
Digest of
**One-Hundred Selected Health and Insurance Plans
Under Collective Bargaining, 1954**



UNITED STATES DEPARTMENT OF LABOR
James P. Mitchell, Secretary

Bulletin No. 1180

BUREAU OF LABOR STATISTICS
Aryness Joy Wickens, Acting Commissioner

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Preface

The establishment of health and insurance plans by employers and unions through collective bargaining, or the inclusion of existing plans within the scope of the collective bargaining agreement, is recognized as one of the outstanding developments in labor-management relations in the past decade. By the end of 1954, more than 11,500,000 workers were estimated to be covered by health and insurance plans under collective bargaining.

The Bureau of Labor Statistics maintains a file of selected health and insurance plans for public use and has conducted a number of studies in this field, including reports on the growth of worker coverage under collectively bargained programs, analyses of plans in specific industries, and digests of the provisions of selected plans.

This report describes the principal features of 100 selected health and insurance plans in effect in 1954. The number of workers covered by these plans ranges from about one thousand to several hundred thousand. The selected plans are not presented as typical or "model" plans, nor as a representative sample of all plans under collective bargaining. They were chosen for this study because they covered large numbers of workers in major industries, or because they illustrated different approaches to health and insurance coverage, or because of their interest to the general public evidenced in inquiries received by the Bureau.

Digests of selected plans were issued by the Bureau in 1950 and 1951. Many changes in the scope and substance of health and insurance plans have been instituted since 1951. Significant among the changes have been (1) the broadening of the health and insurance "package" to include additional benefits, (2) the extension of benefits to dependents of employees and, to a lesser degree, to retired employees and their dependents, and (3) the general increase in the amounts of the benefits provided. The present report, which brings up to date a number of plans described in previous digests, is more comprehensive in scope and in detail. It attempts to reflect the nature of the benefits provided to workers and the differences among plans in a form suitable for quick reference.

For the convenience of the reader, State temporary disability laws which affect some of the plans covered in this digest are summarized in appendix A. Three prepaid medical care programs utilized by one or more of the selected plans are described in appendixes B, C, and D; other prepaid medical care programs are referred to and summarized in the appropriate plan digest.

The report was prepared in the Bureau's Division of Wages and Industrial Relations by Evan K. Rowe and Dorothy R. Kittner, with the assistance of Vincent A. Arkell and Harry E. Davis.

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Digest of One-Hundred Selected Health and Insurance Plans Under Collective Bargaining, 1954

EXPLANATORY NOTES

Although the terms and provisions of the digests of health and insurance plans used in this report are generally self-explanatory, some special definitions and qualifications were required. These are set forth below. It must be emphasized that a summary of a plan necessarily omits many features and administrative details embodied in the agreements and insurance policies which govern the operation of the plan.

Plans Under Collective Bargaining

For the purpose of this study, plans under collective bargaining include (1) those established for the first time as a result of collective bargaining, and (2) those originally established by either the employer or the union, but since brought within the scope of the agreement, at least to the extent that the agreement establishes employer responsibility to continue or provide certain benefits.

Although these plans are under collective bargaining, as defined above, they are not necessarily limited in application to employees covered by collective bargaining agreements. In companies where more than one union represents employees under the same plan, the union or unions identified in the plan digests account for a large proportion, but not necessarily all or a majority of the workers under collective bargaining agreements.

Symbols

- X When used in the digest, this symbol means that the column is applicable or that the benefit is provided under the program.
- When used in the digest, this symbol means that the column is not applicable or that the benefit is not provided under the program.

Variations Within Plans

Although a single program may be in effect throughout the various plants or companies covered by a multiplant or multi-employer program, variations in some benefits may occur between plants or companies. A common example of this variation is that relating to hospital, surgical, and medical benefits provided through Blue Cross and Blue Shield programs. Benefits under these programs generally vary from locality to locality. Where variations in benefits are known to exist under a particular multiplant or multiemployer plan, the provisions covering the largest

group of covered workers are described and the program so described is identified, e.g., the Michigan Hospital Service (Blue Cross plan) and Michigan Medical Service (Blue Shield plan).

Individuals to Whom the Benefits Apply

Except as indicated, life insurance (or death benefits) and accidental death and dismemberment insurance are available only to employees. Accident and sickness insurance benefits are available only to employees. The availability of hospital, surgical, and medical benefits to employees and their dependents is indicated in the appropriate sections of the plan digest.

Cases Covered—Occupational or Nonoccupational

For each plan the digest shows the types of coverage (nonoccupational and/or occupational) for which accidental death and dismemberment insurance and accident and sickness benefits are payable. Hospital, surgical, and medical benefits, except where indicated, are available only for nonoccupational (off-the-job) disabilities.

Eligibility Requirements

This term applies to requirements which a new employee must fulfill in order to be covered by the plan or to become eligible to participate in the program. Although the employee generally becomes eligible to receive benefits upon qualifying for plan coverage, further requirements may be stipulated for specific benefits, e.g., hospital benefits in maternity cases. Such additional requirements are noted where applicable.

In those States having temporary disability legislation¹ and in which the benefits are provided under private plans, workers are eligible for disability cash benefits as soon as they qualify

¹ Four States have enacted statutes providing protection from loss of wages because of temporary disability arising out of nonoccupational causes. These are: Rhode Island, California, New Jersey, and New York. The statutes of California and New Jersey provide for the substitution of private plans for the State plan. The New York statute does not provide for a State plan but requires employers to arrange for the benefits through insurance companies, a competitive State fund, or by self-insurance. Rhode Island makes no provision for the substitution of a private plan and therefore does not affect the qualification requirements of private plans in that State. For a more complete description of these plans, see appendix A.

under the State law, irrespective of the private plan eligibility requirements. These payments may be provided under the private plan through modification of its eligibility rules or from the State plan until the worker becomes eligible under the private plan. In addition, some plans may appear not to comply with statutory requirements as regards eligibility requirements; in these cases, however, they need not do so inasmuch as the private plan benefits are in addition to those prescribed by the State law.

"Immediately or first of following month." This term is used to indicate the eligibility requirements under which an employee becomes eligible to participate in the program not later than the first of the month following date of employment.

"Covered employment" means employment by an employer contributing to the plan (fund).

Life Insurance

In addition to the basic life insurance benefits provided under a plan, specified additional amounts are often made available to the employee on a contributory basis or at his own cost. Availability of this additional insurance is indicated by footnote reference. If additional insurance is made available by the company, but not under the collective bargaining agreement, this is indicated in a footnote simply as "company makes available additional insurance" or "company makes available life insurance."

Accidental Death and Dismemberment

Single dismemberment.—Refers to the loss of one hand, one foot, or the sight of one eye.

Multidismemberment.—Generally refers to the loss of two or more members.

Death benefits.—Under an accidental death and dismemberment provision are payable in addition to any life insurance benefits which may be otherwise provided under the program.

Accident and Sickness

In this report accident and sickness insurance benefits are limited to that type of insurance under which predetermined cash payments are made to covered employees during periods of temporary disability. Paid sick leave plans are not included. In some cases employees are covered by both accident and sickness insurance and paid sick leave programs. No reference is made to this fact in the digest. However, if no accident and sickness insurance is provided under the health and insurance plan but the employees are covered by paid sick leave, this fact is indicated by a footnote.

In States having temporary disability legislation and in which accident and sickness benefits are provided through private plans, the benefit rights of employees under the private plan must meet certain minimum statutory requirements.² For a description of these requirements, see appendix A.

Hospitalization

Daily benefit or service.—If the plan provides for either "ward or semiprivate" accommodations, only "semiprivate" is entered as the benefit available. In those cases where the plan indicates that semiprivate accommodations are provided but limits the allowance to a specified cash amount, only the cash amount is noted. Generally, where semiprivate room accommodations are provided, the plan also specifies an allowance toward the cost of a private room. This provision is not noted in the plan summaries.

Daily hospital room and board allowances are generally provided on an "up to" basis. This means that the patient will be reimbursed for charges up to the specified allowance. In some plans, however, the specified allowance is paid irrespective of the charge for the accommodations used. This distinction is noted by the use of "up to" to describe the former type of allowance, and if the latter type of benefit is provided, only the amount of allowance is cited.

Similar qualifications apply to surgical and medical care allowances and are noted accordingly.

Extra allowance or service.—Cash allowances or services provided in addition to daily room and board benefits. If the plan pays for the full cost of all of the services required, "Full cost of services" is entered in the column. If the plan pays for full cost of specified services or full cost of certain services and partial cost of other specified services "Full cost of specified services" is entered. A listing of the services covered often runs to considerable length and, therefore, could not be reproduced in these summaries.

Services provided may vary considerably among plans, but often include use of operating room and equipment, general nursing care, laboratory examinations consistent with the diagnosis for which hospitalized, drugs and medications for use in hospital, anesthesia if administered by an employee of the hospital and an allowance for anesthesia if administered by a non-hospital employee, and X-ray examinations consistent with diagnosis and treatment of condition for which hospitalized.

² New York State has exceptions to this rule; see appendix A.

Emergency out-patient care.—Refers to the service or cash benefit provided in the out-patient department of a hospital. In order for the individual to receive this benefit, treatment usually must be received within a specified number of hours after the cause of the emergency occurs. Hospital confinement is not required. If services necessary for treatment are provided with no cost limitation, "required services provided" is entered in this column; if there is a cost limitation on the amount of services provided, this is noted.

Surgical and Medical

Up to maximum schedule allowance accepted as full payment if annual income is under . . .—Except where indicated, annual income under this provision refers to total income of persons covered.

"Maximum schedule allowance" refers to the surgical schedule allowance for the most costly single operation; often used to identify the type of schedule, i.e., a "\$200," "\$250," or "\$300" schedule.

Medical care allowances.—Generally, these benefits are not payable for treatment received in connection with or following an operation. However, under some plans providing for in-hospital medical benefits, the maximum amount of medical benefits payable is determined according to a specified formula if an operation is performed during the period medical care allowances are otherwise payable. Wherever such a formula is included in the plan, the details are set forth in a footnote.

Maternity Provisions

Hospital and medical care benefits described in this section are those available for normal delivery cases. Usually, higher allowances or benefits are provided in those cases where obstetrical complications arise; these benefits are not described in this report.

Benefits available to newly insured.—This refers to the additional period of coverage under the plan, if any, required of the employee and/or dependent before maternity benefits are available.

Other Benefits

This section includes those benefits provided under the plan and not described elsewhere in the digest. Out-of-hospital allowances for anesthesia, X-ray, electrocardiograms, etc.,

where provided, are included in this section. Where such benefits are provided only during hospital confinement, they are considered part of the "extra allowance or services" under the hospitalization section.

Extension of Benefits

Benefits made available to retired employees and their dependents under the program are covered in this section. Benefits paid for entirely by the employee are included only if available on a group rate basis. Coverage available to retired workers and/or their dependents through conversion to individual premium rate policies are not included in this report.

Usually, the employee must be retired by the company or be retired under the provisions of a retirement program in order to be eligible for plan benefits. Generally, such retirement is based on age and/or service requirements. When qualifications for coverage are indicated in the plan, these are noted in the appropriate benefit columns.

Financing

Company only.—This term is used when the company pays the full cost of all benefits for the covered group or when the only payment the employee makes is that required by State temporary disability statutes. When the latter is the case, this is indicated by a footnote. If the basic benefits are company financed but additional benefits are available on a contributory basis or at the employee's sole cost, the method of financing has been designated as "company only" with a footnote explaining this option.

If benefits for the retired worker or the retired worker and his dependents are paid for from a fund to which only the company contributes, these benefits are noted as financed by "company only" with an accompanying footnote.

Jointly.—Benefits for the covered group are considered "jointly" financed even if the employer or employee pays part of the cost of only one of the benefits provided and the other benefits are financed solely by the employer or employee. If benefits for the retired worker or the retired worker and his dependents are financed by contributions of the active employee and the company, the benefits are considered "jointly" financed.

Amounts of contribution.—Information is provided only to the extent that details are available in the literature describing the plan. No attempt was made to determine the actual amount of contribution or cost in those cases where the plan simply stated that the company or employee paid the "full cost" or "balance of cost."

COMPANY, UNION, AND DATE OF INFORMATION	ELIGIBILITY REQUIREMENTS	LIFE INSURANCE				ACCIDENTAL DEATH AND DISMEMBERMENT				
	New employees become eligible—	Amount	If permanently and totally disabled		Cases covered	Amount				
			Before age—	Insurance is—		Graduated according to—	Death	Single dismem- berment	Multi- dismem- berment	
Maintained	Paid in—									
Coit's Manufacturing Company Automobile Workers (CIO) September 1954	After 8 weeks' employment	\$2,000	60	X	—	Nonoccu- pational; occupa- tional	—	\$2,000	\$1,000	\$2,000
American Sugar Refining Company Longshoremen (AFL) August 1954	After 3 months' employment	Up to 9 months' service—\$500; thereafter insurance in- creases \$100 per year of service up to maximum of \$1,000.	—	—	—	—	—	—	—	—
National Biscuit Company Bakery and Confectionery Workers (AFL) October 1954	<u>Life insurance:</u> After 3 months' employment <u>Other benefits:</u> After 6 months' employment	<u>Before age 65:</u> Men—\$4,000 Women—\$2,500 <u>After age 65:</u> At age 65, insurance reduced 2 percent each month to an amount which varies according to years employee contrib- uted to plan: For employees having contributed 20 years, insurance reduced to 40 percent (but not less than \$1,200); for each year of contribution less than 20, insurance con- tinued is 1½ percent less than 40 percent, minimum 25 percent for 10 years of contribution; for employees who contributed to plan less than 10 years, insurance immedi- ately reduced to \$500.	60	—	Installments	Nonoccu- pational	<u>Service</u> 6 months to 1 year—\$1,000 1 year to 2 years—1,100 2 years to 3 years—1,200 3 years to 4 years—1,300 4 years to 5 years—1,400 5 years and over—1,500	\$500 550 600 650 700 750	\$1,000 1,100 1,200 1,300 1,400 1,500	
Campbell Soup Company (Camden, N. J.) Packinghouse Workers (CIO) August 1954	<u>Accident and sick- ness benefits:</u> Immediately or 1st of following month <u>Other benefits:</u> After 50 days' employment	\$2,000	60 After age 60	X For 1 year	— —	— —	— —	— —	— —	

INSURANCE PLANS

ACCIDENT AND SICKNESS							HOSPITALIZATION									
Cases covered	Amount		Duration of benefits			Benefits begin		Daily benefit or service	Duration	Extended coverage		Maximum room and board allowance	Extra allowance or service	Per year	Per disability	Emergency out-patient care
			Period	After age—	Except Benefits limited to—	Accident	Sickness			Days	Daily amount					
Nonoccupational	\$30 per week		15 weeks per disability	—	—	1st day	8th day	Employee								
								Up to \$12	31 days	—	—	\$372	Up to \$240	—	X	Up to \$240
								Dependents								
Nonoccupational	<u>Basic weekly earnings</u>	<u>Weekly benefit</u>	13 weeks per disability	70	Discontinued	1st day	8th day	Employee and dependents ¹								
	Less than \$30 _____	\$12						Semi-private room	1st year under plan, 30 days; 2d year, 40 days; 3d year, 50 days; 4th year, 60 days; thereafter, 70 days	—	—	—	Full cost of specified services	—	X	—
\$30 to \$40 _____	15															
\$40 to \$50 _____	20															
\$50 to \$60 _____	25															
\$60 to \$80 _____	30															
\$80 and over _____	40															
Nonoccupational	<u>Basic weekly earnings</u>	<u>Weekly benefit</u>	26 weeks per disability	—	—	8th day	8th day	Employee								
	Less than \$35 _____	\$18						Up to \$10	31 days	—	—	\$310	Up to \$100	—	X	Up to \$100
	\$35 to \$40 _____	21						Dependents								
Nonoccupational	\$40 to \$46 _____	24	26 weeks per disability	—	—	8th day	8th day	Up to \$6	31 days	—	—	\$186	Up to \$60	—	X	Up to \$60
	\$46 to \$52 _____	27						Dependents								
Nonoccupational	\$52 to \$58 _____	30	26 weeks per disability	—	—	8th day	8th day	Employee and dependents ¹								
	\$58 to \$63 _____	33						Semi-private room	70 days	—	—	—	Full cost of specified services	—	X	—
\$63 to \$69 _____	36															
Nonoccupational	\$69 and over _____	40	26 weeks per disability	—	—	8th day	8th day	Employee and dependents ¹								
	Two-thirds of average weekly wage— Minimum—\$10 per week Maximum—\$30 per week							Semi-private room	70 days	—	—	—	Full cost of specified services	—	X	—

¹ Associated Hospital Service of Philadelphia (Blue Cross plan); employees in other areas covered by different programs.

COMPANY, UNION, AND DATE OF INFORMATION	SURGICAL			MEDICAL										
	Up to schedule allowance accepted as full payment if annual income is under—	Operation schedule—selected allowances		Covers cases in—	Up to schedule allowance accepted as full payment if annual income is under—	Employee								
		Employee	Dependents			Allowance				Maximum compensation	Benefits begin		Maximum number visits paid for	Maximum number days paid for
Home	Office	Hospital	Elsewhere	Sickness	Accident									
Colt's Manufacturing Company Automobile Workers (CIO) September 1954	—	Maximum schedule allowance \$200 Tonsillectomy Up to \$30 Appendectomy Up to \$100	\$200 Up to \$30 Up to \$100	Hospital, office, home, elsewhere	—	—	—	\$4 for each day of confinement	—	\$124 per disability	1st day	1st day	—	31 per disability
American Sugar Refining Company Longshoremen (AFL) August 1954	—	Maximum schedule allowance \$200 Tonsillectomy Up to \$30 Appendectomy Up to \$100	\$200 Up to \$30 Up to \$100	Hospital	—	Up to \$3 per visit	Up to \$3 per visit	1st day, up to \$10; 2d day, up to \$5; thereafter, up to \$3 per day	—	Home and office: \$63 per year Hospital: \$219 per disability	Home and office: 4th visit Hospital: 1st day	Home and office: 4th visit Hospital: 1st day	Home and office: 1 per day; 21 per year	Hospital: 70 per disability
National Biscuit Company Bakery and Confectionery Workers (AFL) October 1954	—	Maximum schedule allowance \$200 Tonsillectomy Up to \$30 Appendectomy Up to \$100	\$150 Up to \$25 Up to \$100	Hospital, office, home, elsewhere	—	—	—	\$3 for each day of confinement	—	\$93 per disability	1st day	1st day	—	31 per disability
Campbell Soup Company (Camden, N. J.) Packinghouse Workers (CIO) August 1954	—	Maximum schedule allowance \$200 Tonsillectomy Up to \$30 Appendectomy Up to \$100	\$200 Up to \$30 Up to \$100	Hospital	—	—	—	—	—	—	—	—	—	—

MEDICAL - Continued										MATERNITY PROVISIONS								
Dependents										Accident and sickness	Hospitalization					Surgical	Medical	Benefits available to newly insured
Allowance				Maximum compensation	Benefits begin		Maximum number visits paid for	Maximum number days paid for	Other provisions		Daily benefit or service	Duration	Maximum room and board allowance	Extra allowance or services	Lump sum	Schedule allowance for normal delivery	Amounts and limitations	
Home	Office	Hospital	Elsewhere		Sickness	Accident												
—	—	—	—	—	—	—	—	—	—	Regular benefits for 6 weeks	Employee					Employee and dependent: After 9 months		
—	—	—	—	—	—	—	—	—	—		—	—	—	Up to \$120	Up to \$50		—	
											Dependent							
—	—	—	—	—	—	—	—	—	—		—	—	—	Up to \$100	Up to \$50		—	
—	—	1st day, up to \$10; 2d day, up to \$5; thereafter, up to \$3 per day	—	\$219 per disability	1st day	1st day	—	70 per disability	One in hospital consultation allowance per disability, up to \$10	Regular benefits for 6 weeks	Employee and dependent					Employee and dependent: Hospitalization—immediately Surgical—after 9 months Employee: Accident and sickness—after 9 months		
—	—	—	—	—	—	—	—	—	—		—	—	—	Up to \$75 (1)	Up to \$60		—	
—	—	\$3 for each day of confinement	—	\$93 per disability	1st day	1st day	—	31 per disability	—	Regular benefits for 6 weeks	Employee					Employee and dependent: If pregnancy commences while insured		
—	—	—	—	—	—	—	—	—	—		—	—	—	Up to \$100	Up to \$50		—	
											Dependent							
—	—	—	—	—	—	—	—	—	—		—	—	—	Up to \$60	Up to \$50		—	
—	—	—	—	—	—	—	—	—	—	Regular benefits for 4 weeks	Employee and dependent					Employee and dependent: Hospitalization—after 9 months Surgical—immediately Employee: Accident and sickness—immediately		
—	—	—	—	—	—	—	—	—	—		Semi-private room	7 days	—	Full cost of specified services	—		Up to \$60	—

¹ Associated Hospital Service of Philadelphia (Blue Cross plan); employees in other areas covered by different programs.

COMPANY, UNION, AND DATE OF INFORMATION	OTHER BENEFITS ¹	EXTENSION OF BENEFITS TO— (must be at least on group rate basis)								
	Types and amounts	Retired employee					Dependents of retired employee			
		Life insurance	Accidental death and dismemberment	Hospitalization	Surgical	Medical	Life insurance	Hospitalization	Surgical	Medical
Colt's Manufacturing Company Automobile Workers (CIO) September 1954	—	—	—	Same as for active employee but limited to 31 days per year	Same as for active employee but limited to \$200 per year	Same as for active employee but limited to \$124 per year	—	—	—	—
American Sugar Refining Company Longshoremen (AFL) August 1954	—	\$1,000	—	—	—	—	—	—	—	—
National Biscuit Company Bakery and Confectionery Workers (AFL) October 1954	—	Same as for active employee	—	—	—	—	—	—	—	—
Campbell Soup Company (Camden, N. J.) Packinghouse Workers (CIO) August 1954	—	—	—	—	—	—	—	—	—	—

¹ Such benefits as X-ray, anesthesia, and electrocardiogram allowances may be provided under some plans, although not listed here. Reasons for not listing such benefits are set forth in EXPLANATORY NOTES.

INSURANCE PLANS - Continued

FINANCING

Benefits for employee		Benefits for employee's dependents			Benefits for retired employee			Benefits for dependents of retired employee			Amount of contribution for—			
Company only	Jointly	Company only	Jointly	Employee only	Company only	Jointly	Employee only	Company only	Jointly	Employee only	Benefits for employee and dependents		Benefits for retired employee and dependents	
											Employee	Company	Employee	Company
X	—	—	X	—	—	X	—	—	—	—	Dependents' benefits: \$4.18 per month	Employee's benefits: Full cost—\$1.67 per week Dependents' benefits: Balance of cost	\$2.22 per month	Balance of cost
X	—	X	—	—	X	—	—	—	—	—	—	Full cost	—	Full cost
—	X	X	—	—	X	—	—	—	—	—	Life insurance before age 65: Men—\$1.80 per month Women—\$0.90 per month	Life insurance: Before age 65— balance of cost; after age 65—full cost Other benefits: Full cost	—	Full cost
X (¹)	—	—	—	X	—	—	—	—	—	—	Employee's maternity benefits (hospitalization and surgical): Full cost Dependents' benefits: Full cost	All benefits for employee, except maternity coverage for hospitalization and surgical: Full cost	—	—

¹ Except women employees electing maternity coverage (hospitalization and surgical) pay full cost of these benefits.

COMPANY, UNION, AND DATE OF INFORMATION	ELIGIBILITY REQUIREMENTS	LIFE INSURANCE				ACCIDENTAL DEATH AND DISMEMBERMENT				
	New employees become eligible --	Amount	If permanently and totally disabled			Cases covered	Amount			
			Before age--	Insurance is--			Graduated according to--	Death	Single dismem- berment	Multi- dismem- berment
			Maintained	Paid in--						
Distillery industry, various employers Distillery Workers (AFL) National plan June 1954	1st of month after expiration of 30 days fol- lowing date of employment	\$1,500	60	X	—	Nonoccu- pational	—	\$2,500 (¹)	\$1,250 (¹)	\$2,500 (¹)
General Foods Corporation Various unions October 1954	Immediately or 1st of following month	<u>Annual wage</u> Less than \$1,200 ----- \$ 2,000 \$1,200 to \$1,700 ----- 3,000 \$1,700 to \$2,200 ----- 4,000 \$2,200 to \$3,500 ----- 6,000 \$3,500 to \$4,500 ----- 8,000 \$4,500 to \$5,500 ----- 10,000 \$5,500 to \$6,500 ----- 12,000 and up	60	—	Installments or lump sum (optional)	—	—	—	—	
Brewers Board of Trade (New York, N. Y.) Teamsters (AFL) December 1954	1st of month following 4 weeks' employment	\$1,500	60	X	—	Nonoccu- pational; occupa- tional	—	\$1,500	\$750	\$1,500

¹ If employee's wages during the 52-week period preceding injury total \$5,000 or more, amount of benefit is doubled.

² Term insurance until age 45; beginning with age 45, combination of term and paid-up insurance; amount of term insurance decreases as amount of paid-up insurance increases.

INSURANCE PLANS - Continued

ACCIDENT AND SICKNESS							HOSPITALIZATION								
Cases covered	Amount	Duration of benefits			Benefits begin		Daily benefit or service	Duration	Extended coverage		Maximum room and board allowance	Extra allowance or service	Per year	Per disability	Emergency out-patient care
		Period	After age	Benefits limited to	Accident	Sickness			Days	Daily amount					
Nonoccupational	50 percent of average weekly wage— Minimum—\$12.50 per week	52 weeks per disability	—	—	1st day	8th day or 1st in hospital	Employee								
							Up to \$7	100 days	—	—	\$700	Up to \$70	—	X	—
							Dependent wife								
							Up to \$7	100 days	—	—	\$700	Up to \$60	—	X	—
Dependent child															
Up to \$6	100 days	—	—	\$600	Up to \$40	—	X	—							
— (1)	— (1)	— (1)	— (1)	— (1)	— (1)	— (1)	Employee and dependents								
							Semi-private room	120 days	180	50 percent of cost of semi-private room	—	Full cost of services for 1st 120 days; 50 percent of cost for additional 180 days	—	X	Required services provided
Nonoccupational	\$35 per week	13 weeks per disability	—	—	1st day	8th day	Employee and dependents								
							Semi-private room	21 days	180	50 percent of cost of semi-private room	—	Full cost of specified services for 1st 21 days; 50 percent of cost for additional 180 days	—	X	Up to \$7.25

¹ No accident and sickness insurance benefit provided by plan; employees covered by paid sick leave plan.

COMPANY, UNION, AND DATE OF INFORMATION	SURGICAL			MEDICAL										
	Up to schedule allowance accepted as full payment if annual income is under—	Operation schedule— selected allowances		Covers cases in—	Up to schedule allowance accepted as full payment if annual income is under—	Employee				Maximum compensation	Benefits begin		Maxi- mum visits paid for	Maxi- mum days paid for
		Employee	Dependents			Home	Office	Hospit- al	Else- where		Sickness	Accident		
Distillery industry, various employers Distillery Workers (AFL) National plan June 1954	—	Maximum schedule allowance \$200	\$200	Hospital, office, home, elsewhere	—	Up to \$3 per visit	Up to \$2 per visit	Up to \$3 per visit	Up to \$3 per visit	\$150 per disability	3d visit or 1st in hos- pital	1st visit	1 per day	
		Tonsillectomy Up to \$30	Up to \$30											
		Appendectomy Up to \$110	Up to \$110											
General Foods Corporation Various unions October 1954	—	Maximum schedule allowance \$300	\$300	Hospital, office, home, elsewhere	—	—	—	—	—	—	—	—	—	—
		Tonsillectomy Up to \$45	Up to \$45											
		Appendectomy Up to \$150	Up to \$150											
Brewers Board of Trade (New York, N. Y.) Teamsters (AFL) December 1954	—	Maximum schedule allowance \$225	\$225	Hospital, office, home, elsewhere	—	—	1st day, up to \$10; 2d through 5th day, up to \$5 per day; 6th through 21st day, up to \$4 per day; there- after, up to \$2 per day	—	\$454 per disability	1st day	1st day	—	201 per disa- bility	
		Tonsillectomy Up to \$40	Under age 12, up to \$25; over age 12, up to \$40											
		Appendectomy Up to \$100	Up to \$100											

INSURANCE PLANS - Continued

MEDICAL - Continued										MATERNITY PROVISIONS								
Dependents										Accident and sickness	Hospitalization					Surgical	Medical	Benefits available to newly insured
Allowance				Maximum compensation	Benefits begin		Maximum number visits paid for	Maximum number days paid for	Other provisions		Daily benefit or service	Duration	Maximum room and board allowance	Extra allowance or services	Lump sum	Schedule allowance for normal delivery	Amounts and limitations	
Home	Office	Hospital	Elsewhere		Sickness	Accident												
—	—	—	—	—	—	—	—	—	—	Regular benefits for 6 weeks	Employee and dependent						Employee and dependent: After 9 months	
														Up to \$70 ⁽¹⁾	Up to \$50	—		
—	—	—	—	—	—	—	—	—	—	— ⁽²⁾	Employee and dependent						Employee and dependent: If pregnancy commences while insured	
											Semi-private room	10 days	—	Full cost of services	—	Up to \$125		—
—	—	1st day, up to \$10; 2d through 5th day, up to \$5 per day; 6th through 21st day, up to \$4 per day; thereafter, up to \$2 per day	—	\$454 per disability	1st day	1st day	—	201 per disability	One in-hospital consultation allowance per disability, up to \$10	Regular benefits for 6 weeks	Employee and dependent						Employee and dependent: Immediately	
														Up to \$80	Up to \$70	—		

¹ Allowance of \$70 (less prior hospital benefits) provided for nonhospital delivery following full-term pregnancy.
² No accident and sickness insurance benefit provided by plan; employees covered by paid sick leave plan.

COMPANY, UNION, AND DATE OF INFORMATION	OTHER BENEFITS ¹ Types and amounts	EXTENSION OF BENEFITS TO— (must be at least on group rate basis)								
		Retired employee					Dependents of retired employee			
		Life insurance	Accidental death and dismemberment	Hospitalization	Surgical	Medical	Life insurance	Hospitalization	Surgical	Medical
Distillery industry, various employers Distillery Workers (AFL) National plan June 1954	<u>Allowance for miscellaneous charges for non-hospitalized surgical cases:</u> Employee—up to \$70 per disability Employee's wife—up to \$60 per disability Employee's child—up to \$40 per disability	\$1,500	—	—	—	—	—	—	—	—
General Foods Corporation Various unions October 1954	—	Retiring at age 55 or later with 15 years' service; Amount of paid-up insurance accumulated prior to retirement or \$1,000, whichever greater ²	—	Retiring at age 55 with 15 years' service or at age 65; Same as for active employee except allowance for extra services limited to \$500	Retiring at age 55 with 15 years' service ¹ or at age 65; Same as for active employee	—	—	Same as for retired employee	Same as for retired employee	—
Brewers Board of Trade (New York, N. Y.) Teamsters (AFL) December 1954	Employee and dependents <u>Anesthesia allowance for nonhospitalized surgical cases—up to \$10</u>	—	—	—	—	—	—	—	—	—

¹ Such benefits as X-ray, anesthesia, and electrocardiogram allowances may be provided under some plans, although not listed here. Reasons for not listing such benefits are set forth in EXPLANATORY NOTES.

² Provided employee prior to retirement continuously contributed for paid-up insurance and does not, at any time, surrender it for cash.

INSURANCE PLANS - Continued

FINANCING

Benefits for employee		Benefits for employee's dependents			Benefits for retired employee			Benefits for dependents of retired employee			Amount of contribution for—			
Company only	Jointly	Company only	Jointly	Employee only	Company only	Jointly	Employee only	Company only	Jointly	Employee only	Benefits for employee and dependents		Benefits for retired employee and dependents	
											Employee	Company	Employee	Company
X	—	—	—	X	—	—	X	—	—	—	Dependents' benefits: Full cost	Employee's benefits: Full cost	Full cost—\$1.25 monthly per \$1,000 insurance	—
—	X	—	X	—	—	X	—	—	X	—	Term life insurance: Before age 45 ¹ —\$0.30 monthly per \$1,000 insurance Paid-up insurance after age 45 ¹ : Full cost—\$0.65 monthly per \$1,000 insurance Hospitalization and surgical: Benefits for employee only, \$1.70 per month; for employee and one dependent, \$3.80; for employee and more than one dependent, \$5.50	Term life insurance: Before age 45, balance of cost; after age 45, full cost ¹ Hospitalization and surgical: Balance of cost	Life insurance: Employee contribution ceases, paid-up insurance (financed by employee prior to retirement) continues in effect; company pays cost of difference between employee-financed paid-up insurance (if less than \$1,000) and guaranteed minimum coverage of \$1,000 Hospitalization and surgical: Same as active employee	Hospitalization and surgical: Balance of cost
X	—	X	—	—	—	—	—	—	—	—	—	Full cost—\$9.25 per month	—	—

¹ Up to age 45, life insurance is term insurance; after age 45, combination of term and paid-up insurance. After age 45, employee's total contributions go toward purchasing paid-up insurance. Company maintains term insurance. Amount of term insurance decreases as amount of paid-up insurance increases.

COMPANY, UNION, AND DATE OF INFORMATION	ELIGIBILITY REQUIREMENTS	LIFE INSURANCE				ACCIDENTAL DEATH AND DISMEMBERMENT			
	New employees become eligible --	Amount	If permanently and totally disabled	Cases covered	Amount				
					Before age--	Insurance is--		Graduated according to--	Death
				Maintained	Paid in--				
Armour and Company Meat Cutters (AFL); Packinghouse Workers (CIO) August 1954	<u>Life insurance and accident and sick- ness benefits:</u> After 6 months' employment Other benefits: 1st of month fol- lowing 6 months' employment	<u>Age at time of employment</u> Under age 55 Men ----- \$2,200 Women ----- \$1,900 Over age 55 ----- \$1,100	60	—	Installments	—	—	—	—
Swift and Company Meat Cutters (AFL); Packinghouse Workers (CIO); Packinghouse Workers (Ind.). August 1954	After 6 months' employment	— (¹)	—	—	—	—	—	—	—
Liggett and Myers Tobacco Company Tobacco Workers (AFL) August 1954	After 3 months' employment	<u>Basic annual pay</u> Less than \$2,500 ----- \$ 5,000 \$2,500 to \$3,000 ----- 6,000 \$3,000 to \$3,500 ----- 7,000 \$3,500 to \$4,000 ----- 8,000 \$4,000 to \$4,500 ----- 9,000 \$4,500 to \$5,000 ----- 10,000 \$5,000 to \$5,500 ----- 11,000 \$5,500 to \$6,000 ----- 12,000 \$6,000 to \$6,500 ----- 13,000 and up	60	Until normal retirement age, then reduced 10 percent immedi- ately and 10 per- cent annually thereafter to 50 percent of amount in effect prior to initial reduction	—	—	—	—	—
Philip Morris and Company Tobacco Workers (AFL) September 1954	After 3 months' employment	<u>Yearly base pay</u> Less than \$1,500 ----- \$ 3,000 \$1,500 to \$2,000 ----- 4,000 \$2,000 to \$2,500 ----- 5,000 \$2,500 to \$3,000 ----- 6,000 \$3,000 to \$3,500 ----- 7,000 \$3,500 to \$4,000 ----- 8,000 \$4,000 to \$4,500 ----- 9,000 \$4,500 to \$5,000 ----- 10,000 \$5,000 to \$5,500 ----- 11,000 \$5,500 to \$6,000 ----- 12,000 \$6,000 to \$6,500 ----- 13,000 and up	60	X	—	—	—	—	—

¹ Company makes available life insurance on a contributory basis.

INSURANCE PLANS - Continued

ACCIDENT AND SICKNESS							HOSPITALIZATION								
Cases covered	Amount	Duration of benefits			Benefits begin		Daily benefit or service	Duration	Extended coverage		Maximum room and board allowance	Extra allowance or service	Per year	Per disability	Emergency out-patient care
		Period	Except		Accident	Sickness			Days	Daily amount					
			After age—	Benefits limited to—											
Nonoccupational (¹)	Men—\$12 per week Women—\$9 per week (¹)	13 weeks per disability (¹)	—	—	1st day (¹)	8th day (¹)	Employee and dependents								
							Semi-private room	70 days	—	—	—	Full cost of specified services	—	X	Required services provided
— (²)	— (²)	— (²)	— (²)	— (²)	— (²)	— (²)	Employee and dependents								
							Semi-private room	70 days	—	—	—	Full cost of specified services	—	X	Required services provided
Nonoccupational	50 percent of weekly rate of pay— Maximum—\$40 per week	13 weeks per disability	—	—	6th work-day	6th work-day	Employee and dependents ³								
							Semi-private room	60 days	180	50 percent of cost of semi-private room	—	Full cost of specified services for 1st 60 days; 50 percent of cost for additional 180 days	—	X	Required services provided
Nonoccupational	50 percent of weekly rate of pay— Maximum—\$40 per week	13 weeks per disability	—	—	8th day	8th day	Employee and dependents ³								
							Semi-private room	60 days	180	50 percent of cost of semi-private room	—	Full cost of specified services for 1st 60 days; 50 percent of cost for additional 180 days	—	X	Required services provided

¹ Not available to employees over age 55 at time of employment.

² No accident and sickness insurance benefit provided by plan; employees covered by paid sick leave plan.

³ Virginia Hospital Service Association (Blue Cross plan); employees in other areas covered by different programs. During 1st year of plan membership, benefits limited to 30 days per year plus full cost of specified services.

COMPANY, UNION, AND DATE OF INFORMATION	SURGICAL			MEDICAL										
	Up to schedule allowance accepted as full payment if annual income is under—	Operation schedule— selected allowances		Covers cases in—	Up to schedule allowance accepted as full payment if annual income is under—	Employee				Maximum compensation	Benefits begin		Maxi- mum number visits paid for	Maxi- mum number days paid for
		Employee	Dependents			Home	Office	Hospi- tal	Else- where		Sickness	Accident		
Armour and Company Meat Cutters (AFL); Packinghouse Workers (CIO) August 1954	—	Maximum schedule allowance \$300	\$300	Hospital, office, home, elsewhere	—	—	1st visit, up to \$10; there- after, up to \$3 per visit	—	\$217 per disability	1st day	1st day	1 per day; 70 per dis- ability	—	
		Tonsillectomy												
		Up to \$60	Under age 12, up to \$35; over age 12, up to \$60											
		Appendectomy												
		Up to \$150	Up to \$150											
Swift and Company Meat Cutters (AFL); Packinghouse Workers (CIO); Packinghouse Workers (Ind.) August 1954	—	Maximum schedule allowance \$300	\$300	Hospital, office, home, elsewhere	—	—	1st day, up to \$10; there- after, up to \$3 per day	—	\$217 per disability	1st day	1st day	—	70 per disa- bility	
		Tonsillectomy												
		Up to \$60	Under age 12, up to \$35; over age 12, up to \$60											
		Appendectomy												
		Up to \$150	Up to \$150											
Liggett and Myers Tobacco Company Tobacco Workers (AFL) August 1954	Individual cover- age, \$2,400; husband and wife, \$3,200; family, \$4,000 (¹)	Maximum schedule allowance \$150	\$150	Hospital, office (¹)	Individual cover- age, \$2,400; husband and wife, \$3,200; family, \$4,000 (¹)	—	—	1st day, up to \$10; 2d and 3d day, up to \$5; there- after, up to \$3 per day (¹)	\$116 per year (¹)	4th day retro- active to 1st (¹)	4th day retro- active to 1st (¹)	—	35 per year (¹)	
		Tonsillectomy												
		Under age 19, up to \$35; over age 19, up to \$40	Under age 19, up to \$35; over age 19, up to \$40											
		Appendectomy												
		Up to \$75 (¹)	Up to \$75 (¹)											
Philip Morris and Company Tobacco Workers (AFL) September 1954	Individual cover- age, \$2,400; husband and wife, \$3,200; family, \$4,000 (¹)	Maximum schedule allowance \$150	\$150	Hospital, office (¹)	Individual cover- age, \$2,400; husband and wife, \$3,200; family, \$4,000 (¹)	—	—	1st 3 days, up to \$5 per day; there- after, up to \$3 per day (¹)	\$111 per year (¹)	4th day retro- active to 1st (¹)	4th day retro- active to 1st (¹)	—	35 per year (¹)	
		Tonsillectomy												
		Under age 19, up to \$35; over age 19, up to \$40	Under age 19, up to \$35; over age 19, up to \$40											
		Appendectomy												
		Up to \$75 (¹)	Up to \$75 (¹)											

¹ Virginia Medical Service Association (Blue Shield plan); employees in other areas covered by different programs.

INSURANCE PLANS - Continued

MEDICAL - Continued										MATERNITY PROVISIONS								
Dependents										Accident and sickness	Hospitalization					Surgical	Medical	Benefits available to newly insured
Allowance				Maximum compensation	Benefits begin		Maximum number visits paid for	Maximum number days paid for	Other provisions		Daily benefit or service	Duration	Maximum room and board allowance	Extra allowance or services	Lump sum	Schedule allowance for normal delivery	Amounts and limitations	
Home	Office	Hospital	Elsewhere		Sickness	Accident												
—	—	1st visit, up to \$10; thereafter, up to \$3 per visit	—	\$217 per disability	1st day	1st day	1 per day; 70 per disability	—	—	Regular benefits for 6 weeks	Employee and dependent					Employee and dependent: After 9 months		
											Semi-private room	70 days	—	Full cost of specified services	—	Up to \$90	1st visit, up to \$10; thereafter, up to \$3 per visit; maximum \$217; limited to 1 in-hospital visit per day up to day of delivery	
—	—	1st day, up to \$10; thereafter, up to \$3 per day	—	\$217 per disability	1st day	1st day	—	70 per disability	—	(1)	Employee and dependent					Employee and dependent: After 270 days		
											Semi-private room	70 days	—	Full cost of specified services	—	Up to \$90	—	
—	—	1st day, up to \$10; 2d and 3d day, up to \$5; thereafter, up to \$3 per day (2)	—	\$116 per year (2)	4th day retroactive to 1st (2)	4th day retroactive to 1st (2)	—	35 per year (2)	2 in-hospital consultation allowances per disability; 1st consultation, up to \$10; 2d consultation, up to \$5 (2)	—	Employee and dependent ²					Employee and dependent: After 10 months		
											Semi-private room	10 days	—	Full cost of specified services	—	Up to \$75	Regular benefits if specialist services are required due to grave complications	
—	—	1st 3 days, up to \$5 per day; thereafter, up to \$3 per day (2)	—	\$111 per year (2)	4th day retroactive to 1st (2)	4th day retroactive to 1st (2)	—	35 per year (2)	In-hospital consultation (1 only during any one disability), up to \$10; 2d and 3d (limit 3 in any contract year), up to \$5 each (2)	—	Employee and dependent ²					Employee and dependent: After 10 months		
											Semi-private room	10 days	—	Full cost of specified services	—	Up to \$75	Regular benefits if specialist services are required due to grave complications	

¹ No accident and sickness insurance benefit provided by plan; employees covered by paid sick leave plan.

² Virginia Hospital Service and Virginia Medical Service Associations (Blue Cross and Blue Shield plans); employees in other areas covered by different programs.

COMPANY, UNION, AND DATE OF INFORMATION	OTHER BENEFITS ¹ Types and amounts	EXTENSION OF BENEFITS TO— (must be at least on group rate basis)								
		Retired employee					Dependents of retired employee			
		Life insurance	Accidental death and dismemberment	Hospitalization	Surgical	Medical	Life insurance	Hospitalization	Surgical	Medical
Armour and Company Meat Cutters (AFL); Packinghouse Workers (CIO) August 1954	Employee and dependents Polio allowance.—(In addition to other plan benefits for expenses incurred within 3 years of contraction)—up to \$5,000	With 20 year service: \$500	—	—	—	—	—	—	—	—
Swift and Company Meat Cutters (AFL); Packinghouse Workers (CIO); Packinghouse Workers (Ind.) August 1954	Employee and dependents ² Polio allowance.—(In addition to other plan benefits for expenses incurred within 3 years of 1st treatment)—up to \$5,000	—	—	Same as for active employee	Same as for active employee	Same as for active employee	—	Same as for retired employee	Same as for retired employee	Same as for retired employee
Liggett and Myers Tobacco Company Tobacco Workers (AFL) August 1954	Employee and dependents X-rays.—(Incident to diagnosis and made during hospital stay or within 30 days before admission, the initial one for accident cases not needing hospitalization, and deep therapy treatments if medical services provided)—up to \$50 per year but not more than 50 percent of the schedule fee for each included X-ray service rendered ³	Amount in effect immediately prior to retirement reduced 10 percent on date of retirement and 10 percent annually thereafter to 50 percent of amount in effect before initial reduction	—	—	—	—	—	—	—	—
Philip Morris and Company Tobacco Workers (AFL) September 1954	Employee and dependents X-rays.—(Incident to diagnosis and made during hospital stay or within 30 days before admission, the initial one for accident cases not needing hospitalization, and deep therapy treatments if medical services provided)—up to \$50 per year but not more than 50 percent of the schedule fee for each included X-ray service rendered ³	Retiring at age 55 to 65: Amount in effect immediately prior to retirement maintained until age 65, then reduced to \$2,000 Retiring at age 65 or later: \$2,000	—	—	—	—	—	—	—	—

¹ Such benefits as X-ray, anesthesia and electrocardiogram allowances may be provided under some plans, although not listed here. Reasons for not listing such benefits are set forth in EXPLANATORY NOTES.

² Polio insurance also extended to retired employee and his dependents.

³ Virginia Medical Service Association (Blue Shield plan); employees in other areas covered by different programs.

INSURANCE PLANS - Continued

FINANCING

Benefits for employee		Benefits for employee's dependents			Benefits for retired employee			Benefits for dependents of retired employee			Amount of contribution for—			
Company only	Jointly	Company only	Jointly	Employee only	Company only	Jointly	Employee only	Company only	Jointly	Employee only	Benefits for employee and dependents		Benefits for retired employee and dependents	
											Employee	Company	Employee	Company
X	—	X	—	—	X	—	—	—	—	—	—	Full cost	—	Full cost
X	—	X	—	—	—	—	X	—	—	X	—	Full cost	Full cost	—
X	—	—	—	X	X	—	—	—	—	—	Dependents' benefits: Full cost	Employee's benefits: Full cost	—	Full cost
X	—	—	—	X	X	—	—	—	—	—	Dependents' benefits: Full cost—benefits for wife (with maternity) or husband or child, \$2.85 per month; for wife (with maternity) or husband and children, \$4.05; for other members of family over age 19, \$2.85 each ¹	Employee's benefits: Full cost	—	Full cost

¹ If husband and wife are employees of company, each pays \$1.20 per month for children's coverage.

