Digest of

One Hundred Selected Health and Insurance Plans Under Collective Bargaining, Early 1958

Bulletin No. 1236

UNITED STATES DEPARTMENT OF LABOR
James P. Mitchell, Secretary

BUREAU OF LABOR STATISTICS
Ewan Clague, Commissioner

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Preface

This bulletin describes the principal features of 100 selected health and insurance plans in effect in early 1958. It is a revision of the Digest of One Hundred Selected Health and Insurance Plans Under Collective Bargaining, 1954 (Bull. 1180), published in 1955, and a companion to the Digest of One Hundred Selected Pension Plans Under Collective Bargaining, Winter 1957-58 (Bull. 1232), published in 1958.

This digest includes 93 of the 100 plans summarized in Bulletin 1180. The seven other plans are identified by an asterisk following the name of the employer party to the plan.

The plans in this digest are not presented as typical or model plans, nor as a representative sample of all plans under collective bargaining. They were selected 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. The number of workers covered by the plans ranged from about one thousand to several hundred thousand.

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. Also described in appendix A are the provisions of the Railroad Unemployment Insurance Act relating to temporary disability benefits. Four prepaid medical care programs utilized by one or more of the selected plans are described in appendixes B, C, D, and E; other prepaid medical care programs are referred to and summarized in the appropriate plan digest.

This digest was prepared in the Bureau's Division of Wages and Industrial Relations by Dorothy Kittner Greene, assisted by Harry E. Davis, under the supervision of Evan Keith Rowe.

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Digest of One Hundred Selected Health and Insurance Plans Under Collective Bargaining, Early 1958

Explanatory Notes

Although the terms and provisions of the digest 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 purposes 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 multiemployer 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.

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 with temporary disability insurance programs,[1] workers insured by private plans are eligible for disability cash benefits as soon as they qualify 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.

[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.

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 1 hand, 1 foot, or the sight of 1 eye.

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

Death benefits.—Under an accidental death and dismemberment provision, death benefits 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. For a description of these requirements, see appendix A.

Also included in appendix A is a brief description of the accident and sickness benefits provided under the Railroad Unemployment Insurance Act.

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 a 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 nonhospital employee, and X-ray examinations consistent with diagnosis and treatment of condition for which hospitalized.

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 in 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 of 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 dismemberment	Multi-dismemberment
				Maintained	Paid in—					
The American Sugar Refining Company International Brotherhood of Longshoremen April 1958	After 3 months' employment	Years of service — Insurance Less than 1 — $ 500 1 to 2 — 600 2 to 3 — 700 3 to 4 — 800 4 to 5 — 900 5 and over — 2,000	65	For 1 year	—	Nonoccupational; occupational	Years of service Less than 1 — $ 500 1 to 2 — 600 2 to 3 — 700 3 to 4 — 800 4 to 5 — 900 5 and over — 2,000		$ 250 300 350 400 450 1,000	$ 500 600 700 800 900 2,000
National Biscuit Company Bakery and Confectionery Workers March 1958	Life insurance: After 3 months' employment Other benefits: After 6 months' employment	Before age 65: Men—$4,000 Women—$2,500 After age 65: At age 65, insurance reduced 2 percent each month to an amount which varies according to years employee contributed to plan: For employee having contributed 20 years, insurance reduced to 40 percent (but not less than $1,200); for each year of contribution less than 20, insurance continued is 1½ percent less than 40 percent, minimum 25 percent for 10 years of contribution; for employee who contributed to plan less than 10 years, insurance immediately reduced to $500	60	—	Installments	Nonoccupational	—	$1,500	$750	$1,500
Campbell Soup Company (Camden, N. J.) Packinghouse Workers (UPWA) January 1958	Accident and sickness benefits: Immediately or 1st of following month Other benefits: After 50 days' employment	$3,000	60	X	—	—	—	—	—	—
			After age 60	For 1 year	—					

INSURANCE PLANS

Cases covered	ACCIDENT AND SICKNESS: Amount	Duration of benefits: Period	Duration of benefits: Except: After age—	Duration of benefits: Except: Benefits limited to—	Benefits begin: Accident	Benefits begin: Sickness	HOSPITALIZATION: Daily benefit or service	Duration	Extended coverage: Days	Extended coverage: Daily amount	Maximum room and board allowance	Extra allowance or service	Per year	Per disability	Emergency out-patient care
Nonoccupational	Basic weekly earnings / Weekly benefit Less than $40 — $18 $40 to $60 — 26 $60 to $70 — 35 $70 to $80 — 40 $80 and over — 45	13 weeks per disability	—	—	1st day	8th day	Employee and dependents [1]								
							Semi-private room	365 days	—	—	—	Full cost of specified services	—	X	Required services provided
Nonoccupational	Two-thirds of weekly wage—Maximum—$40	26 weeks per disability	—	—	8th day	8th day	Employee and dependents								
							Up to $11	31 days	—	—	$341	Up to $110	—	X	Up to $110
Nonoccupational	Two-thirds of average weekly wage—Minimum—$10 per week Maximum—$35 per week	26 weeks per disability	—	—	8th day	8th day	Employee and dependents								
							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									
						Employee								
						Allowance								
	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—	Home	Office	Hospital	Elsewhere	Maximum compensation	Benefits begin		Maximum number visits paid for	Maximum number days paid for
		Employee	Dependents								Sickness	Accident		
The American Sugar Refining Company International Brotherhood of Longshoremen April 1958	—	Maximum schedule allowance $300 Tonsillectomy Up to $45 Appendectomy Up to $150	$300 Up to $45 Up to $150	Hospital, office, home, elsewhere	—	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: $63 per year Office: $1,095 per year Hospital: $219 per disability	Home: 4th visit Office: 1st visit Hospital: 1st day	Home: 4th visit Office: 1st visit Hospital: 1st day	Home: 1 per day; 21 per year Office: 1 per day; 365 per year	Hospital: 70 per disability
National Biscuit Company Bakery and Confectionery Workers March 1958	—	Maximum schedule allowance $300 Tonsillectomy Up to $45 Appendectomy Up to $150	$300 Up to $45 Up to $150	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 (UPWA) January 1958	—	Maximum schedule allowance $200 Tonsillectomy Up to $30 Appendectomy Up to $100	$200 Up to $30 Up to $100	Hospital	—	—	—	—	—	—	—	—	—	—

INSURANCE PLANS - Continued

MEDICAL - Continued										MATERNITY PROVISIONS								
Dependents											Hospitalization					Surgical	Medical	
Allowance				Maximum compensation	Benefits begin		Maximum number visits paid for	Maximum number days paid for	Other provisions	Accident and sickness	Daily benefit or service	Duration	Maximum room and board allowance	Extra allowance or services	Lump sum	Schedule allowance for normal delivery	Amounts and limitations	Benefits available to newly insured
Home	Office	Hospital	Elsewhere		Sickness	Accident												
—	Up to $3 per visit	1st day, up to $10; 2d day, up to $5; thereafter, up to $3 per day	—	Office: $1,095 per year Hospital: $219 per disability	Office: 1st visit Hospital: 1st day	Office: 1st visit Hospital: 1st day	Office: 1 per day; 365 per year	Hospital: 70 per disability	1 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
											Semi-private room (1)	7 days (1)	—	Full cost of specified services (1)	—	Up to $75	—	
—	—	$3 for each day of confinement	—	$93 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
											—	—	—	—	Up to $110	Up to $75	—	
—	—	—	—	—	—	—	—	—	—	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)								
		Retired employee					Dependents of retired employee			
	Types and amounts	Life insurance	Accidental death and dismemberment	Hospitalization	Surgical	Medical	Life insurance	Hospitalization	Surgical	Medical
The American Sugar Refining Company International Brotherhood of Longshoremen April 1958	Employee and dependents Diagnostic X-ray and laboratory allowance for non-hospitalized cases—up to $100 per year	$1,000	—	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 dependents of active employee
National Biscuit Company Bakery and Confectionery Workers March 1958	—	Same as for active employee	—	—	—	—	—	—	—	—
Campbell Soup Company (Camden, N. J.) Packinghouse Workers (UPWA) January 1958	—	—	—	—	—	—	—	—	—	—

[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—			
											Benefits for employee and dependents		Benefits for retired employee and dependents	
Company only	Jointly	Company only	Jointly	Employee only	Company only	Jointly	Employee only	Company only	Jointly	Employee only	Employee	Company	Employee	Company
X	—	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—$0.48 for each day employee paid; maximum—$2.40 per week	—	Full cost
X (1)	—	—	X	—	—	—	—	—	—	—	Employee's maternity benefits (hospitalization and surgical): Two-thirds of cost Dependents' benefits: Two-thirds of cost	All benefits for employee, except maternity coverage for hospitalization and surgical: Full cost Employee's maternity benefit (hospitalization and surgical): One-third of cost Dependents' benefits: One-third of cost	—	—

[1] Except women employees electing maternity coverage (hospitalization and surgical) pay two-thirds of 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 dismemberment	Multi-dismemberment
				Maintained	Paid in—					
Distillery industry, various employers Distillery Workers National plan February 1958	1st of month after expiration of 30 days following date of employment	$2,500	60	X	—	Nonoccupational	—	$2,500	$1,250	$2,500
General Foods Corporation Various unions January 1958	Immediately or 1st of following month	Annual wage — Insurance[1] 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 and up — 12,000	60	—	Installments or lump sum (optional)	—	—	—	—	—
Brewers Board of Trade (New York, N. Y.) Teamsters February 1958	250 days of employment	$6,000	60	X	—	Nonoccupational; occupational	—	$1,500	$750	$1,500

[1] 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	Except		Accident	Sickness			Days	Daily amount					
			After age—	Benefits limited to—											
Nonoccupational	Men—$45 per week Women—$35 per week	26 weeks per disability	—	—	1st day	8th day or 1st in hospital	Employee and dependents								
							Up to $14	70 days	—	—	$980	Up to $210	—	X	—
—	—	—	—	—	—	—	Employee and dependents								
(1)	(1)	(1)	(1)	(1)	(1)	(1)	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	$45 per week	20 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									
		Operation schedule—selected allowances				Employee								
						Allowance						Benefits begin		
	Up to schedule allowance accepted as full payment if annual income is under—	Employee	Dependents	Covers cases in—	Up to schedule allowance accepted as full payment if annual income is under—	Home	Office	Hospital	Elsewhere	Maximum compensation	Sickness	Accident	Maximum number visits paid for	Maximum number days paid for
Distillery industry, various employers Distillery Workers National plan February 1958	—	Maximum schedule allowance $300 Tonsillectomy Up to $45 Appendectomy Up to $150	$300 Up to $45 Up to $150	Hospital, office, home, elsewhere	—	Up to $5 per visit	Up to $3 per visit	Up to $5 per visit	Up to $5 per visit	$250 per disability	3d visit or 1st in hospital	1st visit	1 per day	—
General Foods Corporation Various unions January 1958	—	Maximum schedule allowance $300 Tonsillectomy Up to $45 Appendectomy Up to $150	$300 Up to $45 Up to $150	Hospital, office, home, elsewhere	—	—	—	$5 for each day of confinement	—	$600 per disability	1st day	1st day	—	120 per disability
Brewers Board of Trade (New York, N. Y.) Teamsters February 1958	—	Maximum schedule allowance $225 Tonsillectomy Up to $40 Appendectomy Up to $100	$225 Under age 12, up to $25; over age 12, up to $40 Up to $100	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; thereafter, up to $2 per day	—	$454 per disability	1st day	1st day	—	201 per disability

INSURANCE PLANS - Continued

MEDICAL - Continued										MATERNITY PROVISIONS								
Dependents											Hospitalization					Surgical	Medical	
Allowance				Maximum compensation	Benefits begin		Maximum number visits paid for	Maximum number days paid for	Other provisions	Accident and sickness	Daily benefit or service	Duration	Maximum room and board allowance	Extra allowance or services	Lump sum	Schedule allowance for normal delivery	Amounts and limitations	Benefits available to newly insured
Home	Office	Hospital	Elsewhere		Sickness	Accident												
—	—	Up to $5 per visit	—	$250 per disability	1st visit	1st visit	1 per day	—	—	Regular benefits for 6 weeks	Employee and dependent							Employee and dependent: After 9 months
													$175 maternity allowance					
—	—	$5 for each day of confinement	—	$600 per disability	1st day	1st day	—	120 per disability	—	— (1)	Employee and dependent							Employee and dependent: If pregnancy commences while insured
											Semi-private room	10 days	—	Full cost of services	—	Up to $125	$5 for each day of confinement prior to delivery; maximum—$25	
—	—	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	1 in-hospital consultation allowance per disability, up to $10	—	Employee and dependent							Employee and dependent: Immediately
											—	—	—	—	Up to $80	Up to $70	—	

[1] 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)								
		Retired employee					Dependents of retired employee			
	Types and amounts	Life insurance	Accidental death and dismemberment	Hospitalization	Surgical	Medical	Life insurance	Hospitalization	Surgical	Medical
Distillery industry, various employers Distillery Workers National plan February 1958	Employee and dependents Allowance for miscellaneous charges for non-hospitalized surgical cases—up to $210 per disability	$1,000 or $1,500 (optional)	—	—	—	—	—	—	—	—
General Foods Corporation Various unions January 1958	—	Retiring at age 55 or later with 15 years' service: Amount of paid-up insurance accumulated prior to retirement or $1,000, whichever is 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 or at age 65: Same as for active employee	Retiring at age 55 with 15 years' service or at age 65: Same as for active employee	—	Same as for retired employee	Same as for retired employee	Same as for retired employee
Brewers Board of Trade (New York, N. Y.) Teamsters February 1958	—	$500	—	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] Provided employee prior to retirement continuously contributed for paid-up insurance and does not, at any time, surrender it for cash.

FINANCING

Benefits for employee		Benefits for employee's dependents			Benefits for retired employee			Benefits for dependents of retired employee			Amount of contribution for—			
											Benefits for employee and dependents		Benefits for retired employee and dependents	
Company only	Jointly	Company only	Jointly	Employee only	Company only	Jointly	Employee only	Company only	Jointly	Employee only	Employee	Company	Employee	Company
X	—	—	—	X	—	—	X	—	—	—	Dependents' benefits: Full cost	Employee's benefits: Full cost	Full cost—$2.25 per month for $1,000 insurance or $5.50 per month for $1,500 insurance	—
—	X	—	X	—	—	X	—	—	X	—	Term life insurance: Before age 45[1]—$0.30 per month per $1,000 insurance Paid-up insurance after age 45[1]: Full cost—$0.65 per month per $1,000 insurance Hospitalization, surgical, and medical: Benefits for employee only, $1.20 per month; for employee and one dependent, $2.60; for employee and more than one dependent, $3.80	Term life insurance: Before age 45, balance of cost; after age 45, full cost[1] Hospitalization, surgical, and medical: 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, surgical, and medical: Same as active employee	Hospitalization, surgical, and medical: Balance of cost
X	—	X	—	—	X (2)	—	—	X (2)	—	—	—	Full cost—$14.55 per month (3)	—	Full cost (2)

[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.

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

[3] Plus difference, if any, between cost of benefits and administrative 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 dismemberment	Multi-dismemberment
				Maintained	Paid in—					
Armour and Company Meat Cutters; Packinghouse Workers (UPWA) February 1958	Life insurance and accident and sickness benefits: After 6 months' employment Other benefits: 1st of month following 6 months' employment	Age at time of employment — Insurance Under age 55 — $2,200 Age 55 and over — 1,100	60	—	Installments	—	—	—	—	—
Swift and Company Meat Cutters; Packinghouse Workers (UPWA); Packinghouse Workers (NBPW) February 1958	After 6 months' employment	— (1)	—	—	—	—	—	—	—	—
Liggett and Myers Tobacco Company, Inc. Tobacco Workers February 1958	After 3 months' employment	Basic annual pay — Insurance 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 immediately and 10 percent annually, thereafter to 50 percent of amount in effect prior to initial reduction	—	—	—	—	—	—
Philip Morris, Inc. Tobacco Workers April 1958	After 3 months' employment	Before age 65: Yearly base pay — Insurance 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 At age 65: Amount in effect reduced 10 percent and reduced by like amount on the next 4 succeeding anniversaries	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—$50 per week	13 weeks per disability	—	—	6th work-day	6th work-day	Employee and dependents [3]								
							Semi-private room	60 days	—	—	—	Full cost of specified services	X	—	Required services provided
Nonoccupational	50 percent of weekly rate of pay— Maximum—$50 per week	13 weeks per disability	—	—	8th day	8th day	Employee and dependents [3]								
							Semi-private room	60 days	—	—	—	Full cost of specified services	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 first year of plan membership, benefits limited to 30 days per year.

COMPANY, UNION, AND DATE OF INFORMATION	SURGICAL				MEDICAL									
						Employee								
						Allowance						Benefits begin		
	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—	Home	Office	Hospital	Elsewhere	Maximum compensation	Sickness	Accident	Maximum number visits paid for	Maximum number days paid for
		Employee	Dependents											
Armour and Company Meat Cutters; Packinghouse Workers (UPWA) February 1958	—	Maximum schedule allowance: $300	$300	Hospital, office, home, elsewhere	—	—	—	1st visit, up to $10; thereafter, up to $3 per visit	—	$217 per disability	1st day	1st day	1 per day; 70 per disability	—
		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; Packinghouse Workers (UPWA); Packinghouse Workers (NBPW) February 1958	—	Maximum schedule allowance: $300	$300	Hospital, office, home, elsewhere	—	—	—	1st day, up to $10; thereafter, up to $3 per day	—	$217 per disability	1st day	1st day	—	70 per disability
		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 February 1958	Individual coverage, $2,400; husband and wife, $3,200; family, $4,000 ([1])	Maximum schedule allowance: $150	$150	Hospital, office ([1])	Individual coverage, $2,400; husband and wife, $3,200; family, $4,000 ([1])	—	—	1st 3 days, up to $5 per day; thereafter, up to $3 per day ([1])	—	$111 per year ([1])	1st day ([1])	1st day ([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, Inc. Tobacco Workers April 1958	Individual coverage, $2,400; husband and wife, $3,200; family, $4,000 ([1])	Maximum schedule allowance: $150	$150	Hospital, office ([1])	Individual coverage, $2,400; husband and wife, $3,200; family, $4,000 ([1])	—	—	1st 3 days, up to $5 per day; thereafter, up to $3 per day ([1])	—	$111 per year ([1])	1st day ([1])	1st day ([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										Hospitalization					Surgical	Medical	
Allowance				Maximum compensation	Benefits begin		Maximum number visits paid for	Maximum number days paid for	Other provisions	Accident and sickness	Daily benefit or service	Duration	Maximum room and board allowance	Extra allowance or services	Lump sum	Schedule allowance for normal delivery	Amounts and limitations	Benefits available to newly insured
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 3 days, up to $5 per day; thereafter, up to $3 per day (2)	—	$111 per year (2)	1st day (2)	1st day (2)	—	35 per year (2)	1 in-hospital consultation allowance, up to $10 (2)	—	Employee and dependent[2]							Employee and dependent: After 10 months
											Semi-private room	8 days	—	Full cost of specified services	—	Up to $75	Regular benefits if specialist's 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)	1st day (2)	1st day (2)	—	35 per year (2)	1 in-hospital consultation allowance, up to $10 (2)	—	Employee and dependent[2]							Employee and dependent: After 10 months
											Semi-private room	8 days	—	Full cost of specified services	—	Up to $75	Regular benefits if specialist's 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]	EXTENSION OF BENEFITS TO— (must be at least on group rate basis)								
		Retired employee					Dependents of retired employee			
	Types and amounts	Life insurance	Accidental death and dismemberment	Hospitalization	Surgical	Medical	Life insurance	Hospitalization	Surgical	Medical
Armour and Company Meat Cutters; Packinghouse Workers (UPWA) February 1958	Employee and dependents Polio allowance.—(In addition to other plan benefits for expenses incurred within 3 years of contraction)—up to $5,000 Anesthesia allowance for cases in or out of hospital—up to greater of 20 percent of benefit payable for operation or $20; maximum—$60	With 20 years' service: $500	—	—	—	—	—	—	—	—
Swift and Company Meat Cutters; Packinghouse Workers (UPWA); Packinghouse Workers (NBPW) February 1958	Employee and dependents Polio allowance.—(In addition to other plan benefits for expenses incurred within 3 years of 1st treatment)—up to $5,000	—	—	— ([2])	— ([2])	— ([2])	—	— ([2])	— ([2])	— ([2])
Liggett and Myers Tobacco Company Tobacco Workers February 1958	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, Inc. Tobacco Workers April 1958	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 65: Same as for active employee at age 65	—	—	—	—	—	—	—	—

[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] Company makes available hospitalization, surgical, and medical benefits on a contributory basis.

[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—			
											Benefits for employee and dependents		Benefits for retired employee and dependents	
Company only	Jointly	Company only	Jointly	Employee only	Company only	Jointly	Employee only	Company only	Jointly	Employee only	Employee	Company	Employee	Company
X	—	X	—	—	X	—	—	—	—	—	—	Full cost	—	Full cost
X	—	X	—	—	—	— (1)	—	—	— (1)	—	—	Full cost	— (1)	— (1)
X	—	—	—	X	X	—	—	—	—	—	Dependents' benefits: Full cost	Employee's benefits: Full cost	—	Full cost
X (2)	—	—	—	X	X	—	—	—	—	—	Employee maternity benefit (hospitalization and surgical) and dependents' benefits: Full cost—employee and wife or husband (both employees) with maternity benefits for wife or employee, if husband is enrolled elsewhere in Blue Cross-Blue Shield for self only, with maternity benefit, $1.60 per month; wife or husband (with maternity for wife) or wife or husband and child or children under 19 years of age (with maternity for wife), $4.60; child under 19 years (no maternity), $2.50	All benefits for employee, except maternity coverage for hospitalization and surgical: Full cost	—	Full cost

[1] Company makes available hospitalization, surgical, and medical benefits on a contributory basis.
[2] Except employee pays full cost of her maternity, hospital, and surgical 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 dismemberment	Multi-dismemberment
				Maintained	Paid in—					
Forstmann Woolen Company* Textile Workers (TWUA) April 1958	After 30 days' employment	$1,000	60	X	—	Nonoccupational	—	$1,000	$500	$1,000
Armstrong Cork Company Rubber Workers February 1958	Immediately or 1st of following month	Annual rate of earnings / Insurance 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 and up — 6,000	60	—	Installments	—	—	—	—	—
Bigelow-Sanford Carpet Company, Inc. Textile Workers (TWUA) April 1958	After 3 months' employment	Men: Basic weekly earnings / Insurance Less than $36 — $1,250 $36 to $48 — 1,500 $48 to $60 — 2,000 $60 and over — 2,500 Women: $1,300	60	X	—	Nonoccupational	Men: Basic weekly earnings Less than $36 — $1,250 / $ 625 / $1,250 $36 to $48 — 1,500 / 750 / 1,500 $48 to $60 — 2,000 / 1,000 / 2,000 $60 and over — 2,500 / 1,250 / 2,500 Women: —	$1,300	$650	$1,300
Cone Mills Corporation Textile Workers (TWUA) April 1958	After 3 months' employment	Employee $1,000 Spouse $500 Children Attained age / Insurance 14 days to 6 months — $100 6 months to 2 years — 200 2 years to 3 years — 250 3 years to 4 years — 300 4 years to 5 years — 400 5 years to 19 years — 500	60	X	—	—	—	—	—	—

INSURANCE PLANS - Continued

Cases covered	Amount	Duration of benefits: Period	Duration of benefits: Except: After age—	Duration of benefits: Except: Benefits limited to—	Benefits begin: Accident	Benefits begin: Sickness	HOSPITALIZATION: Daily benefit or service	Duration	Extended coverage: Days	Extended coverage: Daily amount	Maximum room and board allowance	Extra allowance or service	Per year	Per disability	Emergency out-patient care
—	—	—	—	—	—	—	Employee								
(1)	(1)	(1)	(1)	(1)	(1)	(1)	Up to $14	120 days	—	—	$1,680	Up to $140	—	X	Up to $140
							Dependents								
							Up to $12	120 days	—	—	$1,440	Up to $120	—	X	Up to $120
Nonoccupational	Annual rate of earnings / Weekly benefit 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 to $4,501 — 45 $4,501 to $5,101 — 50 $5,101 to $5,701 — 55 $5,701 and over — 60	26 weeks per disability	60	26 weeks during any 12 consecutive months	8th day	8th day	Employee and dependents [2]								
							Up to $10	180 days	—	—	$1,800	Up to $75, plus 75 percent of next $1,200 of charges	—	X	Required services provided
Nonoccupational	Basic weekly earnings / Weekly benefit: Men / Women Less than $28 — $14.00 / $10.50 $28 to $36 — 17.50 / 13.00 $36 to $48 — 21.00 / 16.00 $48 to $60 — 28.00 / 21.00 $60 and over — 35.00 / 26.00	13 weeks per disability (3)	—	—	8th day	8th day	Employee and dependents								
							Up to $12	31 days	—	—	$372	Up to $120	—	X	Up to $120
Nonoccupational	$15 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 $8	31 days	—	—	$248	Up to $80	—	X	Up to $25

[1] No accident and sickness insurance benefit provided by plan; employees covered by the New Jersey State temporary disability law. See Appendix A.
[2] More liberal benefits available to employees paying the additional cost.
[3] An additional 13 weeks is provided employees (with at least 1 year's service) suffering from active cases of tuberculosis.

COMPANY, UNION, AND DATE OF INFORMATION	SURGICAL				MEDICAL									
						Employee								
						Allowance								
	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—	Home	Office	Hospital	Elsewhere	Maximum compensation	Benefits begin		Maximum number visits paid for	Maximum number days paid for
		Employee	Dependents								Sickness	Accident		
Forstmann Woolen Company * Textile Workers (TWUA) April 1958	—	Maximum schedule allowance $225 Tonsillectomy Up to $37.50 Appendectomy Up to $150	—	Hospital, office, home, elsewhere	—	—	—	—	—	—	—	—	—	—
Armstrong Cork Company Rubber Workers February 1958	—	Maximum schedule allowance $200 Tonsillectomy Up to $40 Appendectomy Up to $125	$200 Up to $40 Up to $125	Hospital, office, home, elsewhere	—	—	—	—	—	—	—	—	—	—
Bigelow-Sanford Carpet Company, Inc. Textile Workers (TWUA) April 1958	—	Maximum schedule allowance $225 Tonsillectomy Up to $37.50 Appendectomy Up to $150	$225 Up to $37.50 Up to $150	Hospital, office, home, elsewhere	—	—	—	—	—	—	—	—	—	—
Cone Mills Corporation Textile Workers (TWUA) April 1958	—	Maximum schedule allowance $150 Tonsillectomy Up to $25 Appendectomy Up to $100	$150 Up to $25 Up to $100	Hospital, office, home, elsewhere	—	—	—	—	—	—	—	—	—	—

INSURANCE PLANS - Continued

MEDICAL - Continued										MATERNITY PROVISIONS							
Dependents											Hospitalization					Surgical	Medical	
Allowance				Maximum compensation	Benefits begin		Maximum number visits paid for	Maximum number days paid for	Other provisions	Accident and sickness	Daily benefit or service	Duration	Maximum room and board allowance	Extra allowance or services	Lump sum	Schedule allowance for normal delivery	Amounts and limitations	Benefits available to newly insured
Home	Office	Hospital	Elsewhere		Sickness	Accident												
—	—	—	—	—	—	—	—	—	—	$90	Employee							Employee and dependent: Hospitalization—if pregnancy commences while insured Employee: Surgical—if pregnancy commences while insured Accident and sickness—after 5 months
											Up to $14	—	(1)	Up to difference between total room and board charges and $140	—	Up to $75	—	
											Dependent							
											Up to $12	—	(1)	Up to difference between total room and board charges and $140	—	—	—	
—	—	—	—	—	—	—	—	—	—	Regular benefits for 6 weeks	Employee and dependent[2]							Employee and dependent: Hospitalization and surgical—after 9 months Employee: Accident and sickness—immediately
											—	—	—	—	(3)	Up to $60	—	
—	—	—	—	—	—	—	—	—	—	—	Employee and dependent							Employee and dependent: If pregnancy commences while insured
											—	—	—	—	Up to $120	Up to $100	—	
—	—	—	—	—	—	—	—	—	—	Regular benefits for 6 weeks	Employee and dependent							Employee and dependent: After 6 months
											Up to $8	14 days	$112	Up to $80	—	Up to $50	—	

1 Total room and board charges plus charges for extra services limited to $140.
2 More liberal hospitalization benefits available to employees paying the additional cost.
3 Up to $127.50.

COMPANY, UNION, AND DATE OF INFORMATION	OTHER BENEFITS[1]	EXTENSION OF BENEFITS TO— (must be at least on group rate basis)								
		Retired employee					Dependents of retired employee			
	Types and amounts	Life insurance	Accidental death and dismemberment	Hospitalization	Surgical	Medical	Life insurance	Hospitalization	Surgical	Medical
Forstmann Woolen Company * Textile Workers (TWUA) April 1958	—	—	—	—	—	—	—	—	—	—
Armstrong Cork Company Rubber Workers February 1958	Employee and dependent X-ray and laboratory examination allowance (for care in doctor's office or clinic)—up to $25 during any 12 consecutive months	Same life insurance scale as for active employee but amount based on annual retirement income with following 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' service, $1,250	—	Insured 5 years immediately preceding retirement: Room and board allowance of $7.50 per day for 100 days during retirement, for retired employee and dependent, plus $150 for extra services	—	—	—	Same as for retired employee	—	—
Bigelow-Sanford Carpet Company, Inc. Textile Workers (TWUA) April 1958	—	50 percent of amount in effect immediately prior to retirement.	—	—	—	—	—	—	—	—
Cone Mills Corporation Textile Workers (TWUA) April 1958	—	—	—	—	—	—	—	—	—	—

[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.

