             |                               |                                               |                             |                                                   |                      |                                   |                      |                           |                           |                           |                           |                           |   |   |   |                           |                           |
| \$10,000 and over                                                                                                                                                                   | 10,000                                                       | —                    | 10,000            |                               |                                               |                             |                                                   |                      |                                   |                      |                           |                           |                           |                           |                           |   |   |   |                           |                           |
| Retired employee                                                                                                                                                                    |                                                              |                      |                   |                               |                                               |                             |                                                   |                      |                                   |                      |                           |                           |                           |                           |                           |   |   |   |                           |                           |
| Amount in effect prior to retire-<br>ment reduced 10 percent on July 1<br>following retirement and 10 per-<br>cent annually thereafter until<br>amount equals \$1,500. <sup>3</sup> |                                                              | —                    | —                 | —                             | —                                             | —                           | —                                                 | —                    | —                                 | —                    | —                         | —                         |                           |                           |                           |   |   |   |                           |                           |

<sup>1</sup> Accident and sickness benefit not provided for majority of employees, workers in New York are covered by the State temporary disability law. For a detailed summary of the benefits provided under this law see BLS Bulletin 1330 (op. cit.).

Plans for Salaried Employees

| Sick leave       |                       |             | Hospital benefits              |                         |                   |              |                    |                                                               | Income limits for service surgical and medical benefits | Surgical benefits                     |                |                   |                  |
|------------------|-----------------------|-------------|--------------------------------|-------------------------|-------------------|--------------|--------------------|---------------------------------------------------------------|---------------------------------------------------------|---------------------------------------|----------------|-------------------|------------------|
| Years of service | Days benefit per year |             | Daily benefit or service       | Maximum duration (days) | Extended coverage |              | Ancillary services | Maternity benefit                                             |                                                         | Emergency out-patient care or service | Most-expensive | Appen-<br>dectomy | Normal delivery  |
|                  | At half pay           | At full pay |                                |                         | Days              | Daily amount |                    |                                                               |                                                         |                                       |                |                   |                  |
| Employee         |                       |             | Employee and dependents        |                         |                   |              |                    |                                                               |                                                         |                                       |                |                   |                  |
| —                | —                     | —           | \$15                           | 31                      | —                 | —            | \$150              | \$15 per day for 10 days; specified ancillary services, \$50. | ( <sup>2</sup> )                                        | —                                     | \$300          | \$150             | ( <sup>2</sup> ) |
|                  |                       |             | Retired employee and dependent |                         |                   |              |                    |                                                               |                                                         |                                       |                |                   |                  |
| —                | —                     | —           | —                              | —                       | —                 | —            | —                  | —                                                             | —                                                       | —                                     | —              | —                 | —                |

<sup>2</sup> Lump-sum allowance of \$275 provided in lieu of regular hospital and surgical benefits.

<sup>3</sup> If retired employee does not elect to contribute to cost of insurance, amount in effect reduced to \$1,500 immediately upon retirement.

Selected Health and Insurance Plans

| Company               | Medical allowances             |        |          |           |                                   |                                 |                      |                | Other benefits |                   |
|-----------------------|--------------------------------|--------|----------|-----------|-----------------------------------|---------------------------------|----------------------|----------------|----------------|-------------------|
|                       | Home                           | Office | Hospital | Elsewhere | Maximum number of visits paid for | Maximum number of days paid for | Maximum compensation | Benefits begin |                | Types and amounts |
|                       |                                |        |          |           |                                   |                                 |                      | Sickness       | Accident       |                   |
| J. P. Stevens and Co. | Employee and dependents        |        |          |           |                                   |                                 |                      |                |                |                   |
|                       | —                              | —      | —        | —         | —                                 | —                               | —                    | —              | —              | —                 |
| J. P. Stevens and Co. | Retired employee and dependent |        |          |           |                                   |                                 |                      |                |                |                   |
|                       | —                              | —      | —        | —         | —                                 | —                               | —                    | —              | —              | —                 |

for Salaried Employees—Continued

| Type of expense subject to deductible | Deductible amount | Accumulation period and its application | Major medical            |                                                     |             |                              |                                                                  | Financing                                                                                                                                                                  |         |
|---------------------------------------|-------------------|-----------------------------------------|--------------------------|-----------------------------------------------------|-------------|------------------------------|------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------|
|                                       |                   |                                         | Benefit period           |                                                     | Coinsurance | Maximum benefit              | Reinstatement                                                    | Employee                                                                                                                                                                   | Company |
|                                       |                   |                                         | From start of disability | From incurrence of expenses in excess of deductible |             |                              |                                                                  |                                                                                                                                                                            |         |
| Employee and dependents               |                   |                                         |                          |                                                     |             |                              |                                                                  |                                                                                                                                                                            |         |
| All.                                  | \$ 150            | 12 months; all disabilities.            | —                        | 12 months; all disabilities.                        | 75 percent. | \$10,000 per benefit period. | After use of \$2,000 of expenses; upon evidence of insurability. | <u>Life insurance</u><br>\$0.60 per \$1,000 per month. Balance of cost.                                                                                                    |         |
|                                       |                   |                                         |                          |                                                     |             |                              |                                                                  | <u>Other benefits</u><br><u>Monthly contribution</u><br>Employee ----- \$ 2.71<br>Employee and dependent ----- 6.79 Balance of cost.<br>Employee and all dependents.. 8.90 |         |
| Retired employee and dependent        |                   |                                         |                          |                                                     |             |                              |                                                                  |                                                                                                                                                                            |         |
| —                                     | —                 | —                                       | —                        | —                                                   | —           | —                            | —                                                                | <u>Life insurance</u><br>1st \$1,500<br>— Full cost.<br>Amount in excess of \$1,500<br>\$0.60 per \$1,000 per month. Balance of cost.                                      |         |

Selected Health and Insurance

| Company     | Eligibility (when new employees become eligible)                                                                                                                                                        | Schedule of benefits                                                                 |                  |                         |                                    |                       | Scope of accidental death and dismemberment |                 | Scope of accident and sickness |                 | Accident and sickness |                    |          |
|-------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------|------------------|-------------------------|------------------------------------|-----------------------|---------------------------------------------|-----------------|--------------------------------|-----------------|-----------------------|--------------------|----------|
|             |                                                                                                                                                                                                         | Basis of graduation                                                                  | Life insurance   | Optional life insurance | Accidental death and dismemberment | Accident and sickness | Occupational                                | Nonoccupational | Occupational                   | Nonoccupational | Maximum duration      | Day benefit begins |          |
|             |                                                                                                                                                                                                         |                                                                                      |                  |                         |                                    |                       |                                             |                 |                                |                 |                       | Accident           | Sickness |
| Swift & Co. | Life insurance: Immediately or 1st of following month.<br>Paid sick leave: After 1 year of employment.<br>Other benefits: After 6 months of employment.                                                 | Employee                                                                             |                  |                         |                                    |                       |                                             |                 |                                |                 |                       |                    |          |
|             |                                                                                                                                                                                                         | <u>Combination of term and paid-up insurance</u>                                     |                  | —                       | —                                  | —                     | —                                           | —               | —                              | —               | —                     | —                  | —        |
|             |                                                                                                                                                                                                         | Annual earnings:<br>Less than \$1,500<br>\$1,500 to \$2,500<br>etc. in increments of | \$1,000<br>2,000 |                         |                                    |                       |                                             |                 |                                |                 |                       |                    |          |
|             | Paid sick leave:<br>After 1 year of employment.<br>\$1,000 to<br>\$7,500 to \$8,500<br>\$8,500 to \$9,000<br>\$9,000 to \$9,500<br>\$9,500 to \$10,000<br>\$10,000 to \$11,000<br>etc. in increments of | 1,000 to<br>8,000<br>10,500<br>11,500<br>13,500<br>15,000                            |                  |                         |                                    |                       |                                             |                 |                                |                 |                       |                    |          |
|             | Other benefits:<br>After 6 months of employment.<br>\$1,000 to<br>\$27,000 and over<br>( <sup>1</sup> )                                                                                                 | 1,500 to<br>40,000<br>( <sup>1</sup> )                                               |                  |                         |                                    |                       |                                             |                 |                                |                 |                       |                    |          |
|             |                                                                                                                                                                                                         | Retired employee                                                                     |                  |                         |                                    |                       |                                             |                 |                                |                 |                       |                    |          |
|             | Amount of paid-up insurance in effect immediately prior to retirement.                                                                                                                                  | —                                                                                    | —                | —                       | —                                  | —                     | —                                           | —               | —                              | —               | —                     | —                  |          |

<sup>1</sup> Additional death benefit of 2 weeks salary provided widows of employees with less than 3 years of service, widows of employees with 3 or more years of service receive 1 week of salary for each year of service to a maximum of 20 weeks of salary. If 20 or more years of service, and widow is eligible for widow's pension, death benefit of 8 weeks of salary provided.

## Plans for Salaried Employees

| Sick leave       |                       |                                                      | Hospital benefits              |                         |                   |              |                                                             |                                                                          | Income limits for service surgical and medical benefits | Surgical benefits                     |                |                   |                 |
|------------------|-----------------------|------------------------------------------------------|--------------------------------|-------------------------|-------------------|--------------|-------------------------------------------------------------|--------------------------------------------------------------------------|---------------------------------------------------------|---------------------------------------|----------------|-------------------|-----------------|
| Years of service | Days benefit per year |                                                      | Daily benefit or service       | Maximum duration (days) | Extended coverage |              | Ancillary services                                          | Maternity benefit                                                        |                                                         | Emergency out-patient care or service | Most-expensive | Appen-<br>dectomy | Normal delivery |
|                  | At half pay           | At full pay                                          |                                |                         | Days              | Daily amount |                                                             |                                                                          |                                                         |                                       |                |                   |                 |
| Employee         |                       |                                                      | Employee and dependents        |                         |                   |              |                                                             |                                                                          |                                                         |                                       |                |                   |                 |
| 1 to 9           | —                     | 8 weeks.                                             | Semiprivate room.              | 70                      | —                 | —            | Full cost of specified services.                            | Semiprivate room for 70 days, full cost of specified ancillary services. | Required services provided.                             | —                                     | \$300          | \$150             | \$90            |
| 9 and over       | —                     | 1 week for each year of service.<br>( <sup>2</sup> ) |                                |                         |                   |              |                                                             |                                                                          |                                                         |                                       |                |                   |                 |
|                  |                       |                                                      | Retired employee and dependent |                         |                   |              |                                                             |                                                                          |                                                         |                                       |                |                   |                 |
|                  |                       |                                                      | Semiprivate room.              | 120 per life-time.      | —                 | —            | Full cost of specified services for 120 days per life-time. | —                                                                        | Same as above.                                          | —                                     | Same as above. | Same as above.    | —               |

<sup>2</sup> For an occupational disability the company pays the difference between the workmen's compensation benefit and full salary. Maternity allowance is equal to 5 weeks of salary, plus 1 week for each year of service over 5 years, to a maximum of 8 weeks of benefits.

