



EMPLOYEE BENEFIT PROGRAM

WITH DEPENDENT'S BENEFITS

TEKTRONIX, INC.

P. O. Box 831

PORTLAND 7, OREGON

Foreword

June 15, 1956

For many years we have provided a group insurance program for Tektronix employees and their families. Many thousands of dollars in claims have been paid under the program. We are now pleased to announce substantial improvements effective June 1, 1956, as outlined in this booklet and at no increased cost to our personnel. These improvements are made possible by dividend credits earned by favorable claims experience. We hope this situation will continue.

All currently insured employees and their eligible dependents are automatically insured in this revised program. New employees and dependents may be insured without medical examination on the 1st day of the 2nd month following regular employment if enrolled. Tektronix pays most of the cost of these benefits in anticipation of a dividend based on the claim experience. Your costs are as stated in this booklet — we pay the balance.

This program, like all similar ones, has certain limitations but it does provide broad basic protection plus some features especially designed for Tektronix. We recommend it for your participation.

Sincerely,

THE MANAGEMENT

EMPLOYEE'S BENEFITS

Life Insurance

Scheduled amount of life insurance is payable to the insured's named beneficiary in event of death from any cause on or off the job. A change of beneficiary may be made by written notice.

In case of termination of employment, the insured employee may exchange his group life insurance for an individual policy (other than term insurance) without examination, providing application is made and premium is paid within thirty-one days after such termination.

If an insured employee is compelled to terminate employment before age 60 because of total physical disability, and proof of his continued disability is submitted to the Insurance Company periodically, the insurance will remain in effect as long as he is so disabled without further payment of premium.

NOTE: An additional amount of insurance is also payable for accidental death, loss of one or both eyes, hands or legs.



Polio Expense Benefit

Payable for expenses incurred for treatment of poliomyelitis (infantile paralysis) which first manifests itself on or after the effective date of this insurance and in lieu of all other benefits provided in this plan, as follows:

- (a) Charges by a legally operated hospital for all necessary hospital services, including room and board, medicines, rental of iron lung or other similar mechanical equipment, physiotherapy and rental of necessary braces, crutches, or wheel chairs;
- (b) Services of legally qualified physicians or physiotherapists and graduate or licensed nurses;
- (c) Ambulance services to and from the hospital, and transportation to another locality by airplane or railroad if deemed necessary by the attending physician.

EMPLOYEE'S BENEFITS

Hospital-Surgical-Medical

The benefits as outlined are payable for all sicknesses and off-job accidents, including chronic conditions of health. Any legally operated hospital (except U. S. Gov't.-operated) and any licensed doctor of medicine or osteopathy may be used—anywhere.

Maternity Benefit: \$125.00 allowance for childbirth or miscarriage after 9 month's insurance. This benefit continues in effect for 9 months after termination of employment if previously insured for at least 9 consecutive months.

HOSPITAL BENEFITS

\$14.00 per day for room and board charges up to 70 days for each cause, **PLUS**

\$500.00 ~~\$300.00~~ for drugs, dressings, anaesthesia, X-ray, operating room, laboratory fees, ambulance, etc.; and also payable on the "out-patient" basis for accidents and surgery.

SURGICAL BENEFITS

\$7.50 to \$300.00 for cutting operations, fractures or dislocations, and post-operative care for each cause per schedule condensed herein. Hospital confinement is not required.

MEDICAL CARE BENEFITS

- (a) \$3.00 per doctor's call at his office or clinic, and \$4.00 while hospitalized, beginning 1st call sickness or accident, prior to surgery and in non-surgical cases; one call per day.
- (b) \$100.00 for diagnostic X-ray and laboratory fees in non-hospitalized cases per schedule.
- (c) \$300.00 added allowance in accident cases for hospital or medical expenses (including doctor's calls, X-rays, or tests anywhere) not otherwise fully reimbursed herein.
- (d) \$2,000.00 polio expense benefit as outlined.

NOTE: Doctor's calls for sickness at the insured's home or residence are relatively few and are not covered.

DEPENDENT'S BENEFITS

Hospital-Surgical-Medical

Eligible dependents are the employee's spouse AND unmarried dependent children between the ages of birth and 23 years.

The benefits as outlined are payable for all sicknesses and off-job accidents, including chronic conditions of health. Any legally operated hospital (except U. S. Gov't.-operated) and any licensed doctor of medicine or osteopathy may be used — anywhere.

Maternity Benefit: \$125.00 allowance for childbirth or miscarriage after 9 months insurance. This benefit continues for 9 months after termination of employment if previously insured for at least 9 consecutive months.