COMPANY, UNION, AND DATE OF INFORMATION	ELIGIBILITY REQUIREMENTS	LIFE INSURANCE				ACCIDENTAL DEATH AND DISMEMBERMENT																													
	New employees become eligible --	Amount	If permanently and totally disabled		Cases covered	Amount																													
			Before age--	Insurance is-- Maintained Paid in--		Graduated according to--	Death	Single dismem- berment	Multi- dismem- berment																										
American Woolen Company Textile Workers (CIO) August 1954	After 30 days' employment	\$500	65	For 1 year (or for period in- sured, if less than 1 year)	--	Nonoccu- pational; occupa- tional	--	\$1,500	\$750	\$1,500																									
Armstrong Cork Company Rubber Workers (CIO) July 1954	Immediately or 1st of following month	<table border="0"> <thead> <tr> <th><u>Annual rate of earnings</u></th> <th><u>Insurance</u></th> </tr> </thead> <tbody> <tr><td>Less than \$601</td><td>\$ 600</td></tr> <tr><td>\$601 to \$901</td><td>1,000</td></tr> <tr><td>\$901 to \$1,501</td><td>1,200</td></tr> <tr><td>\$1,501 to \$2,101</td><td>1,800</td></tr> <tr><td>\$2,101 to \$2,701</td><td>2,400</td></tr> <tr><td>\$2,701 to \$3,301</td><td>3,000</td></tr> <tr><td>\$3,301 to \$3,901</td><td>3,600</td></tr> <tr><td>\$3,901 to \$4,501</td><td>4,200</td></tr> <tr><td>\$4,501 to \$5,101</td><td>4,800</td></tr> <tr><td>\$5,101 to \$5,701</td><td>5,400</td></tr> <tr><td>\$5,701 to \$6,301</td><td>6,000</td></tr> <tr><td>and up</td><td></td></tr> </tbody> </table>	<u>Annual rate of earnings</u>	<u>Insurance</u>	Less than \$601	\$ 600	\$601 to \$901	1,000	\$901 to \$1,501	1,200	\$1,501 to \$2,101	1,800	\$2,101 to \$2,701	2,400	\$2,701 to \$3,301	3,000	\$3,301 to \$3,901	3,600	\$3,901 to \$4,501	4,200	\$4,501 to \$5,101	4,800	\$5,101 to \$5,701	5,400	\$5,701 to \$6,301	6,000	and up		60	--	Installments	--	--	--	--
<u>Annual rate of earnings</u>	<u>Insurance</u>																																		
Less than \$601	\$ 600																																		
\$601 to \$901	1,000																																		
\$901 to \$1,501	1,200																																		
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and up																																			
Bigelow-Sanford Carpet Company Textile Workers (CIO) February 1955	After 3 months' employment	<table border="0"> <thead> <tr> <th><u>Men:</u></th> <th><u>Insurance</u></th> </tr> <tr> <th><u>Basic weekly earnings</u></th> <th></th> </tr> </thead> <tbody> <tr><td>Less than \$36</td><td>\$ 1,250</td></tr> <tr><td>\$36 to \$48</td><td>1,500</td></tr> <tr><td>\$48 to \$60</td><td>2,000</td></tr> <tr><td>\$60 and over</td><td>2,500</td></tr> <tr><td colspan="2"><u>Women:</u></td></tr> <tr><td>\$ 625</td><td></td></tr> </tbody> </table>	<u>Men:</u>	<u>Insurance</u>	<u>Basic weekly earnings</u>		Less than \$36	\$ 1,250	\$36 to \$48	1,500	\$48 to \$60	2,000	\$60 and over	2,500	<u>Women:</u>		\$ 625		60	X	--	--	--	--	--										
<u>Men:</u>	<u>Insurance</u>																																		
<u>Basic weekly earnings</u>																																			
Less than \$36	\$ 1,250																																		
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\$60 and over	2,500																																		
<u>Women:</u>																																			
\$ 625																																			
Cone Mills Corporation Textile Workers (CIO) August 1954	After 3 months' employment	\$1,000	60	X	--	--	--	--	--																										

INSURANCE PLANS - Continued

ACCIDENT AND SICKNESS							HOSPITALIZATION									
Cases covered	Amount	Duration of benefits			Benefits begin		Daily benefit or service	Duration	Extended coverage		Maximum room and board allowance	Extra allowance or service	Per year	Per disability	Emergency out-patient care	
		Period	After age—	Except Benefits limited to—	Accident	Sickness			Days	Daily amount						
Nonoccupational	\$25 per week	13 weeks per disability	60	13 weeks during any 12 consecutive months	1st day	8th day	Employee									
							Up to \$9	31 days	—	—	\$279	Up to \$300 for sera, oxygen, oxygen tent, face mask and helium, plus up to \$135 for additional services	—	X	—	
							Dependents									
Nonoccupational	<u>Annual rate of earnings</u> Less than \$1,501 — \$20 \$1,501 to \$2,101 — 25 \$2,101 to \$2,701 — 30 \$2,701 to \$3,301 — 35 \$3,301 to \$3,901 — 40 \$3,901 and over — 45	26 weeks per disability	60	26 weeks during any 12 consecutive months	8th day	8th day	Employee ¹									
							\$7.50	31 days	120	\$3.75	\$682.50	Up to \$75	—	X	Required services provided	
							Dependents ¹									
Nonoccupational	<u>Basic weekly earnings</u> Less than \$28 — \$14.00 \$28 to \$36 — 17.50 \$36 to \$48 — 21.00 \$48 to \$60 — 28.00 \$60 and over — 35.00	<u>Weekly benefit per disability</u> Men Women \$14.00 \$10.50 17.50 13.00 21.00 16.00 28.00 21.00 35.00 26.00	13 weeks per disability	60	13 weeks during any 12 consecutive months	1st day	8th day	Employee and dependents								
								Up to \$8	31 days	—	—	\$248	Up to \$30	—	X	Up to \$40
								Employee and dependents								
Nonoccupational	\$12.50 per week	13 weeks per disability	60	13 weeks during any 12 consecutive months, if due to sickness	8th day	8th day	Employee and dependents									
							Up to \$6	31 days	—	—	\$186	Up to \$60	—	X	Up to \$25	

¹ More liberal benefits available to employees paying the additional cost.

² An additional 13 weeks is provided employees (with at least one year's service) suffering from active cases of tuberculosis.

COMPANY, UNION, AND DATE OF INFORMATION	SURGICAL			MEDICAL										
	Up to schedule allowance accepted as full payment if annual income is under—	Operation schedule— selected allowances		Covers cases in—	Up to schedule allowance accepted as full payment if annual income is under—	Employee				Maximum compensation	Benefits begin		Maxi- mum number visits paid for	Maxi- mum number days paid for
		Employee	Dependents			Home	Office	Hospi- tal	Else- where		Sickness	Accident		
American Woolen Company Textile Workers (CIO) August 1954	—	Maximum schedule allowance \$225	—	Hospital, office, home, elsewhere	—	—	—	—	—	—	—	—	—	—
		Tonsillectomy Up to \$37.50												
		Appendectomy Up to \$150												
Armstrong Cork Company Rubber Workers (CIO) July 1954	—	Maximum schedule allowance \$200	\$200	Hospital, office, home, elsewhere	—	—	—	—	—	—	—	—	—	—
		Tonsillectomy Up to \$40	Up to \$40											
		Appendectomy Up to \$125	Up to \$125											
Bigelow-Sanford Carpet Company Textile Workers (CIO) February 1955	—	Maximum schedule allowance \$150	\$150	Hospital, office, home, elsewhere	—	—	—	—	—	—	—	—	—	—
		Tonsillectomy Up to \$25	Up to \$25											
		Appendectomy Up to \$100	Up to \$100											
Cone Mills Corporation Textile Workers (CIO) August 1954	—	Maximum schedule allowance \$150	\$150	Hospital, office, home, elsewhere	—	—	—	—	—	—	—	—	—	—
		Tonsillectomy Up to \$25	Up to \$25											
		Appendectomy Up to \$100	Up to \$100											

INSURANCE PLANS - Continued

MEDICAL - Continued										MATERNITY PROVISIONS								
Dependents				Maximum compensation	Benefits begin		Maximum number visits paid for	Maximum number days paid for	Other provisions	Accident and sickness	Hospitalization					Surgical	Medical	Benefits available to newly insured
Allowance					Sickness	Accident					Daily benefit or service	Duration	Maximum room and board allowance	Extra allowance or services	Lump sum	Schedule allowance for normal delivery	Amounts and limitations	
Home	Office	Hospital	Elsewhere															
—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	
—	—	—	—	—	—	—	—	—	Regular benefits for 6 weeks	Employee ¹							Employee and dependent: Hospitalization and surgical—after 9 months Employee: Accident and sickness—immediately	
										\$7.50	10 days	\$75	Up to \$52.50	—	Up to \$60	—		
									Dependent ¹									
									Up to \$7.50	10 days	\$75	Up to \$52.50	—	Up to \$60	—			
—	—	—	—	—	—	—	—	—	Employee and dependent							Employee and dependent: If pregnancy commences while insured		
											\$150 maternity allowance							
—	—	—	—	—	—	—	—	—	Regular benefits for 6 weeks	Employee and dependent							Employee and dependent: After 6 months	
										Up to \$6	14 days	\$84	Up to \$60	—	Up to \$50	—		

¹ More liberal hospitalization benefits available to employees paying the additional cost.

COMPANY, UNION, AND DATE OF INFORMATION	OTHER BENEFITS ¹ Types and amounts	EXTENSION OF BENEFITS TO— (must be at least on group rate basis)								
		Retired employee					Dependents of retired employee			
		Life insurance	Accidental death and dismemberment	Hospitalization	Surgical	Medical	Life insurance	Hospitali- zation	Surgical	Medical
American Woolen Company Textile Workers (CIO) August 1954	—	—	—	—	—	—	—	—	—	—
Armstrong Cork Company Rubber Workers (CIO) July 1954	—	Same life insurance scale as for active employee but amount based on annual retirement income with follow- ing minimums: Age 55 to 65 with 15 years' service, \$1,000; age 65 or over with 15 to 25 years' service, \$1,000; age 65 or over with 25 or more years' serv- ice, \$1,250	—	If continuously in- sured for 5 years immediately pre- ceding retirement, \$7.50 per day for maximum of 62 days during retirement plus \$150 for extra services ²	—	—	—	—	—	—
Bigelow-Sanford Carpet Company Textile Workers (CIO) February 1955	—	50 percent of amount in effect immediately prior to retirement; minimum—\$500	—	—	—	—	—	—	—	—
Cone Mills Corporation Textile Workers (CIO) August 1954	—	—	—	—	—	—	—	—	—	—

¹ Such benefits as X-ray, anesthesia and electrocardiogram allowances may be provided under some plans, although not listed here. Reasons for not listing such benefits are set forth in EXPLANATORY NOTES.

² More liberal benefits available to employees paying the additional cost.

INSURANCE PLANS - Continued

FINANCING

Benefits for employee		Benefits for employee's dependents			Benefits for retired employee			Benefits for dependents of retired employee			Amount of contribution for—			
Company only	Jointly	Company only	Jointly	Employee only	Company only	Jointly	Employee only	Company only	Jointly	Employee only	Benefits for employee and dependents		Benefits for retired employee and dependents	
											Employee	Company	Employee	Company
X	—	X	—	—	—	—	—	—	—	—	—	Full cost	—	—
X	—	X	—	—	X	—	—	—	—	—	—	Full cost	—	Full cost
X	—	X	—	—	X	—	—	—	—	—	—	Full cost	—	Full cost
X	—	—	—	X	—	—	—	—	—	—	Dependents' benefits: Full cost	Employee's benefits: Full cost	—	—

COMPANY, UNION, AND DATE OF INFORMATION	ELIGIBILITY REQUIREMENTS	LIFE INSURANCE				ACCIDENTAL DEATH AND DISMEMBERMENT																
		Amount	If permanently and totally disabled		Cases covered	Amount																
			Before age—	Insurance is—		Graduated according to—	Death	Single dismem- berment	Multi- dismem- berment													
Maintained	Paid in—																					
Botany Mills Textile Workers (CIO) October 1954	After 30 days' employment	\$500 ¹	60	—	Installments	Nonoccu- pational; occupa- tional	—	\$1,000 (¹)	\$500 (¹)	\$1,000 (¹)												
Fur manufacturing and retailing industry, Associated Fur Manu- facturers, and other employers (New York, N. Y.) Fur and Leather Workers (Ind.) September 1954	1st of month fol- lowing month in which 13 weeks' covered employ- ment is completed	Craftworkers and designers—\$400 Floorworkers—\$200	65	For 1 year	—	Nonoccu- pational; occupa- tional	—	<table border="1"> <tr> <td colspan="3">Craftworkers - Designers</td> </tr> <tr> <td>\$400</td> <td>\$200</td> <td>\$400</td> </tr> <tr> <td colspan="3">Floorworkers</td> </tr> <tr> <td>\$200</td> <td>\$100</td> <td>\$200</td> </tr> </table>			Craftworkers - Designers			\$400	\$200	\$400	Floorworkers			\$200	\$100	\$200
Craftworkers - Designers																						
\$400	\$200	\$400																				
Floorworkers																						
\$200	\$100	\$200																				
Millinery industry, Eastern Women's Head- wear Association, and other employers (New York, N. Y.) Hatters, Cap and Millinery Workers (AFL) August 1954	<p><u>Life insurance:</u> Union membership and either cumu- lative membership of not less than 15 years with last 2 years consecutive and immediately preceding death or 5 years' union membership im- mediately preced- ing death</p> <p><u>Maternity benefits:</u> Union membership and 3 years' cov- ered employment</p> <p><u>Other benefits:</u> 6 months' union membership and covered employ- ment</p>	\$400	—	—	—	—	—	—	—													

¹ Company makes available additional insurance on contributory basis.

INSURANCE PLANS - Continued

ACCIDENT AND SICKNESS							HOSPITALIZATION								
Cases covered	Amount	Duration of benefits			Benefits begin		Daily benefit or service	Duration	Extended coverage		Maximum room and board allowance	Extra allowance or service	Per year	Per disability	Emergency out-patient care
		Period	Except		Accident	Sickness			Days	Daily amount					
			After age—	Benefits limited to—											
— (¹)	— (¹)	— (¹)	— (¹)	— (¹)	— (¹)	— (¹)	Employee								
							Up to \$12	120 days	—	—	\$1,440	Up to \$100	—	X	Up to \$100
							Dependents								
							Up to \$10	120 days	—	—	\$1,200	Up to \$100	—	X	Up to \$100
Nonoccupational	Craftworkers and floor-workers only—\$20 per week	13 weeks per disability	—	—	8th day	8th day	Employee and dependents								
							Semi-private room	21 days	180	50 percent of cost of semi-private room	—	Full cost of specified services for 1st 21 days; 50 percent of cost for additional 180 days	—	X	Up to \$7.25
Nonoccupational	Operators, cutters and blockers—1st 15 weeks, \$30 per week; thereafter, \$22 per week Other crafts—\$22 per week	26 weeks per year	—	—	1st day	8th day	Employee only								
							\$5	31 days	—	—	\$155	Up to \$25	X	—	—

¹ No accident and sickness insurance benefits provided by plan; employees covered by New Jersey State temporary disability law. See Appendix A.

COMPANY, UNION, AND DATE OF INFORMATION	SURGICAL			MEDICAL										
	Up to schedule allowance accepted as full payment if annual income is under—	Operation schedule— selected allowances		Covers cases in—	Up to schedule allowance accepted as full payment if annual income is under—	Employee				Maximum compensation	Benefits begin		Maxi- mum number visits paid for	Maxi- mum number days paid for
		Employee	Dependents			Home	Office	Hospi- tal	Else- where		Sickness	Accident		
Botany Mills Textile Workers (CIO) October 1954	—	Maximum schedule allowance \$225	—	Hospital, office, home, elsewhere	—	—	—	—	—	—	—	—	—	—
		Tonsillectomy Up to \$37.50												
		Appendectomy Up to \$150												
Fur manufacturing and retailing industry, Associated Fur Manu- facturers, and other employers (New York, N. Y.) Fur and Leather Workers (Ind.) September 1954	—	Maximum schedule allowance \$150	—	Hospital, office, home, elsewhere	—	—	—	—	—	—	—	—	—	—
		Tonsillectomy Up to \$25												
		Appendectomy Up to \$100												
Millinery industry, East- ern Women's Headwear Association, and other employers (New York, N. Y.) Hatters, Cap and Millinery Workers (AFL) August 1954	—	Maximum schedule allowance \$100	—	Hospital, office, home, elsewhere	—	—	—	—	—	—	—	—	—	—
		Tonsillectomy Up to \$35												
		Appendectomy Up to \$75												

INSURANCE PLANS - Continued

MEDICAL - Continued										MATERNITY PROVISIONS								
Dependents										Accident and sickness	Hospitalization				Surgical	Medical	Benefits available to newly insured	
Allowance				Maximum compensation	Benefits begin		Maximum number visits paid for	Maximum number days paid for	Other provisions		Daily benefit or service	Duration	Maximum room and board allowance	Extra allowance or services	Lump sum	Schedule allowance for normal delivery		Amounts and limitations
Home	Office	Hospital	Elsewhere		Sickness	Accident												
—	—	—	—	—	—	—	—	—	—	\$90	Employee							Employee and dependent: If pregnancy commences while insured
									Up to \$12		—	(¹)	Up to difference between total room and board charges and \$140	—	Up to \$75	—		
											Dependent							
									Up to \$10		—	(¹)	Up to difference between total room and board charges and \$140	—	—	—		
—	—	—	—	—	—	—	—	—	—	—	Employee and dependent							Employee and dependent: After 10 months
											—	—	—	—	Up to \$80	—	—	
—	—	—	—	—	—	—	—	—	—	Employee only							Employee: Immediately	
																		\$75 maternity allowance

¹ Total room and board charges and charges for extra services limited to \$140.

COMPANY, UNION, AND DATE OF INFORMATION	OTHER BENEFITS ¹ Types and amounts	EXTENSION OF BENEFITS TO— (must be at least on group rate basis)								
		Retired employee					Dependents of retired employee			
		Life insurance	Accidental death and dismemberment	Hospitalization	Surgical	Medical	Life insurance	Hospitalization	Surgical	Medical
Botany Mills Textile Workers (CIO) October 1954	Employee only <u>Anesthesia allowance for nonhospitalized cases—up to \$10</u>	\$500	—	—	—	—	—	—	—	—
Fur manufacturing and retailing industry, Associated Fur Manufacturers, and other employers (New York, N. Y.) Fur and Leather Workers (Ind.) September 1954	—	\$400	—	Same as for active employee	—	—	—	Same as for retired employee	—	—
Millinery industry, Eastern Women's Headwear Association, and other employers (New York, N. Y.) Hatters, Cap and Millinery Workers (AFL) August 1954	Employee only <u>X-rays, electrocardiograms, and eye examinations for nonhospitalized cases—without charge</u> <u>Deep X-ray therapy allowance if in lieu of surgery—up to \$75</u> <u>Shock treatment allowance for full course of treatment—up to \$75</u>	—	—	—	—	—	—	—	—	—

¹ Such benefits as X-ray, anesthesia and electrocardiogram allowances may be provided under some plans, although not listed here. Reasons for not listing such benefits are set forth in EXPLANATORY NOTES.

INSURANCE PLANS - Continued

FINANCING

Benefits for employee		Benefits for employee's dependents			Benefits for retired employee			Benefits for dependents of retired employee			Amount of contribution for—			
Company only	Jointly	Company only	Jointly	Employee only	Company only	Jointly	Employee only	Company only	Jointly	Employee only	Benefits for employee and dependents		Benefits for retired employee and dependents	
											Employee	Company	Employee	Company
X	—	X	—	—	X	—	—	—	—	—	—	Full cost	—	Full cost
X	—	—	—	X	X (¹)	—	—	—	—	X	Dependents' benefits: Full cost	Employee's benefits: Full cost—1 percent of straight-time payroll	Dependents' benefits: Full cost	Employee's benefits: Full cost ¹
X	—	—	—	—	—	—	—	—	—	—	—	Full cost—2 percent of weekly payroll	—	—

¹ Financed out of company contributions for benefits for active employee; see company contribution column for benefits for employee and dependents.

COMPANY, UNION, AND DATE OF INFORMATION	ELIGIBILITY REQUIREMENTS	LIFE INSURANCE				ACCIDENTAL DEATH AND DISMEMBERMENT				
	New employees become eligible—	Amount	If permanently and totally disabled			Cases covered	Amount			
			Before age—	Insurance is—			Graduated according to—	Death	Single dismem- berment	Multi- dismem- berment
Maintained	Paid in—	—	—	—	—	—				
Clothing industry, men's and boys', various employers Clothing Workers (CIO) National plan December 1954	<u>Accident and sickness benefits:</u> After 4 successive weeks' covered employment <u>Other benefits:</u> After 6 successive months' covered employment, minimum—500 hours' employ- ment in preceding 12 months	\$500	At any age	For 1 year	—	—	—	—	—	—
Dress industry, Affiliated Dress Manufacturers, and other employers (New York, N. Y.) Ladies' Garment Workers (AFL) January 1955	<u>Life insurance:</u> 1 year's union membership <u>Maternity benefits:</u> 15 months' union membership <u>Surgical and eye glasses benefits:</u> 6 months' union membership <u>Other benefits:</u> Eligibility re- quirements of the New York State temporary disa- bility law	<u>Union membership</u> 1 year to 2 years _____ \$ 500 2 years and over _____ 1,000 (¹)	—	—	—	—	—	—	—	—
Lumber industry, various employers (Southern California) Carpenters (AFL) July 1954	1st of month fol- lowing 80 hours' employment	\$1,000	60 After age 60	X For 1 year	— —	Nonoccu- pational; occupa- tional	—	\$1,000	\$500	\$1,000

¹ Available only to those becoming union members prior to age 55. Individuals joining union after age 55 are entitled to benefit of \$100 for each year of membership, maximum—\$1,000.

INSURANCE PLANS - Continued

ACCIDENT AND SICKNESS							HOSPITALIZATION								
Cases covered	Amount	Duration of benefits			Benefits begin		Daily benefit or service	Duration	Extended coverage		Maximum room and board allowance	Extra allowance or service	Per year	Per disability	Emergency out-patient care
		Period	After age—	Except Benefits limited to—	Accident	Sickness			Days	Daily amount					
Nonoccupational	\$20 per week	Accident: 13 weeks per year Sickness: 13 weeks per year	—	—	7th day retro-active to 1st	14th day retro-active to 8th	Employee and dependents								
							Up to \$9	Accident: 31 days Sickness: 31 days	—	—	Accident: \$279 Sickness: \$279	Up to \$50	(1)	(1)	—
Nonoccupational	Pressers, cutters, sample makers and operators, \$26 per week; finishers, drapers, special machine operators and examiners, \$20 per week; cleaners and pinkers, \$18 per week	13 weeks per year	—	—	8th day	8th day	Employee only								
							\$5	75 days	—	—	\$375	—	X	—	—
— (2)	— (2)	— (2)	— (2)	— (2)	— (2)	— (2)	Employee and dependents								
							Up to \$11	31 days	—	—	\$341	Up to \$550	—	X	Up to \$550

¹ Basic room and board allowance up to stipulated maximums per year; extra allowance of up to \$50 per disability.

² No accident and sickness insurance benefit provided by plan; employees covered by the California State temporary disability law. See Appendix A.

COMPANY, UNION, AND DATE OF INFORMATION	SURGICAL			MEDICAL										
	Up to schedule allowance accepted as full payment if annual income is under—	Operation schedule— selected allowances		Covers cases in—	Up to schedule allowance accepted as full payment if annual income is under—	Employee				Maximum compensation	Benefits begin		Maxi- mum visits paid for	Maxi- mum days paid for
		Employee	Dependents			Allowance					Sickness	Accident		
					Home	Office	Hospi- tal	Else- where						
Clothing industry, men's and boys ¹ , various employers Clothing Workers (CIO) National plan December 1954	—	Maximum schedule allowance \$200	\$200	Hospital, office, home, elsewhere	Provided by the Amalgamated Clothing Workers' Health Centers ¹									
		Tonsillectomy	Up to \$30	Up to \$30										
		Appendectomy	Up to \$100	Up to \$100										
Dress industry, Affiliated Dress Manufacturers, and other employers (New York, N. Y.) Ladies' Garment Workers (AFL) January 1955	—	Maximum schedule allowance \$50	—	Hospital	Unlimited diagnostic services and treatment for ambulatory cases provided at Union Health Center									
		Tonsillectomy	Up to \$20											
		Appendectomy	Up to \$50											
Lumber industry, various employers (Southern California) Carpenters (AFL) July 1954	—	Maximum schedule allowance \$300	\$300	Hospital, office, home, elsewhere	—	Up to \$5 per visit	Up to \$3 per visit	Up to \$5 per visit	—	\$2.50 per 6-month period	Home and office: 3d day Hospital: 1st day	1st day	1 per day	—
		Tonsillectomy	Up to \$52.50	Up to \$52.50										
		Appendectomy	Up to \$150	Up to \$150										

¹ The Amalgamated Clothing Workers' Health Centers, where located, provide ambulatory patients with complete general medical, diagnostic and therapeutic care. Medication furnished at nominal charge. Financing of the Centers varies according to location. For example, in Philadelphia each employer contributes 1.25 percent of payroll (0.75 percent for employees and 0.5 percent for their dependent husbands and wives); in New York City each employer contributes one-fourth of one percent of payroll, each employee contributes \$10 per year for his coverage and an additional \$10 for his wife's coverage.

COMPANY, UNION, AND DATE OF INFORMATION	OTHER BENEFITS ¹	EXTENSION OF BENEFITS TO— (must be at least on group rate basis)								
	Types and amounts	Retired employee					Dependents of retired employee			
		Life insurance	Accidental death and dismemberment	Hospitalization	Surgical	Medical	Life insurance	Hospitalization	Surgical	Medical
Clothing industry, men's and boys', various employers Clothing Workers (CIO) National plan December 1954	—	\$ 500	—	—	—	—	—	—	—	—
Dress industry, Affiliated Dress Manufacturers, and other employers (New York, N. Y.) Ladies' Garment Workers (AFL) January 1955	Employee only <u>Eye glass allowance</u> —1 pair per year	\$ 500 ²	—	—	—	Same as for active employee ³	—	—	—	(⁴)
Lumber industry, various employers (Southern California) Carpenters (AFL) July 1954	<u>Laboratory and X-ray examination allowance for nonhospitalized cases:</u> Employee—up to \$25 for any one accident or for all sicknesses in any one 6-month period Dependents—up to \$25 for any one accident or for all sicknesses in any one 12-month period <u>Additional accident expense allowance:</u> (For expenses in excess of those covered by other plan benefits incurred within 3 months after date of accident) Employee—up to \$300 Dependents—up to \$150 <u>Polio allowance:</u> (For expenses incurred within 3 years from date of first treatment. If used, no other plan benefit available) Employee and dependents—up to \$2,500	—	—	—	—	—	—	—	—	

¹ Such benefits as X-ray, anesthesia and electrocardiogram allowances may be provided under some plans, although not listed here. Reasons for not listing such benefits are set forth in EXPLANATORY NOTES.

² Retired employee may maintain additional \$500 insurance at his own expense.

³ Retired employee also eligible for eye glass allowance.

⁴ Retired employee may obtain medical benefits for dependents by paying moderate fees to the Medical Center.

INSURANCE PLANS - Continued

FINANCING

Benefits for employee		Benefits for employee's dependents			Benefits for retired employee			Benefits for dependents of retired employee			Amount of contribution for—			
Company only	Jointly	Company only	Jointly	Employee only	Company only	Jointly	Employee only	Company only	Jointly	Employee only	Benefits for employee and dependents		Benefits for retired employee and dependents	
											Employee	Company	Employee	Company
X	—	X	—	—	X	—	—	—	—	—	—	Full cost—3 percent of weekly payroll	—	Full cost
X (¹)	—	—	—	—	X (²)	—	—	—	—	—	—	Full cost—4.5 percent of weekly payroll (¹)	—	Life insurance: Full cost ² Medical benefits: Full cost ³
X	—	X	—	—	—	—	—	—	—	—	—	Full cost—\$10 per month for each employee working or paid for 80 straight-time hours	—	—

¹ Includes contribution for vacations which are paid to employees out of health and welfare fund. Also covers cost of medical benefits for retired employee. Members pay \$1 per year (included in monthly dues) to Death Benefit Fund.

² Paid for out of the pension fund which is employer-financed.

³ See company contribution column for benefits for employee and dependents.

COMPANY, UNION, AND DATE OF INFORMATION	ELIGIBILITY REQUIREMENTS	LIFE INSURANCE				ACCIDENTAL DEATH AND DISMEMBERMENT				
	New employees become eligible—	Amount	If permanently and totally disabled			Cases covered	Amount			
			Before age—	Insurance is—			Graduated according to—	Death	Single dismem- berment	Multi- dismem- berment
		Maintained	Paid in—							
Lumber industry, various employers (Oregon, Washington, California, Idaho and Montana) Woodworkers (CIO) December 1954	Immediately or 1st of following month	\$3,000	60	X	—	Nonoccu- pational; occupa- tional	—	\$3,000	\$1,500	\$3,000
American Seating Company (Grand Rapids, Mich.) Automobile Workers (CIO) July 1954	1st of month following 13 weeks' employ- ment	\$3,000	60 and insured 1 year	—	Installments	Nonoccu- pational; occupa- tional	—	\$2,000	\$1,000	\$2,000
Furniture Manufacturers in Southern California, Industrial Relations Council of Carpenters (AFL) August 1954	Accident and sickness benefits: Immediately or 1st of following month Other benefits: After 30 days' employment	\$1,000	60	X	—	Nonoccu- pational; occupa- tional	—	\$1,000	\$500	\$1,000
Furniture industry, various employers Furniture Workers (CIO) National plan ¹ July 1954	After 60 days' employment	\$1,000	60	X	—	Nonoccu- pational; occupa- tional	—	\$1,000	\$500	\$1,000

¹ Benefits under this program vary somewhat in different parts of the country, due primarily to varying amounts of employer contributions and to utilization of local hospital programs. Benefits described are those provided in the New York City area.

INSURANCE PLANS - Continued

ACCIDENT AND SICKNESS							HOSPITALIZATION									
Cases covered	Amount		Duration of benefits		Benefits begin		Daily benefit or service	Duration	Extended coverage		Maximum room and board allowance	Extra allowance or service	Per year	Per disability	Emergency out-patient care	
			Period	Except		Accident			Sickness	Days						Daily amount
				After age—	Benefits limited to—											
Nonoccupational	\$40 per week— Maximum—70 percent of weekly wage		26 weeks per disability	—	—	1st day	4th day	Employee								
								Up to \$10	180 days	—	—	\$1,800	Up to \$500	—	X	—
								Dependents								
								Up to \$10	180 days	—	—	\$1,800	Up to \$200	—	X	—
Nonoccupational	Weekly earnings Up to \$40 _____ \$17.50 \$40 to \$50 _____ 24.50 \$50 to \$60 _____ 31.50 \$60 and over _____ 38.50		Weekly benefit per disability 26 weeks	—	—	1st day	8th day	Employee and dependents								
								Semi-private room	120 days	—	—	—	Full cost of specified services	—	X	Required services provided
Nonoccupational	70 percent of weekly earnings— Maximum—\$35 per week		26 weeks per disability	—	—	1st day	8th day or 1st in hospital	Employee								
								Up to \$14	31 days	—	—	\$434	Up to \$280	—	X	—
								Dependents								
								Up to \$10	31 days	—	—	\$310	Up to \$200	—	X	—
Nonoccupational	Base weekly earnings Less than \$15 _____ \$10.00 \$15 to \$20 _____ 12.00 \$20 to \$25 _____ 15.00 \$25 to \$30 _____ 18.00 \$30 to \$35 _____ 21.00 \$35 to \$50 _____ 22.50 \$50 to \$55 _____ 25.00 \$55 to \$60 _____ 27.50 \$60 to \$65 _____ 30.00 \$65 to \$70 _____ 32.50 \$70 and over _____ 35.00		Weekly benefit per year 26 weeks	—	—	1st day	8th day	Employee and dependents								
								Semi-private room	21 days	180	50 percent of cost of semi-private room	—	Full cost of specified services for 1st 21 days; 50 percent of cost for additional 180 days	—	X	Up to \$7.25

COMPANY, UNION, AND DATE OF INFORMATION	SURGICAL			MEDICAL											
	Up to schedule allowance accepted as full payment if annual income is under—	Operation schedule— selected allowances		Covers cases in—	Up to schedule allowance accepted as full payment if annual income is under—	Employee								Maximum number visits paid for	Maximum number days paid for
		Employee	Dependents			Allowance				Maximum compensation	Benefits begin				
					Home	Office	Hospi- tal	Else- where			Sickness	Accident			
Lumber industry, various employers (Oregon, Washington, California, Idaho, and Montana) Woodworkers (CIO) December 1954	—	Maximum schedule allowance \$300	\$300	Hospital, office, home, elsewhere	—	Up to \$5 per visit	Up to \$3 per visit	Up to \$3 per visit	Up to \$5 per visit	\$250 per disability	1st visit	1st visit	1 per day	—	
		Tonsillectomy Up to \$50	Up to \$50												
		Appendectomy Up to \$150	Up to \$150												
American Seating Company (Grand Rapids, Mich.) Automobile Workers (CIO) July 1954	—	Maximum schedule allowance \$250	\$250	Hospital, office, home, elsewhere	—	Up to \$5 per visit	Up to \$3 per visit	\$5 for each day of confine- ment	—	Home and office: \$225 per disability Hospital: \$350 per disability	Home and office: 4th visit	Home and office: 1st visit	Home and office: 1 per day	Hospital: 70 per disa- bility	
		Tonsillectomy Up to \$37.50	Up to \$37.50								Hospital: 1st day	Hospital: 1st day			
		Appendectomy Up to \$125	Up to \$125												
Furniture Manufacturers in Southern California, Industrial Relations Council of Carpenters (AFL) August 1954	—	Maximum schedule allowance \$300	\$150	Hospital, office, home, elsewhere	—	Up to \$4.50 per visit	Up to \$3 per visit	Up to \$4.50 per visit	Up to \$4.50 per visit	\$225 per disability	3d visit	3d visit	1 per day	—	
		Tonsillectomy Up to \$50	Up to \$25												
		Appendectomy Up to \$200	Up to \$100												
Furniture industry, various employers Furniture Workers (CIO) National plan ¹ July 1954	—	Maximum schedule allowance \$250	\$200	Hospital, office, home, elsewhere	—	Up to \$3 per visit	Up to \$2 per visit	Up to \$3 per visit	—	\$150 per disability	8th day retro- active to 1st	1st day	—	—	
		Tonsillectomy Up to \$45	Up to \$30												
		Appendectomy Up to \$150	Up to \$100												

¹ Benefits under this program vary in different parts of the country, due primarily to varying amounts of employer contributions and to utilization of local hospital programs. Benefits described are those provided in the New York City area.

INSURANCE PLANS - Continued

MEDICAL - Continued										MATERNITY PROVISIONS								
Dependents										Accident and sickness	Hospitalization				Surgical	Medical	Benefits available to newly insured	
Allowance				Maximum compensation	Benefits begin		Maximum number visits paid for	Maximum number days paid for	Other provisions		Daily benefit or service	Duration	Maximum room and board allowance	Extra allowance or services	Lump sum	Schedule allowance for normal delivery		Amounts and limitations
Home	Office	Hospital	Elsewhere		Sickness	Accident												
—	—	\$3 for each day of confinement	—	\$540 per disability	1st day	1st day	—	180 per disability	—	—	Employee and dependent					Employee and dependent: If pregnancy commences while insured		
													(1)	Up to \$75	—	(1)		
—	—	—	—	—	—	—	—	—	—	Regular benefits for 6 weeks	Employee					Employee and dependent: Hospitalization—after 9 months		
											Semi-private room	120 days	—	Full cost of specified services	—	Up to \$62.50	—	Employee: Accident and sickness—immediately Surgical—after 9 months
											Dependent							
											Semi-private room	120 days	—	Full cost of specified services	—	—	—	
—	—	—	—	—	—	—	—	—	—	—	Employee					Employee and dependent: If pregnancy commences while insured		
											Up to \$10	14 days	\$140	Up to \$100	—	Up to \$100	—	
											Dependent							
											Up to \$100 maternity allowance							
—	—	—	—	—	—	—	—	—	Employee only: If receiving medical benefits, entitled to 3 visits within 31 days after return to work	Regular benefits for 6 weeks	Employee					Employee and dependent: Hospitalization—immediately Surgical—if pregnancy commences while insured		
											—	—	—	—	Up to \$80	Up to \$85	—	Employee: Accident and sickness—if pregnancy commences while insured
											Dependent							
											—	—	—	—	Up to \$80	Up to \$50	—	

¹ Total allowance for hospitalization and surgical benefits limited to \$100.

COMPANY, UNION, AND DATE OF INFORMATION	OTHER BENEFITS ¹ Types and amounts	EXTENSION OF BENEFITS TO— (must be at least on group rate basis)								
		Retired employee					Dependents of retired employee			
		Life insurance	Accidental death and dismemberment	Hospitalization	Surgical	Medical	Life insurance	Hospitalization	Surgical	Medical
Lumber industry, various employers (Oregon, Washington, California, Idaho, and Montana) Woodworkers (CIO) December 1954	<u>Diagnostic laboratory and X-ray examination allowance for nonhospitalized cases:</u> <u>Employee and dependents—up to \$50 per condition</u> <u>Supplemental accident expense allowance:</u> (For expenses in excess of those covered by other plan benefits, incurred within 7 months of date of accident) <u>Employee only—up to \$300</u>	—	—	—	—	—	—	—	—	
American Seating Company (Grand Rapids, Mich.) Automobile Workers (CIO) July 1954	—	—	—	—	—	—	—	—	—	
Furniture Manufacturers in Southern California, Industrial Relations Council of Carpenters (AFL) August 1954	<u>Diagnostic laboratory and X-ray examination allowance for nonhospitalized cases:</u> <u>Employee—up to \$50 per condition</u> <u>Dependents—up to \$25 per condition</u> <u>Polio allowance:</u> (For expenses in excess of those covered by other plan benefits incurred within 2 years of commencement of disability) <u>Employee and dependents—up to \$3,000</u>	—	—	—	—	—	—	—	—	
Furniture industry, various employers Furniture Workers (CIO) National plan ² July 1954	Employee and dependents <u>Laboratory and X-ray examination allowance for nonhospitalized cases—up to \$50 per accident; up to \$50 for all examinations made in connection with disease during any 12 consecutive months</u>	—	—	—	—	—	—	—	—	

¹ Such benefits as X-ray, anesthesia and electrocardiogram allowances may be provided under some plans, although not listed here. Reasons for not listing such benefits are set forth in EXPLANATORY NOTES.
² Benefits under this program vary somewhat in different parts of the country, due primarily to varying amounts of employer contributions and to utilization of local hospital programs. Benefits described are those provided in the New York City area.

INSURANCE PLANS - Continued

FINANCING

Benefits for employee		Benefits for employee's dependents			Benefits for retired employee			Benefits for dependents of retired employee			Amount of contribution for—				
Company only	Jointly	Company only	Jointly	Employee only	Company only	Jointly	Employee only	Company only	Jointly	Employee only	Benefits for employee and dependents		Benefits for retired employee and dependents		
											Employee	Company	Employee	Company	
See "Amount of contributions" column		—	—	X	—	—	—	—	—	—	—	Employee's benefits: Employer deducts \$13.20 monthly from employee's paycheck ¹ Dependents' benefits: Full cost	—	—	
X	—	—	—	X	—	—	—	—	—	—	—	Dependents' benefits: Full cost—hospitalization, \$3.75 per month; surgical, \$1.50 per month	Employee's benefits: Full cost	—	—
X (²)	—	X	—	—	—	—	—	—	—	—	—	—	Full cost ²	—	—
X	—	X	—	—	—	—	—	—	—	—	—	—	Full cost—3 percent of monthly payroll	—	—

¹ Agreements in 1950 provided wage increase of 7½ cents per hour to be solely for purpose of financing health and insurance program.

² Employee contributes only amount required under the California State temporary disability law.

COMPANY, UNION, AND DATE OF INFORMATION	ELIGIBILITY REQUIREMENTS	LIFE INSURANCE				ACCIDENTAL DEATH AND DISMEMBERMENT				
		Amount	Before age—	If permanently and totally disabled		Cases covered	Amount			
				Insurance is—			Graduated according to—	Death	Single dismem- berment	Multi- dismem- berment
		Maintained	Paid in—							
Upholstering and allied trades industries, various employers Upholsterers' (AFL) National plan August 1954	Immediately or 1st of following month	<u>Period of insurance coverage</u> <u>Under age 60 when first employed</u> 1st 24 months \$1,000 24 to 36 months 1,100 After 36 months 1,200 <u>Age 60 or over when first employed</u> 1st 12 months \$ 250 12 to 36 months 500 After 36 months 1,000	70	For 1 year	—	Nonoccu- pational	—	\$2,000	\$1,000	\$2,000
Robert Gair Company Paper Makers (AFL) September 1954	After 6 months' employment	<u>Annual earnings</u> Less than \$728 \$1,200 \$728 to \$1,040 1,500 \$1,040 to \$1,300 1,800 \$1,300 to \$1,560 2,300 \$1,560 to \$2,080 2,500 \$2,080 to \$3,120 3,000 \$3,120 to \$4,160 3,000 \$4,160 to \$6,500 3,000 and up	65	For 1 year (or for period insured, if less than 1 year) or until age 65, whichever occurs first	—	Nonoccu- pational; occupa- tional	<u>Annual earnings</u> Less than \$1,300 \$ 500 \$1,300 to \$1,560 800 \$1,560 to \$2,080 1,000 \$2,080 to \$3,120 1,500 \$3,120 to \$4,160 2,500 \$4,160 to \$6,500 4,500 and up	\$ 500	\$ 250	\$ 500
International Paper Company, Northern Division Paper Makers (AFL); Pulp, Sulphite, and Paper Mill Workers (AFL) October 1954	After 6 months' employment	<u>Base annual earnings</u> Less than \$1,500 \$1,000 \$1,500 to \$2,500 2,000 \$2,500 and over 3,000 <u>plus</u> 5 annual increases in above amounts of \$100 each (1)	60	X (Optional)	Installments	Nonoccu- pational; occupa- tional	<u>Base annual earnings</u> Less than \$1,500 \$1,000 \$1,500 to \$2,500 2,000 \$2,500 and over 3,000	\$1,000	\$ 500	\$1,000
										<u>plus</u> 5 annual increases— \$100 each in above "Death" and "Multidis- memberment" amounts; \$50 each in above "Single dismemberment" amounts

¹ Employees with annual earnings of over \$2,500 may secure additional insurance.

INSURANCE PLANS - Continued

ACCIDENT AND SICKNESS							HOSPITALIZATION								
Cases covered	Amount	Duration of benefits			Benefits begin		Daily benefit or service	Duration	Extended coverage		Maximum room and board allowance	Extra allowance or service	Per year	Per disability	Emergency out-patient care
		Period	Except		Accident	Sickness			Days	Daily amount					
			After age—	Benefits limited to—											
Nonoccupational (1)	<u>Under age 60 when first employed:</u> 60 percent of average weekly wage	52 weeks per disability	—	—	1st day (1)	8th day (1)	Employee ²								
	Up to \$10 (3)	50 days (3)	—	—	\$500 (3)	Up to \$200	—	X	—						
	<u>Age 60 or over when first employed:</u> 30 percent of average weekly wage during 1st 36 months of insurance coverage; 60 percent thereafter (1)	26 weeks per disability during 1st 36 months; 52 weeks per disability thereafter (1)	—	—			Dependents ²								
	\$7	31 days	—	—	\$217	Up to \$140	—	X	—						
Nonoccupational	<u>Annual earnings</u>	26 weeks per disability	—	—	8th day	8th day	Employee								
	Less than \$725 ----- \$10 \$725 to \$1,040 ----- 12 \$1,040 to \$1,300 ----- 15 \$1,300 to \$1,560 ----- 18 \$1,560 to \$2,080 ----- 22 \$2,080 to \$3,120 ----- 30 \$3,120 and over ----- 40						\$12	70 days	—	—	\$840	Up to \$120	—	X	—
							Dependents								
							Up to \$12	70 days	—	—	\$840	Up to \$120	—	X	—
Nonoccupational	<u>Base annual earnings</u>	26 weeks per disability	—	—	8th day	8th day	Employee and dependents								
	Less than \$1,040 --- \$10 \$1,040 to \$1,144 --- 11 \$1,144 to \$1,248 --- 12 \$1,248 to \$1,352 --- 13 \$1,352 to \$1,456 --- 14 \$1,456 to \$1,560 --- 15 \$1,560 to \$1,644 --- 16 \$1,644 to \$1,768 --- 17 \$1,768 to \$1,872 --- 18 \$1,872 to \$1,976 --- 19 \$1,976 to \$2,080 --- 20 \$2,080 to \$2,184 --- 21 \$2,184 to \$2,288 --- 22 \$2,288 to \$2,392 --- 23 \$2,392 to \$2,496 --- 24 \$2,496 to \$2,600 --- 25 \$2,600 to \$2,704 --- 26 \$2,704 to \$2,808 --- 27 \$2,808 and over ----- 28						Up to \$12	(4)	—	—	\$840	Up to \$150	—	X	Up to \$150

¹ Not available to employees eligible for coverage under the California State temporary disability law.

² If age 60 or over when first employed, employee and dependents receive 50 percent of specified benefits during first 36 months of insurance coverage; specified benefits thereafter.

³ Daily benefits not payable during period employee receives hospital benefits under the California State temporary disability law (\$10 daily for 12 days), but such period included in computing maximum period during which daily plan benefits are payable.

⁴ Duration depends on actual daily room and board charges; total allowance limited to \$840.

COMPANY, UNION, AND DATE OF INFORMATION	SURGICAL			MEDICAL										
	Up to schedule allowance accepted as full payment if annual income is under—	Operation schedule— selected allowances		Covers cases in—	Up to schedule allowance accepted as full payment if annual income is under—	Employee				Maximum compensation	Benefits begin		Maximum number visits paid for	Maximum number days paid for
		Employee	Dependents			Home	Office	Hospital	Else- where		Sickness	Accident		
Upholstering and allied trades industries, various employers Upholsterers (AFL) National plan August 1954	—	Maximum schedule allowance \$250	\$150	Hospital, office, home, elsewhere	—	Up to \$3 per visit (¹)	Up to \$2 per visit (¹)	Up to \$3 per visit (¹)	—	\$150 per disability (¹)	4th visit	1st visit	3 per week; 50 per disa- bility	—
Robert Gair Company Paper Makers (AFL) September 1954	—	Maximum schedule allowance \$225	\$225	Hospital	—	—	—	—	—	—	—	—	—	—
International Paper Company, Northern Division Paper Makers (AFL); Pulp, Sulphite, and Paper Mill Workers (AFL) October 1954	—	Maximum schedule allowance \$250	\$250	Hospital, office, home, elsewhere	—	—	—	\$4 for each day of confine- ment	—	\$250 per disability	1st day	1st day	—	—

¹ If age 60 or over when first employed, employee and dependents receive 50 percent of specified benefits during first 36 months of insurance coverage; specified benefits thereafter.

INSURANCE PLANS - Continued

MEDICAL - Continued										MATERNITY PROVISIONS								
Dependents										Accident and sickness	Hospitalization				Surgical	Medical	Benefits available to newly insured	
Allowance				Maximum compensation	Benefits begin		Maximum number visits paid for	Maximum number days paid for	Other provisions		Daily benefit or service	Duration	Maximum room and board allowance	Extra allowance or services	Lump sum	Schedule allowance for normal delivery		Amounts and limitations
Home	Office	Hospital	Elsewhere		Sickness	Accident												
—	—	—	—	—	—	—	—	—	—	Regular benefits for 6 weeks	Employee ¹							Employee and dependent: After 9 months
											Up to \$5	12 days	\$60	Up to \$40, plus up to \$5 ambulance allowance	—	Up to \$50	—	
											Dependent ¹							
											—	—	—	—	Up to \$50	Up to \$30	—	
—	—	—	—	—	—	—	—	—	—	Regular benefits for 6 weeks	Employee							Employee and dependent: Immediately
											\$12	14 days	\$168	Up to \$120	—	Up to \$75	—	
											Dependent							
											Up to \$12	14 days	\$168	Up to \$120	—	Up to \$75	—	
—	—	\$4 for each day of confinement	—	\$250 per disability	1st day	1st day	—	—	—	Regular benefits for 6 weeks	Employee and dependent							Employee and dependent: Maternity allowance—if pregnancy commences while insured Employee: Accident and sickness—immediately
														Up to \$150 maternity allowance				

¹ If age 60 or over when first employed, employee and dependent receive 50 percent of specified benefits during first 36 months of insurance coverage; specified benefits thereafter.

COMPANY, UNION, AND DATE OF INFORMATION	OTHER BENEFITS ¹ Types and amounts	EXTENSION OF BENEFITS TO— (must be at least on group rate basis)								
		Retired employee					Dependents of retired employee			
		Life insurance	Accidental death and dismemberment	Hospitalization	Surgical	Medical	Life insurance	Hospitalization	Surgical	Medical
Upholstering and allied trades industries, various employers Upholsterers (AFL) National plan August 1954	Employee only <u>Laboratory and X-ray examination allowance for nonhospitalized cases and if not provided by other plan benefits—up to \$25 per disability²</u>	—	—	—	—	—	—	—	—	—
Robert Gair Company Paper Makers (AFL) September 1954	—	—	—	—	—	—	—	—	—	—
International Paper Company, Northern Division Paper Makers (AFL); Pulp, Sulphite, and Paper Mill Workers (AFL) October 1954	—	<u>With 15 years' service or due to disability:</u> Amount in effect immediately prior to retirement	<u>With 15 years' service or due to disability:</u> Amount in effect immediately prior to retirement	Same as for active employee	Same as for active employee	Same as for active employee	—	Same as for retired employee	Same as for retired employee	Same as for retired employee

¹ Such benefits as X-ray, anesthesia and electrocardiogram allowances may be provided under some plans, although not listed here. Reasons for not listing such benefits are set forth in EXPLANATORY NOTES.