FINANCING

Benefits for employee		Benefits for employee's dependents			Benefits for retired employee			Benefits for dependents of retired employee			Amount of contribution for—			
											Benefits for employee and dependents		Benefits for retired employee and dependents	
Company only	Jointly	Company only	Jointly	Employee only	Company only	Jointly	Employee only	Company only	Jointly	Employee only	Employee	Company	Employee	Company
X	—	X	—	—	—	—	—	—	—	—	—	Full cost	—	—
X	—	X	—	—	X	—	—	X	—	—	—	Full cost	—	Full cost
X	—	X	—	—	X	—	—	—	—	—	—	Full cost	—	Full cost
X	—	—	X	—	—	—	—	—	—	—	Dependents' benefits: Life insurance—$0.12 per week Other benefits—$0.80 per week	Employee's benefits: Full cost Dependents' benefits: 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 dismemberment	Multi-dismemberment
				Maintained	Paid in—					
Fur manufacturing and retailing industry, Associated Fur Manufacturers, Inc., and other employers (New York, N. Y.) Meat Cutters (Furriers Joint Council of New York) January 1958	1st of month following month in which 13 weeks' covered employment is completed	$1,000	65	For 1 year	—	Nonoccupational; occupational	—	$1,000	$500	$1,000
Millinery industry, Eastern Women's Headwear Association, Inc., and other employers (New York, N. Y.) Hatters, Cap and Millinery Workers April 1958	Life insurance: Union membership and either cumulative membership of not less than 15 years with last 2 years consecutive and immediately preceding death or 5 years' union membership immediately preceding death Maternity benefits: Union membership and 3 years' covered employment Other benefits: 6 months' union membership and covered employment	$400	—	—	—	—	—	—	—	—

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	Craftworkers and floorworkers only—$37.50 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, $35 per week; thereafter, $25 per week Shipping clerks, slickers, and finishers—1st 15 weeks, $30 per week; thereafter, $25 per week Other crafts—1st 15 weeks, $27 per week; thereafter, $25 per week	26 weeks per year	—	—	1st day	8th day	Employee only								
							$5	31 days	—	—	$155	Up to $25	X	—	—

COMPANY, UNION, AND DATE OF INFORMATION	SURGICAL				MEDICAL									
		Operation schedule—selected allowances				Employee								
						Allowance						Benefits begin		
	Up to schedule allowance accepted as full payment if annual income is under—	Employee	Dependents	Covers cases in—	Up to schedule allowance accepted as full payment if annual income is under—	Home	Office	Hospital	Elsewhere	Maximum compensation	Sickness	Accident	Maximum number visits paid for	Maximum number days paid for
Fur manufacturing and retailing industry, Associated Fur Manufacturers, Inc., and other employers (New York, N. Y.) Meat Cutters (Furriers Joint Council of New York) January 1958	Optional plan A				Optional plan A									
	Provided by the Health Insurance Plan of Greater New York[1]				Provided by the Health Insurance Plan of Greater New York[1]									
	Optional plan B				Optional plan B									
	Provided by Group Health Insurance, Inc.[2]				Provided by Group Health Insurance, Inc.[2]									
Millinery industry, Eastern Women's Headwear Association, Inc., and other employers (New York, N. Y.) Hatters, Cap and Millinery Workers April 1958	—	Maximum schedule allowance $150 Tonsillectomy Up to $35 Appendectomy Up to $100	—	Hospital, office, home, elsewhere	—	—	—	—	—	—	—	—	—	—

[1] See Appendix B.
[2] See Appendix C.

INSURANCE PLANS - Continued

MEDICAL - Continued										MATERNITY PROVISIONS								
Dependents											Hospitalization					Surgical	Medical	
Allowance					Benefits begin													
Home	Office	Hospital	Elsewhere	Maximum compensation	Sickness	Accident	Maximum number visits paid for	Maximum number days paid for	Other provisions	Accident and sickness	Daily benefit or service	Duration	Maximum room and board allowance	Extra allowance or services	Lump sum	Schedule allowance for normal delivery	Amounts and limitations	Benefits available to newly insured
Optional plan A										—	Employee and dependent							Employee and dependent: After 10 months
Provided by the Health Insurance Plan of Greater New York[1]											—	—	—	—	Up to $80	Optional plan A		
Optional plan B																Provided by the Health Insurance Plan of Greater New York[1]		
Provided by Group Health Insurance, Inc.[2]																Optional plan B		
																Provided by Group Health Insurance, Inc.[2]		
—	—	—	—	—	—	—	—	—	—	Employee only								Employee: Immediately
													$75 maternity allowance					

[1] See Appendix B.
[2] See Appendix C.

COMPANY, UNION, AND DATE OF INFORMATION	OTHER BENEFITS[1]	EXTENSION OF BENEFITS TO— (must be at least on group rate basis)								
		Retired employee					Dependents of retired employee			
	Types and amounts	Life insurance	Accidental death and dismemberment	Hospitalization	Surgical	Medical	Life insurance	Hospitalization	Surgical	Medical
Fur manufacturing and retailing industry, Associated Fur Manufacturers, Inc., and other employers (New York, N. Y.) **Meat Cutters (Furriers Joint Council of New York)** January 1958	Employee and dependents Optional plan A Provided by the Health Insurance Plan of Greater New York[2] Optional plan B Provided by Group Health Insurance, Inc.[3]	$400	—	Same as for active employee	—	—	—	Same as for retired employee	—	—
Millinery industry, Eastern Women's Headwear Association, Inc., and other employers (New York, N. Y.) **Hatters, Cap and Millinery Workers** April 1958	Employee only X-rays, electrocardiograms, and eye examinations for nonhospitalized cases—without charge Deep X-ray therapy allowance if in lieu of surgery—up to $75 Shock treatment allowance for full course of treatment—up to $75	—	—	—	—	—	—	—	—	—

[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.
[3] See Appendix C.

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—			
											Benefits for employee and dependents		Benefits for retired employee and dependents	
Company only	Jointly	Company only	Jointly	Employee only	Company only	Jointly	Employee only	Company only	Jointly	Employee only	Employee	Company	Employee	Company
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 [2]	—	—

[1] Financed out of company contributions for benefits for active employee; see company contribution column for benefits for employee and dependents.
[2] Effective January 1959, employer's contribution will be 3 percent of payroll.

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 dismemberment	Multi-dismemberment
				Maintained	Paid in—					
Clothing industry, men's and boys', various employers Clothing Workers National plan February 1958	Accident and sickness benefits: After 4 successive weeks' covered employment Other benefits: After 6 successive months' covered employment, minimum—500 hours' employment in preceding 12 months	$500	At any age	For 1 year	—	—	—	—	—	—
Dress industry, Affiliated Dress Manufacturers, Inc., and other employers (New York, N. Y.) Ladies' Garment Workers (New York Dress Joint Board) February 1958	Life insurance: 1 year's union membership Maternity benefits: 15 months' union membership Hospitalization, surgical, and medical benefits: 6 months' union membership	Union membership — Insurance 1 year to 2 years — $ 500 2 years and over — 1,000 ([1])	—	—	—	—	—	—	—	—
Lumber industry, various employers (Southern California) Carpenters January 1958	1st of month following 80 hours' employment	$1,000	60	X	—	Nonoccupational; occupational	—	$1,000	$500	$1,000
			After age 60	For 1 year	—					

[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	Except		Accident	Sickness			Days	Daily amount					
			After age—	Benefits limited to—											
Nonoccupational	$27 per week	Accident: 13 weeks per year Sickness: 13 weeks per year	—	—	7th day retroactive to 1st	14th day retroactive to 8th	Employee and dependents								
							Up to $14	Accident: 60 days Sickness: 60 days	—	—	Accident: $840 Sickness: $840	Up to $50	([1])	([1])	—
Nonoccupational	— ([2])	— ([2])	— ([2])	— ([2])	— ([2])	— ([2])	Employee (other than Local 60 presser) and dependents								
							Semi-private room	21 days	180	50 percent of cost of semi-private room	—	Full cost specified services for 1st 21 days; 50 percent of cost for additional 180 days	—	X	Up to $7.25
							Employee (Local 60 presser) only								
							$15	75 days	—	—	$1,125	Up to $30	X	—	—
— ([3])	— ([3])	— ([3])	— ([3])	— ([3])	— ([3])	— ([3])	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 New York State temporary disability law. See Appendix A.
[3] 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									
						Allowance				Maximum compensation	Benefits begin		Maximum number visits paid for	Maximum number days paid for
		Employee	Dependents			Home	Office	Hospital	Elsewhere		Sickness	Accident		
Clothing industry, men's and boys', various employers Clothing Workers National plan February 1958	—	Maximum schedule allowance: $250	$250	Hospital, office, home, elsewhere	Provided by the Amalgamated Clothing Workers' Health Centers[1]									
		Tonsillectomy: Up to $37.50	Up to $37.50											
		Appendectomy: Up to $125	Up to $125											
Dress industry, Affiliated Dress Manufacturers, Inc., and other employers (New York, N. Y.) Ladies' Garment Workers (New York Dress Joint Board) February 1958	Employee (other than Local 60 presser) and dependents				Employee (other than Local 60 presser)									
	Optional plan A				Optional plan A									
	Provided by Health Insurance Plan of Greater New York[2]				Provided by Health Insurance Plan of Greater New York[2]									
	Optional plan B				Optional plan B									
	Individual coverage, $2,500; family, $4,000	Maximum schedule allowance: $300	$300	Hospital, office	Individual coverage, $2,500; family, $4,000	Up to $5 per visit	1st visit up to $4; thereafter, up to $3 per visit	1st 21 days, up to $5 per visit; thereafter, up to $17.50 per week	—	Home and office: Unlimited Hospital: $565 per disability	1st visit	1st visit	Home and office: Unlimited Hospital: 1st 2 days, 2 per day; thereafter, 1 per day	Hospital: 201 per disability
		Tonsillectomy: Up to $78	Up to $78											
		Appendectomy: Up to $150	Up to $150											
	Employee (Local 60 presser) and dependents				Employee (Local 60 presser)									
	—	Maximum schedule allowance: $250	—	Hospital, office	—	$3 per visit	([3])	1st 21 days, $5 per visit; thereafter, $3 per visit	—	Unlimited	1st visit	1st visit	Unlimited	Unlimited
		Tonsillectomy: Up to $50												
		Appendectomy: Up to $125												
Lumber industry, various employers (Southern California) Carpenters January 1958	—	Maximum schedule allowance: $300	$300	Hospital, office, home, elsewhere	—	Care by licensed physician or surgeon								
		Tonsillectomy: Up to $52.50	Up to $52.50			Up to $6 per visit	Up to $4 per visit	Up to $5 per visit	—	$300 per 6-month period	Home and office: 3d day Hospital: 1st day	1st day	1 per day	—
		Appendectomy: Up to $150	Up to $150			Care by chiropracter or Christian Science practitioner								
						Up to $4 per visit	Up to $4 per visit	Up to $4 per visit	—	$60 per 6-month period	Home and office: 3d day Hospital: 1st day	1st day	1 per day	—

[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 or wives); in New York City each employer contributes one-fourth of 1 percent of payroll, each employee, $10 per year for his coverage and an additional $10 for his wife's coverage.

[2] See Appendix B.

[3] Unlimited diagnostic services and treatment for ambulatory cases provided at Union Health Center. Where services of outside specialist is required, $15 per visit is paid for 1 visit per illness.

INSURANCE PLANS - Continued

MEDICAL - Continued										MATERNITY PROVISIONS								
Dependents											Hospitalization					Surgical	Medical	
Allowance				Maximum compensation	Benefits begin		Maximum number visits paid for	Maximum number days paid for	Other provisions	Accident and sickness	Daily benefit or service	Duration	Maximum room and board allowance	Extra allowance or services	Lump sum	Schedule allowance for normal delivery	Amounts and limitations	Benefits available to newly insured
Home	Office	Hospital	Elsewhere		Sickness	Accident												
See medical benefits for employees										—	Employee and dependent							Employee and dependent: After 6 months
											—	—	—	—	—	$50	—	
Dependents of employee (other than Local 60 presser)											Employee only							Employee: Immediately
Optional plan A																		
Provided by Health Insurance Plan of Greater New York[1]																		
Optional plan B																		
Up to $5 per visit	1st visit, up to $4; thereafter, up to $3 per visit	1st 21 days, up to $5 per visit; thereafter, up to $17.50 per week	—	Home and office: Unlimited Hospital: $565 per disability	1st visit	1st visit	Home and office: Unlimited Hospital: 1st 2 days, 2 per day; thereafter, 1 per day	Hospital: 201 per disability	1 in-hospital consultation allowance per disability, up to $10		$150 maternity allowance							
Dependents of employee (Local 60 presser)																		
— (2)	— (2)	— (2)	— (2)	— (2)	— (2)	— (2)	— (2)	— (2)	— (2)									
Care by licensed physician or surgeon										—	Employee							Employee and dependent: Immediately
—	—	Up to $5 per visit	—	$250 per 6-month period	1st day	1st day	1 per day; 50 per 6-month period	—	—		—	—	—	—	Up to $100	Up to $75	—	
Care by chiropractor or Christian Science practitioner											Dependent							
—	—	Up to $4 per visit	—	$60 per 6-month period	1st day	1st day	15 per 6-month period	—	—		Up to $100 maternity allowance							

[1] See Appendix B.
[2] Union Health Center services are available to dependents at moderate fees.

COMPANY, UNION, AND DATE OF INFORMATION	OTHER BENEFITS[1]	EXTENSION OF BENEFITS TO— (must be at least on group rate basis)								
		Retired employee					Dependents of retired employee			
	Types and amounts	Life insurance	Accidental death and dismemberment	Hospitalization	Surgical	Medical	Life insurance	Hospitalization	Surgical	Medical
Clothing industry, men's and boys', various employers Clothing Workers National plan February 1958	—	$500	—	([2])	([2])	—	—	([2])	([2])	—
Dress industry, Affiliated Dress Manufacturers, Inc., and other employers (New York, N. Y.) Ladies' Garment Workers (New York Dress Joint Board) February 1958	Employee (other than Local 60 presser) and dependents Optional plan A Provided by Health Insurance Plan of Greater New York,[3] plus anesthesia allowance—20 percent of surgical schedule; minimum—$18 Employee only: Eye glass allowance—1 pair per year Optional plan B Anesthesia allowance—20 percent of surgical schedule; minimum—$18 Employee only: Eye glass allowance—1 pair per year Employee (Local 60 presser only) Eye glass allowance—1 pair per year Blood transfusion allowance—$35 per pint; limited to 2 per illness Visiting nurse service—$3.50 per visit; unlimited number of visits per disability Ambulance service allowance—$20 Convalescence after major surgery or major hospitalized illness allowance—$5 per day, for maximum of 14 days Medicine allowance—Free drugs provided through Union Health Center	$500[4]	—	—	—	Provided at Union Health Center[5]	—	—	—	— ([6])
Lumber industry, various employers (Southern California) Carpenters January 1958	Laboratory and X-ray examination allowance for nonhospitalized cases: Employee and dependents—up to $25 for any one accident or for all sickness in any one 6-month period Additional accident expense allowance: (For expenses in excess of those covered by other plan benefits incurred within 6 months after date of accident) Employee—up to $300 Dependents—up to $150 Polio allowance: (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] Hospitalization and surgical benefits provided active employee and dependents extended to retired employee and dependents for 1 year from date of last employment before retirement.

[3] See Appendix B.

[4] Retired employee may maintain additional $500 insurance at his own expense.

[5] Retired employee also eligible for eye glass allowance.

[6] Retired employee may obtain medical benefits for dependents by paying moderate fees to the Union Health 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—			
											Benefits for employee and dependents		Benefits for retired employee and dependents	
Company only	Jointly	Company only	Jointly	Employee only	Company only	Jointly	Employee only	Company only	Jointly	Employee only	Employee	Company	Employee	Company
X	—	X	—	—	X	—	—	X	—	—	—	Full cost—2.6 percent of weekly payroll	—	Full cost
X (1)	—	—	—	X	X (2)	—	—	—	—	—	Dependents' benefits: Full cost	Employee's benefits: Full cost—5 percent of payroll (1)	—	Life insurance: Full cost [4] 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 dismemberment	Multi-dismemberment
				Maintained	Paid in—					
Lumber industry, various employers (Oregon, Washington, California, Idaho, and Montana) Woodworkers January 1958	Immediately or 1st of following month	$4,000	60	X	—	Nonoccupational; occupational	—	$3,000	$1,500	$3,000
American Seating Company (Grand Rapids, Mich.) Automobile Workers April 1958	1st of month following 13 weeks' employment	$3,000	60 and insured 1 year	—	Installments	Nonoccupational; occupational	—	$2,000	$1,000	$2,000
Furniture Manufacturers in Southern California, Industrial Relations Council of Carpenters April 1958	After 30 days' employment	$1,000	60	X	—	Nonoccupational; occupational	—	$1,000	$500	$1,000
Furniture industry, various employers Furniture Workers National plan[1] January 1958	After 30 days' employment	$1,500	60	X	—	Nonoccupational; occupational	—	$1,500	$750	$1,500

[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

Cases covered	ACCIDENT AND SICKNESS: Amount	Duration of benefits: Period	Duration of benefits: Except: After age—	Duration of benefits: Except: Benefits limited to—	Benefits begin: Accident	Benefits begin: Sickness	HOSPITALIZATION: Daily benefit or service	Duration	Extended coverage: Days	Extended coverage: Daily amount	Maximum room and board allowance	Extra allowance or service	Per year	Per disability	Emergency out-patient care
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	$42 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)	(1)	(1)	(1)	(1)	(1)	(1)									
							Employee								
							Up to $18 [2]	20 days	11	Up to $16	$536	Up to $360, plus 75 percent of next $1,000 of charges	—	X	—
							Dependents								
							Up to $14	31 days	—	—	$434	Up to $280, plus 75 percent of next $1,000 of charges	—	X	—
Nonoccupational	**Base weekly earnings** / **Weekly benefit**: $30 to $35 — $21.00; $35 to $50 — 24.00; $50 to $55 — 27.00; $55 to $60 — 27.50; $60 to $65 — 30.00; $65 to $70 — 32.50; $70 and over — 35.00 (3)	26 weeks per year	—	—	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 $15

[1] No accident and sickness benefit provided by plan; employees covered by the California State temporary disability law. See Appendix A.
[2] Includes amount payable under California State temporary disability law ($12 a day for 20 days).
[3] Employees earning less than $30 weekly receive benefits required by New York State temporary disability law. See Appendix A.

COMPANY, UNION, AND DATE OF INFORMATION	SURGICAL				MEDICAL									
						Employee								
						Allowance						Benefits begin		
	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—	Home	Office	Hospital	Elsewhere	Maximum compensation	Sickness	Accident	Maximum number visits paid for	Maximum number days paid for
		Employee	Dependents											
Lumber industry, various employers (Oregon, Washington, California, Idaho, and Montana) Woodworkers January 1958	—	Maximum schedule allowance: $300 Tonsillectomy: Up to $50 Appendectomy: Up to $150	$300 Up to $50 Up to $150	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	—
American Seating Company (Grand Rapids, Mich.) Automobile Workers April 1958	Single employee, $3,750; family, $5,000[1]	Maximum schedule allowance: $300 Tonsillectomy: Up to $42.50 Appendectomy: Up to $125	$300 Up to $42.50 Up to $125	Hospital, office	Single employee, $3,750; family, $5,000[1]	Up to $5 per visit	Up to $3 per visit	1st day, $12.50; 2d through 4th day, $5 per day thereafter, $4 per day	—	Home and office: $225 per disability Hospital: $491.50 per disability	Home and office: 4th visit Hospital: 1st day	Home and office: 1st visit Hospital: 1st day	Home and office: 1 per day	Hospital: 120 per disability
Furniture Manufacturers in Southern California, Industrial Relations Council of Carpenters April 1958	—	Maximum schedule allowance: $300 Tonsillectomy: Up to $50 Appendectomy: Up to $200	$225 Up to $37.50 Up to $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	—
Furniture industry, various employers Furniture Workers National plan[2] January 1958	—	Maximum schedule allowance: $250 Tonsillectomy: Up to $45 Appendectomy: Up to $150	$200 Up to $30 Up to $100	Hospital, office, home, elsewhere	—	Up to $3 per visit	Up to $2 per visit	Up to $3 per visit	—	$150 per disability	8th day retroactive to 1st	1st day	—	—

[1] Total family income averaged over 3 years.

[2] 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											Hospitalization					Surgical	Medical	
Allowance				Maximum compensation	Benefits begin		Maximum number visits paid for	Maximum number days paid for	Other provisions	Accident and sickness	Daily benefit or service	Duration	Maximum room and board allowance	Extra allowance or services	Lump sum	Schedule allowance for normal delivery	Amounts and limitations	Benefits available to newly insured
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)	—	
—	—	1st day, $12.50; 2d through 4th day, $5 per day; thereafter, $4 per day	—	$491.50 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—immediately
											Semi-private room	120 days	—	Full cost of specified services	—	Up to $70	—	
—	—	—	—	—	—	—	—	—	—	—	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 Employee: Accident and sickness—if pregnancy commences while insured
											—	—	—	—	Up to $100	Up to $85	—	
											Dependent							
											—	—	—	—	Up to $100	Up to $70	—	

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

COMPANY, UNION, AND DATE OF INFORMATION	OTHER BENEFITS[1]	EXTENSION OF BENEFITS TO— (must be at least on group rate basis)								
		Retired employee					Dependents of retired employee			
	Types and amounts	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 January 1958	Diagnostic laboratory and X-ray examination allowance for nonhospitalized cases: Employee and dependents—up to $50 per condition Supplemental accident expense allowance: (For expenses in excess of those covered by other plan benefits, incurred within 7 months of date of accident) Employee only—up to $300	—	—	—	—	—	—	—	—	—
American Seating Company (Grand Rapids, Mich.) Automobile Workers April 1958	Employee and dependents Anesthesia allowance for cases in or out of hospital, if administered by nonhospital employee—1st half hour or fraction thereof, $10; each additional half hour or fraction thereof, $5	$500	—	—	—	—	—	—	—	—
Furniture Manufacturers in Southern California, Industrial Relations Council of Carpenters April 1958	Diagnostic laboratory and X-ray examination allowance for nonhospitalized cases: Employee—up to $50 per condition Dependents—up to $25 per condition Polio allowance: (For expenses in excess of those covered by other plan benefits incurred within 2 years of commencement of disability) Employee and dependents—up to $3,000 Supplemental accident expense allowance: (For expenses in excess of those covered by other plan benefits incurred within 90 days of date of accident) Employee only—up to $150	—	—	—	—	—	—	—	—	—
Furniture industry, various employers Furniture Workers National plan[2] January 1958	Employee and dependents 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	—	—	—	—	—	—	—	—	—

[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.

FINANCING

Benefits for employee		Benefits for employee's dependents			Benefits for retired employee			Benefits for dependents of retired employee			Amount of contribution for—			
											Benefits for employee and dependents		Benefits for retired employee and dependents	
Company only	Jointly	Company only	Jointly	Employee only	Company only	Jointly	Employee only	Company only	Jointly	Employee only	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—$7.50 monthly		—	—
X	—	—	X	—	X	—	—	—	—	—	Dependents' benefits: $6.36 per month	Employee's benefits: Full cost Dependents' benefits: Balance of cost	—	Full cost
X	—	X	—	—	—	—	—	—	—	—	—	Full cost	—	—
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.

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 dismemberment	Multi-dismemberment
				Maintained	Paid in—					
Upholstering and allied trades industries, various employers Upholsterers National plan January 1958	Immediately or 1st of following month	Period of insurance coverage — Insurance Under age 60 when first employed 1st 23 months — $1,000 24 to 36 months — 1,100 36 to 48 months — 1,200 48 to 60 months — 1,300 60 to 72 months — 1,400 72 months and over — 1,500 Age 60 or over when first employed 1st 11 months — $ 250 12 to 36 months — 500 36 months and over — 1,000	60 with 6 years' accumulated coverage	X	—	Nonoccupational	—	$2,000	$1,000	$2,000
Robert Gair Company, Inc. (Division of Continental Can Company, Inc.) Papermakers and Paperworkers January 1958	After 3 months' employment	Weekly earnings — Insurance Less than $14 — $1,200 $14 to $20 — 1,500 $20 to $25 — 1,800 $25 to $30 — 2,300 $30 to $40 — 2,500 $40 to $60 — 3,000 $60 to $80 — 4,000 $80 to $125 and up — 6,000	65	For 1 year (or for period insured, if less than 1 year) or until age 65, whichever occurs first	—	Nonoccupational; occupational	Weekly earnings Less than $25 — $ 500 / $ 250 / $ 500 $25 to $30 — 800 / 400 / 800 $30 to $40 — 1,000 / 500 / 1,000 $40 to $60 — 1,500 / 750 / 1,500 $60 to $80 — 2,500 / 1,250 / 2,500 $80 to $125 and up — 4,500 / 2,250 / 4,500			
International Paper Company (Northern Division) Papermakers and Paperworkers; Pulp, Sulphite and Paper Mill Workers February 1958	After 6 months' employment	Base annual earnings — Insurance Less than $1,500 — $1,000 $1,500 to $2,500 — 2,000 $2,500 and over — 3,000 plus 5 annual increases in above amounts of $100 each ([1])	60	X (Optional)	Installments	Nonoccupational; occupational	Base annual earnings Less than $1,500 — $1,000 / $ 500 / $1,000 $1,500 to $2,500 — 2,000 / 1,000 / 2,000 $2,500 and over — 3,000 / 1,500 / 3,000 plus 5 annual increases— $100 each in above "Death" and "Multidismemberment" amounts; $50 each in above "Single dismemberment" amounts			

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

INSURANCE PLANS - Continued

Cases covered	Amount	Duration of benefits: Period	Except: After age—	Except: Benefits limited to—	Benefits begin: Accident	Benefits begin: Sickness	HOSPITALIZATION: Daily benefit or service	Duration	Extended coverage: Days	Extended coverage: Daily amount	Maximum room and board allowance	Extra allowance or service	Per year	Per disability	Emergency out-patient care
ACCIDENT AND SICKNESS							**HOSPITALIZATION**								
Nonoccupational [1]	Under age 60 when first employed: 60 percent of average weekly wage Age 60 or over when first employed: 30 percent of average weekly wage during 1st 36 months of insurance coverage; 60 percent thereafter [1]	52 weeks per disability 26 weeks per disability during 1st 36 months; 52 weeks per disability thereafter [1]	—	—	1st day [1]	8th day [1]	Employee and dependents [2] Up to $12 [3]	50 days [3]	—	—	$600 [3]	Up to $200	—	X	—
Nonoccupational	Weekly earnings / Weekly benefit: Less than $14 — $10 $14 to $20 — 12 $20 to $25 — 15 $25 to $30 — 18 $30 to $40 — 24 $40 to $60 — 30 $60 and over — 40	26 weeks per disability	—	—	1st day	8th day	Employee and dependents Semi-private room	120 days	—	—	—	Full cost of specified services	—	X	Up to $250 per 6-month period
Nonoccupational	Base annual earnings / Weekly benefit: Less than $2,080 — $20.00 $2,080 to $2,340 — 22.50 $2,340 to $2,600 — 25.00 $2,600 to $2,860 — 27.50 $2,860 to $3,120 — 30.00 $3,120 to $3,380 — 32.50 $3,380 to $3,640 — 35.00 $3,640 to $3,900 — 37.50 $3,900 to $4,160 — 40.00 $4,160 to $4,420 — 42.50 $4,420 and over — 45.00	26 weeks per disability	—	—	8th day	8th day	Employee and dependents 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 ($12 daily for 20 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									
						Employee								
						Allowance						Benefits begin		
	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—	Home	Office	Hospital	Elsewhere	Maximum compensation	Sickness	Accident	Maximum number visits paid for	Maximum number days paid for
		Employee	Dependents											
Upholstering and allied trades industries, various employers Upholsterers National plan January 1958	—	Maximum schedule allowance $250	$150	Hospital, office	—	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 disability ([1])	—
		Tonsillectomy Up to $40	Up to $25											
		Appendectomy Up to $115 ([1])	Up to $70 ([1])											
Robert Gair Company, Inc. (Division of Continental Can Company, Inc.) Papermakers and Paperworkers January 1958	—	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											
International Paper Company (Northern Division) Papermakers and Paperworkers; Pulp, Sulphite and Paper Mill Workers February 1958	—	Maximum schedule allowance $250	$250	Hospital, office, home, elsewhere	—	—	—	$4 for each day of confinement	—	$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											

[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											Hospitalization					Surgical	Medical	
Allowance				Maximum compensation	Benefits begin		Maximum number visits paid for	Maximum number days paid for	Other provisions	Accident and sickness	Daily benefit or service	Duration	Maximum room and board allowance	Extra allowance or services	Lump sum	Schedule allowance for normal delivery	Amounts and limitations	Benefits available to newly insured
Home	Office	Hospital	Elsewhere		Sickness	Accident												
—	—	—	—	—	—	—	—	—	—	Regular benefits for 6 weeks	Employee							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 and dependent							Employee and dependent: Immediately
											Semi-private room	120 days	—	Full cost of specified services	—	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's dependent receives 50 percent of specified benefits during first 36 months of insurance coverage; specified benefits thereafter.

COMPANY, UNION, AND DATE OF INFORMATION	OTHER BENEFITS[1]	EXTENSION OF BENEFITS TO— (must be at least on group rate basis)								
		Retired employee					Dependents of retired employee			
	Types and amounts	Life insurance	Accidental death and dismemberment	Hospitalization	Surgical	Medical	Life insurance	Hospitalization	Surgical	Medical
Upholstering and allied trades industries, various employers Upholsterers National plan January 1958	Employee only Laboratory and X-ray examination allowance for nonhospitalized cases and if not provided by other plan benefits—up to $25 per disability Employee and dependents Anesthesia allowance for cases in and out of hospital—15 percent of amount payable for surgical procedure or $25, whichever is less ([2])	—	—	—	—	—	—	—	—	—
Robert Gair Company, Inc. (Division of Continental Can Company, Inc.) Papermakers and Paperworkers January 1958	—	25 percent of amount in effect immediately prior to retirement; minimum—$1,000 maximum—$5,000	—	Same as for active employee ([3])	Same as for active employee ([3])	—	—	Same as for retired employee	Same as for retired employee	—
International Paper Company (Northern Division) Papermakers and Paperworkers; Pulp, Sulphite and Paper Mill Workers February 1958	—	With 15 years' service or owing to disability: Amount in effect immediately prior to retirement	With 15 years' service or owing to disability: 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.

[3] Maximum hospitalization and surgical benefits during retirement for employee and dependent limited to $2,500.

