

PLAN OF
MEDICAL - HOSPITAL BENEFITS
FOR RETIRED EMPLOYEES AND DEPENDENTS
EASTERN ASSOCIATED COAL CORP.



7/11/1966

SECTION I - DEFINITIONS

Whenever used herein:

- A. "Company" means the EASTERN ASSOCIATED COAL CORP.
- B. "Employee Member" means a retired employee of the Company receiving retirement benefits under a formal pension plan of the Company or under an allowance from the Company and who has not attained age 65.
- C. "Dependent" means the wife or the husband of an employee member provided she or he was insured as a dependent of the employee under a Company hospital plan, if any, in effect at the time of the employee's retirement and has not attained age 65.
- D. "Plan" means the hospital and medical benefits as hereinafter stated available to Employee Members and Dependents thereof.

SECTION II - MEMBERSHIP AND COST

- A. The Plan as amended becomes effective for all Employee Members as of July 1, 1966, and those retired thereafter without cost, unless confined to a hospital in which case the Plan will become effective upon discharge from the hospital.
- B. The Dependent may be included in the Plan by making application therefore within thirty-one (31) days immediately following the effective date of the Plan for the Employee Member and contributing at the rate of \$5.00 per month. If the Dependent is confined to a hospital at the time application is made, the Dependent will not be included in the Plan until discharged from the hospital.

SECTION III - PAYMENT OF BENEFITS

Payment of benefits under the Plan will be made only to the Employee Member or the Dependent, and the Employee Member and the Dependent shall not have the right to assign the benefits or any portion thereof to which either may be entitled under the Plan.

SECTION IV - EXCLUDED BENEFITS

Life insurance or death benefits are not payable under the Plan for either the Employee Member or Dependent.

SECTION V - BENEFITS - EMPLOYEE MEMBER

A. The maximum amount of benefits to an Employee Member under the Plan is \$2,500, which amount, subject to the limitations set forth under Paragraph B of this Section V, is available as follows:

1. Up to the sum of \$700 per year for the first three years from the date the Plan becomes effective for the Employee Member, of which amount \$600 may be expended for room and board, medical attention, and surgery performed while confined in the hospital, and \$100 for medical services rendered out of the hospital.

2. For the fourth year the sum of \$700 (\$600 thereof for in-the-hospital and \$100 for out-of-the-hospital) or the unused balance of the maximum amount, whichever is the smaller; for the fifth year the sum of \$700 (\$600 thereof for in-the-hospital and \$100 for out-of-the-hospital) or the unused balance of the maximum amount, whichever is the smaller; for the sixth year the sum of \$800 (\$700 thereof for in-the-hospital and \$100 for out-of-the-hospital) or the unused balance of the maximum amount, whichever is the smaller; for the seventh year the sum of \$900 (\$800 thereof for in-the-hospital and \$100 for out-of-the-hospital) or the unused balance of the maximum amount, whichever is the smaller; for the eighth year the sum of \$1,000 (\$900 thereof for in-the-hospital and \$100 for out-of-the-hospital) or the unused balance of the maximum amount, whichever is the smaller; for the ninth year the sum of \$1,100 (\$1,000 thereof for in-the-hospital and \$100 for out-of-the-hospital) or the unused balance of the maximum amount, whichever is the smaller. For the tenth year the sum of \$1,200 (\$1,100 thereof for in-the-hospital and \$100 for out-of-the-hospital) or the unused balance of the maximum whichever is smaller.

B. Benefits are subject to the following limitations:

- 1. Hospital room and board \$15.00 per day.
- 2. Hospital medical attendance \$3.00 per visit.
- 3. Surgery according to schedule attached.
- 4. Medical attention by a duly licensed physician at his office \$3.00 per visit.

5. Home calls by a duly licensed physician \$5.00 per visit.

C. Benefits are not payable for:

- 1. Dental services of any kind except in cases of bodily injury;
- 2. Examinations which are not performed, recommended, or approved by a duly licensed physician or surgeon;
- 3. Eye examinations for or the supplying or fitting of eye glasses;
- 4. Examinations for or the supplying or fitting of hearing aids.

SECTION VI - BENEFITS - DEPENDENT

A. The maximum amount of benefits to a Dependent under the Plan is \$1,500, which amount, subject to the limitations set forth under Paragraph B of this Section VI, is available as follows:

1. Up to the sum of \$700 per year for the first two years from the date the Plan becomes effective for the Dependent Member of which amount \$600 may be expended for room and board, medical surgery performed while confined in the hospital, and \$100 for medical services rendered out of the hospital.