² If age 60 or over when first employed, employee and dependents receive 50 percent of specified benefits during first 36 months of insurance coverage; specified benefits thereafter.

INSURANCE PLANS - Continued

FINANCING

Benefits for employee		Benefits for employee's dependents			Benefits for retired employee			Benefits for dependents of retired employee			Amount of contribution for—			
Company only	Jointly	Company only	Jointly	Employee only	Company only	Jointly	Employee only	Company only	Jointly	Employee only	Benefits for employee and dependents		Benefits for retired employee and dependents	
											Employee	Company	Employee	Company
X	—	X	—	—	—	—	—	—	—	—	—	Full cost—3 percent of aggregate earnings of employees	—	—
X	—	X	—	—	—	—	—	—	—	—	—	Full cost	—	—
—	X	—	—	X	—	X	—	—	—	X	Employee's benefits: Life and accidental death and dismemberment insurance, and accident and sickness benefits <u>Base annual earnings</u> <u>Weekly contributions¹</u> Less than \$1,500..... \$0.25 \$1,500 to \$2,500..... .50 \$2,500 and over..... .75 Dependents' benefits: Full cost—\$1.29 per week	Employee's benefits: Life and accidental death and dismemberment insurance, and accident and sickness benefits—balance of cost Other employee benefits—full cost	Employee's benefits: Life and accidental death and dismemberment insurance, retiring prior to 65 ² <u>Base annual earnings prior to retirement</u> <u>Monthly contributions¹</u> Less than \$1,500..... \$0.60 \$1,500 to \$2,500..... \$1.20 \$2,500 and over..... \$1.80 Other employee benefits—full cost Dependent's benefits: Full cost	Employee's benefits: Life and accidental death and dismemberment insurance, retiring prior to 65—balance of cost ² ; retiring at 65 or later—full cost

¹ Employees earning over \$2,500 annually who elect to be covered by additional insurance make a larger contribution.

² Employees retiring prior to age 65, if not due to disability, make monthly contribution until age 65; thereafter company pays full cost.

COMPANY, UNION, AND DATE OF INFORMATION	ELIGIBILITY REQUIREMENTS	LIFE INSURANCE				ACCIDENTAL DEATH AND DISMEMBERMENT				
	New employees become eligible --	Amount	If permanently and totally disabled		Cases covered	Amount				
			Before age--	Insurance is--		Graduated according to--	Death	Single dismem- berment	Multi- dismem- berment	
				Maintained						Paid in--
West Virginia Pulp and Paper Company Paper Workers (CIO); Pulp, Sulphite, and Paper Mill Workers (AFL) October 1954	After 3 months' employment	<u>Before age 65:</u> <u>Basic annual earnings</u> <u>Insurance</u> Less than \$1,456 _____ \$1,000 \$1,456 to \$1,976 _____ 2,000 \$1,976 to \$2,392 _____ 2,250 \$2,392 to \$2,600 _____ 2,500 \$2,600 to \$2,808 _____ 2,750 \$2,808 to \$3,016 _____ 3,000 \$3,016 to \$3,432 _____ 3,500 \$3,432 to \$3,848 _____ 4,000 \$3,848 to \$4,264 _____ 4,500 \$4,264 to \$4,680 _____ 5,000 \$4,680 to \$5,096 _____ 5,500 \$5,096 to \$6,000 _____ 6,000 \$6,000 to \$7,000 _____ 7,000 and up	65	For 1 year	—	Nonoccu- pational	<u>Before age 65:</u> <u>Basic annual earnings</u> Less than \$1,456 _____ \$1,000 \$1,456 to \$1,976 _____ 2,000 \$1,976 to \$2,392 _____ 2,250 \$2,392 to \$2,600 _____ 2,500 \$2,600 to \$2,808 _____ 2,750 \$2,808 to \$3,016 _____ 3,000 \$3,016 to \$3,432 _____ 3,500 \$3,432 to \$3,848 _____ 4,000 \$3,848 to \$4,264 _____ 4,500 \$4,264 to \$4,680 _____ 5,000 \$4,680 to \$5,096 _____ 5,500 \$5,096 to \$6,000 _____ 6,000 \$6,000 to \$7,000 _____ 7,000 and up	\$1,000 1,000 1,125 1,250 1,375 1,500 1,750 2,000 2,250 2,500 2,750 3,000 3,500 4,000 4,500 5,000 5,500 6,000 7,000	\$500 1,000 1,125 1,250 1,375 1,500 1,750 2,000 2,250 2,500 2,750 3,000 3,500	\$1,000 2,000 2,250 2,500 2,750 3,000 3,500 4,000 4,500 5,000 5,500 6,000 7,000
		<u>At age 65:</u> Insurance reduced to \$750 if insured for less than \$3,000 prior to age 65; to \$1,000 if insured for more than \$3,000					If insured for less than \$3,000 prior to age 65, amount in effect reduced to----- \$ 750 \$ 375 \$ 750 If insured for more than \$3,000 prior to age 65, amount in effect reduced to----- \$1,000 \$ 500 \$1,000			
Brown and Bigelow Company (St. Paul, Minn.) Bookbinders (AFL) January 1955	After 90 days' employment	<u>Monthly base pay</u> <u>Insurance</u> Less than \$100 _____ \$1,900 \$100 to \$150 _____ 2,500 \$150 to \$200 _____ 3,100 \$200 to \$250 _____ 3,700 \$250 to \$300 _____ 4,300 \$300 to \$350 _____ 4,900 \$350 to \$400 _____ 5,500 \$400 and over _____ 6,100	65	X	—	—	—	—	—	—
Employing Lithographers Association of San Francisco Lithographers (CIO) August 1954	If experienced: After 30 days' employment If inexperienced: 1st of month fol- lowing or coin- ciding with completion of 3 months' employment	\$1,500	At any age	X	—	—	—	—	—	—

INSURANCE PLANS - Continued

ACCIDENT AND SICKNESS							HOSPITALIZATION									
Cases covered	Amount	Duration of benefits			Benefits begin		Daily benefit or service	Duration	Extended coverage		Maximum room and board allowance	Extra allowance or service	Per year	Per disability	Emergency out-patient care	
		Period	Except		Accident	Sickness			Days	Daily amount						
			After age—	Benefits limited to—												
Nonoccupational	<u>Basic annual earnings</u>	<u>Weekly benefit</u>	13 weeks per disability	—	—	8th day	8th day	Employee								
	Less than \$1,456	— \$14		—	—	8th day	8th day	\$6	70 days	—	—	\$420	Up to \$60	—	X	—
	\$1,456 to \$1,560	— 15		—	—	8th day	8th day	Dependents								
	\$1,560 to \$1,768	— 17		—	—	8th day	8th day	Employee and dependents								
	\$1,768 to \$1,976	— 19		—	—	8th day	8th day	Up to \$6	70 days	—	—	\$420	Up to \$60	—	X	—
	\$1,976 to \$2,184	— 21		—	—	8th day	8th day	Employee and dependents								
	\$2,184 to \$2,392	— 23		—	—	8th day	8th day	Employee and dependents								
	\$2,392 to \$2,600	— 25		—	—	8th day	8th day	Employee and dependents								
	\$2,600 to \$2,808	— 27		—	—	8th day	8th day	Employee and dependents								
	\$2,808 to \$3,016	— 29		—	—	8th day	8th day	Employee and dependents								
	\$3,016 to \$3,432	— 33		—	—	8th day	8th day	Employee and dependents								
\$3,432 to \$3,848	— 37	—	—	8th day	8th day	Employee and dependents										
\$3,848 and over	— 40	—	—	8th day	8th day	Employee and dependents										
Nonoccupational	50 percent of straight time weekly earnings— <u>Maximum—\$75</u>		13 weeks per disability	—	—	1st day	8th day	Employee and dependents								
Occupational	Difference between Workmen's Compensation benefit and above amount			—	—	1st day	8th day	Up to \$8	35 days	—	—	\$280	Full cost of specified services	—	X	Up to \$160
(1)	(1)	(1)	(1)	(1)	(1)	(1)	(1)	Employee								
								Up to \$14	31 days	—	—	\$434	Up to \$280, plus 75 percent of next \$1,000 of charges	—	X	Up to \$280, plus 75 percent of next \$1,000 of charges
								(2)	(2)	—	—	—	—	—	—	—
(1)	(1)	(1)	(1)	(1)	(1)	(1)	(1)	Dependents								
								Up to \$10	31 days	—	—	\$310	Up to \$200, plus 75 percent of next \$1,000 of charges	—	X	Up to \$200, plus 75 percent of next \$1,000 of charges

¹ No accident and sickness insurance benefits provided by plan; employees covered by the California State temporary disability law. See Appendix A.

² Daily amount reduced by hospital benefit employee receives under the California State temporary disability law (\$10 per day for first 12 days in hospital).

COMPANY, UNION, AND DATE OF INFORMATION	SURGICAL			MEDICAL										
	Up to schedule allowance accepted as full payment if annual income is under—	Operation schedule— selected allowances		Covers cases in—	Up to schedule allowance accepted as full payment if annual income is under—	Employee				Maximum compensation	Benefits begin		Maxi- mum number visits paid for	Maxi- mum number days paid for
		Employee	Dependents			Allowance					Sickness	Accident		
					Home	Office	Hospi- tal	Else- where						
West Virginia Pulp and Paper Company Paper Workers (CIO); Pulp, Sulphite, and Paper Mill Workers (AFL) October 1954	—	Maximum schedule allowance \$200	\$200	Hospital, office, home, elsewhere	—	—	—	—	—	—	—	—	—	
		Tonsillectomy Up to \$30	Up to \$30											
		Appendectomy Up to \$100	Up to \$100											
Brown and Bigelow Company (St. Paul, Minn.) Bookbinders (AFL) January 1955	—	Maximum schedule allowance \$200	\$200	Hospital, office, home, elsewhere	—	—	—	—	—	—	—	—	—	
		Tonsillectomy Up to \$30	Up to \$30											
		Appendectomy Up to \$100	Up to \$100											
Employing Lithographers Association of San Francisco Lithographers (CIO) August 1954	—	Maximum schedule allowance \$300	\$300	Hospital, office, home, elsewhere	—	Up to \$4.50 per visit	Up to \$3 per visit	Up to \$3 per visit	—	—	Home and office: 3d visit	Home and office: 1st visit	1 per day for 12 months	—
		Tonsillectomy Up to \$45	Up to \$45								Hospital 1st visit	Hospital 1st visit		
		Appendectomy Up to \$150	Up to \$150											

INSURANCE PLANS - Continued

MEDICAL - Continued										MATERNITY PROVISIONS							
Dependents				Maximum compensation	Benefits begin		Maximum number visits paid for	Maximum number days paid for	Other provisions	Accident and sickness	Hospitalization				Surgical	Medical	Benefits available to newly insured
Allowance					Sickness	Accident					Daily benefit or service	Duration	Maximum room and board allowance	Extra allowance or services	Lump sum	Schedule allowance for normal delivery	
Home	Office	Hospital	Elsewhere														
—	—	—	—	—	—	—	—	—	—	Regular benefits for 6 weeks	Employee						Employee: Immediately Dependent: After 9 months
						\$6	14 days	\$84	Up to \$60		—	Up to \$50	—				
											Dependent						
						Up to \$6	14 days	\$84	Up to \$60	—	Up to \$50	—					
—	—	—	—	—	—	—	—	—	—	—	Employee and dependent						Employee and dependent: After 9 months
						—	—	—	—		Up to \$80	Up to \$50	—				
—	—	Up to \$3 per day	—	\$93 per disability	—	—	—	31 per disability	—	—	—	—	—	—	—	—	

COMPANY, UNION, AND DATE OF INFORMATION	OTHER BENEFITS ¹ Types and amounts	EXTENSION OF BENEFITS TO— (must be at least on group rate basis)								
		Retired employee					Dependents of retired employee			
		Life insurance	Accidental death and dismemberment	Hospitalization	Surgical	Medical	Life insurance	Hospitalization	Surgical	Medical
West Virginia Pulp and Paper Company Paper Workers (CIO) Pulp, Sulphite, and Paper Mill Workers (AFL) October 1954	—	Same as for active employee	—	—	—	—	—	—	—	—
Brown and Bigelow Company (St. Paul, Minn.) Bookbinders (AFL) January 1955	Employee and dependents <u>X-rays in doctor's office or clinic—up to \$10 for any one accident</u> <u>Anesthesia for tonsillectomy in doctor's office or clinic—up to \$5</u>	—	—	—	—	—	—	—	—	—
Employing Lithographers Association of San Francisco Lithographers (CIO) August 1954	<u>Diagnostic laboratory and x-ray allowance for nonhospitalized cases:</u> <u>Employee—up to \$50 per year per condition</u> <u>Dependents—up to \$25 per year per condition</u> <u>Additional accident expense allowance:</u> <u>(For expenses in excess of those paid under other plan benefits incurred within 90 days after injury)</u> <u>Employee and dependents—up to \$300</u>	—	—	—	—	—	—	—	—	—

¹ Such benefits as X-ray, anesthesia and electrocardiogram allowances may be provided under some plans, although not listed here. Reasons for not listing such benefits are set forth in

EXPLANATORY NOTES.

INSURANCE PLANS - Continued

FINANCING

Benefits for employee		Benefits for employee's dependents			Benefits for retired employee			Benefits for dependents of retired employee			Amount of contribution for—				
Company only	Jointly	Company only	Jointly	Employee only	Company only	Jointly	Employee only	Company only	Jointly	Employee only	Benefits for employee and dependents			Benefits for retired employee and dependents	
											Employee			Company	Employee
—	X	—	X	—	—	X	—	—	—	—	<u>Basic annual earnings</u> Less than \$1,456— \$1.39 \$2.80 \$3.57 \$1,456 to \$1,560— 1.88 3.29 4.06 \$1,560 to \$1,768— 1.93 3.34 4.11 \$1,768 to \$1,976— 1.98 3.40 4.16 \$1,976 to \$2,184— 2.15 3.57 4.33 \$2,184 to \$2,392— 2.20 3.62 4.39 \$2,392 to \$2,600— 2.37 3.79 4.55 \$2,600 to \$2,808— 2.54 3.95 4.72 \$2,808 to \$3,016— 2.71 4.12 4.89 \$3,016 to \$3,432— 3.04 4.46 5.23 \$3,432 to \$3,848— 3.38 4.80 5.57 \$3,848 to \$4,264— 3.69 5.11 5.88 \$4,264 to \$4,680— 3.92 5.34 6.11 \$4,680 to \$5,096— 4.15 5.57 6.34 \$5,096 to \$6,000— 4.39 5.80 6.57 \$6,000 to \$7,000— 4.85 6.26 7.03 and up	Balance of cost	\$0.42 per month per \$1,000 of insurance	Balance of cost	
—	X	X	—	—	—	—	—	—	—	—	Life insurance: \$0.40 per month per \$1,000 insurance	Life insurance: Balance of cost Other benefits: Full cost	—	—	
X	—	X	—	—	—	—	—	—	—	—	—	—	Full cost—\$1.75 per week ¹	—	—

¹ October 1954 employer contribution changed to \$2.00 per week.

COMPANY, UNION, AND DATE OF INFORMATION	ELIGIBILITY REQUIREMENTS	LIFE INSURANCE				ACCIDENTAL DEATH AND DISMEMBERMENT				
	New employees become eligible—	Amount	If permanently and totally disabled			Cases covered	Amount			
			Before age—	Insurance is—			Graduated according to—	Death	Single dismem- berment	Multi- dismem- berment
				Maintained	Paid in—					
Chicago Lithographers Association Lithographers (CIO) July 1954	<u>If experienced:</u> Immediately or 1st of following month <u>If inexperienced:</u> After 6 months' covered employ- ment	\$2,000	60	X	—	Nonoccu- pational; occupa- tional	—	\$2,000	\$1,000	\$2,000
Publishers' Association of New York City Typographical Union (AFL) September 1954	1st of month coin- ciding with or next following a 4- month period dur- ing which employee has been employed or diligently seek- ing employment within the Union's Newspaper Branch and has worked at least one shift of covered employ- ment	\$1,000	60	X	—	Nonoccu- pational; occupa- tional	—	\$1,000	\$500	\$1,000
Dow Chemical Company District 50, United Mine Workers (Ind.) July 1954	After 3 months' employment	\$4,000	60	X	—	—	—	—	—	—

INSURANCE PLANS - Continued

ACCIDENT AND SICKNESS							HOSPITALIZATION											
Cases covered	Amount	Duration of benefits			Benefits begin		Daily benefit or service	Duration	Extended coverage		Maximum room and board allowance	Extra allowance or service	Per year	Per disability	Emergency out-patient care			
		Period	Except		Accident	Sickness			Days	Daily amount								
			After age—	Benefits limited to—														
Nonoccupational	Two-thirds of current basic weekly wage— Maximum—\$50	13 weeks per disability	—	—	1st day	8th day or 1st in hospital	Employee											
Occupational	Difference between Workmen's Compensation benefit and above amount		Up to \$15	31 days	—		—	\$465	Up to \$300	—	X	Up to \$300						
							Dependents											
							Up to \$10	31 days	—	—	\$310	Up to \$200	—	X	Up to \$200			
Nonoccupational	\$45 per week	13 weeks per disability	—	—	8th day	8th day	Employee and dependents											
Occupational	Difference between Workmen's Compensation benefit and above amount		Semi-private room	21 days	180		50 percent of cost of semi-private room	—	Full cost of specified services for 1st 21 days, 50 percent of cost for additional 180 days	—	X	Up to \$7.25						
Nonoccupational	\$28 per week	26 weeks per disability	—	—	8th day	8th day	Employee											
							Up to \$12	70 days	—	—	\$840	Up to \$200, plus 75 percent of next \$2,400 of charges	—	X	Up to \$200, plus 75 percent of next \$2,400 of charges			
							Dependents											
							Up to \$11	70 days	—	—	\$770	Up to \$200, plus 75 percent of next \$2,400 of charges	—	X	Up to \$200, plus 75 percent of next \$2,400 of charges			

COMPANY, UNION, AND DATE OF INFORMATION	SURGICAL			MEDICAL										
	Up to schedule allowance accepted as full payment if annual income is under—	Operation schedule— selected allowances		Covers cases in—	Up to schedule allowance accepted as full payment if annual income is under—	Employee				Maximum compensation	Benefits begin		Maxi- mum number visits paid for	Maxi- mum number days paid for
		Employee	Dependents			Allowance					Sickness	Accident		
					Home	Office	Hospi- tal	Else- where						
Chicago Lithographers Association Lithographers (CIO) July 1954	—	Maximum schedule allowance \$300	\$200	Hospital, office, home, elsewhere	—	Up to \$5 per visit	Up to \$3 per visit	Up to \$5 per visit	—	\$200 per disability	2d day of total disabil- ity	1st day of total disabil- ity	1 per day; 13 weeks per dis- ability	—
		Tonsillectomy												
		Up to \$45	Up to \$30											
		Appendectomy												
		Up to \$150	Up to \$100											
Publishers' Association of New York City Typographical Union (AFL) September 1954	—	Maximum schedule allowance \$250	\$250	Hospital, office, home, elsewhere	—	—	—	—	—	—	—	—	—	—
		Tonsillectomy												
		Up to \$50	Under age 12, up to \$30; over age 12, up to \$50											
		Appendectomy												
		Up to \$125	Up to \$125											
Dow Chemical Company District 50, United Mine Workers (Ind.) July 1954	—	Maximum schedule allowance \$300	\$250	Hospital, office, home, elsewhere	—	—	—	\$4 for each day of confine- ment ¹	—	\$280 per disability	1st day	1st day	—	70 per disa- bility
		Tonsillectomy												
		Up to \$60	Under age 12, up to \$30; over age 12, up to \$50											
		Appendectomy												
		Up to \$150	Up to \$125											

¹ If surgical operation is performed, allowance is greater of (a) \$4 for each day of hospital confinement up to day of operation; or (b) \$4 for each day of confinement minus surgical operation allowance.

INSURANCE PLANS - Continued

MEDICAL - Continued										MATERNITY PROVISIONS								
Dependents										Accident and sickness	Hospitalization					Surgical	Medical	Benefits available to newly insured
Allowance				Maximum compensation	Benefits begin		Maximum number visits paid for	Maximum number days paid for	Other provisions		Daily benefit or service	Duration	Maximum room and board allowance	Extra allowance or services	Lump sum	Schedule allowance for normal delivery	Amounts and limitations	
Home	Office	Hospital	Elsewhere		Sickness	Accident												
—	—	—	—	—	—	—	—	—	Employee only: If disabled for at least 7 days, entitled to 3 visits within 31 days after re-turning to work	Regular benefits for 6 weeks	Employee					—	—	Employee and dependent: After 9 months
											—	—	—	—	Up to \$150	Up to \$75	—	
											Dependent							
											—	—	—	—	Up to \$100	Up to \$50	—	
—	—	—	—	—	—	—	—	—	—	—	Dependent only					—	—	Dependent: Hospitalization—immediately Surgical—if pregnancy commences while insured
											—	—	—	—	Up to \$80	Up to \$75	—	
—	—	\$3 for each day of confinement ¹	—	\$210 per disability	1st day	1st day	—	70 per disability	—	Regular benefits for 6 weeks	Employee					—	—	Employee and dependent: If pregnancy commences while insured
											Up to \$12	14 days	\$168	Up to \$145 ⁽²⁾	—	Up to \$75	—	
											Dependent							
											Up to \$11	—	⁽³⁾	Up to difference between total room and board charges and \$110 ⁽³⁾	—	Up to \$75	—	

¹ If surgical operation is performed, allowance is greater of (a) \$4 for each day of hospital confinement up to day of operation; or (b) \$4 for each day of confinement minus surgical operation allowance.

² Plus \$10 if circumcision on baby is performed during first 14 days.

³ Total room and board charges plus charges for extra services limited to \$110.

COMPANY, UNION, AND DATE OF INFORMATION	OTHER BENEFITS ¹ Types and amounts	EXTENSION OF BENEFITS TO— (must be at least on group rate basis)								
		Retired employee					Dependents of retired employee			
		Life insurance	Accidental death and dismemberment	Hospitalization	Surgical	Medical	Life insurance	Hospitalization	Surgical	Medical
Chicago Lithographers Association Lithographers (CIO) July 1954	Employee only <u>Diagnostic X-ray allowance, if no other benefits are payable—up to \$70 per condition</u>	—	—	—	—	—	—	—	—	—
Publishers' Association of New York City Typographical Union (AFL) September 1954	—	—	—	—	—	—	—	—	—	—
Dow Chemical Company District 50, United Mine Workers (Ind.) July 1954	—	<u>Service Insurance</u> 20 years or less— \$1,000 21 years— 1,100 22 years— 1,200 23 years— 1,300 24 years— 1,400 25 years— 1,500 26 years— 1,600 27 years— 1,700 28 years— 1,800 29 years— 1,900 30 years and over— 2,000	—	Same as for active employee but combined maximum hospitalization and surgical benefits available during retirement limited according to years of service prior to retirement ²	Same as for active employee but combined maximum hospitalization and surgical benefit available during retirement limited according to years of service prior to retirement ²	—	—	—	—	—

¹ Such benefits as X-ray, anesthesia and electrocardiogram allowances may be provided under some plans, although not listed here. Reasons for not listing such benefits are set forth in EXPLANATORY NOTES.

² Years of service prior to retirement	Maximum combined benefit	Years of service prior to retirement	Maximum combined benefit
13 or less	\$300	17	\$700
14	400	18	800
15	500	19	900
16	600	20 or more	1,000

INSURANCE PLANS - Continued

FINANCING

Benefits for employee		Benefits for employee's dependents			Benefits for retired employee			Benefits for dependents of retired employee			Amount of contribution for—			
Company only	Jointly	Company only	Jointly	Employee only	Company only	Jointly	Employee only	Company only	Jointly	Employee only	Benefits for employee and dependents		Benefits for retired employee and dependents	
											Employee	Company	Employee	Company
X	—	X	—	—	—	—	—	—	—	—	—	Full cost—\$2 per week	—	—
X	—	X	—	—	—	—	—	—	—	—	—	Full cost	—	—
—	X	—	X	—	X	—	—	—	—	—	<u>Employee's benefits:</u> \$0.82 biweekly <u>Employee and dependents' benefits:</u> \$1.42 biweekly	Balance of cost	—	Full cost

COMPANY, UNION, AND DATE OF INFORMATION	ELIGIBILITY REQUIREMENTS	LIFE INSURANCE				ACCIDENTAL DEATH AND DISMEMBERMENT				
	New employees become eligible --	Amount	If permanently and totally disabled		Cases covered	Amount				
			Before age--	Insurance is--		Graduated according to--	Death	Single dismem- berment	Multi- dismem- berment	
				Maintained						Paid in--
American Viscose Corporation Textile Workers (CIO) October 1954	After 60 days' employment	<u>Service Insurance</u> 60 days to 1 year ----- \$ 500 1 year to 5 years ----- 1,000 5 years and over ----- 2,000	60	—	Installments	Nonoccu- pational; occupa- tional	<u>Service</u> 60 days to 1 year ---- \$ 500 1 year to 5 years ---- 1,000 5 years and over ---- 2,000	\$ 250 500 1,000	\$ 500 1,000 2,000	
Texas Company Oil Workers (CIO) August 1954	After 1 year's employment	<u>Monthly rate of pay Insurance</u> Less than \$87.50 ----- \$1,500 \$87.50 to \$112.50 ----- 1,800 \$112.50 to \$125.00 ----- 2,100 \$125.00 to \$137.50 ----- 2,400 \$137.50 to \$162.50 ----- 2,700 \$162.50 to \$187.50 ----- 3,150 \$187.50 to \$212.50 ----- 3,600 \$212.50 to \$237.50 ----- 4,050 \$237.50 to \$262.50 ----- 4,500 \$262.50 to \$287.50 ----- 4,950 \$287.50 to \$312.50 ----- 5,400 \$312.50 to \$337.50 ----- 5,850 \$337.50 to \$362.50 ----- 6,300 \$362.50 to \$387.50 ----- 6,750 \$387.50 to \$412.50 ----- 7,200 \$412.50 to \$475.00 ----- 8,100 \$475.00 to \$525.00 ----- 9,000 and up	At any age	Two-thirds of amount in effect at date of dis- ability	—	—	—	—	—	

INSURANCE PLANS - Continued

ACCIDENT AND SICKNESS							HOSPITALIZATION									
Cases covered	Amount		Duration of benefits			Benefits begin		Daily benefit or service	Duration	Extended coverage		Maximum room and board allowance	Extra allowance or service	Per year	Per disability	Emergency out-patient care
			Period	After age—	Except Benefits limited to—	Accident	Sickness			Days	Daily amount					
Nonoccupational; occupational accidents only	<u>Basic weekly earnings</u>	<u>Weekly benefit</u>	13 weeks per disability	65	13 weeks during any 12 consecutive months	1st day	8th day	Employee and dependents ¹								
	Less than \$34	\$20						Semi-private room	1st year under plan, 21 days; 2d year, 25 days; thereafter, 31 days	90	50 percent of cost of semi-private room	—	Full cost of specified services for basic period; 50 percent of cost for additional 90 days	X	—	Up to \$10
	\$34 to \$36	21														
	\$36 to \$38	22														
	\$38 to \$40	23														
	\$40 to \$42	24														
	\$42 to \$44	25														
	\$44 to \$46	26														
	\$46 to \$48	27														
	\$48 to \$50	28														
	\$50 to \$52	29														
\$52 and over	30															
—	—	—	—	—	—	—	Employee and dependents									
(²)	(²)	(²)	(²)	(²)	(²)	(²)	\$7	31 days	—	—	\$217	Up to \$140, plus up to \$5 ambulance allowance	—	X	Up to \$140	

¹ Capitol Hospital Service of Harrisburg, Pennsylvania (Blue Cross plan); employees in other areas covered by different programs.
² No accident and sickness insurance benefit provided by plan; employees covered by paid sick leave plan.

COMPANY, UNION, AND DATE OF INFORMATION	SURGICAL			MEDICAL										
	Up to schedule allowance accepted as full payment if annual income is under—	Operation schedule— selected allowances		Covers cases in—	Up to schedule allowance accepted as full payment if annual income is under—	Employee				Maximum compensation	Benefits begin		Maxi- mum number visits paid for	Maxi- mum number days paid for
		Employee	Dependents			Allowance					Sickness	Accident		
					Home	Office	Hospi- tal	Else- where						
American Viscose Corporation Textile Workers (CIO) October 1954	—	Maximum schedule allowance \$150	\$150	Hospital, office, home, elsewhere	—	—	—	—	—	—	—	—	—	
		Tonsillectomy												
		Up to \$25	Up to \$25											
		Appendectomy												
		Up to \$100	Up to \$100											
Texas Company Oil Workers (CIO) August 1954	—	Maximum schedule allowance \$250	\$250	Hospital, office, home, elsewhere	—	—	—	—	—	—	—	—	—	
		Tonsillectomy												
		Up to \$37.50	Up to \$37.50											
		Appendectomy												
		Up to \$125	Up to \$125											

INSURANCE PLANS - Continued

MEDICAL - Continued										MATERNITY PROVISIONS								
Dependents										Accident and sickness	Hospitalization					Surgical	Medical	Benefits available to newly insured
Allowance				Maximum compensation	Benefits begin		Maximum number visits paid for	Maximum number days paid for	Other provisions		Daily benefit or service	Duration	Maximum room and board allowance	Extra allowance or services	Lump sum	Schedule allowance for normal delivery	Amounts and limitations	
Home	Office	Hospital	Elsewhere		Sickness	Accident												
—	—	—	—	—	—	—	—	—	—	Regular benefits for 6 weeks	Employee and dependent					Employee and dependent: Hospitalization—immediately Surgical—after 9 months		
										Semi-private room (¹)	10 days (¹)	—	Full cost of specified services (¹)	—	Up to \$50	—	Employee: Accident and sickness—after 9 months	
—	—	—	—	—	—	—	—	—	—	— (²)	Employee only					Employee only: Immediately		
										\$7	14 days	\$98	Up to \$140, plus up to \$5 ambulance allowance	—	Up to \$62.50			

¹ Capitol Hospital Service of Harrisburg, Pennsylvania (Blue Cross plan); employees in other areas covered by different programs.

² No accident and sickness insurance benefit provided by plan; employees covered by paid sick leave plan.

COMPANY, UNION, AND DATE OF INFORMATION	OTHER BENEFITS ¹	EXTENSION OF BENEFITS TO— (must be at least on group rate basis)								
	Types and amounts	Retired employee					Dependents of retired employee			
		Life insurance	Accidental death and dismemberment	Hospitalization	Surgical	Medical	Life insurance	Hospitalization	Surgical	Medical
American Viscose Corporation Textile Workers (CIO) October 1954	—	\$1,000	—	Same as for active employee	—	—	—	Same as for retired employee	—	—
Texas Company Oil Workers (CIO) August 1954	Employee and dependents <u>Polio allowance</u> (For actual expenses incurred within 2 years of its commencement)—up to \$5,000 <u>Identification allowance</u> (For expenses incurred in placing individual under care of relatives or friends)—up to \$50	Two-thirds of amount in effect immediately prior to retirement	—	—	—	—	—	—	—	—

¹ Such benefits as X-ray, anesthesia and electrocardiogram allowances may be provided under some plans, although not listed here. Reasons for not listing such benefits are set forth in EXPLANATORY NOTES.

INSURANCE PLANS - Continued

FINANCING

Benefits for employee		Benefits for employee's dependents			Benefits for retired employee			Benefits for dependents of retired employee			Amount of contribution for—			
Company only	Jointly	Company only	Jointly	Employee only	Company only	Jointly	Employee only	Company only	Jointly	Employee only	Benefits for employee and dependents		Benefits for retired employee and dependents	
											Employee	Company	Employee	Company
X	—	—	X	—	—	X	—	—	—	X	Dependent children's benefits: Full cost Dependent husband's benefit: Hospitalization—full cost	Employee and dependent wife's benefits: Full cost Dependent husband's benefits: Surgical—full cost	Employee and dependents' benefits: Hospitalization—full cost	Employee's benefit: Life insurance—full cost
—	X	—	—	X	X	—	—	—	—	—	Employee's benefits: Life insurance— Monthly rate of pay Monthly contribution Less than \$125.00— None \$125.00 to \$137.50 — \$0.96 \$137.50 to \$162.50 — 1.08 \$162.50 to \$187.50 — 1.26 \$187.50 to \$212.50 — 1.44 \$212.50 to \$237.50 — 1.62 \$237.50 to \$262.50 — 1.80 \$262.50 to \$287.50 — 1.98 \$287.50 to \$312.50 — 2.16 \$312.50 to \$337.50 — 2.34 \$337.50 to \$362.50 — 2.52 \$362.50 to \$387.50 — 2.70 \$387.50 to \$412.50 — 2.88 \$412.50 to \$475.00 — 3.24 \$475.00 to \$525.00 — 3.60 and up Other benefits—\$0.50 per month Dependents' benefits: Full cost—benefits for wife or husband, \$2.67 per month; for child or children, \$2.67; for wife or husband and child or children, \$5.34	Employee's benefits: Balance of cost	Full cost	

COMPANY, UNION, AND DATE OF INFORMATION	ELIGIBILITY REQUIREMENTS	LIFE INSURANCE				ACCIDENTAL DEATH AND DISMEMBERMENT																																																																																																				
		Amount	If permanently and totally disabled		Cases covered	Amount																																																																																																				
			Before age—	Insurance is—		Graduated according to—	Death	Single dismem- berment	Multi- dismem- berment																																																																																																	
	Maintained	Paid in—																																																																																																								
Sinclair Oil Corporation Oil Workers (CIO) November 1954	After 6 months' employment	— (¹)	—	—	—	Nonoc- cupa- tional; occu- pational	—	\$1,000	\$500	\$1,000																																																																																																
Socony Vacuum Oil Company Oil Workers (CIO) August 1954	Immediately or 1st of following month	<table border="1"> <thead> <tr> <th>Annual basic rate of pay</th> <th>Insurance</th> </tr> </thead> <tbody> <tr><td>Less than \$1,000.01</td><td>\$ 1,600</td></tr> <tr><td>\$1,000.01 to \$1,400.01</td><td>2,400</td></tr> <tr><td>\$1,400.01 to \$1,800.01</td><td>3,200</td></tr> <tr><td>\$1,800.01 to \$2,200.01</td><td>4,000</td></tr> <tr><td>\$2,200.01 to \$2,600.01</td><td>4,800</td></tr> <tr><td>\$2,600.01 to \$3,000.01</td><td>5,600</td></tr> <tr><td>\$3,000.01 to \$3,400.01</td><td>6,400</td></tr> <tr><td>\$3,400.01 to \$3,800.01</td><td>7,200</td></tr> <tr><td>\$3,800.01 to \$4,200.01</td><td>8,000</td></tr> <tr><td>\$4,200.01 to \$4,600.01</td><td>8,800</td></tr> <tr><td>\$4,600.01 to \$5,000.01</td><td>9,600</td></tr> <tr><td>\$5,000.01 to \$5,400.01</td><td>10,400</td></tr> <tr><td>\$5,400.01 to \$5,800.01</td><td>11,200</td></tr> <tr><td>\$5,800.01 to \$6,200.01</td><td>12,000</td></tr> <tr><td>and up</td><td></td></tr> </tbody> </table>	Annual basic rate of pay	Insurance	Less than \$1,000.01	\$ 1,600	\$1,000.01 to \$1,400.01	2,400	\$1,400.01 to \$1,800.01	3,200	\$1,800.01 to \$2,200.01	4,000	\$2,200.01 to \$2,600.01	4,800	\$2,600.01 to \$3,000.01	5,600	\$3,000.01 to \$3,400.01	6,400	\$3,400.01 to \$3,800.01	7,200	\$3,800.01 to \$4,200.01	8,000	\$4,200.01 to \$4,600.01	8,800	\$4,600.01 to \$5,000.01	9,600	\$5,000.01 to \$5,400.01	10,400	\$5,400.01 to \$5,800.01	11,200	\$5,800.01 to \$6,200.01	12,000	and up		60	X	—	Nonoc- cupa- tional; occu- pational	<table border="1"> <thead> <tr> <th>Annual basic rate of pay</th> <th></th> <th></th> <th></th> </tr> </thead> <tbody> <tr><td>Less than \$1,000.01</td><td>\$ 800</td><td>\$ 400</td><td>\$ 800</td></tr> <tr><td>\$1,000.01 to \$1,400.01</td><td>1,200</td><td>600</td><td>1,200</td></tr> <tr><td>\$1,400.01 to \$1,800.01</td><td>1,600</td><td>800</td><td>1,600</td></tr> <tr><td>\$1,800.01 to \$2,200.01</td><td>2,000</td><td>1,000</td><td>2,000</td></tr> <tr><td>\$2,200.01 to \$2,600.01</td><td>2,400</td><td>1,200</td><td>2,400</td></tr> <tr><td>\$2,600.01 to \$3,000.01</td><td>2,800</td><td>1,400</td><td>2,800</td></tr> <tr><td>\$3,000.01 to \$3,400.01</td><td>3,200</td><td>1,600</td><td>3,200</td></tr> <tr><td>\$3,400.01 to \$3,800.01</td><td>3,600</td><td>1,800</td><td>3,600</td></tr> <tr><td>\$3,800.01 to \$4,200.01</td><td>4,000</td><td>2,000</td><td>4,000</td></tr> <tr><td>\$4,200.01 to \$4,600.01</td><td>4,400</td><td>2,200</td><td>4,400</td></tr> <tr><td>\$4,600.01 to \$5,000.01</td><td>4,800</td><td>2,400</td><td>4,800</td></tr> <tr><td>\$5,000.01 to \$5,400.01</td><td>5,200</td><td>2,600</td><td>5,200</td></tr> <tr><td>\$5,400.01 to \$5,800.01</td><td>5,600</td><td>2,800</td><td>5,600</td></tr> <tr><td>\$5,800.01 to \$6,200.01</td><td>6,000</td><td>3,000</td><td>6,000</td></tr> <tr><td>and up</td><td></td><td></td><td></td></tr> </tbody> </table>	Annual basic rate of pay				Less than \$1,000.01	\$ 800	\$ 400	\$ 800	\$1,000.01 to \$1,400.01	1,200	600	1,200	\$1,400.01 to \$1,800.01	1,600	800	1,600	\$1,800.01 to \$2,200.01	2,000	1,000	2,000	\$2,200.01 to \$2,600.01	2,400	1,200	2,400	\$2,600.01 to \$3,000.01	2,800	1,400	2,800	\$3,000.01 to \$3,400.01	3,200	1,600	3,200	\$3,400.01 to \$3,800.01	3,600	1,800	3,600	\$3,800.01 to \$4,200.01	4,000	2,000	4,000	\$4,200.01 to \$4,600.01	4,400	2,200	4,400	\$4,600.01 to \$5,000.01	4,800	2,400	4,800	\$5,000.01 to \$5,400.01	5,200	2,600	5,200	\$5,400.01 to \$5,800.01	5,600	2,800	5,600	\$5,800.01 to \$6,200.01	6,000	3,000	6,000	and up						
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B. F. Goodrich Company Rubber Workers (CIO) July 1954	Life insurance and accident and sick- ness benefits: 1st of month coin- ciding with or next following 3 months' employment Other benefits: After 3 months' employment	<table border="1"> <thead> <tr> <th>Earnings and service</th> <th>Insurance</th> </tr> </thead> <tbody> <tr><td>3 months to 1 year service</td><td>\$2,000</td></tr> <tr><td>1 year or more service and earnings of:</td><td></td></tr> <tr><td>Less than \$2,000</td><td>2,000</td></tr> <tr><td>\$2,000 to \$2,500</td><td>2,500</td></tr> <tr><td>\$2,500 to \$3,500</td><td>3,500</td></tr> <tr><td>\$3,500 to \$4,000</td><td>4,000</td></tr> <tr><td>\$4,000 and over</td><td>4,500</td></tr> </tbody> </table>	Earnings and service	Insurance	3 months to 1 year service	\$2,000	1 year or more service and earnings of:		Less than \$2,000	2,000	\$2,000 to \$2,500	2,500	\$2,500 to \$3,500	3,500	\$3,500 to \$4,000	4,000	\$4,000 and over	4,500	60	—	Installments	—	—	—	—																																																																																	
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¹ Company provides noncontributory life insurance; makes available additional insurance on a contributory basis.

INSURANCE PLANS - Continued

ACCIDENT AND SICKNESS							HOSPITALIZATION									
Cases covered	Amount		Duration of benefits			Benefits begin		Daily benefit or service	Duration	Extended coverage		Maximum room and board allowance	Extra allowance or service	Per year	Per disability	Emergency out-patient care
			Period	After age	Except Benefits limited to	Accident	Sickness			Days	Daily amount					
Nonoccupational	<u>Base annual earnings</u>	<u>Weekly benefit</u>	52 weeks per disability	—	—	1st day	8th day	Employee and dependents								
								Less than \$1,000	\$10	Up to \$10	120 days	—	—	\$1,200	Up to \$200, plus 75 percent of next \$2,000 of charges	—
	\$1,000 to \$1,500	15														
	\$1,500 to \$2,000	20														
	\$2,000 to \$2,500	25														
	\$2,500 to \$3,000	30														
	\$3,000 to \$3,500	35														
	\$3,500 to \$4,000	40														
	\$4,000 to \$5,000	45														
	\$5,000 to \$7,500	50														
	\$7,500 and over	60														
—	—	—	—	—	—	—	—	Employee and dependents								
(1)	(1)	(1)	(1)	(1)	(1)	(1)	(1)	Up to \$12	70 days	180	Up to \$6	\$1,920	Up to \$200, plus 75 percent of next \$1,800 of charges	—	X	Up to \$200, plus 75 percent of next \$1,800 of charges
Nonoccupational	Men—\$35 per week Women—\$25 per week		26 weeks per disability	—	—	1st day	8th day	Employee and dependents								
								Semi-private room	120 days	—	—	—	Full cost of specified services	—	X	Required services provided

¹ No accident and sickness insurance benefit provided by plan; employees covered by paid sick leave plan.

COMPANY, UNION, AND DATE OF INFORMATION	SURGICAL			MEDICAL										
	Up to schedule allowance accepted as full payment if annual income is under—	Operation schedule— selected allowances		Covers cases in—	Up to schedule allowance accepted as full payment if annual income is under—	Employee				Maximum compensation	Benefits begin		Maxi- mum visits paid for	Maxi- mum number days paid for
		Employee	Dependents			Allowance					Sickness	Accident		
Home	Office	Hospi- tal	Else- where	Sickness	Accident	Maxi- mum visits paid for	Maxi- mum number days paid for							
Sinclair Oil Corporation Oil Workers (CIO) November 1954	—	Maximum schedule allowance \$250	\$250	Hospital, office, home, elsewhere	—	—	\$3 for each day of con- finement (¹)	—	\$250 per disability	1st day	1st day	—	—	
		Tonsillectomy												
		Up to \$50	Under age 12, up to \$30; over age 12, up to \$50											
		Appendectomy												
		Up to \$125	Up to \$125											
Socony Vacuum Oil Company Oil Workers (CIO) August 1954	—	Maximum schedule allowance \$250	\$250	Hospital, office, home, elsewhere	—	—	\$4 for each day of con- finement (²)	—	\$250 per disability	1st day	1st day	—	—	
		Tonsillectomy												
		Up to \$50	Under age 12, up to \$30; over age 12, up to \$50											
		Appendectomy												
		Up to \$125	Up to \$125											
B. F. Goodrich Company Rubber Workers (CIO) July 1954	—	Maximum schedule allowance \$250	\$250	Hospital, office, home, elsewhere	—	—	Up to \$3 per day	—	\$360 per disability	1st day	1st day	—	120 per disa- bility	
		Tonsillectomy												
		Up to \$50	Under age 12, up to \$30; over age 12, up to \$50											
		Appendectomy												
		Up to \$125	Up to \$125											

¹ If surgical operation performed, allowance is greater of (a) \$3 for each day of hospital confinement up to day of operation; or (b) \$3 for each day of confinement minus surgical operation allowance.
² If surgical operation performed, allowance is greater of (a) \$4 for each day of hospital confinement up to day of operation; or (b) \$4 for each day of confinement minus surgical operation allowance.

INSURANCE PLANS - Continued

MEDICAL - Continued										MATERNITY PROVISIONS								
Dependents										Accident and sickness	Hospitalization					Surgical	Medical	Benefits available to newly insured
Allowance				Maximum compensation	Benefits begin		Maximum number visits paid for	Maximum number days paid for	Other provisions		Daily benefit or service	Duration	Maximum room and board allowance	Extra allowance or services	Lump sum	Schedule allowance for normal delivery	Amounts and limitations	
Home	Office	Hospital	Elsewhere		Sickness	Accident												
—	—	\$3 for each day of confinement (¹)	—	\$250 per disability	1st day	1st day	—	—	—	Employee and dependent							Employee and dependent: If pregnancy commences while insured	
										\$100 maternity allowance								
—	—	\$4 for each day of confinement (²)	—	\$250 per disability	1st day	1st day	—	—	—	—	Employee and dependent							Employee and dependent: If pregnancy commences while insured
										Up to \$10	10 days	\$100	Up to \$100	—	Up to \$75	—		
—	—	Up to \$3 per day	—	\$360 per disability	1st day	1st day	—	120 per disability	—	Regular benefits for 6 weeks	Employee and dependent							Employee and dependent: If pregnancy commences while insured
										Semi-private room	14 days	—	Full cost of specified services	—	Up to \$75	—		

¹ If surgical operation performed, allowance is greater of (a) \$3 for each day of hospital confinement up to day of operation; or (b) \$3 for each day of confinement minus surgical operation allowance.

² If surgical operation performed, allowance is greater of (a) \$4 for each day of hospital confinement up to day of operation; or (b) \$4 for each day of confinement minus surgical operation allowance.

³ No accident and sickness insurance benefit provided by plan; employees covered by paid sick leave plan.

COMPANY, UNION, AND DATE OF INFORMATION	OTHER BENEFITS ¹ Types and amounts	EXTENSION OF BENEFITS TO— (must be at least on group rate basis)								
		Retired employee					Dependents of retired employee			
		Life insurance	Accidental death and dismemberment	Hospitalization	Surgical	Medical	Life insurance	Hospitalization	Surgical	Medical
Sinclair Oil Corporation Oil Workers (CIO) November 1954	Employee and dependents <u>Anesthesia allowance for nonhospitalized cases—up to \$10 per operation</u>	—	—	With 5 continuous years' plan participation prior to retirement: Same as for active employee but limited to total of \$1,200 for room and board and \$1,700 for special services during period of retirement	With 5 continuous years' plan participation prior to retirement: Same as for active employee but limited to total of \$250 during period of retirement	With 5 continuous years' plan participation prior to retirement: Same as for active employee but limited to total of \$250 during period of retirement	—	Same as for retired employee (²)	Same as for retired employee (²)	Same as for retired employee (²)
Socony Vacuum Oil Company Oil Workers (CIO) August 1954	Employee and dependents <u>Emergency diagnostic X-ray allowance if no other plan benefits are payable—up to \$10 per condition</u> <u>Major medical expense allowance—75 percent of expenses in excess of other plan benefits during each medical period of 12 months, which is in excess of \$100; maximum—\$5,000</u>	Amount in effect immediately prior to retirement maintained for 1 year, then reduced 10 percent annually until amount equals annual salary immediately prior to retirement	Amount in effect immediately prior to retirement	With 5 continuous years' plan participation prior to retirement: Same as for active employee (³)	With 5 continuous years' plan participation prior to retirement: Same as for active employee (³)	With 5 continuous years' plan participation prior to retirement: Same as for active employee (³)	—	Same as for retired employee	Same as for retired employee	Same as for retired employee
B. F. Goodrich Company Rubber Workers (CIO) July 1954	Employee only <u>Diagnostic X-ray allowance for nonhospitalized cases—up to \$70 per condition</u>	<u>Retiring with 15 years service:</u> 50 percent of amount in effect immediately prior to retirement	—	Up to \$10 per day for all hospital charges; <u>maximum—\$310 per calendar year</u>	—	—	—	—	—	—

¹ Such benefits as X-ray, anesthesia and electrocardiogram allowances may be provided under some plans, although not listed here. Reasons for not listing such benefits are set forth in EXPLANATORY NOTES.

² \$100 maternity allowance in lieu of all other benefits also provided.