HOSPITAL BENEFITS

\$14.00 per day for room and board charges up to 35 days for each unrelated cause PLUS

\$300.00 for drugs, dressings, anaesthesia, X-ray, operating room, laboratory fees, ambulance, etc.; and also payable on the "out-patient" basis for accidents and surgery.

SURGICAL BENEFITS

\$7.50 to \$300.00 for cutting operations, fractures or dislocations, and post-operative care for each unrelated cause per schedule condensed herein. Hospital confinement is not required.

MEDICAL CARE BENEFITS

- (a) \$4.00 per doctor's call while hospitalized beginning FIRST call sickness or accident prior to surgery and in non-surgical cases; one call per day.
- (b) \$200.00 added allowance in accident cases for hospital or medical expenses (including doctor's calls, X-rays, or tests anywhere) not otherwise fully reimbursed herein.
- (c) \$2000.00 polio expense benefit as outlined herein.

NOTE: For sicknesses the dependent's benefits include doctor's calls and diagnostic X-rays or tests while hospitalized only.

Employee's Monthly Costs

Class of Employee by Base Pay	Amt. of Ins.	Emp. self	Emp. & Spouse	Emp. & Sp. & Ch.	Emp. & Ch. only
B—\$1.15 to 1.45 @ hr.	\$2,000	\$1.00	\$5.25	\$7.65	\$4.00
C—\$1.45 to 2.01 @ hr.	4,000	2.00	6.25	8.65	5.00
D—\$2.01 & up @ hr.	6,000	3.00	7.25	9.65	6.00

Provisions and Procedure

- To receive benefits as outlined in this program:
 - Hospital:** Obtain a Group Hospital Form from your employer, completed in duplicate, and present to the hospital upon admission. In emergency cases have this done for you as soon as possible after admission. Show this booklet or your insurance certificate if requested. Claims are payable directly to the hospital if desired.
 - Other Benefits:** Claim forms should be obtained from your employer and properly completed by him and your doctor. Maximum time allowed for filing a claim is 90 days after the expense is incurred.
- The program **DOES NOT** attempt to establish or "contract" the doctor's fees or hospital's charges. The benefits as outlined are payable to the doctor or hospital of the insured's free choice. Charges in excess thereof are the insured's responsibility to the doctor or hospital so far as the program is concerned.
- Benefits provided in the plan are not payable for dental care; nor for eye tests or refractions; nor for drugs or medicines in non-hospitalized cases.
- No medical examination is required to be insured if enrollment is made while first eligible. Failure to enroll when eligible may require a physical examination and possible declination of the insurance. If the employee is not at work or a dependent is under hospital or surgical care when the insurance would otherwise become effective they will be insured upon return to active work or release from care (as the case may be).
- Upon termination of employment the insurance continues to the end of the month in which termination occurs if premium is paid. Individual insurance certificates are issued outlining the benefits as provided in the group policy.

Condensed Schedule of Operations

Fees for surgery not included in this list will be paid on a comparable basis.

Operation	Maximum Payment
ABDOMEN	
Removal of appendix.....	\$150.00
Removal of gall bladder	225.00
Gastro-enterostomy	262.50
Resection of stomach, bowel, spleen.....	300.00
Cutting into abdominal cavity for diagnosis or treatment of organs in abdomen (unless otherwise specified).....	150.00

ABSCESSSES

Incision and Drainage of:	
Abscess, carbuncle, or cellulitis:	
Requiring hospital residence	37.50
Not requiring hospital residence	15.00
Boil or furuncle: One.....	7.50
Two or more.....	15.00

AMPUTATION

Hand, foot, or forearm.....	150.00
Arm at shoulder or thigh at hip.....	225.00
Thigh below hip or lower leg..	187.50

BRAIN AND NERVES

Operation for brain tumor or abscess.....	300.00
Vagotomy or sympathectomy....	300.00
Suture of nerves.....	112.50

CHEST

Artificial pneumothorax (init.)	37.50
Removal of portion of lung....	300.00
Complete thorocoplasty	300.00

EXCISION OR FIXATION

BY CUTTING

Bunions or bony growths.....	37.50
Wrist, elbow, or ankle joint....	112.50
Knee joint, except kneecap.....	150.00
Semi-lunar cartilage	150.00
Shoulder, hip, or sacro-iliac joint	225.00

EYE, EAR, NOSE, AND THROAT

Removal of eyeball	112.50
Removal of cataract.....	225.00
Operation for detached retina	300.00
Incision of sty or chalazion.....	15.00
Simple mastoidectomy:	
One side.....	112.50
Both sides.....	187.50
Radical mastoidectomy:	
One side.....	150.00
Both sides	225.00
Fenestration	300.00
Intranasal sinus operation:	
One side.....	52.50
Both sides	75.00
Extranasal sinus operation:	
One side.....	112.50
Both sides	150.00
Submucous resection	75.00
Laryngectomy	300.00
Removal of nasal polyps, one or more.....	15.00
Removal of tonsils or adenoids, or both.....	45.00
Antrum puncture	15.00