Selected Health and Insurance Plans

| Company     | Medical allowances             |        |                                                    |           |                                   |                                 |                       |                |                | Other benefits                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |
|-------------|--------------------------------|--------|----------------------------------------------------|-----------|-----------------------------------|---------------------------------|-----------------------|----------------|----------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
|             | Home                           | Office | Hospital                                           | Elsewhere | Maximum number of visits paid for | Maximum number of days paid for | Maximum compensation  | Benefits begin |                | Types and amounts                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |
|             |                                |        |                                                    |           |                                   |                                 |                       | Sickness       | Accident       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |
| Swift & Co. | Employee and dependents        |        |                                                    |           |                                   |                                 |                       |                |                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |
|             | —                              | —      | 1st day \$10; thereafter, \$ <sup>3</sup> per day. | —         | 1 per day.                        | 70 per disability.              | \$217 per disability. | 1st day.       | 1st day.       | <p>Polio allowance: (In addition to other plan benefits for expenses incurred within 3 years of 1st treatment), \$5,000.</p> <p>Anesthesia allowance: (For cases in or out of hospital), greater of 20 percent of benefit payable for operation and \$20.</p> <p>Diagnostic X-ray and laboratory examination allowance: (For non-hospitalized cases), \$50 for any one accident and \$50 for all sicknesses during any 6-month period.</p> <p>X-ray and radium therapy: \$300 per disability.</p> |
|             | Retired employee and dependent |        |                                                    |           |                                   |                                 |                       |                |                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |
|             | —                              | —      | Same as above.                                     | —         | Same as above.                    | 120 per lifetime.               | \$367 per lifetime.   | Same as above. | Same as above. | <p>Anesthesia allowance: (For cases in or out of hospital), greater of 15 percent of benefit payable for operation and \$15.</p>                                                                                                                                                                                                                                                                                                                                                                  |

<sup>3</sup> After age 45 employees contributions allocated toward the purchase of paid-up and reducing term insurance.

for Salaried Employees—Continued

| Major medical                         |                    |                                                   |                          |                                                     |                |                                                                                                                         |                                                          | Financing                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                |                    |  |                   |        |                  |               |     |               |     |                  |      |  |
|---------------------------------------|--------------------|---------------------------------------------------|--------------------------|-----------------------------------------------------|----------------|-------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------|--------------------|--|-------------------|--------|------------------|---------------|-----|---------------|-----|------------------|------|--|
| Type of expense subject to deductible | Deductible amount  | Accumulation period and its application           | Benefit period           |                                                     | Coinsurance    | Maximum benefit                                                                                                         | Reinstatement                                            | Employee                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | Company                        |                    |  |                   |        |                  |               |     |               |     |                  |      |  |
|                                       |                    |                                                   | From start of disability | From incurrence of expenses in excess of deductible |                |                                                                                                                         |                                                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                |                    |  |                   |        |                  |               |     |               |     |                  |      |  |
| Employee and dependents               |                    |                                                   |                          |                                                     |                |                                                                                                                         |                                                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                |                    |  |                   |        |                  |               |     |               |     |                  |      |  |
| All.                                  | \$100              | Calendar year, plus carry over; all disabilities. | —                        | Calendar year; all disabilities.                    | 80 percent.    | \$10,000 per lifetime.<br><br>Exception: Out-of-hospital psychiatric care; maximum, \$20 per visit; 40 visits per year. | After \$1,000 of expenses upon evidence of insurability. | <p><u>Life insurance</u></p> <table border="0"> <tr> <td>Plan entry age:</td> <td>Per \$1,000 weekly</td> <td></td> </tr> <tr> <td>36 and under.....</td> <td>\$0.15</td> <td rowspan="4">Balance of cost.</td> </tr> <tr> <td>36 to 40.....</td> <td>.16</td> </tr> <tr> <td>41 to 44.....</td> <td>.18</td> </tr> <tr> <td>45 and over.....</td> <td>3.30</td> </tr> </table> <p><u>Major medical</u></p> <p>Full cost.</p> <p><u>Other benefits</u></p> <p>Full cost.</p> | Plan entry age:                | Per \$1,000 weekly |  | 36 and under..... | \$0.15 | Balance of cost. | 36 to 40..... | .16 | 41 to 44..... | .18 | 45 and over..... | 3.30 |  |
| Plan entry age:                       | Per \$1,000 weekly |                                                   |                          |                                                     |                |                                                                                                                         |                                                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                |                    |  |                   |        |                  |               |     |               |     |                  |      |  |
| 36 and under.....                     | \$0.15             | Balance of cost.                                  |                          |                                                     |                |                                                                                                                         |                                                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                |                    |  |                   |        |                  |               |     |               |     |                  |      |  |
| 36 to 40.....                         | .16                |                                                   |                          |                                                     |                |                                                                                                                         |                                                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                |                    |  |                   |        |                  |               |     |               |     |                  |      |  |
| 41 to 44.....                         | .18                |                                                   |                          |                                                     |                |                                                                                                                         |                                                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                |                    |  |                   |        |                  |               |     |               |     |                  |      |  |
| 45 and over.....                      | 3.30               |                                                   |                          |                                                     |                |                                                                                                                         |                                                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                |                    |  |                   |        |                  |               |     |               |     |                  |      |  |
| Retired employee and dependent        |                    |                                                   |                          |                                                     |                |                                                                                                                         |                                                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                |                    |  |                   |        |                  |               |     |               |     |                  |      |  |
| All.                                  | \$200              | Same as above.                                    | —                        | Same as above.                                      | Same as above. | Lesser of: Residual benefit, or \$5,000 per lifetime; minimum, \$2,500 per lifetime.                                    | —                                                        | <p><u>Major medical</u></p> <p>Full cost.</p> <p><u>Hospital, surgical, and medical</u></p> <p>One-half cost.</p>                                                                                                                                                                                                                                                                                                                                                            | <p>—</p> <p>One-half cost.</p> |                    |  |                   |        |                  |               |     |               |     |                  |      |  |

## Selected Health and Insurance

| Company                             | Eligibility<br>(when new<br>employees<br>become<br>eligible) | Schedule of benefits                                                 |                                                                                                            |                               |                                               |                                                                                                                        | Scope of accidental<br>death and<br>dismemberment |                      | Scope of accident<br>and<br>sickness |                      | Accident and sickness                    |                    |          |  |
|-------------------------------------|--------------------------------------------------------------|----------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------|-------------------------------|-----------------------------------------------|------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------|----------------------|--------------------------------------|----------------------|------------------------------------------|--------------------|----------|--|
|                                     |                                                              | Basis of graduation                                                  | Life<br>insurance                                                                                          | Optional<br>life<br>insurance | Accidental<br>death and<br>dismem-<br>berment | Accident<br>and<br>sickness                                                                                            | Occupational                                      | Nonoccu-<br>pational | Occupational                         | Nonoccu-<br>pational | Maximum<br>duration                      | Day benefit begins |          |  |
|                                     |                                                              |                                                                      |                                                                                                            |                               |                                               |                                                                                                                        |                                                   |                      |                                      |                      |                                          | Accident           | Sickness |  |
| Thompson, Ramo-<br>Wooldridge, Inc. | Immedi-<br>ately or<br>1st of<br>following<br>month.         | Employee                                                             |                                                                                                            |                               |                                               |                                                                                                                        |                                                   |                      |                                      |                      |                                          |                    |          |  |
|                                     |                                                              | Annual earnings:                                                     |                                                                                                            | —                             |                                               |                                                                                                                        | X                                                 | X                    | —                                    | X                    | 26 weeks <sup>2</sup> per<br>disability. | 1st.               | 8th.     |  |
|                                     |                                                              | Less than \$1,500                                                    | <sup>1</sup> \$1,500                                                                                       |                               | <sup>1</sup> \$1,500                          | Nonexec-<br>utives: <sup>2</sup> / <sub>3</sub><br>of weekly<br>salary;<br>maximum,<br>\$50; ex-<br>ecutives,<br>\$50. |                                                   |                      |                                      |                      |                                          |                    |          |  |
|                                     |                                                              | \$1,500 to \$2,500                                                   | <sup>1</sup> 2,000                                                                                         |                               | <sup>1</sup> 2,000                            |                                                                                                                        |                                                   |                      |                                      |                      |                                          |                    |          |  |
|                                     |                                                              | \$2,500 to \$3,500                                                   | <sup>1</sup> 3,000                                                                                         |                               | <sup>1</sup> 3,000                            |                                                                                                                        |                                                   |                      |                                      |                      |                                          |                    |          |  |
|                                     |                                                              | \$3,500 to \$4,500                                                   | <sup>1</sup> 5,000                                                                                         |                               | <sup>1</sup> 5,000                            |                                                                                                                        |                                                   |                      |                                      |                      |                                          |                    |          |  |
|                                     |                                                              | \$4,500 to \$5,500                                                   | 7,500                                                                                                      |                               | 7,500                                         |                                                                                                                        |                                                   |                      |                                      |                      |                                          |                    |          |  |
|                                     |                                                              | \$5,500 to \$6,500                                                   | 10,000                                                                                                     |                               | 10,000                                        |                                                                                                                        |                                                   |                      |                                      |                      |                                          |                    |          |  |
|                                     |                                                              | \$6,500 to \$8,000                                                   | 15,000                                                                                                     |                               | 15,000                                        |                                                                                                                        |                                                   |                      |                                      |                      |                                          |                    |          |  |
|                                     |                                                              | \$8,000 to \$10,000                                                  | 20,000                                                                                                     |                               | 20,000                                        |                                                                                                                        |                                                   |                      |                                      |                      |                                          |                    |          |  |
|                                     |                                                              | \$10,000 to \$15,000                                                 | 25,000                                                                                                     |                               | 20,000                                        |                                                                                                                        |                                                   |                      |                                      |                      |                                          |                    |          |  |
|                                     |                                                              | \$15,000 and over                                                    | 30,000                                                                                                     |                               | 20,000                                        |                                                                                                                        |                                                   |                      |                                      |                      |                                          |                    |          |  |
|                                     |                                                              | Retired employee                                                     |                                                                                                            |                               |                                               |                                                                                                                        |                                                   |                      |                                      |                      |                                          |                    |          |  |
|                                     |                                                              | Insurance in effect immediately<br>prior to retirement. <sup>3</sup> | —                                                                                                          | —                             | —                                             | —                                                                                                                      | —                                                 | —                    | —                                    | —                    | —                                        | —                  | —        |  |
|                                     |                                                              | Insurance in effect:                                                 | <u>Amount<br/>continued</u>                                                                                |                               |                                               |                                                                                                                        |                                                   |                      |                                      |                      |                                          |                    |          |  |
|                                     |                                                              | \$1,000 but less than<br>\$2,000                                     | \$1,000                                                                                                    |                               |                                               |                                                                                                                        |                                                   |                      |                                      |                      |                                          |                    |          |  |
|                                     |                                                              | \$2,000 but less than<br>\$2,500                                     | 1,100                                                                                                      |                               |                                               |                                                                                                                        |                                                   |                      |                                      |                      |                                          |                    |          |  |
|                                     |                                                              | \$2,500 but less than<br>\$3,000                                     | 1,150                                                                                                      |                               |                                               |                                                                                                                        |                                                   |                      |                                      |                      |                                          |                    |          |  |
|                                     |                                                              | \$3,000 but less than<br>\$4,000                                     | 1,200                                                                                                      |                               |                                               |                                                                                                                        |                                                   |                      |                                      |                      |                                          |                    |          |  |
|                                     |                                                              | \$4,000 but less than<br>\$5,000                                     | 1,300                                                                                                      |                               |                                               |                                                                                                                        |                                                   |                      |                                      |                      |                                          |                    |          |  |
|                                     |                                                              | \$5,000 but less than<br>\$7,500                                     | 1,400                                                                                                      |                               |                                               |                                                                                                                        |                                                   |                      |                                      |                      |                                          |                    |          |  |
|                                     |                                                              | \$7,500                                                              | 1,900                                                                                                      |                               |                                               |                                                                                                                        |                                                   |                      |                                      |                      |                                          |                    |          |  |
|                                     |                                                              | More than \$7,500                                                    | 25 percent<br>of amount<br>of insur-<br>ance in<br>effect im-<br>mediately<br>prior to<br>retire-<br>ment. |                               |                                               |                                                                                                                        |                                                   |                      |                                      |                      |                                          |                    |          |  |