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—			
											Benefits for employee and dependents		Benefits for retired employee and dependents	
Company only	Jointly	Company only	Jointly	Employee only	Company only	Jointly	Employee only	Company only	Jointly	Employee only	Employee	Company	Employee	Company
X	—	X	—	—	—	—	—	—	—	—	—	Full cost—3 percent of aggregate earnings of employees	—	—
X	—	X	—	—	X	—	—	X	—	—	—	Full cost	—	Full cost
—	X	—	—	X	—	X	—	—	—	X	Employee's benefits: Life and accidental death and dismemberment insurance, and accident and sickness benefit Base annual earnings — Weekly contributions[1] 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 benefit—balance of cost Other employee benefits—full cost	Employee's benefits: Life and accidental death and dismemberment insurance, retiring prior to 65[2] Base annual earnings prior to retirement — Monthly contributions[1] 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 owing 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 dismemberment	Multi-dismemberment
				Maintained	Paid in—					
West Virginia Pulp and Paper Company Papermakers and Paperworkers; Pulp, Sulphite and Paper Mill Workers January 1958	After 3 months' employment	Before age 65: Basic annual earnings — Insurance 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 At age 65: 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	65	For 1 year	—	Nonoccupational	Before age 65: Basic annual earnings Less than $1,456 — $1,000 — $ 500 — $1,000 $1,456 to $1,976 — 2,000 — 1,000 — 2,000 $1,976 to $2,392 — 2,250 — 1,125 — 2,250 $2,392 to $2,600 — 2,500 — 1,250 — 2,500 $2,600 to $2,808 — 2,750 — 1,375 — 2,750 $2,808 to $3,016 — 3,000 — 1,500 — 3,000 $3,016 to $3,432 — 3,500 — 1,750 — 3,500 $3,432 to $3,848 — 4,000 — 2,000 — 4,000 $3,848 to $4,264 — 4,500 — 2,250 — 4,500 $4,264 to $4,680 — 5,000 — 2,500 — 5,000 $4,680 to $5,096 — 5,500 — 2,750 — 5,500 $5,096 to $6,000 — 6,000 — 3,000 — 6,000 $6,000 to $7,000 — 7,000 — 3,500 — 7,000 and up At age 65: 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 (St. Paul, Minn.) Bookbinders January 1958	After 90 days' employment	Monthly base pay — Insurance 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	60	X	—	—	—	—	—	—

INSURANCE PLANS - Continued

ACCIDENT AND SICKNESS						HOSPITALIZATION							
Cases covered	Amount	Duration of benefits: Period	Except: After age—	Except: Benefits limited to—	Benefits begin: Accident	Benefits begin: Sickness	Daily benefit or service	Duration	Extended coverage: Days	Extended coverage: Daily amount	Maximum room and board allowance	Extra allowance or service	Per year	Per disability	Emergency out-patient care
Nonoccupational	Basic annual earnings / Weekly benefit Less than $1,456 — $14 $1,456 to $1,560 — 15 $1,560 to $1,768 — 17 $1,768 to $1,976 — 19 $1,976 to $2,184 — 21 $2,184 to $2,392 — 23 $2,392 to $2,600 — 25 $2,600 to $2,808 — 27 $2,808 to $3,016 — 29 $3,016 to $3,432 — 33 $3,432 to $3,848 — 37 $3,848 to $4,264 — 41 $4,264 to $4,680 — 45 $4,680 to $5,096 — 49 $5,096 and over — 50	26 weeks per disability	—	—	1st day	8th day	Employee							
							$6	70 days	—	—	$420	Up to $60	—	X	—
							Dependents								
							Up to $6	70 days	—	—	$420	Up to $60	—	X	—
Nonoccupational	50 percent of straight-time weekly earnings— Maximum—$75	13 weeks per disability	—	—	1st day	8th day	Employee and dependents								
Occupational	Difference between Workmen's Compensation benefit and above amount						Up to $12	35 days	—	—	$420	Full cost of specified services	—	X	Up to $160

COMPANY, UNION, AND DATE OF INFORMATION	SURGICAL				MEDICAL									
		Operation schedule—selected allowances				Employee								
						Allowance						Benefits begin		
	Up to schedule allowance accepted as full payment if annual income is under—	Employee	Dependents	Covers cases in—	Up to schedule allowance accepted as full payment if annual income is under—	Home	Office	Hospital	Elsewhere	Maximum compensation	Sickness	Accident	Maximum number visits paid for	Maximum number days paid for
West Virginia Pulp and Paper Company Papermakers and Paperworkers; Pulp, Sulphite and Paper Mill Workers January 1958	—	Maximum schedule allowance $200 Tonsillectomy Up to $30 Appendectomy Up to $100	$200 Up to $30 Up to $100	Hospital, office, home, elsewhere	—	—	—	—	—	—	—	—	—	—
Brown and Bigelow (St. Paul, Minn.) Bookbinders January 1958	—	Maximum schedule allowance $200 Tonsillectomy Up to $30 Appendectomy Up to $100	$200 Up to $30 Up to $100	Hospital, office, home, elsewhere	—	—	—	—	—	—	—	—	—	—

INSURANCE PLANS - Continued

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

COMPANY, UNION, AND DATE OF INFORMATION	OTHER BENEFITS[1]	EXTENSION OF BENEFITS TO— (must be at least on group rate basis)								
		Retired employee					Dependents of retired employee			
	Types and amounts	Life insurance	Accidental death and dismemberment	Hospitalization	Surgical	Medical	Life insurance	Hospitalization	Surgical	Medical
West Virginia Pulp and Paper Company Papermakers and Paperworkers; Pulp, Sulphite and Paper Mill Workers January 1958	—	Same as for active employee	—	—	—	—	—	—	—	—
Brown and Bigelow (St. Paul, Minn.) Bookbinders January 1958	Employee and dependents X-rays in doctor's office or clinic—up to $10 for any one accident Anesthesia for tonsillectomy in doctor's office or clinic—up to $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.

FINANCING

Benefits for employee		Benefits for employee's dependents			Benefits for retired employee			Benefits for dependents of retired employee			Amount of contribution for—			
											Benefits for employee and dependents		Benefits for retired employee and dependents	
Company only	Jointly	Company only	Jointly	Employee only	Company only	Jointly	Employee only	Company only	Jointly	Employee only	Employee	Company	Employee	Company
—	X	—	X	—	—	X	—	—	—	—	Basic annual earnings / Monthly contribution: No dependents; One dependent; All dependents Less than $1,456 — $1.52; $2.94; $3.70 $1,456 to $1,560 — 2.02; 3.44; 4.20 $1,560 to $1,768 — 2.09; 3.51; 4.28 $1,768 to $1,976 — 2.16; 3.58; 4.35 $1,976 to $2,184 — 2.35; 3.77; 4.54 $2,184 to $2,392 — 2.42; 3.84; 4.61 $2,392 to $2,600 — 2.61; 4.03; 4.80 $2,600 to $2,808 — 2.80; 4.22; 4.98 $2,808 to $3,016 — 2.99; 4.40; 5.17 $3,016 to $3,432 — 3.36; 4.78; 5.55 $3,432 to $3,848 — 3.74; 5.15; 5.92 $3,848 to $4,264 — 4.11; 5.53; 6.29 $4,264 to $4,680 — 4.49; 5.91; 6.67 $4,680 to $5,096 — 4.86; 6.28; 7.05 $5,096 to $6,000 — 5.13; 6.55; 7.32 $6,000 to $7,000 — 5.60; 7.01; 7.78 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	—	—

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 dismemberment	Multi-dismemberment
				Maintained	Paid in—					
Printing industry, Chicago Lithographers Association, and other employers Lithographers, Local 4 January 1958	If experienced: Immediately or 1st of following month If inexperienced: After 6 months' covered employment	$2,000	60	X	—	Nonoccupational; occupational	—	$2,000	$1,000	$2,000
Publishers' Association of New York City Typographers, Local 6 February 1958	1st of month coinciding with or next following a 4-month period during which employee has been employed or diligently seeking employment within the Union's Newspaper Branch and has worked at least one shift of covered employment	$1,000	60	X	—	Nonoccupational; occupational	—	$1,000	$500	$1,000
The Dow Chemical Company District 50, United Mine Workers April 1958	After 3 months' employment	$4,250	50 or between age 50 and age 60 with less than 10 years' service	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—$55	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	20 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	$31.50 per week	26 weeks per disability	—	—	8th day	8th day	Employee								
							Up to $13.50	120 days	—	—	$1,620	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	120 days	—	—	$1,320	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									
						Employee								
						Allowance						Benefits begin		
	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—	Home	Office	Hospital	Elsewhere	Maximum compensation	Sickness	Accident	Maximum number visits paid for	Maximum number days paid for
		Employee	Dependents											
Printing industry, Chicago Lithographers Association, and other employers Lithographers, Local 4 January 1958	—	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 disability	1st day of total disability	1 per day; 13 weeks per disability	—
		Tonsillectomy Up to $45	Up to $30											
		Appendectomy Up to $150	Up to $100											
Publishers' Association of New York City Typographers, Local 6 February 1958	—	Maximum schedule allowance $250	$250	Hospital, office, home, elsewhere	—	—	—	1st 2 days $10 per day; 3d and 4th days, $7.50 per day; thereafter, $5 per day	—	$170 per disability	1st day	1st day	—	31 per disability
		Tonsillectomy Up to $65	Under age 12, up to $45; over age 12, up to $65											
		Appendectomy Up to $125	Up to $125											
The Dow Chemical Company District 50, United Mine Workers April 1958	—	Maximum schedule allowance $300	$250	Hospital, office, home, elsewhere	—	—	—	$4 for each day of confinement [1]	—	$480 per disability	1st day	1st day	—	120 per disability
		Tonsillectomy Up to $60	Under age 12, up to $40; over age 12, up to $50											
		Appendectomy Up to $150	Up to $125											

[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											Hospitalization					Surgical	Medical	
Allowance				Maximum compensation	Benefits begin		Maximum number visits paid for	Maximum number days paid for	Other provisions	Accident and sickness	Daily benefit or service	Duration	Maximum room and board allowance	Extra allowance or services	Lump sum	Schedule allowance for normal delivery	Amounts and limitations	Benefits available to newly insured
Home	Office	Hospital	Elsewhere		Sickness	Accident												
—	—	—	—	—	—	—	—	—	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							Employee and dependent: After 9 months
											—	—	—	—	Up to $150	Up to $75	—	
											Dependent							
											—	—	—	—	Up to $100	Up to $50	—	
—	—	1st 2 days, $10 per day; 3d and 4th days, $7.50 per day; thereafter, $5 per day	—	$170 per disability	1st day	1st day	—	31 per disability	—	—	Dependent only							Dependent: Hospitalization—immediately Surgical—if pregnancy commences while insured
											—	—	—	—	Up to $80	Up to $125	—	
—	—	$3 for each day of confinement[1]	—	$360 per disability	1st day	1st day	—	120 per disability	—	Regular benefits for 6 weeks	Employee							Employee and dependent: If pregnancy commences while insured
											Up to $250 maternity allowance[2]							
											Dependent							
											Up to $200 maternity allowance[2]							

[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] Plus $10 if circumcision on baby is performed during first 14 days. Amount payable to hospital cannot exceed 60 percent of allowance.

COMPANY, UNION, AND DATE OF INFORMATION	OTHER BENEFITS[1]	EXTENSION OF BENEFITS TO— (must be at least on group rate basis)								
		Retired employee					Dependents of retired employee			
	Types and amounts	Life insurance	Accidental death and dismemberment	Hospitalization	Surgical	Medical	Life insurance	Hospitalization	Surgical	Medical
Printing industry, Chicago Lithographers Association, and other employers Lithographers, Local 4 January 1958	Employee only Diagnostic X-ray allowance, if no other benefits are payable—up to $50 per condition Dermatitis treatments and medication—full cost	—	—	Retiring at age 60 and insured 5 years: Same as for active employee but limited during retirement to $465 for room and board and $300 for extra services	Retiring at age 60 and insured 5 years: Same as for active employee but limited during retirement to $300	—	—	—	—	—
Publishers' Association of New York City Typographers, Local 6 February 1958	Employee and dependents Anesthesia allowance for cases in or out of hospital—20 percent of amount payable for surgical procedure; minimum—$10, maximum—$50	—	—	Same as for active employee	—	—	—	Same as for retired employee	—	—
The Dow Chemical Company District 50, United Mine Workers April 1958	—	Retiring at or after age 55 owing to disability or at age 65: Service / Insurance 25 years or less — $1,000 26 years — 1,100 27 years — 1,200 28 years — 1,300 29 years — 1,400 30 years and over — 1,500	—	Retiring at or after age 55 owing to disability or at age 65: Same as for active employee ([2])	Retiring at or after age 55 owing to disability or at age 65: Same as for active employee ([2])	—	—	Same as for dependent of active worker ([2])	Same as for dependent of active worker ([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] Combined maximum hospitalization and surgical benefits available to retired employee and dependents during retirement limited according to years of service prior to retirement:

Years of service prior to retirement	Maximum combined benefit	Years of service prior to retirement	Maximum combined benefit
13 or less	$ 500	19	$1,100
14	600	20	1,200
15	700	21	1,300
16	800	22	1,400
17	900	23 and over	1,500
18	1,000		

FINANCING

Benefits for employee		Benefits for employee's dependents			Benefits for retired employee			Benefits for dependents of retired employee			Amount of contribution for—			
											Benefits for employee and dependents		Benefits for retired employee and dependents	
Company only	Jointly	Company only	Jointly	Employee only	Company only	Jointly	Employee only	Company only	Jointly	Employee only	Employee	Company	Employee	Company
X	—	X	—	—	X [1]	—	—	—	—	—	—	Full cost—$2.25 per week	—	Full cost [1]
X	—	X	—	—	X [1]	—	—	X [1]	—	—	—	Full cost—$0.73 per shift worked	—	Full cost [1]
—	X	—	X	—	X	—	—	X	—	—	Employee's benefits: $0.82 per week Employee and dependents' benefits: $1.42 per week	Balance of cost	—	Full cost

[1] Financed out of company contributions for benefits for active employee and dependents; see company contributions 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 dismemberment	Multi-dismemberment
				Maintained	Paid in—					
Lever Brothers Company* Chemical Workers; Oil, Chemical and Atomic Workers February 1958	After 3 months' employment	Before age 65: Basic annual straight-time earnings — Insurance $1,000 to $2,000 — $1,000 $2,000 to $3,000 — 2,000 $3,000 to $4,000 — 3,000 $4,000 to $5,000 — 4,000 $5,000 to $6,000 — 5,000 $6,000 to $7,000 and up — 6,000 After age 65: None ([1])	65	—	Installments	—	—	—	—	—

[1] Additional insurance provided on a contributory basis; part of it is continued 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—											
—	—	—	—	—	—	—	Employee and dependents—Nonoccupational disability cases								
[1]	[1]	[1]	[1]	[1]	[1]	[1]	Semi-private room	120 days	[2]	[2]	—	Full cost of specified services [2]	—	X	Required services provided
							Employee only—Occupational disability cases								
							Difference, if any, between benefits provided through Workmen's Compensation and the above benefits								

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

[2] For an additional 245 days, $5 per day allowed for room, board, and extra 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								
						Allowance				Maximum compensation	Benefits begin		Maximum number visits paid for	Maximum number days paid for
		Employee	Dependents			Home	Office	Hospital	Elsewhere		Sickness	Accident		
Lever Brothers Company*	—	Nonoccupational disability cases		Hospital, office, home, elsewhere	Nonoccupational disability cases									
Chemical Workers; Oil, Chemical and Atomic Workers		Maximum schedule allowance			—	—	—	$5 for each day of confinement	—	$300 per disability	1st day	1st day	—	60 per disability
February 1958		$250	$250											
		Tonsillectomy												
		Up to $50	Up to $50											
		Appendectomy												
		Up to $166.50	Up to $166.50											
		Occupational disability cases			Occupational disability cases									
		Difference, if any, between benefits provided through Workmen's Compensation and the above benefits	—		Difference, if any, between benefits provided through Workmen's Compensation and the above benefits									

INSURANCE PLANS - Continued

MEDICAL - Continued										MATERNITY PROVISIONS							
Dependents											Hospitalization					Surgical	Medical	
Allowance				Maximum compensation	Benefits begin		Maximum number visits paid for	Maximum number days paid for	Other provisions	Accident and sickness	Daily benefit or service	Duration	Maximum room and board allowance	Extra allowance or services	Lump sum	Schedule allowance for normal delivery	Amounts and limitations	Benefits available to newly insured
Home	Office	Hospital	Elsewhere		Sickness	Accident												
—	—	$5 for each day of confinement	—	$300 per disability	1st day	1st day	—	60 per disability	—	—	Employee and dependent							Employee and dependent: If pregnancy commences while insured.
											Semi-private room	8 days	—	Full cost of specified services	—	Up to $125	—	

COMPANY, UNION, AND DATE OF INFORMATION	OTHER BENEFITS	EXTENSION OF BENEFITS TO— (must be at least on group rate basis)								
		Retired employee					Dependents of retired employee			
	Types and amounts	Life insurance	Accidental death and dismemberment	Hospitalization	Surgical	Medical	Life insurance	Hospitalization	Surgical	Medical
Lever Brothers Company * Chemical Workers; Oil, Chemical and Atomic Workers February 1958	Employee and dependents Diagnostic X-ray allowance for nonhospitalized cases—up to $25 per disability	Retiring prior to age 65: Maintained until age 65, then coverage ceases	—	—	—	—	—	—	—	—

FINANCING

Benefits for employee		Benefits for employee's dependents			Benefits for retired employee			Benefits for dependents of retired employee			Amount of contribution for—			
											Benefits for employee and dependents		Benefits for retired employee and dependents	
Company only	Jointly	Company only	Jointly	Employee only	Company only	Jointly	Employee only	Company only	Jointly	Employee only	Employee	Company	Employee	Company
X	—	X	—	—	X (1)	—	—	—	—	—	—	Full cost [2]	—	Full cost [1]

[1] Life insurance coverage ceases when employee reaches age 65, except for part of the contributory insurance that is available during active employment.
[2] Employee may secure additional life insurance on a contributory basis.

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 dismemberment	Multi-dismemberment
					Maintained / Paid in—					
American Viscose Corporation Textile Workers (TWUA) April 1958	After 60 days' employment	Service / Insurance 60 days to 1 year — $ 500 1 year to 5 years — 1,500 5 years and over — 3,000		60	— / Installments	Nonoccupational; occupational	Service 60 days to 1 year — $ 500 1 year to 5 years — 1,500 5 years and over — 3,000	 $ 500 1,500 3,000	 $ 250 750 1,500	 $ 500 1,500 3,000
The Texas Company Oil, Chemical and Atomic Workers April 1958	Life insurance: After 1 year's employment Other benefits: Immediately or 1st of following month	Monthly rate of pay / Insurance Less than $87.50 — $ 2,000 $87.50 to $112.50 — 2,400 $112.50 to $125.00 — 2,800 $125.00 to $137.50 — 3,200 $137.50 to $162.50 — 3,600 $162.50 to $187.50 — 4,200 $187.50 to $212.50 — 4,800 $212.50 to $237.50 — 5,400 $237.50 to $262.50 — 6,000 $262.50 to $287.50 — 6,600 $287.50 to $312.50 — 7,200 $312.50 to $337.50 — 7,800 $337.50 to $362.50 — 8,400 $362.50 to $387.50 — 9,000 $387.50 to $412.50 — 9,600 $412.50 to $475.00 — 10,800 $475.00 to $525.00 and up — 12,000		At any age	Until retirement[1] / —	—	—	—	—	—	—

[1] For employee not eligible for retirement, insurance maintained until accident and sickness benefit and vacation benefit, if any, are exhausted.

INSURANCE PLANS - Continued

ACCIDENT AND SICKNESS						HOSPITALIZATION								
Cases covered	Amount	Duration of benefits: Period	Duration of benefits: Except: After age—	Duration of benefits: Except: Benefits limited to—	Benefits begin: Accident	Benefits begin: Sickness	Daily benefit or service	Duration	Extended coverage: Days	Extended coverage: Daily amount	Maximum room and board allowance	Extra allowance or service	Per year	Per disability	Emergency out-patient care
Nonoccupational; occupational accidents only	Basic weekly earnings / Weekly benefit Less than $54 — $30 $54 to $56 — 31 $56 to $58 — 32 $58 to $60 — 33 $60 to $62 — 34 $62 to $64 — 35 $64 to $66 — 36 $66 to $68 — 37 $68 to $70 — 38 $70 to $72 — 39 $72 to $74 — 40 $74 to $76 — 41 $76 to $78 — 42 $78 to $80 — 43 $80 to $82 — 44 $82 and over — 45	15 weeks per disability	65	15 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
—	—	—	—	—	—	—	Employee and dependents [2]								
([1])	([1])	([1])	([1])	([1])	([1])	([1])	Up to $10	70 days	—	—	$700	Up to $250, plus 75 percent of next $2,000 of charges	—	X	Up to $150

[1] No accident and sickness insurance benefit provided by plan; employees covered by paid sick-leave plan.
[2] More liberal benefits available at additional cost.

COMPANY, UNION, AND DATE OF INFORMATION	SURGICAL				MEDICAL									
		Operation schedule—selected allowances				Employee								
						Allowance						Benefits begin		
	Up to schedule allowance accepted as full payment if annual income is under—	Employee	Dependents	Covers cases in—	Up to schedule allowance accepted as full payment if annual income is under—	Home	Office	Hospital	Elsewhere	Maximum compensation	Sickness	Accident	Maximum number visits paid for	Maximum number days paid for
American Viscose Corporation Textile Workers (TWUA) April 1958	—	Maximum schedule allowance $300	$300	Hospital, office, home, elsewhere	—	—	—	—	—	—	—	—	—	—
		Tonsillectomy Up to $60	Up to $60											
		Appendectomy Up to $150	Up to $150 (1)											
The Texas Company Oil, Chemical and Atomic Workers April 1958	—	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											

[1] Not available to dependent husband.

INSURANCE PLANS - Continued

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

[1] 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)								
		Retired employee					Dependents of retired employee			
	Types and amounts	Life insurance	Accidental death and dismemberment	Hospitalization	Surgical	Medical	Life insurance	Hospitalization	Surgical	Medical
American Viscose Corporation Textile Workers (TWUA) April 1958	—	$1,000[2]	—	Same as for active employee	Same as for active employee	—	—	Same as for retired employee	Same as for retired employee	—
The Texas Company Oil, Chemical and Atomic Workers April 1958	Employee and dependents Polio allowance (for actual expenses incurred within 2 years of its commencement)—up to $5,000 Major medical expense allowance—75 percent of expenses in excess of other plan benefits which are in excess of 1 percent of annual income (minimum—$100, maximum—$300); maximum—$5,000	50 percent of amount in effect immediately prior to retirement reduced, commencing 1 year after normal retirement date, by equal annual amounts over 5 years to 25 percent of the amount in effect immediately prior to retirement	—	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.

[2] Employee qualifying for disability retirement benefit entitled to receive face amount of life insurance in effect as of date of disability in lump sum or monthly installment payments or a combination of both, depending upon needs of employee as determined by company; employee may elect to receive as part of benefit a paid-up life insurance policy of not less than $500 and not more than $1,000. Employee receiving face value of life insurance not entitled to $1,000 life insurance coverage specified above.

FINANCING

Benefits for employee		Benefits for employee's dependents			Benefits for retired employee			Benefits for dependents of retired employee			Amount of contribution for—			
											Benefits for employee and dependents		Benefits for retired employee and dependents	
Company only	Jointly	Company only	Jointly	Employee only	Company only	Jointly	Employee only	Company only	Jointly	Employee only	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	Hospitaiization and surgica.: Full cost	Life insurance: Full cost
—	X	—	X	—	—	X	—	—	—	X	Life insurance: Monthly rate of pay — Monthly contribution Less than $125.00 — None $125.00 to $137.50 — $1.28 $137.50 to $162.50 — 1.44 $162.50 to $187.50 — 1.68 $187.50 to $212.50 — 1.92 $212.50 to $237.50 — 2.16 $237.50 to $262.50 — 2.40 $262.50 to $287.50 — 2.64 $287.50 to $312.50 — 2.88 $312.50 to $337.50 — 3.12 $337.50 to $362.50 — 3.36 $362.50 to $387.50 — 3.60 $387.50 to $412.50 — 3.84 $412.50 to $475.00 — 4.32 $475.00 to $525.00 and up — 4.80 Other benefits: Benefits for employee only, $1.80 per month; for employee and children, $3.19; for employee and spouse, $6.02; for employee, spouse, and children, $8.90	Balance of cost	Hospitalization and surgical: Full cost	Life insurance: 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 dismemberment	Multi-dismemberment
				Maintained	Paid in—					
Sinclair Oil Corporation Oil, Chemical and Atomic Workers February 1958	After 6 months' employment	— ([1])	—	—	—	Nonoccupational; occupational	—	$1,000	$500	$1,000
Socony Mobil Oil Company, Inc.[2] Oil, Chemical and Atomic Workers January 1958	Immediately or 1st of following month	Annual basic rate of pay / Insurance Less than $600 — $ 800 $600 to $1,000 — 1,600 $1,000 to $1,400 — 2,400 $1,400 to $1,800 — 3,200 $1,800 to $2,200 — 4,000 $2,200 to $2,600 — 4,800 $2,600 to $3,000 — 5,600 $3,000 to $3,400 — 6,400 $3,400 to $3,800 — 7,200 $3,800 to $4,200 — 8,000 $4,200 to $4,600 — 8,800 $4,600 to $5,000 — 9,600 $5,000 to $5,400 — 10,400 $5,400 to $5,800 — 11,200 $5,800 to $6,200 — 12,000 and up	60	X	—	Nonoccupational; occupational	Annual basic rate of pay Less than $600 — $ 400 $600 to $1,000 — 800 $1,000 to $1,400 — 1,200 $1,400 to $1,800 — 1,600 $1,800 to $2,200 — 2,000 $2,200 to $2,600 — 2,400 $2,600 to $3,000 — 2,800 $3,000 to $3,400 — 3,200 $3,400 to $3,800 — 3,600 $3,800 to $4,200 — 4,000 $4,200 to $4,600 — 4,400 $4,600 to $5,000 — 4,800 $5,000 to $5,400 — 5,200 $5,400 to $5,800 — 5,600 $5,800 to $6,200 — 6,000 and up	$ 400 800 1,200 1,600 2,000 2,400 2,800 3,200 3,600 4,000 4,400 4,800 5,200 5,600 6,000	$ 200 400 600 800 1,000 1,200 1,400 1,600 1,800 2,000 2,200 2,400 2,600 2,800 3,000	$ 400 800 1,200 1,600 2,000 2,400 2,800 3,200 3,600 4,000 4,400 4,800 5,200 5,600 6,000
The B. F. Goodrich Company Rubber Workers February 1958	Life insurance and accident and sickness benefits: 1st of month coinciding with or next following 3 months' employment Other benefits: After 3 months' employment	Annual earnings / Insurance Less than $2,000 — $2,500 $2,000 to $2,500 — 3,000 $2,500 to $3,500 — 4,000 $3,500 and over — 4,500	60 with less than 15 years' service	—	Installments	Nonoccupational	Annual earnings Less than $2,000 — $2,500 $2,000 to $2,500 — 3,000 $2,500 to $3,500 — 4,000 $3,500 and over — 4,500	$2,500 3,000 4,000 4,500	$1,250 1,500 2,000 2,250	$2,500 3,000 4,000 4,500

[1] Company provides noncontributory life insurance; makes available additional insurance on a contributory basis.

[2] Formerly Socony Vacuum Oil Company.

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)	(1)	(1)	(1)	(1)	(1)	(1)	Up to $13	120 days	—	—	$1,560	Up to $200, plus 75 percent of next $5,000 of charges	—	X	Up to $200, plus 75 percent of next $5,000 of charges
—	—	—	—	—	—	—	Employee and dependents								
(1)	(1)	(1)	(1)	(1)	(1)	(1)	Up to $16	70 days	180	Up to $8	$2,560	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—$40 per week Women—$30 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									
		Operation schedule—selected allowances				Employee								
						Allowance						Benefits begin		
	Up to schedule allowance accepted as full payment if annual income is under—	Employee	Dependents	Covers cases in—	Up to schedule allowance accepted as full payment if annual income is under—	Home	Office	Hospital	Elsewhere	Maximum compensation	Sickness	Accident	Maximum number visits paid for	Maximum number days paid for
Sinclair Oil Corporation Oil, Chemical and Atomic Workers February 1958	—	Maximum schedule allowance $250 Tonsillectomy Up to $50 Appendectomy Up to $125	$250 Under age 12, up to $30; over age 12, up to $50 Up to $125	Hospital, office, home, elsewhere	—	—	—	$3 for each day of confinement [1]	—	$250 per disability	1st day	1st day	—	—
Socony Mobil Oil Company, Inc.[2] Oil, Chemical and Atomic Workers January 1958	—	Maximum schedule allowance $300 Tonsillectomy Up to $60 Appendectomy Up to $150	$300 Under age 12, up to $36; over age 12, up to $60 Up to $150	Hospital, office, home, elsewhere	—	—	—	$4 for each day of confinement [3]	—	$250 per disability	1st day	1st day	—	—
The B. F. Goodrich Company Rubber Workers February 1958	—	Maximum schedule allowance $250 Tonsillectomy Up to $50 Appendectomy Up to $125	$250 Under age 12, up to $30; over age 12, up to $50 Up to $125	Hospital, office, home, elsewhere	—	—	—	1st 2 days, up to $5 per day; thereafter, up to $3 per day	—	$364 per disability	1st day	1st day	—	120 per disability

[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] Formerly Socony Vacuum Oil Company.
[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.

INSURANCE PLANS - Continued

MEDICAL - Continued										MATERNITY PROVISIONS								
Dependents											Hospitalization					Surgical	Medical	
Allowance				Maximum compensation	Benefits begin		Maximum number visits paid for	Maximum number days paid for	Other provisions	Accident and sickness	Daily benefit or service	Duration	Maximum room and board allowance	Extra allowance or services	Lump sum	Schedule allowance for normal delivery	Amounts and limitations	Benefits available to newly insured
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
												$150 maternity allowance						
—	—	$4 for each day of confinement (2)	—	$250 per disability	1st day	1st day	—	—	—	— (3)	Employee and dependent							Employee and dependent: If pregnancy commences while insured
											Up to $10	10 days	$100	Up to $100	—	Up to $90	—	
—	—	1st 2 days, up to $5 per day; thereafter, up to $3 per day	—	$364 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	120 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]	EXTENSION OF BENEFITS TO— (must be at least on group rate basis)								
		Retired employee					Dependents of retired employee			
	Types and amounts	Life insurance	Accidental death and dismemberment	Hospitalization	Surgical	Medical	Life insurance	Hospitalization	Surgical	Medical
Sinclair Oil Corporation Oil, Chemical and Atomic Workers February 1958	Employee and dependents Anesthesia allowance for nonhospitalized cases—up to $10 per operation	—	—	With 5 continuous years' plan participation prior to retirement: Same as for active employee but limited during retirement to total of $1,560 for room and board and $3,950 for special services	With 5 continuous years' plan participation prior to retirement: Same as for active employee but limited during retirement to total of $250	With 5 continuous years' plan participation prior to retirement: Same as for active employee but limited during retirement to total of $250	—	Same as for retired employee	Same as for retired employee	Same as for retired employee
Socony Mobil Oil Company, Inc.[2] Oil, Chemical and Atomic Workers January 1958	Employee and dependents Emergency diagnostic X-ray allowance if no other plan benefits are payable—up to $10 per condition 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 "deductible";[3] maximum—$5,000	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 (4)	With 5 continuous years' plan participation prior to retirement: Same as for active employee (4)	With 5 continuous years' plan participation prior to retirement: Same as for active employee (4)	—	Same as for retired employee	Same as for retired employee	Same as for retired employee
The B. F. Goodrich Company Rubber Workers February 1958	Diagnostic X-ray allowance for nonhospitalized cases: Employee—up to $70 per condition Dependents—up to $70 during any 12 consecutive months; total applicable to all dependents	Retiring at age 65 with 5 years' service: 50 percent of 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] Formerly Socony Vacuum Oil Company.

