



Hospital and Surgical Benefit Plan

FOR EMPLOYEES AND
DEPENDENTS OF EMPLOYEES

9-1-53

Underwritten by the Benefit Association of Railway Employees

Chicago 13, Illinois

CHICAGO. ROCK ISLAND AND PACIFIC RAILROAD COMPANY

LA SALLE STREET STATION

CHICAGO

J. D. FARRINGTON
PRESIDENT

TO ALL EMPLOYEES:

The Hospital and Surgical Benefit Plan outlined in this booklet was selected by your General Chairmen's Association, after very careful study by the Committee designated to do so and by representatives of the management.

It is our belief that it affords a comprehensive and economical plan to provide the type of benefits explained herein on a monthly budgeted basis through payroll deduction.

Claim payments made since the installation of this program through the Benefit Association of Railway Employees provide concrete evidence of its value to employees and their eligible dependents.

We endorse this plan and commend it to you for your serious consideration upon employment or when you desire to secure this type of protection.

Yours truly,



**ASSOCIATION OF ROCK ISLAND
GENERAL CHAIRMEN**

Wm. Lysholm, Chairman
A. J. Buckley, Vice Chairman
W. E. Petersen, Secretary

Kansas City, Missouri
December 31, 1951

TO ROCK ISLAND RAILROAD EMPLOYEES:

There have been many requests for a Group Hospitalization, Surgical and Medical Benefit Plan for you and your dependents. Because of this interest the General Chairman's Association has made a thorough study of a number of such plans, in order to secure the one which would be most satisfactory to the greatest number of interested employees.

As a result of this survey, the Association, at their final meeting held in Kansas City, Missouri, March 27, 1951, on this subject voted to recommend the Plan offered by the Benefit Association of Railway Employees.

This plan was placed into effect on July 1, 1951, and has been operating with a great deal of success. While enrollment is entirely voluntary, we believe the plan deserves the serious consideration of everyone and your cooperation in signing up for this coverage, if you have not already done so, will be greatly appreciated.

ASSOCIATION OF ROCK ISLAND GENERAL CHAIRMEN



Secretary



HOSPITAL SERVICES FOR BED PATIENTS

The Benefit Association of Railway Employees will pay the FULL AMOUNT (*See "DEDUCTIBLE" below) of the hospital expenses actually incurred by you or any insured member of your family when confined as a bed patient due to non-occupational accident or sickness for up to:

90 DAYS OF CARE IN A WARD OR SEMI-PRIVATE ROOM DURING EACH PERIOD OF DISABILITY

... INCLUDING ...

- Meals and special diets
- General nursing service
- Complete laboratory service
- X-ray or fluoroscopic examination service
- Drugs including penicillin, streptomycin, anti-toxins, etc.
- Use of physical therapy apparatus
- Operating and treatment room service
- Anaesthesia
- Electrocardiograms
- Basal metabolism examinations
- Dressings and casts
- Oxygen
- Rental of appliances

TYPE OF ROOM—A semi-private room contains two beds; a ward room, three or more beds. If you or any of your insured dependents occupy a private room, the Association will pay toward rental at the average rate charged by the hospital for two-bed rooms. All other benefits will be as outlined above.

*DEDUCTIBLE

The full amount will be paid for the combined charges for expenses described under "HOSPITAL SERVICES FOR BED PATIENTS," **except**, that the first \$35.00 are deductible from the combined expense for each separate hospital admission.

The employee, therefore, pays only the first \$35.00 of the combined hospital bill for Room and Board and Miscellaneous Hospital Fees. The B.A.R.E. will pay the remainder of such cost over and above that amount as covered by the Plan.

This follows the pattern in which automobile insurance has been sold for many years. Payment of a small bill of \$35.00 or less is not too

difficult but with today's hospitalization expense causing bills of hundreds yes thousands of dollars (see pages 9 and 10) most of us need help.

HOSPITAL BENEFITS FOR NON-BED PATIENTS

Payment will be made to cover hospital charges for Emergency First Aid Attention given within 24 hours from the time of and on account of a non-occupational accident.

If you or your dependent (if covered) have a surgical operation without hospital confinement as a bed patient, the hospital charges on the initial visit will be PAID IN FULL.

If you or your dependent (if covered) receive any of the following services from any licensed physician either in his office, in any licensed clinic, or while an out-patient of a hospital, payment will be made for the expense incurred up to the amounts shown below for any one disability or as the result of the same or related causes:

- (a) For X-rays or fluoroscopy, not given as treatment. Dental X-rays of any kind are not covered.