<sup>1</sup> Women earning less than \$3,500 annually are provided \$1,500 insurance; those earning from \$3,500 to \$4,500 are provided \$2,500 insurance; thereafter, women are provided the same benefit as men.

Plans for Salaried Employees

| Sick leave       |                       |             | Hospital benefits              |                         |                   |              |                                            |                                                                                         | Income limits for service surgical and medical benefits | Surgical benefits                     |                |                   |                 |
|------------------|-----------------------|-------------|--------------------------------|-------------------------|-------------------|--------------|--------------------------------------------|-----------------------------------------------------------------------------------------|---------------------------------------------------------|---------------------------------------|----------------|-------------------|-----------------|
| Years of service | Days benefit per year |             | Daily benefit or service       | Maximum duration (days) | Extended coverage |              | Ancillary services                         | Maternity benefit                                                                       |                                                         | Emergency out-patient care or service | Most-expensive | Appen-<br>dectomy | Normal delivery |
|                  | At half pay           | At full pay |                                |                         | Days              | Daily amount |                                            |                                                                                         |                                                         |                                       |                |                   |                 |
| Employee         |                       |             | Employee and dependents        |                         |                   |              |                                            |                                                                                         |                                                         |                                       |                |                   |                 |
| —                | —                     | —           | Semiprivate room.              | 730                     | —                 | —            | Full cost of specified ancillary services. | Semiprivate room and board for 730 days plus full cost of specified ancillary services. | Required services provided.                             | —                                     | \$300          | \$150             | \$75            |
|                  |                       |             | Retired employee and dependent |                         |                   |              |                                            |                                                                                         |                                                         |                                       |                |                   |                 |
| —                | —                     | —           | —                              | —                       | —                 | —            | —                                          | —                                                                                       | —                                                       | —                                     | —              | —                 | —               |

<sup>2</sup> Maternity accident and sickness benefit payments limited to 6 weeks.  
<sup>3</sup> For employees retiring at age 65 or between age 55 and 65 with 5 years of service.

## Selected Health and Insurance Plans

| Company                         | Medical allowances             |        |              |           |                                   |                                 |                      |                |          | Other benefits    |
|---------------------------------|--------------------------------|--------|--------------|-----------|-----------------------------------|---------------------------------|----------------------|----------------|----------|-------------------|
|                                 | Home                           | Office | Hospital     | Elsewhere | Maximum number of visits paid for | Maximum number of days paid for | Maximum compensation | Benefits begin |          | Types and amounts |
|                                 |                                |        |              |           |                                   |                                 |                      | Sickness       | Accident |                   |
| Thompson, Ramo-Wooldridge, Inc. | Employee and dependents        |        |              |           |                                   |                                 |                      |                |          |                   |
|                                 | —                              | —      | \$3 per day. | —         | —                                 | 90                              | \$270                | 1st day.       | 1st day. | —                 |
|                                 | Retired employee and dependent |        |              |           |                                   |                                 |                      |                |          |                   |
|                                 | —                              | —      | —            | —         | —                                 | —                               | —                    | —              | —        | —                 |

<sup>4</sup> Out-of-hospital psychiatric care is not a covered expense.

for Salaried Employees—Continued

| Major medical                         |                   |                                                          |                          |                                                     |                          |                   |                                                                    | Financing                                                                            |                                                             |
|---------------------------------------|-------------------|----------------------------------------------------------|--------------------------|-----------------------------------------------------|--------------------------|-------------------|--------------------------------------------------------------------|--------------------------------------------------------------------------------------|-------------------------------------------------------------|
| Type of expense subject to deductible | Deductible amount | Accumulation period and its application                  | Benefit period           |                                                     | Coinsurance              | Maximum benefit   | Reinstatement                                                      | Employee                                                                             | Company                                                     |
|                                       |                   |                                                          | From start of disability | From incurrence of expenses in excess of deductible |                          |                   |                                                                    |                                                                                      |                                                             |
| Employee and dependents               |                   |                                                          |                          |                                                     |                          |                   |                                                                    |                                                                                      |                                                             |
| All. <sup>4</sup>                     | \$100             | Calendar year, plus 3-month carryover; all disabilities. | —                        | Calendar year; all disabilities.                    | 80 percent. <sup>4</sup> | \$5,000 per year. | After use of \$1,000 of expense and upon evidence of insurability. | <u>Life insurance and accidental death and dismemberment</u><br>\$0.54 per thousand. | Balance of cost.<br><br><u>Other benefits</u><br>Full cost. |
| Retired employee and dependent        |                   |                                                          |                          |                                                     |                          |                   |                                                                    |                                                                                      |                                                             |
| —                                     | —                 | —                                                        | —                        | —                                                   | —                        | —                 | —                                                                  | <u>Life insurance</u><br>Same as active employee.                                    | Balance of cost.                                            |

