

Wm C Schott

Bavarian

BREWING COMPANY INC.

GROUP INSURANCE

for

Salaried and Non-Union Employees

Revised Nov. 1, 1953

Group Insurance Plan

**For Salaried and
Non Union Employees of**

BAVARIAN BREWING COMPANY, INC.

Administered by
Connecticut General Life Insurance Company
Hartford, Connecticut

BAVARIAN BREWING COMPANY INCORPORATED

TO OUR EMPLOYEES:

We are pleased to present our employees with a new comprehensive program of Group Life and Health Insurance. The plan is underwritten by the Connecticut General Life Insurance Company of Hartford, Connecticut.

The entire cost of the program is paid for by your Company. We feel that this is one more way through which we can express to you our appreciation of your loyalty and service. As a participant in this plan you are provided with various types of insurance coverage for yourself and your family which should aid you in event of sickness or accident.

This plan has been revised since it was first installed on November 1, 1951. Effective November 1, 1953 your Accident and Sickness benefits have been increased to 26 weeks of income due to a non-occupational disability, and hospital benefits for you and your family have been increased to meet the corresponding rising costs of hospital confinements.

This booklet describes our new plan in detail. However, if you would like any points more fully explained, do not hesitate to ask. We suggest you read it carefully and we hope you find a source of comfort and security in the benefits described.



Ray Hoffmann,
Vice President & General Manager

WHEN YOUR INSURANCE BEGINS . . .

You and your eligible family members are insured, without medical examination and without cost, as soon as you have completed 15 days of work.

You must be at work on the day your insurance would normally take effect . . . if you are absent, your insurance will start on the day you return to work.

IMPORTANT . . .

If you do not have a family member now, you will be insured for family benefits on the day you acquire your first family member. You should promptly notify the office if you wish to add family benefits.

CERTIFICATES . . .

When you are insured you will receive a certificate made out in your name describing your insurance in detail.





Life Insurance Protection

Under our group insurance plan you are insured for the amount of life insurance shown in the summary. This money will be paid to any beneficiary you have named in the event of your death from any cause.

If you should become so disabled before your sixtieth birthday that in all probability you cannot engage in any work for a long time, your insurance will be kept in force for as long as you continue to be totally disabled. Satisfactory proof that you are still disabled must be provided periodically. If you should die while disabled, the amount for which you were insured will be paid to your beneficiary.

If you leave our employ for any reason your group life insurance will be continued for 31 days. During this 31 day period you have the privilege of exchanging your insurance for any individual policy (except Term insurance) which is issued by the insurance company. All you have to do is to apply and pay the premium. No medical examination is necessary.

Note: Please notify the office promptly whenever you wish to change your beneficiary.



Benefits For Accidental Loss of Life, Limbs or Sight

This insurance provides funds to help meet expenses due to loss of life, limbs or sight in an accident which happens either at or away from work.

If, within 90 days after the accident, any of the losses listed below occur, benefits will be paid as follows:

*As Shown
In The Summary*

Loss of life	The entire amount
Loss of both hands, both feet, the sight of both eyes or any combination of these	The entire amount
Loss of one hand, one foot or the sight of one eye	One-half the amount

Benefits for accidental loss of limbs or sight are payable to you. The accidental death benefit is payable to your beneficiary in addition to the full amount of your life insurance.

Benefits will not be paid for self-destruction or self-inflicted injury while sane or insane, ptomaine poisoning, bacterial infection (except pus-forming infection resulting from an accidental wound), accidents caused by war, or for losses due to disease.

Weekly Benefit for Accident or Sickness

Your accident and sickness insurance provides weekly benefits to help replace your income while you are unable to work. Weekly payment as shown in the summary will be made to you beginning:

with the 1st day if you are disabled because of a non-occupational accident;

with the 8th day if you are disabled because of a sickness not covered by Workmen's Compensation.



Payments will continue as long as you are unable to work . . . up to a maximum of 26 weeks.

There is no limit to the number of times that you may receive Accident and Sickness benefits with this exception: No employee age 60 or over may receive benefits for more than a total of 26 weeks during any 12 consecutive months.

Note: No benefits are payable if disability is due to pregnancy.



Hospital and Surgical Benefits

For You and Your Family

Your hospital and surgical benefits are described on the following pages. These benefits are available both to you and your wife and to your unmarried children between 14 days and 19 years of age.