One	\$ 5.00
Two or more.....	10.00
- (b) For one or more basal metabolism tests
- (c) For one or more electrocardiograms



DOCTOR'S SURGICAL SERVICE—\$5.00 TO \$150.00



Surgical benefits are paid for operations resulting from non-occupational illness or accident. The maximum payable for each operation is shown in the schedule attached to your certificate, and the amount paid is for and will not exceed the actual charges made by the surgeon. Payment will be made for any operation not listed in the schedule (except dental or obstetrical) in an amount proportionate to other similar listed operations. If more than one operation is performed by the surgeon, payment will be made for EACH

but not to exceed a total of \$150.00 during each period of disability. Two operations performed through the same incision shall be considered as one operation. These benefits are payable either IN OR OUT OF THE HOSPITAL.

The certificate of insurance which will be issued to you contains a complete list of surgical procedures. The following are several examples of the amounts paid for surgical procedures:

Appendectomy	\$100.00
Tonsillectomy	30.00
Double Hernia	75.00
Removal of, or cutting into, kidney.....	150.00
Compound fracture of upper arm.....	45.00
Varicose Veins (one or both legs).....	40.00

AMBULANCE SERVICE

Up to \$25.00 per disability or for the same or related causes is payable for expense incurred for necessary transportation in a duly licensed ambulance to or from the hospital.

MATERNITY BENEFIT—\$90.00

Expense on account of pregnancy or child-birth is paid up to a total of \$90.00, IN LIEU OF ALL OTHER BENEFITS OF THE PLAN. When Caesarean delivery or abdominal operation for extra-uterine pregnancy is performed, the maximum amount is increased to \$180.00, while in the event of miscarriage up to \$45.00 is payable. It is not necessary to be confined in a hospital in order to collect. This benefit may be used to cover charges of the hospital or the doctor or both, at your option.



Maternity coverage for female employees and dependents of employees starts after 9 months provided application is made as soon as eligible or within 31 days after becoming eligible. If application is not made within 31 days after becoming eligible maternity coverage for both female employees and dependents starts 12 months after the effective date shown on the certificate of insurance.

In the event an insured employee leaves the company for any reason, the maternity coverage of female employees and of dependents is extended for 9 months, and no premium is required for this extended period.

HOW TO USE B.A.R.E. MEMBERSHIP

When your doctor advises hospital care, present your Membership Card at the hospital and ask the hospital to contact the Benefit Association of Railway Employees. The Association will, if you are in good standing, assume payment of your bill as outlined herewith. If you or your dependents require surgery, you should also ask your doctor to check with the Benefit Association of Railway Employees regarding payment of his bill. You may use any licensed or incorporated hospital.

ENROLL FOR YOUR FAMILY WHEN YOU ENROLL FOR YOURSELF



The following are eligible as dependents, if living with you: (1) spouse (wife or husband), (2) all unmarried children under 19 years but over 10 days of age.

EFFECTIVE DATE

If you apply for insurance on or before the 5th of any calendar month, you and your dependents will be insured starting with the first of the following month. If you apply for insurance after the 5th of the calendar month,

you and your dependents will be insured starting with the first of the second following month. This is provided, of course, that the required payroll deduction is made for the monthly cost in accordance with the payroll deduction authority you signed. There will be no waiting periods except 9 months for maternity benefits for employees and dependents.

Employees who do not apply within 31 days of the date of employment, will be subject to the following waiting periods and restrictions as to themselves and their dependents: no benefits shall be payable for expense incurred on account of (1) any disease or condition originating prior to or within 31 days from and after the effective date of coverage,

(2) herniotomy, tonsillectomy, appendectomy, or any disease or condition of female generative organs within 6 months from and after the effective date of coverage, and (3) pregnancy or childbirth within 12 months from and after the effective date of coverage.

THESE WAITING PERIODS AND RESTRICTIONS DO NOT APPLY IF YOU SIGN WHEN YOU ARE HIRED — SO SIGN NOW!

TEMPORARY LAYOFF—CONVERSION

If you are temporarily laid off you may continue your and your dependents' hospital protection for six months by paying your premium direct to the B.A.R.E. each month in advance. If you leave the Rock Island Railroad you may change over to an individual policy which is issued subject to regular B.A.R.E. underwriting rules.

PENSIONED EMPLOYEES

All employees who retire after the effective date of this plan who are eligible for benefits under the Railroad Retirement Act of 1937, as amended, and who have been insured under this plan during the entire 12 month period immediately prior to such retirement may continue their group coverage for the benefits shown in this pamphlet provided written application for such change is made within 31 days of the date of retirement.