## Selected Health and Insurance

| Company             | Eligibility<br>(when new<br>employees<br>become<br>eligible)                                                                                             | Schedule of benefits                                                          |                                                                                                                                               |                               |                                               |                             | Scope of accidental<br>death and<br>dismemberment |                      | Scope of accident<br>and sickness |                      | Accident and sickness       |                    |          |
|---------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------|-----------------------------------------------|-----------------------------|---------------------------------------------------|----------------------|-----------------------------------|----------------------|-----------------------------|--------------------|----------|
|                     |                                                                                                                                                          | Basis of graduation                                                           | Life<br>insurance                                                                                                                             | Optional<br>life<br>insurance | Accidental<br>death and<br>dismem-<br>berment | Accident<br>and<br>sickness | Occupational                                      | Nonoccu-<br>pational | Occupational                      | Nonoccu-<br>pational | Maximum<br>duration         | Day benefit begins |          |
|                     |                                                                                                                                                          |                                                                               |                                                                                                                                               |                               |                                               |                             |                                                   |                      |                                   |                      |                             | Accident           | Sickness |
| Time, Inc.          | Optional<br>life insur-<br>ance: 5<br>years.<br><br>Other ben-<br>efits: Im-<br>mediately<br>or 1st of<br>following<br>month.                            | Employee                                                                      |                                                                                                                                               |                               |                                               |                             |                                                   |                      |                                   |                      |                             |                    |          |
|                     |                                                                                                                                                          | Annual earnings:                                                              |                                                                                                                                               |                               |                                               |                             |                                                   |                      |                                   |                      |                             |                    |          |
|                     |                                                                                                                                                          | Less than \$1,500.                                                            | \$2,000                                                                                                                                       | \$1,000                       | \$1,000                                       | —                           | X                                                 | X                    | —                                 | —                    |                             |                    |          |
|                     |                                                                                                                                                          | \$1,500 to \$2,500<br>etc. in increments of—                                  | 4,000                                                                                                                                         | 2,000                         | 2,000                                         |                             |                                                   |                      |                                   |                      |                             |                    |          |
| Union Carbide Corp. | Accident<br>and sick-<br>ness: After<br>2 months<br>of employ-<br>ment.<br><br>Other ben-<br>efits: Im-<br>mediately<br>or 1st of<br>following<br>month. | Employee                                                                      |                                                                                                                                               |                               |                                               |                             |                                                   |                      |                                   |                      |                             |                    |          |
|                     |                                                                                                                                                          | Annual earnings: <sup>3</sup>                                                 |                                                                                                                                               |                               |                                               |                             |                                                   |                      |                                   |                      |                             |                    |          |
|                     |                                                                                                                                                          | Less than \$3,000.01                                                          | \$6,000                                                                                                                                       | —                             | —                                             | \$40                        | —                                                 | —                    | X                                 | X                    | 26 weeks per<br>disability. | 4th.               | 4th.     |
|                     |                                                                                                                                                          | \$3,000.01 to \$3,500<br>etc. in increments of—                               | 7,000                                                                                                                                         |                               |                                               | ( <sup>4</sup> )            |                                                   |                      |                                   |                      | ( <sup>5</sup> )            |                    |          |
|                     |                                                                                                                                                          | Retired employee                                                              |                                                                                                                                               |                               |                                               |                             |                                                   |                      |                                   |                      |                             |                    |          |
|                     |                                                                                                                                                          | Amount of paid-up insurance accumulated<br>prior to retirement.               |                                                                                                                                               |                               |                                               | —                           | —                                                 | —                    | —                                 | —                    | —                           | —                  | —        |
|                     |                                                                                                                                                          |                                                                               |                                                                                                                                               |                               |                                               |                             |                                                   |                      |                                   |                      |                             |                    |          |
|                     |                                                                                                                                                          | Retired employee                                                              |                                                                                                                                               |                               |                                               |                             |                                                   |                      |                                   |                      |                             |                    |          |
|                     |                                                                                                                                                          | With 15 years of serv-<br>ice and plan partici-<br>pation of:<br>1 to 5 years | \$625                                                                                                                                         |                               |                                               |                             |                                                   |                      |                                   |                      |                             |                    |          |
|                     |                                                                                                                                                          | 5 years and over                                                              | 500<br>plus 1 per-<br>cent of<br>amount in<br>effect im-<br>mediately<br>prior to<br>retirement<br>times<br>years of<br>service. <sup>7</sup> |                               |                                               |                             |                                                   |                      |                                   |                      |                             |                    |          |

<sup>1</sup> Combination of term and paid-up insurance. An employee may withdraw his contributions at any time, thereby discontinuing the coverage. By leaving contributions with the insurance company, an employee will retain the amount of paid-up insurance purchased.

<sup>2</sup> Minimum of 8 weeks, extent of salary continuation based on length of service.

<sup>3</sup> Earnings classes are inclusive; e. g., the second group includes all employees earning from \$3,000.01 up to and including \$3,500 a year.

<sup>4</sup> The occupational accident and sickness benefit is \$16.

<sup>5</sup> Maternity, accident, and sickness benefit limited to 6 weeks.

Plans for Salaried Employees

| Sick leave       |                       |             | Hospital benefits                    |                         |                   |                                         |                                                                                              |                                               |                                       | Income limits for service surgical and medical benefits | Surgical benefits           |              |                 |
|------------------|-----------------------|-------------|--------------------------------------|-------------------------|-------------------|-----------------------------------------|----------------------------------------------------------------------------------------------|-----------------------------------------------|---------------------------------------|---------------------------------------------------------|-----------------------------|--------------|-----------------|
| Years of service | Days benefit per year |             | Daily benefit or service             | Maximum duration (days) | Extended coverage |                                         | Ancillary services                                                                           | Maternity benefit                             | Emergency out-patient care or service |                                                         | Most-expensive              | Appendectomy | Normal delivery |
|                  | At half pay           | At full pay |                                      |                         | Days              | Daily amount                            |                                                                                              |                                               |                                       |                                                         |                             |              |                 |
| Employee         |                       |             | Employee and dependents              |                         |                   |                                         |                                                                                              |                                               |                                       |                                                         |                             |              |                 |
| —                | —                     | 8 weeks (2) | Semiprivate room.                    | 70                      | 180               | 50 percent of cost of semiprivate room. | Full cost of specified services for 1st 70 days; 50 percent of cost for additional 180 days. | \$80 for room, board, and ancillary services. | \$7.25                                | —                                                       | See major medical benefits. |              |                 |
|                  |                       |             | Retired employee and dependent       |                         |                   |                                         |                                                                                              |                                               |                                       |                                                         |                             |              |                 |
|                  |                       |             | Semiprivate room.                    | 120                     | —                 | —                                       | Full cost of specified services for 120 days.                                                | —                                             | \$10                                  | —                                                       | See major medical benefits. |              |                 |
| Employee         |                       |             | Employee and dependents <sup>6</sup> |                         |                   |                                         |                                                                                              |                                               |                                       |                                                         |                             |              |                 |
| —                | —                     | —           | Semiprivate room.                    | 21                      | 180               | 50 percent of cost of semiprivate room. | Full cost of specified services for 1st 21 days; 50 percent of cost for additional 180 days. | \$80 for room, board, and ancillary services. | \$7.25                                | Individual, \$2,500; family, \$4,000.                   | \$250                       | \$125        | \$75            |
|                  |                       |             | Retired employee and dependent       |                         |                   |                                         |                                                                                              |                                               |                                       |                                                         |                             |              |                 |
|                  |                       |             | —                                    | —                       | —                 | —                                       | —                                                                                            | —                                             | —                                     | —                                                       | —                           | —            | —               |

<sup>6</sup> Hospital, surgical, and medical benefits described are those available to the largest group of employees. Hospital benefits payable only for expenses in excess of \$20, if confinement is not caused by accident surgery or pregnancy.

<sup>7</sup> The minimum life insurance coverage for such retired employees is the greater of (1) 25 percent of the amount in effect immediately prior to retirement and (2) \$1,250. Maximum is \$10,000. Retired employees may apply the amount of insurance coverage in excess of \$1,250 towards payment of major medical type expenses in excess of \$300; when such benefits are paid a corresponding reduction is made in the retired employees life insurance.

Selected Health and Insurance Plans

| Company             | Medical allowances                   |        |                                                                                                    |           |                                   |                                 |                       |                | Other benefits |                                                                                                        |
|---------------------|--------------------------------------|--------|----------------------------------------------------------------------------------------------------|-----------|-----------------------------------|---------------------------------|-----------------------|----------------|----------------|--------------------------------------------------------------------------------------------------------|
|                     | Home                                 | Office | Hospital                                                                                           | Elsewhere | Maximum number of visits paid for | Maximum number of days paid for | Maximum compensation  | Benefits begin |                | Types and amounts                                                                                      |
|                     |                                      |        |                                                                                                    |           |                                   |                                 |                       | Sickness       | Accident       |                                                                                                        |
| Time, Inc.          | Employee and dependents              |        |                                                                                                    |           |                                   |                                 |                       |                |                |                                                                                                        |
|                     | See major medical benefits.          |        |                                                                                                    |           |                                   |                                 |                       |                |                |                                                                                                        |
|                     |                                      |        |                                                                                                    |           |                                   |                                 |                       |                |                |                                                                                                        |
|                     |                                      |        |                                                                                                    |           |                                   |                                 |                       |                |                |                                                                                                        |
| Union Carbide Corp. | Retired employee and dependent       |        |                                                                                                    |           |                                   |                                 |                       |                |                |                                                                                                        |
|                     | See major medical benefits.          |        |                                                                                                    |           |                                   |                                 |                       |                |                |                                                                                                        |
|                     |                                      |        |                                                                                                    |           |                                   |                                 |                       |                |                |                                                                                                        |
|                     |                                      |        |                                                                                                    |           |                                   |                                 |                       |                |                |                                                                                                        |
| Union Carbide Corp. | Employee and dependents <sup>6</sup> |        |                                                                                                    |           |                                   |                                 |                       |                |                |                                                                                                        |
|                     | —                                    | —      | 1st 2 days, \$4 per visit; 3d through 21st day, \$4 per day; 22d through 201st day, \$14 per week. | —         | 1st 2 days, 2 per day.            | 201 per disability.             | \$452 per disability. | 1st day.       | 1st day.       | Electro-shock therapy: (For cases in or out of hospital), \$10 per treatment; maximum, \$100 per year. |
|                     |                                      |        |                                                                                                    |           |                                   |                                 |                       |                |                |                                                                                                        |
| Union Carbide Corp. | Retired employee and dependent       |        |                                                                                                    |           |                                   |                                 |                       |                |                |                                                                                                        |
|                     | —                                    | —      | —                                                                                                  | —         | —                                 | —                               | —                     | —              | —              | —                                                                                                      |

