



### R.F.K. Medium <sup>or</sup> High Plans

### Superior

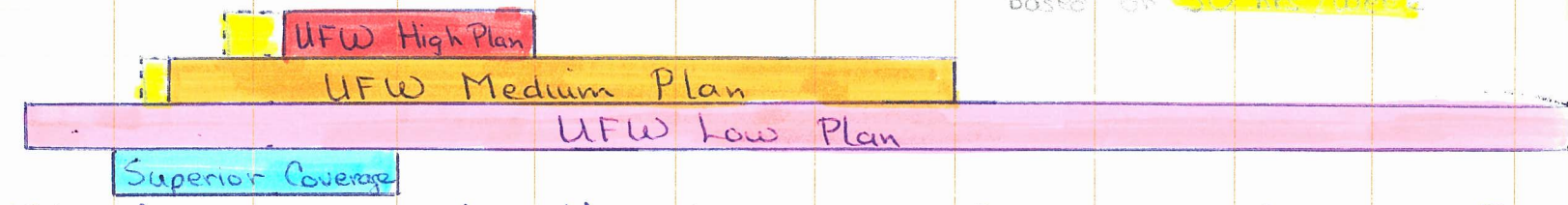
	per family member			per family member	per family member
Doctor Visits	\$8 per visit	\$450 maximum		\$5 per visit	\$300 maximum.
X-Ray, Laboratory		\$200 maximum		\$50 per sickness	\$100 maximum for sickness
Medicines		\$60 maximum		\$50 per injury	
Emergency Room		\$50 maximum		\$25 per accident/illness.	
Additional Accident		no special coverage		no <del>special</del> 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 maximum.
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 by third party  
if not covered by insurance

For Example:

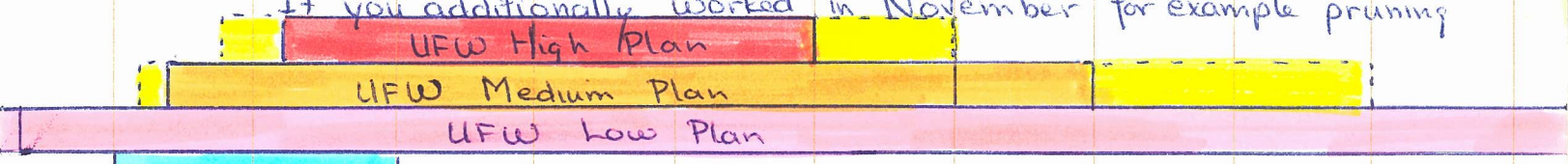
If you work full time (44 hours/week) three months during just the harvest. You and your family are covered!

based on 50 hrs/week



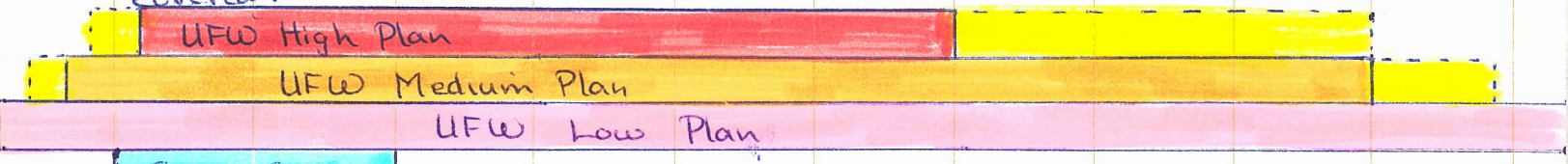
Month	Hours
July	180 hrs 220 hrs
Aug	180 hrs 220 hrs
Sept	180 hrs 220 hrs
Oct	
Nov	
Dec	
Jan	
Feb	
Mar	
Apr	
May	
June	

If you additionally worked in November for example pruning



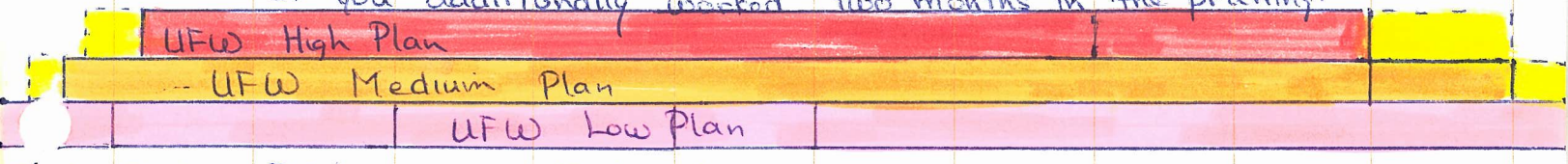
Month	Hours
July	180 hrs 220 hrs
Aug	180 hrs 220 hrs
Sept	180 hrs 220 hrs
Oct	
Nov	180 hrs 220 hrs
Dec	
Jan	
Feb	
Mar	
Apr	
May	
June	

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



Month	Hours
July	360 hrs 440 hrs
Aug	360 hrs 440 hrs
Sept	360 hrs 440 hrs
Oct	
Nov	
Dec	
Jan	
Feb	
Mar	
Apr	
May	
June	

If you additionally worked two months in the pruning.



Month	Hours
July	360 hrs 440 hrs
Aug	360 hrs 440 hrs
Sept	360 hrs 440 hrs
Oct	
Nov	180 hrs 440 hrs
Dec	180 hrs 440 hrs
Jan	
Feb	
Mar	
Apr	
May	
June	