[3] "Deductible" is $75 if earnings are less than $10,000.

[4] Emergency diagnostic X-ray benefit also provided retired employee and dependents. Total amount of hospital, surgical, and medical benefits (including X-ray benefit) during retirement limited to $4,400.

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—			
											Benefits for employee and dependents		Benefits for retired employee and dependents	
Company only	Jointly	Company only	Jointly	Employee only	Company only	Jointly	Employee only	Company only	Jointly	Employee only	Employee	Company	Employee	Company
—	X	—	X	—	—	X	—	—	X	—	Benefits for employee only, $1.70 per month; for employee and children, $4.05; for employee and wife or employee, wife, and children, $4.55	Balance of cost	Benefits for employee only, $1.15 per month; for employee and children, $3; for employee and wife or employee, wife, and children, $3.50	Balance of cost
—	X	—	X	—	X	—	—	X	—	—	Life and accidental death and dismemberment insurance[1]: Annual basic rate of pay — Monthly contribution Less than $600 — $0.40 $600 to $1,000 — .48 $1,000 to $1,400 — 1.20 $1,400 to $1,800 — 1.60 $1,800 to $2,200 — 2.00 $2,200 to $2,600 — 2.40 $2,600 to $3,000 — 2.80 $3,000 to $3,400 — 3.20 $3,400 to $3,600 — 3.60 $3,800 to $4,200 — 4.00 $4,200 to $4,600 — 4.40 $4,600 to $5,000 — 4.80 $5,000 to $5,400 — 5.20 $5,400 to $5,800 — 5.60 $5,800 to $6,200 — 6.00 and up Major medical expense benefit: Full cost—benefit for employee only, $1.04 per month; for employee and dependents, $2.68 Other benefits: Benefits for employee only, $1.68 per month; for employee and dependents, $6.36	Balance of cost[1]	—	Full cost
X	—	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.

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 dismemberment	Multi-dismemberment
				Maintained	Paid in—					
The Firestone Tire and Rubber Company Rubber Workers February 1958	After 3 months' employment	Before age 65: Basic hourly rate / Insurance Less than $0.90 — $2,000 $0.90 to $1.08 — 2,500 $1.08 to $1.26 — 3,000 $1.26 to $1.44 — 3,500 $1.44 to $1.62 — 4,000 $1.62 and over — 4,500	65	Until age 65, thereafter, 50 percent of amount in effect	—	Nonoccupational	Basic hourly rate Less than $0.90 $0.90 to $1.08 $1.08 to $1.26 $1.26 to $1.44 $1.44 to $1.62 $1.62 and over	$2,000 2,500 3,000 3,500 4,000 4,500	$1,000 1,250 1,500 1,750 2,000 2,250	$2,000 2,500 3,000 3,500 4,000 4,500
United States Rubber Company Rubber Workers February 1958	Life insurance: After 3 months' employment Accident and sickness benefits: 1st of 2d month following month in which employment begins Other benefits: 1st of 3d month following month in which employment begins	$4,500 [1]	65	Until age 65, then reduced to 50 percent of total amount in effect or $2,750, whichever is less	—	Nonoccupational	—	$4,500 ([1])	$2,250 ([1])	$4,500 ([1])
The Florsheim Shoe Company United Shoe Workers March 1958	1st day of payroll period following 1 year's service	$1,000	60	X	—	—	—	—	—	—

[1] Additional insurance 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	Men—$40 per week Women—$32 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—$40 per week Women—$30 per week ([1])	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 ([2])	—	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 $12	31 days	—	—	$372	Up to $180	—	X	—

[1] In States having temporary disability laws, benefit reduced by amount received under State laws.
[2] Also provided in connection with surgery performed in out-patient department.

COMPANY, UNION, AND DATE OF INFORMATION	SURGICAL				MEDICAL									
						Employee								
						Allowance								
	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—	Home	Office	Hospital	Elsewhere	Maximum compensation	Benefits begin		Maximum number visits paid for	Maximum number days paid for
		Employee	Dependents								Sickness	Accident		
The Firestone Tire and Rubber Company Rubber Workers February 1958	—	Maximum schedule allowance $250	$250	Hospital, office, home, elsewhere	—	—	—	1st 2 days, up to $5 per day; thereafter, up to $3 per day	—	$364 per disability	1st day	1st day	—	120 per disability
		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 February 1958	—	Maximum schedule allowance $250	$250	Hospital, office, home, elsewhere	—	—	—	1st 2 days, up to $5 per day; thereafter, up to $3 per day	—	$364 per disability	1st day	1st day	—	120 per disability
		Tonsillectomy Up to $50	Under age 12, up to $30; over age 12, up to $50											
		Appendectomy Up to $125	Up to $125											
The Florsheim Shoe Company United Shoe Workers March 1958	—	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											Hospitalization					Surgical	Medical	
Allowance				Maximum compensation	Benefits begin		Maximum number visits paid for	Maximum number days paid for	Other provisions	Accident and sickness	Daily benefit or service	Duration	Maximum room and board allowance	Extra allowance or services	Lump sum	Schedule allowance for normal delivery	Amounts and limitations	Benefits available to newly insured
Home	Office	Hospital	Elsewhere		Sickness	Accident												
—	—	1st 2 days, up to $5 per day; thereafter, up to $3 per day	—	$364 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	120 days	—	Full cost of specified services	—	Up to $75	—	
—	—	1st 2 days, up to $5 per day; thereafter, up to $3 per day	—	$364 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	120 days	—	Full cost of specified services	—	Up to $75	—	
—	—	—	—	—	—	—	—	—	—	Regular benefits for 6 weeks	Employee							Employee and dependent: Immediately
											Up to $12	14 days	$168	Up to $50	—	Up to $50	—	
											Dependent							
											Up to $12	—	(1)	Up to difference between total room and board charges and $120	—	Up to $50	—	

[1] Total room and board charges, plus charges for extra services limited to $120.

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
The Firestone Tire and Rubber Company Rubber Workers February 1958	Diagnostic X-ray allowance for nonhospitalized cases: Employee—up to $70 per condition Dependents—up to $70 during any 12 consecutive months; total applicable to all dependents	50 percent of 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
United States Rubber Company Rubber Workers February 1958	Diagnostic X-ray allowance for nonhospitalized cases: Employee—up to $70 per condition Dependents—up to $70 during any 12 consecutive months; total applicable to all dependents	Retiring at age 65: 50 percent of total amount in effect immediately prior to retirement or $2,750, whichever is less Retiring prior to age 65 due to disability: 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
The Florsheim Shoe Company United Shoe Workers March 1958	—	—	—	—	—	—	—	—	—	—

[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] Employee retiring for other than disability may continue one-half of contributory insurance in excess of $500 at same premium rate as for active employee.

FINANCING

Benefits for employee		Benefits for employee's dependents			Benefits for retired employee			Benefits for dependents of retired employee			Amount of contribution for—			
											Benefits for employee and dependents		Benefits for retired employee and dependents	
Company only	Jointly	Company only	Jointly	Employee only	Company only	Jointly	Employee only	Company only	Jointly	Employee only	Employee	Company	Employee	Company
X	—	X	—	—	X	—	—	X	—	—	—	Full cost	—	Full cost
X [1]	—	X	—	—	X	—	—	X	—	—	—	Full cost [1]	—	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 6[illegible] cents per month.
[2] Employee retiring for other than disability may continue one-half of contributory group life 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 dismemberment	Multi-dismemberment
				Maintained	Paid in—					
Luggage and leather goods industry, various employers Leather Goods, Plastic and Novelty Workers National Plan April 1958	After 90 days' union membership and covered employment	$500	60	X	—	—	—	—	—	—
International Shoe Company United Shoe Workers March 1958	After 3 months' employment	$2,000	65	For 1 year (or for period insured if less than 1 year)	—	—	—	—	—	—
Massachusetts Leather Manufacturers' Association Leather Workers; Meat Cutters January 1958	1st of month following 1 month's employment	$1,000	At any age	X	—	—	—	—	—	—
Minnesota Mining and Manufacturing Company Oil, Chemical and Atomic Workers January 1958	After 3 months' employment	Prior to normal retirement age: $1,000[1] At normal retirement age: Amount equal to 1 percent of amount in effect prior to normal retirement age for each year of service	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	50 percent of weekly wage— Minimum—$10 Maximum—$45	20 weeks per disability	—	—	8th 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	$25 per week	13 weeks per disability	60	13 weeks per year	1st day	8th day	Employee and dependents								
							Up to $15	60 days	60	Up to $7.50	$1,350	Full cost of specified services	—	X	Required services provided
Nonoccupational	Total annual earnings / Weekly benefit 1st 13 weeks: 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 Thereafter: Less than $3,000 — $15 $3,000 to $3,400 — 20 $3,400 to $3,800 — 25 $3,800 and over — 30	26 weeks per disability	60	26 weeks during any 12 consecutive months	4th day	4th day	Employee and dependents								
							Up to $15	140 days	—	—	$2,100	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									
						Employee								
						Allowance						Benefits begin		
	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—	Home	Office	Hospital	Elsewhere	Maximum compensation	Sickness	Accident	Maximum number visits paid for	Maximum number days paid for
		Employee	Dependents											
Luggage and leather goods industry, various employers Leather Goods, Plastic and Novelty Workers National Plan April 1958	—	Maximum schedule allowance $200 Tonsillectomy Up to $30 Appendectomy Up to $100	—	Hospital, office, home, elsewhere	—	—	—	—	—	—	—	—	—	—
International Shoe Company United Shoe Workers March 1958	—	Maximum schedule allowance $200 Tonsillectomy Up to $30 Appendectomy Up to $100	Maximum schedule allowance $200 Tonsillectomy Up to $30 Appendectomy Up to $100	Hospital, office, home, elsewhere	—	—	—	$3 for each day of confinement ([1])	—	$93 per disability	1st day	1st day	—	31 per disability
Massachusetts Leather Manufacturers' Association Leather Workers; Meat Cutters January 1958	$5,000	Maximum schedule allowance $300 Tonsillectomy Up to $50 Appendectomy Up to $125	Maximum schedule allowance $300 Tonsillectomy Up to $50 Appendectomy Up to $125	Hospital, office, home, elsewhere	$5,000	—	—	1st day, up to $10; thereafter, up to $5 per day	—	$605 per disability	1st day	1st day	—	120 per disability
Minnesota Mining and Manufacturing Company Oil, Chemical and Atomic Workers January 1958	—	Maximum schedule allowance $300 Tonsillectomy Up to $45 Appendectomy Up to $150	Maximum schedule allowance $300 Tonsillectomy Up to $45 Appendectomy Up to $150	Hospital, office, home, elsewhere	—	—	—	$3 for each day of confinement	—	$420 per disability	1st day	1st day	—	140 per disability

[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.

INSURANCE PLANS - Continued

MEDICAL - Continued										MATERNITY PROVISIONS								
Dependents											Hospitalization					Surgical	Medical	
Allowance				Maximum compensation	Benefits begin		Maximum number visits paid for	Maximum number days paid for	Other provisions	Accident and sickness	Daily benefit or service	Duration	Maximum room and board allowance	Extra allowance or services	Lump sum	Schedule allowance for normal delivery	Amounts and limitations	Benefits available to newly insured
Home	Office	Hospital	Elsewhere		Sickness	Accident												
—	—	—	—	—	—	—	—	—	—	Regular benefits for 6 weeks	Employee only							Employee: 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 $10; thereafter, up to $5 per day	—	$605 per disability	1st day	1st day	—	120 per disability	—	—	—	—	—	—	—	—	—	—
—	—	$3 for each day of confinement	—	$420 per disability	1st day	1st day	—	140 per disability	—	Regular benefits for 6 weeks	Employee and dependent							Employee and dependent: Hospitalization and surgical—after 9 months
											Up to $15	10 days	$150	Full cost of services	—	Up to $75	—	Employee: Accident and sickness—immediately

[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.

COMPANY, UNION, AND DATE OF INFORMATION	OTHER BENEFITS[1]	EXTENSION OF BENEFITS TO— (must be at least on group rate basis)								
		Retired employee					Dependents of retired employee			
	Types and amounts	Life insurance	Accidental death and dismemberment	Hospitalization	Surgical	Medical	Life insurance	Hospitalization	Surgical	Medical
Luggage and leather goods industry, various employers Leather Goods, Plastic and Novelty Workers National Plan April 1958	—	—	—	—	—	—	—	—	—	—
International Shoe Company United Shoe Workers March 1958	—	—	—	—	—	—	—	—	—	—
Massachusetts Leather Manufacturers' Association Leather Workers; Meat Cutters January 1958	—	—	—	—	—	—	—	—	—	—
Minnesota Mining and Manufacturing Company Oil, Chemical and Atomic Workers January 1958	Employee and dependents Polio allowance (for hospitalized cases only)—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	Retiring at normal retirement age: Same as for active employee	—	Same as for active employee but limited during retirement to $500 for employee and dependents	—	—	—	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.

FINANCING

Benefits for employee		Benefits for employee's dependents			Benefits for retired employee			Benefits for dependents of retired employee			Amount of contribution for—			
											Benefits for employee and dependents		Benefits for retired employee and dependents	
Company only	Jointly	Company only	Jointly	Employee only	Company only	Jointly	Employee only	Company only	Jointly	Employee only	Employee	Company	Employee	Company
X	—	—	—	—	—	—	—	—	—	—	—	Full cost	—	—
—	X	—	X	—	—	—	—	—	—	—	Employee's benefits: Life insurance—$0.80 per month Dependents' benefits: $3.25 per month	Employee's benefits: Life insurance—balance of cost Other benefits—full cost Dependents' benefits: Balance of cost	—	—
X	—	X	—	—	—	—	—	—	—	—	—	Full cost—3 percent of weekly payroll	—	—
X (1)	—	X	—	—	X	—	—	X	—	—	—	Full cost [1]	—	Full cost

[1] 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 dismemberment	Multi-dismemberment
				Maintained / Paid in—					
Owens-Illinois Glass Company Glass Bottle Blowers February 1958	Immediately or 1st of following month	Basic hourly wage — Insurance: Less than $1.25 — $3,000 $1.25 to $1.69 — 3,500 $1.69 to $1.93 — 4,000 $1.93 to $2.41 — 5,000 $2.41 and over — 6,000	65	— / Installments or lump sum (optional)	Nonoccupational; occupational	Basic hourly wage: Less than $1.25	$3,000	$1,500	$3,000
						$1.25 to $1.69	3,500	1,750	3,500
						$1.69 to $1.93	4,000	2,000	4,000
						$1.93 to $2.41	5,000	2,500	5,000
						$2.41 and over	6,000	3,000	6,000
Pittsburgh Plate Glass Company Glass and Ceramic Workers May 1958	Life insurance and accident and sickness benefits: After 6 months' employment Other benefits: After 1 month's employment	$2,000[1]	60	— / Installments	—	—	—	—	—
Aluminum Company of America Aluminum Workers; Steelworkers February 1958	After 90 days' employment	$5,000	65	Until age 65, then reduced in same manner as for retired employee / —	—	—	—	—	—
Chase Brass and Copper Company, Inc. Automobile Workers April 1958	Life insurance: 1st of month following 6 months' employment Accident and sickness benefits: After 90 days' employment Other benefits: After 60 days' employment	Basic annual wage — Insurance: 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 insured for 1 year	— / Installments	Nonoccupational	—	$4,000	$2,000	$4,000

[1] Additional insurance provided at 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	Basic hourly wage / Weekly benefit Less than $1.25 — $22.00 $1.25 to $1.69 — 27.50 $1.69 to $1.93 — 33.00 $1.93 and over — 44.00	26 weeks per disability	—	—	1st day	4th day	Employee and dependents								
Occupational accidents only	First week, same as above; next 12 weeks, 50 percent of above amount	13 weeks per disability	—	—	1st day	—	Up to $10	31 days	—	—	$310	Up to $200	—	X	Up to $200
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 cost for additional 90 days	—	X	Required services provided
Nonoccupational	$46.50 per week	26 weeks per disability	—	—	1st day	8th day or 1st in hospital	Employee and dependents								
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 benefit is payable	Up to $15	120 days	—	—	$1,800	Up to $300, plus 75 percent of next $2,400 of charges	—	X	Up to $300, plus 75 percent of next $2,400 of charges
Nonoccupational	$40 per week	26 weeks per disability	—	—	1st day	8th day	Employee and dependents								
							Up to $15	120 days	—	—	$1,800	Full cost of services	—	X	Required services provided

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

COMPANY, UNION, AND DATE OF INFORMATION	SURGICAL				MEDICAL									
						Employee								
						Allowance						Benefits begin		
	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—	Home	Office	Hospital	Elsewhere	Maximum compensation	Sickness	Accident	Maximum number visits paid for	Maximum number days paid for
		Employee	Dependents											
Owens-Illinois Glass Company Glass Bottle Blowers February 1958	—	Maximum schedule allowance: $200 Tonsillectomy: Up to $30 Appendectomy: Up to $100	Maximum schedule allowance: $200 Tonsillectomy: Up to $30 Appendectomy: Up to $100	Hospital, office, home, elsewhere	—	—	—	$5 for each day of confinement	—	$155 per disability	1st day	1st day	—	31 per disability
Pittsburgh Plate Glass Company Glass and Ceramic Workers May 1958	Individual coverage, $4,000; family, $6,000 [1]	Maximum schedule allowance: $300 Tonsillectomy: Up to $50 Appendectomy: Up to $150 [1]	Maximum schedule allowance: $300 Tonsillectomy: Up to $50 Appendectomy: Up to $150 [1]	Hospital, office, home, elsewhere [1]	Individual coverage, $4,000; family, $6,000 [1]	Up to $5 per visit [1]	Up to $4 per visit [1]	1st day, up to $15; 2d day, up to $10; 3d through 10th day, up to $4 per day; thereafter, up to $3 per day [1]	—	Home: $105 per year Office: $84 per year Hospital: $237 per disability [1]	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 disability [1]
Aluminum Company of America Aluminum Workers; Steelworkers February 1958	—	Maximum schedule allowance: $300 Tonsillectomy: Up to $50 Appendectomy: Up to $200	Maximum schedule allowance: $300 Tonsillectomy: Up to $50 Appendectomy: Up to $200	Hospital, office, home, elsewhere	—	—	—	—	—	—	—	—	—	—
Chase Brass and Copper Company, Inc. Automobile Workers April 1958	—	Maximum schedule allowance: $300 Tonsillectomy: Up to $45 Appendectomy: Up to $150	Maximum schedule allowance: $300 Tonsillectomy: Up to $45 Appendectomy: Up to $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	4th visit	1st visit	1 per day	—

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

INSURANCE PLANS - Continued

MEDICAL - Continued										MATERNITY PROVISIONS							
Dependents											Hospitalization					Surgical	Medical	
Allowance				Maximum compensation	Benefits begin		Maximum number visits paid for	Maximum number days paid for	Other provisions	Accident and sickness	Daily benefit or service	Duration	Maximum room and board allowance	Extra allowance or services	Lump sum	Schedule allowance for normal delivery	Amounts and limitations	Benefits available to newly insured
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
											—	—	—	—	Up to $100 (1)	Up to $50	—	
—	—	1st day, up to $15; 2d day, up to $10; 3d through 10th day, up to $4 per day; thereafter, up to $3 per day [2]	—	$237 per disability (2)	1st day (2)	1st day (2)	—	70 per disability (2)	1 in-hospital bedside consultation per disability, up to $15 (2)	Regular benefits for 6 weeks	Employee and dependent [2]							Employee and dependent: After 1 year
											Semi-private room	10 days	—	Full cost of specified services	—	Up to $90	—	
—	—	—	—	—	—	—	—	—	—	Regular benefits for 6 weeks	Employee							Employee and dependent: If pregnancy commences while insured
											Up to $15	14 days	$210	Up to $150	—	Up to $100	—	
											Dependent							
											Up to $15	—	(3)	Up to difference between total room and board charges and $150	—	Up to $100	—	
—	—	$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 $125	Up to $75	—	

[1] For nonhospitalized maternity cases $60 is provided in lieu of hospital benefit.
[2] Medical Service Association of Pennsylvania and Hospital Service Association of Western Pennsylvania (Blue Shield and Blue Cross plans) for Creighton, Pa., plant employees; employees in other plants covered by different programs.
[3] Total room and board charges plus charges for extra services limited to $150.

COMPANY, UNION, AND DATE OF INFORMATION	OTHER BENEFITS [1]	EXTENSION OF BENEFITS TO— (must be at least on group rate basis)								
		Retired employee					Dependents of retired employee			
	Types and amounts	Life insurance	Accidental death and dismemberment	Hospitalization	Surgical	Medical	Life insurance	Hospitalization	Surgical	Medical
Owens-Illinois Glass Company Glass Bottle Blowers February 1958	Employee and dependents Diagnostic X-ray and laboratory examination allowance for nonhospitalized cases—up to $75 per year	—	—	—	—	—	—	—	—	—
Pittsburgh Plate Glass Company Glass and Ceramic Workers May 1958	—	$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
Aluminum Company of America Aluminum Workers; Steelworkers February 1958	—	Retiring at or prior to age 65: Amount in effect immediately prior to retirement reduced to $3,500 and maintained until 66th birthday, at which time amount is reduced $300 and $300 annually thereafter to minimum of $2,000	—	—	—	—	—	—	—	—
Chase Brass and Copper Company, Inc. Automobile Workers April 1958	Employee and dependents Diagnostic X-ray allowance (for cases in or out of hospital, if not entitled to other plan benefits)—up to $75	30 percent of amount in effect immediately prior to retirement or $1,000, whichever is 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.

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—			
											Benefits for employee and dependents		Benefits for retired employee and dependents	
Company only	Jointly	Company only	Jointly	Employee only	Company only	Jointly	Employee only	Company only	Jointly	Employee only	Employee	Company	Employee	Company
—	X	—	X	—	—	—	—	—	—	—	Employee's benefits: Basic hourly wage — Monthly contribution Less than $1.25 — $2.90 $1.25 to $1.69 — 3.60 $1.69 to $1.93 — 4.35 $1.93 to $2.41 — 6.55 $2.41 and over — 7.30 Dependents' benefits: One dependent, $1.25 per month; more than 1 dependent, $2.00	Balance of cost	—	—
—	X	—	X	—	—	X	—	—	—	X	Hospitalization, surgical, and medical: Balance of cost	Life insurance and accident and sickness benefits: Full cost [1] Other benefits: Benefits for employee only, $4 per month; for employee and dependents, $9	Life insurance: $0.60 per month per $1,000 of insurance Other benefits: Full cost	Life insurance: Balance of cost
X	—	—	X	—	X	—	—	—	—	—	Dependents' benefits: Child or children only, $0.66 per week, wife only or wife and children, $1.29 [2]	Employee's benefits: Full cost Dependents' benefits: Balance of cost	—	Full cost
—	X	X	—	—	X	—	—	X	—	—	Life insurance: $0.60 per month per $1,000 of insurance in excess of $2,000	Life insurance: Full cost of 1st $2,000 of insurance; balance of cost of additional insurance Other benefits: Full cost	—	Full cost

[1] Employee covered by additional life insurance pays the additional cost for this coverage.
[2] Effective August 1958. Prior to August 1958, employee's weekly contribution for dependents' benefits was as follows: Child or children only, $1.14; wife only or wife and children, $1.77.

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 dismemberment	Multi-dismemberment
				Maintained / Paid in—					
Bethlehem Steel Company Steelworkers February 1958	Immediately or 1st of following month	Standard hourly base rate — Insurance Less than $1.94 — $3,500 $1.94 to $2.32 — 4,000 $2.32 to $2.70 — 4,500 $2.70 to $3.14 — 5,000 $3.14 to $3.52 — 5,500 $3.52 and over — 6,000	60	Until age 65, thereafter same as for retired employee / —	—	—	—	—	—
Weirton Steel Company Independent Steelworkers Union March 1958	Life insurance: Immediately or 1st of following month Other benefits: 1st of 3d month following month of employment	Employee			Nonoccupational; occupational	Annual earnings (exclusive of bonus)			
		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 and up — 6,000	60	— / Installments		Less than $1,500.01	$1,500	$ 750	$1,500
						$1,500.01 to $2,000.01	2,000	1,000	2,000
						$2,000.01 to $2,500.01	2,500	1,250	2,500
						$2,500.01 to $3,000.01	3,000	1,500	3,000
						$3,000.01 to $3,500.01	3,500	1,750	3,500
						$3,500.01 to $4,000.01	4,000	2,000	4,000
						$4,000.01 to $4,500.01	4,500	2,250	4,500
						$4,500.01 to $5,000.01	5,000	2,500	5,000
						$5,000.01 to $6,000.01 and up	6,000	3,000	6,000
		Dependent wife							
		$1,000	—	— / —					
		Dependent 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	Standard hourly base rate / Weekly benefit Less than $1.94 — $42 $1.94 to $2.32 — 45 $2.32 to $2.70 — 48 $2.70 to $3.14 — 51 $3.14 to $3.52 — 54 $3.52 and over — 57	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
Occupational	Difference between Workmen's Compensation benefit and above amount														
Nonoccupational	Annual earnings (exclusive of bonus) / Weekly benefit Less than $3,500.01 — $42.00 $3,500.01 to $4,500.01 — 49.00 $4,500.01 to $6,000.01 — 56.00 $6,000.01 and over — 59.50	26 weeks per disability	60	26 weeks during any 12 consecutive months	8th day retroactive to 1st after 21 days of disability	8th day retroactive to 1st after 21 days of disability	Employee and dependents								
							Up to $12	70 days	—	—	$840	Up to $300	X	—	Up to $300
Occupational accidents only	Difference between Workmen's Compensation benefit and above amount	26 weeks per disability	—	—	8th day retroactive to 1st after 21 days of disability	—									

COMPANY, UNION, AND DATE OF INFORMATION	SURGICAL				MEDICAL								
						Employee							
						Allowance					Benefits begin		
	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—	Home	Office	Hospital	Elsewhere	Maximum compensation	Sickness	Accident	Maximum number visits paid for	Maximum number days paid for
		Employee	Dependents											
Bethlehem Steel Company Steelworkers February 1958	—	Maximum schedule allowance $300	$300	Hospital, office, home, elsewhere	—	—	—	—	—	—	—	—	—	—
		Tonsillectomy Up to $50	Up to $50											
		Appendectomy Up to $150	Up to $150											
Weirton Steel Company Independent Steelworkers Union March 1958	—	Maximum schedule allowance $250	$250	Hospital, office, home, elsewhere	—	—	—	—	—	—	—	—	—	—
		Tonsillectomy Up to $45	Up to $45											
		Appendectomy Up to $140	Up to $140											

INSURANCE PLANS - Continued

MEDICAL - Continued										MATERNITY PROVISIONS								
Dependents											Hospitalization					Surgical	Medical	
Allowance				Maximum compensation	Benefits begin		Maximum number visits paid for	Maximum number days paid for	Other provisions	Accident and sickness	Daily benefit or service	Duration	Maximum room and board allowance	Extra allowance or services	Lump sum	Schedule allowance for normal delivery	Amounts and limitations	Benefits available to newly insured
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 $90	—	
—	—	—	—	—	—	—	—	—	—	Regular benefits for 6 weeks	Employee and dependent							Employee and dependent: After 9 months
											Up to $12	70 days	$840	Up to $180	—	Up to $85	—	

COMPANY, UNION, AND DATE OF INFORMATION	OTHER BENEFITS[1]	EXTENSION OF BENEFITS TO— (must be at least on group rate basis)								
		Retired employee					Dependents of retired employee			
	Types and amounts	Life insurance	Accidental death and dismemberment	Hospitalization	Surgical	Medical	Life insurance	Hospitalization	Surgical	Medical
Bethlehem Steel Company Steelworkers February 1958	Employee and dependents Anesthesia allowance (for surgery performed in or out of hospital by licensed physician other than operating surgeon or his assistant or employee of hospital)—if surgical benefit is $75 or under, $15; if surgical benefit is over $75, 20 percent of surgical benefit Diagnostic X-ray allowance (for cases in or out of hospital)—up to $75 during any 12-month period Diagnostic examination allowance (for cases in or out of hospital)—up to $75 during any 12-month period Radiation therapy allowance (for cases in or out of hospital)—up to $7.50 per treatment; maximum allowance per condition ranges from $75 to $200	Retiring at age 65: Amount in effect immediately prior to retirement reduced according to following schedule: Standard hourly rate immediately prior to retirement — Amount continued Less than $1.94 — $1,300 $1.94 to $2.32 — 4,000 $2.32 to $2.70 — 4,500 $2.70 to $3.14 — 5,000 $3.14 to $3.52 — 5,500 $3.52 and over — 6,000 Retiring prior to age 65: Amount in effect immediately prior retirement maintained until age 65; thereafter, same as for employee retiring at age 65	—	—	—	—	—	—	—	—
Weirton Steel Company Independent Steelworkers Union March 1958	—	Retiring after age 60 with 15 years[1] service: $1,250[2]	—	Retiring at normal retirement age: Room and board allowance, $9 per day, $279 per year; allowance for extra services, up to $200	Retiring at normal retirement age: 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.