for Salaried Employees — Continued

| Type of expense subject to deductible       | Deductible amount                       | Accumulation period and its application              | Major medical            |                                                     |                |                                                                                                 |                                                              | Financing                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                |                                         |  |                   |        |  |               |      |  |               |      |  |               |      |                  |               |      |  |                  |      |  |
|---------------------------------------------|-----------------------------------------|------------------------------------------------------|--------------------------|-----------------------------------------------------|----------------|-------------------------------------------------------------------------------------------------|--------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------|-----------------------------------------|--|-------------------|--------|--|---------------|------|--|---------------|------|--|---------------|------|------------------|---------------|------|--|------------------|------|--|
|                                             |                                         |                                                      | Benefit period           |                                                     | Coinsurance    | Maximum benefit                                                                                 | Reinstatement                                                | Employee                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | Company                        |                                         |  |                   |        |  |               |      |  |               |      |  |               |      |                  |               |      |  |                  |      |  |
|                                             |                                         |                                                      | From start of disability | From incurrence of expenses in excess of deductible |                |                                                                                                 |                                                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                |                                         |  |                   |        |  |               |      |  |               |      |  |               |      |                  |               |      |  |                  |      |  |
| Employee and dependents                     |                                         |                                                      |                          |                                                     |                |                                                                                                 |                                                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                |                                         |  |                   |        |  |               |      |  |               |      |  |               |      |                  |               |      |  |                  |      |  |
| All.<br>( <sup>8</sup> )                    | \$50                                    | Calendar year, 2-month carry-over; all disabilities. | —                        | Calendar year; all disabilities.                    | 75 percent.    | \$10,000 per lifetime.<br><br>Exception: Maximum for normal delivery maternity expenses, \$220. | After \$1,000 of expenses and upon evidence of insurability. | <u>Life insurance, accidental death and dismemberment, and paid sick leave</u><br><br>— Full cost.<br><u>Optional life insurance</u> <sup>9</sup><br><table border="0" style="margin-left: 20px;"> <tr> <td style="text-align: right;"><u>Age to nearest birthday</u></td> <td style="text-align: right;"><u>Monthly contribution per \$1,000</u></td> <td></td> </tr> <tr> <td>Less than 30.....</td> <td>\$1.00</td> <td></td> </tr> <tr> <td>30 to 35.....</td> <td>1.25</td> <td></td> </tr> <tr> <td>35 to 40.....</td> <td>1.50</td> <td></td> </tr> <tr> <td>40 to 45.....</td> <td>2.00</td> <td>Balance of cost.</td> </tr> <tr> <td>45 to 50.....</td> <td>2.50</td> <td></td> </tr> <tr> <td>50 and over.....</td> <td>3.00</td> <td></td> </tr> </table><br><u>Other benefits</u><br>40 percent of cost. Balance of cost. | <u>Age to nearest birthday</u> | <u>Monthly contribution per \$1,000</u> |  | Less than 30..... | \$1.00 |  | 30 to 35..... | 1.25 |  | 35 to 40..... | 1.50 |  | 40 to 45..... | 2.00 | Balance of cost. | 45 to 50..... | 2.50 |  | 50 and over..... | 3.00 |  |
| <u>Age to nearest birthday</u>              | <u>Monthly contribution per \$1,000</u> |                                                      |                          |                                                     |                |                                                                                                 |                                                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                |                                         |  |                   |        |  |               |      |  |               |      |  |               |      |                  |               |      |  |                  |      |  |
| Less than 30.....                           | \$1.00                                  |                                                      |                          |                                                     |                |                                                                                                 |                                                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                |                                         |  |                   |        |  |               |      |  |               |      |  |               |      |                  |               |      |  |                  |      |  |
| 30 to 35.....                               | 1.25                                    |                                                      |                          |                                                     |                |                                                                                                 |                                                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                |                                         |  |                   |        |  |               |      |  |               |      |  |               |      |                  |               |      |  |                  |      |  |
| 35 to 40.....                               | 1.50                                    |                                                      |                          |                                                     |                |                                                                                                 |                                                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                |                                         |  |                   |        |  |               |      |  |               |      |  |               |      |                  |               |      |  |                  |      |  |
| 40 to 45.....                               | 2.00                                    | Balance of cost.                                     |                          |                                                     |                |                                                                                                 |                                                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                |                                         |  |                   |        |  |               |      |  |               |      |  |               |      |                  |               |      |  |                  |      |  |
| 45 to 50.....                               | 2.50                                    |                                                      |                          |                                                     |                |                                                                                                 |                                                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                |                                         |  |                   |        |  |               |      |  |               |      |  |               |      |                  |               |      |  |                  |      |  |
| 50 and over.....                            | 3.00                                    |                                                      |                          |                                                     |                |                                                                                                 |                                                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                |                                         |  |                   |        |  |               |      |  |               |      |  |               |      |                  |               |      |  |                  |      |  |
| Retired employee and dependent              |                                         |                                                      |                          |                                                     |                |                                                                                                 |                                                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                |                                         |  |                   |        |  |               |      |  |               |      |  |               |      |                  |               |      |  |                  |      |  |
| Same as above.                              | \$500                                   | 12 months; all disabilities.                         | —                        | 12 months; all disabilities.                        | Same as above. | \$10,000 per lifetime.                                                                          | —                                                            | <u>All benefits</u><br><br>Prior to age 65:<br>Full cost.<br><br>At age 65:<br>40 percent of cost. Balance of cost.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                |                                         |  |                   |        |  |               |      |  |               |      |  |               |      |                  |               |      |  |                  |      |  |
| Employee and dependents                     |                                         |                                                      |                          |                                                     |                |                                                                                                 |                                                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                |                                         |  |                   |        |  |               |      |  |               |      |  |               |      |                  |               |      |  |                  |      |  |
| All.                                        | \$100<br>( <sup>10</sup> )              | Calendar year; all disabilities.                     | —                        | Calendar year; all disabilities.                    | 80 percent.    | \$10,000 per lifetime.                                                                          | After use of \$1,000 and upon evidence of insurability.      | <u>All benefits</u><br><br>One-half cost. One-half cost.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                |                                         |  |                   |        |  |               |      |  |               |      |  |               |      |                  |               |      |  |                  |      |  |
| Retired employee and dependent <sup>7</sup> |                                         |                                                      |                          |                                                     |                |                                                                                                 |                                                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                |                                         |  |                   |        |  |               |      |  |               |      |  |               |      |                  |               |      |  |                  |      |  |
| —                                           | —                                       | —                                                    | —                        | —                                                   | —              | —                                                                                               | —                                                            | Full cost.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                |                                         |  |                   |        |  |               |      |  |               |      |  |               |      |                  |               |      |  |                  |      |  |

<sup>8</sup> Out-of-hospital psychiatric care is not a covered expense.  
<sup>9</sup> Employee's contribution used to purchase paid-up insurance, company pays full cost of term insurance.  
<sup>10</sup> The deductible applicable to employees and dependents not covered by the basic plan benefits is \$300.

## Selected Health and Insurance

| Company                   | Eligibility<br>(when new<br>employees<br>become<br>eligible) | Schedule of benefits                                                                                                                                                                                                                      |                                                       |                               |                                               |                                                                     | Scope of accidental<br>death and<br>dismemberment |                      | Scope of accident<br>and sickness |                      | Accident and sickness |                    |          |
|---------------------------|--------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------|-------------------------------|-----------------------------------------------|---------------------------------------------------------------------|---------------------------------------------------|----------------------|-----------------------------------|----------------------|-----------------------|--------------------|----------|
|                           |                                                              | Basis of graduation                                                                                                                                                                                                                       | Life<br>insurance                                     | Optional<br>life<br>insurance | Accidental<br>death and<br>dismem-<br>berment | Accident<br>and<br>sickness                                         | Occupa-<br>tional                                 | Nonoccu-<br>pational | Occupa-<br>tional                 | Nonoccu-<br>pational | Maximum<br>duration   | Day benefit begins |          |
|                           |                                                              |                                                                                                                                                                                                                                           |                                                       |                               |                                               |                                                                     |                                                   |                      |                                   |                      |                       | Accident           | Sickness |
| United States Lines Corp. | Immedi-<br>ately or<br>1st of<br>following<br>month.         | Employee                                                                                                                                                                                                                                  |                                                       |                               |                                               |                                                                     |                                                   |                      |                                   |                      |                       |                    |          |
|                           |                                                              | Annual salary.                                                                                                                                                                                                                            | 2 times<br>annual<br>salary;<br>maximum,<br>\$75,000. | —                             | —                                             | 71.67 per-<br>cent of<br>salary;<br>maximum,<br>\$250 per<br>month. | —                                                 | —                    | —                                 | X                    | 26 weeks.             | 8th.               | 8th.     |
|                           |                                                              | Retired employee                                                                                                                                                                                                                          |                                                       |                               |                                               |                                                                     |                                                   |                      |                                   |                      |                       |                    |          |
|                           |                                                              | With 10 to 20 years of service:<br>Amount in effect immediately<br>prior to retirement reduced 15<br>percent at retirement and 15<br>percent annually thereafter to<br>25 percent of amount in effect<br>immediately prior to retirement. | —                                                     | —                             | —                                             | —                                                                   | —                                                 | —                    | —                                 | —                    | —                     | —                  |          |
|                           |                                                              | With 20 or more years of service:<br>Amount in effect immediately<br>prior to retirement reduced 10<br>percent at retirement and 10<br>percent thereafter to 50 percent<br>of amount in effect immediately<br>prior to retirement.        |                                                       |                               |                                               |                                                                     |                                                   |                      |                                   |                      |                       |                    |          |

<sup>1</sup> Total hospital, surgical and major medical benefits limited to \$5,000 per disability, benefits provided are part of a comprehensive major medical program.

<sup>2</sup> Lump-sum payment of \$150 in lieu of regular hospital and surgical benefits.

Plans for Salaried Employees

| Sick leave       |                       |             | Hospital benefits                    |                         |                   |              |                    |                   |                                       | Income limits for service surgical and medical benefits | Surgical benefits |                   |                  |
|------------------|-----------------------|-------------|--------------------------------------|-------------------------|-------------------|--------------|--------------------|-------------------|---------------------------------------|---------------------------------------------------------|-------------------|-------------------|------------------|
| Years of service | Days benefit per year |             | Daily benefit or service             | Maximum duration (days) | Extended coverage |              | Ancillary services | Maternity benefit | Emergency out-patient care or service |                                                         | Most-expensive    | Appen-<br>dectomy | Normal delivery  |
|                  | At half pay           | At full pay |                                      |                         | Days              | Daily amount |                    |                   |                                       |                                                         |                   |                   |                  |
| Employee         |                       |             | Employee and dependents <sup>1</sup> |                         |                   |              |                    |                   |                                       |                                                         |                   |                   |                  |
| —                | —                     | —           | \$18                                 | 31                      | —                 | —            | \$180              | ( <sup>2</sup> )  | \$180                                 | —                                                       | \$200             | \$100             | ( <sup>2</sup> ) |
|                  |                       |             | Retired employee and dependent       |                         |                   |              |                    |                   |                                       |                                                         |                   |                   |                  |
|                  |                       |             | —                                    | —                       | —                 | —            | —                  | —                 | —                                     | —                                                       | —                 | —                 | —                |