FRACTURES AND DISLOCATIONS

Reduction of simple fractures	
Forearm, both bones, elbow, upper arm	75.00
Wrist or forearm, one bone.....	52.50
Leg, both bones, or thigh.....	112.50
Breast bone, shoulder blade, or collar bone.....	37.50
Vertebrae, compression fracture.....	112.50

Condensed Schedule of Operations

Fees for surgery not included in this list will be paid on a comparable basis.

Operation	Maximum Payment	Operation	Maximum Payment
Jaw.....	52.50	HERNIA	
Skull.....	60.00	Repair by cutting operation:	
<i>For compound fractures, the maximum amount of payment will be one and one-half times the amount shown above for the corresponding fracture.</i>		One side	150.00
Reduction of simple Dislocations		Both sides	187.50
Wrist or jaw	22.50	Repair by injection:	
Elbow, shoulder or ankle joint	37.50	One side	52.50
Hip joint	75.00	Both sides	75.00
GENITO-URINARY TRACT		LIGAMENTS AND TENDONS	
Removal of kidney.....	300.00	Suturing of tendons:	
Removal of stones from kidney		Single	52.50
—by cutting	225.00	Multiple	75.00
by endoscope	75.00	Transplant of tendons:	
Removal of stones from ureter or bladder:		Single	75.00
by cutting	150.00	Multiple	112.50
by endoscope	52.50	Other cutting operations.....	37.50
Repair of cystocele or rectocele	75.00	RECTUM	
Dilation and curettage with conization	52.50	Removal of hemorrhoids by cutting or injection, complete procedure:	
Amputation of cervix.....	75.00	External	37.50
Removal of tubes or ovaries, or both.....	150.00	Internal or internal and external	75.00
Removal of uterus, complete, with or without surgery on tubes and ovaries.....	225.00	Resection for malignancy.....	300.00
Removal of prostate: by open operation.....	225.00	SKIN	
By transurethral operation....	150.00	Suture of skin.....	7.50
Repair of hydrocele or varicocele, one side	75.00	Suture of skin and fascia	15.00
both sides	112.50	SPINE OR SPINAL CORD	
Circumcision	22.50	Removal of ruptured intervertebral disc	262.50
GOITRE		Laminectomy	262.50
Removal of thyroid, complete..	225.00	Removal of part or all of coccyx	75.00
Simple ligation of thyroid gland.....	112.50	TUMORS AND CYSTS	
		Removal of malignant tumors of:	
		Face, skin, or lip.....	75.00
		Brain, lung, spinal cord....	300.00
		Other	150.00
		Removal of benign tumors:	
		Requiring hospital residence	52.50
		Not requiring hospital residence	15.00

Schedule of Diagnostic X-Ray and Laboratory Examinations

Payable in non-hospitalized cases—employee only

(\$50.00 per accident; \$100.00 per year for sicknesses)

X-RAY EXAMINATIONS

Abdomen (intestines colon, rectum, kidney, etc.)	\$11.25
Arm or leg	7.50
Chest (heart and lungs)	
Flat film	11.25
Stereoscopic films	15.00
Gall bladder, dye method	15.00
Stomach and Duodenum—barium meal	15.00
Complete Gastro—intestinal series—barium meal	30.00
Head (skull or sinuses)	11.25
Joints (shoulder, knees, ankle, wrist, hands or feet)	7.50
Kidney, ureter or bladder, dye method	22.50
Pelvis or spine	11.25

LABORATORY EXAMINATIONS

Basal Metabolism test	\$ 5.25
Blood test	
Hemoglobin determination, red blood cell count, white blood cell count, differential each	3.00
(Any combination not to exceed \$7.50)	
Electrocardiogram	7.50
Hinton, Kahn or Kline test	3.00
Malaria smear	3.00
Sputum test	3.00
Sugar test	
One blood sugar determination and accompanying urinary sugar determination	3.75
Sugar tolerance test, involving two or more blood sugar determinations and accompanying urinary sugar determinations	11.25
Wasserman test	5.25
Urinalysis	None

The Company will make payment for X-ray or laboratory examinations not specified in the Schedule (unless excluded) on a comparable basis.

NOTE: The above benefits do not apply to examinations or tests required as a condition of employment or marriage.

This program arranged by

MARSH & McLENNAN

Equitable Building, Portland 4, Oregon

and underwritten by

BANKERS *LIFE* COMPANY
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