[2] Retired employee may continue total amount of insurance (up to $30,000) in effect immediately prior to retirement by contributing toward 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—			
											Benefits for employee and dependents		Benefits for retired employee and dependents	
Company only	Jointly	Company only	Jointly	Employee only	Company only	Jointly	Employee only	Company only	Jointly	Employee only	Employee	Company	Employee	Company
—	X	—	X	—	—	X [1]	—	—	—	—	Standard hourly base rate / Monthly contribution: No dependents / With dependents Less than $1.94 — $7.50 / $9.50 $1.94 to $2.32 — 7.80 / 9.80 $2.32 to $2.70 — 8.10 / 10.10 $2.70 to $3.14 — 8.40 / 10.40 $3.14 to $3.52 — 8.70 / 10.70 $3.52 and over — 9.00 / 11.00	Balance of cost—amount equal to employee's contribution	[1]	[1]
—	X	—	X	—	—	X	—	—	X	—	40 percent of cost	60 percent of cost	Hospitalization and surgical: $1 per month [2]	Life insurance: Full cost [3] Other benefits: $1.50 per month [2]

[1] Financed by active employee and company contributions; see contribution columns for benefits for employee and dependents.
[2] Deficit, if any, is made up from reserve fund.
[3] Employee 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				
	New employees become eligible—	Amount	If permanently and totally disabled			Cases covered	Amount			
			Before age—	Insurance is—			Graduated according to—	Death	Single dismemberment	Multi-dismemberment
				Maintained	Paid in—					
United States Steel Corporation Steelworkers February 1958	Immediately or 1st of following month	Standard hourly wage rate — Insurance Less than $1.94 — $3,500 $1.94 to $2.32 — 4,000 $2.32 to $2.70 — 4,500 $2.70 to $3.14 — 5,000 $3.14 to $3.52 — 5,500 $3.52 and over — 6,000 ([1])	60	Until age 65, thereafter, same as for retired employee	—	—	—	—	—	—

[1] Additional insurance provided at 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	Standard hourly wage rate / Weekly benefit: Less than $1.94 — $42 $1.94 to $2.32 — 45 $2.32 to $2.70 — 48 $2.70 to $3.14 — 51 $3.14 to $3.52 — 54 $3.52 and over — 57	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
Occupational	Difference between Workmen's Compensation benefit and above amount														

COMPANY, UNION, AND DATE OF INFORMATION	SURGICAL				MEDICAL									
		Operation schedule—selected allowances				Employee								
						Allowance					Benefits begin			
	Up to schedule allowance accepted as full payment if annual income is under—	Employee	Dependents	Covers cases in—	Up to schedule allowance accepted as full payment if annual income is under—	Home	Office	Hospital	Elsewhere	Maximum compensation	Sickness	Accident	Maximum number visits paid for	Maximum number days paid for
United States Steel Corporation Steelworkers February 1958	—	Maximum schedule allowance $300	$300	Hospital, office, home, elsewhere	—	—	—	—	—	—	—	—	—	—
		Tonsillectomy Up to $50	Up to $50											
		Appendectomy Up to $150	Up to $150											

INSURANCE PLANS - Continued

MEDICAL - Continued										MATERNITY PROVISIONS								
Dependents											Hospitalization					Surgical	Medical	
Allowance				Maximum compensation	Benefits begin		Maximum number visits paid for	Maximum number days paid for	Other provisions	Accident and sickness	Daily benefit or service	Duration	Maximum room and board allowance	Extra allowance or services	Lump sum	Schedule allowance for normal delivery	Amounts and limitations	Benefits available to newly insured
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
											Semi-private room	10 days	—	Full cost of specified services	—	Up to $90	—	

COMPANY, UNION, AND DATE OF INFORMATION	OTHER BENEFITS[1]	EXTENSION OF BENEFITS TO— (must be at least on group rate basis)								
		Retired employee					Dependents of retired employee			
	Types and amounts	Life insurance	Accidental death and dismemberment	Hospitalization	Surgical	Medical	Life insurance	Hospitalization	Surgical	Medical
United States Steel Corporation Steelworkers February 1958	Employee and dependents Anesthesia allowance (for surgery performed in or out of hospital by licensed physician other than operating surgeon or his assistant or employee of hospital)—if surgical benefit is $75 or under, $15; if surgical benefit is over $75, 20 percent of surgical benefit Diagnostic X-ray allowance (for cases in or out of hospital)—up to $75 during any 12-month period Diagnostic examination allowance (for cases in or out of hospital)—up to $75 during any 12-month period Radiation therapy allowance (for cases in or out of hospital)—up to $7.50 per treatment; maximum allowance per condition ranges from $75 to $200	Retiring at age 65: Amount in effect immediately prior to retirement reduced according to following schedule: Standard hourly rate immediately prior to retirement — Amount continued Less than $1.94 — $1,300 $1.94 to $2.32 — 1,350 $2.32 to $2.70 — 1,400 $2.70 to $3.14 — 1,450 $3.14 to $3.52 — 1,500 $3.52 and over — 1,550 Retiring after age 60 but before age 65 owing to disability: Amount in effect prior to retirement maintained until age 65, thereafter, same as for employee retiring at age 65	—	—	—	—	—	—	—	—

[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.

FINANCING

Benefits for employee		Benefits for employee's dependents			Benefits for retired employee			Benefits for dependents of retired employee			Amount of contribution for—			
											Benefits for employee and dependents		Benefits for retired employee and dependents	
Company only	Jointly	Company only	Jointly	Employee only	Company only	Jointly	Employee only	Company only	Jointly	Employee only	Employee	Company	Employee	Company
—	X	—	X	—	—	X [1]	—	—	—	—	See table below	Amount equal to employee's contribution	[1]	[1]

Standard hourly wage rate	Monthly contribution [2] No dependents	Monthly contribution [2] With dependents
Less than $1.94	$7.50	$ 9.50
$1.94 to $2.32	7.80	9.80
$2.32 to $2.70	8.10	10.10
$2.70 to $3.14	8.40	10.40
$3.14 to $3.52	8.70	10.70
$3.52 and over	9.00	11.00

[1] Financed by active employee and company contributions; see contribution columns for benefits for employee and dependents.
[2] 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			Cases covered	Amount			
			Before age—	Insurance is—			Graduated according to—	Death	Single dismemberment	Multi-dismemberment
				Maintained	Paid in—					
American Can Company Steelworkers February 1958	Immediately or 1st of following month	Base weekly earnings / Insurance: Men / Women Less than $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	At any age	Until normal retirement age, then reduced in same manner as for retired employee except that amount of insurance for employee with less than 15 years' service is reduced to $1,375 instead of $500	—	—	—	—	—	—
American Radiator and Standard Sanitary Corporation (Louisville, Ky.) Standard Allied Trades Council January 1958	After 1 month's employment	$1,000	60	X	—	Nonoccupational; occupational	—	$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	Base weekly earnings / Weekly benefit Less than $76.00 — $42.00 $76.00 to $88.00 — 45.00 $88.00 to $100.00 — 48.00 $100.00 to $115.39 — 53.50 $115.39 to $126.93 — 60.00 and up	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	$40 per week	26 weeks per disability	—	—	1st day	8th day	Employee and dependents								
							Up to $14	31 days	—	—	$434	Up to $250, plus 75 percent of next $4,000 of charges	—	X	Up to $250, plus 75 percent of next $4,000 of charges

COMPANY, UNION, AND DATE OF INFORMATION	SURGICAL				MEDICAL									
						Employee								
						Allowance								
	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—	Home	Office	Hospital	Elsewhere	Maximum compensation	Benefits begin		Maximum number visits paid for	Maximum number days paid for
		Employee	Dependents								Sickness	Accident		
American Can Company Steelworkers February 1958	—	Maximum schedule allowance $300	$300	Hospital, office, home, elsewhere	—	—	—	$4 for each day of confinement[1]	—	$124 per disability	1st day	1st day	—	31 per disability
		Tonsillectomy Up to $60	Under age 12, up to $36; over age 12, up to $60											
		Appendectomy Up to $150	Up to $150											
American Radiator and Standard Sanitary Corporation (Louisville, Ky.) Standard Allied Trades Council January 1958	—	Maximum schedule allowance $300	$300	Hospital, office, home, elsewhere	—	—	—	$5 for each day of confinement	—	$155 per disability	1st day	1st day	—	31 per disability
		Tonsillectomy Up to $45	Up to $45											
		Appendectomy Up to $150	Up to $150											

[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											Hospitalization					Surgical	Medical	
Allowance				Maximum compensation	Benefits begin		Maximum number visits paid for	Maximum number days paid for	Other provisions	Accident and sickness	Daily benefit or service	Duration	Maximum room and board allowance	Extra allowance or services	Lump sum	Schedule allowance for normal delivery	Amounts and limitations	Benefits available to newly insured
Home	Office	Hospital	Elsewhere		Sickness	Accident												
—	—	$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
											Semi-private room	31 days	—	Full cost of specified services	—	Up to $90	—	
—	—	$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
											—	—	—	—	Up to $125	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.

COMPANY, UNION, AND DATE OF INFORMATION	OTHER BENEFITS	EXTENSION OF BENEFITS TO— (must be at least on group rate basis)								
		Retired employee					Dependents of retired employee			
	Types and amounts	Life insurance	Accidental death and dismemberment	Hospitalization	Surgical	Medical	Life insurance	Hospitalization	Surgical	Medical
American Can Company Steelworkers February 1958	Employee and dependents Anesthesia allowance (for surgery performed in or out of hospital by licensed physician other than operating surgeon or his assistant or employee of hospital)—if surgical benefit is $75 or under, $15; if surgical benefit is over $75, 20 percent of surgical benefit Diagnostic X-ray allowance (for cases in or out of hospital)—up to $75 during any 12-month period Diagnostic examination allowance (for cases in or out of hospital)—up to $75 during any 12-month period Radiation therapy allowance (for cases in or out of hospital)—up to $7.50 per treatment, maximum allowance per condition ranges from $75 to $200	Retiring at age 65 with at least 10 years' service: Amount in effect reduced according to service: Years of service: 25 or more — Amount continued: Percent 50, Minimum — 15 to 25 — Percent 25, Minimum $1,375 10 to 15 — Percent —, Minimum 500	—	—	—	—	—	—	—	—
American Radiator and Standard Sanitary Corporation (Louisville, Ky.) Standard Allied Trades Council January 1958	Employee and dependents Diagnostic X-ray and laboratory examination allowance (for cases in or out of hospital)—up to $50 per disability	—	—	—	—	—	—	—	—	—

FINANCING

Benefits for employee		Benefits for employee's dependents			Benefits for retired employee			Benefits for dependents of retired employee			Amount of contribution for—			
											Benefits for employee and dependents		Benefits for retired employee and dependents	
Company only	Jointly	Company only	Jointly	Employee only	Company only	Jointly	Employee only	Company only	Jointly	Employee only	Employee	Company	Employee	Company
X	—	X	—	—	X	—	—	—	—	—	—	Full cost	—	Full cost
—	X	—	X	—	—	—	—	—	—	—	Benefits for employee only, $0.75 per week; for employee and dependents, $1.50	$7.603 per month per active participating 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 dismemberment	Multi-dismemberment
				Maintained	Paid in—					
California Metal Trades Association Various unions January 1958	Immediately or 1st of following month	$2,000	60	X	—	Nonoccupational	—	$2,000	$1,000	$2,000
Continental Can Company, Inc. Steelworkers February 1958	1st of month following month employment commences	Annual base pay — Insurance Less than $4,000 — $ 6,000 $4,000 to $5,000 — 8,000 $5,000 to $6,000 — 10,000 $6,000 to $7,000 — 12,000 and up	65	For 1 year (or for period insured, if less than 1 year)	—	—	—	—	—	—
Deere and Company Automobile Workers April 1958	Immediately or 1st of following month	Service — Insurance Less than 6 months — $ 500 6 months to 2 years — 2,500 2 years and over — One year's earnings: Minimum—$2,500 Maximum—$50,000	65	—	Installments	Nonoccupational	Service Less than 6 months — $ 500 6 months to 2 years — 2,500 2 years and over — One year's earnings: Minimum—$2,500 Maximum—$20,000	$ 500 2,500 One year's earnings: Minimum—$2,500 Maximum—$20,000	$ 250 1,250 50 percent of death benefit	$ 500 2,500 One year's earnings: Minimum—$2,500 Maximum—$20,000

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—											
—	—	—	—	—	—	—	Employee and dependents								
[1]	[1]	[1]	[1]	[1]	[1]	[1]	Ward accommodation	100 days	—	—	—	Up to $300, plus 75 percent of next $4,000 of charges, plus up to $25 ambulance allowance	—	X	Up to $300, plus 75 percent of next $4,000 of charges, plus up to $25 ambulance allowance
Nonoccupational	Annual base pay / Weekly benefit Less than $3,500 — $40 $3,500 to $4,000 — 45 $4,000 to $4,500 — 50 $4,500 and over — 55	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
Occupational	Difference between Workmen's Compensation benefit and above amount														
Nonoccupational	Hourly earnings / Weekly benefit Less than $2.00 — $42.50 $2.00 to $2.30 — 50.00 $2.30 to $2.60 — 57.50 $2.60 to $2.90 — 65.00 $2.90 and over — 72.50	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
Occupational	Difference between Workmen's Compensation benefit and above amount														

[1] 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									
						Employee								
						Allowance						Benefits begin		
	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—	Home	Office	Hospital	Elsewhere	Maximum compensation	Sickness	Accident	Maximum number visits paid for	Maximum number days paid for
		Employee	Dependents											
California Metal Trades Association Various unions January 1958	—	Maximum schedule allowance $350	$350	Hospital, office, home, elsewhere	—	Up to $6 per visit	Up to $4 per visit	Up to $4 per visit	—	Home and office: $300 per year Hospital: $400 per year	Home and office: 3d visit Hospital: 1st visit	1st visit	1 per day	—
		Tonsillectomy Up to $53	Up to $53											
		Appendectomy Up to $175	Up to $175											
Continental Can Company, Inc. Steelworkers February 1958	—	Maximum schedule allowance $300	$300	Hospital, office, home, elsewhere	—	—	—	$4 for each day of confinement[1]	—	$124 per disability	1st day	1st day	—	31 per disability
		Tonsillectomy Up to $60	Under age 12, up to $36; over age 12, up to $60											
		Appendectomy Up to $150	Up to $150											
Deere and Company Automobile Workers April 1958	—	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 disability, whichever is greater	1st day	1st day	1 per day	—
		Tonsillectomy Up to $45	Up to $45											
		Appendectomy Up to $150	Up to $150											

[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										Hospitalization					Surgical	Medical	
Allowance				Maximum compensation	Benefits begin		Maximum number visits paid for	Maximum number days paid for	Other provisions	Accident and sickness	Daily benefit or service	Duration	Maximum room and board allowance	Extra allowance or services	Lump sum	Schedule allowance for normal delivery	Amounts and limitations	Benefits available to newly insured
Home	Office	Hospital	Elsewhere		Sickness	Accident												
—	—	Up to $4 per visit	—	$100 per disability	1st visit	1st visit	1 per day	——	—	—	Employee and dependent							Employee and dependent: If pregnancy commences while insured
													Up to $150 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 and dependent							Employee and dependent: If pregnancy commences while insured
											Semi-private room	14 days	—	Full cost of specified services	—	Up to $90	—	
—	—	$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.

COMPANY, UNION, AND DATE OF INFORMATION	OTHER BENEFITS[1]	EXTENSION OF BENEFITS TO— (must be at least on group rate basis)								
		Retired employee					Dependents of retired employee			
	Types and amounts	Life insurance	Accidental death and dismemberment	Hospitalization	Surgical	Medical	Life insurance	Hospitalization	Surgical	Medical
California Metal Trades Association Various unions January 1958	Employee and dependents Additional accident expense allowance (for expenses incurred within 90 days of accident in excess of those covered by other plan benefits)—up to $300 Polio allowance (in lieu of all other plan benefits, for all expenses incurred within 2 years after disability commences)—up to $5,000 Diagnostic X-ray and laboratory allowance for nonhospitalized cases—up to $100 for any one accident and all sicknesses during any 12-month period	—	—	—	—	—	—	—	—	—
Continental Can Company, Inc. Steelworkers February 1958	Employee and dependents Anesthesia allowance (for surgery performed in or out of hospital by licensed physician other than operating surgeon or his assistant or employee of hospital)—if surgical benefit is $75 or under, $15; if surgical benefit is over $75, 20 percent of surgical benefit Diagnostic X-ray allowance (for cases out of hospital)—up to $75 during any 12-month period Diagnostic examination allowance (for cases in or out of hospital)—up to $75 during any 12-month period Radiation therapy allowance (for cases in or out of hospital)—up to $7.50 per treatment; maximum allowance per condition ranges from $75 to $200	Retiring at age 65: Amount in effect immediately prior to retirement reduced 10 percent immediately and 10 percent annually for next 4 anniversaries of retirement	—	—	—	—	—	—	—	—
Deere and Company Automobile Workers April 1958	Employee only Laboratory and X-ray examination allowance for nonhospitalized cases—up to $25 per disability Employee and dependents Allowance for emergency care and treatment if treated in doctor's office instead of hospital, in connection with accident—up to $15 for expenses in excess of medical, laboratory and X-ray examination benefits	$1,000 Disability retirement: 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—			
											Benefits for employee and dependents		Benefits for retired employee and dependents	
Company only	Jointly	Company only	Jointly	Employee only	Company only	Jointly	Employee only	Company only	Jointly	Employee only	Employee	Company	Employee	Company
X	—	X	—	—	—	—	—	—	—	—	—	Full cost—$13.75 per month per employee	—	—
X	—	X	—	—	X	—	—	—	—	—	—	Full cost	—	Full cost
—	X	—	X	—	—	X	—	—	X	—	All benefits except life and accidental death and dismemberment insurance: Monthly contribution Hourly earnings / No dependents / With dependents Less than $2.00 — $3.27 — $7.07 $2.00 to $2.30 — 3.50 — 7.30 $2.30 to $2.60 — 3.73 — 7.53 $2.60 to $2.90 — 3.96 — 7.76 $2.90 and over — 4.19 — 7.99	Life and accidental death and dismemberment insurance: Full cost Other benefits: Balance of cost	Hospitalization and surgical: Benefits for employee only, $1.35 per month; for employee and dependents, $5.04	Life insurance: Full cost Other benefits: 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 dismemberment	Multi-dismemberment
				Maintained	Paid in—					
International Harvester Company Automobile Workers April 1956	After 3 months' employment	$2,800 combination term and paid-up insurance	At any age	For 1 year [1]	—	Nonoccupational	—	$2,800	$1,400 ([2])	$2,800 ([3])
		Additional group term insurance: Base weekly earnings — Insurance Less than $48.08 — $2,000 $48.08 to $67.31 — 3,000 $67.31 to $86.54 — 4,000 $86.54 to $105.77 — 5,000 $105.77 to $125.00 and up — 6,000	60	X	—					
Caterpillar Tractor Company Automobile Workers April 1958	After 30 days' employment	Base hourly rate — Insurance Less than $1.345 — $2,000 $1.345 to $1.685 — 3,000 $1.685 to $2.255 — 4,000 $2.255 to $2.755 — 5,000 $2.755 and over — 6,000 ([4])	65 and insured 2 years	—	Installments; payments cease at age 65	Nonoccupational; occupational	Base hourly rate Less than $1.345 — $2,000 / $1,000 / $2,000 $1.345 to $1.685 — 3,000 / 1,500 / 3,000 $1.685 to $2.255 — 4,000 / 2,000 / 4,000 $2.255 to $2.755 — 5,000 / 2,500 / 5,000 $2.755 and over — 6,000 / 3,000 / 6,000			

[1] Upon expiration of 1 year, employee may retain paid-up insurance purchased by his contributions or receive the cash surrender value.
[2] Available in case of loss of an eye owing to injury only or loss of hand or foot owing to disease or injury.
[3] Available in case of loss of both eyes owing to disease or injury.
[4] Additional insurance provided at extra cost.

INSURANCE PLANS - Continued

ACCIDENT AND SICKNESS							HOSPITALIZATION								
Cases covered	Amount	Duration of benefits: Period	Except: After age—	Except: Benefits limited to—	Benefits begin: Accident	Benefits begin: Sickness	Daily benefit or service	Duration	Extended coverage: Days	Extended coverage: Daily amount	Maximum room and board allowance	Extra allowance or service	Per year	Per disability	Emergency out-patient care
Nonoccupational	Base weekly earnings / Weekly benefit: Less than $60 — $35 $60 to $70 — 42 $70 to $80 — 49 $80 to $90 — 56 $90 to $100 — 63 $100 and over — 70	52 weeks per disability	—	—	1st day	8th day or 1st in hospital	Employee and dependents								
							Semi-private room	120 days	—	—	—	Up to $250, plus 75 percent of additional charges	—	X	Required services provided
Occupational	Difference between Workmen's Compensation benefit and above amount														
Nonoccupational	Base hourly rate / Weekly benefit: Less than $1.345 — $25 $1.345 to $1.685 — 36 $1.685 to $2.255 — 48 $2.255 to $2.755 — 60 $2.755 and over — 72	26 weeks per disability	—	—	8th day or 1st in hospital	8th day or 1st in hospital	Employee and dependents								
							Semi-private room	70 days	—	—	—	Full cost of specified services	—	X	Required services provided
Occupational	Difference between Workmen's Compensation benefit and above amount														

COMPANY, UNION, AND DATE OF INFORMATION	SURGICAL				MEDICAL									
						Employee								
						Allowance						Benefits begin		
	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—	Home	Office	Hospital	Elsewhere	Maximum compensation	Sickness	Accident	Maximum number visits paid for	Maximum number days paid for
		Employee	Dependents											
International Harvester Company Automobile Workers April 1958	—	Maximum schedule allowance $250	$250	Hospital, office, home, elsewhere	—	—	—	$5 for each day of confinement	—	$600 per disability	1st day	1st day	—	120 per disability
		Tonsillectomy Up to $37.50	Up to $37.50											
		Appendectomy Up to $125	Up to $125											
Caterpillar Tractor Company Automobile Workers April 1958	—	Maximum schedule allowance $250	$250	Hospital, office, home, elsewhere	—	—	—	$3.50 for each day of confinement	—	$245 per disability	1st day	1st day	—	70 per disability
		Tonsillectomy Up to $50	Child, up to $30; adult, up to $50											
		Appendectomy Up to $125	Up to $125											

INSURANCE PLANS - Continued

MEDICAL - Continued									MATERNITY PROVISIONS								
Dependents										Hospitalization					Surgical	Medical	
Allowance				Maximum compensation	Benefits begin		Maximum number visits paid for	Maximum number days paid for	Other provisions	Accident and sickness	Daily benefit or service	Duration	Maximum room and board allowance	Extra allowance or services	Lump sum	Schedule allowance for normal delivery	Amounts and limitations	Benefits available to newly insured
Home	Office	Hospital	Elsewhere		Sickness	Accident												
—	—	$5 for each day of confinement	—	$600 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	120 days	—	Up to $250, plus 75 percent of additional charges	—	Up to $62.50	—	
—	—	$3.50 for each day of confinement	—	$245 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 $75	—	

COMPANY, UNION, AND DATE OF INFORMATION	OTHER BENEFITS [1]	EXTENSION OF BENEFITS TO— (must be at least on group rate basis)								
		Retired employee					Dependents of retired employee			
	Types and amounts	Life insurance	Accidental death and dismemberment	Hospitalization	Surgical	Medical	Life insurance	Hospitalization	Surgical	Medical
International Harvester Company Automobile Workers April 1958	Employee and dependents Diagnostic X-ray and laboratory examination allowance for nonhospitalized cases—up to $25 per disability	Retiring at age 60 with 10 years' service and insured for 5 years at time of retirement, or at age 55 with 15 years' service if owing to disability: Amount of paid-up insurance accumulated prior to retirement or amount based on service as listed below, whichever is greater: Years of service — Amount 25 and over — $1,800 20 to 25 — 1,500 15 to 20 — 1,200 10 to 15 — 1,000 ([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
Caterpillar Tractor Company Automobile Workers April 1958	Employee only Diagnostic X-ray and laboratory examination allowance for nonhospitalized cases—up to $25 for any one accident or for all sicknesses during any 12-month period	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 maximum hospitalization and surgical benefits limited during retirement to $1,000	Retiring at age 65 with 10 years' service and insured 5 years at time of retirement: Same as for active employee but maximum hospitalization and surgical benefits limited during retirement to $1,000	—	—	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] Employee retiring owing to disability has option of receiving additional group term insurance in installments or having it maintained.

FINANCING

Benefits for employee		Benefits for employee's dependents			Benefits for retired employee			Benefits for dependents of retired employee			Amount of contribution for—			
											Benefits for employee and dependents		Benefits for retired employee and dependents	
Company only	Jointly	Company only	Jointly	Employee only	Company only	Jointly	Employee only	Company only	Jointly	Employee only	Employee	Company	Employee	Company
—	X	—	X	—	—	X	—	—	X	—	Combination paid-up and term life insurance: 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] Additional group term life insurance: Base weekly earnings — Monthly contribution 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 Dismemberment insurance and accident and sickness benefit: Base weekly earnings — Monthly contribution Less than $60 — $1.95 $60 to $70 — 2.34 $70 to $80 — 2.73 $80 to $90 — 3.16 $90 to $100 — 3.55 $100 and over — 3.94 Hospitalization, surgical, and medical: Benefits for employee only, $1.85 per month; for employee and 1 dependent, $4.07; for employee and 2 or more dependents, $5.47	Accidental death insurance: Full cost Other benefits: 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) and guaranteed minimum coverage Other benefits: Benefits for employee only, $3.70 per month; for employee and spouse, $8.14	Other benefits: Balance of cost
—	X	—	X	—	—	X	—	—	X	—	Life and accidental death and dismemberment insurance and accident and sickness benefit: Base hourly rate — Monthly contribution [2] Less than $1.345 — $1.80 $1.345 to $1.685 — 2.50 $1.685 to $2.255 — 3.20 $2.255 to $2.755 — 3.90 $2.755 and over — 4.60 Other benefits: 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	Balance of cost	Hospitalization and surgical: 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	Life insurance: Full cost Hospitalization and surgical: Balance of cost

[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] 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		Cases covered	Amount			
				Before age—	Insurance is—		Graduated according to—	Death	Single dismemberment	Multi-dismemberment
					Maintained / Paid in—					
Radio Corporation of America Electrical (IUE); Electrical (IBEW) February 1958	Life insurance and accident and sickness benefits: Immediately or 1st of following month Other benefits: After 60 days[1] employment	Annual base wage — Insurance: Less than $1,200 — $1,500 $1,200 to $1,800 — 2,500 $1,800 to $2,400 — 3,500 $2,400 to $3,000 — 4,000 $3,000 to $3,600 — 5,000 $3,600 to $4,200 — 6,000 $4,200 to $4,800 — 7,000 $4,800 to $5,400 — 8,000 $5,400 to $6,000 — 9,000 $6,000 to $6,600 — 10,000		60	Maintained: — / Paid in: Installments	—	—	—	—	—
		$250 [1]		—	— / —					

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

INSURANCE PLANS - Continued

Cases covered	ACCIDENT AND SICKNESS: Amount	Duration of benefits: Period	Except: After age—	Except: Benefits limited to—	Benefits begin: Accident	Benefits begin: Sickness	HOSPITALIZATION: Daily benefit or service	Duration	Extended coverage: Days	Extended coverage: Daily amount	Maximum room and board allowance	Extra allowance or service	Per year	Per disability	Emergency out-patient care
Nonoccupational	Basic benefit						Employee and dependents[1]								
	Average weekly earnings / Weekly benefit: Less than $36 — $27 $36 to $40 — 30 $40 to $50 — 33 $50 to $60 — 36 $60 to $70 — 38 $70 to $80 — 40 $80 to $90 — 42 $90 and over — 45	26 weeks per disability	—	—	8th day, retroactive to 1st after 4 weeks' disability	8th day, retroactive to 1st after 4 weeks' disability	Up to $11	70 days	—	—	$770	Up to $100	—	X	Up to $50
	Supplementary benefit						Supplementary benefits for employee only[2]								
	$2.10 per day	100 days per disability	—	—	Upon cessation of basic benefit	Upon cessation of basic benefit	$2	20 days	—	—	$40	—	X	—	
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									

[1] For Camden, N. J., employees and their dependents; benefits for employees in other areas may vary according to local hospital rates.
[2] Provided in addition to basic hospitalization benefits; payable only if employee is continuously confined to hospital for at least 8 days and is receiving accident and sickness benefits.

COMPANY, UNION, AND DATE OF INFORMATION	SURGICAL				MEDICAL									
						Employee								
						Allowance								
	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—	Home	Office	Hospital	Elsewhere	Maximum compensation	Benefits begin		Maximum number visits paid for	Maximum number days paid for
		Employee	Dependents								Sickness	Accident		
Radio Corporation of America Electrical (IUE); Electrical (IBEW) February 1958	—	Maximum schedule allowance		Hospital, office, home, elsewhere ([1])	—	—	—	Up to $4 per day	—	$ 280 per disability	1st day	1st day	—	70 per disability
		$250	$250											
		Tonsillectomy												
		Up to $50	Up to $50											
		Appendectomy												
		Up to $166.50 ([1])	Up to $166.50 ([1])											

[1] For Camden, N. J., employees and their dependents; benefits for employees in other areas may vary according to local hospital rates.

INSURANCE PLANS - Continued

MEDICAL - Continued										MATERNITY PROVISIONS								
Dependents											Hospitalization					Surgical	Medical	
Allowance					Benefits begin													
Home	Office	Hospital	Elsewhere	Maximum compensation	Sickness	Accident	Maximum number visits paid for	Maximum number days paid for	Other provisions	Accident and sickness	Daily benefit or service	Duration	Maximum room and board allowance	Extra allowance or services	Lump sum	Schedule allowance for normal delivery	Amounts and limitations	Benefits available to newly insured
—	—	Up to $4 per day	—	$280 per disability	1st day	1st day	—	70 per disability	—	—	Employee and dependent[1]							Employee and dependent: If pregnancy commences while insured
											Up to $11	14 days	$154	Up to $80[2]	—	Up to $100	—	

[1] For Camden, N. J., employees and their dependents; benefits for employees in other areas may vary according to local hospital and surgical rates.
[2] Plus 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)								
		Retired employee					Dependents of retired employee			
	Types and amounts	Life insurance	Accidental death and dismemberment	Hospitalization	Surgical	Medical	Life insurance	Hospitalization	Surgical	Medical
Radio Corporation of America Electrical (IUE); Electrical (IBEW) February 1958	Employee and dependents Anesthesia allowance for cases in or out of hospital, if surgeon makes a separate charge for anesthesia—up to $15 Nonemergency accident and sickness allowance in out-patient department of hospital—up to $50 per disability Nonoccupational accident X-ray and laboratory examination allowance (for tests performed outside hospital)—up to $50 per accident	Retiring at age 65: With 10 or more years' 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 ([2])	—	([2])	([2])	—	—	([2])	([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] Retired employee may use the amount of life insurance in excess of $300 for payment of expenses incurred by him or his dependents for hospital and surgical care; benefits same as for active employee except that room and board allowance is $8 per day.