³ Emergency diagnostic X-ray benefit also provided retired employees and their dependents. Total amount of hospital, surgical and medical benefits (including X-ray benefit) during period of retirement limited to \$5,970.

INSURANCE PLANS - Continued

FINANCING

Benefits for employee		Benefits for employee's dependents			Benefits for retired employee			Benefits for dependents of retired employee			Amount of contribution for—			
Company only	Jointly	Company only	Jointly	Employee only	Company only	Jointly	Employee only	Company only	Jointly	Employee only	Benefits for employee and dependents		Benefits for retired employee and dependents	
											Employee	Company	Employee	Company
—	X	—	X	—	—	X	—	—	X	—	<u>Monthly contribution for benefits for—</u> <u>Basic annual earnings</u> Less than \$3,000 — \$1.55 \$3,000 to \$4,000 — 1.80 \$4,000 to \$7,500 — 2.15 \$7,500 and over — 2.50 <u>Em- ployee only</u> \$3.15 3.40 3.75 4.10 <u>Em- ployee and chil- dren</u> \$3.65 3.90 4.25 4.60 <u>Em- ployee and wife or wife and chil- dren</u> — — — —	Balance of cost	Benefits for employee only, \$1.00 per month; for employee and children, \$2.60; for employee and wife or employee, wife and children, \$3.10	Balance of cost
—	X	—	X	—	X	—	—	X	—	—	<u>Life and accidental death and dis- memberment insurance¹:</u> <u>Annual basic rate of pay</u> Less than \$1,000.01 — \$0.48 \$1,000.01 to \$1,400.01 — 1.20 \$1,400.01 to \$1,800.01 — 1.60 \$1,800.01 to \$2,200.01 — 2.00 \$2,200.01 to \$2,600.01 — 2.40 \$2,600.01 to \$3,000.01 — 2.80 \$3,000.01 to \$3,400.01 — 3.20 \$3,400.01 to \$3,800.01 — 3.60 \$3,800.01 to \$4,200.01 — 4.00 \$4,200.01 to \$4,600.01 — 4.40 \$4,600.01 to \$5,000.01 — 4.80 \$5,000.01 to \$5,400.01 — 5.20 \$5,400.01 to \$5,800.01 — 5.60 \$5,800.01 to \$6,200.01 — 6.00 and up <u>Major medical expense benefit:</u> Full cost—benefit for employee only, \$1.44 per month; for employee and dependents, \$3.44 <u>Other benefits:</u> Benefits for employee only, \$1.04 per month; for employee and dependents, \$4.20	Balance of cost ¹	—	Full cost
X	—	X	—	—	X	—	—	—	—	—	—	Full cost	—	Full cost

¹ At age 65, employee's contributions for life and accidental death and dismemberment insurance cease; company pays full cost.

INSURANCE PLANS - Continued

ACCIDENT AND SICKNESS							HOSPITALIZATION								
Cases covered	Amount	Duration of benefits			Benefits begin		Daily benefit or service	Duration	Extended coverage		Maximum room and board allowance	Extra allowance or service	Per year	Per disability	Emergency out-patient care
		Period	After age—	Except Benefits limited to—	Accident	Sickness			Days	Daily amount					
Nonoccupational	Men—\$35 per week Women—\$27 per week	26 weeks per disability	60	26 weeks during any 12 consecutive months	1st day	8th day	Employee and dependents								
							Semi-private room	120 days	—	—	—	Full cost of specified services	—	X	Required services provided
Nonoccupational	Men—\$35 per week Women—\$25 per week (¹)	26 weeks per disability	60	26 weeks during any 12 consecutive months	1st day	8th day	Employee and dependents ²								
							Semi-private room	120 days	—	—	—	Full cost of specified services (³)	—	X	Required services provided
Nonoccupational	\$25 per week	13 weeks per disability	60	13 weeks during any 12 consecutive months	1st day	8th day	Employee and dependents								
							Up to \$10	31 days	—	—	\$310	Up to \$50	—	X	—

¹ In States having temporary disability laws, benefit reduced by amount received under State laws.
² Michigan Hospital Service (Blue Cross plan); employees in other areas covered by different programs.
³ Also provided in connection with surgery performed in out-patient department.

COMPANY, UNION, AND DATE OF INFORMATION	SURGICAL			MEDICAL										
	Up to schedule allowance accepted as full payment if annual income is under—	Operation schedule— selected allowances		Covers cases in—	Up to schedule allowance accepted as full payment if annual income is under—	Employee				Maximum compensation	Benefits begin		Maxi- mum number visits paid for	Maxi- mum number days paid for
		Employee	Dependents			Home	Office	Hospi- tal	Else- where		Sickness	Accident		
Firestone Tire and Rubber Company Rubber Workers (CIO) July 1954	—	Maximum schedule allowance \$250	\$250	Hospital, office, home, elsewhere	—	—	—	Up to \$3 per day	—	\$360 per disability	1st day	1st day	—	120 per disa- bility
		Tonsillectomy												
		Up to \$50	Under age 12, up to \$30; over age 12, up to \$50											
		Appendectomy												
		Up to \$125	Up to \$125											
United States Rubber Company Rubber Workers (CIO) July 1954	—	Maximum schedule allowance \$250	\$250	Hospital, office, home, elsewhere	—	—	—	\$3 per day	—	\$360 per disability	1st day	1st day	—	120 per disa- bility
		Tonsillectomy												
		Up to \$50	Under age 12, up to \$30; over age 12, up to \$50											
		Appendectomy												
		Up to \$125	Up to \$125											
Florsheim Shoe Company Shoe Workers (CIO) August 1954	—	Maximum schedule allowance \$150	\$150	Hospital, office, home, elsewhere	—	—	—	—	—	—	—	—	—	—
		Tonsillectomy												
		Up to \$25	Up to \$25											
		Appendectomy												
		Up to \$100	Up to \$100											

INSURANCE PLANS - Continued

MEDICAL - Continued										MATERNITY PROVISIONS								
Dependents										Accident and sickness	Hospitalization					Surgical	Medical	Benefits available to newly insured
Allowance				Maximum compensation	Benefits begin		Maximum number visits paid for	Maximum number days paid for	Other provisions		Daily benefit or service	Duration	Maximum room and board allowance	Extra allowance or services	Lump sum	Schedule allowance for normal delivery	Amounts and limitations	
Home	Office	Hospital	Elsewhere		Sickness	Accident												
—	—	Up to \$3 per day	—	\$360 per disability	1st day	1st day	—	120 per disability	—	Regular benefits for 6 weeks	Employee and dependent							Employee and dependent: If pregnancy commences while insured
											Semi-private room	14 days	—	Full cost of specified services	—	Up to \$75	—	
—	—	\$3 per day	—	\$360 per disability	1st day	1st day	—	120 per disability	—	Regular benefits for 6 weeks	Employee and dependent							Employee and dependent: Hospitalization and surgical—after 9 months Employee: Accident and sickness—if pregnancy commences while insured
											Semi-private room (¹)	120 days (¹)	—	Full cost of specified services (¹)	—	Up to \$75	—	
—	—	—	—	—	—	—	—	—	—	Regular benefits for 6 weeks	Employee							Employee and dependent: Immediately
											Up to \$10	14 days	\$140	Up to \$50	—	Up to \$50	—	
											Dependent							
										Up to \$10	—	(²)	Up to difference between \$100 and total room and board charges	—	Up to \$50	—		

¹ Michigan Hospital Service (Blue Cross plan); employees in other areas covered by different programs.

² Total room and board allowance plus charges for extra services limited to \$100.

COMPANY, UNION, AND DATE OF INFORMATION	OTHER BENEFITS ¹	EXTENSION OF BENEFITS TO— (must be at least on group rate basis)								
	Types and amounts	Retired employee					Dependents of retired employee			
		Life insurance	Accidental death and dismemberment	Hospitalization	Surgical	Medical	Life insurance	Hospitalization	Surgical	Medical
Firestone Tire and Rubber Company Rubber Workers (CIO) July 1954	Employee only <u>Diagnostic X-ray allowance for nonhospitalized cases—up to \$70 per condition</u>	Same as for active employee after age 65	—	Same as for active employee	Same as for active employee	Same as for active employee	—	Same as for retired employee	Same as for retired employee	Same as for retired employee
United States Rubber Company Rubber Workers (CIO) July 1954	—	Retiring at age 65: 50 percent of total amount in effect immediately prior to retirement or \$2,000, whichever lesser <u>Retiring prior to age 65 due to disability:</u> Amount of noncontributory insurance in effect at retirement maintained until age 65, then reduced as stated above ²	—	Same as for active employee	Same as for active employee	Same as for active employee	—	Same as for retired employee	Same as for retired employee	Same as for retired employee
Florsheim Shoe Company Shoe Workers (CIO) August 1954	—	—	—	—	—	—	—	—	—	—

¹ Such benefits as X-ray, anesthesia and electrocardiogram allowances may be provided under some plans, although not listed here. Reasons for not listing such benefits are set forth in EXPLANATORY NOTES.

² Employees retiring due to disability may continue one-half of contributory insurance in excess of \$500 at same premium rate as for active employees.

INSURANCE PLANS - Continued

FINANCING

Benefits for employee		Benefits for employee's dependents			Benefits for retired employee			Benefits for dependents of retired employee			Amount of contribution for—			
Company only	Jointly	Company only	Jointly	Employee only	Company only	Jointly	Employee only	Company only	Jointly	Employee only	Benefits for employee and dependents		Benefits for retired employee and dependents	
											Employee	Company	Employee	Company
X	—	X	—	—	—	X	—	—	—	X	—	Full cost	Hospitalization, surgical, and medical: Full cost	Life insurance: Full cost
X (¹)	—	X	—	—	—	X	—	—	—	X	—	Full cost (¹)	Hospitalization, surgical and medical: Full cost	Life insurance: Full cost (²)
—	X	—	X	—	—	—	—	—	—	—	Benefits for employee only or employee and one dependent—\$0.98 per month; for employee and more than one dependent—\$1.96	Balance of cost	—	—

¹ \$1,000 additional life insurance available to employee at cost of 60 cents per month.² Employee retiring due to disability may continue one-half of contributory insurance in excess of \$500 at same premium rate as for active employee.

COMPANY, UNION, AND DATE OF INFORMATION	ELIGIBILITY REQUIREMENTS	LIFE INSURANCE				ACCIDENTAL DEATH AND DISMEMBERMENT			
	New employees become eligible—	Amount	If permanently and totally disabled		Cases covered	Amount			
			Before age—	Insurance is—		Graduated according to—	Death	Single dismem- berment	Multi- dismem- berment
			Maintained	Paid in—					
Luggage and leather goods industry, various employers Handbag, Luggage, Belt and Novelty Workers (AFL) National plan October 1954	After 90 days' union membership and covered employment	\$500	60	X	—	—	—	—	—
International Shoe Company Shoe Workers (CIO) August 1954	After 3 months' employment	\$2,000	65 and with more than 10 years' service	X	—	—	—	—	—
			65 and with less than 10 years' service	For period equal to amount of service	—	—	—	—	—
Massachusetts Leather Manufacturers' Association Fur and Leather Workers (Ind.) July 1954	1st of month fol- lowing 1 month's employment	\$1,000	60	X	—	—	—	—	—
Minnesota Mining and Manufacturing Company Gas, Coke and Chemical Workers (CIO) August 1954	After 3 months' employment	\$1,000 ¹	60	—	Lump sum	—	—	—	—

¹ Also, a special death benefit is paid to the dependent beneficiary but not necessarily on all deaths; additional insurance is provided on a contributory basis.

INSURANCE PLANS - Continued

ACCIDENT AND SICKNESS							HOSPITALIZATION								
Cases covered	Amount	Duration of benefits			Benefits begin		Daily benefit or service	Duration	Extended coverage		Maximum room and board allowance	Extra allowance or service	Per year	Per disability	Emergency out-patient care
		Period	Except		Accident	Sickness			Days	Daily amount					
			After age—	Benefits limited to—											
Nonoccupational	\$18.50 per week	13 weeks per disability	—	—	1st day	8th day	Employee only								
							\$7.50	31 days	—	—	\$232.50	Up to \$37.50	—	X	—
Nonoccupational	Men—\$25 per week Women—\$15 per week	13 weeks per disability	—	—	1st day	8th day	Employee and dependents								
							Up to \$8	31 days	—	—	\$248	Up to \$160 ¹	—	X	Up to \$160
Nonoccupational	\$18 per week	13 weeks per disability	60	13 weeks per year	1st day	8th day	Employee and dependents								
							Up to \$12	60 days	60	Up to \$6	\$1,080	Full cost of specified services	—	X	Required services provided
Nonoccupational	<u>Total annual earnings</u> Less than \$1,800 — \$15 \$1,800 to \$2,200 — 20 \$2,200 to \$2,600 — 25 \$2,600 to \$3,000 — 30 \$3,000 to \$3,800 — 35 \$3,800 and over — 40	13 weeks per disability	60	13 weeks during any 12 consecutive months	4th day	4th day	Employee and dependents								
							Up to \$10	70 days	—	—	\$700	Full cost of services	—	X	Required services provided

¹ Includes X-ray charges incurred in doctor's office because of an accident.

COMPANY, UNION, AND DATE OF INFORMATION	SURGICAL			MEDICAL										
	Up to schedule allowance accepted as full payment if annual income is under—	Operation schedule— selected allowances		Covers cases in—	Up to schedule allowance accepted as full payment if annual income is under—	Employee				Maximum compensation	Benefits begin		Maxi- mum visits paid for	Maxi- mum days paid for
		Employee	Dependents			Allowance					Sickness	Accident		
Home	Office	Hospi- tal	Else- where											
Luggage and leather goods industry, various employers Handbag, Luggage, Belt and Novelty Workers (AFL) National plan October 1954	—	Maximum schedule allowance \$200	—	Hospital, office, home, elsewhere	—	—	—	—	—	—	—	—	—	
		Tonsillectomy Up to \$30												
		Appendectomy Up to \$100												
International Shoe Company Shoe Workers (CIO) August 1954	—	Maximum schedule allowance \$200	\$200	Hospital, office, home, elsewhere	—	—	\$3 for each day of confine- ment	—	\$93 per disability	1st day	1st day	—	31 per disa- bility	
		Tonsillectomy Up to \$30	Up to \$30				(¹)							
		Appendectomy Up to \$100	Up to \$100											
Massachusetts Leather Manufacturers' Association Fur and Leather Workers (Ind.) July 1954	Individual cover- age, \$2,000; family of 2, \$2,500; family of 3 or more, \$3,000 (²)	Maximum schedule allowance \$150	\$150	Hospital, office, home, elsewhere	Individual cover- age, \$2,000; family of 2, \$2,500; family of 3 or more, \$3,000 (²)	—	—	1st day, up to \$5; there- after, up to \$3 per day (²)	\$65 per disability (²)	1st day	1st day	—	21 per disa- bility	
		Tonsillectomy Up to \$35	Under age 13, up to \$25; over age 13, up to \$35											
		Appendectomy Up to \$75	Up to \$75											
		(²)	(²)											
Minnesota Mining and Manufacturing Company Gas, Coke and Chemical Workers (CIO) August 1954	—	Maximum schedule allowance \$200	\$200	Hospital, office, home, elsewhere	—	—	\$3 for each day of confine- ment	—	\$210 per disability	1st day	1st day	—	70 per disa- bility	
		Tonsillectomy Up to \$30	Up to \$30											
		Appendectomy Up to \$100	Up to \$100											

¹ If surgical operation performed, allowance is greater of (a) \$3 for each day of hospital confinement up to day of operation; or (b) \$3 for each day of confinement minus surgical operation allowance.

² More liberal benefits are available to employees paying the additional cost.

INSURANCE PLANS - Continued

MEDICAL - Continued										MATERNITY PROVISIONS							
Dependents				Maximum compensation	Benefits begin		Maximum number visits paid for	Maximum number days paid for	Other provisions	Accident and sickness	Hospitalization				Surgical	Medical	Benefits available to newly insured
Home	Office	Hospital	Elsewhere		Sickness	Accident					Daily benefit or service	Duration	Maximum room and board allowance	Extra allowance or services	Lump sum	Schedule allowance for normal delivery	
—	—	—	—	—	—	—	—	—	Regular benefits for 6 weeks	Employee only							Employee only: Immediately
										\$7.50	14 days	\$105	Up to \$37.50	—	—	—	
—	—	\$3 for each day of confinement ⁽¹⁾	—	\$93 per disability	1st day	1st day	—	31 per disability	—	Employee and dependent							Employee and dependent: If pregnancy commences while insured
												\$100 maternity allowance					
—	—	1st day, up to \$5; thereafter, up to \$3 per day ⁽²⁾	—	\$65 per disability ⁽²⁾	1st day	1st day	—	21 per disability	Regular benefits for 6 weeks	Employee and dependent							Employee and dependent: Hospitalization and surgical—after 12 months Employee: Accident and sickness—if pregnancy commences while insured
										—	—	—	—	Up to \$70	Up to \$50	Allowance of up to \$15 provided for prenatal X-ray in doctor's office; allowance for pediatricians care of premature infant weighing less than 4½ pounds	
—	—	\$3 for each day of confinement	—	\$210 per disability	1st day	1st day	—	70 per disability	Regular benefits for 6 weeks	Employee and dependent							Employee and dependent: Hospitalization and surgical—if pregnancy commences while insured Employee: Accident and sickness—immediately
										Up to \$10	10 days	\$100	Full cost of services	—	Up to \$50	—	

¹ If surgical operation performed, allowance is greater of (a) \$3 for each day of hospital confinement up to day of operation; or (b) \$3 for each day of confinement minus surgical operation allowance.

² More liberal benefits are available to employees paying the additional cost.

COMPANY, UNION, AND DATE OF INFORMATION	OTHER BENEFITS ¹ Types and amounts	EXTENSION OF BENEFITS TO— (must be at least on group rate basis)								
		Retired employee					Dependents of retired employee			
		Life insurance	Accidental death and dismemberment	Hospitalization	Surgical	Medical	Life insurance	Hospitalization	Surgical	Medical
Luggage and leather goods industry, various employers	—	—	—	—	—	—	—	—	—	—
Handbag, Luggage, Belt and Novelty Workers (AFL) National plan October 1954	—	—	—	—	—	—	—	—	—	—
International Shoe Company Shoe Workers (CIO) August 1954	—	—	—	—	—	—	—	—	—	—
Massachusetts Leather Manufacturers' Association Fur and Leather Workers (Ind.) July 1954	Employee and dependents <u>X-ray therapy allowance for cases in or out of hospital if used in lieu of surgery—up to \$125</u> <u>X-ray allowances for cases in or out of hospital—up to \$15²</u> <u>Anesthesia allowance for cases in or out of hospital—up to \$25</u>	—	—	—	—	—	—	—	—	—
Minnesota Mining and Manufacturing Company Gas, Coke and Chemical Workers (CIO) August 1954	Employee and dependents <u>Polio allowance—75 percent of expenses incurred within 3 years after diagnosis and after basic plan benefits have been exhausted. Combined maximum payable under basic plan and this benefit—\$5,000</u>	—	—	—	—	—	—	—	—	—

¹ Such benefits as X-ray, anesthesia and electrocardiogram allowances may be provided under some plans, although not listed here. Reasons for not listing such benefits are set forth in EXPLANATORY NOTES.

² More liberal benefits are available to employees paying the additional cost.

INSURANCE PLANS - Continued

FINANCING

Benefits for employee		Benefits for employee's dependents			Benefits for retired employee			Benefits for dependents of retired employee			Amount of contribution for—			
Company only	Jointly	Company only	Jointly	Employee only	Company only	Jointly	Employee only	Company only	Jointly	Employee only	Benefits for employee and dependents		Benefits for retired employee and dependents	
											Employee	Company	Employee	Company
X	—	—	—	—	—	—	—	—	—	—	—	Full cost	—	—
—	X	—	X	—	—	—	—	—	—	—	<u>Employee's benefits:</u> Life insurance—\$0.80 per month <u>Dependents' benefits:</u> \$3.25 per month	<u>Employee's benefits:</u> Life insurance— balance of cost Other benefits—full cost <u>Dependents' benefits:</u> Balance of cost	—	—
X (¹)	—	X (¹)	—	—	—	—	—	—	—	—	—	Full cost—2.5 percent of weekly payroll (¹)	—	—
X (²)	—	X	—	—	—	—	—	—	—	—	—	Full cost ²	—	—

¹ Employees may secure more liberal medical and surgical benefits by paying the additional cost.

² Employee covered by additional life insurance contributes towards its cost.

COMPANY, UNION, AND DATE OF INFORMATION	ELIGIBILITY REQUIREMENTS	LIFE INSURANCE				ACCIDENTAL DEATH AND DISMEMBERMENT					
	New employees become eligible --	Amount	If permanently and totally disabled		Cases covered	Amount					
			Before age--	Insurance is--		Graduated according to--	Death	Single dismem- berment	Multi- dismem- berment		
				Maintained						Paid in--	
Owens-Illinois Glass Company Glass Bottle Blowers (AFL) August 1954	Immediately or 1st of following month	<u>Annual basic wage</u> Less than \$1,500 _____ \$1,500 \$1,500 to \$1,741 _____ 2,000 \$1,741 to \$2,000 _____ 2,500 \$2,000 to \$2,500 _____ 3,000 \$2,500 to \$3,000 _____ 3,500 \$3,000 to \$4,000 _____ 4,000 \$4,000 to \$5,000 _____ 5,000 \$5,000 to \$7,500 _____ 7,500 \$7,500 and over _____ 10,000 <u>Insurance</u>	65	—	Installments or lump sum (optional)	Nonoccu- pational; occupa- tional	<u>Annual basic wage</u> Less than \$1,500 --- \$1,500 \$1,500 to \$1,741 --- 2,000 \$1,741 to \$2,000 --- 2,500 \$2,000 to \$2,500 --- 3,000 \$2,500 to \$3,000 --- 3,500 \$3,000 to \$4,000 --- 4,000 \$4,000 to \$5,000 --- 5,000 \$5,000 to \$7,500 --- 7,500 \$7,500 and over --- 10,000				
Pittsburgh Plate Glass Company Glass, Ceramic, and Silica Sand Workers (CIO) October 1954	<u>Life insurance, accident and sick- ness benefits:</u> After 6 months' employment <u>Other benefits:</u> After 1 month's employment	\$2,000 ¹	60	—	Installments	—	—	—	—		
Aluminum Company of America Aluminum Workers (AFL); Steelworkers (CIO) November 1954	After 90 days' employment	\$3,500	60	X	—	—	—	—	—		
Chase Brass and Copper Company Automobile Workers (CIO) August 1954	<u>Life insurance:</u> 1st of month fol- lowing 6 months' employment <u>Accident and sickness benefits:</u> After 90 days' employment <u>Other benefits:</u> After 60 days' employment	<u>Basic annual wage</u> Less than \$1,200 _____ \$1,000 \$1,200 to \$1,800 _____ 1,500 \$1,800 to \$2,400 _____ 2,000 \$2,400 to \$4,000 _____ 3,000 \$4,000 to \$5,000 _____ 4,000 \$5,000 and over—Amount equal to annual wage taken to next higher multiple of \$100	60 and in- sured for 1 year	—	Installments	Nonoccu- pational	—	\$2,000	\$1,000	\$2,000	

¹ Additional life insurance is provided at the employee's expense.

INSURANCE PLANS - Continued

ACCIDENT AND SICKNESS							HOSPITALIZATION									
Cases covered	Amount		Duration of benefits			Benefits begin		Daily benefit or service	Duration	Extended coverage		Maximum room and board allowance	Extra allowance or service	Per year	Per disability	Emergency out-patient care
			Period	Except		Accident	Sickness			Days	Daily amount					
				After age—	Benefits limited to—											
Nonoccupational	<u>Annual basic wage</u>	<u>Weekly benefit</u>	26 weeks per disability	—	—	1st day	4th day	Employee and dependents								
	Less than \$1,500 —	\$15.00		—	—	1st day	—	Up to \$10	31 days	—	—	\$310	Up to \$200	—	X	Up to \$200
	\$1,500 to \$1,741 —	16.50														
	\$1,741 to \$2,000 —	19.50														
	\$2,000 to \$2,500 —	22.00														
	\$2,500 to \$3,000 —	27.50														
	\$3,000 to \$4,000 —	33.00														
	\$4,000 and over —	44.00														
Occupational accidents only	First week, same as above; next 12 weeks, 50 percent of above amount		13 weeks per disability	—	—	1st day	—									
Nonoccupational	\$30 per week		26 weeks per disability	—	—	8th day	8th day	Employee and dependents ¹								
								Semi-private room	21 days	90	50 percent of cost of semi-private room	—	Full cost of specified services for 1st 21 days; 50 percent of charges for additional 90 days	—	X	Required services provided
Nonoccupational	\$40 per week		26 weeks per disability	—	—	1st day	8th day or 1st in hospital	Employee and dependents								
								\$13	120 days	—	—	\$1,560	Up to \$130	—	X	Up to \$130
Occupational	Difference between Workmen's Compensation benefit and above amount		26 weeks per disability	—	—	When Workmen's Compensation benefit is payable	When Workmen's Compensation is payable									
Nonoccupational	\$28 per week		26 weeks per disability	—	—	1st day	8th day	Employee and dependents								
								Up to \$12	31 days	—	—	\$372	Up to \$200	—	X	Up to \$200

¹ Hospital Service Association of Pittsburgh, Pennsylvania (Blue Cross plan) for Creighton, Pennsylvania plan; employees in other plants covered by different programs.

COMPANY, UNION, AND DATE OF INFORMATION	SURGICAL			MEDICAL										
	Up to schedule allowance accepted as full payment if annual income is under—	Operation schedule— selected allowances		Covers cases in—	Up to schedule allowance accepted as full payment if annual income is under—	Employee				Maximum compensation	Benefits begin		Maxi- mum number visits paid for	Maxi- mum number days paid for
		Employee	Dependents			Home	Office	Hospi- tal	Else- where		Sickness	Accident		
Owens-Illinois Glass Company Glass Bottle Blowers (AFL) August 1954	—	Maximum schedule allowance \$200	\$200	Hospital, office, home, elsewhere	—	—	\$5 for each day of confine- ment	—	\$155 per disability	1st day	1st day	—	31 per disa- bility	
		Tonsillectomy Up to \$30	Up to \$30											
		Appendectomy Up to \$100	Up to \$100											
Pittsburgh Plate Glass Company Glass, Ceramic and Silica Sand Workers (CIO) October 1954	Individual cover- age, \$2,000; husband and wife, \$3,000; family, \$4,000 (¹)	Maximum schedule allowance \$200	\$200	Hospital, office, home, elsewhere (¹)	Individual cover- age, \$2,000; husband and wife, \$3,000; family, \$4,000 (¹)	Up to \$3 per visit (¹)	Up to \$3 per visit (¹)	1st day, up to \$10; 2d day, up to \$5; there- after, up to \$3 per day (¹)	Home and office: \$93 per year Hospital: \$219 per disability	Home and office: 4th visit Hospital: 1st day (¹)	Home and office: 4th visit Hospital: 1st day (¹)	Home and office: 21 per year (¹)	Hospital: 70 per disa- bility (¹)	
		Ton illectomy Up to \$35	Up to \$35											
		Appendectomy Up to \$100 (¹)	Up to \$100 (¹)											
Aluminum Company of America Aluminum Workers (AFL); Steelworkers (CIO) November 1954	—	Maximum schedule allowance \$225	\$225	Hospital, office, home, elsewhere	—	—	—	—	—	—	—	—	—	
		Tonsillectomy Up to \$37.50	Up to \$37.50											
		Appendectomy Up to \$150	Up to \$150											
Chase Brass and Copper Company Automobile Workers (CIO) August 1954	—	Maximum schedule allowance \$240	\$240	Hospital, office, home, elsewhere	—	Up to \$3 per visit	Up to \$2 per visit	Up to \$3 per visit	Up to \$3 per visit	\$150 per disability	4th visit	1st visit	1 per day	—
		Tonsillectomy Up to \$36	Up to \$36											
		Appendectomy Up to \$120	Up to \$120											

¹ Medical Service Association of Pennsylvania (Blue Shield plan) for Creighton, Pennsylvania plant employees; employees in other plants covered by different programs.

INSURANCE PLANS - Continued

MEDICAL - Continued										MATERNITY PROVISIONS								
Dependents										Accident and sickness	Hospitalization					Surgical	Medical	Benefits available to newly insured
Allowance				Maximum compensation	Benefits begin		Maximum number visits paid for	Maximum number days paid for	Other provisions		Daily benefit or service	Duration	Maximum room and board allowance	Extra allowance or services	Lump sum	Schedule allowance for normal delivery	Amounts and limitations	
Home	Office	Hospital	Elsewhere		Sickness	Accident												
—	—	\$5 for each day of confinement	—	\$155 per disability	1st day	1st day	—	31 per disability	—	Regular benefits for 6 weeks	Employee and dependent					—	Employee and dependent: After 9 months	
—	—	1st day, up to \$10; 2d day, up to \$5; thereafter, up to \$3 per day ¹	—	\$219 per disability (²)	1st day (²)	1st day (²)	—	70 per disability (²)	1 in-hospital bedside consultation per disability, up to \$10 (²)	Regular benefits for 6 weeks	Employee and dependent ²					—	Employee and dependent: After 1 year (²)	
—	—	—	—	—	—	—	—	—	—	Regular benefits for 6 weeks	Employee					—	Employee and dependent: If pregnancy commences while insured	
										\$13	14 days	\$182	Up to \$130	—	Up to \$75	—		
										\$13	—	(³)	Up to difference between total room and board charges and \$130	—	Up to \$75	—		
—	—	\$3 for each day of confinement	—	\$150 per disability	1st day	1st day	—	—	—	—	Employee and dependent					—	Employee and dependent: If pregnancy commences while insured	
														Up to \$100	Up to \$60	—		

¹ For nonhospitalized maternity cases \$60 is provided in lieu of hospital benefit.

² Medical Service Association of Pennsylvania and Hospital Service Association of Pittsburgh (Blue Shield and Blue Cross plans) for Creighton, Pennsylvania plant employees; employees in other plants are covered by different programs.

³ Total room and board charges plus charges for extra services limited to \$130.

COMPANY, UNION, AND DATE OF INFORMATION	OTHER BENEFITS ¹	EXTENSION OF BENEFITS TO— (must be at least on group rate basis)								
	Types and amounts	Retired employee					Dependents of retired employee			
		Life insurance	Accidental death and dismemberment	Hospitalization	Surgical	Medical	Life insurance	Hospitalization	Surgical	Medical
Owens-Illinois Glass Company Glass Bottle Blowers (AFL) August 1954	—	—	—	—	—	—	—	—	—	—
Pittsburgh Plate Glass Company Glass, Ceramic and Silica Sand Workers (CIO) October 1954	Employee and dependents <u>X-ray allowance for nonsurgical cases in or out of hospital—\$5 per treatment, maximum allowance ranging from \$50 to \$200 per condition</u> ²	\$2,000	—	Same as for active employee ³	Same as for active employee ³ (³)	Same as for active employee ³	—	Same as for retired employee ³	Same as for retired employee ³	Same as for retired employee ³
Aluminum Company of America Aluminum Workers (AFL); Steelworkers (CIO) November 1954	—	\$1,500	—	—	—	—	—	—	—	—
Chase Brass and Copper Company Automobile Workers (CIO) August 1954	—	30 percent of amount in effect immediately prior to retirement or \$1,000, whichever greater	—	Same as for active employee	Same as for active employee	Same as for active employee	—	Same as for retired employee	Same as for retired employee	Same as for dependents of active employee

¹ Such benefits as X-ray, anesthesia and electrocardiogram allowances may be provided under some plans, although not listed here. Reasons for not listing such benefits are set forth in EXPLANATORY NOTES.

² Medical Service Association of Pennsylvania (Blue Shield plan) for Creighton, Pennsylvania plant employees; employees in other plants covered by different programs. Extension of these benefits to retired employee and his dependents provided for at all except one plant.

FINANCING

Benefits for employee		Benefits for employee's dependents			Benefits for retired employee			Benefits for dependents of retired employee			Amount of contribution for—			
Company only	Jointly	Company only	Jointly	Employee only	Company only	Jointly	Employee only	Company only	Jointly	Employee only	Benefits for employee and dependents		Benefits for retired employee and dependents	
											Employee	Company	Employee	Company
—	X	—	X	—	—	—	—	—	—	—	<u>Employee's benefits:</u> <u>Annual basic wage</u> <u>Monthly contribution</u> Less than \$1,500 _____ \$1.50 \$1,500 to \$1,741 _____ 2.10 \$1,741 to \$2,000 _____ 2.50 \$2,000 to \$2,500 _____ 2.90 \$2,500 to \$3,000 _____ 3.60 \$3,000 to \$4,000 _____ 4.35 \$4,000 to \$5,000 _____ 6.55 \$5,000 to \$7,500 _____ 8.42 \$7,500 and over _____ 10.30 <u>Dependents' benefits:</u> One dependent, \$1.25 per month; more than 1 dependent, \$2.00	Balance of cost	—	—
—	X	—	X	—	—	X	—	—	—	X	<u>Hospitalization, surgical, and medical:</u> Balance of cost	<u>Life insurance and accident and sickness benefits:</u> Full cost ¹ <u>Other benefits:</u> Benefits for employee only, \$3 per month; for employee and dependents, \$6	<u>Life insurance:</u> \$0.60 monthly per \$1,000 of insurance <u>Other benefits:</u> Full cost	<u>Life insurance:</u> Balance of cost
X	—	—	—	X	X	—	—	—	—	—	<u>Dependents' benefits:</u> Full cost—child or children only, \$1.25 weekly; wife only or wife and children, \$1.70	<u>Employee's benefits:</u> Full cost	—	Full cost
—	X	X	—	—	—	X	—	—	—	X	<u>Life insurance:</u> \$0.60 per month per \$1,000 of insurance in excess of \$2,000	<u>Life insurance:</u> Full cost of 1st \$2,000 of insurance; balance of cost of additional insurance <u>Other benefits:</u> Full cost	<u>Hospitalization, surgical and medical:</u> Full cost	<u>Life insurance:</u> Full cost

¹ Employee covered by additional life insurance pays the additional cost for this coverage.

COMPANY, UNION, AND DATE OF INFORMATION	ELIGIBILITY REQUIREMENTS	LIFE INSURANCE				ACCIDENTAL DEATH AND DISMEMBERMENT															
	New employees become eligible -	Amount	If permanently and totally disabled Before age—	Insurance is—		Cases covered	Amount														
				Maintained	Paid in—		Graduated according to—	Death	Single dismem- berment	Multi- dismem- berment											
Bethlehem Steel Company Steelworkers (CIO) December 1954	Immediately or 1st of following month	Standard hourly base rate Insurance Less than \$1.73 ----- \$3,000 \$1.73 to \$2.06 ----- 3,500 \$2.06 to \$2.39 ----- 4,000 \$2.39 to \$2.78 ----- 4,500 \$2.78 to \$3.11 ----- 5,000 \$3.11 and over ----- 5,500	60	Until age 65, thereafter 30 percent of amount in effect or \$1,250, which- ever greater	—	—	—	—	—	—											
Weirton Steel Company Independent Steelworkers Union (Ind.) March 1955	Life insurance: Immediately or 1st of following month Other benefits: 1st of 3d month following month of employment	Employee Annual earnings (exclusive of bonus) Insurance Less than \$1,500.01 ----- \$1,500 \$1,500.01 to \$2,000.01 ----- 2,000 \$2,000.01 to \$2,500.01 ----- 2,500 \$2,500.01 to \$3,000.01 ----- 3,000 \$3,000.01 to \$3,500.01 ----- 3,500 \$3,500.01 to \$4,000.01 ----- 4,000 \$4,000.01 to \$4,500.01 ----- 4,500 \$4,500.01 to \$5,000.01 ----- 5,000 \$5,000.01 to \$6,000.01 ----- 6,000 and up	60	—	Installments	Nonoc- cupa- tional; occu- pa- tional	Annual earnings (exclusive of bonus) Less than \$1,500.01 ----- \$1,500 \$1,500.01 to \$2,000.01 ----- 2,000 \$2,000.01 to \$2,500.01 ----- 2,500 \$2,500.01 to \$3,000.01 ----- 3,000 \$3,000.01 to \$3,500.01 ----- 3,500 \$3,500.01 to \$4,000.01 ----- 4,000 \$4,000.01 to \$4,500.01 ----- 4,500 \$4,500.01 to \$5,000.01 ----- 5,000 \$5,000.01 to \$6,000.01 ----- 6,000 and up	\$750	1,000	1,250	1,500	1,750	2,000	2,250	2,500	3,000	3,500	4,000	4,500	5,000	6,000
		Employee's wife																			
		\$1,000	—	—	—																
		Employee's children																			
		Age Insurance 14 days to 6 months ----- \$ 50 6 months to 2 years ----- 100 2 years to 3 years ----- 200 3 years to 4 years ----- 300 4 years to 5 years ----- 400 5 years to 21 years ----- 500	—	—	—																

INSURANCE PLANS - Continued

ACCIDENT AND SICKNESS							HOSPITALIZATION									
Cases covered	Amount	Duration of benefits			Benefits begin		Daily benefit or service	Duration	Extended coverage		Maximum room and board allowance	Extra allowance or service	Per year	Per disability	Emergency out-patient care	
		Period	Except		Accident	Sickness			Days	Daily amount						
			After age—	Benefits limited to—												
Nonoccupational	\$40 per week	26 weeks per disability	—	—	1st day	8th day	Employee and dependents									
Occupational	Difference between Workmen's Compensation benefit and above amount		Semi-private room	120 days	—	—	—	Full cost of specified services	—	X	Required services provided					
Nonoccupational	Annual earnings (exclusive of bonus)	Weekly benefit	26 weeks per disability	60	26 weeks during any 12 consecutive months	8th day retro-active to 1st after 21 days of disability	8th day retro-active to 1st after 21 days of disability	Employee and dependents								
	Less than \$3,500.01	\$35						Up to \$12	90 days	—	—	\$1,080	Up to \$225	X	—	Up to \$225
	\$3,500.01 to															
	\$4,500.01	42														
	\$4,500.01 to															
	\$6,000.01	49														
	\$6,000.01 and over	56														
Occupational accidents only	Difference between Workmen's Compensation benefit and above amount	26 weeks per disability	—	—	8th day retro-active to 1st after 21 days of disability	—										

COMPANY, UNION, AND DATE OF INFORMATION	SURGICAL			MEDICAL										
	Up to schedule allowance accepted as full payment if annual income is under—	Operation schedule— selected allowances		Covers cases in—	Up to schedule allowance accepted as full payment if annual income is under—	Employee				Maximum compensation	Benefits begin		Maxi- mum number visits paid for	Maxi- mum number days paid for
		Employee	Dependents			Allowance					Sickness	Accident		
					Home	Office	Hospi- tal	Else- where						
Bethlehem Steel Company Steelworkers (CIO) December 1954	—	Maximum schedule allowance \$200	\$200	Hospital, office, home, elsewhere	—	—	—	—	—	—	—	—	—	
		Tonsillectomy Up to \$40	Up to \$40											
		Appendectomy Up to \$100	Up to \$100											
Weirton Steel Company Independent Steelworkers Union (Ind.) March 1955	—	Maximum schedule allowance \$225	\$225	Hospital, office, home, elsewhere	—	—	—	—	—	—	—	—	—	
		Tonsillectomy Up to \$40	Up to \$40											
		Appendectomy Up to \$125	Up to \$125											

INSURANCE PLANS - Continued

MEDICAL - Continued										MATERNITY PROVISIONS								
Dependents										Accident and sickness	Hospitalization					Surgical	Medical	Benefits available to newly insured
Allowance				Maximum compensation	Benefits begin		Maximum number visits paid for	Maximum number days paid for	Other provisions		Daily benefit or service	Duration	Maximum room and board allowance	Extra allowance or services	Lump sum	Schedule allowance for normal delivery	Amounts and limitations	
Home	Office	Hospital	Elsewhere		Sickness	Accident												
—	—	—	—	—	—	—	—	—	—	Regular benefits for 6 weeks	Employee and dependent						Employee and dependent: Hospitalization and surgical—after 9 months Employee: Accident and sickness—if pregnancy commences while insured	
											Semi-private room	10 days	—	Full cost of specified services	—	Up to \$60		—
—	—	—	—	—	—	—	—	—	—	Regular benefits for 6 weeks	Employee and dependent						Employee and dependent: 1st of 8th month following month of employment or month of reporting dependent	
											Up to \$12	14 days	\$168	Up to \$225	—	Up to \$75		—

COMPANY, UNION, AND DATE OF INFORMATION	OTHER BENEFITS ¹	EXTENSION OF BENEFITS TO— (must be at least on group rate basis)								
	Types and amounts	Retired employee					Dependents of retired employee			
		Life insurance	Accidental death and dismemberment	Hospitalization	Surgical	Medical	Life insurance	Hospitalization	Surgical	Medical
Bethlehem Steel Company Steelworkers (CIO) December 1954	—	Retiring at age 65: 30 percent of amount in effect immediately prior to retirement or \$1,250, whichever greater Retiring prior to age 65: Amount in effect at retirement maintained until age 65; thereafter 30 percent of amount or \$1,250, whichever greater	—	—	—	—	—	—	—	—
Weirton Steel Company Independent Steelworkers Union (Ind.) March 1955	—	Retiring after age 60 with 15 years service: \$1,250 ¹	—	Retiring at normal retirement age: Room and board allowance of \$7.50 per day for 45 days and allowance for extra services of up to \$75 per year	Retiring at normal retirement age: Same as for active employee	—	—	—	—	—

¹ Such benefits as X-ray, anesthesia and electrocardiogram allowances may be provided under some plans, although not listed here. Reasons for not listing such benefits are set forth in EXPLANATORY NOTES.

Retired employees may continue total amount of insurance (up to \$30,000) in effect immediately prior to retirement by contributing towards its cost.

INSURANCE PLANS - Continued

FINANCING

Benefits for employee		Benefits for employee's dependents			Benefits for retired employee			Benefits for dependents of retired employee			Amount of contribution for—					
Company only	Jointly	Company only	Jointly	Employee only	Company only	Jointly	Employee only	Company only	Jointly	Employee only	Benefits for employee and dependents		Benefits for retired employee and dependents			
											Employee	Company	Employee	Company		
—	X	—	X	—	—	X (¹)	—	—	—	—	<u>Standard hourly base rate</u> Less than \$1.73 \$1.73 to \$2.06 \$2.06 to \$2.39 \$2.39 to \$2.78 \$2.78 to \$3.11 \$3.11 and over	<u>Monthly contribution No dependents</u> \$6.25 6.55 6.85 7.15 7.45 7.75	<u>Monthly contribution With dependents</u> \$7.50 7.80 8.10 8.40 8.70 9.00	\$0.045 per hour worked by participating employee	(¹)	(¹)
—	X	—	X	—	—	X	—	—	—	—	40 percent of cost	60 percent of cost	<u>Hospitalization and surgical:</u> \$1.00 per month	<u>Life insurance:</u> Full cost ² <u>Other benefits:</u> \$1.50 per month		

¹ Financed by active employee and company contributions; see contribution columns for benefits for employee and dependents.
² Employees continuing total amount of insurance in effect prior to retirement contributes the same amount as an active employee.

COMPANY, UNION, AND DATE OF INFORMATION	ELIGIBILITY REQUIREMENTS	LIFE INSURANCE				ACCIDENTAL DEATH AND DISMEMBERMENT				
		Amount	If permanently and totally disabled		Cases covered	Amount				
			Before age—	Insurance is—		Graduated according to—	Death	Single dismem- berment	Multi- dismem- berment	
New employees become eligible—	Maintained	Paid in—								
United States Steel Corporation Steelworkers (CIO) December 1954	Immediately or 1st of following month	Standard hourly wage scale rate earnings Insurance Less than \$1.73 ----- \$3,000 \$1.73 to \$2.06 ----- 3,500 \$2.06 to \$2.39 ----- 4,000 \$2.39 to \$2.78 ----- 4,500 \$2.78 to \$3.11 ----- 5,000 \$3.11 and over ----- 5,500 (1)	60	Until age 65, thereafter \$1,250	—	—	—	—	—	—
American Can Company Steelworkers (CIO) December 1954 (2)	After 3 months' employment	Men, before age 65; women, before age 60: Base weekly earnings Less than \$30.00 ----- \$3,200 \$1,600 \$30.00 to \$40.00 ----- 4,200 2,100 \$40.00 to \$46.00 ----- 4,800 2,400 \$46.00 to \$52.00 ----- 5,500 2,750 \$52.00 to \$58.00 ----- 6,100 3,050 \$58.00 to \$64.00 ----- 6,700 3,350 \$64.00 to \$70.00 ----- 7,300 3,650 \$70.00 to \$76.00 ----- 7,900 3,950 \$76.00 to \$88.00 ----- 9,200 4,600 \$88.00 to \$100.00 ----- 10,400 5,200 \$100.00 to \$115.39 ----- 12,000 6,000 \$115.39 to \$126.93 ----- 13,200 6,600 and up Men, age 65 and over; women, age 60 and over: Amount in effect on December 1st nearest 65th birthday for men and 60th for women reduced according to service Years of service 25 and over ----- 50 \$1,500 15 to 25 ----- 25 1,500 Under 15 ----- — 1,500	At any age	Until age 65 (60 for women), then reduced in same manner as for active employee	—	—	—	—	—	—
American Radiator and Standard Sanitary Corporation (Louisville, Ky.) Standard Allied Trades Council (AFL) October 1954	After 1 month's employment	\$1,000	60	X	—	Nonoccu- pational	—	\$1,000	\$500	\$1,000

¹ Employee may purchase additional insurance by paying full cost.

² Includes revisions in existing plan to become effective March 15, 1955.

INSURANCE PLANS - Continued

ACCIDENT AND SICKNESS							HOSPITALIZATION																							
Cases covered	Amount	Duration of benefits			Benefits begin		Daily benefit or service	Duration	Extended coverage		Maximum room and board allowance	Extra allowance or service	Per year	Per disability	Emergency out-patient care															
		Period	After age	Except Benefits limited to	Accident	Sickness			Days	Daily amount																				
Nonoccupational	\$40 per week	26 weeks per disability	—	—	1st day	8th day	Employee and dependents																							
Occupational	Difference between Workmen's Compensation benefit and above amount		Semi-private room	120 days	—	—	—	Full cost of specified services	—	X	Required services provided																			
Nonoccupational	<table border="0"> <tr> <td><u>Base weekly earnings</u></td> <td><u>Weekly benefit</u></td> </tr> <tr> <td>Less than \$64.00</td> <td>— \$30.50</td> </tr> <tr> <td>\$64.00 to \$70.00</td> <td>— 33.50</td> </tr> <tr> <td>\$70.00 to \$76.00</td> <td>— 36.50</td> </tr> <tr> <td>\$76.00 to \$88.00</td> <td>— 41.00</td> </tr> <tr> <td>\$88.00 to \$100.00</td> <td>— 47.00</td> </tr> <tr> <td>\$100.00 to \$115.39</td> <td>— 53.50</td> </tr> <tr> <td>\$115.39 and over</td> <td>— 60.00</td> </tr> </table>	<u>Base weekly earnings</u>	<u>Weekly benefit</u>	Less than \$64.00	— \$30.50	\$64.00 to \$70.00	— 33.50	\$70.00 to \$76.00	— 36.50	\$76.00 to \$88.00	— 41.00	\$88.00 to \$100.00	— 47.00	\$100.00 to \$115.39	— 53.50	\$115.39 and over	— 60.00	26 weeks per disability	—	—	1st day	8th day	Employee and dependents							
<u>Base weekly earnings</u>	<u>Weekly benefit</u>																													
Less than \$64.00	— \$30.50																													
\$64.00 to \$70.00	— 33.50																													
\$70.00 to \$76.00	— 36.50																													
\$76.00 to \$88.00	— 41.00																													
\$88.00 to \$100.00	— 47.00																													
\$100.00 to \$115.39	— 53.50																													
\$115.39 and over	— 60.00																													
Occupational	Difference between Workmen's Compensation benefit and above amount	Up to \$15	120 days	—	—	\$1,800	Up to \$150, plus 75 percent of next \$2,000 of charges	—	X	Up to \$150, plus 75 percent of next \$2,000 of charges																				
Nonoccupational	\$21 per week	13 weeks per disability	—	—	1st day	8th day	Employee and dependents																							
			Up to \$6	40 days	—	—	\$240	Full cost of specified services, plus up to \$1,000 drug allowance ¹	—	X	Required services provided																			

¹ For such drugs as penicillin and streptomycin after patient pays first \$25.