Insured pensioned employees and their insured dependents will be covered for hospital charges for room, board and general nursing care up to \$7.00 per day for not exceeding 30 days per year. In addition, miscellaneous hospital charges other than those covered by the daily benefit, such as for operating room, anaesthesia, laboratory service, X-ray examination, drugs and dressings, etc., will be covered up to a maximum of \$210.00 per year. Surgical benefits will be provided in accordance with the same list of operations for which insured as an active employee providing maximum surgical benefits up to \$150.00. No maternity benefits are provided for pensioned employees and their dependents.

THESE SERVICES ARE NOT COVERED

Expense due to illness or injury arising out of any employment for wage or profit. Expense due to injury or illness to which a contributing cause

was the commission of or attempt to commit a felony or while engaged in an illegal occupation. Non-therapeutic hospital charges, such as for telephone calls, newspaper, use of radio, rental of a cot for visitors, etc. Hospital charges for PURCHASE of special braces, appliances or ambulatory apparatus; RENTAL fees during the time qualified for board and room benefit are covered. Hospital charges for X-ray or radium TREATMENTS. Confinement within any of the facilities of any veteran's administration. Dental work of any kind unless confined in a hospital for dental surgery in which case the hospital charges for Board and Room and Miscellaneous Fees will be paid.

NO MEDICAL EXAMINATION

No medical examination for this new plan will be required if a signed enrollment card is returned immediately.

CERTIFICATE OF INSURANCE

A Certificate of Insurance and a membership card will be issued by the B.A.R.E. for delivery to each employee who is insured under this plan.

ADMINISTRATION OF THE PLAN

Your General Chairmen's Association, in cooperation with Railroad Management, will observe the handling of all matters concerning the administration of this plan. The B.A.R.E. will submit to them the claim experience, and any adjustments will be determined in consultation with them.

QUESTIONS AND ANSWERS

1. **Q. If you or the insured members of your family use a large amount of hospital and surgical care can you or they be cancelled out of the Plan?**
 - A. No. As long as the Rock Island group remains in effect neither your nor your dependents' protection can be cancelled except for non-payment of premium.

2. **Q. Who is eligible for this broad coverage Hospitalization Plan?**
 - A. You and all your dependents (spouse, or all unmarried children under 19 years but over 10 days of age) regardless of physical condition and without medical examination.

- 3. Q. When do benefits begin?**
A. Benefits begin with the first day of hospital confinement and are payable for up to 90 days for each disability for you and each of your insured dependents.
- 4. Q. Are you or your dependents eligible for more than one 90 day period of hospitalization during twelve consecutive months?**
A. There is no limit to the number of confinements in any one year, but confinements are limited to 90 days for each period of disability or for the same or related cause.
- 5. Q. What is covered by this plan?**
A. This plan covers payment for expense incurred for Daily Hospital Board and Room, general nursing care, operating room, drugs, dressings, X-rays, etc. and surgical operations either in or out of the hospital.
- 6. Q. Are X-ray exposures paid for without hospital confinement?**
A. Yes, up to \$5.00 for one or \$10.00 for two or more exposures. Dental X-rays of any kind are not covered.
- 7. Q. What proof do you get to show that you and your family are insured?**
A. A certificate describing these benefits and a Membership Card.
- 8. Q. How are benefits payable?**
A. The benefits are payable direct to the doctor and/or hospital. However, if you prefer you may pay your hospital and surgical cost and we will pay you according to the provisions set forth in your certificate.
- 9. Q. Will the \$35.00 deductible apply to benefits for Surgical Operations—Ambulance Service—Emergency First Aid—Initial Visit for Surgery when not confined—Out Patient benefit for X-ray—Basal Metabolism Tests—Electrocardiograms and the Maternity Benefit?**
A. No. These benefits will not be affected but will be paid as indicated.
- 10. Q. May I continue the insurance upon leaving the Rock Island?**
A. Yes, you may convert to an individual policy, subject to regular B.A.R.E. underwriting rules.