FINANCING

Benefits for employee		Benefits for employee's dependents			Benefits for retired employee			Benefits for dependents of retired employee			Amount of contribution for—			
											Benefits for employee and dependents		Benefits for retired employee and dependents	
Company only	Jointly	Company only	Jointly	Employee only	Company only	Jointly	Employee only	Company only	Jointly	Employee only	Employee	Company	Employee	Company
X	—	X	—	—	X	—	—	X	—	—	—	Full 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 dismemberment	Multi-dismemberment
				Maintained / Paid in—					
Westinghouse Electric Corporation Electrical (IUE) March 1958	After 3 months[1] employment	Prior to age 65: Hourly rate / Insurance Less than $1.25 — $ 3,750 $1.25 to $1.50 — 4,500 $1.50 to $1.75 — 5,250 $1.75 to $2.00 — 6,000 $2.00 to $2.25 — 6,750 $2.25 to $2.50 — 7,500 $2.50 to $2.75 — 8,250 $2.75 to $3.00 — 9,000 $3.00 to $3.25 — 9,750 $3.25 to $3.50 — 10,500 $3.50 to $3.75 — 11,250 $3.75 to $4.00 — 12,000 $4.00 and over — 13,500 After age 65:[1] For employee attaining age 65 prior to 1958, a percentage of insurance in effect on September 1, 1950, is continued if larger than amount indicated for employee attaining age 65 in 1958, or later. Percentage varies according to year 65 is attained— Year attaining age 65 / Percent of insurance continued 1955 — 55 1956 — 45 1957 — 35 For employee attaining age 65 in 1958 or later, amount in effect immediately prior to attainment of age 65 reduced 5 percent and reduced by like amount monthly thereafter, until amount in effect equals 25 percent of amount in effect prior to the original reduction	60 with 10 years[2] service and permanently and totally disabled[3]	$1,000	Installments, full amount less $1,000	Nonoccupational	Hourly rate Less than $1.25 — $1,875 / $ 937.50 / $1,875 $1.25 to $1.50 — 2,250 / 1,125.00 / 2,250 $1.50 to $1.75 — 2,625 / 1,312.50 / 2,625 $1.75 to $2.00 — 3,000 / 1,500.00 / 3,000 $2.00 to $2.25 — 3,375 / 1,687.50 / 3,375 $2.25 to $2.50 — 3,750 / 1,875.00 / 3,750 $2.50 to $2.75 — 4,125 / 2,062.50 / 4,125 $2.75 to $3.00 — 4,500 / 2,250.00 / 4,500 $3.00 to $3.25 — 4,875 / 2,437.50 / 4,875 $3.25 to $3.50 — 5,250 / 2,625.00 / 5,250 $3.50 to $3.75 — 5,625 / 2,812.50 / 5,625 $3.75 to $4.00 — 6,000 / 3,000.00 / 6,000 $4.00 and over — 6,750 / 3,375.00 / 6,750			
			60, insured 1 year and totally disabled	Until age 65, then reduced in same manner as for active employee / —					

[1] Employee must have 5 years' continuous service immediately prior to attaining age 65 to be eligible for insurance after age 65. Amount of life insurance reduced after age 65 by amount of hospital and surgical benefits paid after age 65.

[2] Also applicable to employee with 5 years but less than 10 years of service on December 1, 1955.

INSURANCE PLANS - Continued

ACCIDENT AND SICKNESS							HOSPITALIZATION								
Cases covered	Amount	Duration of benefits: Period	Duration of benefits: Except: After age—	Duration of benefits: Except: Benefits limited to—	Benefits begin: Accident	Benefits begin: Sickness	Daily benefit or service	Duration	Extended coverage: Days	Extended coverage: Daily amount	Maximum room and board allowance	Extra allowance or service	Per year	Per disability	Emergency out-patient care
Nonoccupational [1]	Hourly rate / Weekly benefit Less than $1.25 — $30.00 $1.25 to $1.50 — 32.00 $1.50 to $1.75 — 35.00 $1.75 to $2.00 — 37.50 $2.00 to $2.25 — 42.50 $2.25 to $2.50 — 47.50 $2.50 to $2.75 — 52.50 $2.75 to $3.00 — 57.50 $3.00 to $3.25 — 62.50 $3.25 to $3.50 — 67.50 $3.50 to $3.75 — 72.50 $3.75 to $4.00 — 77.50 $4.00 and over — 85.00 [1]	26 weeks per disability [1]	—	—	8th day or 1st day in hospital [1]	8th day or 1st day in hospital [1]	Employee and dependents [2] Up to $12 [3]	70 days	—	—	$840	Up to $100	—	X	Required services provided

[1] Benefit discontinued at age 65.

[2] At age 65, benefits cease for employee with less than 5 years' service and his dependents; for employee with 5 or more years' service and his dependents, total amount of hospital and surgical benefits limited to $750 during balance of employee's life. When hospital and surgical benefits are paid, a corresponding reduction is made in the employee's life insurance.

[3] Employee may elect alternative maximum daily benefit of $15 or $10; premiums are adjusted accordingly.

COMPANY, UNION, AND DATE OF INFORMATION	SURGICAL				MEDICAL								
		Operation schedule—selected allowances				Employee							
						Allowance					Benefits begin		
	Up to schedule allowance accepted as full payment if annual income is under—	Employee	Dependents	Covers cases in—	Up to schedule allowance accepted as full payment if annual income is under—	Home	Office	Hospital	Elsewhere	Maximum compensation	Sickness	Accident	Maximum number visits paid for	Maximum number days paid for
Westinghouse Electric Corporation Electrical (IUE) March 1958	—	Maximum schedule allowance $250	$250	Hospital, office, home, elsewhere	—	—	—	—	—	—	—	—	—	—
		Tonsillectomy Up to $50	Child, up to $30; wife, up to $50											
		Appendectomy Up to $125 ([1])	Up to $125 ([1])											

[1] At age 65, benefits cease for employee with less than 5 years' service and his dependents; for employee with 5 or more years' service and his dependents, total amount of hospital and surgical benefits limited to $750 during balance of employee's life. When hospital and surgical benefits are paid, a corresponding reduction is made in the employee's life insurance.

INSURANCE PLANS - Continued

MEDICAL - Continued										MATERNITY PROVISIONS								
Dependents											Hospitalization					Surgical	Medical	
Allowance				Maximum compensation	Benefits begin		Maximum number visits paid for	Maximum number days paid for	Other provisions	Accident and sickness	Daily benefit or service	Duration	Maximum room and board allowance	Extra allowance or services	Lump sum	Schedule allowance for normal delivery	Amounts and limitations	Benefits available to newly insured
Home	Office	Hospital	Elsewhere		Sickness	Accident												
—	—	—	—	—	—	—	—	—	—	Employee and dependent								Employee and dependent: If pregnancy commences while insured
												$150 maternity 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
Westinghouse Electric Corporation Electrical (IUE) March 1958	Employee and dependents Major medical expense allowance—75 percent of expenses in excess of other plan benefits during each medical expense period which is in excess of $100; maximum, $5,000 during any one medical expense period and $10,000 during all medical expense periods	Retiring at age 65 or later:[2] Same as for active employee after age 65 Retiring prior to age 65:[3] 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	—

[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 $1,000 life insurance left in force under permanent and total disability provision.

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—			
											Benefits for employee and dependents		Benefits for retired employee and dependents	
Company only	Jointly	Company only	Jointly	Employee only	Company only	Jointly	Employee only	Company only	Jointly	Employee only	Employee	Company	Employee	Company
—	X [1]	—	X	—	X [2]	—	—	X [2]	—	—	Benefits for employee prior to age 65 and dependents: Monthly contribution — Hourly rate: No dependents / With dependents — Up to $1.25: $3.30 / $ 9.40; $1.25 to $1.50: 3.60 / 9.80; $1.50 to $1.75: 3.90 / 10.20; $1.75 to $2.00: 4.20 / 10.60; $2.00 to $2.25: 4.50 / 11.00; $2.25 to $2.50: 4.80 / 11.40; $2.50 to $2.75: 5.10 / 11.80; $2.75 to $3.00: 5.40 / 12.20; $3.00 to $3.25: 5.70 / 12.60; $3.25 to $3.50: 6.00 / 13.00; $3.50 to $3.75: 6.30 / 13.40; $3.75 to $4.00: 6.60 / 13.80; $4.00 and over: 7.20 / 14.50 [1]	Benefits for employee prior to age 65 and dependents: Balance of cost [1] Benefits for employee after age 65 and dependents: Full cost	Benefits for employee prior to age 65 and dependents: Same as active employee	Benefits for employee prior to age 65 and dependents: Balance of cost Benefits for employee after age 65 and dependents: Full cost

[1] Effective November 1, 1958, company will pay full cost of employee's benefits.
[2] Benefits for employee retiring prior to age 65, except if owing to disability, and dependents are jointly financed until age 65.

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 dismemberment	Multi-dismemberment
				Maintained	Paid in—					
Ford Motor Company Automobile Workers April 1958	1st of month after 1 month's employment	Basic hourly rate / Insurance Less than $1.70 — $3,200 $1.70 to $1.90 — 3,600 $1.90 to $2.10 — 4,000 $2.10 to $2.30 — 4,400 $2.30 to $2.50 — 4,800 $2.50 to $2.70 — 5,200 $2.70 to $2.90 — 5,600 $2.90 to $3.10 — 6,000 $3.10 and over — 6,400	60	—	Installments	Nonoccupational; occupational	Basic hourly rate Less than $1.70 $1.70 to $1.90 $1.90 to $2.10 $2.10 to $2.30 $2.30 to $2.50 $2.50 to $2.70 $2.70 to $2.90 $2.90 to $3.10 $3.10 and over	$1,600 1,800 2,000 2,200 2,400 2,600 2,800 3,000 3,200	$ 800 900 1,000 1,100 1,200 1,300 1,400 1,500 1,600	$1,600 1,800 2,000 2,200 2,400 2,600 2,800 3,000 3,200
General Motors Corporation Automobile Workers April 1958	1st of month following or coinciding with 2 months' employment	Before age 65: Base hourly rate / Insurance Less than $1.38 — $3,500 $1.38 to $1.63 — 4,000 $1.63 to $1.88 — 4,500 $1.88 to $2.13 — 5,000 $2.13 to $2.38 — 5,500 $2.38 to $2.63 — 6,000 $2.63 to $2.88 — 6,500 $2.88 to $3.13 — 7,000 $3.13 and over — 7,500 After age 65: Insurance reduced 2 percent monthly until (1) for employees with 10 or more years' coverage, amount equals 1½ percent of amount in effect immediately prior to initial reduction multiplied by years of coverage up to 20, minimum—$500; or (2) for employees with less than 10 years' coverage, insurance reduced as above until separation from service or until amount in force is $500, whichever is earlier.	60 with 15 or more years' plan coverage	Until age 65, then reduced in same manner as for active employee (Optional)	Installments (1)	Nonoccupational; occupational	Base hourly rate Less than $1.38 $1.38 to $1.63 $1.63 to $1.88 $1.88 to $2.13 $2.13 to $2.38 $2.38 to $2.63 $2.63 to $2.88 $2.88 to $3.13 $3.13 and over	$1,750 2,000 2,250 2,500 2,750 3,000 3,250 3,500 3,750	$ 875 1,000 1,125 1,250 1,375 1,500 1,625 1,750 1,875	$1,750 2,000 2,250 2,500 2,750 3,000 3,250 3,500 3,750
			60 with 10 to 15 years' plan coverage	Until age 65, then reduced in same manner as for active employee	—					
North American Aviation, Inc. Automobile Workers April 1958	After 3 months' employment	$5,000	60	X	—	Nonoccupational; occupational	—	$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.

INSURANCE PLANS - Continued

ACCIDENT AND SICKNESS							HOSPITALIZATION								
Cases covered	Amount	Duration of benefits: Period	Except: After age—	Except: Benefits limited to—	Benefits begin: Accident	Benefits begin: Sickness	Daily benefit or service	Duration	Extended coverage: Days	Extended coverage: Daily amount	Maximum room and board allowance	Extra allowance or service	Per year	Per disability	Emergency out-patient care
Nonoccupational	Basic hourly rate / Weekly benefit Less than $1.70 — $38.40 $1.70 to $1.90 — 43.20 $1.90 to $2.10 — 48.00 $2.10 to $2.30 — 52.80 $2.30 to $2.50 — 57.60 $2.50 to $2.70 — 62.40 $2.70 to $2.90 — 67.20 $2.90 to $3.10 — 72.00 $3.10 and over — 76.80	26 weeks per disability	—	—	1st day	8th day or 1st in hospital	Employee and dependents [1]								
							Semi-private room	120 days	—	—	—	Full cost of specified services [2]	—	X	Required services provided
Occupational	Difference between Workmen's Compensation benefit and above amount														
Nonoccupational	Base hourly rate / Weekly benefit Less than $1.38 — $35 $1.38 to $1.63 — 40 $1.63 to $1.88 — 45 $1.88 to $2.13 — 55 $2.13 to $2.38 — 60 $2.38 to $2.63 — 65 $2.63 to $2.88 — 70 $2.88 to $3.13 — 80 $3.13 and over — 85	26 weeks per disability	—	—	1st day	8th day or 1st in hospital	Employee and dependents [1]								
							Semi-private room	120 days	—	—	—	Full cost of specified services [2]	—	X	Required services provided
Occupational	Difference between Workmen's Compensation benefit and above amount														
—	—	—	—	—	—	—	Employee								
([3])	([3])	([3])	([3])	([3])	([3])	([3])	$8	70 days	—	—	$560	Up to $240	—	X	Up to $240
							Dependents								
							$8	70 days	—	—	$560	Up to $120, plus 75 percent of next $1,200 of charges	—	X	Up to $120, plus 75 percent of next $1,200 of charges

[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.
[3] No accident and sickness benefit provided for majority of employees. These employees covered by the California State temporary disability law. See Appendix A.

COMPANY, UNION, AND DATE OF INFORMATION	SURGICAL				MEDICAL								
						Employee							
						Allowance					Benefits begin		
	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—	Home	Office	Hospital	Elsewhere	Maximum compensation	Sickness	Accident	Maximum number visits paid for	Maximum number days paid for
		Employee	Dependents											
Ford Motor Company Automobile Workers April 1958	Single employee coverage, $3,750; family, $5,000[1] ([2])	Maximum schedule allowance $300 Tonsillectomy Up to $42.50 Appendectomy Up to $125 ([2])	 $300 Up to $42.50 Up to $125 ([2])	Hospital, office ([2])	—	—	—	$5 for each day of confinement	—	$350 per disability	1st day	1st day	—	—
General Motors Corporation Automobile Workers April 1958	Single employee coverage, $3,750; family, $5,000[1] ([2])	Maximum schedule allowance $300 Tonsillectomy Up to $42.50 Appendectomy Up to $125 ([2])	 $300 Up to $42.50 Up to $125 ([2])	Hospital, office ([2])	Single employee coverage, $3,750; family, $5,000[1] ([2])	—	—	1st day, $12.50; 2d through 4th day, $5 per day; thereafter, $4 per day ([2])	—	$491.50 per disability ([2])	1st day ([2])	1st day ([2])	—	120 per disability ([2])
North American Aviation, Inc. Automobile Workers April 1958	—	Maximum schedule allowance $350 Tonsillectomy Up to $70 Appendectomy Up to $175	 $350 Up to $70 Up to $175	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 visit	1st visit	1 per day	—

[1] Total family income averaged over 3 years.
[2] Michigan Medical Service (Blue Shield plan); workers in other areas covered by different programs.

INSURANCE PLANS - Continued

MEDICAL - Continued										MATERNITY PROVISIONS								
Dependents											Hospitalization					Surgical	Medical	
Allowance				Maximum compensation	Benefits begin		Maximum number visits paid for	Maximum number days paid for	Other provisions	Accident and sickness	Daily benefit or service	Duration	Maximum room and board allowance	Extra allowance or services	Lump sum	Schedule allowance for normal delivery	Amounts and limitations	Benefits available to newly insured
Home	Office	Hospital	Elsewhere		Sickness	Accident												
—	—	$5 for each day of confinement	—	$350 per disability	1st day	1st day	—	—	—	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 $70	—	
—	—	1st day, $12.50; 2d through 4th day, $5 per day; thereafter, $4 per day	—	$491.50 per disability	1st day	1st day	—	120 per disability	—	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 $70	—	
Up to $3 per visit	Up to $2 per visit	Up to $3 per visit	Up to $3 per visit	$150 per year	3d visit	1st visit	1 per day	—	—	—	Employee only							Employee: 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)								
		Retired employee					Dependents of retired employee			
	Types and amounts	Life insurance	Accidental death and dismemberment	Hospitalization	Surgical	Medical	Life insurance	Hospitalization	Surgical	Medical
Ford Motor Company Automobile Workers April 1958	Employee and dependents Anesthesia allowance for cases in or out of hospital, if administered by nonhospital employee—1st half hour or fraction thereof, $10; each additional half 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 April 1958	Employee and dependents Anesthesia allowance for cases in or out of hospital, if administered by nonhospital employee—1st half hour or fraction thereof, $10; each additional half 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	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
North American Aviation, Inc. Automobile Workers April 1958	Employee and dependents Anesthesia allowance (for surgery performed outside 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 Supplemental accident expense allowance (for expenses in excess of those covered by other plan benefits, incurred within 90 days after accident)—up to $300 Employee only Major medical expense allowance—80 percent of expenses not covered by other plan benefits, incurred during each benefit year, which is in excess of $100; maximum—$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.

[2] Michigan Medical Service (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—			
											Benefits for employee and dependents		Benefits for retired employee and dependents	
Company only	Jointly	Company only	Jointly	Employee only	Company only	Jointly	Employee only	Company only	Jointly	Employee only	Employee	Company	Employee	Company
—	X	—	X	—	—	X	—	—	—	X	Life and accidental death and dismemberment insurance, accident and sickness, and medical benefits: Basic hourly rate — Monthly contribution Less than $1.70 — $2.76 $1.70 to $1.90 — 3.10 $1.90 to $2.10 — 3.44 $2.10 to $2.30 — 3.79 $2.30 to $2.50 — 4.13 $2.50 to $2.70 — 4.47 $2.70 to $2.90 — 4.80 $2.90 to $3.10 — 5.15 $3.10 and over — 5.50 Hospitalization and surgical: Balance of cost	Life and accidental death and dismemberment insurance, accident and sickness, and medical benefits: Balance of cost Hospitalization and surgical: 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	Hospitalization and surgical: Full cost	Life insurance: Full cost
—	X	—	X	—	—	X	—	—	—	X	Life and accidental death and dismemberment insurance, and accident and sickness benefit, prior to age 65:[1] Base hourly rate — Weekly contribution Less than $1.38 — $0.50 $1.38 to $1.63 — .60 $1.63 to $1.88 — .70 $1.88 to $2.13 — .80 $2.13 to $2.38 — .90 $2.38 to $2.63 — 1.00 $2.63 to $2.88 — 1.10 $2.88 to $3.13 — 1.20 $3.13 and over — 1.30 Hospitalization, surgical, and medical: Balance of cost	Life and accidental death and dismemberment insurance, accident and sickness benefit prior to age 65:[1] Balance of cost Hospitalization, surgical, and medical: 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	Life and accidental death and dismemberment insurance, prior to age 65: Employee pays $0.50, per month per $1,000 of life insurance[2] Hospitalization, surgical, and medical: Full cost	Life and accidental death and dismemberment insurance, prior to age 65: Balance of cost Life insurance, after age 65: Full cost
—	X	—	X	—	—	—	—	—	—	—	$2.05 per month	Balance of cost	—	—

[1] At age 65 employee contribution reduced one half; amount applied to cost of accident and sickness benefit. Company pays full cost of life insurance for employee age 65 and over. Accidental death and dismemberment coverage ceases at age 65.

[2] Contributions not required of employees retired owing 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—			Graduated according to—	Death	Single dismemberment	Multi-dismemberment
				Maintained	Paid in—					
Pullman-Standard Car Manufacturing Company Steelworkers February 1958	1st day of 2d month following month employment commences	$4,000	60	Until age 65, thereafter $1,400	—	—	—	—	—	—
Minneapolis-Honeywell Regulator Company (Minneapolis, Minn.) Teamsters January 1958	Life insurance: After 6 months' employment Other benefits: Immediately or 1st of following month	Service — Insurance 6 months to 1 year — $ 500 1 to 2 years — 750 2 to 3 years — 1,000 3 to 4 years — 1,250 4 to 5 years — 1,500 5 to 6 years — 1,750 6 years and over — 2,000 ([1])	60	—	Installments or lump sum (optional)	—	—	—	—	—

[1] Additional insurance provided at 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	$46.50 per week	26 weeks per disability	—	—	1st day	8th day	Employee and dependents								
							Up to $13	([1])	—	—	$1,560	Full cost of specified services	—	X	Required services provided
Occupational	Difference between Workmen's Compensation benefit and above amount														
Nonoccupational	Basic weekly wage of less than $80, two-thirds of basic weekly wage, maximum—$40 per week; basic weekly wage of $80 or more, one-half of basic weekly wage, maximum—$60 per week	26 weeks per disability	—	—	1st day	8th day	Employee and dependents								
							Up to $15	70 days	—	—	$1,050	Full cost of specified services	—	X	Required services provided

[1] Duration determined by actual daily room and board charges (maximum—$13 per day; $1,560 per disability).

COMPANY, UNION, AND DATE OF INFORMATION	SURGICAL				MEDICAL									
		Operation schedule—selected allowances				Employee								
						Allowance					Benefits begin			
	Up to schedule allowance accepted as full payment if annual income is under—	Employee	Dependents	Covers cases in—	Up to schedule allowance accepted as full payment if annual income is under—	Home	Office	Hospital	Elsewhere	Maximum compensation	Sickness	Accident	Maximum number visits paid for	Maximum number days paid for
Pullman-Standard Car Manufacturing Company Steelworkers February 1958	—	Maximum schedule allowance $300 Tonsillectomy Up to $45 Appendectomy Up to $150	$300 Up to $45 Up to $150	Hospital, office, home, elsewhere	—	—	—	—	—	—	—	—	—	—
Minneapolis-Honeywell Regulator Company (Minneapolis, Minn.) Teamsters January 1958	Individual coverage, $2,400; family coverage, $3,600	Maximum schedule allowance $200 Tonsillectomy Up to $35 Appendectomy Up to $100	$200 Up to $35 Up to $100	Hospital, office, home, elsewhere	Individual coverage, $2,400; family coverage, $3,600	—	—	1st day, up to $6; 2d day, up to $4; thereafter, up to $3 per day	—	$214 per disability	1st day	1st day	—	70 per disability

INSURANCE PLANS - Continued

MEDICAL - Continued										MATERNITY PROVISIONS								
Dependents											Hospitalization					Surgical	Medical	
Allowance				Maximum compensation	Benefits begin		Maximum number visits paid for	Maximum number days paid for	Other provisions	Accident and sickness	Daily benefit or service	Duration	Maximum room and board allowance	Extra allowance or services	Lump sum	Schedule allowance for normal delivery	Amounts and limitations	Benefits available to newly insured
Home	Office	Hospital	Elsewhere		Sickness	Accident												
—	—	—	—	—	—	—	—	—	—	Regular benefits for 6 weeks	Employee and dependent							Employee and dependent: If pregnancy commences while insured
											—	—	—	—	Up to $130	Up to $75	—	
—	—	1st day, up to $6; 2d day, up to $4; thereafter, up to $3 per day	—	$214 per disability	1st day	1st day	—	70 per disability	—	—	Employee and dependent							Employee and dependent: After 9 months
											Up to $15	70 days	$1,050	Full cost of specified services	—	Up to $60	—	

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 February 1958	—	Retiring at age 65 with 15 years[4] service: $1,400 Retiring between ages 60 and 65, owing to disability: Amount in effect immediately prior to retirement maintained until age 65, thereafter, $1,400	—	—	—	—	—	—	—	—
Minneapolis-Honeywell Regulator Company (Minneapolis, Minn.) Teamsters January 1958	—	—	—	—	—	—	—	—	—	—

[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.

FINANCING

Benefits for employee		Benefits for employee's dependents			Benefits for retired employee			Benefits for dependents of retired employee			Amount of contribution for—			
											Benefits for employee and dependents		Benefits for retired employee and dependents	
Company only	Jointly	Company only	Jointly	Employee only	Company only	Jointly	Employee only	Company only	Jointly	Employee only	Employee	Company	Employee	Company
—	X	—	X	—	—	X [1]	—	—	—	—	Benefits for employee only, $7.15 per month; for employee and dependents, $9.95	Balance of cost	[1]	[1]
X [2]	—	—	—	X	—	—	—	—	—	—	Dependents' benefits: Full cost	Employee's benefits: Full cost [2]	—	—

[1] Financed by active employee and company contributions; see contribution column for benefits for employee and dependents. Employees retiring prior to age 65 for reasons other than disability contribute $4.02 per month until age 65; those retiring prior to age 65 owing to disability contribute $2.01 per month until age 65.
[2] Employee covered by additional life insurance pays the cost of 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			Cases covered	Amount			
			Before age—	Insurance is—			Graduated according to—	Death	Single dismemberment	Multi-dismemberment
				Maintained	Paid in—					
Sperry Gyroscope Company (Division of Sperry Rand Corporation) Electrical (IUE) April 1958	Life insurance: After 90 days[1] employment Accident and sickness benefits: Immediately or 1st of following month Other benefits: 1st day of month following 90 days' employment	Salary — Insurance $30.00 weekly to $37.50 weekly — $ 3,600 $37.50 weekly to $45.00 weekly — 4,200 $45.00 weekly to $52.50 weekly — 5,000 $52.50 weekly to $60.00 weekly — 5,800 $60.00 weekly to $62.50 weekly — 6,400 $62.50 weekly to $72.50 weekly — 7,000 $72.50 weekly to $81.50 weekly — 8,000 $81.50 weekly to $91.50 weekly — 9,000 $91.50 weekly to $5,250.01 annually — 10,000 $5,250.01 annually to $5,750.01 annually — 11,000 $5,750.01 annually to $6,250.00 annually and up — 12,000	60	—	Installments	—	—	—	—	—
Elgin National Watch Company Watch Workers January 1958	Life insurance and accident and sickness benefits: Immediately or 1st of following month Other benefits: After 1 month's employment	Service — Insurance Less than 6 months — $ 450 6 months to 1 year — 750 1 year and over — 1,500 ([1])	—	—	—	—	—	—	—	—

[1] Available only if employed by company prior to age 55.

INSURANCE PLANS - Continued

Cases covered	ACCIDENT AND SICKNESS						HOSPITALIZATION								
	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 $30.00 to $37.50 — $20 $37.50 to $45.00 — 25 $45.00 to $52.50 — 30 $52.50 to $60.00 — 35 $60.00 to $67.50 — 40 $67.50 to $75.00 — 45 $75.00 to $82.50 — 50 $82.50 to $90.00 — 55 $90.00 to $97.50 — 60 $97.50 to $105.00 — 65 $105.00 to $112.50 — 70 $112.50 to $120.00 — 75 $120.00 to $127.50 — 80 $127.50 and over — 85	26 weeks per disability	60	26 weeks during any 12 consecutive months, if due to sickness	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	5th to 11th day[1]—$3 per day; 11th through 121st day: Weekly earnings / Weekly benefit $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 thereafter—$3 per day ([2])	150 days per disability	—	—	5th day or 1st in hospital	5th day	Employee and dependents								
							Up to $10	70 days	—	—	$700	Up to $150	—	X	Up to $150

[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.

COMPANY, UNION, AND DATE OF INFORMATION	SURGICAL				MEDICAL								
						Employee							
						Allowance					Benefits begin		
	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—	Home	Office	Hospital	Elsewhere	Maximum compensation	Sickness	Accident	Maximum number visits paid for	Maximum number days paid for
		Employee	Dependents											
Sperry Gyroscope Company (Division of Sperry Rand Corporation) Electrical (IUE) April 1958	Individual coverage, $3,000; family, $5,000	Maximum schedule allowance $360	$360	Hospital, office, home, elsewhere	Individual coverage, $3,000; family, $5,000	—	—	1st 2 days, $10 per day; 3d through 21st day, $5 per day; 22d through 201st day, $2.50 per day (1)	—	$565 per disability	1st day	1st day	1st 2 days, 2 per day (1)	—
		Tonsillectomy Up to $78	Under age 12, up to $54; over age 12, up to $78											
		Appendectomy Up to $150	Up to $150											
Elgin National Watch Company Watch Workers January 1958	—	Maximum schedule allowance $250	$250	Hospital, office, home, elsewhere	—	—	—	$4 for each day of confinement (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							
Dependents																	
Allowance					Benefits begin						Hospitalization					Surgical	Medical	
Home	Office	Hospital	Elsewhere	Maximum compensation	Sickness	Accident	Maximum number visits paid for	Maximum number days paid for	Other provisions	Accident and sickness	Daily benefit or service	Duration	Maximum room and board allowance	Extra allowance or services	Lump sum	Schedule allowance for normal delivery	Amounts and limitations	Benefits available to newly insured
—	—	1st 2 days, $10 per day; 3d through 21st day, $5 per day; 22d through 201st day, $2.50 per day (1)	—	$565 per disability	1st day	1st day	1st 2 days, 2 per day (1)	—	1 in-hospital consultation allowance per disability, up to $10	Regular benefits for 6 weeks	Employee and dependent							Employee: Accident and sickness—after 10 months; Hospitalization and surgical—after 7 months [2] Dependent: Immediately
											—	—	—	—	Up to $80	Up to $90	—	
—	—	$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

COMPANY, UNION, AND DATE OF INFORMATION	OTHER BENEFITS [1]	EXTENSION OF BENEFITS TO— (must be at least on group rate basis)								
		Retired employee					Dependents of retired employee			
	Types and amounts	Life insurance	Accidental death and dismemberment	Hospitalization	Surgical	Medical	Life insurance	Hospitalization	Surgical	Medical
Sperry Gyroscope Company (Division of Sperry Rand Corportion) Electrical (IUE) April 1958	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; minimum—$18 Radiation therapy allowance for malignant conditions (for treatment in or out of hospital)—up to $233.33 Electro-shock therapy allowance (for treatment in or out of hospital)—up to $100	Retiring at age 65 (60 for women) with 15 years[1] service: $1,000	—	Retiring at age 65 (60 for women) with 15 years[1] service: Same as for active employee	Retiring at age 65 (60 for women) with 15 years[1] service: Same as for active employee	Retiring at age 65 (60 for women) with 15 years[1] service: Same as for active employee	—	Same as for retired employee	Same as for retired employee	Same as for retired employee
Elgin National Watch Company Watch Workers January 1958	—	$750	—	Same as for active employee but maximum hospitalization, surgical, and medical benefits limited during retirement to $650	Same as for active employee but maximum hospitalization, surgical, and medical benefits limited during retirement to $650	Same as for active employee but maximum hospitalization, surgical, and medical benefits limited during retirement to $650	—	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—			
											Benefits for employee and dependents		Benefits for retired employee and dependents	
Company only	Jointly	Company only	Jointly	Employee only	Company only	Jointly	Employee only	Company only	Jointly	Employee only	Employee	Company	Employee	Company
X (1)	—	X	—	—	X	—	—	X	—	—	—	Full cost [1]	—	Full cost
—	X	—	X	—	—	X	—	—	X	—	Life insurance and accident and sickness benefit: 0.25 percent of weekly gross earnings up to $100 per week Other benefits: Benefits for employee only, $0.40 per week; for employee and dependents, $1	Balance of cost	Life insurance: (2) Other benefits: Same as active employee	Life insurance: (2) Other benefits: Balance of cost

[1] Financing of benefits as of May 1958. Prior to May 1958, a portion of the life insurance was provided on a contributory basis; all other benefits were company financed.
[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 dismemberment	Multi-dismemberment
				Maintained	Paid in—					
Johnson and Johnson (New Brunswick, N. J.) Textile Workers (TWUA) April 1958	Accident and sickness benefits: Immediately or 1st of following month Other benefits: After 90 days' employment	$2,000	60	X	—	Nonoccupational; occupational	—	$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 January 1958	Immediately or 1st of following month	$1,000	60	—	Installments	Nonoccupational	—	$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, Local 223 May 1958	Accident and sickness benefits: Immediately or 1st of following month Other benefits: 6 months' union membership and covered employment	$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	Two-thirds of average weekly earnings— Minimum—$10 per week Maximum—$35 per week ([1])	26 weeks per disability	60	26 weeks during any 12 consecutive months	1st day	8th day	Employee and dependents								
							Semi-private room	120 days [2]	245 [2]	Up to $5	—	Full cost of specified services	X	—	Required services provided [3]
Nonoccupational	Base weekly pay / Weekly benefit: Less than $40 — $22; $40 to $45 — 25; $45 to $50 — 28; $50 to $55 — 31; $55 to $60 — 34; $60 to $65 — 37; $65 to $70 — 40; $70 to $75 — 43; $75 and over — 46	52 weeks per disability	—	—	1st day	8th day	Employee								
							$12	70 days	—	—	$840	Up to $120	—	X	Up to $120
							Dependents								
							$8	31 days	—	—	$248	Up to $80	—	X	Up to $80
Nonoccupational	$33 per week or one-half average weekly wage, maximum—$45; whichever is greater [4]	20 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

[1] Employee with less than 90 days' employment receives benefits required by the New Jersey State temporary disability law. See Appendix A.
[2] Employee and dependents over age 70 allowed a maximum of 20 days per year.
[3] 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.
[4] Available to employee with at least 6 months' union membership. Employee with less than 6 months' membership receives benefits required by the New York State temporary disability law after waiting period of 7 days. See Appendix A.