COMPANY, UNION, AND DATE OF INFORMATION	SURGICAL			MEDICAL										
	Up to schedule allowance accepted as full payment if annual income is under—	Operation schedule— selected allowances		Covers cases in—	Up to schedule allowance accepted as full payment if annual income is under—	Employee				Maximum compensation	Benefits begin		Maximum number visits paid for	Maximum number days paid for
		Employee	Dependents			Home	Office	Hospital	Else- where		Sickness	Accident		
United States Steel Corporation Steelworkers (CIO) December 1954	—	Maximum schedule allowance \$200	\$200	Hospital, office, home, elsewhere	—	—	—	—	—	—	—	—	—	—
		Tonsillectomy Up to \$40	Up to \$40											
		Appendectomy Up to \$100	Up to \$100											
American Can Company Steelworkers (CIO) December 1954 (1)	—	Maximum schedule allowance \$250	\$250	Hospital, office, home, elsewhere	—	—	\$4 for each day of confinement ^a	—	\$124 per disability	1st day	1st day	—	31 per disa- bility	
		Tonsillectomy Up to \$50	Under age 12, up to \$30; over age 12, up to \$50											
		Appendectomy Up to \$125	Up to \$125											
American Radiator and Standard Sanitary Corporation (Louisville, Ky.) Standard Allied Trades Council (AFL) October 1954	—	Maximum schedule allowance \$200	\$200	Hospital, office, home, elsewhere	—	—	—	—	—	—	—	—	—	
		Tonsillectomy Up to \$30	Up to \$30											
		Appendectomy Up to \$100	Up to \$100											

¹ Includes revisions in existing plan to become effective March 15, 1955.

^a If surgical operation performed, allowance is greater of (a) \$4 for each day of hospital confinement up to day of operation; or (b) \$4 for each day of confinement minus surgical operation allowance.

INSURANCE PLANS - Continued

MEDICAL - Continued										MATERNITY PROVISIONS								
Dependents									Other provisions	Accident and sickness	Hospitalization					Surgical	Medical	Benefits available to newly insured
Allowance				Maximum compensation	Benefits begin		Maximum number visits paid for	Maximum number days paid for			Daily benefit or service	Duration	Maximum room and board allowance	Extra allowance or services	Lump sum	Schedule allowance for normal delivery	Amounts and limitations	
Home	Office	Hospital	Elsewhere		Sickness	Accident												
—	—	—	—	—	—	—	—	—	—	Regular benefits for 6 weeks	Employee and dependent					Employee and dependent: Hospitalization and surgical—after 9 months Employee: Accident and sickness—immediately		
—	—	\$4 for each day of confinement ¹	—	\$124 per disability	1st day	1st day	—	31 per disability	—	Regular benefits for 6 weeks	Employee and dependent					Employee and dependent: If pregnancy commences while insured		
—	—	—	—	—	—	—	—	—	—	Regular benefits for 6 weeks	Employee and dependent					Employee and dependent: Surgical—if pregnancy commences while insured Hospitalization—immediately Employee: Accident and sickness— if pregnancy commences while insured		
—	—	—	—	—	—	—	—	—	—	Regular benefits for 6 weeks	Up to \$6	10 days	\$60	Full cost of specified services, plus up to \$1,000 drug allowance ³	—	Up to \$50	—	

¹ If surgical operation performed, allowance is greater of (a) \$4 for each day of hospital confinement up to day of operation; or (b) \$4 for each day of confinement minus surgical operation allowance.

² Total room and board allowance plus charges for extra services limited to \$120.

³ For such drugs as penicillin and streptomycin after patient pays first \$25.

COMPANY, UNION, AND DATE OF INFORMATION	OTHER BENEFITS ¹	EXTENSION OF BENEFITS TO— (must be at least on group rate basis)																						
	Types and amounts	Retired employee					Dependents of retired employee																	
		Life insurance	Accidental death and dismemberment	Hospitalization	Surgical	Medical	Life insurance	Hospitalization	Surgical	Medical														
United States Steel Corporation Steelworkers (CIO) December 1954	—	Retiring at age 65: \$1,250 Retiring after age 60 but before age 65 due to disability: Full amount in effect immediately prior to retirement maintained until age 65, thereafter \$1,250	—	—	—	—	—	—	—	—														
American Can Company Steelworkers (CIO) December 1954 (²)	—	Men retiring at age 65 and women at age 60 with at least 10 years service: Amount in effect on December 1st nearest 65th birthday for men and 60th for women reduced according to service: <table border="1"> <thead> <tr> <th>Years of service</th> <th>Amount Per cent</th> <th>Minimum</th> </tr> </thead> <tbody> <tr> <td>25 or more</td> <td>50</td> <td>\$1,000</td> </tr> <tr> <td>20 to 25</td> <td>25</td> <td>1,000</td> </tr> <tr> <td>15 to 20</td> <td>25</td> <td>500</td> </tr> <tr> <td>10 to 15</td> <td>—</td> <td>500</td> </tr> </tbody> </table>	Years of service	Amount Per cent	Minimum	25 or more	50	\$1,000	20 to 25	25	1,000	15 to 20	25	500	10 to 15	—	500	—	—	—	—	—	—	—
Years of service	Amount Per cent	Minimum																						
25 or more	50	\$1,000																						
20 to 25	25	1,000																						
15 to 20	25	500																						
10 to 15	—	500																						
American Radiator and Standard Sanitary Corporation (Louisville Ky.) Standard Allied Trades Council (AFL) October 1954	—	—	—	—	—	—	—	—	—															

¹ Such benefits as X-ray, anesthesia and electrocardiogram allowances may be provided under some plans, although not listed here. Reasons for not listing such benefits are set forth in EXPLANATORY NOTES.

² Includes revisions in existing plan to become effective March 15, 1955.

INSURANCE PLANS - Continued

FINANCING

Benefits for employee		Benefits for employee's dependents			Benefits for retired employee			Benefits for dependents of retired employee			Amount of contribution for—					
Company only	Jointly	Company only	Jointly	Employee only	Company only	Jointly	Employee only	Company only	Jointly	Employee only	Benefits for employee and dependents		Benefits for retired employee and dependents			
											Employee	Company	Employee	Company		
—	X	—	X	—	—	X ⁽¹⁾	—	—	—	—	<u>Standard hourly wage scale rate earnings</u> Less than \$1.73 \$1.73 to \$2.06 \$2.06 to \$2.39 \$2.39 to \$2.78 \$2.78 to \$3.11 \$3.11 and over	<u>Monthly contribution No dependents</u> \$6.25 6.50 6.70 6.95 7.15 7.40	<u>With dependents</u> \$7.50 7.75 7.95 8.20 8.40 8.65	\$0.045 per hour worked by participating employee	(¹)	(¹)
X	—	X	—	—	X	—	—	—	—	—	—	Full cost	—	Full cost		
—	X	—	X	—	—	—	—	—	—	—	Benefits for employee only, \$0.75 per month; for employee and dependents, \$1.50	Balance of cost	—	—		

¹ Financed by active employee and company contributions; see contribution columns for benefits for employee and dependents.

INSURANCE PLANS - Continued

ACCIDENT AND SICKNESS							HOSPITALIZATION								
Cases covered	Amount	Duration of benefits			Benefits begin		Daily benefit or service	Duration	Extended coverage		Maximum room and board allowance	Extra allowance or service	Per year	Per disability	Emergency out-patient care
		Period	Except		Accident	Sickness			Days	Daily amount					
			After age—	Benefits limited to—											
— (1)	— (1)	— (1)	— (1)	— (1)	— (1)	— (1)	Employee								
							Up to \$15 ²	70 days	—	—	\$1,050	Up to \$300, plus 75 percent of next \$4,000 of charges, plus up to \$25 ambulance allowance	—	X	Required services provided
							Dependents								
							Up to \$12	31 days	—	—	\$373	Up to \$240, plus 75 percent of next \$1,000 of charges, plus up to \$25 ambulance allowance	—	X	Required services provided
Nonoccupational	Annual base pay Less than \$2,500 _____ \$30 \$2,500 to \$3,000 _____ 35 \$3,000 and over _____ 40	Weekly benefit 26 weeks per disability	—	—	1st day	8th day	Employee and dependents								
Occupational	Difference between Workmen's Compensation benefit and above amount						Up to \$15	120 days	—	—	\$1,800	Up to \$150, plus 75 percent of next \$2,000 of charges	—	X	Up to \$150, plus 75 percent of next \$2,000 of charges
Nonoccupational	\$30 per week	26 weeks per disability	—	—	8th day	8th day	Employee and dependents								
							Semi-private room	70 days	—	—	—	Full cost of specified services	—	X	Required services provided

¹ No accident and sickness insurance benefit provided by plan; employees covered by the California State temporary disability law. See Appendix A.
² Includes any amount payable under the California State temporary disability law.

COMPANY, UNION, AND DATE OF INFORMATION	SURGICAL			MEDICAL										
	Up to schedule allowance accepted as full payment if annual income is under—	Operation schedule— selected allowances		Covers cases in—	Up to schedule allowance accepted as full payment if annual income is under—	Employee				Maximum compensation	Benefits begin		Maximum number visits paid for	Maximum number days paid for
		Employee	Dependents			Allowance					Sickness	Accident		
					Home	Office	Hospi- tal	Else- where						
California Metal Trades Association Machinists (AFL) August 1954	—	Maximum schedule allowance \$350	\$300	Hospital, office, home, elsewhere	—	Up to \$6 per visit	Up to \$4 per visit	Up to \$3 per visit	—	Home and office: \$300 per year Hospital: \$210 per year	Home and office: 3d visit Hospital: 1st visit	1st visit	1 per day	—
Continental Can Company Steelworkers (CIO) February 1955	—	Maximum schedule allowance \$250	\$250	Hospital, office	—	—	\$4 for each day of confinement ¹	—	\$124 per disability	1st day	1st day	—	31 per disa- bility	
Deere and Company Automobile Workers (CIO) July 1954	—	Maximum schedule allowance \$300	\$300	Hospital, office, home, elsewhere	—	Up to \$3.50 per visit	Up to \$2.00 per visit	Up to \$3.50 per visit	—	\$637 during 1st 26 weeks from date of 1st visit or \$175 during full period of disa- bility, whichever greater	1st day	1st day	1 per day	—

¹ If surgical operation performed, allowance is greater of (a) \$4 for each day of hospital confinement up to day of operation; or (b) \$4 for each day of confinement minus surgical operation allowance.

INSURANCE PLANS - Continued

MEDICAL - Continued										MATERNITY PROVISIONS								
Dependents				Maximum compensation	Benefits begin		Maximum number visits paid for	Maximum number days paid for	Other provisions	Accident and sickness	Hospitalization					Surgical	Medical	Benefits available to newly insured
Allowance					Sick-ness	Acci-ent					Daily benefit or service	Dura-tion	Maximum room and board allowance	Extra allowance or services	Lurrp sum	Schedule allowance for normal delivery	Amounts and limitations	
Home	Office	Hospi-tal	Else-where															
—	—	Up to \$3 per visit	—	\$93 per disability	1st visit	1st visit	1 per day; 31 days per disability	—	—	Employee							Employee and dependent: If pregnancy commences while insured	
											Up to \$150 maternity allowance							
											Dependent							
											Up to \$100 maternity allowance							
—	—	\$4 for each day of confinement ¹	—	\$124 per disability	1st day	1st day	—	31 per disability	—	Regular benefits for 6 weeks	Employee							Employee and dependent: If pregnancy commences while insured
											Up to \$15	14 days	\$210	Up to \$100	—	Up to \$75	—	
											Dependent							
											Up to \$15	—	(²)	Up to difference between total room and board charges and \$120	—	Up to \$75	—	
—	—	\$3.50 for each day of confinement	—	\$245 per disability	1st day	1st day	—	70 per disability	—	Regular benefits for 6 weeks	Employee							Employee and dependent: If pregnancy commences while insured
											Semi-private room	70 days	—	Full cost of specified services	—	Up to \$75	—	
											Dependent							
											—	—	—	—	Up to \$70	Up to \$75	—	

¹ If surgical operation performed, allowance is greater of (a) \$4 for each day of hospital confinement up to day of operation; or (b) \$4 for each day of confinement minus surgical operation allowance.
² Total room and board charges plus charges for extra services limited to \$120.

COMPANY, UNION, AND DATE OF INFORMATION	OTHER BENEFITS ¹ Types and amounts	EXTENSION OF BENEFITS TO— (must be at least on group rate basis)								
		Retired employee					Dependents of retired employee			
		Life insurance	Accidental death and dismemberment	Hospitalization	Surgical	Medical	Life insurance	Hospitalization	Surgical	Medical
California Metal Trades Association Machinists (AFL) August 1954	Employee and dependents <u>Additional accident expense allowance</u> (for expenses incurred within 90 days of accident in excess of those covered by other plan benefits)—up to \$300 <u>Polio allowance</u> (in lieu of all other plan benefits, for all expenses incurred within 2 years after disability commences)—up to \$5,000 Employee only <u>Diagnostic X-ray and laboratory allowance for non-hospitalized cases</u> —up to \$100 for any one accident and all sickness during any 12 month period	—	—	—	—	—	—	—	—	—
Continental Can Company Steelworkers (CIO) February 1955	—	<u>Retiring at age 65:</u> Amount in effect immediately prior to retirement reduced 10 percent immediately and 10 percent annually thereafter to minimum of 50 percent of amount in effect prior to initial reduction	—	—	—	—	—	—	—	
Deere and Company Automobile Workers (CIO) July 1954	<u>Laboratory and X-ray examination allowance for nonhospitalized cases:</u> Employee—up to \$25 per disability Dependents—up to \$15 per disability <u>Allowance for care and treatment if treated in doctor's office instead of hospital, in connection with surgery or accident:</u> Employee only—up to \$15 per disability for expenses in excess of medical, laboratory and X-ray examination benefits	\$1,000 <u>Disability retirement:</u> Amount in effect immediately prior to retirement maintained until age 65, thereafter \$1,000	—	Same as for active employee	Same as for active employee	—	—	Same as for retired employee	Same as for retired employee	—

¹ Such benefits as X-ray, anesthesia and electrocardiogram allowances may be provided under some plans, although not listed here. Reasons for not listing such benefits are set forth in EXPLANATORY NOTES.

INSURANCE PLANS - Continued

FINANCING

Benefits for employee		Benefits for employee's dependents			Benefits for retired employee			Benefits for dependents of retired employee			Amount of contribution for—			
Company only	Jointly	Company only	Jointly	Employee only	Company only	Jointly	Employee only	Company only	Jointly	Employee only	Benefits for employee and dependents		Benefits for retired employee and dependents	
											Employee	Company	Employee	Company
X	—	—	—	X	—	—	—	—	—	—	Dependents' benefits: Full cost—\$6.75 per month	Employee's benefits: Full cost	—	—
X	—	X	—	—	X	—	—	—	—	—	—	Full cost	—	Full cost
—	X	—	—	X	—	X	—	—	—	X	All benefits except life and accidental death and dismemberment insurance: Benefits for employee only, \$2.09 per month; for employee and dependents, \$6.66	Life and accidental death and dismemberment insurance: Full cost Other benefits: \$2.09 per month	Hospitalization and surgical: Full cost—benefits for employee only, \$1.44 per month; for employee and dependents, \$5.82	Life insurance: Full cost

COMPANY, UNION, AND DATE OF INFORMATION	ELIGIBILITY REQUIREMENTS	LIFE INSURANCE				ACCIDENTAL DEATH AND DISMEMBERMENT				
		Amount	If permanently and totally disabled		Cases covered	Amount				
			Before age—	Insurance is—		Graduated according to—	Death	Single dismem- berment	Multi- dismem- berment	
	Maintained	Paid in—								
International Harvester Company	After 3 months' employment	\$2,800 combination term and paid up insurance	At any age	For 1 year ¹	—	Nonoccu- pational	—	\$1,500	—	—
Automobile Workers (CIO) July 1954		<u>Additional group term insurance:</u> <u>Base weekly earnings</u>	60	X	—		<u>Regular weekly earnings</u>			
		Less than \$48.08 ----- \$2,000					Less than \$52.50 ----- —	—	\$1,040	\$2,080
		\$48.08 to \$67.31 ----- 3,000					\$52.50 and over ----- —	—	1,300	2,600
		\$67.31 to \$86.54 ----- 4,000							(²)	(²)
		\$86.54 to \$105.77 ----- 5,000								
		\$105.77 to \$125.00 ----- 6,000								
		and up								
Caterpillar Tractor Company	After 30 days' employment	<u>Base hourly rate</u>	60 and insured 2 years	—	Installments	Nonoccu- pational; occupa- tional	<u>Base hourly rate</u>			
Automobile Workers (CIO) January 1955		Less than \$1.345 ----- \$2,000					Less than \$1.345 ----- \$2,000	\$1,000	\$2,000	\$2,000
		\$1.345 to \$1.685 ----- 3,000					\$1.345 to \$1.685 ----- 3,000	1,500	3,000	3,000
		\$1.685 to \$2.255 ----- 4,000					\$1.685 to \$2.255 ----- 4,000	2,000	4,000	4,000
		\$2.255 and over ----- 5,000					\$2.255 and over ----- 5,000	2,500	5,000	5,000
		(³)								

¹ Upon expiration of one year, employee may retain paid-up insurance purchased by his contributions or receive the cash surrender value.

² Also covers loss of limbs or loss of vision in both eyes due to disease.

³ Additional insurance is provided at extra cost.

INSURANCE PLANS - Continued

ACCIDENT AND SICKNESS							HOSPITALIZATION									
Cases covered	Amount		Duration of benefits			Benefits begin		Daily benefit or service	Duration	Extended coverage		Maximum room and board allowance	Extra allowance or service	Per year	Per disability	Emergency out-patient care
			Period	After age—	Except Benefits limited to—	Accident	Sickness			Days	Daily amount					
Nonoccupational	<u>Regular weekly earnings</u>	<u>Weekly benefit</u>	52 weeks per disability	—	—	1st day	6th work-day or 1st work-day in hospital	Employee								
	Less than \$52.50	\$27.50		Up to \$10	70 days			—	—	\$700	Up to \$150	—	X	Required services provided		
	\$52.50 to \$62.50	32.50		Dependents												
	\$62.50 to \$72.50	37.50	Up to \$8	31 days	—	—	\$248	Up to \$120	—	X	Required services provided					
	\$72.50 and over	42.50														
Nonoccupational	<u>Base hourly rate</u>	<u>Weekly benefit</u>	26 weeks per disability	—	—	8th day or 1st in hospital	8th day or 1st in hospital	Employee and dependents								
	Less than \$1.345	\$25		Semi-private room	70 days			—	—	—	Full cost of specified services	—	X	Required services provided		
	\$1.345 to \$1.685	30														
	\$1.685 to \$2.255	35														
	\$2.255 and over	40														

COMPANY, UNION, AND DATE OF INFORMATION	SURGICAL			MEDICAL										
	Up to schedule allowance accepted as full payment if annual income is under—	Operation schedule— selected allowances		Covers cases in—	Up to schedule allowance accepted as full payment if annual income is under—	Employee				Maximum compensation	Benefits begin		Maxi- mum number visits paid for	Maxi- mum number days paid for
		Employee	Dependents			Home	Office	Hospi- tal	Else- where		Sickness	Accident		
International Harvester Company Automobile Workers (CIO) July 1954	—	Maximum schedule allowance \$250	\$200	Hospital, office, home, elsewhere	—	—	\$5 for each day of con- fine- ment	—	\$350 per disability	1st day	1st day	—	70 per disa- bility	
		Tonsillectomy Up to \$37.50	Up to \$30											
		Appendectomy Up to \$125	Up to \$100											
Caterpillar Tractor Company Automobile Workers (CIO) January 1955	—	Maximum schedule allowance \$175	\$175	Hospital, office, home, elsewhere	—	—	\$2.50 for each day of con- fine- ment	—	\$175 per disability	1st day	1st day	—	70 per disability	
		Tonsillectomy Up to \$40	Child, up to \$25; adult, up to \$40											
		Appendectomy Up to \$125	Up to \$125											

INSURANCE PLANS - Continued

MEDICAL - Continued										MATERNITY PROVISIONS								
Dependents				Maximum compensation	Benefits begin		Maximum number visits paid for	Maximum number days paid for	Other provisions	Accident and sickness	Hospitalization					Surgical	Medical	Benefits available to newly insured
Home	Office	Hospital	Elsewhere		Sickness	Accident					Daily benefit or service	Duration	Maximum room and board allowance	Extra allowance or services	Lump sum	Schedule allowance for normal delivery	Amounts and limitations	
—	—	\$4 for each day of confinement	—	\$124 per disability	1st day	1st day	—	31 per disability	—	\$50	Employee							Employee and dependent: If pregnancy commences while insured
											Up to \$10	14 days	\$140	Up to \$150	—	Up to \$62.50	—	
											Dependent							
											\$75 maternity allowance							
—	—	\$2.50 for each day of confinement	—	\$175 per disability	1st day	1st day	—	70 per disability	—	Regular benefits for 6 weeks	Employee and dependent							Employee and dependent: If pregnancy commences while insured
											Semi-private room	10 days	—	Full cost of specified services	—	Up to \$50	—	

COMPANY, UNION, AND DATE OF INFORMATION	OTHER BENEFITS ¹ Types and amounts	EXTENSION OF BENEFITS TO— (must be at least on group rate basis)								
		Retired employee					Dependents of retired employee			
		Life insurance	Accidental death and dismemberment	Hospitalization	Surgical	Medical	Life insurance	Hospitali- zation	Surgical	Medical
International Harvester Company Automobile Workers (CIO) July 1954	Employee only Diagnostic X-ray and laboratory examination allowance for nonhospitalized cases—up to \$25 per disability	Retiring at age 60 with 25 years' service and insured for 5 years at time of retirement, or at age 55 with 15 years' service if due to disability: Amount of paid-up insurance accumulated prior to retirement or \$1,200, whichever greater	—	—	—	—	—	—	—	—
Caterpillar Tractor Company Automobile Workers (CIO) January 1955	—	Retiring at age 65 with 10 years' service and insured 5 years at time of retirement: \$1,000	—	Retiring at age 65 with 10 years' service and insured 5 years at time of retirement: Same as for active employee but limited to 21 days during period of retirement	Retiring at age 65 with 10 years' service and insured 5 years at time of retirement: Same as for active employee but limited to maximum of \$175 for all operations during period of retirement	—	—	Same as for retired employee	Same as for retired employee	—

¹ Such benefits as X-ray, anesthesia and electrocardiogram allowances may be provided under some plans, although not listed here. Reasons for not listing such benefits are set forth in EXPLANATORY NOTES.

INSURANCE PLANS - Continued

FINANCING

Benefits for employee		Benefits for employee's dependents			Benefits for retired employee			Benefits for dependents of retired employee			Amount of contribution for—																								
Company only	Jointly	Company only	Jointly	Employee only	Company only	Jointly	Employee only	Company only	Jointly	Employee only	Benefits for employee and dependents		Benefits for retired employee and dependents																						
											Employee	Company	Employee	Company																					
—	X	—	X	—	X	—	—	—	—	—	<u>Combination paid-up and term life insurance:</u> Varies according to age of entry into plan: Those entering at age 45 and under contribute \$2.60 monthly; for those entering after age 45 the above amount is increased by approximately \$0.17 up to maximum of \$5.20 for those entering plan at age 60 and over ¹ <u>Additional group term life insurance:</u> <table border="0"> <tr> <td><u>Base weekly earnings</u></td> <td><u>Monthly contributions</u></td> </tr> <tr> <td>Less than \$48.08</td> <td>\$ 1.00</td> </tr> <tr> <td>\$48.08 to \$67.31</td> <td>1.50</td> </tr> <tr> <td>\$67.31 to \$86.54</td> <td>2.00</td> </tr> <tr> <td>\$86.54 to \$105.77</td> <td>2.50</td> </tr> <tr> <td>\$105.77 to \$125.00 and up</td> <td>3.00</td> </tr> </table> <u>Dismemberment insurance and accident and sickness benefits:</u> <table border="0"> <tr> <td><u>Base weekly earnings</u></td> <td><u>Monthly contributions</u></td> </tr> <tr> <td>Less than \$52.50</td> <td>\$ 1.69</td> </tr> <tr> <td>\$52.50 to \$62.50</td> <td>2.00</td> </tr> <tr> <td>\$62.50 to \$72.50</td> <td>2.30</td> </tr> <tr> <td>\$72.50 and over</td> <td>2.60</td> </tr> </table> <u>Hospitalization, surgical, and medical:</u> Benefits for employee only, \$0.78 per month; for employee and 1 dependent, \$2.21; for employee and 2 or more dependents, \$3.12	<u>Base weekly earnings</u>	<u>Monthly contributions</u>	Less than \$48.08	\$ 1.00	\$48.08 to \$67.31	1.50	\$67.31 to \$86.54	2.00	\$86.54 to \$105.77	2.50	\$105.77 to \$125.00 and up	3.00	<u>Base weekly earnings</u>	<u>Monthly contributions</u>	Less than \$52.50	\$ 1.69	\$52.50 to \$62.50	2.00	\$62.50 to \$72.50	2.30	\$72.50 and over	2.60	<u>Accidental death insurance:</u> Full cost <u>Other benefits:</u> Balance of cost	<u>Life insurance:</u> Employee contribution ceases, paid-up insurance (financed by employee prior to retirement) continues in effect; company pays cost of difference between employee-financed paid-up insurance (if less than \$1,200) and guaranteed minimum coverage of \$1,200
<u>Base weekly earnings</u>	<u>Monthly contributions</u>																																		
Less than \$48.08	\$ 1.00																																		
\$48.08 to \$67.31	1.50																																		
\$67.31 to \$86.54	2.00																																		
\$86.54 to \$105.77	2.50																																		
\$105.77 to \$125.00 and up	3.00																																		
<u>Base weekly earnings</u>	<u>Monthly contributions</u>																																		
Less than \$52.50	\$ 1.69																																		
\$52.50 to \$62.50	2.00																																		
\$62.50 to \$72.50	2.30																																		
\$72.50 and over	2.60																																		
—	X	—	X	—	—	X	—	—	X	—	<u>Life and accidental death and dismemberment insurance and accident and sickness benefits:</u> <table border="0"> <tr> <td><u>Base hourly rate</u></td> <td><u>Monthly contributions²</u></td> </tr> <tr> <td>Less than \$1.345</td> <td>\$ 1.80</td> </tr> <tr> <td>\$1.345 to \$1.685</td> <td>2.50</td> </tr> <tr> <td>\$1.685 to \$2.255</td> <td>3.20</td> </tr> <tr> <td>\$2.255 and over</td> <td>3.90</td> </tr> </table> <u>Other benefits:</u> Benefits for employee only, \$0.95 per month; for employee and children, \$2.00; for employee and spouse, \$2.60; for employee, spouse, and children, \$3.60	<u>Base hourly rate</u>	<u>Monthly contributions²</u>	Less than \$1.345	\$ 1.80	\$1.345 to \$1.685	2.50	\$1.685 to \$2.255	3.20	\$2.255 and over	3.90	Balance of cost	<u>Hospitalization and surgical:</u> Benefits for employee only, \$1.45 per month; for employee and children, \$2.50; for employee and spouse, \$3.90; for employee, spouse, and children, \$4.90	<u>Life insurance:</u> Full cost <u>Hospitalization and surgical:</u> Balance of cost											
<u>Base hourly rate</u>	<u>Monthly contributions²</u>																																		
Less than \$1.345	\$ 1.80																																		
\$1.345 to \$1.685	2.50																																		
\$1.685 to \$2.255	3.20																																		
\$2.255 and over	3.90																																		

¹ Employee's contribution used to purchase paid-up insurance; company purchases term insurance to make up difference between paid-up insurance and \$2,800.
² Additional insurance may be purchased by the employee at extra cost.

COMPANY, UNION, AND DATE OF INFORMATION	ELIGIBILITY REQUIREMENTS	LIFE INSURANCE				ACCIDENTAL DEATH AND DISMEMBERMENT				
		Amount	If permanently and totally disabled		Cases covered	Amount				
			Before age—	Insurance is—		Graduated according to—	Death	Single dismem- berment	Multi- dismem- berment	
				Maintained						Paid in—
Radio Corporation of America (RCA Victor Division) Electrical Workers (CIO); Electrical Workers (AFL) October 1954	<u>Life insurance, accident and sickness benefits:</u> Immediately or 1st of following month <u>Other benefits:</u> After 60 days ¹ employment	<u>Annual base wage</u> Less than \$1,200 \$1,200 to \$1,800 \$1,800 to \$2,400 \$2,400 to \$3,000 \$3,000 to \$3,600 \$3,600 to \$4,200 \$4,200 to \$4,800 \$4,800 to \$5,400 \$5,400 to \$6,000 \$6,000 to \$6,600	<u>Insurance</u> \$1,500 2,500 3,500 4,000 5,000 6,000 7,000 8,000 9,000 10,000	60	—	Installments	—	—	—	—
		\$250 ¹		—	—	—				
Westinghouse Electric Corporation Electrical Workers (CIO) September 1954	After 3 months' employment	<u>Prior to age 65:</u> <u>Basic monthly earnings</u> Less than \$175 — \$2,500 \$175 to \$215 — 3,000 \$215 to \$260 — 3,500 <u>Basic monthly earnings</u> \$260 to \$350 — \$4,500 \$350 to \$435 — 5,500 \$435 to \$650 — 7,500 and up <u>After age 65:</u> ² For employees attaining age 65 prior to 1958, a percentage of insurance in effect on September 1, 1950 is continued. Percentage varies according to year 65 is attained— <u>Year attaining age 65</u> 1950 1951 1952 1953 1954 1955 1956 1957 For employees attaining age 65 in 1958 or later, 25 percent of insurance in effect immediately prior to attaining age 65 continued, minimum \$750.	<u>Insurance</u> \$2,500 3,000 3,500 <u>Insurance</u> \$4,500 5,500 7,500	60 and with 5 years' service and permanently and totally disabled	\$500	Installments, full amount less \$500	—	—	—	—
				60 and totally disabled	Until age 65, then reduced in same manner as for active employee	—				

¹ Provided in addition to insurance based on employee's annual base wage.

² Employee must have 5 years' continuous service immediately prior to attaining age 65 to be eligible for insurance after age 65.

INSURANCE PLANS - Continued

ACCIDENT AND SICKNESS							HOSPITALIZATION									
Cases covered	Amount	Duration of benefits			Benefits begin		Daily benefit or service	Duration	Extended coverage		Maximum room and board allowance	Extra allowance or service	Per year	Per disability	Emergency out-patient care	
		Period	Except		Accident	Sickness			Days	Daily amount						
		After age—	Benefits limited to—													
Nonoccupational	Basic benefit						Employee and dependents ¹									
	<u>Average weekly earnings</u>	<u>Weekly benefit</u>	26 weeks per disability	—	—	8th day, retro-active to 1st after 4 weeks' disability	8th day, retro-active to 1st after 4 weeks' disability	Up to \$10	31 days	—	—	\$310	Up to \$100	—	X	Up to \$50
	Less than \$36	\$22						Supplementary benefits for employee only ²								
	\$36 to \$40	24						\$2	20 days	—	—	\$40	—	X	—	
	\$40 to \$50	28														
\$50 to \$60	32															
\$60 and over	35															
	Supplementary benefit															
	\$2.10 per day		100 days per disability	—	—	Upon cessation of basic benefit	Upon cessation of basic benefit									
Occupational	Difference between Workmen's Compensation benefit and 80 percent of base weekly wage		12 weeks per disability	—	—	When Workmen's Compensation benefit is payable	When Workmen's Compensation benefit is payable									
Nonoccupational (³)	<u>Basic monthly earnings</u>	<u>Weekly benefit</u>	26 weeks per disability	—	—	8th day	8th day	Employee prior to age 65 and dependents ⁴								
	Less than \$175	\$25						Up to \$10	(⁵)	—	—	\$700	Up to \$100, plus 75 percent of next \$2,000 of charges	—	X	Required services provided
	\$175 to \$215	28														
	\$215 to \$260	31	(⁶)	(⁶)	(⁶)	(⁶)	(⁶)									
	\$260 to \$350	33														
	\$350 to \$435	34														
	\$435 to \$650	36														
\$650 and over	38															
	(³)							Employee after age 65 ⁶								
								Up to \$7	(⁷)	—	—	\$147	Up to \$70	X	—	Required services provided

¹ For Camden, New Jersey employees and their dependents; benefits for other employees in other areas may vary according to local hospital rates.

² Provided in addition to basic hospitalization benefits; payable only while employee is continuously confined to hospital for at least 8 days and is receiving accident and sickness benefits.

³ Benefit discontinued at age 65.

⁴ Employees under 65 may select alternative maximum room and board benefits of \$12 or \$7; premiums are adjusted accordingly.

⁵ Duration depends on daily room and board charges; total allowance limited to \$700.

⁶ Available to employees with at least 15 years' continuous service immediately prior to reaching age 65 and insured under plan as long as eligible. The total amount of hospitalization and surgical benefits limited to \$500 during the balance of the employee's life. Dependents' benefits discontinued when employee reaches age 65.

⁷ Duration depends on daily room and board charges; total allowance limited to \$147.

COMPANY, UNION, AND DATE OF INFORMATION	SURGICAL			MEDICAL										
	Up to schedule allowance accepted as full payment if annual income is under—	Operation schedule— selected allowances		Covers cases in—	Up to schedule allowance accepted as full payment if annual income is under—	Employee				Maximum compensation	Benefits begin		Maxi- mum visits paid for	Maxi- mum days paid for
		Employee	Dependents			Home	Office	Hospi- tal	Else- where		Sickness	Accident		
Radio Corporation of America (RCA Victor Division) Electrical Workers (CIO); Electrical Workers (AFL) October 1954	—	Maximum schedule allowance \$250	\$250	Hospital, office, home, elsewhere	—	—	Up to \$4 per day	—	\$124 per disability	1st day	1st day	—	31 per disa- bility	
		Tonsillectomy Up to \$50	Up to \$50	(¹)										
		Appendectomy Up to \$200	Up to \$200											
		(¹)	(¹)											
Westinghouse Electric Corporation Electrical Workers (CIO) September 1954	—	Maximum schedule allowance Prior to age 65, \$175; after age 65, ² \$122.50	\$175	Hospital, office, home, elsewhere	—	—	—	—	—	—	—	—	—	
		Tonsillectomy Prior to age 65, up to \$40; ² after age 65, ² up to \$28	Child, up to \$25; wife, up to \$40											
		Appendectomy Prior to age 65, up to \$125; after age 65, ² up to \$87.50	Up to \$125 (³)											

¹ For Camden, New Jersey employees and their dependents; benefits for other employees in other areas may vary according to local surgical rates.

² Available to employees with at least 15 years' continuous service immediately prior to reaching age 65 and insured under plan for as long as eligible; total amount of hospitalization and surgical benefits limited to \$500 during balance of employee's life.
Dependents' benefits discontinued when employee reaches age 65.

INSURANCE PLANS - Continued

MEDICAL - Continued										MATERNITY PROVISIONS								
Allowance				Dependents		Benefits begin		Maximum number visits paid for	Maximum number days paid for	Other provisions	Accident and sickness	Hospitalization				Surgical	Medical	Benefits available to newly insured
Home	Office	Hospital	Elsewhere	Maximum compensation	Sickness	Accident	Schedule allowance for normal delivery					Daily benefit or service	Duration	Maximum room and board allowance	Extra allowance or services	Lump sum	Amounts and limitations	
—	—	Up to \$4 per day	—	\$124 per disability	1st day	1st day	—	31 per disability	—	—	Employee and dependent						Employee and dependent; If pregnancy commences while insured	
										Up to \$10	14 days	\$140	Up to \$80 ¹	—	Up to \$100	—		
—	—	—	—	—	—	—	—	—	—	Employee and dependent						Employee and dependent; If pregnancy commences while insured		
																		\$125 maternity allowance

¹ Employees covered by collective bargaining agreement with Electrical Workers (CIO) and dependents of these employees also receive up to \$20 for nursery care of infant.

COMPANY, UNION, AND DATE OF INFORMATION	OTHER BENEFITS ¹	EXTENSION OF BENEFITS TO— (must be at least on group rate basis)								
	Types and amounts	Retired employee					Dependents of retired employee			
		Life insurance	Accidental death and dismemberment	Hospitalization	Surgical	Medical	Life insurance	Hospitalization	Surgical	Medical
Radio Corporation of America (RCA Victor Division) Electrical Workers (CIO); Electrical Workers (AFL) October 1954	Employee and dependents <u>Anesthesia allowance for cases in and out of hospital, if surgeon makes a separate charge for anesthesia—up to \$15</u> <u>Nonemergency accident and sickness allowance in out-patient department of hospital—up to \$50 per disability</u>	<u>Retiring at age 65:</u> With 10 years or more service, 40 percent of amount in effect at time of retirement; with 5 to 10 years service, 20 percent of amount in effect at time of retirement	—	—	—	—	—	—	—	—
Westinghouse Electric Corporation Electrical Workers (CIO) September 1954	—	<u>Retiring at age 65 or later:</u> ¹ Same as for active employee after age 65 <u>Retiring prior to age 65:</u> ² Same as for active employee	—	Same as for active employee (⁴)	Same as for active employee (⁴)	—	—	Same as for dependents of active employees (⁵)	Same as for dependents of active employees (⁵)	—

¹ Such benefits as X-ray, anesthesia and electrocardiogram allowances may be provided under some plans, although not listed here. Reasons for not listing such benefits are set forth in EXPLANATORY NOTES.

² Available if employee completed 5 years' continuous service immediately prior to retirement or age 65, whichever occurs first.

³ Available if employee retires on pension, which requires a minimum of 15 years' service; if retiring on disability pension, employee is covered by the \$500 life insurance left in force under permanent and total disability provision.

⁴ Available only to employees retiring with minimum of 15 years' service prior to retirement date or age 65, whichever occurs first, and insured under plan as long as eligible during 15-year period. Employee retiring on disability pension not covered by hospital and surgical benefits until age 65.

⁵ Dependents coverage discontinued when retired worker reaches age 65; not available to dependents of employees on disability pension.

FINANCING

Benefits for employee		Benefits for employee's dependents			Benefits for retired employee			Benefits for dependents of retired employee			Amount of contribution for—																					
Company only	Jointly	Company only	Jointly	Employee only	Company only	Jointly	Employee only	Company only	Jointly	Employee only	Benefits for employee and dependents		Benefits for retired employee and dependents																			
											Employee	Company	Employee	Company																		
X	—	X	—	—	X	—	—	—	—	—	—	Full cost	—	Full cost																		
—	X	—	X	—	X ⁽¹⁾	—	—	—	X	—	<u>Benefits for employee prior to age 65 and dependents:</u> <u>Monthly contribution</u> <u>Basic monthly earnings</u> <table border="0"> <tr> <td>Less than \$175</td> <td>\$2.84</td> <td>\$6.93</td> </tr> <tr> <td>\$175 to \$215</td> <td>3.11</td> <td>7.20</td> </tr> <tr> <td>\$215 to \$260</td> <td>3.39</td> <td>7.48</td> </tr> <tr> <td>\$260 to \$350</td> <td>3.88</td> <td>7.97</td> </tr> <tr> <td>\$350 to \$435</td> <td>4.29</td> <td>8.38</td> </tr> <tr> <td>\$435 to \$650</td> <td>5.13</td> <td>9.22</td> </tr> </table> and up	Less than \$175	\$2.84	\$6.93	\$175 to \$215	3.11	7.20	\$215 to \$260	3.39	7.48	\$260 to \$350	3.88	7.97	\$350 to \$435	4.29	8.38	\$435 to \$650	5.13	9.22	<u>Benefits for employee prior to age 65 and dependents:</u> Balance of cost <u>Benefits for employee after age 65:</u> Full cost	<u>Benefits for employee prior to age 65 and dependents:</u> Same as active employee	<u>Benefits for employee prior to age 65 and dependents:</u> Balance of cost <u>Benefits for employee after age 65:</u> Full cost
Less than \$175	\$2.84	\$6.93																														
\$175 to \$215	3.11	7.20																														
\$215 to \$260	3.39	7.48																														
\$260 to \$350	3.88	7.97																														
\$350 to \$435	4.29	8.38																														
\$435 to \$650	5.13	9.22																														

¹ Benefits for employees retiring prior to age 65, except if due to disability, are jointly financed until age 65.

COMPANY, UNION, AND DATE OF INFORMATION	ELIGIBILITY REQUIREMENTS	LIFE INSURANCE				ACCIDENTAL DEATH AND DISMEMBERMENT									
		Amount	If permanently and totally disabled Before age—	Insurance is—		Cases covered	Amount								
				Maintained	Paid in—		Graduated according to—	Death	Single dismem-berment	Multi-dismem-berment					
Ford Motor Company Automobile Workers (CIO) July 1954	1st of month after 1 month's employment	<u>Basic hourly rate</u> Insurance Less than \$ 1.30 \$ 2,400 \$ 1.30 to \$ 1.50 2,800 \$ 1.50 to \$ 1.70 3,200 \$ 1.70 to \$ 1.90 3,600 \$ 1.90 to \$ 2.10 4,000 \$ 2.10 and over 4,400	—	—	—	Nonoccu- pational; occupa- tional	<u>Basic hourly rate</u> Less than \$ 1.30 \$ 1,200 \$ 1.30 to \$ 1.50 1,400 \$ 1.50 to \$ 1.70 1,600 \$ 1.70 to \$ 1.90 1,800 \$ 1.90 to \$ 2.10 2,000 \$ 2.10 and over 2,200	\$ 600	\$ 1,400	\$ 1,200	\$ 1,400	\$ 1,600	\$ 1,800	\$ 2,000	\$ 2,200
General Motors Corporation Automobile Workers (CIO) July 1954	After 90 days' employment	<u>Before age 65:</u> <u>Base hourly rate</u> Insurance Less than \$ 1.13 \$ 2,500 \$ 1.13 to \$ 1.38 3,000 \$ 1.38 to \$ 1.63 3,500 \$ 1.63 to \$ 1.88 4,000 \$ 1.88 to \$ 2.13 4,500 \$ 2.13 and over 5,000 <u>After age 65:</u> Insurance immediately reduced \$500; thereafter, 2 per- cent monthly until (1) for employees with 10 or more years' coverage amount equals 1½ percent of remainder after the \$500 reduction, multiplied by years of coverage up to 20, <u>minimum</u> —\$500; or (2) for employees with less than 10 years' coverage, remainder reduced as above until separation from service or until amount in force is \$500, whichever is earlier.	60 with 15 or more years' plan cov- erage	Until age 65, then reduced in same manner as for active em- ployee (Optional)	Installments (¹) (²)	Nonoccu- pational; occupa- tional	<u>Base hourly rate</u> Less than \$ 1.13 \$ 1,250 \$ 1.13 to \$ 1.38 1,500 \$ 1.38 to \$ 1.63 1,750 \$ 1.63 to \$ 1.88 2,000 \$ 1.88 to \$ 2.13 2,250 \$ 2.13 and over 2,500 (²)	\$ 625	\$ 750	\$ 875	\$ 1,000	\$ 1,125	\$ 1,250	(²)	
North American Aviation Automobile Workers (CIO) September 1954	<u>Accident and sickness benefits:</u> Immediately or 1st of following month <u>Other benefits:</u> After 3 months' employment	\$ 5,000	60	X	—	Nonoccu- pational; occupa- tional	—	\$ 5,000	\$ 2,500	\$ 5,000					

¹ After total amount of life insurance has been paid, \$500 of group coverage provided during remainder of employee's total disability.

² Available only to employees under age 65.

INSURANCE PLANS - Continued

ACCIDENT AND SICKNESS							HOSPITALIZATION									
Cases covered	Amount		Duration of benefits			Benefits begin		Daily benefit or service	Duration	Extended coverage		Maximum room and board allowance	Extra allowance or service	Per year	Per disability	Emergency out-patient care
			Period	Except		Accident	Sickness			Days	Daily amount					
				After age—	Benefits limited to—											
Nonoccupational	<u>Basic hourly rate</u>	<u>Weekly benefit</u>	26 weeks per disability	60	26 weeks during any 12 consecutive months	1st day	8th day or 1st in hospital	Employee and dependents ¹								
	Less than \$ 1.30.....	\$ 30.60						Semi-private room	120 days	—	—	—	Full cost of specified services ²	—	X	Required services provided
	\$ 1.30 to \$ 1.50.....	33.20														
	\$ 1.50 to \$ 1.70.....	35.80														
	\$ 1.70 to \$ 1.90.....	38.40														
	\$ 1.90 to \$ 2.10.....	41.00														
	\$ 2.10 and over.....	43.60														
Nonoccupational	<u>Base hourly rate</u>	<u>Weekly benefit</u>	26 weeks per disability	60	26 weeks during any 12 consecutive months, if due to sickness	1st day	8th day or 1st in hospital	Employee and dependents ¹								
	Less than \$ 1.13.....	\$ 28.00						Semi-private room	120 days	—	—	—	Full cost of specified services ²	—	X	Required services provided
	\$ 1.13 to \$ 1.38.....	31.50														
	\$ 1.38 to \$ 1.63.....	35.00														
	\$ 1.63 to \$ 1.88.....	38.50														
	\$ 1.88 to \$ 2.13.....	42.00														
	\$ 2.13 and over.....	45.50														
Occupational	Difference between Workmen's Compensation benefit and above amount		26 weeks per disability	—	—	1st day	8th day or 1st in hospital									
Nonoccupational	65 percent of weekly earnings—		26 weeks per disability	—	—	1st day	8th day or 1st in hospital	Employee and dependents								
	Minimum—\$ 25 per week							\$ 8	70 days	—	—	\$ 560	Up to \$ 120, plus 75 percent of next \$ 1,200 of charges	—	X	—
	Maximum—\$ 40 per week							Plus additional allowance for employee only								
							\$ 10	1st 12 days	—	—	\$ 120	—	—	X	—	

¹ Michigan Hospital Service (Blue Cross plan); employees in other areas covered by different programs.

² Also provided in connection with surgery performed in out-patient department.

COMPANY, UNION, AND DATE OF INFORMATION	SURGICAL			MEDICAL										
	Up to schedule allowance accepted as full payment if annual income is under—	Operation schedule— selected allowances		Covers cases in—	Up to schedule allowance accepted as full payment if annual income is under—	Employee				Maximum compensation	Benefits begin		Maxi- mum number visits paid for	Maxi- mum number days paid for
		Employee	Dependents			Home	Office	Hospi- tal	Else- where		Sickness	Accident		
Ford Motor Company Automobile Workers (CIO) July 1954	Single employee coverage, \$2,000; family, \$2,500 ¹ (²)	Maximum schedule allowance	Maximum schedule allowance	Hospital, office ³ (²)	—	—	—	\$4 for each day of con- fine- ment	—	\$280 per disability	1st day	1st day	—	70 per disa- bility
		\$225	\$225											
		Tonsillectomy												
		Up to \$30	Up to \$30											
General Motors Corporation Automobile Workers (CIO) July 1954	Single employee coverage, \$2,000; family, \$2,500 ¹ (²)	Maximum schedule allowance	Maximum schedule allowance	Hospital, office ³ (²)	—	—	\$5 for each day of con- fine- ment	—	\$350 per disability	1st day	1st day	—	70 per disa- bility	
		\$225	\$225											
		Tonsillectomy												
		Up to \$30	Up to \$30											
North American Aviation Automobile Workers (CIO) September 1954	—	Maximum schedule allowance	Maximum schedule allowance	Hospital, office, home, elsewhere	—	Up to \$3 per visit	Up to \$2 per visit	Up to \$3 per visit	Up to \$3 per visit	\$150 per year	3d day	1st day	1 per day	—
		\$350	\$350											
		Tonsillectomy												
		Up to \$70	Up to \$70											
		Appendectomy												
		Up to \$175	Up to \$175											

¹ Total family income averaged over 3 years.

² Michigan Medical Service (Blue Shield plan); workers in other areas covered by different programs.

³ Also available for services rendered in out-patient department of hospital; emergency out-patient surgical care also provided in hospital and doctor's office.