2. For the third through fifth year the sum of \$700 (\$600 thereof for in-the-hospital and \$100 for out-of-the-hospital) or the unused balance of the maximum amount, whichever is the smaller; for the sixth year the sum of \$800 (\$700 thereof for in-the-hospital and \$100 for out-of-the-hospital) or the unused balance of the maximum amount, whichever is the smaller; for the seventh year the sum of \$900 (\$800 thereof for in-the-hospital and \$100 for out-of-the-hospital) or the unused balance of the maximum amount, whichever is the smaller; for the eighth year the sum of \$1,000 (\$900 for in-the-hospital and \$100 for out-of-the-hospital) or the unused balance of the maximum amount, whichever is the smaller; for the ninth year the sum of \$1,100 (\$1,000 thereof for in-the-hospital and \$100 for out-of-the-hospital) or the unused balance of the maximum amount, whichever is the smaller; for the tenth year the sum of \$1,200 (\$1,100 thereof for in-the-hospital and \$100 for out-of-the-hospital) or the unused balance of the maximum amount, whichever is the smaller.

B. Benefits are subject to the following limitations:

1. Hospital room and board \$15.00 per day.
 2. Hospital medical attendance \$3.00 per visit.
 3. Surgery according to schedule attached.
 4. Medical attention by a duly licensed physician at his office \$3.00 per visit.
 5. Home calls by a duly licensed physician \$5.00 per visit.
- C. Benefits are not payable for:
1. Dental services of any kind except in cases of bodily injury;
 2. Examinations which are not performed, recommended, or approved by a duly licensed physician or surgeon;
 3. Eye examinations for or the supplying or fitting of eye glasses;
 4. Examinations for or the supplying or fitting of hearing aids.

D. Upon the death of the Employee Member, benefits will continue to be available to the Dependent without further contributions until said Dependent becomes age 65.

SECTION VII - TERMINATION OF BENEFITS

- A. Benefits under the Plan for the Employee Member will terminate upon payment of the maximum amount of \$2,500, upon death, or upon reaching age 65 whichever first occurs.
- B. Benefits under the Plan for the Dependent will terminate upon payment of the maximum amount of \$1,500, remarriage, death, failure to make contributions required, or upon reaching age 65 whichever first occurs.

SECTION VIII - ADMINISTRATION

The Plan will be administered by three Trustees under a Declaration of Trust dated December 2, 1957. The Trustees in their discretion may delegate to an administrator

the responsibility of managing the Plan in accordance with the policies, regulations, and procedures that shall be established by the Trustees from time to time pursuant to the terms and provisions of the Declaration of Trust.

SECTION IX - AMENDMENT - TERMINATION

The Plan, which it is hoped will continue indefinitely, was arranged after careful study and thorough investigation. The Trustees reserve the right, however, to amend, change, add to, modify, or delete any or all of the provisions of the Plan, and may in their sole discretion terminate the Plan in whole or in part at any time, and in such event any reserve funds or existing funds in any amount thereof remaining after payment or providing for the payment of all proper expenses and accrued liabilities of the Plan shall be paid to the Company.

SCHEDULE OF SURGICAL BENEFITS

Maximum Payment
for the
Employee Member
or a Dependent
(If Included)

OPERATION

ABDOMEN - Cutting into abdominal cavity for diagnosis, treatment or removal of organs therein (unless otherwise specified in the schedule) \$ 167.00

Two or more surgical procedures performed through the same abdominal incision will be considered as one operation, and the maximum will be the largest of the maximum for the individual operations.

ABSCESS - Requiring hospital residence (furuncles excepted) 42.00

AMPUTATION OF

Thigh 125.00
Leg, entire foot or hand, arm, forearm 83.00
Fingers or toes, each 17.00

BREAST

Amputation 167.00
Abscess, deep (furuncles excepted) 42.00

CHEST

Complete thoracoplasty, or removal of portion of lung 250.00
Other cutting into thoracic cavity for diagnosis or treatment (tapping excepted) 67.00
Induction of artificial pneumothorax 42.00

Closed Open
Operation

DISLOCATION, Reduction of
Hip or knee joint (patella excepted) . . . \$ 58.00 \$ 117.00
Shoulder, elbow, or ankle joint 42.00 83.00
Lower jaw 25.00 50.00
Collar bone or wrist 17.00 33.00

EXCISION, Removal of

Shoulder or hip joint 167.00
Knee joint 125.00
Elbow, wrist or ankle joint 83.00

OPERATION

Maximum Payment
for the
Employee Member
or a Dependent
(If Included)

EXCISION, Removal of (Con't.)
Diseased portion of bone, including
curettage (alveolar processes excepted) \$ 83.00