COMPANY, UNION, AND DATE OF INFORMATION	SURGICAL				MEDICAL									
		Operation schedule—selected allowances				Employee								
						Allowance						Benefits begin		
	Up to schedule allowance accepted as full payment if annual income is under—	Employee	Dependents	Covers cases in—	Up to schedule allowance accepted as full payment if annual income is under—	Home	Office	Hospital	Elsewhere	Maximum compensation	Sickness	Accident	Maximum number visits paid for	Maximum number days paid for
Johnson and Johnson (New Brunswick, N. J.) Textile Workers (TWUA) April 1958	Single contract, $5,000; family, $7,500	Maximum schedule allowance $300	$300	Hospital, office[1]	Single contract, $5,000; family, $7,500	—	—	1st day, up to $10; thereafter, up to $5 per day	—	$110 per disability	1st day	1st day	—	21 per disability
		Tonsillectomy Up to $65	Under age 15, up to $50; over age 15, up to $65											
		Appendectomy Up to $150	Up to $150											
Jewelry industry, Associated Jewelers, Inc., Jewelry Crafts Association, and other employers (New York, N. Y.) Jewelry Workers, Local 1 January 1958	—	Maximum schedule allowance $300	$150	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 $50	Up to $25											
		Appendectomy Up to $200	Up to $100											
Doll and toy industry, National Association of Doll Manufacturers, and other employers (New York, N. Y.) Doll and Toy Workers, Local 223 May 1958	Single contract, $2,500; family, $4,000	Maximum schedule allowance $250	$250	Hospital, office, home, elsewhere	Single contract, $2,500; family, $4,000	—	—	Up to $5 per visit	—	$250 per disability	1st day	1st day	30 per disability	—
		Tonsillectomy Up to $65	Under age 12, up to $45; over age 12, up to $65											
		Appendectomy Up to $125	Up to $125											

[1] Emergency surgical allowance of up to $50 for treatment in home, office, or elsewhere also provided.

INSURANCE PLANS - Continued

MEDICAL - Continued										MATERNITY PROVISIONS								
Dependents											Hospitalization					Surgical	Medical	
Allowance				Maximum compensation	Benefits begin		Maximum number visits paid for	Maximum number days paid for	Other provisions	Accident and sickness	Daily benefit or service	Duration	Maximum room and board allowance	Extra allowance or services	Lump sum	Schedule allowance for normal delivery	Amounts and limitations	Benefits available to newly insured
Home	Office	Hospital	Elsewhere		Sickness	Accident												
—	—	1st day, up to $10; thereafter, up to $5 per day	—	$110 per disability	1st day	1st day	—	21 per disability	In-hospital only: 1 consultation allowance per disability, up to $15; payment to physician administering blood transfusions limited to 2 per disability, up to $10 per transfusion	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
											Semi-private room	7 days	—	Full cost of specified services	—	Up to $125	—	
—	—	—	—	—	—	—	—	—	—	Regular benefits for 6 weeks	Employee							Employee: Immediately Dependent: After 9 months
											$12	14 days	$168	Up to $120	—	Up to $100	—	
											Dependent							
											$8	10 days	$80	Up to $80	—	Up to $50	—	
—	—	Up to $5 per visit	—	$250 per disability	1st day	1st day	50 per disability	—	—	—	Employee and dependent							Employee and dependent: After 4 months
											—	—	—	—	Up to $80	Up to $75	—	

COMPANY, UNION, AND DATE OF INFORMATION	OTHER BENEFITS[1]	EXTENSION OF BENEFITS TO— (must be at least on group rate basis)								
		Retired employee					Dependents of retired employee			
	Types and amounts	Life insurance	Accidental death and dismemberment	Hospitalization	Surgical	Medical	Life insurance	Hospitalization	Surgical	Medical
Johnson and Johnson (New Brunswick, N. J.) Textile Workers (TWUA) April 1958	Employee and dependents Anesthesia allowance (for administering anesthesia in or out of hospital)—varies according to allowance payable for operations; minimum—$10, maximum—$80	$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
Jewelry industry, Associated Jewelers, Inc., Jewelry Crafts Association, and other employers (New York, N. Y.) Jewelry Workers, Local 1 January 1958	—	—	—	—	—	—	—	—	—	—
Doll and toy industry, National Association of Doll Manufacturers, and other employers (New York, N. Y.) Doll and Toy Workers, Local 223 May 1958	Employee only Tuberculosis cash settlement allowance for pulmonary laryngal or renal tuberculosis contracted for the first time—$400 General medical examination in union physician's office (including X-rays, tests, and medicines)—without charge Employee and dependents Radiation therapy allowance for malignant conditions for treatment in or out of hospital—up to $200 per year	—	—	—	—	—	—	—	—	—

[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.

FINANCING

Benefits for employee		Benefits for employee's dependents			Benefits for retired employee			Benefits for dependents of retired employee			Amount of contribution for—			
											Benefits for employee and dependents		Benefits for retired employee and dependents	
Company only	Jointly	Company only	Jointly	Employee only	Company only	Jointly	Employee only	Company only	Jointly	Employee only	Employee	Company	Employee	Company
X	—	X	—	—	—	X [1]	—	—	X [1]	—	—	Full cost	[1]	Life insurance: Full cost Hospitalization, surgical, and medical: 60 percent of cost
X	—	X	—	—	—	—	—	—	—	—	—	Full cost but not more than 3.9 percent of monthly payroll	—	—
X	—	X	—	—	—	—	—	—	—	—	—	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 plus $0.05 per week for each employee working during any week regardless of hours worked	—	—

[1] Hospitalization, surgical, and medical benefits financed jointly by company and local union; local union pays 40 percent of cost of 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 dismemberment	Multi-dismemberment
				Maintained	Paid in—					
Various employers, St. Louis, Mo., area Machinists, District 9 January 1958	Immediately or 1st of following month	$2,000	65	For 1 year (or for period insured if less than 1 year)	—	Nonoccupational; occupational	—	$2,000	$1,000	$2,000
Kennecott Copper Corporation (Western Mining Divisions) Various unions February 1958	Life and accidental death and dismemberment insurance and accident and sickness benefits: After 3 months' employment Other benefits: After 30 days' employment	Annual straight-time basic wage — Insurance 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 $5,000 and over — [1]	60	$1,000	Installments, full amount less $1,000	Nonoccupational	Annual straight-time basic wage Less than $1,200 — $1,000 / $ 500 / $1,000 $1,200 to $1,800 — 1,500 / 750 / 1,500 $1,800 to $2,400 — 2,000 / 1,000 / 2,000 $2,400 to $3,200 — 3,000 / 1,500 / 3,000 $3,200 to $4,000 — 4,000 / 2,000 / 4,000 $4,000 and over — 5,000 / 2,500 / 5,000			

[1] Amount of life insurance equal to annual straight-time basic wage or salary taken to next higher multiple of $100—maximum $20,000

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**								
							Up to $9	50 days	—	—	$450	Up to $450, plus up to $10 ambulance allowance per trip and $20 per disability	—	X	Up to $450
							Dependents								
							Up to $7	50 days	—	—	$350	Up to $350, plus up to $10 ambulance allowance per trip and $20 per disability	—	X	Up to $350
Nonoccupational	Annual straight-time basic wage / Weekly benefit Less than $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 $4,500 — 45 $4,500 and over — 50	26 weeks per disability	—	—	1st day	8th day	**Employee**								
							Up to $18	365 days	—	—	$4,745	Up to $300 [1]	—	X	Up to $300 [2]
							Dependents								
							Up to $13	120 days	—	—	$1,560	Up to $300, plus 75 percent of additional charges [1]	—	X	Up to $300 [2]

[1] Also payable in connection with surgery performed in doctor's office and in hospital when individual is not a bed patient.
[2] Also provided for miscellaneous services rendered in connection with emergency accident care in doctor's office.

COMPANY, UNION, AND DATE OF INFORMATION	SURGICAL				MEDICAL									
						Employee								
						Allowance						Benefits begin		
	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—	Home	Office	Hospital	Elsewhere	Maximum compensation	Sickness	Accident	Maximum number visits paid for	Maximum number days paid for
		Employee	Dependents											
Various employers, St. Louis, Mo., area Machinists, District 9 January 1958	—	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											
Kennecott Copper Corporation (Western Mining Divisions) Various unions February 1958	—	Maximum schedule allowance $600	$600	Hospital, office, home, elsewhere	—	—	Company doctor's office: Full cost Non-company doctor's office: $3 per visit	$3 for each day of confinement	—	Hospital: $360 per disability Company doctor's office: Full cost Noncompany doctor's office: Unlimited 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 $75	Up to $75											
		Appendectomy Up to $150	Up to $150											

INSURANCE PLANS - Continued

MEDICAL - Continued										MATERNITY PROVISIONS								
Dependents											Hospitalization					Surgical	Medical	
Allowance				Maximum compensation	Benefits begin		Maximum number visits paid for	Maximum number days paid for	Other provisions	Accident and sickness	Daily benefit or service	Duration	Maximum room and board allowance	Extra allowance or services	Lump sum	Schedule allowance for normal delivery	Amounts and limitations	Benefits available to newly insured
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: If pregnancy commences while insured
											Up to $9	50 days	$450	Up to $450, plus up to $10 ambulance allowance per trip and $20 per disability	—	Up to $75	—	
											Dependent							
											Up to $7	50 days	$350	Up to $350, plus up to $10 ambulance allowance per trip and $20 per disability	—	Up to $50	—	
—	—	$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 $100	—	

COMPANY, UNION, AND DATE OF INFORMATION	OTHER BENEFITS[1]	EXTENSION OF BENEFITS TO— (must be at least on group rate basis)								
		Retired employee					Dependents of retired employee			
	Types and amounts	Life insurance	Accidental death and dismemberment	Hospitalization	Surgical	Medical	Life insurance	Hospitalization	Surgical	Medical
Various employers, St. Louis, Mo., area Machinists, District 9 January 1958	Employee only Diagnostic X-ray and laboratory examination allowance for nonhospitalized cases—up to $50 for any 1 injury or for all sicknesses during any 12 consecutive months	([2])	([2])	([2])	([2])	([2])	—	([2])	([2])	([2])
Kennecott Copper Corporation (Western Mining Divisions) Various unions February 1958	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 is greater	$1,000 or 30 percent of amount in effect immediately prior to retirement, whichever is greater	—	Room and board allowance, up to $13 per day for 60 days per disability; allowance for extra services, up to $220 ([3])	Maximum schedule allowance $300 Tonsillectomy Up to $45 Appendectomy Up to $150 ([3])	Hospital only: $3 for each day of confinement; maximum—$360 per disability ([3])	—	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] An employee retired or terminated may carry his insurance, without accident and sickness benefit, for 1 year, if he remains unemployed.

[3] Employee retiring on disability pension and his dependents continue to be covered by regular hospitalization, surgical, and medical benefits for 24 months or until age 65, whichever occurs first, provided he continues to contribute toward cost of these benefits. Thereafter, they receive benefits specified above. Total amount of hospital, surgical, and medical benefits during retirement limited to $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—			
											Benefits for employee and dependents		Benefits for retired employee and dependents	
Company only	Jointly	Company only	Jointly	Employee only	Company only	Jointly	Employee only	Company only	Jointly	Employee only	Employee	Company	Employee	Company
X	—	X	—	—	—	—	(1)	—	—	(1)	—	Full cost—$9.10 per month	(1)	—
—	X	—	X	—	X (2)	—	—	X (2)	—	—	Life and accidental death and dismemberment insurance: Monthly contribution Annual straight-time basic wage / Life insurance / Accidental death and dismemberment benefit Less than $1,200 — $0.60 — $0.05 $1,200 to $1,800 — .90 — .07 $1,800 to $2,400 — 1.20 — .10 $2,400 to $3,200 — 1.80 — .15 $3,200 to $4,000 — 2.40 — .20 $4,000 to $5,000 — 3.00 — .25 $5,000 and over — (3) — .25 Weekly accident and sickness benefit: Annual straight-time basic wage / Monthly contribution Less than $2,000 — $0.70 $2,000 to $2,500 — .87 $2,500 to $3,000 — 1.05 $3,000 to $3,500 — 1.22 $3,500 to $4,000 — 1.40 $4,000 to $4,500 — 1.58 $4,500 and over — 1.75 Other benefits: Benefits for employee only, $2.75 per month; for employee and dependents, $5.25	Balance of cost	—	Full cost [2]

[1] An employee retired or terminated may carry his insurance, without accident and sickness benefit, for 1 year, if he remains unemployed, provided he pays full cost of these benefits, $7.59 per month.
[2] Employee retiring on disability pension and his dependents continue to be covered by hospitalization, surgical, and medical benefits for 24 months or until age 65, whichever occurs first, provided he continues to contribute toward the cost of these benefits; thereafter, company pays full cost of benefit.
[3] Additional $0.60 for each $1,000 of life insurance in excess of $5,000.

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 dismemberment	Multi-dismemberment
				Maintained	Paid in—					
Bituminous coal industry, various employers United Mine Workers January 1958	Immediately or 1st of following month	$1,000[1]	At any age	X	—	—	—	—	—	—
Pan American Petroleum Corporation[2] Various unions January 1958	After 6 months' employment	$1,000[3]	60	25 percent	Installments—75 percent	—	—	—	—	—
Construction industry, Associated General Contractors of America, and other employers (Northern California) Carpenters February 1958	1st of March, June, September, or December immediately following Fund's semiannual work period in which employee had at least 400 hours' covered employment	Employee				Nonoccupational; occupational	—	$2,500	$1,250	$2,500
		$2,500	60	X	—					
		Spouse								
		$500	—	—	—					
		Children								
		Attained age — Insurance 14 days to 6 months — $100 6 months to 19 years — 250	—	—	—					
Construction industry, various employers (Western Pennsylvania) Various unions January 1958	Upon completion of 4 months' contributions by employer, covering minimum of 200 hours' work	$2,000	60	X	—	Nonoccupational	—	$2,000	$1,000	$2,000

[1] Funeral expense of $350 immediately on death, additional $650 in 11 equal monthly payments of $50 and a 12th final payment of $100; if no surviving dependents, benefit limited to funeral expense of $350.

[2] Formerly Stanolind Oil and Gas Company.

[3] Additional insurance 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—											
—	—	—	—	—	—	—	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)	Up to $10	150 days	—	—	$1,500	Up to $200, plus 75 percent of next $2,400 of charges	—	X	—
—	—	—	—	—	—	—	Employee and dependents								
(3)	(3)	(3)	(3)	(3)	(3)	(3)	Ward accommodations	70 days	—	—	—	Full cost of specified services	—	X	Required services provided
Nonoccupational	$35 per week	26 weeks per disability	—	—	1st day	8th day	Employee and dependents								
							Up to $12	70 days	—	—	$840	Up to $180, plus up to $24 ambulance allowance	—	X	Up to $180[4]

[1] Widow and dependent children eligible for benefits during 12-month period that widows' and survivor's benefits are received.
[2] No accident and sickness insurance benefit provided by plan; employees covered by paid sick-leave plan.
[3] No accident and sickness insurance benefit 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									
						Employee								
						Allowance						Benefits begin		
	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—	Home	Office	Hospital	Elsewhere	Maximum compensation	Sickness	Accident	Maximum number visits paid for	Maximum number days paid for
		Employee	Dependents											
Bituminous coal industry, various employers United Mine Workers January 1958	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									
Pan American Petroleum Corporation[2] Various unions January 1958	—	Maximum schedule allowance $225 Tonsillectomy Up to $37.50 Appendectomy Up to $150	$225 Up to $37.50 Up to $150	Hospital, office, home, elsewhere	—	—	—	$3 for each day of confinement[3]	—	$225 per disability	1st day	1st day	—	75 per disability
Construction industry, Associated General Contractors of America, and other employers (Northern California) Carpenters February 1958	—	Maximum schedule allowance $300 Tonsillectomy Up to $50 Appendectomy Up to $150	$300 Up to $50 Up to $150	Hospital, office, home, elsewhere	—	Up to $5	Up to $4	$4 for each day of confinement	—	Home and office: $300 per year Hospital: $280 per disability	3d visit	1st visit	1 per day	Hospital: 70 per disability
Construction industry, various employers (Western Pennsylvania) Various unions January 1958	—	Maximum schedule allowance $200 Tonsillectomy Up to $30 Appendectomy Up to $100	—	Hospital, office, home, elsewhere	—	—	—	—	—	—	—	—	—	—

[1] Widow and dependent children eligible for benefits during 12-month period that widows and survivors' benefits are received.
[2] Formerly Stanolind Oil and Gas Company.
[3] 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											Hospitalization					Surgical	Medical	
Allowance				Maximum compensation	Benefits begin		Maximum number visits paid for	Maximum number days paid for	Other provisions	Accident and sickness	Daily benefit or service	Duration	Maximum room and board allowance	Extra allowance or services	Lump sum	Schedule allowance for normal delivery	Amounts and limitations	Benefits available to newly insured
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 dependents: Provides specified expensive drugs requiring long and continued use out of hospital[1]	—	Dependent							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]	—	$225 per disability	1st day	1st day	—	75 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	—	
—	—	$4 for each day of confinement	—	$280 per disability	1st day	1st day	—	—	70 per disability	—	Employee and dependent							Employee and dependent: After 9 months
											—	—	—	—	Up to $100 (4)	—	—	
—	—	—	—	—	—	—	—	—	—	Regular benefits for 6 weeks	Employee							Employee and dependent: If pregnancy commences while insured
											—	—	—	—	$100 (5)	Up to $50	—	
											Dependent							
													$100 maternity allowance					

[1] Widow and dependent children eligible for benefits during 12-month period that widows and survivors' benefits are received.
[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] If hospital benefits are less than $100, the difference may be applied to other expenses incurred; i. e., physician charges.

COMPANY, UNION, AND DATE OF INFORMATION	OTHER BENEFITS[1]	EXTENSION OF BENEFITS TO— (must be at least on group rate basis)								
		Retired employee					Dependents of retired employee			
	Types and amounts	Life insurance	Accidental death and dismemberment	Hospitalization	Surgical	Medical	Life insurance	Hospitalization	Surgical	Medical
Bituminous coal industry, various employers United Mine Workers January 1958	Rehabilitation benefit—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 Disaster benefit—small amounts provided widows and orphans, wives and children of miners killed or seriously injured in mines to relieve immediate acute financial distress	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
Pan American Petroleum Corporation[2] Various unions January 1958	Employee and dependents General anesthesia for nonhospitalized cases—up to $10 Major medical expense allowance—80 percent of expenses in excess of other plan benefits during each medical expense period, which is in excess of $150; maximum—$10,000	$1,000[3]	—	Same as for active employee but limited during retirement to $1,500 for room and board and $2,000 for extra services	Same as for active employee but limited during retirement to $225	Same as for active employee but limited during retirement to $225	—	Same as for retired employee	Same as for retired employee	Same as for retired employee
Construction industry, Associated General Contractors of America, and other employers (Northern California) Carpenters February 1958	Employee and dependents Diagnostic X-ray and laboratory examination allowance (for cases in or out of hospital)—up to $50 for each accident or all sicknesses during any 12 consecutive months. X-ray and radium therapy treatment allowance—specified allowance per condition; maximum—$300 per year Additional accident expense allowance (for expenses in excess of those covered by other plan benefits incurred with 90 days after accident)—up to $300	—	—	—	—	—	—	—	—	—
Construction industry, various employers (Western Pennsylvania) Various unions January 1958	Employee only Identification allowance (for expenses involved in placing disabled employee under care of relatives or friends)—up to $100	—	—	—	—	—	—	—	—	—

[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] Formerly Stanolind Oil and Gas Company.

[3] 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 is greater. If retiring prior to age 65, owing to disability, full amount maintained until age 65, then reduced accordingly.

FINANCING

Benefits for employee		Benefits for employee's dependents			Benefits for retired employee			Benefits for dependents of retired employee			Amount of contribution for—			
											Benefits for employee and dependents		Benefits for retired employee and dependents	
Company only	Jointly	Company only	Jointly	Employee only	Company only	Jointly	Employee only	Company only	Jointly	Employee only	Employee	Company	Employee	Company
X	—	X	—	—	X	—	—	X	—	—	—	Full cost[1]	—	Full cost[1]
—	X	—	X	—	—	X	—	—	X	—	Hospitalization, surgical, and basic medical benefits: Benefits for employee only, $1.80 per month; for employee and dependents, $5.95 Major medical expense benefit: Full cost—Employee only, $0.91 per month; employee and dependents, $2.32	Life insurance: Full cost[2] Hospitalization, surgical and basic medical: Balance of cost	Same as active employee	Life insurance: Full cost Other benefits: Balance of cost
X	—	X	—	—	—	—	—	—	—	—	—	Full cost—$0.10 for each hour worked	—	—
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 toward 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 dismemberment	Multi-dismemberment
				Maintained	Paid in—					
Association of Master Painters and Decorators of the City of New York, Inc. Painters, District Council 9 February 1958	Regular benefits:[1] 1st of month in which following requirements are met: 6 months' union membership; earned at least $1,200 from contributing employers during preceding 12 months; and at least 1 day's covered employment during preceding 5 months	Honorary Life, Honorary, Beneficial, Partial Beneficial, and Nonbeneficial members less than age 60 when becoming a union member								
		$1,000[1]	60	X	—	Nonoccupational; occupational	—	$1,000	$500	$1,000
		Apprentices								
		$500[1]	60	X	—	Nonoccupational; occupational	—	$500	$250	$500
		Nonbeneficial members age 60 or over when becoming union member								
		$100[1]	—	—	—	Nonoccupational; occupational	—	$100	$50	$100
Railroad industry, various employers * Various nonoperating railway unions February 1958	1st of month following 60 days of continuous service	—	—	—	—	—	—	—	—	—

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

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
— [2]	— [2]	— [2]	— [2]	— [2]	— [2]	— [2]	Employee								
							Semi-private room	120 days	—	—	—	Up to $500, plus 75 percent of additional charges, plus up to $25 ambulance allowance	—	X	Up to $500, plus 75 percent of additional charges, plus up to $25 ambulance allowance
							Dependents								
							Semi-private room	120 days	—	—	—	Up to $200 [3]	—	X	Up to $200 [3]

[1] Not available to apprentices.
[2] No accident and sickness benefit provided by plan; employees covered by Railroad Unemployment Insurance Act. See Appendix A.
[3] Includes ambulance allowance of up to $25.

COMPANY, UNION, AND DATE OF INFORMATION	SURGICAL				MEDICAL									
		Operation schedule—selected allowances				Employee								
						Allowance						Benefits begin		
	Up to schedule allowance accepted as full payment if annual income is under—	Employee	Dependents	Covers cases in—	Up to schedule allowance accepted as full payment if annual income is under—	Home	Office	Hospital	Elsewhere	Maximum compensation	Sickness	Accident	Maximum number visits paid for	Maximum number days paid for
Association of Master Painters and Decorators of the City of New York, Inc. Painters, District Council 9 February 1958	—	Optional plan A Provided by the Health Insurance Plan of Greater New York[1]	Maximum schedule allowance $250 Tonsillectomy Up to $37.50 Appendectomy Up to $125	Dependents: Hospital, office, home, elsewhere	Optional plan A Provided by the Health Insurance Plan of Greater New York[1]									
		Optional plan B Provided by Group Health Insurance, Inc.[2]			Optional plan B Provided by Group Health Insurance, Inc.[2]									
Railroad industry, various employers * Various nonoperating railway unions February 1958	—	Maximum schedule allowance $300 Tonsillectomy Up to $45 Appendectomy Up to $150	$250 Up to $37.50 Up to $125	Hospital, office, home, elsewhere	—	Up to $5 per visit	Up to $4 per visit	Up to $4 per day	—	Home and office: $600 per year Hospital: $480 per disability	Home and office: 4th visit Hospital: 1st day	2d visit 1st day	Home and office: 1 per day, 120 per year	Hospital: 120 per disability

[1] See Appendix B.
[2] See Appendix C.

INSURANCE PLANS - Continued

MEDICAL - Continued										MATERNITY PROVISIONS								
Dependents											Hospitalization					Surgical	Medical	
Allowance				Maximum compensation	Benefits begin		Maximum number visits paid for	Maximum number days paid for	Other provisions	Accident and sickness	Daily benefit or service	Duration	Maximum room and board allowance	Extra allowance or services	Lump sum	Schedule allowance for normal delivery	Amounts and limitations	Benefits available to newly insured
Home	Office	Hospital	Elsewhere		Sickness	Accident												
—	—	—	—	—	—	—	—	—	—	Regular benefits for 13 weeks	Employee							Employee: Accident and sickness—if pregnancy commences while insured. Other benefits—immediately. Dependent: Immediately
											—	—	—	—	Up to $80	Optional plan A		
																Provided by the Health Insurance Plan of Greater New York[1]		
																Optional plan B		
																Provided by Group Health Insurance, Inc.[2]		
											Dependent							
											—	—	—	—	Up to $80	Up to $62.50	—	
—	—	Up to $3 per day	—	$360 per disability	1st day	1st day	—	120 per disability	—	(3)	Employee							Employees and dependent: If pregnancy commences while insured
											Semi-private room	10 days	—	Up to $500, plus 75 percent of additional charges, plus up to $25 ambulance charge	—	Up to $90	—	
											Dependent							
											—	—	—	—	Up to $75	Up to $75	—	

[1] See Appendix B.
[2] See Appendix C.
[3] No accident and sickness benefit provided by plan; employees covered by Railroad Unemployment Insurance Act. See Appendix A.

COMPANY, UNION, AND DATE OF INFORMATION	OTHER BENEFITS[1]	EXTENSION OF BENEFITS TO— (must be at least on group rate basis)								
		Retired employee					Dependents of retired employee			
	Types and amounts	Life insurance	Accidental death and dismemperment	Hospitalization	Surgical	Medical	Life insurance	Hospitalization	Surgical	Medical
Association of Master Painters and Decorators of the City of New York, Inc. Painters, District Council 9 February 1958	Employee only	—	—	—	—	—	—	—	—	—
	Optional plan A									
	Provided by the Health Insurance Plan of Greater New York[2]									
	Optional plan B									
	Provided by Group Health Insurance, Inc.[3]									
Railroad industry, various employers * Various nonoperating railway unions February 1958	Employee and dependents	—	—	—	—	—	—	—	—	—
	Polio allowance (in lieu of all other plan benefits, for expenses incurred within 3 years after disability commences)—up to $5,000 Anesthesia allowance (for cases in or out of hospital if administered by professional anesthetist or doctor other than operating doctor)—up to $25 per procedure or one-fifth the amount of the surgical procedure allowance, whichever is less									
	Employee only									
	Diagnostic X-ray or laboratory examination allowance for nonhospitalized cases—up to $50 during any 6 consecutive months Major medical expense allowance—75 percent of expenses incurred during any calendar year which is in excess of "deductible;"[4] maximum—$5,000 per person during lifetime									

[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.

[3] See Appendix C.

[4] "Deductible" means total payments collected under all basic plan benefits during calendar year, plus 25 percent of extra hospital charges in excess of $500 incurred during first 120 days of confinement, plus additional $100 of charges per year.

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—			
											Benefits for employee and dependents		Benefits for retired employee and dependents	
Company only	Jointly	Company only	Jointly	Employee only	Company only	Jointly	Employee only	Company only	Jointly	Employee only	Employee	Company	Employee	Company
X	—	X	—	—	—	—	—	—	—	—	—	Full cost—4 percent of weekly payroll	—	—
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 dismemberment	Multi-dismemberment
				Maintained	Paid in—					
Twin City Rapid Transit Company (Minneapolis, Minn.) Street, Electric Railway and Motor Coach Employes February 1958	After 6 months' employment	Service — Insurance Less than 5 years — $1,500 5 to 10 years — 2,000 10 years and over — 2,500	60 and insured 1 year	—	Installments	—	—	—	—	—
Chicago Transit Authority * Street, Electric Railway and Motor Coach Employes January 1958	Life insurance and accident and sickness benefits: After 12 months' employment Other benefits: After 3 months' employment	$2,000	At any age	For 1 year	—	—	—	—	—	—

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								
(1)	(1)	(1)	(1)	(1)	(1)	(1)	Up to $15	31 days	—	—	$465	Full cost of services	—	X	Required services provided
							Dependents								
							Up to $12	31 days	—	—	$372	Full cost of services	—	X	Required services provided
Nonoccupational	$40 per week	26 weeks per disability	—	—	8th day	8th day	Employee and dependents								
Occupational	Difference between Workmen's Compensation benefit and above amount						Ward accommodations	31 days	90	50 percent of cost of ward accommodations	—	Full cost of services for first 31 days; 50 percent of cost for additional 90 days	—	X	Up to $90

[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								
		Operation schedule—selected allowances				Employee							
						Allowance							
	Up to schedule allowance accepted as full payment if annual income is under—	Employee	Dependents	Covers cases in—	Up to schedule allowance accepted as full payment if annual income is under—	Home	Office	Hospital	Elsewhere	Maximum compensation	Benefits begin: Sickness	Benefits begin: Accident	Maximum number visits paid for	Maximum number days paid for
Twin City Rapid Transit Company (Minneapolis, Minn.) Street, Electric Railway and Motor Coach Employes February 1958	—	Maximum schedule allowance $300	$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 Elsewhere: 2d visit	Hospital: 1st visit Elsewhere: 1st visit	1 per day	—
		Tonsillectomy Up to $45	Up to $25											
		Appendectomy Up to $150	Up to $100											
Chicago Transit Authority * Street, Electric Railway and Motor Coach Employes January 1958	—	Maximum schedule allowance $150	$150	Hospital, office, home, elsewhere	—	—	—	$2.50 per visit	—	$100 per year	1st day	1st day	1 per day	40 per year
		Tonsillectomy Up to $25	Up to $25											
		Appendectomy Up to $100	Up to $100											

INSURANCE PLANS - Continued

MEDICAL - Continued										MATERNITY PROVISIONS								
Dependents											Hospitalization					Surgical	Medical	
Allowance				Maximum compensation	Benefits begin		Maximum number visits paid for	Maximum number days paid for	Other provisions	Accident and sickness	Daily benefit or service	Duration	Maximum room and board allowance	Extra allowance or services	Lump sum	Schedule allowance for normal delivery	Amounts and limitations	Benefits available to newly insured
Home	Office	Hospital	Elsewhere		Sickness	Accident												
—	—	—	—	—	—	—	—	—	Employee: If disabled for at least 7 days, entitled to 3 visits within 31 days after returning to work	— (1)	Employee							Employee: If pregnancy commences while insured Dependent: After 9 months
											—	—	—	—	Up to $150	Up to $75	—	
											Dependent							
											—	—	—	—	Up to $120	Up to $50	—	
—	—	—	—	—	—	—	—	—	Employee: In-hospital consultation allowances: Up to $25 per disability; up to $50 per year	—	Employee							Employee and dependent: If pregnancy commences while insured
											$4.50 (2)	14 days	$63 (2)	Up to $22.50 (2)	—	Up to $50	—	
											Dependent							
											—	—	—	—	Up to $90	Up to $50	—	

[1] No accident and sickness insurance benefit provided by plan; employees covered by paid sick-leave plan.
[2] An additional allowance of up to $45 is payable for charges in excess of allowances specified.