INSURANCE PLANS - Continued

MEDICAL - Continued										MATERNITY PROVISIONS							
Dependents				Maximum compensation	Benefits begin		Maximum number visits paid for	Maximum number days paid for	Other provisions	Accident and sickness	Hospitalization				Surgical	Medical	Benefits available to newly insured
Home	Office	Hospital	Elsewhere		Sickness	Accident					Daily benefit or service	Duration	Maximum room and board allowance	Extra allowance or services	Lump sum	Schedule allowance for normal delivery	
—	—	—	—	—	—	—	—	—	—	Regular benefits for 6 weeks	Employee and dependent ¹						Employee and dependent: Hospitalization and surgical—after 9 months Employee: Accident and sickness—immediately
											Semi-private room	120 days	—	Full cost of specified services	—	Up to \$50	
—	—	—	—	—	—	—	—	—	—	Regular benefits for 6 weeks	Employee and dependent ¹						Employee and dependent: Hospitalization and surgical—after 9 months Employee: Accident and sickness—if pregnancy commences while insured
											Semi-private room	120 days	—	Full cost of specified services	—	Up to \$50	
Up to \$3 per visit	Up to \$2 per visit	Up to \$3 per visit	Up to \$3 per visit	\$150 per year	3d day	1st day	1 per day	—	—	Regular benefits for 6 weeks	Employee only						Employee: Accident and sickness—after 3 months Hospitalization and surgical—if pregnancy commences while insured
											\$8	14 days	\$112	Up to \$120	—	Up to \$105	

¹ Michigan Hospital Service and Medical Service (Blue Cross and Blue Shield plans); employees in other areas covered by different programs.

COMPANY, UNION, AND DATE OF INFORMATION	OTHER BENEFITS ¹	EXTENSION OF BENEFITS TO— (must be at least on group rate basis)								
	Types and amounts	Retired employee					Dependents of retired employee			
		Life insurance	Accidental death and dismemberment	Hospitalization	Surgical	Medical	Life insurance	Hospitalization	Surgical	Medical
Ford Motor Company Automobile Workers (CIO) July 1954	Employee and dependents Anesthesia allowance for cases in or out of hospital, if administered by nonhospital employee—1st hour or fraction thereof, \$10; each additional hour or fraction thereof, \$5 (²)	Years of service Insurance 10 to 20 — \$ 500 20 to 30 — 750 30 or more 1,000	—	Same as for active employee	Same as for active employee	—	—	Same as for retired employee	Same as for retired employee	—
General Motors Corporation Automobile Workers (CIO) July 1954	Employee and dependents Anesthesia allowance for cases in or out of hospital, if administered by nonhospital employee—1st hour or fraction thereof, \$10; each additional hour or fraction thereof, \$5 (²)	Same as for active employee. Not available to retired employees after age 65 with less than 10 years service	Same as for active employee until age 65; not available thereafter	Same as for active employee	Same as for active employee	—	—	Same as for retired employee	Same as for retired employee	—
North American Aviation Automobile Workers (CIO) September 1954	Employee and dependents Anesthesia allowance (for surgery performed outside of hospital)—up to \$10 Polio expense allowance (for expense not covered by other plan benefits incurred within 2 years after date of contraction of disease)—up to \$5,000	—	—	—	—	—	—	—	—	—

¹ Such benefits as X-ray, anesthesia and electrocardiogram allowances may be provided under some plans, although not listed here. Reasons for not listing such benefits are set forth in EXPLANATORY NOTES.

INSURANCE PLANS - Continued

FINANCING

Benefits for employee		Benefits for employee's dependents			Benefits for retired employee			Benefits for dependents of retired employee			Amount of contribution for—			
Company only	Jointly	Company only	Jointly	Employee only	Company only	Jointly	Employee only	Company only	Jointly	Employee only	Benefits for employee and dependents		Benefits for retired employee and dependents	
											Employee	Company	Employee	Company
—	X	—	X	—	—	X	—	—	—	X	<u>Life and accidental death and dismemberment insurance, accident and sickness, and medical benefits:</u> <u>Basic hourly rate</u> <u>Monthly contribution</u> Less than \$ 1.30 ----- \$ 2.07 \$ 1.30 to \$ 1.50 ----- 2.41 \$ 1.50 to \$ 1.70 ----- 2.76 \$ 1.70 to \$ 1.90 ----- 3.10 \$ 1.90 to \$ 2.10 ----- 3.44 \$ 2.10 and over ----- 3.79 <u>Hospitalization and surgical:</u> Balance of cost	<u>Life and accidental death and dismemberment insurance, accident and sickness, and medical benefits:</u> Balance of cost <u>Hospitalization and surgical:</u> One half of rate of local Blue Cross and/or Blue Shield plan, but no more than one half of rate of Michigan Hospital plan (semiprivate room) and/or Michigan Medical Service plan	<u>Hospitalization and surgical:</u> Full cost	<u>Life insurance:</u> Full cost
—	X	—	X	—	—	X	—	—	—	X	<u>Life and accidental death and dismemberment insurance, accident and sickness, and medical benefits, prior to age 65:</u> ¹ <u>Base hourly rate</u> <u>Weekly contribution</u> Less than \$ 1.13 ----- \$ 0.40 \$ 1.13 to \$ 1.38 ----- .50 \$ 1.38 to \$ 1.63 ----- .60 \$ 1.63 to \$ 1.88 ----- .70 \$ 1.88 to \$ 2.13 ----- .80 \$ 2.13 and over ----- .90 <u>Hospitalization and surgical:</u> Balance of cost ²	<u>Life and accidental death and dismemberment insurance, accident and sickness, and medical benefits, prior to age 65:</u> ¹ Balance of cost <u>Hospitalization and surgical:</u> One half rate of local Blue Cross and/or Blue Shield plan, but no more than one half of rate of Michigan Hospital plan (semiprivate room) and/or Michigan Medical Service plan ²	<u>Life and accidental death and dismemberment insurance, prior to age 65:</u> Employee pays 50 cents monthly per \$ 1,000 of life insurance ³ <u>Hospitalization and surgical:</u> Full cost	<u>Life and accidental death and dismemberment insurance, prior to age 65:</u> Balance of cost <u>Life insurance, after age 65:</u> Full cost
—	X	—	X	—	—	—	—	—	—	—	<u>Accident and sickness and additional hospitalization benefits:</u> California employees, 1 percent of 1st \$ 3,000 of annual earnings; Columbus, Ohio employees, contribution based on pay classification, ranges from \$ 1.91 to \$ 2.78 per month <u>Other benefits:</u> \$ 2.05 per month	Balance of cost	—	—

¹ At age 65 employee contribution reduced one half; amount applied to cost of accident and sickness and medical benefits. Company pays full cost of life insurance for employee age 65 and over. Accidental death and dismemberment coverage ceases at age 65.
² Company has option of providing benefits through insurance company:
Hospitalization from insurance company—employee pays no more than required under Blue Cross plan. Company pays balance of cost.
Surgical from insurance company—employee pays according to coverage: Employee only, \$ 0.25 per month; employee and wife, \$ 0.80; employee and family, \$ 1.10. Company pays balance of cost.
³ Contributions not required of employees retired due to disability.

COMPANY, UNION, AND DATE OF INFORMATION	ELIGIBILITY REQUIREMENTS	LIFE INSURANCE				ACCIDENTAL DEATH AND DISMEMBERMENT																			
	New employees become eligible—	Amount	If permanently and totally disabled		Cases covered	Amount																			
			Before age—	Insurance is— Maintained Paid in—		Graduated according to—	Death	Single dismem- berment	Multi- dismem- berment																
Pullman-Standard Car Manufacturing Company Steelworkers (CIO) February 1955	1st day of 2d month following month employ- ment commences	\$ 3,500	60	Until age 65, thereafter \$ 1,250	—	—	—	—	—	—															
Minneapolis-Honeywell Regulator Company Teamsters (AFL) December 1954	Life insurance: After 6 months' employment Other benefits: Immediately or 1st of following month	<table border="0"> <tr> <td><u>Service</u></td> <td><u>Insurance</u></td> </tr> <tr> <td>6 months to 1 year</td> <td>\$ 500</td> </tr> <tr> <td>1 year to 2 years</td> <td>750</td> </tr> <tr> <td>2 years to 3 years</td> <td>1,000</td> </tr> <tr> <td>3 years to 4 years</td> <td>1,250</td> </tr> <tr> <td>4 years to 5 years</td> <td>1,500</td> </tr> <tr> <td>5 years to 6 years</td> <td>1,750</td> </tr> <tr> <td>6 years and over</td> <td>2,000</td> </tr> </table> <p style="text-align: center;">(1)</p>	<u>Service</u>	<u>Insurance</u>	6 months to 1 year	\$ 500	1 year to 2 years	750	2 years to 3 years	1,000	3 years to 4 years	1,250	4 years to 5 years	1,500	5 years to 6 years	1,750	6 years and over	2,000	60	—	Installments	—	—	—	—
<u>Service</u>	<u>Insurance</u>																								
6 months to 1 year	\$ 500																								
1 year to 2 years	750																								
2 years to 3 years	1,000																								
3 years to 4 years	1,250																								
4 years to 5 years	1,500																								
5 years to 6 years	1,750																								
6 years and over	2,000																								

¹ Employee may secure additional insurance by paying full cost.

INSURANCE PLANS - Continued

ACCIDENT AND SICKNESS							HOSPITALIZATION								
Cases covered	Amount	Duration of benefits			Benefits begin		Daily benefit or service	Duration	Extended coverage		Maximum room and board allowance	Extra allowance or service	Per year	Per disability	Emergency out-patient care
		Period	Except		Accident	Sickness			Days	Daily amount					
			After age—	Benefits limited to—											
Nonoccupational	\$40 per week	26 weeks per disability	—	—	1st day	8th day	Employee and dependents								
Occupational	Difference between Workmen's Compensation benefit and above amount		Up to \$12	(¹)	—	—	\$840	Full cost of specified services	—	X	Required services provided				
Nonoccupational	Two-thirds of basic scheduled weekly wage— Maximum—\$40	26 weeks per disability	—	—	1st day	8th day	Employee and dependents ²								
			Up to \$12	(³)	70 days	—	—	\$840	Full cost of specified services	—	X	Required services provided			

¹ Duration determined by actual daily room and board charges (maximum—\$12 per day; \$840 per disability).

² Minnesota Hospital Service Association (Blue Cross plan); employees in other areas covered by different programs.

³ Employee at own cost may secure additional \$3 per day benefit.

COMPANY, UNION, AND DATE OF INFORMATION	SURGICAL			MEDICAL										
	Up to schedule allowance accepted as full payment if annual income is under—	Operation schedule— selected allowances		Covers cases in—	Up to schedule allowance accepted as full payment if annual income is under—	Employee				Maximum compensation	Benefits begin		Maxi- mum visits paid for	Maxi- mum days paid for
		Employee	Dependents			Home	Office	Hospi- tal	Else- where		Sickness	Accident		
Pullman-Standard Car Manufacturing Company Steelworkers (CIO) February 1955	—	Maximum schedule allowance \$200	\$200	Hospital, office, home, elsewhere	—	—	—	—	—	—	—	—	—	
		Tonsillectomy Up to \$30	Up to \$30											
		Appendectomy Up to \$100	Up to \$100											
Minneapolis-Honeywell Regulator Company Teamsters (AFL) December 1954	Individual cov- erage, \$2,400; family coverage, \$3,600 (¹)	Maximum schedule allowance \$150	\$150	Hospital, office, home, elsewhere (¹)	Individual cov- erage, \$2,400; family coverage, \$3,600 (¹)	—	—	1st day, up to \$6; 2d day, up to \$4; there- after, up to \$3 per day (¹)	—	\$214 per disability (¹)	1st day (¹)	1st day (¹)	— (¹)	70 per disa- bility (¹)
		Tonsillectomy Up to \$25	Up to \$25											
		Appendectomy Up to \$100	Up to \$100											

¹ Minnesota Medical Service (Blue Shield plan); employees in other areas covered by different programs.

INSURANCE PLANS - Continued

MEDICAL - Continued										MATERNITY PROVISIONS							
Allowance				Dependents Maximum compensation	Benefits begin		Maximum number visits paid for	Maximum number days paid for	Other provisions	Accident and sickness	Hospitalization				Surgical	Medical	Benefits available to newly insured
Home	Office	Hospital	Elsewhere		Sickness	Accident					Daily benefit or service	Duration	Maximum room and board allowance	Extra allowance or services	Lump sum	Schedule allowance for normal delivery	
—	—	—	—	—	—	—	—	—	—	Regular benefits for 6 weeks	Employee and dependent						Employee and dependent; If pregnancy commences while insured
											—	—	—	—	Up to \$120	Up to \$50	—
—	—	1st day, up to \$6; 2d day, up to \$4; thereafter, up to \$3 per day (1)	—	\$214 per disability (1)	1st day (1)	1st day (1)	—	70 per disability (1)	—	—	Employee and dependent ¹						Employee and dependent; After 9 months
											Up to \$12 (2)	70 days	\$840	Full cost of specified services	—	Up to \$60	—

¹ Minnesota Medical Service and Minnesota Hospital Service Association (Blue Shield and Blue Cross plans); employees in other areas covered by different programs.

² Employee at own cost may secure additional \$3 per day benefit.

COMPANY, UNION, AND DATE OF INFORMATION	OTHER BENEFITS ¹	EXTENSION OF BENEFITS TO— (must be at least on group rate basis)								
	Types and amounts	Retired employee					Dependents of retired employee			
		Life insurance	Accidental death and dismemberment	Hospitalization	Surgical	Medical	Life insurance	Hospitalization	Surgical	Medical
Pullman-Standard Car Manufacturing Company Steelworkers (CIO) February 1955	—	Retiring at age 65 with 15 years' service: \$1,250 Retiring between ages 60 and 65, due to disability; Amount in effect immediately prior to retirement maintained until age 65; then reduced to \$1,250	—	—	—	—	—	—	—	—
Minneapolis-Honeywell Regulator Company Teamsters (AFL) December 1954	—	—	—	—	—	—	—	—	—	—

¹ Such benefits as X-ray, anesthesia and electrocardiogram allowances may be provided under some plans, although not listed here. Reasons for not listing such benefits are set forth in EXPLANATORY NOTES.

INSURANCE PLANS - Continued

FINANCING

Benefits for employee		Benefits for employee's dependents			Benefits for retired employee			Benefits for dependents of retired employee			Amount of contribution for—			
Company only	Jointly	Company only	Jointly	Employee only	Company only	Jointly	Employee only	Company only	Jointly	Employee only	Benefits for employee and dependents		Benefits for retired employee and dependents	
											Employee	Company	Employee	Company
—	X	—	X	—	X ¹	—	—	—	—	—	Benefits for employee only, \$5.50 per month; for employee and dependents, \$8.38	Balance of cost	—	Full cost ¹
X (²)	—	—	—	X	—	—	—	—	—	—	Dependents' benefits: Full cost	Employees' benefits: Full cost ²	—	—

¹ Employee retiring prior to age 65 due to disability contributes \$1.58 per month until age 65.
² Employee may secure additional life insurance and hospital benefit at his own cost.

INSURANCE PLANS - Continued

ACCIDENT AND SICKNESS							HOSPITALIZATION									
Cases covered	Amount		Duration of benefits			Benefits begin		Daily benefit or service	Duration	Extended coverage		Maximum room and board allowance	Extra allowance or service	Per year	Per disability	Emergency out-patient care
			Period	Except		Accident	Sickness			Days	Daily amount					
				After age—	Benefits limited to—											
Nonoccupational	Weekly salary	Weekly benefit	13 weeks per disability	60	13 weeks during any 12 consecutive months, if due to sickness	1st day	8th day	Employee and dependents								
	Less than \$22.50	\$11.25						Semi-private room	21 days	180	50 percent of cost of semi-private room	—	Full cost of specified services for 1st 21 days; 50 percent of cost for additional 180 days	—	X	Up to \$7.25
	\$22.50 to \$30.00	15.00														
	\$30.00 to \$37.50	20.00														
	\$37.50 to \$45.00	25.00														
	\$45.00 to \$52.50	30.00														
	\$52.50 to \$60.00	35.00														
	\$60.00 to \$67.50	40.00														
	\$67.50 to \$75.00	45.00														
	\$75.00 to \$82.50	50.00														
\$82.50 to \$90.00	55.00															
\$90.00 and over	60.00															
Nonoccupational	5th day to 11th day ¹	\$3 per day; thereafter: ²	Non-hospitalized cases: 85 days per disability Hospitalized cases: 90 days per disability (³)	—	—	5th day or 1st in hospital	5th day	Employee and dependents								
	Weekly earnings	Weekly benefit						Up to \$10	70 days	—	—	\$700	Up to \$150	—	X	Up to \$150
	\$40 to \$45	\$25.50														
	\$45 to \$50	28.50														
	\$50 to \$55	31.50														
	\$55 to \$60	34.50														
	\$60 to \$65	37.50														
	\$65 to \$70	40.50														
	\$70 to \$75	43.50														
	\$75 to \$80	46.50														
\$80 to \$85	49.50															
\$85 to \$90	52.50															
\$90 to \$95	55.50															
\$95 to \$100	58.50															
\$100 and over	60.00															

¹ If hospitalized, 1st day in hospital to 11th day of disability.

² Benefit for employee with 6 months or less service limited to \$3 per day regardless of number of days absent.

³ Hardship cases may be eligible for a \$3 per calendar day benefit for an additional 60 days of any disability. Employee with 6 months or less service cannot receive more than 1 day's benefit for each day of employee's service.

COMPANY, UNION, AND DATE OF INFORMATION	SURGICAL			MEDICAL										
	Up to schedule allowance accepted as full payment if annual income is under—	Operation schedule— selected allowances		Covers cases in—	Up to schedule allowance accepted as full payment if annual income is under—	Employee				Maximum compensation	Benefits begin		Maxi- mum number visits paid for	Maxi- mum number days paid for
		Employee	Dependents			Allowance					Sickness	Accident		
Home	Office	Hospi- tal	Else- where											
Sperry Gyroscope Company (Great Neck, N. Y.) Electrical Workers (CIO) November 1954	\$5,000	Maximum schedule allowance \$300	\$300	Hospital, office, home, elsewhere	\$5,000	—	—	1st and 2d days, \$5 per visit; 3d through 21st day, \$5 per day; 4th through 16th week, \$17.50 per week (1)	—	\$342.50 per disa- bility	1st day	1st day	1st and 2d day, 2 per day ¹	—
		Tonsillectomy												
		Up to \$60	Under age 12, \$36; over age 12, \$60											
		Appendectomy												
		Up to \$150	Up to \$150											
Elgin National Watch Company Watch Workers (Ind.) January 1955		Maximum schedule allowance \$250	\$250	Hospital, office, home, elsewhere	—	—	\$4 for each day of con- fine- ment (2)	—	\$200 per disability	1st day	1st day	—	—	
		Tonsillectomy												
		Up to \$50	Under age 12, up to \$30; over age 12, up to \$50											
		Appendectomy												
		Up to \$125	Up to \$125											

¹ Medical allowance provided after first 2 days, whether or not doctor makes daily visits.

² If surgical operation performed, allowance is greater of (a) \$4 for each day of hospital confinement up to day of operation; or (b) \$4 for each day of confinement minus surgical operation allowance.

INSURANCE PLANS - Continued

MEDICAL - Continued										MATERNITY PROVISIONS								
Allowance				Dependents Maximum compensation	Benefits begin		Maximum number visits paid for	Maximum number days paid for	Other provisions	Accident and sickness	Hospitalization					Surgical	Medical	Benefits available to newly insured
Home	Office	Hospital	Elsewhere		Sickness	Accident					Daily benefit or service	Duration	Maximum room and board allowance	Extra allowance or services	Lump sum	Schedule allowance for normal delivery	Amounts and limitations	
—	—	1st and 2d days, \$5 per visit; 3d through 21st day, \$5 per day; 4th through 16th week, \$17.50 per week (1)	—	\$342.50 per disability	1st day	1st day	1st and 2d day, 2 per day ¹	—	—	Regular benefits for 6 weeks	Employee and dependent					—	—	Employee: Accident and sickness—after 10 months Hospitalization and surgical—after 7 months ² Dependent: Immediately
—	—	\$4 for each day of confinement (3)	—	\$200 per disability	1st day	1st day	—	—	—	—	Employee and dependent					—	—	Employee and dependent: If pregnancy commences while insured
											Up to \$150 maternity allowance							

¹ Medical allowance provided after first 2 days, whether or not doctor makes daily visits.

² Based on requirement that newly insured employee must have been actively at work for 10 months to be covered for maternity benefits.

³ If surgical operation performed, allowance is greater of (a) \$4 for each day of hospital confinement up to day of operation; or (b) \$4 for each day of confinement minus surgical operation allowance.

COMPANY, UNION, AND DATE OF INFORMATION	OTHER BENEFITS ¹	EXTENSION OF BENEFITS TO— (must be at least on group rate basis)								
	Types and amounts	Retired employee					Dependents of retired employee			
		Life insurance	Accidental death and dismemberment	Hospitalization	Surgical	Medical	Life insurance	Hospitalization	Surgical	Medical
Sperry Gyroscope Company (Great Neck, N. Y.) Electrical Workers (CIO) November 1954	Employee and dependents General anesthesia allowance (for surgery performed in or out of hospital, if administered by doctor, other than operating doctor or his assistant or hospital employee)—20 percent of operation allowance; <u>maximum</u> —\$60	—	—	—	—	—	—	—	—	—
Elgin National Watch Company Watch Workers (Ind.) January 1955	—	\$750	—	Same as for active employee but maximum hospitalization, surgical and medical benefits during retirement limited to \$500	Same as for active employee but maximum hospitalization, surgical, and medical benefits during retirement limited to \$500	Same as for active employee but maximum hospitalization, surgical, and medical benefits during retirement limited to \$500	—	Same as for retired employee	Same as for retired employee	Same as for retired employee

¹ Such benefits as X-ray, anesthesia and electrocardiogram allowances may be provided under some plans, although not listed here. Reasons for not listing such benefits are set forth in

EXPLANATORY NOTES.

INSURANCE PLANS - Continued

FINANCING

Benefits for employee		Benefits for employee's dependents			Benefits for retired employee			Benefits for dependents of retired employee			Amount of contribution for—			
Company only	Jointly	Company only	Jointly	Employee only	Company only	Jointly	Employee only	Company only	Jointly	Employee only	Benefits for employee and dependents		Benefits for retired employee and dependents	
											Employee	Company	Employee	Company
X (1)	—	X	—	—	—	—	—	—	—	—	—	Full cost ¹	—	—
—	X	—	X	—	—	X	—	—	X	—	<u>Life insurance and accident and sickness benefits:</u> 0.5 percent of weekly gross earnings up to \$100 per week <u>Other benefits:</u> Benefits for employee only, \$0.40 per week; for employee and dependents, \$1	Balance of cost	<u>Life insurance:</u> (2) <u>Other benefits:</u> Same as active employee	<u>Life insurance:</u> (2) <u>Other benefits:</u> Balance of cost

¹ Employee covered by additional and supplementary life insurance contributes towards its cost.

² Financed by active employee and company contributions for life insurance and accident and sickness benefits; see contribution columns for benefits for active employee and dependents.

COMPANY, UNION, AND DATE OF INFORMATION	ELIGIBILITY REQUIREMENTS	LIFE INSURANCE					ACCIDENTAL DEATH AND DISMEMBERMENT				
	New employees become eligible --	Amount	If permanently and totally disabled			Cases covered	Amount				
			Before age--	Insurance is--			Graduated according to--	Death	Single dismem- berment	Multi- dismem- berment	
				Maintained	Paid in--						
Johnson and Johnson (New Brunswick, N. J.) Textile Workers (CIO) February 1955	Immediately or 1st of following month	\$2,000	60	X	—	Nonoccu- pational; occupa- tional	—	\$2,000	\$1,000	\$2,000	
Jewelry industry, Associated Jewelers, Inc., Jewelry Crafts Association, and other employers (New York, N. Y.) Jewelry Workers, Local 1 (AFL) August 1954	Immediately or 1st of following month	\$1,000	60	—	Installments	Nonoccu- pational	—	\$1,000	\$500	\$2,000	
Doll and toy industry, National Association of Doll Manufacturers, and other employers (New York, N. Y.) Doll and Toy Workers (AFL) February 1955	<u>Accident and sick- ness benefits:</u> Immediately or 1st of following month <u>Other benefits:</u> 6 months' union membership and covered employ- ment	\$1,000	—	—	—	—	—	—	—	—	
Various employers (Newark, N. J. and New York, N. Y. area) Electrical Workers, District 4 (Ind.) November 1954	After 60 days' employment	<u>Average weekly earnings</u> Less than \$25 _____ \$25.00 to \$30.00 _____ \$30.00 to \$48.40 _____ \$48.40 to \$60.40 _____ \$60.40 and over _____	<u>Insurance</u> None \$1,000 1,500 2,000 2,500	60	X	—	Nonoccu- pational; occupa- tional	<u>Average weekly earnings</u> Less than \$25.00 _____ \$25.00 to \$30.00 _____ \$30.00 to \$48.40 _____ \$48.40 to \$60.40 _____ \$60.40 and over _____	— \$1,000 1,500 2,000 2,500	— 500 750 1,000 1,250	— \$1,000 1,500 2,000 2,500

INSURANCE PLANS - Continued

ACCIDENT AND SICKNESS							HOSPITALIZATION													
Cases covered	Amount		Duration of benefits			Benefits begin		Daily benefit or service	Duration	Extended coverage		Maximum room and board allowance	Extra allowance or service	Per year	Per disability	Emergency out-patient care				
			Period	Except		Accident	Sickness			Days	Daily amount									
				After age—	Benefits limited to—															
Nonoccupational	Two-thirds of average weekly earnings— Minimum—\$10 per week Maximum—\$30 per week		26 weeks per disability	60	26 weeks during any 12 consecutive months	1st day	8th day	Employee and dependents												
								Semi-private room	120 days ¹	245 ¹	Up to \$5	—	Full cost of specified services	X	—	Required services provided ²				
Nonoccupational	Base weekly pay	Weekly benefit	52 weeks per disability	—	—	1st day	8th day	Employee												
								\$8	70 days	—	—	\$560	Up to \$80	—	X	Up to \$80				
	Dependents																			
	\$5	31 days						—	—	\$155	Up to \$50	—	X	Up to \$50						
Nonoccupational	\$30 per week ³		13 weeks per year	—	—	4th day	4th day	Employee and dependents												
								Semi-private room	21 days	180	50 percent of cost of semi-private room	—	Full cost of specified services for 1st 21 days; 50 percent of cost for additional 180 days	—	X	Up to \$7.25				
Nonoccupational	Average weekly earnings	Weekly benefit	26 weeks per disability	—	—	1st day	8th day	Employee and dependents ⁴												
								Semi-private room	21 days	180	50 percent of cost of semi-private room	—	Full cost of specified services for 1st 21 days; 50 percent of cost for additional 180 days	—	X	Up to \$7.25				
	Less than \$15.00	\$10.00																		
	\$15.00 to \$20.00	12.00																		
	\$20.00 to \$25.00	15.00																		
	\$25.00 to \$30.00	18.00																		
	\$30.00 to \$34.40	21.00																		
	\$34.40 to \$40.40	24.00																		
	\$40.40 to \$48.40	26.00																		
	\$48.40 to \$54.40	28.00																		
	\$54.40 to \$60.40	31.00																		
	\$60.40 to \$68.40	35.00																		
\$68.40 and over	40.00																			

¹ Employees and dependents over age 70 allowed a maximum of 20 days per year.
² Also provided for a maximum of 3 days for any one accident or condition requiring operative surgery of a cutting nature, if registered as an out-patient in hospital.
³ Available to employees with at least 6 months' union membership and working at least 32 hours per week. Employees with less than 6 months' membership and working less than 32 hours per week receive benefits required by the New York State temporary disability law (see Appendix A).
⁴ Not available if employee earns less than \$25 per week.

COMPANY, UNION, AND DATE OF INFORMATION	SURGICAL				MEDICAL									
	Up to schedule allowance accepted as full payment if annual income is under—	Operation schedule— selected allowances		Covers cases in—	Up to schedule allowance accepted as full payment if annual income is under—	Employee				Maximum compensation	Benefits begin		Maximum number visits paid for	Maximum number days paid for
		Employee	Dependents			Home	Office	Hospital	Else- where		Sickness	Accident		
Johnson and Johnson (New Brunswick, N. J.) Textile Workers (CIO) February 1955	Subscriber's annual income: \$5,000	Maximum schedule allowance \$250	\$250	Hospital ¹	Subscriber's annual income: \$5,000	—	—	1st day, up to \$10; there- after, up to \$5 per day	—	\$110 per year	1st day	1st day	—	21 per year
		Tonsillectomy Up to \$50	Up to \$50											
		Appendectomy Up to \$125	Up to \$125											
Jewelry industry, Associated Jewelers, Inc.; Jewelry Crafts Association, and other employers (New York, N. Y.) Jewelry Workers, Local 1 (AFL) August 1954	—	Maximum schedule allowance \$200	—	Hospital, office	—	Up to \$3 per visit	Up to \$2 per visit	Up to \$3 per visit	—	Under age 60: \$75 per disability Over age 60: \$75 per year	1st day	3d day	—	—
		Tonsillectomy Up to \$33.33												
		Appendectomy Up to \$133.33												
Doll and toy industry, National Association of Doll Manufacturers, and other employers (New York, N. Y.) Doll and Toy Workers (AFL) February 1955	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Various employers (Newark, N. J. and New York, N. Y. area) Electrical Workers, District 4 (Ind.) November 1954	—	Maximum schedule allowance \$225	\$225	Hospital, office, home, elsewhere	—	Up to \$3 per visit	Up to \$2 per visit	Up to \$3 per visit	—	\$150 per disability (²)	8th day retro- active to 1st day (²)	1st day (²)	—	—
		Tonsillectomy Up to \$37.50	Up to \$37.50			(²)	(²)	(²)						
		Appendectomy Up to \$150	Up to \$150											
		(²)	(²)											

¹ Emergency surgical allowance of up to \$25 for treatment in home, office or elsewhere also provided.² Not available if employee earns less than \$25 per week.

INSURANCE PLANS - Continued

MEDICAL - Continued										MATERNITY PROVISIONS								
Dependents				Maximum compensation	Benefits begin		Maximum number visits paid for	Maximum number days paid for	Other provisions	Accident and sickness	Hospitalization				Surgical	Medical	Benefits available to newly insured	
Allowance		Hospital	Elsewhere		Sick-ness	Acci-ent					Daily benefit or service	Dura-tion	Maximum room and board allowance	Extra allowance or services	Lump sum	Schedule allowance for normal delivery		Amounts and limitations
Home	Office			Maximum compensation			Home	Office	Hospital	Elsewhere								
—	—	1st day, up to \$10; thereafter, up to \$5 per day	—	\$110 per year	1st day	1st day	—	21 per year	2 in-hospital consultation allowances per year: 1st consultation, up to \$15; 2d consultation, up to \$10	Regular benefits for 6 weeks	Employee and dependent						Employee and dependent: Hospitalization and surgical—after 240 days Employee: Accident and sickness—if pregnancy commences while insured	
—	—	—	—	—	—	—	—	—	—	Regular benefits for 6 weeks	Employee						Employee: Immediately	
											\$8	14 days	\$112	Up to \$80	—	Up to \$50	—	Dependent: After 9 months
											Dependent							
											\$5	10 days	\$50	Up to \$50	—	—	—	
—	—	—	—	—	—	—	—	—	—	—	Employee and dependent						Employee and dependent: After 10 months	
											—	—	—	—	Up to \$80	—	—	
Up to \$3 per visit ⁽¹⁾	Up to \$2 per visit ⁽¹⁾	Up to \$3 per visit ⁽¹⁾	—	\$150 per year ⁽¹⁾	2d visit ⁽¹⁾	1st visit ⁽¹⁾	1 per day, 50 per year ⁽¹⁾	—	Employee only; if disabled for at least 7 days entitled to 3 visits within 31 days after returning to work	Regular benefits for 6 weeks	Employee and dependent ¹						Employee and dependent: Hospitalization—Immediately Other benefits—if pregnancy commences while insured ²	
											—	—	—	—	Up to \$80	Up to \$75	—	

¹ Not available if employee earns less than \$25 per week.² Waiver of this restriction permitted for certain employees and dependents.

COMPANY, UNION, AND DATE OF INFORMATION	OTHER BENEFITS ¹	EXTENSION OF BENEFITS TO— (must be at least on group rate basis)								
	Types and amounts	Retired employee					Dependents of retired employee			
		Life insurance	Accidental death and dismemberment	Hospitalization	Surgical	Medical	Life insurance	Hospitalization	Surgical	Medical
Johnson and Johnson (New Brunswick, N. J.) Textile Workers (CIO) February 1955	—	\$2,000	—	—	—	—	—	—	—	—
Jewelry industry, Associated Jewelers, Inc.; Jewelry Crafts Association, and other employers (New York, N. Y.) Jewelry Workers, Local 1 (AFL) August 1954	—	—	—	—	—	—	—	—	—	—
Doll and toy industry, National Association of Doll Manufacturers, and other employers (New York, N. Y.) Doll and Toy Workers (AFL) February 1955	Employee only <u>Tuberculosis cash settlement allowance for pulmonary laryngeal or renal tuberculosis contracted for the first time—\$400</u>	—	—	—	—	—	—	—	—	—
Various employers (Newark, N. J. and New York, N. Y. area) Electrical Workers, District 4 (Ind.) November 1954	—	—	—	—	—	—	—	—	—	—

¹ Such benefits as X-ray, anesthesia and electrocardiogram allowances may be provided under some plans, although not listed here. Reasons for not listing such benefits are set forth in EXPLANATORY NOTES.

INSURANCE PLANS - Continued

FINANCING

Benefits for employee		Benefits for employee's dependents			Benefits for retired employee			Benefits for dependents of retired employee			Amount of contribution for—			
Company only	Jointly	Company only	Jointly	Employee only	Company only	Jointly	Employee only	Company only	Jointly	Employee only	Benefits for employee and dependents		Benefits for retired employee and dependents	
											Employee	Company	Employee	Company
X	—	X	—	—	X	—	—	—	—	—	—	Full cost	—	Full cost
X	—	X	—	—	—	—	—	—	—	—	—	Full cost but not more than 3.25 percent of monthly payroll	—	—
X	—	—	—	X	—	—	—	—	—	—	<u>Dependents' benefits:</u> Full cost	<u>Employee's benefits:</u> Full cost—\$2.50 per week for each employee working at least 32 hours per week; \$0.065 per hour for each employee working less than 32 hours per week	—	—
X	—	X	—	—	—	—	—	—	—	—	—	Full cost	—	—

COMPANY, UNION, AND DATE OF INFORMATION	ELIGIBILITY REQUIREMENTS	LIFE INSURANCE				ACCIDENTAL DEATH AND DISMEMBERMENT				
	New employees become eligible --	Amount	If permanently and totally disabled		Cases covered	Amount				
			Before age--	Insurance is--		Graduated according to--	Death	Single dismem- berment	Multi- dismem- berment	
				Maintained						Paid in--
Various employers (St. Louis, Mo. area) Machinists, District 9 (AFL) September 1954	Immediately or 1st of following month	\$2,000	65	For 1 year (or for period in- sured if less than 1 year)	—	Nonoccu- pational; occupa- tional	—	\$2,000	\$1,000	\$2,000
Alaska Salmon Industry, Inc. Alaska Fishermen's Union (Ind.); Cordova District Fisheries Union (Ind.) December 1954	Immediately or 1st of following month	\$1,000	60	X	—	Nonoccu- pational; occupa- tional	—	\$1,000	\$500	\$1,000
Kennecott Copper Corpo- ration, Western Mining Divisions Various unions December 1954	Life and accidental death and dismem- berment insurance and accident and sickness benefits: After 3 months' employment Other benefits: After 30 days' employment	<u>Annual straight-time basic wage</u> Less than \$1,200 ----- \$1,000 \$1,200 to \$1,800 ----- 1,500 \$1,800 to \$2,400 ----- 2,000 \$2,400 to \$3,200 ----- 3,000 \$3,200 to \$4,000 ----- 4,000 \$4,000 to \$5,000 ----- 5,000 <u>Insurance</u>	60	X	—	Nonoccu- pational	<u>Annual straight-time basic wage</u> Less than \$1,200 ----- \$1,000 \$1,200 to \$1,800 ----- 1,500 \$1,800 to \$2,400 ----- 2,000 \$2,400 to \$3,200 ----- 3,000 \$3,200 to \$4,000 ----- 4,000 \$4,000 to \$5,000 ----- 5,000	\$1,000	\$500	\$1,000

INSURANCE PLANS - Continued

ACCIDENT AND SICKNESS							HOSPITALIZATION									
Cases covered	Amount		Duration of benefits		Benefits begin		Daily benefit or service	Duration	Extended coverage		Maximum room and board allowance	Extra allowance or service	Per year	Per disability	Emergency out-patient care	
			Period	Except		Accident			Sickness	Days						Daily amount
				After age—	Benefits limited to—											
Nonoccupational	\$35 per week		13 weeks per disability	—	—	1st day	8th day	Employee								
								\$9	35 days	—	—	\$315	Up to \$450, plus up to \$10 ambulance allowance per trip and \$20 per disability	—	X	Up to \$450
								Dependents								
								Up to \$7	35 days	—	—	\$245	Up to \$350, plus up to \$10 ambulance allowance per trip and \$20 per disability	—	X	Up to \$350
— (¹)	— (¹)		— (¹)	— (¹)	— (¹)	— (¹)	— (¹)	Employee								
								Up to \$10	70 days ²	—	—	\$700	Up to \$300 ²	—	X	Up to \$300
								Dependents								
								Up to \$8	70 days ²	—	—	\$560	Up to \$240 ²	—	X	Up to \$240
Nonoccupational	Annual straight-time basic wage	Weekly benefit	13 weeks per disability	—	—	1st day	8th day	Employee								
	Less than \$1,200	\$10						Up to \$11	365 days	—	—	\$4,015	Up to \$220 ³	—	X	Up to \$220 ⁴
	\$1,200 to \$1,800	15														
\$1,800 to \$2,400	20															
\$2,400 to \$2,880	25	Dependents														
\$2,880 to \$3,200	30							Up to \$11	120 days	—	—	\$1,320	Up to \$220, plus 75 percent of additional charges ³	—	X	Up to \$220, plus 75 percent of additional charges ⁴
\$3,200 to \$4,000	35															
\$4,000 to \$5,000	40															

¹ No accident and sickness insurance benefit provided by plan; employees covered by paid sick leave plan.

² If daily room and board charge is less than maximum allowed, difference may be used to extend duration beyond 70 days or to cover cost of extra services beyond maximum specified.

³ Also payable in connection with surgery performed in doctor's office and in hospital when individual is not a bed patient. Use of company-owned ambulance, if available, provided to employee only at no cost.

⁴ Also provided for miscellaneous services rendered in connection with emergency accident care in doctor's office.

COMPANY, UNION, AND DATE OF INFORMATION	SURGICAL			MEDICAL										
	Up to schedule allowance accepted as full payment if annual income is under—	Operation schedule— selected allowances		Covers cases in—	Up to schedule allowance accepted as full payment if annual income is under—	Employee								
		Employee	Dependents			Allowance				Maximum compensation	Benefits begin		Maxi- mum number visits paid for	Maxi- mum number days paid for
Home	Office	Hospi- tal	Else- where	Sickness	Accident									
Various employers (St. Louis, Mo. area) Machinists, District 9 (AFL) September 1954	—	Maximum schedule allowance \$300	\$200	Hospital, office, home, elsewhere	—	—	Up to \$4 per visit	—	\$200 per year	1st visit	1st visit	1 per day	—	
		Tonsillectomy Up to \$45	Up to \$30											
		Appendectomy Up to \$150	Up to \$100											
Alaska Salmon Industry, Inc. Alaska Fishermen's Union (Ind.); Cordova District Fisheries Union (Ind.) December 1954	—	Maximum schedule allowance \$300	\$200	Hospital, office, home, elsewhere	—	Nonhospital care								
		Tonsillectomy Up to \$52.50	Under age 15, up to \$25; over age 15, up to \$35			Up to \$5 per visit	Up to \$4 per visit	—	Up to \$5 per visit	\$250 per disability	1st visit	1st visit	1 per day	—
		Appendectomy Up to \$150	Up to \$100			During and after hospitalization								
						Up to \$3 per visit (¹)	Up to \$2 per visit (¹)	Up to \$3 per visit	—	\$200 per disability	1st visit	1st visit	Home and office: 3 per disa- bility ¹	—
Kennecott Copper Corpo- ration, Western Mining Divisions Various unions December 1954	—	Maximum schedule allowance \$300	\$300	Hospital, office, home, elsewhere	—	Company doctor's office: Full cost	\$3 for each day of confine- ment	—	Hospital: \$360 per disability	1st day	1st day	Non- company doctor's office: 1 per day	Hospital: 120 per disability	Company doctor's office: Unlimited per disability
		Tonsillectomy Up to \$45	Up to \$45			Non- company doctor's office: \$3 per visit			Company doctor's office: Full cost					
		Appendectomy Up to \$150	Up to \$150						Noncompany doctor's office: Unlimited per disability					

¹ Payable only in connection with disability causing hospitalization and within the 31-day period following at least 7 days of hospital confinement.

INSURANCE PLANS - Continued

MEDICAL - Continued										MATERNITY PROVISIONS								
Dependents										Accident and sickness	Hospitalization				Surgical	Medical	Benefits available to newly insured	
Allowance				Maximum compensation	Benefits begin		Maximum number visits paid for	Maximum number days paid for	Other provisions		Daily benefit or service	Duration	Maximum room and board allowance	Extra allowance or services	Lump sum	Schedule allowance for normal delivery		Amounts and limitations
Home	Office	Hospital	Elsewhere		Sickness	Accident												
—	—	Up to \$4 per visit	—	\$200 per year	1st visit	1st visit	1 per day	—	—	Regular benefits for 6 weeks	Employee						Employee and dependent: After 9 months	
									\$9		35 days	\$315	Up to \$450, plus up to \$10 ambulance allowance per trip and \$20 per disability	—	Up to \$75	—		
											Dependent							
										Up to \$7	35 days	\$245	Up to \$350, plus up to \$10 ambulance allowance per trip and \$20 per disability	—	Up to \$50	—		
—	Up to \$3 per visit	Up to \$3 per visit	—	\$200 per disability	2d visit	1st visit	1 per day	—	—	—	Employee only						Employee: If pregnancy commences while insured	
									Up to \$10		—	(1)	Up to difference between total room and board charges and \$100	—	Up to \$75	—		
—	—	\$3 for each day of confinement	—	\$360 per disability	1st day	1st day	—	120 per disability	Employee only: Drugs and medicines prescribed by company doctor furnished without cost, if treated in office	Regular benefits for 6 weeks	Employee and dependent						Employee and dependent: Hospitalization and surgical—after 9 months Employee: Accident and sickness—if pregnancy commences while insured	
									—		—	—	—	Up to \$100	Up to \$50	—		

¹ Total room and board charges and charges for extra services limited to \$100.

COMPANY, UNION, AND DATE OF INFORMATION	OTHER BENEFITS ¹	EXTENSION OF BENEFITS TO— (must be at least on group rate basis)								
	Types and amounts	Retired employee					Dependents of retired employee			
		Life insurance	Accidental death and dismemberment	Hospitalization	Surgical	Medical	Life insurance	Hospitalization	Surgical	Medical
Various employers (St. Louis, Mo. area)	Employee only	(²)	(²)	(²)	(²)	(²)	—	(²)	(²)	(²)
Machinists, District 9 (AFL) September 1954	Diagnostic X-ray and laboratory examination allowance for nonhospitalized cases—up to \$50 for any one injury or for all sicknesses during any 12 consecutive months									
Alaska Salmon Industry, Inc. Alaska Fishermen's Union (Ind.); Cordova District Fisheries Union (Ind.) December 1954	Laboratory and X-ray examination allowance (if not otherwise covered by plan) Employee—up to \$50 per disability Dependents—up to \$25 per disability Additional accident expense allowance (for expenses in excess of those covered by other plan benefits) Employee—up to \$300 Dependents—up to \$150 Pelle allowance (for expenses in excess of those covered by other plan benefits incurred within 3 years after date of contraction) Employee—up to \$5,000 Dependents—up to \$1,500	—	—	—	—	—	—	—	—	—
Kennecott Copper Corporation, Western Mining Divisions Various unions December 1954	Employee only Laboratory and X-ray examination allowance for nonhospitalized cases—up to \$75 per year Supplemental accident expense allowance (for expenses in excess of those covered by other plan benefits incurred within 90 days after accident)—up to \$300 Major medical expense allowance—90 percent of medical expenses up to maximum of \$5,000 after deducting the total amount received under the other plan benefits or \$300, whichever greater	\$1,000 or 30 percent of amount in effect immediately prior to retirement, whichever greater	—	(³)	(³)	(³)	—	(³)	(³)	(³)

¹ Such benefits as X-ray, anesthesia and electrocardiogram allowances may be provided under some plans, although not listed here. Reasons for not listing such benefits are set forth in EXPLANATORY NOTES.

² An employee retired or terminated may carry his insurance, without accident and sickness benefits, for one year, if he remains unemployed.

³ Employees retiring on disability pension and their dependents continue to be covered by hospitalization, surgical and medical benefits for 24 months or until age 65, whichever occurs first, provided they continue to contribute towards cost of these benefits.

FINANCING

Benefits for employee		Benefits for employee's dependents			Benefits for retired employee			Benefits for dependents of retired employee			Amount of contribution for—			
Company only	Jointly	Company only	Jointly	Employee only	Company only	Jointly	Employee only	Company only	Jointly	Employee only	Benefits for employee and dependents		Benefits for retired employee and dependents	
											Employee	Company	Employee	Company
X	—	X	—	—	—	—	(¹)	—	—	(¹)	—	Full cost—\$9.10 per month	(¹)	—
X	—	—	—	X	—	—	—	—	—	—	Dependents' benefits: Full cost	Employee's benefits: Full cost—\$64.46 per season	—	—
—	X	—	X	—	X (²)	—	—	—	—	—	Life, accidental death and dismemberment insurance and accident and sickness benefits: Annual straight-time basic wage Monthly contribution Less than \$1,200 _____ \$1.00 \$1,200 to \$1,800 _____ 1.49 \$1,800 to \$2,400 _____ 1.99 \$2,400 to \$2,880 _____ 2.81 \$2,880 to \$3,200 _____ 2.99 \$3,200 to \$4,000 _____ 3.81 \$4,000 to \$5,000 _____ 4.63 Other benefits: Benefits for employee only, \$1.00 per month; for employee with dependents, \$3.50 ³	Balance of cost	—	Full cost ²

¹ An employee retired or terminated may carry his insurance, without accident or sickness benefits, for 1 year, if he remains unemployed, provided he pays full cost of these benefits, \$7.59 per month.

² Applicable only to life insurance. Employees retiring on disability pension and their dependents continued to be covered by hospitalization, surgical and medical benefits for 24 months or until age 65, whichever occurs first, provided they continue to contribute towards the cost of these benefits.

³ If husband and wife are employees of company, the husband contributes \$2.50 monthly and the wife \$1.00.

COMPANY, UNION, AND DATE OF INFORMATION	ELIGIBILITY REQUIREMENTS	LIFE INSURANCE				ACCIDENTAL DEATH AND DISMEMBERMENT ¹				
	New employees become eligible —	Amount	If permanently and totally disabled			Cases covered	Amount			
			Before age—	Insurance is—			Graduated according to—	Death	Single dismem- berment	Multi- dismem- berment
Maintained	Paid in—									
Bituminous coal industry, various employers United Mine Workers (Ind.) January 1955	Immediately or 1st of following month	\$1,000 ¹	At any age	X	—	—	—	—	—	—
Stanolind Oil and Gas Company Stanolind Employees Bargaining Agency (Ind.) October 1954	After 6 months ¹ employment	\$1,000 ²	60	25 percent	Installments— 75 percent	—	—	—	—	—
Construction industry, Associated General Contractors of America, and other employers (Northern California) Carpenters (AFL) June 1954	1st of March or September imme- diately following Fund's semi- annual work period in which employee had at least 600 hours ¹ covered employ- ment ³	\$1,000	60	X	—	Nonoccu- pational; occupa- tional	—	\$1,000	\$500	\$1,000
Construction industry, various employers (Western Pennsylvania) Various AFL unions August 1954	Upon completion of 4 months ¹ con- tributions by employer, cover- ing minimum of 200 hours ¹ work	\$1,500	60	X	—	Nonoccu- pational	—	\$1,500	\$750	\$1,500

¹ Funeral expense of \$350 immediately on death, additional \$650 in eleven equal monthly payments of \$50 and a twelfth final payment of \$100; if no surviving dependents, benefit limited to funeral expense of \$350.