Selected Health and Insurance Plans

| Company                   | Medical allowances             |        |          |           |                                   |                                 |                      |                | Other benefits |                   |
|---------------------------|--------------------------------|--------|----------|-----------|-----------------------------------|---------------------------------|----------------------|----------------|----------------|-------------------|
|                           | Home                           | Office | Hospital | Elsewhere | Maximum number of visits paid for | Maximum number of days paid for | Maximum compensation | Benefits begin |                | Types and amounts |
|                           |                                |        |          |           |                                   |                                 |                      | Sickness       | Accident       |                   |
| United States Lines Corp. | Employee and dependents        |        |          |           |                                   |                                 |                      |                |                |                   |
|                           | See major medical benefits.    |        |          |           |                                   |                                 |                      |                |                |                   |
|                           |                                |        |          |           |                                   |                                 |                      |                |                |                   |
|                           | Retired employee and dependent |        |          |           |                                   |                                 |                      |                |                |                   |
|                           | —                              | —      | —        | —         | —                                 | —                               | —                    | —              | —              | —                 |

for Salaried Employees—Continued

| Major medical                         |                                                                                                |                                         |                          |                                                     |                                                                                                           |                                                                                                                                |                                | Financing                                                      |                                                             |
|---------------------------------------|------------------------------------------------------------------------------------------------|-----------------------------------------|--------------------------|-----------------------------------------------------|-----------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------|--------------------------------|----------------------------------------------------------------|-------------------------------------------------------------|
| Type of expense subject to deductible | Deductible amount                                                                              | Accumulation period and its application | Benefit period           |                                                     | Coinsurance                                                                                               | Maximum benefit                                                                                                                | Reinstatement                  | Employee                                                       | Company                                                     |
|                                       |                                                                                                |                                         | From start of disability | From incurrence of expenses in excess of deductible |                                                                                                           |                                                                                                                                |                                |                                                                |                                                             |
| Employee and dependents               |                                                                                                |                                         |                          |                                                     |                                                                                                           |                                                                                                                                |                                |                                                                |                                                             |
| All, except hospital and surgical.    | Annual salary:<br>Less than \$5,000—\$50<br>\$5,000 to \$7,500—\$75<br>\$7,500 and over—\$100. | Calendar year; all disabilities.        | —                        | 2 years; all disabilities.                          | 80 percent.<br><br>Exception: Out-of-hospital psychiatric care, 50 percent of charges up to \$20 a visit. | \$5,000 per disability.<br><br>Exception: Maximum number of visits for out-of-hospital psychiatric care; 75 per calendar year. | Upon evidence of insurability. | <u>Accident and Sickness</u><br>1/3 percent of monthly salary. | Balance of cost.<br><br><u>Other Benefits</u><br>Full cost. |
| Retired employee and dependent        |                                                                                                |                                         |                          |                                                     |                                                                                                           |                                                                                                                                |                                |                                                                |                                                             |
| —                                     | —                                                                                              | —                                       | —                        | —                                                   | —                                                                                                         | —                                                                                                                              | —                              | <u>Life insurance</u><br>Full cost.                            |                                                             |

## Selected Health and Insurance

| Company                   | Eligibility (when new employees become eligible)                                        | Schedule of benefits                                                                                                                                                                                                                              |                     |                         |                                    |                       | Scope of accidental death and dismemberment |                 | Scope of accident and sickness |                 | Accident and sickness                 |                    |          |
|---------------------------|-----------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------|-------------------------|------------------------------------|-----------------------|---------------------------------------------|-----------------|--------------------------------|-----------------|---------------------------------------|--------------------|----------|
|                           |                                                                                         | Basis of graduation                                                                                                                                                                                                                               | Life insurance      | Optional life insurance | Accidental death and dismemberment | Accident and sickness | Occupational                                | Nonoccupational | Occupational                   | Nonoccupational | Maximum duration                      | Day benefit begins |          |
|                           |                                                                                         |                                                                                                                                                                                                                                                   |                     |                         |                                    |                       |                                             |                 |                                |                 |                                       | Accident           | Sickness |
| United States Steel Corp. | Paid sick leave: 8 weeks.<br><br>Other benefits: Immediately or 1st of following month. | Nonexempt employee <sup>1</sup>                                                                                                                                                                                                                   |                     |                         |                                    |                       |                                             |                 |                                |                 |                                       |                    |          |
|                           |                                                                                         | Annual earnings:                                                                                                                                                                                                                                  |                     |                         | —                                  |                       | —                                           | —               | X                              | X               | 26 weeks <sup>3</sup> per disability. | 1st.               | 1st.     |
|                           |                                                                                         | Less than \$4,500                                                                                                                                                                                                                                 | \$5,000             | \$2,000                 |                                    | \$53                  |                                             |                 |                                |                 |                                       |                    |          |
|                           |                                                                                         | \$4,500 to \$5,400                                                                                                                                                                                                                                | 5,500               | 2,250                   |                                    | 56                    |                                             |                 |                                |                 |                                       |                    |          |
|                           |                                                                                         | \$5,400 to \$6,300                                                                                                                                                                                                                                | 6,000               | 2,500                   |                                    | 59                    |                                             |                 |                                |                 |                                       |                    |          |
|                           |                                                                                         | \$6,300 to \$7,200                                                                                                                                                                                                                                | 6,500               | 2,750                   |                                    | 62                    |                                             |                 |                                |                 |                                       |                    |          |
| \$7,200 to \$8,100        | 7,000                                                                                   | 3,000                                                                                                                                                                                                                                             |                     | 65                      |                                    |                       |                                             |                 |                                |                 |                                       |                    |          |
| \$8,100 and over          | 7,500                                                                                   | 3,250                                                                                                                                                                                                                                             |                     | 68                      |                                    |                       |                                             |                 |                                |                 |                                       |                    |          |
|                           |                                                                                         |                                                                                                                                                                                                                                                   |                     |                         | ( <sup>2</sup> )                   |                       |                                             |                 |                                |                 |                                       |                    |          |
|                           |                                                                                         | Exempt employee <sup>5</sup>                                                                                                                                                                                                                      |                     |                         |                                    |                       |                                             |                 |                                |                 |                                       |                    |          |
|                           |                                                                                         | Annual earnings.                                                                                                                                                                                                                                  | 1 year of earnings. | 1/2 year of earnings.   | —                                  | —                     | —                                           | —               | —                              | —               | —                                     | —                  | —        |
|                           |                                                                                         | Retired nonexempt employee                                                                                                                                                                                                                        |                     |                         |                                    |                       |                                             |                 |                                |                 |                                       |                    |          |
|                           |                                                                                         | Annual earnings immediately prior to retirement:                                                                                                                                                                                                  |                     | —                       | —                                  | —                     | —                                           | —               | —                              | —               | —                                     | —                  | —        |
|                           |                                                                                         | Less than \$4,500                                                                                                                                                                                                                                 | \$1,300             |                         |                                    |                       |                                             |                 |                                |                 |                                       |                    |          |
|                           |                                                                                         | \$4,500 to \$5,400                                                                                                                                                                                                                                | 1,350               |                         |                                    |                       |                                             |                 |                                |                 |                                       |                    |          |
|                           |                                                                                         | \$5,400 to \$6,300                                                                                                                                                                                                                                | 1,400               |                         |                                    |                       |                                             |                 |                                |                 |                                       |                    |          |
|                           |                                                                                         | \$6,300 to \$7,200                                                                                                                                                                                                                                | 1,450               |                         |                                    |                       |                                             |                 |                                |                 |                                       |                    |          |
|                           |                                                                                         | \$7,200 to \$8,100                                                                                                                                                                                                                                | 1,500               |                         |                                    |                       |                                             |                 |                                |                 |                                       |                    |          |
|                           |                                                                                         | \$8,100 and over                                                                                                                                                                                                                                  | 1,550               |                         |                                    |                       |                                             |                 |                                |                 |                                       |                    |          |
|                           |                                                                                         | Retired exempt employee                                                                                                                                                                                                                           |                     |                         |                                    |                       |                                             |                 |                                |                 |                                       |                    |          |
|                           |                                                                                         | Retiring prior to age 65: Basic and optional life insurance in effect maintained until age 65, basic insurance then reduced to 25 percent of amount in effect immediately prior to retirement (minimum \$1,250), optional insurance discontinued. |                     | —                       | —                                  | —                     | —                                           | —               | —                              | —               | —                                     | —                  | —        |
|                           |                                                                                         | Retiring at or after age 65: Basic life insurance reduced to 25 percent of amount in effect immediately prior to retirement (minimum \$1,250), optional insurance discontinued.                                                                   |                     |                         |                                    |                       |                                             |                 |                                |                 |                                       |                    |          |

<sup>1</sup> Salaried employees who are not exempt under the Fair Labor Standards Act.

<sup>2</sup> Occupational accident and sickness benefit is the difference between workmen's compensation benefit and the above amount.

<sup>3</sup> Duration of accident and sickness benefit reduced by any period for which sick leave salary continuance is paid during a continuous period of disability. Maternity benefit payments limited to 6 weeks.