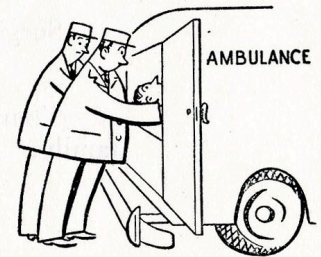
HOSPITAL BED AND BOARD

If confinement is due to any reason other than pregnancy you will be paid up to the amount shown in the summary per day for hospital charges for bed and board, but in no event may the total amount received during any one period of disability be more than 31 times your daily benefit.

OTHER HOSPITAL CHARGES

(during confinement)

up to the amount shown in the summary . . . for such items as surgical room, anesthesia, laboratory procedures, X-ray examinations, drugs, dressings and ambulance.



INSURANCE SUMMARY

BENEFITS FOR YOU	<i>Superintendents</i>	<i>Assistant Superintendents and Foremen</i>	<i>Salesmen and Hourly Employees</i>
Life Insurance	\$3500	\$2500	\$1000
Accidental Loss of Life, Limbs or Sight Up To	\$3500	\$2500	\$1000
Accident and Sickness Weekly Benefit.	\$ 50	\$ 40	\$ 35
Daily Hospital Bed and Board Up To.	\$ 10	\$ 10	\$ 8
Other Hospital Charges Up To	\$ 200	\$ 200	\$ 160
Surgical Fees Up To	\$ 150	\$ 150	\$ 150

BENEFITS FOR YOUR FAMILY			
Daily Hospital Bed and Board Up To	\$ 10	\$ 10	\$ 8
Other Hospital Charges Up To	\$ 200	\$ 200	\$ 160
Surgical Fees Up To	\$ 150	\$ 150	\$ 150

Your Company takes pleasure in paying the entire cost of the above insurance benefits for you and your family.

SURGICAL BENEFITS

In the back of this booklet there is a list of operations showing the maximum amount that will be paid to help cover the surgeon's bill. You or your family member may receive up to \$150 during any one disability.



This surgical benefit will be paid regardless of where the operation is performed . . . in a hospital, doctor's office or elsewhere.

MATERNITY BENEFITS (For Wives of Employees Only)

Wives of employees . . . are entitled to the following maternity benefits 9 months after their insurance becomes effective.

- up to 10 times the rate of daily benefit for bed, board, and other hospital charges;
- surgical benefits as shown in the operation schedule under "Obstetrical."

Maternity benefits will also be paid within 9 months following cancellation of your insurance.

GENERAL PROVISIONS HOSPITAL AND SURGICAL BENEFITS

In order for you to receive hospital benefits, confinement must last at least 18 hours in a legally constituted hospital with the recommendation of a qualified doctor. However, your benefits will start immediately in case of—



emergency care following injury,
or

confinement due to a surgical
operation.

Full hospital and surgical benefits are available to you during each period of disability. However, if your family member is confined to a hospital or operated upon more than once due to the same cause, full benefits are payable each time provided the confinements or operations are more than 6 months apart or provided a complete recovery has taken place between them. *Full family member benefits will be payable for each confinement or each operation if the causes are different.*

You or your family members will also be entitled to receive these hospital and surgical benefits within 3 months after cancellation of your insurance, as long as the confinement or operation occurs during total disability which has lasted since the date the insurance was cancelled.

Benefits will not be paid for dental fees, medical fees, special nursing fees, or confinement in a Veteran's Administration Hospital . . . or for hospital confinement which starts before your insurance becomes effective.

These benefits are not paid for employee cases covered by Workmen's Compensation.