² Additional insurance provided on a contributory basis.

³ The Fund's semiannual work periods are from August through July and from September through June.

INSURANCE PLANS - Continued

ACCIDENT AND SICKNESS							HOSPITALIZATION										
Cases covered	Amount	Duration of benefits			Benefits begin		Daily benefit or service	Duration	Extended coverage		Maximum room and board allowance	Extra allowance or service	Per year	Per disability	Emergency out-patient care		
		Period	Except		Accident	Sickness			Days	Daily amount							
			After age—	Benefits limited to—													
—	—	—	—	—	—	—	Employee and dependents ¹										
							Complete payment for hospital care for whatever period care is required										Required services provided
—	—	—	—	—	—	—	Employee and dependents										
(²)	(²)	(²)	(²)	(²)	(²)	(²)	\$8	31 days	—	—	\$248	Up to \$120	—	X	—		
—	—	—	—	—	—	—	Employee and dependents										
(²)	(²)	(²)	(²)	(²)	(²)	(²)	Ward accommodations	21 days	180	50 percent of cost of ward accommodations	—	Full cost of specified services for 1st 21 days; 50 percent of cost for additional 180 days	—	X	Required services provided		
Nonoccupational	\$30 per week	13 weeks per disability	—	—	1st day	8th day	Employee and dependents										
							Up to \$10	70 days	—	—	\$700	Up to \$120, plus up to \$20 ambulance allowance	—	X	Up to \$120 ⁴		

¹ Widow and dependent children eligible for benefits during 12-month period following death of miner.

² No accident and sickness insurance benefits provided by plan; employees covered by paid sick leave plan.

³ No accident and sickness insurance benefits provided by plan; employees covered by the California State temporary disability law. See Appendix A.

⁴ Also provided for X-ray charges incurred in doctor's office because of accident.

COMPANY, UNION, AND DATE OF INFORMATION	SURGICAL			MEDICAL										
	Up to schedule allowance accepted as full payment if annual income is under—	Operation schedule— selected allowances		Covers cases in—	Up to schedule allowance accepted as full payment if annual income is under—	Employee				Maximum compensation	Benefits begin		Maxi- mum number visits paid for	Maxi- mum number days paid for
		Employee	Dependents			Allowance					Sickness	Accident		
				Home Office Hospi- Else- tal where										
Bituminous coal industry, various employers United Mine Workers (Ind.) January 1955	Complete payment provided ¹			Hospital, out-patient clinics, and specialist's office	Complete payment for medical care in the hospital and in out-patient clinics; also provides for diagnosis and treatment by specialist in and out of hospital									
Stanolind Oil and Gas Company Stanolind Employees Bargaining Agency (Ind.) October 1954	—	Maximum schedule allowance \$225	\$225	Hospital, office, home, elsewhere	—	—	—	\$3 for each day of confine- ment ²	—	\$93 per disability	1st day	1st day	—	31 per disa- bility
		Tonsillectomy Up to \$37.50	Up to \$37.50											
		Appendectomy Up to \$150	Up to \$150											
Construction industry, Associated General Contractors of America, and other employers (Northern California) Carpenters (AFL) June 1954	—	Maximum schedule allowance \$300	\$300	Hospital, office, home, elsewhere	—	—	—	—	—	—	—	—	—	—
		Tonsillectomy Up to \$50	Up to \$50											
		Appendectomy Up to \$150	Up to \$150											
Construction industry, various employers (Western Pennsylvania) Various AFL unions August 1954	—	Maximum schedule allowance \$200	—	Hospital, office, home, elsewhere	—	—	—	—	—	—	—	—	—	—
		Tonsillectomy Up to \$30												
		Appendectomy Up to \$100												

¹ Widow and dependent children eligible for benefits during 12 months following death of miner.

² If surgical operation performed, maximum allowance is greater of (a) \$3 for each day of hospital confinement up to day of operation; or (b) \$3 for each day of confinement minus surgical operation allowance.

INSURANCE PLANS - Continued

MEDICAL - Continued										MATERNITY PROVISIONS								
Dependents										Accident and sickness	Hospitalization					Surgical	Medical	Benefits available to newly insured
Allowance				Maximum compensation	Benefits begin		Maximum number visits paid for	Maximum number days paid for	Other provisions		Daily benefit or service	Duration	Maximum room and board allowance	Extra allowance or services	Lump sum	Schedule allowance for normal delivery	Amounts and limitations	
Home	Office	Hospital	Elsewhere		Sickness	Accident												
Complete payment for medical care in the hospital and in out-patient clinics; also provides for diagnosis and treatment by specialist in and out of hospital ¹										—	Employee and dependent					—	—	Employee and dependent: Immediately
											Complete payment for hospital and in-hospital surgical and medical care; also includes care in out-patient clinics and services of specialist, when required							
—	—	\$3 for each day of confinement ²	—	\$93 per disability	1st day	1st day	—	31 per disability	—	—	(³)	Employee					Employee and dependent: If pregnancy commences while insured	
										\$8	10 days	\$80	Up to \$80	—	Up to \$50	—		
										Dependent								
										—	—	—	—	Up to \$50	Up to \$50	—		
—	—	—	—	—	—	—	—	—	—	—	—	Employee and dependent					Employee and dependent: After 9 months	
														Up to \$75	—	—		
—	—	—	—	—	—	—	—	—	—	Regular benefits for 6 weeks	—	Employee					Employee and dependent: If pregnancy commences while insured	
														\$100	Up to \$50	—		
										Dependent								
										\$100 maternity allowance								

¹ Widow and dependent children eligible for benefits during 12 months following death of miner.

² If surgical operation performed, maximum allowance is greater of (a) \$3 for each day of hospital confinement up to day of operation; or (b) \$3 for each day of confinement minus surgical operation allowance.

³ No accident and sickness insurance benefit provided by plan; employees covered by paid sick leave plan.

⁴ Also provided for births occurring outside of hospital.

COMPANY, UNION, AND DATE OF INFORMATION	OTHER BENEFITS ¹	EXTENSION OF BENEFITS TO— (must be at least on group rate basis)								
	Types and amounts	Retired employee					Dependents of retired employee			
		Life insurance	Accidental death and dismemberment	Hospitalization	Surgical	Medical	Life insurance	Hospitalization	Surgical	Medical
Bituminous coal industry, various employers United Mine Workers (Ind.) January 1955	<p><u>Rehabilitation benefit</u>—special rehabilitation devices and care for severely handicapped and crippled miners and dependents at special medical centers; when required, medical care follow-up of discharged patients is provided</p> <p><u>Disaster benefit</u>—small amounts provided widows and orphans, wives and children of miners killed or seriously injured in mines to relieve immediate acute financial distress</p>	Same as for active employee	—	Same as for active employee	Same as for active employee	Same as for active employee	—	Same as for retired employee	Same as for retired employee	Same as for retired employee
Stanolind Oil and Gas Company Stanolind Employees Bargaining Agency (Ind.) October 1954	<p>Employee and dependents</p> <p><u>General anesthesia for nonhospitalized cases</u>—up to \$10</p>	\$1,000 ²	—	—	—	—	—	—	—	—
Construction industry, Associated General Contractors of America, and other employers (Northern California) Carpenters (AFL) June 1954	<p>Employee and dependents</p> <p><u>Diagnostic X-ray and laboratory examination allowance</u> (for cases in or out of hospital)—up to \$50 for each accident or all sickness during any 12 consecutive months.</p>	—	—	—	—	—	—	—	—	—
Construction industry, various employers (Western Pennsylvania) Various AFL unions August 1954	<p><u>Identification allowance</u> (for expenses involved in placing disabled employee under care of relatives or friends)—up to \$100</p>	—	—	—	—	—	—	—	—	—

¹ Such benefits as X-ray, anesthesia and electrocardiogram allowances may be provided under some plans, although not listed here. Reasons for not listing such benefits are set forth in EXPLANATORY NOTES.

² If employee is also covered by the additional contributory insurance, total amount reduced 50 percent immediately and 5 percent annually thereafter to minimum of 25 percent of amount in effect prior to retirement or \$2,000 whichever greater. If retiring prior to age 65, due to disability, full amount maintained until age 65, then reduced accordingly.

INSURANCE PLANS - Continued

FINANCING

Benefits for employee		Benefits for employee's dependents			Benefits for retired employee			Benefits for dependents of retired employee			Amount of contribution for—			
Company only	Jointly	Company only	Jointly	Employee only	Company only	Jointly	Employee only	Company only	Jointly	Employee only	Benefits for employee and dependents		Benefits for retired employee and dependents	
											Employee	Company	Employee	Company
X	—	X	—	—	X	—	—	X	—	—	—	Full cost ¹	—	Full cost ¹
—	X	—	X	—	X	—	—	—	—	—	Hospitalization, surgical and medical benefits: Benefits for employee only, \$1.07 per month; for employee and dependents, \$4.00	Life insurance: Full cost ² Other benefits: Balance of cost	—	Full cost
X	—	X	—	—	—	—	—	—	—	—	—	Full cost—\$0.075 for each hour worked ³	—	—
X	—	X	—	—	—	—	—	—	—	—	—	Full cost—\$0.075 per hour worked	—	—

¹ Employers contribute \$0.40 per ton of coal produced for use or sale to the United Mine Workers' Welfare and Retirement Fund for health, welfare and pension benefits. In addition, the fund has authorized loans to Memorial Hospital Associations in Kentucky, West Virginia, and Virginia for the construction and operation of hospitals throughout the coal mining areas of these States.
² Employee covered by additional life insurance contributes towards cost.
³ On March 1, 1955, contribution to be increased to \$0.10 for each hour worked.

COMPANY, UNION, AND DATE OF INFORMATION	ELIGIBILITY REQUIREMENTS	LIFE INSURANCE				ACCIDENTAL DEATH AND DISMEMBERMENT				
	New employees become eligible—	Amount	If permanently and totally disabled			Cases covered	Amount			
			Before age—	Insurance is—			Graduated according to—	Death	Single dismem- berment	Multi- dismem- berment
			Maintained	Paid in—						
Association of Master Painters and Decorators of the City of New York Painters, District Council 9 (AFL) January 1955	Regular benefits: ¹ 1st of month in which following requirements are met: 6 months' union member- ship; earned at least \$1,200 from contributing em- ployers during preceding 12 months; and at least 1 day's covered employ- ment during pre- ceding 5 months (²)	Honorary Life, Honorary, Beneficial, Partial Beneficial, and Nonbeneficial members less than age 60 when becoming a union member								
		\$1,000 ¹	60	X	—	Nonoccu- pational; occupa- tional	—	\$1,000	\$500	\$1,000
		Apprentices								
		\$500 ¹	60	X	—	Nonoccu- pational; occupa- tional	—	\$500	\$250	\$500
		Nonbeneficial members age 60 or over when becoming union member								
		\$100 ¹	—	—	—	Nonoccu- pational; occupa- tional	—	\$100	\$50	\$100
Public Service Coordi- nated Transport (Newark, N. J.) Street, Electric Railway and Motor Coach Employees (AFL) February 1955	Life insurance: After 1 year's employment Other benefits: Immediately or 1st of following month	\$2,000	60	—	Installments or lump sum (optional)	—	—	—	—	
		<u>Service</u>	<u>Insurance</u> ³	—	—	—				
		Less than 5 years -----	\$300							
		5 to 10 years -----	400							
		10 years and over -----	500							

¹ Prior to qualifying for regular benefits, employee becomes eligible for \$100 life insurance on first of month following month in which he had one day's covered employment.

² Honorary Life members not meeting these requirements become insured on first day of month coinciding with or next following day of becoming such members.

³ Provided in addition to the \$2,000.

INSURANCE PLANS - Continued

ACCIDENT AND SICKNESS							HOSPITALIZATION								
Cases covered	Amount	Duration of benefits			Benefits begin		Daily benefit or service	Duration	Extended coverage		Maximum room and board allowance	Extra allowance or service	Per year	Per disability	Emergency out-patient care
		Period	Except		Accident	Sickness			Days	Daily amount					
			After age—	Benefits limited to—											
Nonoccupational (¹)	\$10 per week (¹)	13 weeks per disability (¹)	60 (¹)	13 weeks during any 12 consecutive months (¹)	1st day (¹)	8th day (¹)	Employee and dependents								
							Semi-private room	21 days	180	50 percent of cost of semi-private room	—	Full cost of specified services for 1st 21 days; 50 percent of cost for additional 180 days	—	X	Up to \$7.25
Nonoccupational	\$30 per week	13 weeks per year ²	—	—	8th day	8th day	Employee and dependents								
							Semi-private room	120 days ³	245 ³	Up to \$5	—	Full cost of specified services	X	—	Required services provided ⁴

¹ Not available to apprentices.

² Benefit period may be extended by Welfare Committee.

³ Employees and dependents over age 70 allowed a maximum of 20 days per year.

⁴ Also provided for a maximum of 3 days for any one accident or condition requiring operative surgery of a cutting nature, if registered as an out-patient in hospital.

COMPANY, UNION, AND DATE OF INFORMATION	SURGICAL				MEDICAL									
	Up to schedule allowance accepted as full payment if annual income is under—	Operation schedule— selected allowances		Covers cases in—	Up to schedule allowance accepted as full payment if annual income is under—	Employee				Maximum compensation	Benefits begin		Maxi- mum number visits paid for	Maxi- mum number days paid for
		Employee	Dependents			Home	Office	Hospi- tal	Else- where		Sickness	Accident		
Association of Master Painters and Decorators of the City of New York Painters, District Council 9 (AFL) January 1955	—	Provided by the Health Insurance Plan of Greater New York ¹		—		Provided by the Health Insurance Plan of Greater New York ¹								
Public Service Coordi- nated Transport (Newark, N. J.) Street, Electric Railway and Motor Coach Employees (AFL) February 1955	Subscriber's annual income: \$5,000	Maximum schedule allowance \$250 \$250		Hospital ²	Subscriber's annual income: \$5,000	—	—	1st day, up to \$10; there- after, up to \$5 per day	—	\$110 per year	1st day	1st day	—	21 per year
		Tonsillectomy Up to \$50 Up to \$50												
		Appendectomy Up to \$125 Up to \$125												

¹ See Appendix B.² Emergency surgical allowance of up to \$25 for treatment in home, office or elsewhere also provided.

INSURANCE PLANS - Continued

MEDICAL - Continued										MATERNITY PROVISIONS									
Dependents				Maximum compensation	Benefits begin		Maximum number visits paid for	Maximum number days paid for	Other provisions	Accident and sickness	Hospitalization				Surgical	Medical	Benefits available to newly insured		
Allowance					Sick-ness	Acci-dent					Lump sum	Schedule allowance for normal delivery	Amounts and limitations	Daily benefit or service	Dura-tion	Maximum room and board allowance		Extra allowance or services	Provided by the Health Insurance Plan of Greater New York ¹
Home	Office	Hosp-ital	Else-where	Dependent			Employee												
—	—	—	—	—	—	—	—	—	Regular benefits for 13 weeks	Employee				—	—	Up to \$80	—	—	Employee: Accident and sickness—if pregnancy commences while insured Other benefits—immediately Dependent: Immediately
										Dependent				—	—	Up to \$80	—	—	
—	—	1st day, up to \$10; thereafter, up to \$5 per day	—	\$110 per year	1st day	1st day	—	21 per year	2 in-hospital consultation allowances per year: 1st consultation, up to \$15; 2d consultation, up to \$5	—	Employee and dependent				—	—	Up to \$125	—	Employee and dependent: After 240 days
										Semi-private room	7 days	—	Full cost of specified services	—	—	—	—	—	

¹ See Appendix B.

COMPANY, UNION, AND DATE OF INFORMATION	OTHER BENEFITS ¹	EXTENSION OF BENEFITS TO— (must be at least on group rate basis)								
	Types and amounts	Retired employee					Dependents of retired employee			
		Life insurance	Accidental death and dismemberment	Hospitalization	Surgical	Medical	Life insurance	Hospitalization	Surgical	Medical
Association of Master Painters and Decorators of the City of New York Painters, District Council 9 (AFL) January 1955	Employee only Provided by the Health Insurance Plan of Greater New York ²	—	—	—	—	—	—	—	—	—
Public Service Coordinated Transport (Newark, N. J.) Street, Electric Railway and Motor Coach Employees (AFL) February 1955	—	\$2,000	—	Same as for active employee	Same as for active employee	Same as for active employee	—	Same as for retired employee	Same as for retired employee	Same as for retired employee

¹ Such benefits as X-ray, anesthesia and electrocardiogram allowances may be provided under some plans, although not listed here. Reasons for not listing such benefits are set forth in EXPLANATORY NOTES.
² See Appendix B.

INSURANCE PLANS - Continued

FINANCING

Benefits for employee		Benefits for employee's dependents			Benefits for retired employee			Benefits for dependents of retired employee			Amount of contribution for—			
Company only	Jointly	Company only	Jointly	Employee only	Company only	Jointly	Employee only	Company only	Jointly	Employee only	Benefits for employee and dependents		Benefits for retired employee and dependents	
											Employee	Company	Employee	Company
X	—	X	—	—	—	—	—	—	—	—	—	Full cost—4 percent of weekly payroll	—	—
—	X	—	X	—	—	X	—	—	X	—	<u>Life insurance (flat amount):</u> \$1 per month <u>Hospitalization, surgical and medical benefits:</u> Balance of cost	<u>Life insurance (flat amount):</u> Balance of cost <u>Life insurance based on earnings and accident and sickness benefit:</u> Full cost <u>Other benefits:</u> Benefits for employee only (without maternity), \$1.00 per month; for employee as sole parent and children (without maternity), \$2.00; for employee and wife or husband (without maternity), \$2.50; for employee, wife or husband, with or without children (and maternity), \$3.00	Same as active employee	Same as for active employee

COMPANY, UNION, AND DATE OF INFORMATION	ELIGIBILITY REQUIREMENTS	LIFE INSURANCE				ACCIDENTAL DEATH AND DISMEMBERMENT				
	New employees become eligible --	Amount	If permanently and totally disabled Before age--	Insurance is--		Cases covered	Amount			
				Maintained	Paid in--		Graduated according to--	Death	Single dismem- berment	Multi- dismem- berment
Twin City Rapid Transit Company (Minneapolis, Minn.) Street, Electric Railway and Motor Coach Employees (AFL) October 1954	After 6 months' employment	<u>Service</u> Less than 5 years ----- \$1,500 5 to 10 years ----- 2,000 10 years and over ----- 2,500	60 and in- sured 1 year	—	Installments	—	—	—	—	—
Trucking industry, (local cartage and over-the-road freight), various associa- tions and individual employers (Central States, Southeast and Southwest areas) Teamsters (AFL) August 1954	1st of month fol- lowing 2 months of contributions by employer for employee	Employee \$2,500	60	—	Installments	Nonoccu- pational; occupa- tional	—	\$2,500	\$1,250	\$2,500
Dependent wife \$500		—	—	—						
National Automobile Transporters Association Teamsters, National Truckaway and Driveaway Conference (AFL) August 1954	After 3 months' covered employ- ment	Employee \$2,500	60	—	Installments	Nonoccu- pational; occupa- tional	—	\$2,500	\$1,250	\$2,500
Dependent wife \$500		—	—	—						

INSURANCE PLANS - Continued

ACCIDENT AND SICKNESS							HOSPITALIZATION								
Cases covered	Amount	Duration of benefits			Benefits begin		Daily benefit or service	Duration	Extended coverage		Maximum room and board allowance	Extra allowance or service	Per year	Per disability	Emergency out-patient care
		Period	Except		Accident	Sickness			Days	Daily amount					
			After age—	Benefits limited to—											
— (1)	— (1)	— (1)	— (1)	— (1)	— (1)	— (1)	Employee								
							Up to \$11	31 days	—	—	\$341	Full cost of services	—	X	—
							Dependents								
							Up to \$9	31 days	—	—	\$279	Full cost of services	—	X	—
Nonoccupational	\$20 per week	13 weeks per disability	—	—	1st day	8th day	Employee								
							Up to \$10	31 days	—	—	\$310	Up to \$200	—	X	Up to \$25
							Dependents								
							Up to \$8	31 days	—	—	\$248	Up to \$160	—	X	Up to \$25
Nonoccupational	Two-thirds of average weekly wage— Maximum—\$20	13 weeks per disability	—	—	1st day	8th day	Employee								
							Up to \$10	31 days	—	—	\$310	Up to \$200	—	X	Up to \$200
							Dependents								
							Up to \$8	31 days	—	—	\$248	Up to \$160	—	X	Up to \$160

¹ No accident and sickness insurance benefit provided by plan; employees covered by paid sick leave plan.

COMPANY, UNION, AND DATE OF INFORMATION	SURGICAL			MEDICAL										
	Up to schedule allowance accepted as full payment if annual income is under—	Operation schedule— selected allowances		Covers cases in—	Up to schedule allowance accepted as full payment if annual income is under—	Employee				Maximum compensation	Benefits begin		Maximum number visits paid for	Maximum number days paid for
		Employee	Dependents			Allowance					Sickness	Accident		
					Home	Office	Hospital	Else- where						
Twin City Rapid Transit Company (Minneapolis, Minn.) Street, Electric Railway and Motor Coach Employees (AFL) October 1954	—	Maximum schedule allowance \$200	\$150	Hospital, office, home, elsewhere	—	Up to \$3 per visit	Up to \$2 per visit	Up to \$3 per visit	Up to \$3 per visit	\$150 per disability	Hospital: 1st visit	Hospital: 1st visit	1 per day	—
		Tonsillectomy									Else- where: 2d visit	Else- where: 1st visit		
		Up to \$30	Up to \$25											
		Appendectomy												
		Up to \$100	Up to \$100											
Trucking industry (local cartage and over-the- road freight), various associations and individ- ual employers (Central States, Southeast and Southwest areas); Teamsters (AFL) August 1954	—	Maximum schedule allowance \$300	\$200	Hospital, office, home, elsewhere	—	—	—	—	—	—	—	—	—	—
		Tonsillectomy									—	—	—	
		Up to \$45	Up to \$30											
		Appendectomy												
		Up to \$175	Up to \$100											
National Automobile Transporters Association Teamsters, National Truckway and Driveaway Conference (AFL) August 1954	—	Maximum schedule allowance \$300	\$200	Hospital, office, home, elsewhere	—	—	—	—	—	—	—	—	—	—
		Tonsillectomy									—	—	—	
		Up to \$45	Up to \$30											
		Appendectomy												
		Up to \$150	Up to \$100											

COMPANY, UNION, AND DATE OF INFORMATION	OTHER BENEFITS ¹ Types and amounts	EXTENSION OF BENEFITS TO— (must be at least on group rate basis)								
		Retired employee					Dependents of retired employee			
		Life insurance	Accidental death and dismemberment	Hospitalization	Surgical	Medical	Life insurance	Hospitalization	Surgical	Medical
Twin City Rapid Transit Company (Minneapolis, Minn.) Street, Electric Railway and Motor Coach Employees (AFL) October 1954	Employee only <u>Diagnostic X-ray and laboratory examination allowance for nonhospitalized cases—up to \$25 per disability</u>	\$1,000	—	—	—	—	—	—	—	—
Trucking industry (local cartage and over-the-road freight) various associations and individual employers (Central States, Southeast and Southwest areas) Teamsters (AFL) August 1954	—	—	—	—	—	—	—	—	—	—
National Automobile Transporters Association Teamsters, National Truckaway and Drive-away Conference (AFL) August 1954	—	—	—	—	—	—	—	—	—	—

¹ Such benefits as X-ray, anesthesia and electrocardiogram allowances may be provided under some plans, although not listed here. Reasons for not listing such benefits are set forth in EXPLANATORY NOTES.

INSURANCE PLANS - Continued

FINANCING

Benefits for employee		Benefits for employee's dependents			Benefits for retired employee			Benefits for dependents of retired employee			Amount of contribution for—																		
Company only	Jointly	Company only	Jointly	Employee only	Company only	Jointly	Employee only	Company only	Jointly	Employee only	Benefits for employee and dependents		Benefits for retired employee and dependents																
											Employee	Company	Employee	Company															
—	X	—	X	—	X	—	—	—	—	—	Employee's contribution varies according to his life insurance coverage <table border="0"> <tr> <td></td> <td style="text-align: center;"><u>Monthly contribution</u></td> <td></td> </tr> <tr> <td style="text-align: center;"><u>Amount of life insurance</u></td> <td style="text-align: center;"><u>Type of coverage</u></td> <td style="text-align: center;"><u>Employee and dependents</u></td> </tr> <tr> <td>\$1,500 _____</td> <td style="text-align: center;">\$3.37</td> <td style="text-align: center;">\$5.96</td> </tr> <tr> <td>\$2,000 _____</td> <td style="text-align: center;">3.92</td> <td style="text-align: center;">6.51</td> </tr> <tr> <td>\$2,500 _____</td> <td style="text-align: center;">4.46</td> <td style="text-align: center;">7.05</td> </tr> </table>		<u>Monthly contribution</u>		<u>Amount of life insurance</u>	<u>Type of coverage</u>	<u>Employee and dependents</u>	\$1,500 _____	\$3.37	\$5.96	\$2,000 _____	3.92	6.51	\$2,500 _____	4.46	7.05	Balance of cost	—	Full cost
	<u>Monthly contribution</u>																												
<u>Amount of life insurance</u>	<u>Type of coverage</u>	<u>Employee and dependents</u>																											
\$1,500 _____	\$3.37	\$5.96																											
\$2,000 _____	3.92	6.51																											
\$2,500 _____	4.46	7.05																											
X	—	X	—	—	—	—	—	—	—	—	—	Full cost—\$2 per week	—	—															
X	—	X	—	—	—	—	—	—	—	—	—	Full cost—\$2 per week	—	—															

COMPANY, UNION, AND DATE OF INFORMATION	ELIGIBILITY REQUIREMENTS	LIFE INSURANCE				ACCIDENTAL DEATH AND DISMEMBERMENT				
	New employees become eligible --	Amount	If permanently and totally disabled			Cases covered	Amount			
			Before age—	Insurance is—			Graduated according to—	Death	Single dismem- berment	Multi- dismem- berment
				Maintained	Paid in—					
Truck Owners Association of California Teamsters (AFL) November 1954	1st of month fol- lowing 1 month's covered employ- ment	\$2,000	60	X	—	Nonoccu- pational	—	\$2,000	\$1,000	\$2,000
			After age 60	For 1 year	—					
Maritime industry, various employers (Atlantic and Gulf Coasts) Seafarers (AFL) August 1954	1 day's covered employment during previous 12 months and union member- ship	\$2,500	—	—	—	—	—	—	—	—
Maritime industry, various employers (Atlantic and Gulf Coasts) Maritime Union (CIO) August 1954	20 days' covered employment during 6 consecu- tive months	\$3,500	60	X	—	Nonoccu- pational; occupa- tional	—	\$3,500	\$1,750	\$3,500
Maritime industry, various employers (Atlantic and Gulf Coasts) Marine Engineers (CIO) November 1954	<u>Regular engineers:</u> 30 days' covered employment dur- ing 6 consecutive months <u>Relief engineers:</u> 15 days' covered employment dur- ing 6 consecutive months	\$3,500	60	X	—	Nonoccu- pational; occupa- tional	—	\$3,500	\$1,750	\$3,500

INSURANCE PLANS - Continued

ACCIDENT AND SICKNESS							HOSPITALIZATION								
Cases covered	Amount	Duration of benefits			Benefits begin		Daily benefit or service	Duration	Extended coverage		Maximum room and board allowance	Extra allowance or service	Per year	Per disability	Emergency out-patient care
		Period	Except		Accident	Sickness			Days	Daily amount					
			After age—	Benefits limited to—											
— (¹)	— (¹)	— (¹)	— (¹)	— (¹)	— (¹)	— (¹)	Employee								
							Up to \$11.50	70 days	—	—	\$805	Full cost of specified services, plus up to \$15 ambulance allowance per trip	—	X	Required services provided
							Dependents								
							Up to \$11.50	31 days	—	—	\$356.50	Up to \$500, plus up to \$15 ambulance allowance per trip	—	X	Up to \$500
Nonoccupational	\$15 per week, if confined to hospital	Duration of disability	—	—	After 1 week retro-active to 1st day	After 1 week retro-active to 1st day	Employee and dependents								
							— (²)	— (²)	— (²)	— (²)	— (²)	— (²)	— (²)	— (²)	— (²)
Nonoccupational; occupational (³)	\$21 per week, if confined to hospital	13 weeks per disability	—	—	1st day in hospital	1st day in hospital	Employee								
							— (²)	— (²)	— (²)	— (²)	— (²)	— (²)	— (²)	— (²)	— (²)
							Dependents								
							Up to \$8	31 days	—	—	\$248	Up to \$80	—	X	—
Nonoccupational (³)	\$21 per week, if confined to hospital	13 weeks per disability	—	—	1st day in hospital	1st day in hospital	Employee								
							— (²)	— (²)	— (²)	— (²)	— (²)	— (²)	— (²)	— (²)	— (²)
							Dependents								
							Up to \$14	70 days	—	—	\$980	Up to \$500	—	X	—

¹ No accident and sickness insurance benefits provided by plan; employees covered by the California State temporary disability law. See Appendix A.

² Seamen receive free medical and surgical care in Marine hospitals and out-patient clinics, under the United States Maritime law.

³ Benefit not payable during any period for which benefits are payable under a Seaman's War Risk insurance policy.

COMPANY, UNION, AND DATE OF INFORMATION	SURGICAL				MEDICAL									
	Up to schedule allowance accepted as full payment if annual income is under—	Operation schedule— selected allowances		Covers cases in—	Up to schedule allowance accepted as full payment if annual income is under—	Employee				Maximum compensation	Benefits begin		Maxi- mum visits paid for	Maxi- mum days paid for
		Employee	Dependents			Home	Office	Hospit- tal	Else- where		Sickness	Accident		
Truck Owners Association of California Teamsters (AFL) November 1954	—	Maximum schedule allowance \$300	\$300	Hospital, office, home, elsewhere	—	Up to \$5 per visit	Up to \$3 per visit	Up to \$3 per visit	—	\$250 per 6-month period	2d day	1st day	1 per day	—
Maritime industry, various employers (Atlantic and Gulf Coasts) Seafarers (AFL) August 1954	—	(¹)	—	—	—	(¹)	(¹)	(¹)	(¹)	(¹)	(¹)	(¹)	(¹)	(¹)
Maritime industry, various employers (Atlantic and Gulf Coasts) Maritime Union (CIO) August 1954	—	(¹)	Maximum schedule allowance \$150 Tonsillectomy Up to \$22.50 Appendectomy Up to \$75	Hospital ²	—	(¹)	(¹)	(¹)	(¹)	(¹)	(¹)	(¹)	(¹)	(¹)
Maritime industry, various employers (Atlantic and Gulf Coasts) Marine Engineers (CIO) November 1954	—	(¹)	Maximum schedule allowance \$300 Tonsillectomy Up to \$45 Appendectomy Up to \$150	Hospital, office, home, elsewhere	—	(¹)	(¹)	(¹)	(¹)	(¹)	(¹)	(¹)	(¹)	(¹)

¹ Seamen receive free medical and surgical care in Marine hospitals and out-patient clinics, under the United States Maritime law.

² Emergency surgical care in doctor's office also provided.

INSURANCE PLANS - Continued

MEDICAL - Continued										MATERNITY PROVISIONS								
Dependents				Maximum compensation	Benefits begin		Maximum number visits paid for	Maximum number days paid for	Other provisions	Accident and sickness	Hospitalization					Surgical	Medical	Benefits available to newly insured
Allowance					Sick-ness	Acci-ident					Daily benefit or service	Dura-tion	Maximum room and board allowance	Extra allowance or services	Lurrp sum	Schedule allowance for normal delivery	Amounts and limitations	
Home	Office	Hospi-tal	Else-where															
—	—	Up to \$3 per visit	—	\$93 per 6-month period	1st day	1st day	1 per day	—	—	Employee							Employee and dependent: Immediately	
—	—	—	—	—	—	—	—	—	—	(1)	Up to \$75	—	Dependent					
											Up to \$100 maternity allowance							
—	—	—	—	—	—	—	—	—	—	Dependent only							Dependent only: Immediately	
											\$200 maternity allowance plus a \$25 Government bond for infant ²							
—	—	—	—	—	—	—	—	—	—	Dependent only							Dependent only: If pregnancy commences while insured	
											\$200 maternity allowance							
—	Up to \$3 per day	Up to \$5 per day	—	\$250 per year	3d visit or 1st in hos-pital	1st visit	—	—	—	Dependent only							Dependent only: If pregnancy commences while insured	
											—	—	—	—	Up to \$100	Up to \$75		—

¹ \$100 for expenses incurred, other than surgical, in or out of hospital.

² If a multiple birth occurs, entire maternity benefit paid for each child.

COMPANY, UNION, AND DATE OF INFORMATION	OTHER BENEFITS ¹ Types and amounts	EXTENSION OF BENEFITS TO— (must be at least on group rate basis)								
		Retired employee					Dependents of retired employee			
		Life insurance	Accidental death and dismemberment	Hospitalization	Surgical	Medical	Life insurance	Hospitali- zation	Surgical	Medical
Truck Owners Association of California Teamsters (AFL) November 1954	<u>Diagnostic X-ray and laboratory examination allowance for nonhospitalized cases:</u> <u>Employee—up to \$50 for any one accident or all sickness during any 6-month period</u> <u>Dependents—up to \$25 for any one accident or all sickness during any 6-month period</u> <u>Additional accident expense allowance:</u> (For expenses not covered by other plan benefits incurred within 3 months after date of accident) <u>Employee and dependents—up to \$300</u> <u>Polio allowance:</u> (For expenses incurred within 3 years from date of receiving first treatment, in lieu of all other plan benefits) <u>Employee and dependents—up to \$2,000</u>	—	—	—	—	—	—	—	—	—
Maritime industry, various employers (Atlantic and Gulf Coasts) Seafarers (AFL) August 1954	—	—	—	—	—	—	—	—	—	—
Maritime industry, various employers (Atlantic and Gulf Coasts) Maritime Union (CIO) August 1954	—	—	—	—	—	—	—	—	—	—
Maritime industry, various employers (Atlantic and Gulf Coasts) Marine Engineers (CIO) November 1954	Dependents only <u>Additional accident expense allowance (for expenses not covered by other plan benefits)—up to \$300</u> <u>Diagnostic X-ray and laboratory examination allowance for cases in or out of hospital—up to \$50 per disability or during any 12-month period</u> <u>Polio allowance (for expenses incurred during 1st 2 years of disability, in lieu of all other benefits)—up to \$5,000</u>	—	—	—	—	—	—	—	—	—

¹ Such benefits as X-ray, anesthesia and electrocardiogram allowances may be provided under some plans, although not listed here. Reasons for not listing such benefits are set forth in EXPLANATORY NOTES.

INSURANCE PLANS - Continued

FINANCING

Benefits for employee		Benefits for employee's dependents			Benefits for retired employee			Benefits for dependents of retired employee			Amount of contribution for—			
Company only	Jointly	Company only	Jointly	Employee only	Company only	Jointly	Employee only	Company only	Jointly	Employee only	Benefits for employee and dependents		Benefits for retired employee and dependents	
											Employee	Company	Employee	Company
X	—	X	—	—	—	—	—	—	—	—	—	Full cost	—	—
X	—	X	—	—	—	—	—	—	—	—	—	Full cost—\$0.60 per day per man working aboard ship (1)	—	—
X	—	X	—	—	—	—	—	—	—	—	—	Full cost	—	—
X	—	X	—	—	—	—	—	—	—	—	—	Full cost—\$0.60 per man per day on payroll	—	—

¹ Includes expense of four 4-year scholarships granted annually and \$25 weekly disability benefit payable for the duration of the disability. The latter is available only to those union members having at least 7 years' seetime aboard SIU-contracted ships.

COMPANY, UNION, AND DATE OF INFORMATION	ELIGIBILITY REQUIREMENTS	LIFE INSURANCE				ACCIDENTAL DEATH AND DISMEMBERMENT																																																																															
	New employees become eligible—	Amount	If permanently and totally disabled			Cases covered	Amount																																																																														
			Before age—	Insurance is—			Graduated according to—	Death	Single dismem- berment	Multi- dismem- berment																																																																											
Maintained	Paid in—																																																																																				
Pacific Maritime Association Longshoremen's and Warehousemen's Union (Ind.) September 1954	On April 1, if em- ployed 800 hours in previous pay- roll year or 400 in last half of previ- ous payroll year; on October 1, if employed 400 hours in first half of payroll year ¹	\$1,000	60	X	—	Nonoccu- pational; occupa- tional	—	\$1,000	\$500	\$1,000																																																																											
Detroit Edison Company Utility Workers (CIO) August 1954	After 6 months' employment	\$1,000 ²	60	—	Installments	—	—	—	—	—																																																																											
Pennsylvania Power and Light Company Employees Independent Association (ind.) September 1954	Life insurance: After 6 months' employment Other benefits: 1st of month fol- lowing 1 month's employment	<table border="0"> <thead> <tr> <th>Service</th> <th>Insurance</th> <th>Service</th> <th>Insurance</th> </tr> </thead> <tbody> <tr> <td>6 months to 1 year—</td> <td>\$1,000</td> <td>3 years to 4 years—</td> <td>\$1,600</td> </tr> <tr> <td>1 year to 2 years—</td> <td>1,200</td> <td>4 years to 5 years—</td> <td>1,800</td> </tr> <tr> <td>2 years to 3 years—</td> <td>1,400</td> <td>5 years and over—</td> <td>2,000</td> </tr> <tr> <td colspan="4" style="text-align: center;">plus</td> </tr> <tr> <th colspan="2">Annual earnings</th> <th colspan="2">Insurance</th> </tr> <tr> <td>Less than \$1,000</td> <td>-----</td> <td colspan="2">\$1,000</td> </tr> <tr> <td>\$1,000 to \$1,500</td> <td>-----</td> <td colspan="2">1,500</td> </tr> <tr> <td>\$1,500 to \$2,000</td> <td>-----</td> <td colspan="2">2,000</td> </tr> <tr> <td>\$2,000 to \$2,500</td> <td>-----</td> <td colspan="2">2,500</td> </tr> <tr> <td>\$2,500 to \$3,000</td> <td>-----</td> <td colspan="2">3,000</td> </tr> <tr> <td>\$3,000 to \$3,500</td> <td>-----</td> <td colspan="2">3,500</td> </tr> <tr> <td>\$3,500 to \$4,000</td> <td>-----</td> <td colspan="2">4,000</td> </tr> <tr> <td>\$4,000 to \$4,500</td> <td>-----</td> <td colspan="2">4,500</td> </tr> <tr> <td>\$4,500 to \$5,000</td> <td>-----</td> <td colspan="2">5,000</td> </tr> <tr> <td>\$5,000 to \$5,500</td> <td>-----</td> <td colspan="2">5,500</td> </tr> <tr> <td>\$5,500 to \$6,000</td> <td>-----</td> <td colspan="2">6,000</td> </tr> <tr> <td>\$6,000 to \$6,500</td> <td>-----</td> <td colspan="2">6,500</td> </tr> <tr> <td>and up</td> <td>-----</td> <td colspan="2"></td> </tr> </tbody> </table>	Service	Insurance	Service	Insurance	6 months to 1 year—	\$1,000	3 years to 4 years—	\$1,600	1 year to 2 years—	1,200	4 years to 5 years—	1,800	2 years to 3 years—	1,400	5 years and over—	2,000	plus				Annual earnings		Insurance		Less than \$1,000	-----	\$1,000		\$1,000 to \$1,500	-----	1,500		\$1,500 to \$2,000	-----	2,000		\$2,000 to \$2,500	-----	2,500		\$2,500 to \$3,000	-----	3,000		\$3,000 to \$3,500	-----	3,500		\$3,500 to \$4,000	-----	4,000		\$4,000 to \$4,500	-----	4,500		\$4,500 to \$5,000	-----	5,000		\$5,000 to \$5,500	-----	5,500		\$5,500 to \$6,000	-----	6,000		\$6,000 to \$6,500	-----	6,500		and up	-----			60	—	Installments	—	—	—	—
Service	Insurance	Service	Insurance																																																																																		
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¹ Applies only to men in ports where 75 percent work at least 800 hours per year. In ports where 75 percent work less than 800 hours, eligibility based on 480 hours per year or 240 per six-month period.

² Additional insurance provided on a contributory basis.

³ Total amount of insurance is based on service and annual earnings.

INSURANCE PLANS - Continued

ACCIDENT AND SICKNESS							HOSPITALIZATION								
Cases covered	Amount	Duration of benefits			Benefits begin		Daily benefit or service	Duration	Extended coverage		Maximum room and board allowance	Extra allowance or service	Per year	Per disability	Emergency out-patient care
		Period	Except		Accident	Sickness			Days	Daily amount					
			After age—	Benefits limited to—											
Nonoccupational	\$38 per week ¹	26 weeks per disability	—	—	1st day	8th day	Employee and dependents								
							Provided by the Kaiser Foundation Health Plan ²								
— (³)	— (³)	— (³)	— (³)	— (³)	— (³)	— (³)	Employee and dependents								
							Semi-private room	120 days	—	—	—	Full cost of specified services	—	X	Up to \$20 ⁴
— (³)	— (³)	— (³)	— (³)	— (³)	— (³)	— (³)	Employee and dependents								
							Semi-private room	70 days	—	—	—	Full cost of specified services	—	X	Required services provided

¹ To collect benefit, men regularly employed in industry must have worked at least 1 day in last 31 days prior to first day of disability. Employees in California are covered by the California State temporary disability law (see Appendix A).

² Plan covers majority of employees under ILWU-PMA Welfare Plan. See Appendix C.

³ No accident and sickness insurance benefit provided by plan; employees covered by paid sick leave plan.

⁴ Also payable for emergency treatment in clinic or doctor's office.

COMPANY, UNION, AND DATE OF INFORMATION	SURGICAL				MEDICAL									
	Up to schedule allowance accepted as full payment if annual income is under—	Operation schedule—selected allowances		Covers cases in—	Up to schedule allowance accepted as full payment if annual income is under—	Employee				Maximum compensation	Benefits begin		Maximum number visits paid for	Maximum number days paid for
		Employee	Dependents			Home	Office	Hospital	Elsewhere		Sickness	Accident		
Pacific Maritime Association Longshoremen's and Warehousemen's Union (Ind.) September 1954	Provided by the Kaiser Foundation Health Plan ¹				Provided by the Kaiser Foundation Health Plan ¹									
Detroit Edison Company Utility Workers (CIO) August 1954	—	Maximum schedule allowance \$200	\$200	Hospital, office, home, elsewhere	—	—	—	—	—	—	—	—	—	—
		Tonsillectomy												
		Up to \$40	Up to \$40											
		Appendectomy												
		Up to \$100	Up to \$100											
Pennsylvania Power and Light Company Employees Independent Association (Ind.) September 1954	Individual coverage, \$2,000; employee and 1 dependent, \$3,000; employee and more than 1 dependent, \$4,000	Maximum schedule allowance \$200	\$200	Hospital, office, home, elsewhere	Individual coverage, \$2,000; employee and 1 dependent, \$3,000; employee and more than 1 dependent, \$4,000	Up to \$3 per visit	Up to \$3 per visit	1st day, up to \$10; 2d day, up to \$5; thereafter, up to \$3 per day	—	Home and office: \$63 per year Hospital: \$219 per disability	Hospital: 1st day Home and office: 4th visit	Hospital: 1st day Home and office: 4th visit	Home and office: 21 per year	Hospital: 70 per disability
		Tonsillectomy												
		Up to \$35	Up to \$35											
		Appendectomy												
		Up to \$100	Up to \$100											

¹ Plan covers majority of employees under ILWU-PMA Welfare Plan. See Appendix C.

INSURANCE PLANS - Continued

MEDICAL - Continued										MATERNITY PROVISIONS								
Dependents										Accident and sickness	Hospitalization					Surgical	Medical	Benefits available to newly insured
Allowance				Maximum compensation	Benefits begin		Maximum number visits paid for	Maximum number days paid for	Other provisions		Daily benefit or service	Duration	Maximum room and board allowance	Extra allowance or services	Lump sum	Schedule allowance for normal delivery	Amounts and limitations	
Home	Office	Hospital	Elsewhere		Sickness	Accident												
Provided by the Kaiser Foundation Health Plan ¹										—	Employee and dependent						Employee and dependent: Immediately	
Provided by the Kaiser Foundation Health Plan ¹																		
—	—	—	—	—	—	—	—	—	—	—	Employee and dependent					Employee and dependent: Immediately		
									(²)	Semi-private room	120 days	—	Full cost of specified services	—	Up to \$50	—		
—	—	1st day, up to \$10; 2d day, up to \$5; thereafter, up to \$3 per day	—	\$219 per disability	1st day	1st day	—	70 per disability	1 in-hospital bedside consultation per disability, up to \$10	—	Employee and dependent					Employee and dependent: After 9 months		
									(²)	Semi-private room	10 days	—	Full cost of specified services	—	Up to \$60	—		

¹ Plan covers majority of employees under ILWU-PMA Welfare Plan. See Appendix C.

² No accident and sickness insurance benefit provided by plan; employees covered by paid sick leave plan.

COMPANY, UNION, AND DATE OF INFORMATION	OTHER BENEFITS ¹ Types and amounts	EXTENSION OF BENEFITS TO— (must be at least on group rate basis)								
		Retired employee					Dependents of retired employee			
		Life insurance	Accidental death and dismemberment	Hospitalization	Surgical	Medical	Life insurance	Hospitalization	Surgical	Medical
Pacific Maritime Association Longshoremen's and Warehousemen's Union (Ind.) September 1954	Employee and dependents Provided by the Kaiser Foundation Health Plan ²	\$500 (³)	Death: \$500 Single dismemberment: \$250 Multidismemberment: \$500 (³)	Provided by the Kaiser Foundation Health Plan ^{2,3}			—	Same as for retired employee	Same as for retired employee	Same as for retired employee
Detroit Edison Company Utility Workers (CIO) August 1954	Employee and dependents <u>Anesthesia for nonhospitalized cases except when used as part of emergency out-patient care—up to \$10 for each use</u> <u>Operating room allowance for nonhospitalized cases except when used as part of emergency out-patient care—up to \$10 for each use</u> <u>Diagnostic X-ray allowance (for diagnosis resulting in hospitalization within 30 days, or for examination occurring within 48 hours after discharge from hospital and is in connection with disability causing hospitalization)—up to \$20</u> <u>Ambulance allowance for nonhospitalized cases—up to \$10 per trip</u>	Retiring at age 65 or at age 60 with 15 years ¹ service: \$1,000 ⁴	—	Retiring at age 60 or later: Same as for active employee	Retiring at age 60 or later: Same as for active employee	—	—	Same as for retired employee	Same as for retired employee	—
Pennsylvania Power and Light Company Employees Independent Association (Ind.) September 1954	Employee and dependents <u>X-ray allowance (for treatment of specified conditions in or out of hospital)—not available for cases treated surgically</u>	Amount in effect immediately prior to retirement	—	Same as for active employee	Same as for active employee	For in-hospital cases only: Same as for active employee	—	Same as for retired employee	Same as for retired employee	Same as for retired employee

¹ Such benefits as X-ray, anesthesia and electrocardiogram allowances may be provided under some plans, although not listed here. Reasons for not listing such benefits are set forth in EXPLANATORY NOTES.

² Plan covers majority of employees under ILWU-PMA Welfare Plan. See Appendix C.

³ Available to all men receiving PMA-ILWU pensions, regardless of eligibility for benefits prior to retirement and to those retiring at age 65 with 20 years' service in industry (last 5 years consecutive) if eligible on job.

⁴ Retiring at age 65 and covered by additional life insurance—total amount in effect immediately prior to retirement reduced 10 percent at retirement and 10 percent annually thereafter until amount equals 50 percent of amount in effect before initial reduction or \$2,500, whichever greater. Retiring at age 60 with 15 years' service and covered by the additional insurance—amount in effect at date of retirement may be maintained until age 65, then reduced in same manner as stated previously or reduction in coverage may begin immediately (employee's contribution towards the cost of insurance ceases when reduction in coverage begins).