Plans for Salaried Employees

| Sick leave                               |                       |                                                   | Hospital benefits                              |                         |                   |              |                                  |                                                                                        |                                       | Income limits for service surgical and medical benefits | Surgical benefits |                   |                 |
|------------------------------------------|-----------------------|---------------------------------------------------|------------------------------------------------|-------------------------|-------------------|--------------|----------------------------------|----------------------------------------------------------------------------------------|---------------------------------------|---------------------------------------------------------|-------------------|-------------------|-----------------|
| Years of service                         | Days benefit per year |                                                   | Daily benefit or service                       | Maximum duration (days) | Extended coverage |              | Ancillary services               | Maternity benefit                                                                      | Emergency out-patient care or service |                                                         | Most-expensive    | Appen-<br>dectomy | Normal delivery |
|                                          | At half pay           | At full pay                                       |                                                |                         | Days              | Daily amount |                                  |                                                                                        |                                       |                                                         |                   |                   |                 |
| Nonexempt employee                       |                       |                                                   | Nonexempt employee and dependents <sup>1</sup> |                         |                   |              |                                  |                                                                                        |                                       |                                                         |                   |                   |                 |
|                                          |                       | Balance of pay period <sup>4</sup> plus:<br>Weeks | Semiprivate room.                              | 120                     | —                 | —            | Full cost of specified services. | Semiprivate room and board for 10 days plus full cost of specified ancillary services. | Required services provided.           | —                                                       | \$300             | \$150             | \$90            |
| 8 weeks to 1/2                           | —                     | 2                                                 |                                                |                         |                   |              |                                  |                                                                                        |                                       |                                                         |                   |                   |                 |
| 1/2 to 1                                 | —                     | 4                                                 |                                                |                         |                   |              |                                  |                                                                                        |                                       |                                                         |                   |                   |                 |
| 1 to 5                                   | —                     | 8                                                 |                                                |                         |                   |              |                                  |                                                                                        |                                       |                                                         |                   |                   |                 |
| 5 to 10                                  | —                     | 12                                                |                                                |                         |                   |              |                                  |                                                                                        |                                       |                                                         |                   |                   |                 |
| 10 to 15                                 | —                     | 16                                                |                                                |                         |                   |              |                                  |                                                                                        |                                       |                                                         |                   |                   |                 |
| 15 to 20                                 | —                     | 20                                                |                                                |                         |                   |              |                                  |                                                                                        |                                       |                                                         |                   |                   |                 |
| 20 and over                              | —                     | 26                                                |                                                |                         |                   |              |                                  |                                                                                        |                                       |                                                         |                   |                   |                 |
| Exempt employee                          |                       |                                                   | Exempt employee and dependents <sup>5</sup>    |                         |                   |              |                                  |                                                                                        |                                       |                                                         |                   |                   |                 |
| Same as above.                           |                       |                                                   | Semiprivate room.                              | 70                      | —                 | —            | \$300                            | Semiprivate room and board for 10 days plus up to \$300 for ancillary services.        | Required services provided.           | —                                                       | \$300             | \$150             | \$90            |
| Retired nonexempt employee and dependent |                       |                                                   |                                                |                         |                   |              |                                  |                                                                                        |                                       |                                                         |                   |                   |                 |
|                                          |                       |                                                   | —                                              | —                       | —                 | —            | —                                | —                                                                                      | —                                     | —                                                       | —                 | —                 | —               |
| Retired exempt employee and dependent    |                       |                                                   |                                                |                         |                   |              |                                  |                                                                                        |                                       |                                                         |                   |                   |                 |
|                                          |                       |                                                   | —                                              | —                       | —                 | —            | —                                | —                                                                                      | —                                     | —                                                       | —                 | —                 | —               |

<sup>4</sup> The length of the pay period is 2 weeks.

<sup>5</sup> Salaried employees that are exempt under the Fair Labor Standards Act.

Selected Health and Insurance Plans

| Company                               | Medical allowances                             |        |                                                                                 |           |                                   |                                 |                       |                |          | Other benefits                                                                                                                                                                                                                                                                                                                                                                                     |
|---------------------------------------|------------------------------------------------|--------|---------------------------------------------------------------------------------|-----------|-----------------------------------|---------------------------------|-----------------------|----------------|----------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
|                                       | Home                                           | Office | Hospital                                                                        | Elsewhere | Maximum number of visits paid for | Maximum number of days paid for | Maximum compensation  | Benefits begin |          | Types and amounts                                                                                                                                                                                                                                                                                                                                                                                  |
|                                       |                                                |        |                                                                                 |           |                                   |                                 |                       | Sickness       | Accident |                                                                                                                                                                                                                                                                                                                                                                                                    |
| United States Steel Corp.             | Nonexempt employee and dependents <sup>1</sup> |        |                                                                                 |           |                                   |                                 |                       |                |          |                                                                                                                                                                                                                                                                                                                                                                                                    |
|                                       | —                                              | —      | 1st day, \$15; 2d day, \$10; next 8 days, \$4 per day; thereafter, \$3 per day. | —         | —                                 | 120 per disability.             | \$387 per disability. | 1st day.       | 1st day. | Diagnostic X-ray allowance: (For cases in or out of hospital), \$75 during any 12-month period.<br><br>Radiation therapy allowance: (For cases in or out of hospital), \$10 per treatment; maximum allowance per condition ranges from \$50 to \$200.<br><br>Anesthesia benefit: 20 percent of surgical procedure; minimum, \$20.<br><br>Diagnostic examinations: \$75 during any 12-month period. |
|                                       | Exempt employee and dependents <sup>5</sup>    |        |                                                                                 |           |                                   |                                 |                       |                |          |                                                                                                                                                                                                                                                                                                                                                                                                    |
|                                       | —                                              | —      | —                                                                               | —         | —                                 | —                               | —                     | —              | —        | —                                                                                                                                                                                                                                                                                                                                                                                                  |
|                                       | Retired nonexempt employee and dependent       |        |                                                                                 |           |                                   |                                 |                       |                |          |                                                                                                                                                                                                                                                                                                                                                                                                    |
| —                                     | —                                              | —      | —                                                                               | —         | —                                 | —                               | —                     | —              | —        | —                                                                                                                                                                                                                                                                                                                                                                                                  |
| Retired exempt employee and dependent |                                                |        |                                                                                 |           |                                   |                                 |                       |                |          |                                                                                                                                                                                                                                                                                                                                                                                                    |
| —                                     | —                                              | —      | —                                                                               | —         | —                                 | —                               | —                     | —              | —        | —                                                                                                                                                                                                                                                                                                                                                                                                  |

for Salaried Employees—Continued

| Major medical                                  |                                               |                                         |                          |                                                     |                                                                                                                                                                       |                                           |                                                           | Financing                                                                                                                                                 |         |
|------------------------------------------------|-----------------------------------------------|-----------------------------------------|--------------------------|-----------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------|-----------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------|---------|
| Type of expense subject to deductible          | Deductible amount                             | Accumulation period and its application | Benefit period           |                                                     | Coinsurance                                                                                                                                                           | Maximum benefit                           | Reinstatement                                             | Employee                                                                                                                                                  | Company |
|                                                |                                               |                                         | From start of disability | From incurrence of expenses in excess of deductible |                                                                                                                                                                       |                                           |                                                           |                                                                                                                                                           |         |
| Nonexempt employee and dependents <sup>1</sup> |                                               |                                         |                          |                                                     |                                                                                                                                                                       |                                           |                                                           |                                                                                                                                                           |         |
| All.                                           | \$100                                         | Calendar year; all disabilities.        | —                        | Calendar year.                                      | 80 percent.                                                                                                                                                           | \$5,000 per year; \$10,000 per lifetime.  | After \$2,000 of expenses; upon evidence of insurability. | <u>Basic life insurance</u><br>— Full cost.<br><u>Optional life insurance</u><br>\$0.96 per \$1,000 per month. —<br><u>Other benefits</u><br>— Full cost. |         |
| Exempt employee and dependents <sup>5</sup>    |                                               |                                         |                          |                                                     |                                                                                                                                                                       |                                           |                                                           |                                                                                                                                                           |         |
| All.                                           | 1 percent of annual earnings; maximum, \$300. | Calendar year; all disabilities.        | —                        | Calendar year.                                      | 80 percent.<br>Exception: Psychiatric care, 50 percent if employee not totally disabled or if dependent not confined to a hospital, sanitarium, or other institution. | \$20,000 per year; \$40,000 per lifetime. | After \$2,000 of expenses; upon evidence of insurability. | <u>Basic life insurance</u><br>— Full cost.<br><u>Optional life insurance</u><br>\$0.55 per \$1,000 per month. —<br><u>Other benefits</u><br>— Full cost. |         |
| Retired nonexempt employee and dependent       |                                               |                                         |                          |                                                     |                                                                                                                                                                       |                                           |                                                           |                                                                                                                                                           |         |
| —                                              | —                                             | —                                       | —                        | —                                                   | —                                                                                                                                                                     | —                                         | —                                                         | <u>Life insurance</u><br>— Full cost.                                                                                                                     |         |
| Retired exempt employee and dependent          |                                               |                                         |                          |                                                     |                                                                                                                                                                       |                                           |                                                           |                                                                                                                                                           |         |
| Same as above.                                 | Same as above.                                | Same as above.                          | —                        | Same as above.                                      | Same as above.                                                                                                                                                        | \$10,000 per lifetime.                    | —                                                         | <u>Life insurance</u><br>— Full cost.<br><u>Major medical</u><br>Full cost.                                                                               |         |



Plans for Salaried Employees

| Sick leave                     |                       |             | Hospital benefits        |                         |                                            |              |                                               |                                                                                                                                                           | Income limits for service surgical and medical benefits | Surgical benefits                     |                |                   |                         |
|--------------------------------|-----------------------|-------------|--------------------------|-------------------------|--------------------------------------------|--------------|-----------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------|---------------------------------------|----------------|-------------------|-------------------------|
| Years of service               | Days benefit per year |             | Daily benefit or service | Maximum duration (days) | Extended coverage                          |              | Ancillary services                            | Maternity benefit                                                                                                                                         |                                                         | Emergency out-patient care or service | Most-expensive | Appen-<br>dectomy | Normal delivery         |
|                                | At half pay           | At full pay |                          |                         | Days                                       | Daily amount |                                               |                                                                                                                                                           |                                                         |                                       |                |                   |                         |
| Employee and dependents        |                       |             |                          |                         |                                            |              |                                               |                                                                                                                                                           |                                                         |                                       |                |                   |                         |
| —                              | —                     | —           | \$17 <sup>3</sup>        | 365                     | Employee only<br>90      \$17 <sup>3</sup> |              | \$320, plus 75 percent of additional charges. | Employee: Room and board, \$17 per day for 14 days; specified ancillary services, \$160.<br><br>Dependent: \$100 for room, board, and ancillary services. | Required services provided.                             | —                                     | \$350          | \$175             | Employee only: \$87.50. |
| Retired employee and dependent |                       |             |                          |                         |                                            |              |                                               |                                                                                                                                                           |                                                         |                                       |                |                   |                         |
| —                              | —                     | —           | —                        | —                       | —                                          | —            | —                                             | —                                                                                                                                                         | —                                                       | —                                     | —              | —                 | —                       |