Operation Schedule

<i>Description of Operation</i>	<i>Maximum Payment</i>
Abdomen	
Cutting into abdominal cavity for diagnosis or treatment of organs therein (unless otherwise specified in the schedule)	\$100
Abscess requiring hospital residence (furuncles excepted)	25
Amputation of	
Thigh	75
Leg, entire foot, arm, forearm or entire hand	50
Fingers or toes, each	10
Blood Transfusions, each	25
Breast	
Amputation	100
Abscess, deep (furuncles excepted)	25
Chest	
Complete thoracoplasty, or removal of portion of lung	150
Other cutting into thoracic cavity for diagnosis or treatment (tapping excepted)	40
Induction of artificial pneumothorax	25
Dislocation, Reduction of	
Hip or knee joint (patella excepted)	35
Shoulder, elbow or ankle joint	25
Lower jaw	15
Collar bone or wrist	10
For dislocations requiring an open operation the maximum payment will be twice the amount shown above.	
Excision, Removal of	
Shoulder or hip joint	100
Knee joint	75
Elbow, wrist or ankle joint	50
Diseased portion of bone, including curettage (alveolar processes excepted)	50
Ear, Nose or Throat	
Mastoidectomy	
One side	75
Both sides	100
Tonsillectomy, or tonsillectomy and adenoidectomy	25
Sinus operation by cutting (puncture of antrum excepted)	35
Puncture of antrum	5
Submucous resection of nasal septum	35
Tracheotomy	35
Bronchoscopy for removal of foreign body or biopsy	35
Any other cutting operation (tapping excepted)	10

Eye

Any cutting operation into the eyeball (through the cornea or sclera)	\$ 50
Removal of eyeball	35
Removal of foreign body from cornea or sclera	5
Any other cutting operation on eye	20
Fracture, Treatment of	
Thigh, leg, kneecap, upper arm, vertebra or vertebrae, or pelvis (coccyx excepted)	50
Lower jaw (alveolar process excepted), collar bone, shoulder blade or forearm	25
Wrist, hand, ankle or foot	15
Fingers or toes, one or more	10
Nose, rib or ribs	10
The amounts shown above are for simple fractures.	
For compound fractures the maximum payment will be one and one-half times the amount shown above for the corresponding simple fracture.	
For fractures requiring an open operation, the maximum payment will be twice the amount shown above for the corresponding simple fracture.	
Genito-Urinary Tract	
Removal of kidney	150
Cutting into or fixation of kidney	100
Removal of tumors or stones in kidney, ureter or bladder	
By cutting operation	100
By crushing, cauterization or endoscopic means	25
Stricture of urethra	
Open operation	50
Intra-urethral cutting operation	25
Removal of entire prostate by open operation (complete procedure)	150
Removal of part of prostate	
By endoscopic means	40
By other cutting operation	75
Varicocele, cutting operation on	25
Hydrocele, excision, or incision and treatment of sac (tapping excepted)	25
Orchidectomy or epididymectomy	35
Complete removal of uterus, tubes and ovaries	150
Other operations on uterus and its appendages	
Cutting operations with abdominal approach	100
Cutting operations without abdominal approach	50
Dilatation and curettage (non-puerperal)	25

Goitre	
Thyroidectomy (Complete procedure, including ligation of thyroid arteries, to be treated as one operation)	\$150
Ligation of thyroid arteries not followed by thyroidectomy	
One or more at one operation	50
Two or more stage operation	75
(Complete procedure to be treated as one operation)	
Hernia, Cutting operation for radical cure	
Single hernia	50
More than one hernia	75
Joint	
Incision into (tapping excepted)	25
Ligaments	
Cutting operation	25
Suturing of tendons, single	25
multiple	40
Obstetrical (<i>applies to family members only</i>)	
Delivery of child or children	50
Caesarean section, including delivery	100
Abdominal operation for extra-uterine pregnancy	100
Miscarriage	25
Paracentesis (Tapping of)	
Abdomen, chest, or bladder (other than catheterization)	10
Ear-drum, hydrocele, joint or spine	10
Rectum	
Cutting operation or injection treatment for radical cure of hemorrhoids (complete procedure)	25
Cutting operation for prolapsed rectum or fistula in ano	25
Cutting operation for fissure	10
Skull	
Cutting into cranial cavity	150
Spine or Spinal Cord	
Operation with removal of portion of vertebra or vertebrae (except coccyx)	150
Removal of part or all of coccyx	50
Tumors, Cutting operation for removal of	
Malignant tumors, except those of face, lip or skin	100
Malignant tumors of face, lip or skin	25
Benign tumors requiring hospital residence	25
Benign tumors not requiring hospital residence	10
Varicose Veins	
Cutting operation or injection treatment (complete procedure on all veins)	40
Payments for operations not listed will be determined by the Insurance Company and will be in amounts consistent with those listed above.	

— NOTES —