INSURANCE PLANS - Continued

FINANCING

Benefits for employee		Benefits for employee's dependents			Benefits for retired employee			Benefits for dependents of retired employee			Amount of contribution for—			
Company only	Jointly	Company only	Jointly	Employee only	Company only	Jointly	Employee only	Company only	Jointly	Employee only	Benefits for employee and dependents		Benefits for retired employee and dependents	
											Employee	Company	Employee	Company
—	X	—	X	—	—	X ⁽¹⁾	—	—	X ⁽¹⁾	—	Accident and sickness benefits: 1 percent of 1st \$3,000 of annual earnings ² Other benefits: 1 percent of annual earnings over \$3,000	\$0.07 per man-hour worked	(¹)	(¹)
—	X	—	X	—	—	X	—	—	X	—	Hospitalization and surgical: Benefit for employee only, \$0.57 per week; for employee and one dependent, \$1.29; for employee, spouse and children under age 19, \$1.50; for each additional dependent, \$0.63	Life insurance: Full cost ³ Other benefits: Balance of cost	Hospitalization and surgical: Same as active employee	Life insurance: Full cost ⁴ Other benefits: Balance of cost
—	X	—	—	X	—	X	—	—	—	X	Employee's benefits: Life insurance based on service—60 cents per month per \$1,000 of insurance in excess of \$500 Life insurance based on earnings—60 cents per month per \$1,000 of insurance Dependents' benefits: Full cost—benefits for spouse without maternity or widow(er) and one child, \$2.95 per month; for spouse with maternity or widow(er) and two or more children, \$4.30; for spouse with maternity and all children, \$5.35	Employee benefits: Life insurance—full cost of first \$500 based on service; balance of cost of remaining insurance Other benefits—full cost	Life insurance: Same as for active employee Other benefits: Full cost—benefits for employee only, \$2.58 per month; for husband and wife without maternity or widow(er) and one child, \$5.53; for husband and wife with maternity or widow(er) and two or more children, \$6.88; for husband and wife with maternity and all children, \$7.93	Life insurance: Same as for active employee

¹ Financed by active employee and company contributions; see contribution columns for benefits for employee and dependents.

² In California, this contribution is made to the State's temporary disability fund.

³ Employees may secure additional life insurance on a contributory basis.

⁴ Employees retiring at age 60 contributes toward cost of additional insurance as long as total amount of insurance in effect is maintained.

COMPANY, UNION, AND DATE OF INFORMATION	ELIGIBILITY REQUIREMENTS	LIFE INSURANCE				ACCIDENTAL DEATH AND DISMEMBERMENT				
	New employees become eligible--	Amount	If permanently and totally disabled		Cases covered	Amount				
			Before age--	Insurance is--		Graduated according to--	Death	Single dismem- berment	Multi- dismem- berment	
				Maintained						Paid in--
Distributors Association of Northern California Longshoremen's and Warehousemen's Union, Local 6 (Ind.) September 1954	<u>Life and acciden- tal death and dis- memberment insurance:</u> 1 year's employ- ment, minimum of 1,500 hours of work Other benefits: 1st day of month following 30 days' employment from the 20th of one month to 20th of following month	\$1,000	60	X	—	Nonoccu- pational	—	\$1,000	\$500	\$1,000
Restaurant industry, Progressive Restaurant Owners Association, and other employers (New York, N. Y.) Hotel and Restaurant Employees, Local 89 (AFL) November 1954	After 2 months' employment and 2 months' union membership	<u>Base weekly earnings</u> Less than \$30 ----- \$1,000 \$30 to \$40 ----- 1,500 \$40 to \$50 ----- 2,000 \$50 to \$60 ----- 2,500 \$60 to \$70 ----- 3,000 \$70 to \$80 ----- 3,500 \$80 and over ----- 4,000	60	X	—	Nonoccu- pational; occupa- tional	<u>Base weekly earnings</u> Less than \$30 ----- \$1,000 \$30 to \$40 ----- 1,500 \$40 to \$50 ----- 2,000 \$50 to \$60 ----- 2,500 \$60 to \$70 ----- 3,000 \$70 to \$80 ----- 3,500 \$80 and over ----- 4,000	\$500	\$1,000	\$1,000
Retail trade industry, various employers (New York, N. Y.) Retail Clerks (AFL) October 1954	After 30 days' covered employ- ment and 30 days' union member- ship	\$1,000	60	X	—	Nonoccu- pational; occupa- tional	—	\$1,000	\$500	\$1,000

INSURANCE PLANS - Continued

ACCIDENT AND SICKNESS							HOSPITALIZATION								
Cases covered	Amount		Duration of benefits		Benefits begin		Daily benefit or service	Duration	Extended coverage		Maximum room and board allowance	Extra allowance or service	Per year	Per disability	Emergency out-patient care
			Period	Except	Accident	Sickness			Days	Daily amount					
			After age	Benefits limited to											
— (1)	— (1)		— (1)	— (1)	— (1)	— (1)	— (1)	Employee and dependents							
Optional plan A															
Provided by the Kaiser Foundation Health plan ²															
Optional plan B															
							Up to \$ 14	31 days	—	—	\$434	Up to \$ 300, plus 75 percent of additional charges up to \$ 1, 300	—	X	Up to \$ 300, plus 75 percent of additional charges up to \$ 1, 300
Nonoccupational	Base weekly earnings Less than \$ 30 _____ \$ 12. 50 \$ 30 to \$ 40 _____ 15. 00 \$ 40 to \$ 50 _____ 20. 00 \$ 50 to \$ 60 _____ 25. 00 \$ 60 to \$ 70 _____ 30. 00 \$ 70 to \$ 80 _____ 35. 00 \$ 80 and over _____ 40. 00	Weekly benefit	26 weeks per disability	—	—	1st day	8th day	Employee and dependents							
							Semi-private room	21 days	180	50 percent of cost of semi-private room	—	Full cost of specified services for 1st 21 days; 50 percent of cost for additional 180 days	—	X	Up to \$ 7. 25
Nonoccupational	\$ 18 per week		13 weeks per disability	60	13 weeks during any 12 consecutive months	8th day	8th day	Employee							
							\$ 6	31 days	—	—	\$ 186	Up to \$ 30	Over age 60: X	Under age 60: X	—
Dependents															
							Up to \$ 6	31 days	—	—	\$ 186	Up to \$ 30	Over age 60: X	Under age 60: X	—

¹ No accident and sickness insurance benefits provided by plan; employees covered by the California State temporary disability law. See Appendix A.

² See Appendix C.

COMPANY, UNION, AND DATE OF INFORMATION	SURGICAL				MEDICAL									
	Up to schedule allowance accepted as full payment if annual income is under—	Operation schedule— selected allowances		Covers cases in—	Up to schedule allowance accepted as full payment if annual income is under—	Employee				Maximum compensation	Benefits begin		Maxi- mum number visits paid for	Maxi- mum number days paid for
		Employee	Dependents			Home	Office	Hospi- tal	Else- where		Sickness	Accident		
Distributors Association of Northern California Longshoremen's and Warehousemen's Union, Local 6 (Ind.) September 1954	Optional plan A				Optional plan A									
	Provided by the Kaiser Foundation Health Plan ¹				Provided by the Kaiser Foundation Health Plan ¹									
	Optional plan B				Optional plan B									
	—	Maximum schedule allowance \$300	\$300	Hospital, office, home, elsewhere	—	Up to \$5 per visit	Up to \$3 per visit	Up to \$5 per visit	—	\$250 per year or per disability	Hospital 1st visit	1st visit	—	—
		Tonsillectomy Up to \$45	Up to \$45								Home and office: 2d visit			
		Appendectomy Up to \$150	Up to \$150											
Restaurant industry, Progressive Restaurant Owners Association, and other employers (New York, N. Y.) Hotel and Restaurant Employees, Local 89 (AFL) November 1954	—	Provided by the Health Insurance Plan of Greater New York ²		—	Provided by the Health Insurance Plan of Greater New York ³									
Retail trade industry, various employers (New York, N. Y.) Retail Clerks (AFL) October 1954	—	Maximum schedule allowance \$150	\$150	Hospital, office, home, elsewhere	—	—	—	—	—	—	—	—	—	—
		Tonsillectomy Up to \$25	Up to \$25											
		Appendectomy Up to \$100	Up to \$100											

¹ See Appendix C.² See Appendix B.

INSURANCE PLANS - Continued

MEDICAL - Continued										MATERNITY PROVISIONS								
Dependents										Accident and sickness	Hospitalization					Surgical	Medical	Benefits available to newly insured
Allowance				Maximum compensation	Benefits begin		Maximum number visits paid for	Maximum number days paid for	Other provisions		Daily benefit or service	Duration	Maximum room and board allowance	Extra allowance or services	Lump sum	Schedule allowance for normal delivery	Amounts and limitations	
Home	Office	Hospital	Elsewhere		Sickness	Accident												
Optional plan A										Optional plan A								
Provided by the Kaiser Foundation Health Plan ¹										Employee and dependent							Employee and dependent: Immediately	
Optional plan B										Optional plan B								
—	—	Up to \$5 per day	—	\$155 per disability	1st day	1st day	—	31 per disability	—	—	Provided by the Kaiser Foundation Health Plan ¹					Employee only: After 9 months		
Optional plan B										Optional plan B								
Optional plan B										Employee only							Employee only: After 9 months	
—	—	—	—	—	—	—	—	—	—	—	—	—	—	Up to \$150	Up to \$75	—	Employee only: After 9 months	
Optional plan B										Optional plan B								
Optional plan B										Employee							Employee and dependent: Hospitalization—immediately	
—	—	—	—	—	—	—	—	—	—	Regular benefits for 6 weeks	—	—	—	Up to \$80	Provided by the Health Insurance Plan of Greater New York ²	—	Employee: Accident and sickness—if pregnancy commences while insured Surgical and medical—immediately	
Optional plan B										Optional plan B								
Optional plan B										Dependent							Employee and dependent: Hospitalization—immediately	
—	—	—	—	—	—	—	—	—	—	—	—	—	—	Up to \$80	—	—	Employee and dependent: Hospitalization—immediately	
Optional plan B										Optional plan B								
Optional plan B										Employee							Employee and dependent: Hospitalization—immediately	
—	—	—	—	—	—	—	—	—	—	—	\$6	14 days	\$84	Up to \$30	—	Up to \$50	—	Employee and dependent: Hospitalization—immediately
Optional plan B										Optional plan B								
Optional plan B										Dependent							Employee and dependent: Hospitalization—immediately	
—	—	—	—	—	—	—	—	—	—	—	—	—	—	Up to \$60	Up to \$50	—	Employee and dependent: Hospitalization—immediately	

¹ See Appendix C.

² See Appendix B.

COMPANY, UNION, AND DATE OF INFORMATION	OTHER BENEFITS ¹ Types and amounts	EXTENSION OF BENEFITS TO— (must be at least on group rate basis)								
		Retired employee					Dependents of retired employee			
		Life insurance	Accidental death and dismemberment	Hospitalization	Surgical	Medical	Life insurance	Hospitali- zation	Surgical	Medical
Distributors Association of Northern California	Employee and dependents	—	—	—	—	—	—	—	—	—
	Optional plan A									
Longshoremen's and Warehousemen's Union, Local 6 (Ind.)	Provided by the Kaiser Foundation Health Plan ²									
September 1954	Optional plan B									
	X-ray and laboratory examination allowance for nonhospitalized cases—up to \$50 per disability									
	Supplementary accident expense allowance (for expenses incurred within 90 days of accident)—up to \$300									
	Polio allowance (for all expenses incurred during first 2 years after date of first treatment, in lieu of all other plan benefits)—up to \$5,000									
Restaurant industry, Progressive Restaurant Owners Association, and other employers (New York, N. Y.)	Employee only	\$1,000	—	Same as for active employee	—	—	—	Same as for re- tired employee	—	—
Hotel and Restaurant Employees, Local 89 (AFL)	Provided by the Health Insurance Plan of Greater New York ³									
November 1954										
Retail trade industry, various employers (New York, N. Y.)	—	—	—	—	—	—	—	—	—	—
Retail Clerks (AFL)										
October 1954										

¹ Such benefits as X-ray, anesthesia and electrocardiogram allowances may be provided under some plans, although not listed here. Reasons for not listing such benefits are set forth in

EXPLANATORY NOTES.

² See Appendix C.

³ See Appendix B.

INSURANCE PLANS - Continued

FINANCING

Benefits for employee		Benefits for employee's dependents			Benefits for retired employee			Benefits for dependents of retired employee			Amount of contribution for—			
Company only	Jointly	Company only	Jointly	Employee only	Company only	Jointly	Employee only	Company only	Jointly	Employee only	Benefits for employee and dependents		Benefits for retired employee and dependents	
											Employee	Company	Employee	Company
X	—	X	—	—	—	—	—	—	—	—	—	Full cost	—	—
X	—	X	—	—	X ¹	—	—	X ¹	—	—	—	Full cost—4 percent of monthly payroll	—	Full cost ¹
X	—	X	—	—	—	—	—	—	—	—	—	Full cost	—	—

¹ Financed out of company contributions for benefits for active employees and dependents; see company contribution column for benefits for employee and dependents.

COMPANY, UNION, AND DATE OF INFORMATION	ELIGIBILITY REQUIREMENTS	LIFE INSURANCE					ACCIDENTAL DEATH AND DISMEMBERMENT						
	New employees become eligible -	Amount			If permanently and totally disabled		Cases covered	Amount					
					Before age—	Insurance is—		Graduated according to—	Death	Single dismem- berment	Multi- dismem- berment		
						Maintained	Paid in—						
Retail drug industry, various associations and employers (New York, N. Y.) Retail, Wholesale, and Department Store Union, Local 1199 (CIO) September 1954	After 1 month's covered employ- ment	<u>Average weekly earnings</u>	<u>Length of coverage under plan</u>	<u>Insurance</u>	60	X	—	Nonoccu- pational	<u>Weekly earnings</u>				
		\$30 to \$40	Less than 1 year	\$ 500	After age 60	For 3 months; up to \$2,000 for additional 9 months	—	(¹)	\$30 to \$40				
			1 year and over	1,000					Less than 1 year plan coverage	\$ 500	\$ 250	\$ 500	
		\$40 to \$75	Less than 1 year	500					1 year and over plan coverage	1,000	500	1,000	
			1 to 2 years	1,000									
			2 to 3 years	1,500									
			3 years and over	2,000									
		\$75 and over	Less than 1 year	500					\$40 and over				
			1 to 2 years	1,000					Less than 1 year plan coverage	\$ 500	\$ 250	\$ 500	
			2 to 3 years	1,500					1 to 2 years' plan coverage	1,000	500	1,000	
			3 to 4 years	2,000					2 to 3 years' plan coverage	1,500	750	1,500	
			4 to 5 years	2,500					3 years and over plan coverage	2,000	1,000	2,000	
			5 to 6 years	3,000									
			6 to 7 years	3,500									
			7 years and over	4,000									
									(¹)	(¹)	(¹)	(¹)	
Prudential Life Insurance Company of America Insurance Agents (AFL) September 1954	Immediately or 1st of following month	<u>Prior to age 65:</u> <u>Annual earnings</u>		<u>Insurance</u>	65	Until age 65; then reduced in same manner as for active em- ployee	—	—	—	—	—	—	—
		Less than \$2,500.01		\$ 5,000									
		\$2,500.01 to \$3,500.01		7,000									
		\$3,500.01 to \$4,500.01		9,000									
		\$4,500.01 to \$5,500.01		11,000									
		\$5,500.01 to \$6,500.01		13,000									
		and up											
		<u>After age 65:</u> On 1st of month following attainment of age 65, insurance reduced 20 percent and 20 percent annually thereafter until amount in effect equals \$1,000											

¹ Not available if employee earns less than \$30 per week.

INSURANCE PLANS - Continued

ACCIDENT AND SICKNESS							HOSPITALIZATION								
Cases covered	Amount	Duration of benefits			Benefits begin		Daily benefit or service	Duration	Extended coverage		Maximum room and board allowance	Extra allowance or service	Per year	Per disability	Emergency out-patient care
		Period	After age—	Except Benefits limited to—	Accident	Sickness			Days	Daily amount					
Nonoccupational	Before age 65: Two-thirds of average weekly pay— Maximum—\$50 per week ¹ Age 65 and over: Difference between above weekly benefit and Federal Social Security benefits	26 weeks per disability ¹	60	26 weeks during any 12 consecutive months	1st day	8th day	Employee and dependents ²								
							Semi-private room	21 days	180	50 percent of cost of semi-private room	—	Full cost of specified services for 1st 21 days; 50 percent of cost for additional 180 days	—	X	Up to \$10
— (³)	— (³)	— (³)	— (³)	— (³)	— (³)	— (³)	Employee and dependents - Nonoccupational disability cases								
							Up to \$10 (⁴)	—	—	—	\$700	Up to 10 times rates of semi-private room or \$100, whichever lesser	—	X	Up to 10 times rate of semi-private room or \$100, whichever lesser
							Employee only - Occupational disability cases								
							Difference, if any, between benefits provided through Workmen's Compensation or other Federal or State program to which employer contributes and the above benefits								

¹ If disability occurs within first 30 days' employment, benefit is 50 percent of average weekly pay (maximum—\$30) for 13 weeks.

² Not available if employee earns \$25 or less per week.

³ No accident and sickness insurance benefit provided by plan; employees covered by paid sick leave plan.

⁴ Up to \$10 or standard rate of semi-private room, whichever less; however, if standard rate of semi-private room is less than \$7, allowance will be up to \$7 for each day in hospital.

COMPANY, UNION, AND DATE OF INFORMATION	SURGICAL			MEDICAL										
	Up to schedule allowance accepted as full payment if annual income is under—	Operation schedule—selected allowances		Covers cases in—	Up to schedule allowance accepted as full payment if annual income is under—	Employee								
		Employee	Dependents			Allowance				Maximum compensation	Benefits begin		Maximum number visits paid for	Maximum number days paid for
					Home	Office	Hospital	Elsewhere		Sickness	Accident			
Retail drug industry, various associations and employers (New York, N. Y.) Retail, Wholesale, and Department Store Union, Local 1199 (CIO) September 1954	—	Maximum schedule allowance		Hospital, office, home, elsewhere (¹)	— (²)	— (²)	— (²)	— (²)	— (²)	— (²)	— (²)	— (²)	— (²)	— (²)
		\$225	\$150											
		Tonsillectomy												
		Up to \$45	Up to \$30											
		Appendectomy												
		Up to \$150	Up to \$100											
		(¹)	(¹)											
Prudential Life Insurance Company of America Insurance Agents (AFL) September 1954	—	Nonoccupational disability cases		Hospital, office, home, elsewhere	Nonoccupational disability cases									
		Maximum schedule allowance			—	Up to \$3 per visit	Up to \$2 per visit	Up to \$3 per visit	—	Under age 60, \$150 per disability; over age 60, \$150 per year	8th day	8th day	—	—
		\$225	\$225											
		Tonsillectomy												
		Up to \$60	Child, up to \$40; wife, up to \$60											
		Appendectomy												
Up to \$150	Up to \$150													
		Occupational disability cases		Occupational disability cases										
		Difference, if any, between benefits provided through Workmen's Compensation or other Federal or State program to which employer contributes and above benefits		Difference, if any, between benefits provided through Workmen's Compensation or other Federal or State program to which employer contributes and above benefits										
		Difference, if any, between benefits provided through Workmen's Compensation or other Federal or State program to which employer contributes and above benefits		Difference, if any, between benefits provided through Workmen's Compensation or other Federal or State program to which employer contributes and above benefits										

¹ Not available if employee earns less than \$37.50 a week.

² No medical benefit provided by plan; however, if employee joins Health Insurance Plan of Greater New York (see Appendix B), this plan subsidizes, in part, this coverage.

INSURANCE PLANS - Continued

MEDICAL - Continued										MATERNITY PROVISIONS							
Dependents				Maximum compensation	Benefits begin		Maximum number visits paid for	Maximum number days paid for	Other provisions	Accident and sickness	Hospitalization				Surgical	Medical	Benefits available to newly insured
Allowance					Sick-ness	Acci-ent					Daily benefit or service	Dura-tion	Maximum room and board allowance	Extra allowance or services	Lump sum	Schedule allowance for normal delivery	
Home	Office	Hospita-l	Else-where														
— (¹)	— (¹)	— (¹)	Regular benefits for 6 weeks	Employee						Employee and dependent: Immediately							
—	—	—	—	—	—	—	—	—	—		Up to \$100 (²)	Up to \$85 (³)	— (¹)				
Dependent						—	—	—	—		Up to \$100 (²)	Up to \$75 (³)	— (¹)				
—	—	—	—	—	—	—	—	—	—	Employee only: Entitled to 3 visits within 31 days after returning to work	Employee and dependent						Employee and dependent: If pregnancy commences while insured
—	—	—	—	—	—	—	—	—	—		Up to \$100	Up to \$75	—				

¹ No medical benefit provided by plan; however, if employee joins Health Insurance Plan of Greater New York (see Appendix B), this plan subsidizes, in part, this coverage.

² Not available if employee earns \$25 or less per week.

³ Not available if employee earns less than \$37.50 per week.

⁴ No accident and sickness insurance benefit provided by plan; employees covered by paid sick leave plan.

COMPANY, UNION, AND DATE OF INFORMATION	OTHER BENEFITS ¹ Types and amounts	EXTENSION OF BENEFITS TO— (must be at least on group rate basis)								
		Retired employee					Dependents of retired employee			
		Life insurance	Accidental death and dismemberment	Hospitalization	Surgical	Medical	Life insurance	Hospitalization	Surgical	Medical
Retail drug industry, various associations and employers (New York, N. Y.) Retail, Wholesale, and Department Store Union, Local 1199 (CIO) September 1954	Employee and dependents <u>Optical, dental, X-ray, and blood bank services—available at special rates</u>	—	—	—	—	—	—	—	—	—
Prudential Life Insurance Company of America Insurance Agents (AFL) September 1954	Employee and dependents <u>Polio allowance—75 percent of expenses incurred and not covered by other plan benefits during 3-year period following date of first treatment; maximum—\$5,000</u> <u>Major medical expense benefit—75 percent of expenses not covered by other plan benefits incurred during each benefit year which is in excess of "deductible"; maximum—\$10,000 per person during his lifetime</u> ⁴	Same as for active employee ³	—	Same as for active employee but limited during retirement to \$700 for room and board and \$100 for extra services	Same as for active employee but limited during retirement to \$225	—	—	Same as for retired employee	Same as for retired employee	—

¹ Such benefits as X-ray, anesthesia and electrocardiogram allowances may be provided under some plans, although not listed here. Reasons for not listing such benefits are set forth in EXPLANATORY NOTES.

² A benefit year is a 12-month period beginning day first charge included in the "deductible" occurred. The "deductible" varies, according to earnings, from \$100 to \$500. In case of occupational disability of employee, benefits received under Workmen's Compensation reduce the eligible expenses under this program.

³ Employees retiring prior to age 65 may, at any time, have his insurance reduced to \$1,000, at which time his contribution ceases.

INSURANCE PLANS - Continued

FINANCING

Benefits for employee		Benefits for employee's dependents			Benefits for retired employee			Benefits for dependents of retired employee			Amount of contribution for—			
Company only	Jointly	Company only	Jointly	Employee only	Company only	Jointly	Employee only	Company only	Jointly	Employee only	Benefits for employee and dependents		Benefits for retired employee and dependents	
											Employee	Company	Employee	Company
X	—	X	—	—	—	—	—	—	—	—	—	Full cost—3 percent of monthly payroll	—	—
—	X	—	X	—	—	X	—	—	X	—	<u>Life insurance:</u> \$0.115 weekly per \$1,000 of insurance ¹ <u>Major medical expense benefit:</u> Benefit for employee only, \$0.45 per week; for employee and children, \$0.70; for employee and wife, \$1.10; for employee, wife and children, \$1.35 <u>Other benefits:</u> Benefits for employee only, \$0.30 per week; for employee and children, \$0.60; for employee and wife, \$0.80; for employee, wife and children, \$1.00	Balance of cost ¹	<u>Hospitalization and surgical:</u> Benefits for employee only, \$0.30 per week; for employee and children, \$0.60; for employee and wife, \$0.80; for employee, wife and children, \$1.00	<u>Life insurance:</u> Full cost ² <u>Hospitalization and surgical:</u> Balance of cost

¹ At age 65 employees' contribution for life insurance ceases and company pays full cost of this insurance.

² Employees retiring prior to age 65, may maintain insurance in effect until age 65 by continuing to contribute towards its cost or have insurance reduced to \$1,000 and cease contributing.

COMPANY, UNION, AND DATE OF INFORMATION	ELIGIBILITY REQUIREMENTS	LIFE INSURANCE				ACCIDENTAL DEATH AND DISMEMBERMENT				
	New employees become eligible—	Amount	If permanently and totally disabled			Cases covered	Amount			
			Before age—	Insurance is—			Graduated according to—	Death	Single dismem- berment	Multi- dismem- berment
Maintained	Paid in—									
Realty Advisory Board on Labor Relations (New York, N. Y.) Building Service Employees (AFL) October 1954	After 30 days' employment	\$500 ¹	60	X	—	—	—	—	—	—
Hotel Association of New York City New York Hotel Trades Council (AFL) August 1954	<u>Accident and sickness benefits:</u> After 4 weeks' covered employ- ment <u>Other benefits:</u> After 4 months' covered employ- ment and 6 months' union membership	\$1,000	60	X	—	Nonoccu- pational; occupa- tional	—	\$1,000	\$500	\$1,000
Laundry industry, various employers Laundry Workers (AFL) National plan February 1955	1st of month fol- lowing 30 days' employment and union member- ship	\$1,000	60	For 2 years	—	Nonoccu- pational	—	\$1,500	\$750	\$1,500

¹ On January 1, 1955, insurance is to be increased to \$750 and on January 1, 1956 to \$1,000.

INSURANCE PLANS - Continued

ACCIDENT AND SICKNESS							HOSPITALIZATION								
Cases covered	Amount	Duration of benefits			Benefits begin		Daily benefit or service	Duration	Extended coverage		Maximum room and board allowance	Extra allowance or service	Per year	Per disability	Emergency out-patient care
		Period	Except		Accident	Sickness			Days	Daily amount					
			After age—	Benefits limited to—											
— (¹)	— (¹)	— (¹)	— (¹)	— (¹)	— (¹)	— (¹)	Employee and dependents								
							Semi-private room	21 days	180	50 percent of cost of semi-private room	—	Full cost of specified services for 1st 21 days; 50 percent of cost for additional 180 days	—	X	Up to \$7.25
Nonoccupational	\$15 per week	13 weeks per disability	—	—	1st day	8th day	Employee and dependents								
							Semi-private room	21 days	180	50 percent of cost of semi-private room	—	Full cost of specified services for 1st 21 days; 50 percent of cost for additional 180 days	—	X	Up to \$7.25
Nonoccupational	Classes I, III and V—\$10 per week Class VI—\$12 per week Class VII—\$20 per week (²)	13 weeks per disability	—	—	1st day	8th day or 1st in hospital	Employee only								
							Up to \$10	70 days	—	—	\$700	Up to \$50	—	X	—

¹ No accident and sickness insurance benefit provided under plan; employees covered by the New York State temporary disability law. See Appendix A.

² Amount depends on employer contribution to program and/or variation in amount of surgical and medical benefits provided the various classes of employees covered by program.

COMPANY, UNION, AND DATE OF INFORMATION	SURGICAL			MEDICAL										
	Up to schedule allowance accepted as full payment if annual income is under—	Operation schedule— selected allowances		Covers cases in—	Up to schedule allowance accepted as full payment if annual income is under—	Employee				Maximum compensation	Benefits begin		Maxi- mum number visits paid for	Maxi- mum number days paid for
		Employee	Dependents			Allowance					Sickness	Accident		
Home	Office	Hospi- tal	Else- where	Sickness	Accident									
Realty Advisory Board on Labor Relations (New York, N. Y.) Building Service Employees' (AFL) October 1954	—	Maximum schedule allowance \$250	\$250	Hospital, office, home, elsewhere	—	—	—	—	—	—	—	—	—	
		Tonsillectomy												
		Up to \$50	Under age 12, up to \$30; over age 12, up to \$50											
		Appendectomy												
		Up to \$125	Up to \$125											
Hotel Association of New York City New York Hotel Trades Council (AFL) August 1954	—	Provided by New York Hotel Trades Council and Hotel Associa- tion Health Center (¹)	—	—	Provided by New York Hotel Trades Council and Hotel Association Health Center ¹									
Laundry industry, various employers Laundry Workers (AFL) National plan February 1955	—	Maximum schedule allowance \$250	—	Hospital, office, home, elsewhere (²)	—	Up to \$5 per visit (²)	Up to \$3 per visit (²)	Up to \$5 per visit (²)	—	\$250 per disability (²)	Hospital: 1st visit	Hospital: 1st visit	1 per day; 3 per week; 50 per disa- bility (²)	—
		Tonsillectomy Up to \$41.67									Home and office: 2d visit (²)	Home and office: 2d visit (²)		
		Appendectomy Up to \$166.67 (²)												

¹ See Appendix D.² Benefits described here cover majority of employees under program.

INSURANCE PLANS - Continued

MEDICAL - Continued										MATERNITY PROVISIONS								
Allowance				Dependents Maximum compensation	Benefits begin		Maximum number visits paid for	Maximum number days paid for	Other provisions	Accident and sickness	Hospitalization					Surgical	Medical	Benefits available to newly insured
Home	Office	Hospital	Elsewhere		Sickness	Accident					Daily benefit or service	Duration	Maximum room and board allowance	Extra allowance or services	Lump sum	Schedule allowance for normal delivery	Amounts and limitations	
—	—	—	—	—	—	—	—	—	—	Employee and dependent							<u>Employee and dependent:</u> Immediately	
														Up to \$80	Up to \$75	—		
—	—	—	—	—	—	—	—	—	Regular benefits for 6 weeks (1)	Employee							<u>Employee and dependent:</u> Immediately	
														Up to \$80	Provided by New York Hotel Trades Council and Hotel Association Health Center ²			
										Dependent								
														Up to \$80				
—	—	—	—	—	—	—	—	—		Employee only							<u>Employee only:</u> After 9 months	
										\$75 maternity allowance for hospitalized cases; \$50 for nonhospitalized cases								

¹ Available only to employee insured for life, accidental death and dismemberment, and hospitalization.

² See Appendix D.

COMPANY, UNION, AND DATE OF INFORMATION	OTHER BENEFITS ¹	EXTENSION OF BENEFITS TO— (must be at least on group rate basis)								
	Types and amounts	Retired employee					Dependents of retired employee			
		Life insurance	Accidental death and dismemberment	Hospitalization	Surgical	Medical	Life insurance	Hospitalization	Surgical	Medical
Realty Advisory Board on Labor Relations (New York, N. Y.) Building Service Employees (AFL) October 1954	—	—	—	—	—	—	—	—	—	—
Hotel Association of New York City New York Hotel Trades Council (AFL) August 1954	Employee only Provided by New York Hotel Trades Council and Hotel Association Health Center ²	—	—	—	—	—	—	—	—	—
Laundry industry, various employers Laundry Workers (AFL) National plan February 1955	—	Age 65, plan coverage, and 20 years' union membership; \$500	—	—	—	—	—	—	—	—

¹ Such benefits as X-ray, anesthesia and electrocardiogram allowances may be provided under some plans, although not listed here. Reasons for not listing such benefits are set forth in EXPLANATORY NOTES.
See Appendix D.

INSURANCE PLANS - Continued

FINANCING

Benefits for employee		Benefits for employee's dependents			Benefits for retired employee			Benefits for dependents of retired employee			Amount of contribution for—			
Company only	Jointly	Company only	Jointly	Employee only	Company only	Jointly	Employee only	Company only	Jointly	Employee only	Benefits for employee and dependents		Benefits for retired employee and dependents	
											Employee	Company	Employee	Company
X	—	X	—	—	—	—	—	—	—	—	—	Full cost—\$17 per quarter ¹	—	—
X	—	X	—	—	—	—	—	—	—	—	—	Full cost—3 percent of payroll	—	—
X	—	—	—	—	X	—	—	—	—	—	—	Full cost	—	Full cost

¹ Company's contribution to be increased to \$18.75 per quarter per employee on January 1, 1955; to \$20.25 per quarter per employee on January 1, 1956.

Appendix A

State Temporary Disability Insurance

In 1954, four States had statutes providing protection from loss of wages because of temporary disability arising out of nonoccupational causes. The first of these laws was enacted by Rhode Island in May 1942. Benefits became payable on April 1, 1943. California's program was adopted in May 1946, New Jersey's in June 1948, and New York State's in April 1949.

In Rhode Island, California, and New Jersey, these statutes are administered by the State employment security agencies in coordination with unemployment insurance. Coverage of workers and employers is identical under the two programs. The New York statute, however, is administered by the Workmen's Compensation Board and coverage differs from unemployment insurance.

Brief descriptions of the benefits provided to employed workers under these four State plans are presented below. Benefits are also provided under these statutes for workers who become disabled while unemployed but these are not discussed here. Information on these provisions, as well as more detailed analyses of the statutes, are contained in publications of the U. S. Department of Labor's Bureau of Employment Security.

California

Type of plan.—California operates a State fund with provisions for substituting private temporary disability plans when both employer and a majority of employees agree. An individual worker, however, may reject the private plan for coverage by the State fund. The private plan must supply benefits equal in all respects, and superior in at least one, to the State fund.

Financing.—One percent of the first \$3,000 of annual wages is paid by employees covered by the State Disability Fund; no contribution is made by employers. In the case of private plans, no employee may be charged more than 1 percent of the first \$3,000 of annual wages; the employer pays any remaining cost.

Benefit formula.—Weekly benefits range from \$10 to \$35 and are determined by a schedule of high-quarter earnings. The maximum duration is 26 weeks per disability. Benefit payments start after 7 consecutive days of disability at the beginning of each uninterrupted period of disability. Uninterrupted periods are consecutive periods of disability due to the same or related causes and not separated by more than 14 days. This waiting period or

any unexpired portion of it is waived upon entry into a hospital for a full day of confinement. For each day of disability in excess of seven, benefits are paid at a rate of one-seventh of the weekly amount.

To qualify for benefits a worker must earn a minimum of \$300 during his base period. The base period is defined as the first 4 of the last 5 calendar quarters preceding disability beginning in the second or third month of a quarter. It is the first 4 of the last 6 calendar quarters preceding disability beginning in the first month of a quarter.

If more than 75 percent of the worker's earnings are in one quarter, his base period wages must equal 30 times the weekly benefit amount or $1\frac{1}{3}$ times his high-quarter wages, whichever is less. This provision makes some seasonal and short-term workers ineligible.

In cases where a worker is receiving an amount for workmen's compensation which is less than the amount he would receive for the same disability under the temporary disability statute, he is entitled to the difference. A worker receiving wages while not working is eligible for benefits if the combined wages and benefits do not exceed 70 percent of his wages prior to disability.

No payments are provided in cases of illness or injury caused by or arising out of pregnancy when originating prior to 28 days after termination of the pregnancy.

New Jersey

Type of plan.—A State fund is operated by New Jersey, but provision is made for substitution of private temporary disability plans when the benefits provided are equal to or better than those provided by the State fund and when a majority of the workers in an establishment elect coverage by the private plan, or when an employer is willing to assume the entire cost of benefits.

Financing.—Workers covered by the State plan pay 0.5 percent of the first \$3,000 of annual earnings; employers normally pay a basic 0.25 percent on the first \$3,000. The employer's contribution may be varied between the limits of 0.75 percent and 0.1 percent depending on the firm's experience rating. Workers covered by private plans cannot be assessed more than 0.5 percent of the first \$3,000 of annual earnings. Employers pay any remaining cost.

Benefit formula.—To qualify for benefits, 17 base weeks of employment are required in the 52 weeks preceding the week in which the disability begins. A base week is a week in which wages from one employer are \$15 or more. Weekly benefits are computed at two-thirds of the average weekly wage, with a minimum of \$10 and a maximum of \$30. The average weekly wage for employed workers is determined by adding all of the wages from one employer during the base weeks in the 8 weeks preceding disability and dividing by the number of such weeks. If this is less than the average wage obtained by using all earnings from all employers during the 8 weeks preceding disability, then all earnings are used.

Benefits are payable up to a maximum of from 13 to 26 weeks for employed workers during a 12-month period. Maximum payments are computed as the lesser of 26 times the weekly benefit or three-fourths of the wages in the base weeks. For employed workers, the base period is 52 weeks preceding the week in which the disability began.

Payments commence after 7 days at the beginning of an uninterrupted period of disability. An uninterrupted period of disability is defined as consecutive periods of disability due to the same or related causes and separated by not more than 14 days, if the individual earned wages from his last employer during the 14-day period. For each day of disability in excess of seven, benefits are paid at a rate of one-seventh of the weekly amount. Payments for part weeks are rounded to the next highest dollar.

A worker is eligible for benefits even though receiving wages while not working provided the benefits plus wages do not exceed his wages prior to disability.

Payments are not made for disability which is due to pregnancy, childbirth, miscarriage, or abortions. Self-inflicted injuries and injuries suffered while perpetuating high misdemeanors are also excluded.

New York

Type of plan.—In New York State employers have the alternatives of coverage under an insurance company policy, a State Disability Fund policy, or they may obtain approval for self insurance. Each establishment carries its own risks whether under the State fund or a private plan.

Financing.—Under the New York law, employees pay 0.5 percent of the first \$60 of weekly wages, not to exceed 30 cents per week. Employers pay any remaining cost.

Benefit formula.—Weekly benefits are computed as one-half of the average weekly wage, subject to a maximum of \$33 and a minimum of either \$10 or the average weekly wage, whichever is less. The maximum duration for benefits is 13 weeks in any 52 consecutive weeks or for any one period of disability. A 7-day waiting period is required at the beginning of each uninterrupted period of disability. An uninterrupted period includes all periods of disability caused by the same or related injury or sickness, if not separated by more than 3 months.

To qualify for benefits, employed workers must have had four or more consecutive weeks of covered employment (or 25 days regular part-time employment) prior to commencement of the disability.

In the case of private plans, benefits must be at least equivalent to statutory benefits. Benefits related to disability (hospitalization, surgical, etc.) of the individual or of his dependents may be substituted for cash wage loss benefits, according to a table of equivalents; cash benefits must, however, be at least 60 percent of those in the statutory schedule. Private plans existing when the disability law was enacted may continue during the period of the contract and may be extended by collective bargaining agreement without meeting statutory conditions.

Benefits are not payable for disability conditions arising out of pregnancy except after a return to covered employment for at least 2 consecutive weeks following termination of pregnancy.

In New York, benefits are not payable for any day for which the worker is entitled to remuneration equal to the benefits. This does not apply to voluntary aid from the employer. Workers are not eligible for benefits for any period in which workmen's compensation is payable, other than permanent partial benefits for a prior disability.

Rhode Island

Type of plan.—Rhode Island has an exclusive State fund with no provision for the substitution of private temporary disability plans.

Financing.—An employee contribution of 1 percent of the first \$3,000 of annual wages is required. Employers do not contribute to the fund.

Benefit formula.—The benefit formula in Rhode Island is the same as for unemployment insurance. The weekly benefit is determined by a table provided in the statute and averages about one-twentieth of the highest quarter earnings during the base period. A base period consists of the last four calendar quarters preceding the benefit year. A benefit year begins with a valid

claim for disability benefits. Qualifying wages during the base period are 30 times the worker's weekly benefit amount, in covered employment.

The weekly benefit ranges from \$10 to \$25.¹ The duration is based on a schedule of total base period earnings, in covered employment, and ranges from \$104 for base period wages of \$300 to \$400, up to \$650 for wages of \$2,400 or more. In terms of weeks of disability, duration ranges from slightly more than 7 weeks up to 26 weeks.

There is a waiting period of 7 consecutive days of disability in the benefit year, except in pregnancy cases. Benefits

¹ Effective January 1, 1956, the maximum will be \$30 per week.

are paid for part weeks of disability, following 2 compensable weeks in which benefits were paid, at a rate of one-fifth of the weekly amount for each weekday up to four-fifths of the weekly benefits, rounded to the next highest dollar.

A worker may receive combined workmen's compensation and disability benefits up to 85 percent of his average weekly wage on his last job, provided combined payments do not exceed \$53. He is eligible even though receiving regular wages or a part thereof, while not working.

Benefits for pregnancy are limited to 12 consecutive weeks beginning 6 weeks prior to expected childbirth and ending not more than 6 weeks following childbirth, except for unusual complications.

Appendix B

Health Insurance Plan of Greater New York

Established on March 1, 1947, the Health Insurance Plan of Greater New York (HIP) provides prepaid medical and surgical care. At the end of 1954, almost 425,000 people were covered.

Services are provided through 29 affiliated medical groups located throughout the Greater New York metropolitan area. Most of these groups have their own medical center. Services of general physicians and specialists in 12 basic fields of medicine are provided at each medical center. In addition, the centers are equipped with diagnostic laboratories, X-ray and physical therapy equipment, and ambulance service.

Eligibility.—Most members of HIP are enrolled through groups organized by either unions or employers. Other groups have been set up among city, State, and Federal employees and among tenant groups. The minimum size of participating groups is 10; however, dependents must also be included in the coverage if the group includes less than 25 employees. On leaving his job an employee can continue as a subscriber by paying a premium direct to HIP. All members of a group are accepted regardless of age or physical condition. Dependents include spouse and unmarried children under 18 years of age. For a group of 25 or more to qualify, at least 75 percent of those eligible in the unit covered by the group must enroll.

Any person is eligible to join regardless of his annual income. However, the base premium rate applies to single persons earning not more than \$5,000 a year and to married persons with family incomes of not more than \$6,500 a year. Participants earning above these amounts pay a higher premium.

Benefits.—Greater New York's Health Insurance Plan provides general medical care, the services of specialists,

surgical care, and maternity care at HIP medical centers, in the doctors' offices, in hospitals, and at home. Diagnostic and laboratory services, physical therapy, X-ray treatment, and other special treatments are provided at the health centers. Among other benefits provided are professional services for the administration of blood or plasma, periodic health examinations, immunizations and other preventive measures, eye examinations, visiting nurse service, psychiatric advice, and ambulance service.

Mental and physical conditions requiring long term institutional care are excluded. Cases covered by Workmen's Compensation, the Veterans' Administration, and other governmental agencies are also excluded from HIP benefits. Other items not included are treatments for alcoholism and drug addiction, purely cosmetic surgery, artificial limbs and eyeglasses, prescribed drugs, biologicals, and anesthesia when administered in a hospital.

The Health Insurance Plan offers a wide range of benefits to employees and dependents living outside areas served by HIP medical groups. Cash payments are made for surgery, maternity care, X-ray and laboratory examinations, and ambulance service. Payment for these services and others are made according to a Schedule of Indemnities, which allows up to \$300 for certain surgical procedures and up to \$200 for obstetrical procedures. In addition, preventive care (health examinations, immunizations, etc.), and general medical and specialist care at home, doctors' offices, and hospitals are indemnified. For each home visit, HIP pays up to \$4 and for each office or hospital visit up to \$3, if the visit is not in connection with a condition for which payment is allowed under the Schedule of Cash Indemnities. In each case there is a limit of one visit a day and of 100 visits for any one illness or injury. The exclusions noted above for in-area HIP subscribers also apply to out-of-area subscribers.

Appendix C

Kaiser Foundation Health Plan

Medical care and hospitalization are provided through the Kaiser Foundation Health Plan to nearly a half million persons in the West Coast States. This is a voluntary prepaid group practice plan. A number of modern hospitals are operated by the plan; the plan also maintains medical centers located throughout the areas served. San Francisco, Los Angeles, and Portland are the three major areas served by the Kaiser Plan. Participation in the plan, however, is spreading in other West Coast areas.

Eligibility.—Both group and individual membership are available. However, membership most commonly occurs through participating groups chiefly organized on a union or company basis. Individuals may continue coverage after dropping out of the groups but must pay different premium rates for such benefits available to them. Members, spouses, and dependent unmarried children under 19 years of age are eligible for coverage.

Benefits.—The benefits provided vary with particular situations or the needs of special groups of subscribers. The benefits described below are those provided for employees covered by programs in this report which utilize the Kaiser plan.¹

All services of physicians, including surgeons and specialists, are provided without charge for in-hospital care. Doctor's care at the office is also provided without cost, including consultation and treatment by specialists and eye examinations for glasses. In the home, a \$2 charge is made for the first visit for each illness or injury. No charges are made for follow-up calls by the doctor or for calls of visiting nurses, when under doctor's orders. Unlimited emergency service is provided in cases of sudden illness or injury.

Hospital care is provided for 111 days a year for each illness or injury, and its recurrences and complications. All

¹ Pacific Maritime Association and Longshoremen's and Warehousemen's Union (Ind.) and The Distributor's Association of Northern California and Longshoremen's and Warehousemen's Union (Ind.) plans.

charges are covered while in the hospital, including anesthetics, medicines, and drugs. A private room and private nursing care are provided when needed. No charges are made for blood transfusions if the blood is replaced.

A charge of \$60 covers complete maternity care to the mother before, during, and after confinement, and full care of the child. In cases of interrupted pregnancy, such as miscarriage, the charge is no more than \$40. A \$15 charge is made for the removal of tonsils and adenoids; this covers all services. No charge is made for other surgical procedures.

X-rays, laboratory services, electrocardiograms, and physiotherapy are provided in and out of the hospital, without charge, on doctors' orders. Dental X-rays are also available without charge. However, dental care is not provided. Ambulance service is furnished, on doctors' orders, within 30 miles of any Health Plan medical office or hospital. Although charges are not made for medicines and drugs in the hospital, the patient must pay for any supplied in the office or at home.

In cases of accident (but not illness), when more than 30 miles from the nearest Kaiser Plan hospital or office, expenses are reimbursed up to \$250 for emergency care until the injured person's condition permits travel to a Kaiser Health Plan facility.

Diagnostic services are provided for polio. Services for rehabilitation and treatment of this disease, after the acute and contagious stage, are provided for up to 1 year or up to a value of \$2,500, whichever is reached first. These services are available at the rehabilitation centers at Santa Monica and Vallejo, Calif. No care is provided during the contagious stage. In cases of other quarantinable diseases and tuberculosis, services are available for diagnosis only, although emergency treatment for tuberculosis is provided until proper placement of the patient is made and care for tuberculosis is provided where isolation is unnecessary. For mental illness, only diagnosis is available. Care for alcoholism is not provided for the condition itself but is available for such conditions as cirrhosis, malnutrition, and injuries caused by alcoholism. No services are provided for conditions resulting from major disasters, epidemics, or in cases of attempted suicide or intentionally self-inflicted injuries.

Appendix D

New York Hotel Trades Council (AFL) and Hotel Association Health Center, Inc. Plan

The New York Hotel Trades Council (AFL) and the Hotel Association of New York City sponsor a health center which serves approximately 35,000 union employees of 180 or more hotels and about 50 hotel concessions in New York City. Ten local unions are involved. This plan originated in 1949, under collective bargaining, when the parties agreed to establish a Health Center program. The Center began operations in October 1950.

Eligibility.—All workers covered by collective bargaining agreements between the New York Hotel Trades Council and the employers who are contributing members of the New York Hotel Trades Council and Hotel Association Insurance Fund are entitled to care at the Health Center. In addition, members of the New York Hotel Trades Council in good standing during the preceding 6 months, and employed full time (as defined by administrative procedure) by union contract hotels or concessions which had been contributing members to the Fund during the preceding 4 months, are eligible for in-hospital medical and surgical care, emergency ambulance service, and visiting nurse service when authorized by the Health Center.

Dependents are not covered.

Financing.—Contributing employers pay 3 percent of their weekly payroll into a fund which provides for a welfare program, including the Health Center.

Benefits.—A brief summary of the benefits provided follows. Complete ambulatory, diagnostic, and therapeutic services are provided at the Health Center. Home care is not provided except for emergency calls to determine the need for hospitalization. In addition to the benefits available at the Health Center, medical and surgical care are provided in the hospital.

Benefits provided at the Health Center include general medical and specialists care; standard laboratory and other diagnostic procedures, including X-rays and refractions; physical therapy, rehabilitation, X-ray therapy, and injection therapy; the services of medical-social workers; visiting nurses; and ambulance service. Drug prescriptions are sold at cost and eyeglasses at reduced rates. Preventive physical examination and preplacement examinations for new employees are provided. The Center's diagnostic services are also available to patients under the care of private physicians.

Care is not provided for occupational diseases and injuries covered by workmen's compensation or for cases covered by other agencies such as the Veterans' Administration. Services are not provided for cases requiring highly specialized treatment or confinement to special institutions, such as acute alcoholism, drug addiction, tuberculosis, and mental or nervous disorders. Private duty nursing is not covered. However, visiting nurse service following hospitalization is provided if such care is deemed necessary.