Selected Health and Insurance Plans

| Company          | Medical allowances             |                   |                                  |           |                                   |                                 |                                                                |                | Other benefits |                                                                                                                                                                                                                                                                                                                                       |
|------------------|--------------------------------|-------------------|----------------------------------|-----------|-----------------------------------|---------------------------------|----------------------------------------------------------------|----------------|----------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
|                  | Home                           | Office            | Hospital                         | Elsewhere | Maximum number of visits paid for | Maximum number of days paid for | Maximum compensation                                           | Benefits begin |                | Types and amounts                                                                                                                                                                                                                                                                                                                     |
|                  |                                |                   |                                  |           |                                   |                                 |                                                                | Sickness       | Accident       |                                                                                                                                                                                                                                                                                                                                       |
| Weyerhaeuser Co. | Employee and dependents        |                   |                                  |           |                                   |                                 |                                                                |                |                |                                                                                                                                                                                                                                                                                                                                       |
|                  | \$5 per visit.                 | \$3.50 per visit. | \$3 for each day of confinement. | —         | Home and office: 1 per day.       | —                               | Home and office: Unlimited.<br>Hospital: \$252 per disability. | 1st day.       | 1st day.       | Diagnostic laboratory and X-ray examination allowance: (For non-hospitalized cases), \$60 per calendar year.<br><br>Supplementary accident expense allowance: (For expenses in excess of those covered by other plan benefits incurred within 90 days of date of accident), 75 percent of such expenses; maximum, \$300 per accident. |
|                  | Retired employee and dependent |                   |                                  |           |                                   |                                 |                                                                |                |                |                                                                                                                                                                                                                                                                                                                                       |
|                  | —                              | —                 | —                                | —         | —                                 | —                               | —                                                              | —              | —              | —                                                                                                                                                                                                                                                                                                                                     |

<sup>4</sup> Duration of benefit period not specified.

for Salaried Employees—Continued

| Major medical                         |                   |                                         |                          |                                                     |             |                 |               | Financing                                                                                                                                                                         |                                                                               |
|---------------------------------------|-------------------|-----------------------------------------|--------------------------|-----------------------------------------------------|-------------|-----------------|---------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------|
| Type of expense subject to deductible | Deductible amount | Accumulation period and its application | Benefit period           |                                                     | Coinsurance | Maximum benefit | Reinstatement | Employee                                                                                                                                                                          | Company                                                                       |
|                                       |                   |                                         | From start of disability | From incurrence of expenses in excess of deductible |             |                 |               |                                                                                                                                                                                   |                                                                               |
| Employee and dependents               |                   |                                         |                          |                                                     |             |                 |               | Employee                                                                                                                                                                          |                                                                               |
| —                                     | —                 | —                                       | —                        | —                                                   | —           | —               | —             | —                                                                                                                                                                                 | Full cost.                                                                    |
|                                       |                   |                                         |                          |                                                     |             |                 |               | <u>Dependents</u><br><u>Monthly</u><br>Wife only..... \$9.53<br>Children only..... 5.58<br>Wife and children... 13.45<br>Husband only..... 7.38<br>Husband and children..... 8.78 | Balance of cost.                                                              |
| Retired employee and dependent        |                   |                                         |                          |                                                     |             |                 |               |                                                                                                                                                                                   |                                                                               |
| All.                                  | \$100             | 60 days.                                | —                        | X <sup>4</sup>                                      | 75 percent. | \$5,000         | —             | —                                                                                                                                                                                 | <u>Life insurance</u><br>Full cost.<br><br><u>Major medical</u><br>Full cost. |



## Appendix

### Companies and Their Major Products

| <u>Company</u>                        | <u>Major products</u>                                               | <u>Company</u>                                           | <u>Major products</u>                                     |
|---------------------------------------|---------------------------------------------------------------------|----------------------------------------------------------|-----------------------------------------------------------|
| Aluminum Co. of America               | Aluminum and aluminum products                                      | Kresge, S. S. Co.                                        | Limited price variety stores                              |
| American Airlines, Inc.               | Air transportation                                                  | Kroehler Manufacturing Co.                               | Furniture                                                 |
| American Telephone and Telegraph Co.  | Communications                                                      | Lerner Shops of America, Inc.                            | Retail trade - women's apparel                            |
| Borden Co., The                       | Dairy products                                                      | McCroory Corp. (McCroory-McLellan-Green Stores Division) | Limited price variety stores                              |
| Burlington Industries, Inc.           | Textiles                                                            | Melpar, Inc. (Subs. of Westinghouse Air Brake Co.)       | Communications equipment                                  |
| Campbell Soup Co.                     | Canned soups and other foods                                        | New York Times Co., The                                  | Newspaper publishing                                      |
| Caterpillar Tractor Co.               | Farm and construction equipment                                     | North American Aviation, Inc.                            | Aircraft and related products                             |
| Chase Manhattan Bank, The             | Banking                                                             | Pacific Gas and Electric Co.                             | Electric energy and gas production and distribution       |
| Cluett, Peabody and Co., Inc.         | Shirts and other apparel                                            | Pennsylvania Railroad Co.                                | Railroad transportation                                   |
| Consolidated Foods Corp.              | Wholesale trade - food                                              | Pfizer, Chas. & Co., Inc.                                | Medicinal chemicals and pharmaceutical products           |
| Crown Zellerbach Corp.                | Paper and other forest products                                     | Pittsburgh Plate Glass Co.                               | Flat glass, paints and chemicals                          |
| Detroit Edison Co., The               | Electric energy production and distribution                         | Prudential Insurance Co. of America                      | Life insurance                                            |
| Douglas Aircraft Co., Inc.            | Aircraft and related products                                       | Radio Corp. of America                                   | Radio and television equipment communications             |
| du Pont de Nemours, E. I. and Co.     | Chemicals, and allied products                                      | Research Institute of America, Inc.                      | Business research services                                |
| Eastman Kodak Co.                     | Photographic equipment and supplies                                 | Safeway Stores, Inc.                                     | Retail trade - grocery stores                             |
| General Electric Co.                  | Electrical equipment and supplies                                   | Sperry Gyroscope Co. (Division of Sperry Rand Corp.)     | Instruments and control devices, communications equipment |
| General Motors Corp.                  | Transportation equipment                                            | Standard Oil Co. (New Jersey)                            | Petroleum production, refining and distribution           |
| Gimbel Brothers, Inc.                 | Retail trade - department stores                                    | Stevens, J. P. and Co.                                   | Textiles                                                  |
| Goodyear Tire and Rubber Co., The     | Rubber products                                                     | Swift & Co.                                              | Meat products                                             |
| Greyhound Corp., The                  | Intercity motor bus line                                            | Thompson, Ramo-Wooldridge, Inc.                          | Aircraft, aerospace, and automotive parts and equipment   |
| Hart, Schaffner and Marx              | Men's apparel manufacturing                                         | Time, Inc.                                               | Magazine publishing                                       |
| International Business Machines Corp. | Computing and accounting machines, typewriters and related products | Union Carbide Corp.                                      | Chemicals and allied products                             |
| International Harvester Co.           | Farm and construction equipment, trucks                             | United States Lines Corp.                                | Deep sea transportation                                   |
| International Paper Co.               | Paper and related products                                          | United States Steel Corp.                                | Iron, steel, and steel products                           |
| International Shoe Co.                | Shoes and related products                                          | Weyerhaeuser Co.                                         | Lumber and other forest products                          |



## Recent BLS Publications on Employee Benefit Plans

| Bulletin number             |                                                                                                                                            | Price    |
|-----------------------------|--------------------------------------------------------------------------------------------------------------------------------------------|----------|
| <b>Pensions</b>             |                                                                                                                                            |          |
| 1284                        | Pension Plans Under Collective Bargaining: Normal Retirement, Early and Disability Retirement, Fall 1959.                                  | 40 cents |
| 1307                        | Digest of One-Hundred Selected Pension Plans Under Collective Bargaining, Spring 1961.                                                     | 50 cents |
| 1326                        | Multiemployer Pension Plans Under Collective Bargaining, Spring 1960.                                                                      | 65 cents |
| 1334                        | Pension Plans Under Collective Bargaining: Benefit for Survivors, Winter 1961-62.                                                          | 25 cents |
| 1373                        | Digest of 50 Selected Pension Plans for Salaried Employees, Spring 1963.                                                                   | 35 cents |
|                             | Recent Changes in Negotiated Pension Plans. <u>Monthly Labor Review</u> , May 1962. (Reprint 2392)                                         | Free     |
|                             | Preliminary Release: Prevalence of Multiemployer Pension Plans Under Collective Bargaining, Spring 1960. (February 1961)                   | Free     |
|                             | Preliminary Release: Prevalence and Characteristics of Unfunded Pension Plans. (January 1963)                                              | Free     |
| <b>Health and Insurance</b> |                                                                                                                                            |          |
| 1250                        | Health and Insurance Plans Under Collective Bargaining: Accident and Sickness Benefits, Fall 1958.                                         | 25 cents |
| 1274                        | Health and Insurance Plans Under Collective Bargaining: Hospital Benefits, Early 1959.                                                     | 30 cents |
| 1280                        | Health and Insurance Plans Under Collective Bargaining: Surgical and Medical Benefits, Late Summer 1959.                                   | 30 cents |
| 1293                        | Health and Insurance Plans Under Collective Bargaining: Major Medical Benefits, Fall 1960.                                                 | 20 cents |
| 1296                        | Health and Insurance Plans Under Collective Bargaining: Life Insurance and Accidental Death and Dismemberment Benefits, Early Summer 1960. | 25 cents |
| 1330                        | Digest of One Hundred Selected Health and Insurance Plans Under Collective Bargaining, Winter 1961-62.                                     | \$1.25   |
|                             | Recent Changes in Negotiated Health and Insurance Plans. <u>Monthly Labor Review</u> , September 1962. (Reprint 2402)                      | Free     |
| <b>Other</b>                |                                                                                                                                            |          |
| 1325                        | Digest of Profit-Sharing, Savings, and Stock Purchase Plans, Winter 1961-62.                                                               | 30 cents |
|                             | Health, Insurance, and Pension Plan Coverage in Union Contracts, Late 1960. BLS Report 228.                                                | Free     |
| 1365                        | Digest of Nine Supplemental Unemployment Benefit Plans, Early 1963.                                                                        | 25 cents |