**SCHEDULE OF BENEFITS FOR ACTIVE EMPLOYEES
AND THEIR DEPENDENTS**

<u>Daily Hospital Benefit</u>	<u>Miscellaneous Hospital Charges</u>	<u>Maternity Benefit</u>	<u>Maximum Surgical Benefit Payable in Addition to Other Benefits</u>
Semi-Private or Ward	No Limit	\$90.00	\$150.00

(See "DEDUCTIBLE" Page 1)

MONTHLY COST

<u>Employee Only</u>	<u>Employee With Child or Children Only</u>	<u>Employee With Wife Only</u>	<u>Employee With Wife and Children</u>
\$3.60	\$5.95	\$6.95	\$7.95

**SCHEDULE OF BENEFITS FOR PENSIONED
EMPLOYEES AND THEIR DEPENDENTS**

<u>Daily Hospital Benefit</u>	<u>Miscellaneous Hospital Charges</u>	<u>Maximum Surgical Benefit Payable in Addition to Other Benefits</u>
\$7.00	\$210.00	\$150.00

MONTHLY COST

<u>Employee Only</u>	<u>Employee With Child or Children Only</u>	<u>Employee With Wife Only</u>	<u>Employee With Wife and Children</u>
\$3.50	\$5.75	\$6.75	\$7.75

EXAMPLES OF BENEFITS TAKEN FROM CLAIMS ACTUALLY PAID

Abdominal Operation

42 days hospitalization in semi-private room \$ 462.00

Miscellaneous Fees:

Operating Room	\$ 43.50	
Dressings	82.60	
Intravenous Trays	87.00	
Medicines	205.90	
Laboratory	230.50	
X-ray Examinations	240.00	
Anaesthesia	<u>135.00</u>	
		1,024.50

Surgical Benefit 100.00

TOTAL \$1,586.50

Operation on Skull

11 days hospitalization in ward room \$ 77.00

49 days hospitalization in semi-private room 392.00

Miscellaneous Fees:

Emergency Room	\$ 10.00	
Operating Room	30.00	
Anaesthetic	15.00	
Laboratory	32.50	
Medicines	288.26	
Dressings	4.55	
Physiotherapy	28.00	
X-rays	32.50	
		440.81

Surgical Benefit 150.00

TOTAL \$1,059.81

Cancer

44 days hospitalization in semi-private room.....\$ 440.00

Miscellaneous Fees:

Drugs	\$ 92.65
Laboratory	147.00
X-rays	88.00
Dressings	18.00
Operating Room	25.00
Anaesthesia	10.15
Intravenous Feedings	87.00
Oxygen	<u>300.00</u>

767.80

Surgical Benefit

125.00

TOTAL.....\$1,332.80

Laparotomy (Intestinal Obstruction)

48 days hospitalization in semi-private room.....\$ 452.00

Miscellaneous Fees:

Operating Room.....	\$ 60.00
Anaesthesia	30.00
X-rays	63.00
Supplies	106.10
Laboratory	76.00
Blood Transfusions	120.00
Drugs	<u>239.82</u>

694.92

Surgical Benefit


100.00

Total.....\$1,246.92

HERE IS HOW TO FILL OUT YOUR CARD


YOUR LAST NAME (PLEASE PRINT) HUGHES		FIRST NAME JOHN		MIDL. INITIAL W	AGE 40
YOUR ADDRESS—NUMBER AND STREET 9041 KIRK STREET		CITY DES MOINES		STATE IA.	
NAME OF EMPLOYER CHICAGO ROCK ISLAND & PACIFIC RAILROAD					
YOUR OCCUPATION MACHINIST		WHERE YOU WORK (DIVISION) DES MOINES DIVISION		IDENTIFICATION NO. 16835	
SOCIAL SECURITY NUMBER 335-24-6379	DATE HIRED 2-5-31	DATE CARD SIGNED 5-20-53	<input type="checkbox"/> I AM SINGLE <input checked="" type="checkbox"/> I AM MARRIED <input type="checkbox"/> I HAVE CHILDREN		MONTHLY COST \$7.95
FIRST NAME OF YOUR WIFE (OR HUSB.) ALICE	AGE 35	CHILD'S FIRST NAME ROBERT	AGE 11	CHILD'S FIRST NAME ANN	AGE 8
CHILD'S FIRST NAME JAMES	AGE 6	(SHOW ADD'L. CHILDREN ON BACK OF CARD)			
PLEASE DO NOT WRITE HERE — FOR OFFICE USE ONLY					
FILE NUMBER 145-	C/A	EFFECTIVE DATE	NO. BILLED	SCHED.	PREMIUM
UNDERWRITING STAMPS		DATE RECEIVED			
FORM 1210-GLP-M-RR		AGENT'S NAME			

ENROLL NOW!

