



R.F.K. Medium ^{or} High Plans

Superior

	per family member			per family member	per family member
Doctor Visits	\$8 per visit	\$450 maximum		\$5 per visit	\$300 maximum.
X-Ray, Laboratory		\$200 maximum		\$50 per sickness	\$100 maximum for sickness
Medicines		\$60 maximum		\$50 per injury	\$25 per accident/illness.
Emergency Room		\$50 maximum		no special coverage.	
Additional Accident		no special coverage			\$300 maximum.
Ambulance		\$50			\$15 per trip
Hospital		\$800 maximum. + major medical coverage			\$50 /day
Surgery		\$500 maximum			\$2,000 maximum.
Maternity		\$700 max.			\$500 max.
Polio		no special coverage	[unlikely]		\$2,000 maximum.
Emergency Dental		\$50 max.			major medical for accidents only
Major Medical		\$2,000 medium plan (80% of expense) \$10,000 high plan			\$2,500 maximum. 100% covered if total expenses \$1,000 or greater

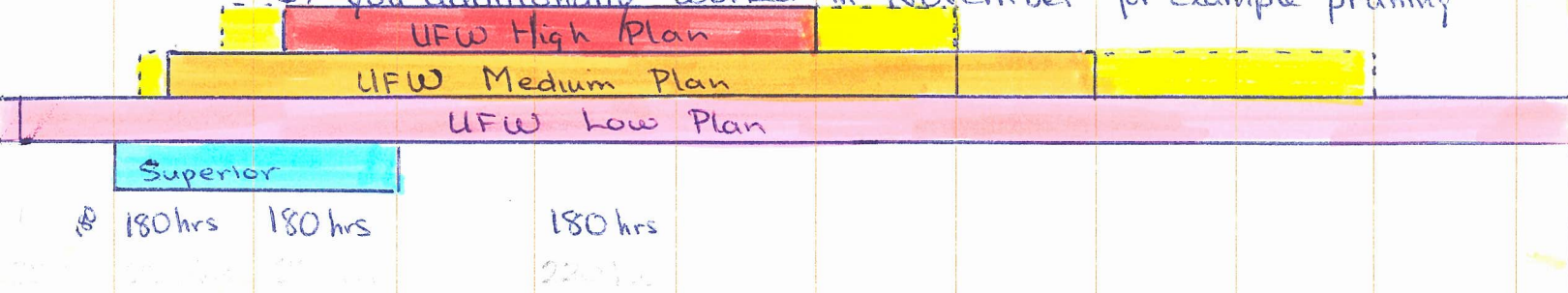
payment by patient at time of service
or to be made by patient at time of service

For Example:

If you work full time (44 hours/week) three months during just the harvest. You and your family are covered!
based on 50 hrs/week



If you additionally worked in November for example pruning



If you and your spouse ^{each} work full time (44 hours/week) three months just during the harvest. You and your family will be covered!



If you additionally worked two months in the pruning.