EAR, NOSE OR THROAT

Mastoidectomy
One side 125.00
Both sides 167.00
Laryngectomy 83.00
Intra-Laryngeal operation by laryngoscopic
procedure 83.00
Esophagoscopy or bronchoscopy for removal
of foreign body or biopsy 167.00
Tracheotomy 83.00
External fronto-ethmoid and sphenoid 167.00
Antrum, Caldwell-Luc 108.00
Sinus operation by cutting unless otherwise
listed (puncture of antrum excepted) 83.00
Puncture of Antrum 8.00
Submucous resection of nasal septum 83.00
Removal of nasal polypi 21.00
Tonsillectomy or tonsillectomy & Adenoidectomy,
Removal of foreign body unless otherwise
listed 42.00
Any other cutting operation (tapping excepted). 8.00
17.00

EYE

Any cutting operation into the eyeball (through
the cornea or sclera 83.00
Cataract, removal 125.00
Cataract, needling 42.00
Glaucoma, operation 125.00
Removal of eyeball 83.00
Removal of intra-ocular foreign body from eye
or eyes by magnet 83.00
Removal of foreign body from cornea or sclera 8.00
Strabismus operation 83.00
Lacrimal sac, removal 63.00
Any other cutting operation on the eye 33.00

OPERATION

Maximum Payment
for the
Employee Member
or a Dependent
(If Included)

EYE (Con't.)
Ptosis, operation \$ 58.00
Any other cutting operation on the eyelids 17.00

FRACTURE, Treatment of:

Thigh, leg, kneecap, upper
arm, vertebra, or vert-
ebrae, or pelvis (coccyx
excepted) \$125.00 \$188.00 \$250.00
Lower jaw (alveolar process
excepted) collar bone,
shoulder blade, or forearm 63.00 94.00 125.00
Wrist, hand, ankle or foot 38.00 56.00 75.00
Fingers or toes, one or
more 17.00 25.00 33.00
Nose, rib or ribs 25.00 38.00 50.00

Simple Compound Open
Fracture Fracture Operation

GENITO-URINARY TRACT

Removal of kidney \$250.00
Cutting into or fixation of kidney
Removal of tumors or stones in kidney, ureter
or bladder
By cutting operation 167.00
By crushing, cauterization or endoscopic means 42.00
Stricture of urethra
Open operation 83.00
Intra-urethral cutting operation 42.00
Circumcision 25.00
Removal of entire prostate by open operation 250.00
(complete procedure)
Removal of part of prostate
By endoscopic means 67.00
By other cutting operation 125.00
Varicocele, cutting operation on 42.00
Hydrocele, excision or incision and treatment
of sac (tapping excepted) 42.00
Orchidectomy or epididymectomy 58.00
Complete removal of uterus, tubes, and ovaries 250.00

OPERATION Maximum Payment
 for the
 Employee Member
 or a Dependent
 (If Included)

GENITO-URINARY TRACT (Con't.)

Other operations on uterus and its appendages
 Cutting operations with abdominal approach . . . \$167.00
 Cutting operations without abdominal approach . . . 83.00
 Dilatation and curettage (non-puerperal) 42.00

GOITRE

Thyroidectomy (complete procedure including
 ligation of thyroid arteries to be treated as
 one operation) 250.00
 Ligation of thyroid arteries not followed by
 thyroidectomy
 One or more at one operation 83.00
 Two or more stage operation 125.00
 (Complete procedure to be treated as one
 operation)

HERNIA (Cutting operation for radical cure)

One or more 125.00

JOINT, Incision into (tapping excepted)

42.00

LIGAMENTS, Cutting operation

42.00

Suturing of tendons

Single 42.00
 Multiple 67.00

PARACENTESIS (Tapping of)

Abdomen, chest, or bladder (other than
 catheterization) 17.00
 Ear-drum, hydrocele, joint or spine 17.00

RECTUM, Cutting operation or injection

treatment for radical cure of hemor-
 roids, (Complete procedure) 58.00
 Cutting operation for prolapsed rectum
 or fistula in ano 42.00
 Cutting operation for fissure 17.00

SKULL, Cutting into cranial cavity

250.00

OPERATION Maximum Payment
 for the
 Employee Member
 or a Dependent
 (If Included)

SPINE OR SPINAL CORD, Operation with removal

of portion of vertebra or vertebrae
 (except coccyx) \$250.00
 Removal of part or all of coccyx 83.00

TEETH - Extraction of impacted teeth (one

or more)
 Requiring hospital residence 42.00
 Not requiring hospital residence 17.00

TUMORS, Cutting operation for removal of

Malignant tumors, except those of face,
 lip, or skin 167.00
 Malignant tumors, of face, lip or skin 42.00
 Benign tumors requiring hospital residence . . 42.00
 Benign tumors not requiring hospital residence . 17.00

VARICOSE VEINS, Cutting operation or injection

treatment (Complete procedure on all veins) . . 67.00

OPERATIONS NOT ENUMERATED ABOVE

A payment will be determined consistent with the
 amounts provided above for operations in the same
 operative field for any cutting operation not
 covered under this schedule.