IDENTIFICATION NUMBER 16835	REQUEST FOR INSURANCE AND PAYROLL DEDUCTION AUTHORITY	FIRST DEDUCTION \$ 7.95
DIVISION DES MOINES		
DEPARTMENT CAR		

I apply for the plan of insurance benefits provided by the Benefit Association of Railway Employees, Chicago, Illinois, and authorize my employer,
CHICAGO ROCK ISLAND & PACIFIC RAILROAD
to make a first deduction as shown above and thereafter the necessary deduction from my earnings to apply toward cost of the plan provided by said Association. I authorize the Association to pay directly to the hospital or doctor or other person or institution furnishing services covered by the provisions of said plan any benefits payable under said plan on account of such services with the understanding that this assignment will be void in any case in which a receipted bill for such services is presented to the Association with the claim, and shall be void with respect to any claim which, upon presentation to the Association, shall be accompanied by a written request to void this assignment. I hereby authorize any doctor or hospital rendering service to furnish the Association with any information desired concerning the condition for which such service is rendered.

SIGN HERE → John W. Hughes
Date Signed May 20, 1953

FORM 1210-GLP-M-RR  482

- If you are single your Monthly Deduction is.....\$3.60
- If you have a wife only your Monthly Deduction is..... 6.95
- If you have a wife and child or children (age 10 days to 19 years)
your Monthly Deduction is..... 7.95
- If you are a widow or widower and wish to enroll your children
(age 10 days to 19 years) your Monthly Deduction is..... 5.95

YOUR ADDRESS—NUMBER AND STREET		CITY		STATE			
NAME OF EMPLOYER CHICAGO ROCK ISLAND & PACIFIC RAILROAD							
YOUR OCCUPATION		WHERE YOU WORK (DIVISION)		IDENTIFICATION NO.			
SOCIAL SECURITY NUMBER		DATE HIRED	DATE CARD SIGNED	<input type="checkbox"/> I AM SINGLE <input type="checkbox"/> I AM MARRIED <input type="checkbox"/> I HAVE CHILDREN	MONTHLY COST		
FIRST NAME OF YOUR WIFE (OR HUSB.)	AGE	CHILD'S FIRST NAME	AGE	CHILD'S FIRST NAME	AGE		
CHILD'S FIRST NAME	AGE	CHILD'S FIRST NAME	AGE	CHILD'S FIRST NAME	AGE		
(SHOW ADD'L. CHILDREN ON BACK OF CARD)							
PLEASE DO NOT WRITE HERE — FOR OFFICE USE ONLY							
FILE NUMBER	C/A	EFFECTIVE DATE	MO. BILLED	SCHED.	PREMIUM	DATE RECEIVED	DATE CERTIFICATE SENT
145-	-						
UNDERWRITING STAMPS				AGENT'S NAME			
FORM 248D-GLF-M-RR							

FILL IN ALL INFORMATION ABOVE HEAVY BLACK LINE & SIGN YOUR NAME ON LOWER PART OF CARD AFTER ARROW.

ENROLL NOW!

REQUEST FOR INSURANCE AND PAYROLL DEDUCTION AUTHORITY

IDENTIFICATION NUMBER
DIVISION
DEPARTMENT



FIRST DEDUCTION

I apply for the plan of insurance benefits provided by the Benefit Association of Railway Employees, Chicago, Illinois, and authorize my employer, **CHICAGO ROCK ISLAND & PACIFIC RAILROAD**

to make a first deduction as shown above and thereafter the necessary deduction from my earnings to apply toward cost of the plan provided by said Association. I authorize the Association to pay directly to the hospital or doctor or other person or institution furnishing services covered by the provisions of said plan any benefits payable under said plan on account of such services with the understanding that this assignment will be void in any case in which a receipted bill for such services is presented to the Association with the claim, and shall be void with respect to any claim which, upon presentation to the Association, shall be accompanied by a written request to void this assignment. I hereby authorize any doctor or hospital rendering service to furnish the Association with any information desired concerning the condition for which such service is rendered.

SIGN HERE →

Date Signed _____

MO.	BILL	UNPAID	MO.	BILL	UNPAID	MO.	BILL	UNPAID	MEMORANDA			
CHILD'S FIRST NAME			AGE	CHILD'S FIRST NAME			AGE	CHILD'S FIRST NAME			AGE	
NAME						PAYROLL NO.						
FIRST DEDUCTION						REGULAR DEDUCTION						
Month	19.....			19.....			19.....			19.....		
JAN.												
FEB.												
MAR.												
APR.												
MAY												
JUNE												
JULY												
AUG.												
SEPT.												
OCT.												
NOV.												
DEC.												

RECORD OF EMPLOYEE'S CONTRIBUTIONS
INDUSTRIAL DIVISION
BENEFIT ASSOCIATION OF RAILWAY EMPLOYEES