COMPANY, UNION, AND DATE OF INFORMATION	OTHER BENEFITS[1]	EXTENSION OF BENEFITS TO— (must be at least on group rate basis)								
		Retired employee					Dependents of retired employee			
	Types and amounts	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 Employes February 1958	Employee only Diagnostic X-ray and laboratory examination allowance for nonhospitalized cases—up to $50 per disability	$1,250	—	Same as for active employee	Same as for active employee	Same as for active employee	—	Same as for dependents of active employee	Same as for dependents of active employee	—
Chicago Transit Authority * Street, Electric Railway and Motor Coach Employes January 1958	—	First year after retirement, $1,000; thereafter, $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.

FINANCING

Benefits for employee		Benefits for employee's dependents			Benefits for retired employee			Benefits for dependents of retired employee			Amount of contribution for—			
											Benefits for employee and dependents		Benefits for retired employee and dependents	
Company only	Jointly	Company only	Jointly	Employee only	Company only	Jointly	Employee only	Company only	Jointly	Employee only	Employee	Company	Employee	Company
—	X	—	X	—	—	X	—	—	X	—	One-half cost of benefits; contribution varies according to his life insurance coverage Monthly contribution Type of coverage Amount of life insurance — No dependents — With dependents $1,500 — $4.53 — $8.03 $2,000 — 5.07 — 8.57 $2,500 — 5.61 — 9.11	Balance of cost	Hospitalization, surgical, and medical: Retired employee only, $2.90 per month; retired employee and dependent, $6.40	Life insurance: Full cost Other benefits: Balance of cost
—	X	—	—	X	X	—	—	—	—	—	Employee's benefits: Hospitalization and surgical—$0.95 per month Dependents' benefits: Full cost	Employee's benefits: Life insurance, accident and sickness and medical benefits—full cost Hospitalization and surgical—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 dismemberment	Multi-dismemberment
				Maintained	Paid in—					
Trucking industry, local cartage and over-the-road freight, various associations and individual employers, Central States, Southeast and Southwest areas Teamsters January 1958	1st of month following 2 months of contributions by employer for employee	Employee				Nonoccupational; occupational	1st year thereafter	$1,250 2,500	$ 625 1,250	$1,250 2,500
		1st year, $1,375; thereafter, $2,750	60	—	Installments					
		Dependent spouse								
		1st year, $250; thereafter, $500	—	—	—					
National Automobile Transporters Association Teamsters, National Truckaway and Driveaway Conference March 1958	After 3 months' covered employment	Employee				Nonoccupational; occupational	—	$2,500	$1,250	$2,500
		$2,750	60	—	Installments					
		Dependent spouse								
		$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	1st year, $10 per week; thereafter, $20 per week	13 weeks per disability	—	—	1st day	8th day	Employee[1]								
							Up to $10	31 days	—	—	$310	Up to $200	—	X	Up to $25
							Dependents[1]								
							Up to $10	31 days	—	—	$310	Up to $160	—	X	Up to $25
Nonoccupational	$20 per week—Maximum—two-thirds of average weekly wage	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 $10	31 days	—	—	$310	Up to $160	—	X	Up to $160

[1] Employee insured less than 1 year and his dependents receive 50 percent of benefit.

COMPANY, UNION, AND DATE OF INFORMATION	SURGICAL				MEDICAL									
		Operation schedule—selected allowances				Employee								
						Allowance						Benefits begin		
	Up to schedule allowance accepted as full payment if annual income is under—	Employee	Dependents	Covers cases in—	Up to schedule allowance accepted as full payment if annual income is under—	Home	Office	Hospital	Elsewhere	Maximum compensation	Sickness	Accident	Maximum number visits paid for	Maximum number days paid for
Trucking industry, local cartage and over-the-road freight, various associations, and individual employers, Central States, Southeast and Southwest areas Teamsters January 1958	—	Maximum schedule allowance $300	$300	Hospital, office, home, elsewhere	—	—	—	—	—	—	—	—	—	—
		Tonsillectomy Up to $45	Up to $45											
		Appendectomy Up to $150	Up to $150											
		[1]	[1]											
National Automobile Transporters Association Teamsters, National Truckaway and Driveaway Conference March 1958	—	Maximum schedule allowance $300	$300	Hospital, office, home, elsewhere	—	—	—	—	—	—	—	—	—	—
		Tonsillectomy Up to $45	Up to $45											
		Appendectomy Up to $150	Up to $150											

[1] Employee insured less than 1 year and his dependents receive 50 percent of benefit.

INSURANCE PLANS - Continued

MEDICAL - Continued										MATERNITY PROVISIONS								
Dependents											Hospitalization					Surgical	Medical	
Allowance				Maximum compensation	Benefits begin		Maximum number visits paid for	Maximum number days paid for	Other provisions	Accident and sickness	Daily benefit or service	Duration	Maximum room and board allowance	Extra allowance or services	Lump sum	Schedule allowance for normal delivery	Amounts and limitations	Benefits available to newly insured
Home	Office	Hospital	Elsewhere		Sickness	Accident												
—	—	—	—	—	—	—	—	—	—	Regular benefits for 6 weeks	Employee [1]							Employee and dependent: After 9 months
											—	—	—	—	$140	$75	—	
											Dependent [1]							
											—	—	—	—	$120	$50	—	
—	—	—	—	—	—	—	—	—	—	Regular benefits for 6 weeks	Employee							Employee and dependent: Hospitalization and surgical—after 9 months Employee: Accident and sickness—immediately
											Up to $10	14 days	$140	Up to $200	—	Up to $75	—	
											Dependent							
											—	—	—	—	Up to $120	Up to $50	—	

[1] Employee insured less than 1 year and his dependents receive 50 percent of 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	Hospitalisation	Surgical	Medical
Trucking industry, local cartage and over-the-road freight, various associations, and individual employers, Central States, Southeast and Southwest areas Teamsters January 1958	—	—	—	—	—	—	—	—	—	—
National Automobile Transporters Association Teamsters, National Truckaway and Driveaway Conference March 1958	—	—	—	—	—	—	—	—	—	—

[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—			
											Benefits for employee and dependents		Benefits for retired employee and dependents	
Company only	Jointly	Company only	Jointly	Employee only	Company only	Jointly	Employee only	Company only	Jointly	Employee only	Employee	Company	Employee	Company
X	—	X	—	—	—	—	—	—	—	—	—	Full cost—$2.25 per week	—	—
X	—	X	—	—	—	—	—	—	—	—	—	Full cost—$2.50 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 dismemberment	Multi-dismemberment
				Maintained	Paid in—					
Truck Owners Association of California Teamsters February 1958	1st of month following 1 month's covered employment	$2,000	60	X	—	Nonoccupational	—	$2,000	$1,000	$2,000
			After age 60	For 1 year	—					
Maritime industry, various employers, Atlantic and Gulf Coasts Seafarers January 1958	1 day's covered employment in past 90 days, and 90 days in last calendar year	$4,000	—	—	—	—	—	—	—	—
Maritime industry, various employers, Atlantic and Gulf Coasts Maritime Union February 1958	20 days' covered employment during 180 consecutive days	$3,500	60	X	—	Nonoccupational; occupational	—	$3,500	$1,750	$3,500
Maritime industry, various employers, Atlantic and Gulf Coasts Marine Engineers March 1958	Regular engineers: 30 days' covered employment during 6 consecutive months Relief engineers: 15 days' covered employment during 6 consecutive months	$3,500	60	X	—	Nonoccupational; occupational	—	$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—											
—	—	—	—	—	—	—	Employee								
(1)	(1)	(1)	(1)	(1)	(1)	(1)	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	$21 per week, if confined to hospital	Duration of disability	—	—	After 1 week retroactive to 1st day	After 1 week retroactive to 1st day	Dependents only [2]								
							$10	Unlimited	—	—	—	Up to $100 during 1st 31 days; thereafter, up to $200	—	X	—
Nonoccupational; occupational (3)	1st 13 weeks of hospital confinement—$3 per day; next 39 weeks, $15 per week; thereafter: Years in industry — Monthly benefit Less than 15 — $40.00 15 — 41.50 16 — 44.00 17 — 47.00 18 — 49.50 19 — 52.50 20 and over — 55.00	Period of hospital confinement	—	—	1st day in hospital	1st day in hospital	Dependents only [2]								
							Up to $8	31 days	—	—	$248	Up to $80	—	X	—
Nonoccupational (3)	1st 13 weeks of hospital confinement—$21 per week; next 39 weeks, $15 per week; thereafter: Years in industry — Monthly benefit Less than 15 — $40.00 15 — 41.50 16 — 44.00 17 — 47.00 18 — 49.00 19 — 52.50 20 and over — 55.00	Period of hospital confinement	—	—	1st day in hospital	1st day in hospital	Dependents only [2]								
							Up to $14	70 days	—	—	$980	Up to $500	—	X	Up to $500

[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									
		Operation schedule—selected allowances				Employee								
						Allowance						Benefits begin		
	Up to schedule allowance accepted as full payment if annual income is under—	Employee	Dependents	Covers cases in—	Up to schedule allowance accepted as full payment if annual income is under—	Home	Office	Hospital	Elsewhere	Maximum compensation	Sickness	Accident	Maximum number visits paid for	Maximum number days paid for
Truck Owners Association of California Teamsters February 1958	—	Maximum schedule allowance $300 Tonsillectomy Up to $52.50 Appendectomy Up to $150	$300 Up to $52.50 Up to $150	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 January 1958	—	— (1)	Maximum schedule allowance $300 Tonsillectomy Up to $50 Appendectomy Up to $100	Dependents: Hospital, office, home, elsewhere	—	Free medical examinations, including diagnostic and laboratory services, provided at the SIU Health Center [1]								
Maritime industry, various employers, Atlantic and Gulf Coasts Maritime Union February 1958	—	— (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 March 1958	—	— (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											Hospitalization					Surgical	Medical	
Allowance				Maximum compensation	Benefits begin		Maximum number visits paid for	Maximum number days paid for	Other provisions	Accident and sickness	Daily benefit or service	Duration	Maximum room and board allowance	Extra allowance or services	Lump sum	Schedule allowance for normal delivery	Amounts and limitations	Benefits available to newly insured
Home	Office	Hospital	Elsewhere		Sickness	Accident												
—	—	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	([1])	
											Dependent							
													Up to $100 maternity allowance					
—	—	$4 per day	—	$124 per disability	1st day	1st day	—	31 per disability	Dependents only: Blood transfusion allowance for 6 transfusions, up to $20 each	—	Dependent only							Dependent only: Immediately
											$200 maternity allowance plus a $25 Government bond for infant [2]							
				plus														
Free medical examinations, including diagnostic and laboratory services, provided at the SIU Health Center																		
—	—	—	—	—	—	—	—	—	—	Regular benefits for 6 weeks of hospital confinement	Dependent only							Employee and dependent: If pregnancy commences while insured
											—	—	—	—	$200	—	—	
—	Up to $3 per day	Up to $5 per day	Up to $5 per day	$250 per year	3d visit or 1st in hospital	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]	EXTENSION OF BENEFITS TO— (must be at least on group rate basis)								
		Retired employee					Dependents of retired employee			
	Types and amounts	Life insurance	Accidental death and dismemberment	Hospitalization	Surgical	Medical	Life insurance	Hospitalization	Surgical	Medical
Truck Owners Association of California Teamsters February 1958	Diagnostic X-ray and laboratory examination allowance for nonhospitalized cases: Employee—up to $50 for any one accident or all sicknesses during any 6-month period Dependents—up to $25 for any one accident or all sicknesses during any 6-month period Additional accident expense allowance: (For expenses not covered by other plan benefits incurred within 3 months after date of accident) Employee and dependents—up to $300 Polio allowance: (For expenses incurred within 3 years from date of receiving first treatment, in lieu of all other plan benefits) Employee and dependents—up to $2,000	—	—	—	—	—	—	—	—	—
Maritime industry, various employers, Atlantic and Gulf Coasts Seafarers January 1958	Employee only Special equipment benefit (for aids necessary for recovery such as wheelchair)—full cost	—	—	—	—	—	—	—	—	—
Maritime industry, various employers, Atlantic and Gulf Coasts Maritime Union February 1958	—	$500	—	Same as for dependent of active employee [2]	Same as for dependent of active employee [2]	—	—	Same as for retired employee	Same as for retired employee	—
Maritime industry, various employers, Atlantic and Gulf Coasts Marine Engineers March 1958	Dependents only Additional accident expense allowance (for expenses not covered by other plan benefits)—up to $300 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 Polio allowance (for expenses incurred during 1st 2 years of disability, in lieu of all other benefits)—up to $5,000	$500	—	Same as for dependent of active employee [3]	Same as for dependent of active employee [3]	Same as for dependent of active employee [3]	—	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] Maximum hospital and surgical benefits for employee and dependent limited during retirement to $500.

[3] Maximum hospitalization, surgical and medical benefits limited during retirement to $500.

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—			
											Benefits for employee and dependents		Benefits for retired employee and dependents	
Company only	Jointly	Company only	Jointly	Employee only	Company only	Jointly	Employee only	Company only	Jointly	Employee only	Employee	Company	Employee	Company
X	—	X	—	—	—	—	—	—	—	—	—	Full cost	—	—
X	—	X	—	—	—	—	—	—	—	—	—	Full cost—$1.05 per day per man working aboard ship (1)	—	—
X	—	X	—	—	X	—	—	X	—	—	—	Full cost	—	Full cost
X	—	X	—	—	X (2)	—	—	X (2)	—	—	—	Full cost—$0.60 per man per day on payroll	—	Full cost [2]

[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' seatime aboard SIU-contracted ships.

[2] Financed out of company contributions for benefits for active employee 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 dismemberment	Multi-dismemberment
				Maintained	Paid in—					
New York Shipping Association, Inc. * Longshoremen's Association January 1958	Accident and sickness benefits: Eligibility requirements of State temporary disability law Other benefits: After 700 hours' employment during previous fiscal year	$3,500	—	—	—	Nonoccupational; occupational	—	$3,500	$1,750	$3,500
Pacific Maritime Association Longshoremen's and Warehousemen's Union February 1958	On April 1, if employed 800 hours in previous payroll year or 400 in last half of previous payroll year; on October 1, if employed 400 hours in first half of payroll year [1]	$2,000	—	—	—	Nonoccupational; occupational	—	$2,000	$1,000	$2,000

[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 is based on 480 hours per year or 240 per 6-month period. All fully registered men are automatically eligible in all Washington and Oregon ports; partially registered men in these ports qualify according to above work hours formula.

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	$45 per week[1]	20 weeks per disability	—	—	1st day	8th day	Employee[2]								
							$8	70 days	—	—	$560	Up to $400, plus 75 percent of additional charges	—	X	Up to $400, plus 75 percent of additional charges
							Dependents[2]								
							Up to $8	70 days	—	—	$560	Up to $400, plus 75 percent of additional charges	—	X	Up to $400, plus 75 percent of additional charges
Nonoccupational	$53 per week[3]	26 weeks per year	—	—	1st day	8th day	Employee and dependents								
							Provided by the Kaiser Foundation Health Plan[4]								

[1] Employee guaranteed benefits specified under the New York State temporary disability law. See Appendix A.
[2] Parents of employees, if covered, receive less liberal benefits. In addition to benefits listed, plan pays from surplus fund, if any, the difference, if any, between specified daily benefit and amount hospital charges up to the cost of a semiprivate room during the first 70 days and 50 percent of cost for an additional 131 days.
[3] 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.
[4] Plan covers majority of employees under ILWU-PMA Welfare Plan. See Appendix D.

COMPANY, UNION, AND DATE OF INFORMATION	SURGICAL				MEDICAL									
		Operation schedule—selected allowances				Employee								
						Allowance						Benefits begin		
	Up to schedule allowance accepted as full payment if annual income is under—	Employee	Dependents	Covers cases in—	Up to schedule allowance accepted as full payment if annual income is under—	Home	Office	Hospital	Elsewhere	Maximum compensation	Sickness	Accident	Maximum number visits paid for	Maximum number days paid for
New York Shipping Association, Inc. * Longshoremen's Association January 1958	—	Maximum schedule allowance $300	$250	Hospital, office, home, elsewhere	—	—	—	—	—	—	—	—	—	—
		Tonsillectomy Up to $50	Under age 12, up to $30; over age 12, $50											
		Appendectomy Up to $200	Up to $140											
Pacific Maritime Association Longshoremen's and Warehousemen's Union February 1958	Provided by the Kaiser Foundation Health Plan[1]				Provided by the Kaiser Foundation Health Plan[1]									

[1] Plan covers majority of employees under ILWU-PMA Welfare Plan. See Appendix D.

INSURANCE PLANS - Continued

MEDICAL - Continued										MATERNITY PROVISIONS							
Dependents											Hospitalization					Surgical	Medical	
Allowance				Maximum compensation	Benefits begin		Maximum number visits paid for	Maximum number days paid for	Other provisions	Accident and sickness	Daily benefit or service	Duration	Maximum room and board allowance	Extra allowance or services	Lump sum	Schedule allowance for normal delivery	Amounts and limitations	Benefits available to newly insured
Home	Office	Hospital	Elsewhere		Sickness	Accident												
—	—	—	—	—	—	—	—	—	—	—	Employee							Employee and dependent: Immediately
											—	—	—	—	Up to $125	—	—	
											Dependent							
											—	—	—	—	Up to $125	Up to $125	✓	
Provided by the Kaiser Foundation Health Plan[1]										—	Employee and dependent							Employee and dependent: Immediately
											Provided by the Kaiser Foundation Health Plan[1]							

[1] Plan covers majority of employees under ILWU-PMA Welfare Plan. See Appendix D.

COMPANY, UNION, AND DATE OF INFORMATION	OTHER BENEFITS[1]	EXTENSION OF BENEFITS TO— (must be at least on group rate basis)								
		Retired employee					Dependents of retired employee			
	Types and amounts	Life insurance	Accidental death and dismemberment	Hospitalization	Surgical	Medical	Life insurance	Hospitalization	Surgical	Medical
New York Shipping Association, Inc. * Longshoremen's Association January 1958	Employee and dependents Diagnostic X-ray and laboratory allowance for non-hospitalized cases—up to $75 per year	—	—	Room and board allowance, $10 per day for 31 days; allowance for extra services, up to $150 per year	Same as for dependent of active employee but limited to $250 per year	—	—	Same as for retired employee	Same as for retired employee	—
Pacific Maritime Association Longshoremen's and Warehousemen's Union February 1958	Employee and dependents Provided by the Kaiser Foundation Health Plan[2] Dependents under age 15 Dental care (excluding orthodontics, cosmetic care for appearance only, and care provided by the Kaiser Foundation Health Plan)—full cost	$1,000 ([3])	Death: $1,000 Single dismemberment: $500 Multidismemberment: $1,000 ([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

[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 D.

[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.

FINANCING

Benefits for employee		Benefits for employee's dependents			Benefits for retired employee			Benefits for dependents of retired employee			Amount of contribution for—			
											Benefits for employee and dependents		Benefits for retired employee and dependents	
Company only	Jointly	Company only	Jointly	Employee only	Company only	Jointly	Employee only	Company only	Jointly	Employee only	Employee	Company	Employee	Company
X	—	X	—	—	X (1)	—	—	X (1)	—	—	—	Full cost—$0.14 per man-hour worked	—	Full cost[1]
—	X	—	X	—	—	X (2)	—	—	X (2)	—	1 percent of annual earnings[3]	$0.11 per man-hour worked	(2)	(2)

[1] Financed out of company contributions for benefits for active employee and dependents; see company contribution column for benefits for employee and dependents.
[2] Financed by active employee and company contributions; see contribution columns for benefits for employee and dependents.
[3] In California 1 percent of first $3,600 of annual earnings contributed to the State's temporary disability fund.

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 dismemberment	Multi-dismemberment
				Maintained	Paid in—					
The Detroit Edison Company Utility Workers January 1958	After 6 months' employment	$1,000[1]	60	—	Installments	—	—	—	—	—
Pennsylvania Power and Light Company Employees Independent Association April 1958	Life insurance: Immediately or 1st of following month Other benefits: 1st of month following 1 month's employment	Before age 65: Annual straight-time earnings / Insurance when period of employment is[2]— 6 months to 1 year / 1 year and over Less than $1,000 — $1,000 / $2,000 $1,000 to $1,500 — 1,500 / 3,000 $1,500 to $2,000 — 2,000 / 4,000 $2,000 to $2,500 — 2,500 / 5,000 $2,500 to $3,000 — 3,000 / 6,000 $3,000 to $3,500 — 3,500 / 7,000 $3,500 to $4,000 — 4,000 / 8,000 $4,000 to $4,500 — 4,500 / 9,000 $4,500 to $5,000 — 5,000 / 10,000 $5,000 to $5,500 — 5,500 / 11,000 $5,500 to $6,000 — 6,000 / 12,000 $6,000 to $6,500 and up — 6,500 / 13,000 After age 65:[3] Insurance[4] Percent of annual earnings if over age— 65 / 66 / 67 / 68 / 69 / 70 and over 5 to 10 years — 50 / 45 / 40 / 35 / 30 / 25 10 to 15 years — 60 / 54 / 48 / 42 / 36 / 30 15 to 20 years — 70 / 63 / 56 / 49 / 42 / 35 20 to 25 years — 80 / 72 / 64 / 56 / 48 / 40 25 to 30 years — 90 / 81 / 72 / 63 / 54 / 45 30 and over — 100 / 90 / 80 / 70 / 60 / 50	65	—	Installments	—	—	—	—	—

[1] Additional insurance provided on a contributory basis.
[2] Employees with less than 6 months' service provided $500 life insurance coverage, regardless of earnings.
[3] Maximum of $500 guaranteed employee.
[4] Reduction applies only to employee hired on or after October 1, 1957. For employee hired prior to October 1, 1957, on reaching age 65 insurance reduced to amount in effect on June 1, 1957.

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)	(1)	(1)	(1)	(1)	(1)	(1)	Semi-private room	120 days	—	—	—	Full cost of specified services	—	X	Up to $20 [2]
—	—	—	—	—	—	—	Employee and dependents								
(1)	(1)	(1)	(1)	(1)	(1)	(1)	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 paid sick-leave plan.
[2] Also payable for emergency treatment in clinic or doctor's office.

COMPANY, UNION, AND DATE OF INFORMATION	SURGICAL				MEDICAL								
		Operation schedule—selected allowances				Employee							
						Allowance					Benefits begin		
	Up to schedule allowance accepted as full payment if annual income is under—	Employee	Dependents	Covers cases in—	Up to schedule allowance accepted as full payment if annual income is under—	Home	Office	Hospital	Elsewhere	Maximum compensation	Sickness	Accident	Maximum number visits paid for	Maximum number days paid for
The Detroit Edison Company Utility Workers January 1958	—	Maximum schedule allowance $300 Tonsillectomy Up to $42.50 Appendectomy Up to $125	 $300 Up to $42.50 Up to $125	Hospital, office, home, elsewhere	—	—	—	$5 for each day of confinement	—	$350 per disability	1st day	1st day	—	70 per disability
Pennsylvania Power and Light Company Employees Independent Association April 1958	Individual coverage, $2,500; employee and 1 or more dependents, $4,000 ([1])	Maximum schedule allowance $200 Tonsillectomy Up to $40 Appendectomy Up to $100 ([1])	 $200 Up to $40 Up to $100 ([1])	Hospital, office, home, elsewhere ([1])	Individual coverage, $2,500; employee and 1 or more dependents, $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; thereafter, up to $3 per day ([1])	—	Home and office: $63 per year Hospital: $219 per disability ([1])	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 disability ([1])

[1] Employee may receive more liberal benefits by paying the additional cost.

INSURANCE PLANS - Continued

MEDICAL - Continued										MATERNITY PROVISIONS								
Dependents											Hospitalization					Surgical	Medical	
Allowance				Maximum compensation	Benefits begin		Maximum number visits paid for	Maximum number days paid for	Other provisions	Accident and sickness	Daily benefit or service	Duration	Maximum room and board allowance	Extra allowance or services	Lump sum	Schedule allowance for normal delivery	Amounts and limitations	Benefits available to newly insured
Home	Office	Hospital	Elsewhere		Sickness	Accident												
—	—	$5 for each day of confinement	—	$350 per disability	1st day	1st day	—	70 per disability	—	— (1)	Employee and dependent							Employee and dependent: Immediately
											Semi-private room	120 days	—	Full cost of specified services	—	Up to $70	—	
— (2)	— (2)	1st day, up to $10; 2d day, up to $5; thereafter, up to $3 per day (2)	— (2)	$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)	— (1)	Employee and dependent							Employee and dependent: After 9 months
											Semi-private room	10 days	—	Full cost of specified services	—	Up to $60 (2)	—	

[1] No accident and sickness insurance benefit provided by plan; employees covered by paid sick-leave plan.
[2] Employee may secure more liberal benefits by paying the additional cost.

COMPANY, UNION, AND DATE OF INFORMATION	OTHER BENEFITS[1]	EXTENSION OF BENEFITS TO— (must be at least on group rate basis)								
		Retired employee					Dependents of retired employee			
	Types and amounts	Life insurance	Accidental death and dismemberment	Hospitalization	Surgical	Medical	Life insurance	Hospitalization	Surgical	Medical
The Detroit Edison Company Utility Workers January 1958	Employee and dependents Anesthesia allowance for nonhospitalized cases except when used as part of emergency out-patient care—up to $10 for each use Operating room allowance for nonhospitalized cases except when used as part of emergency out-patient care—up to $10 for each use 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 Ambulance allowance for nonhospitalized cases—up to $10 per trip	Retiring at age 65 or at age 60 with 15 years' service: $1,000[2]	—	Retiring at age 60 or later: Same as for active employee	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	Same as for retired employee
Pennsylvania Power and Light Company Employees Independent Association April 1958	Employee and dependents X-ray radium treatment allowance (for treatment of specified conditions in or out of hospital)—not available for surgical cases	Same as for active employee	—	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] 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 is 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 toward the cost of insurance ceases when reduction in coverage begins).

FINANCING

Benefits for employee		Benefits for employee's dependents			Benefits for retired employee			Benefits for dependents of retired employee			Amount of contribution for—			
											Benefits for employee and dependents		Benefits for retired employee and dependents	
Company only	Jointly	Company only	Jointly	Employee only	Company only	Jointly	Employee only	Company only	Jointly	Employee only	Employee	Company	Employee	Company
—	X	—	X	—	—	X	—	—	X	—	Hospitalization and surgical: Benefits for employee only, $0.69 per week; for employee and one dependent, $1.56; for employee, spouse and children under age 19, $1.80; for each additional dependent, $0.75	Life insurance: Full cost [1] Other benefits: Balance of cost	Hospitalization and surgical: Same as active employee	Life insurance: Full cost [2] Other benefits: Balance of cost
—	X	—	—	X	—	X	—	—	—	X	Employee's benefits: Life insurance based on service—40 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, $4.45 per month; for spouse with maternity or spouse with maternity and all children, $6.66; for widow(er) and 1 child, $3.43; for widow(er) and 2 or more children, $6.05	Employee's benefits: Life insurance—full cost of first $500 based on service; balance of cost of remaining insurance Other benefits—full cost	Hospitalization, surgical, and medical: Full cost—benefits for employee only, $6.10 per month; for husband and wife without maternity, $14.64; for husband and wife with maternity or husband and wife with maternity and all children, $17.42; for widow(er) and 1 child, $13.64; for widow(er) and 2 or more children, $15.96	Life insurance: Full cost

[1] Employee may secure additional insurance on a contributory basis.
[2] Employee 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 dismemberment	Multi-dismemberment
				Maintained	Paid in—					
Distributors Association of Northern California Longshoremen's and Warehousemen's Union, Local 6 February 1958	Life and accidental death and dismemberment insurance: 1 year's employment, 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	—	Nonoccupational	—	$1,000	$500	$1,000
Restaurant industry, Progressive Restaurant Owners Association, Inc., and other employers (New York, N. Y.) Hotel and Restaurant Employees, Local 89 February 1958	After 2 months' employment and 2 months' union membership	Base weekly earnings / Insurance: 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	—	Nonoccupational; occupational	Base weekly earnings: Less than $30 — $1,000 / $500 / $1,000 $30 to $40 — 1,500 / 750 / 1,500 $40 to $50 — 2,000 / 1,000 / 2,000 $50 to $60 — 2,500 / 1,250 / 2,500 $60 to $70 — 3,000 / 1,500 / 3,000 $70 to $80 — 3,500 / 1,750 / 3,500 $80 and over — 4,000 / 2,000 / 4,000			

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—											
—	—	—	—	—	—	—	Employee and dependents								
(1)	(1)	(1)	(1)	(1)	(1)	(1)	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	One-half average weekly wage— Minimum—$20 per week Maximum—$45 per week	20 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

[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 D.

COMPANY, UNION, AND DATE OF INFORMATION	SURGICAL				MEDICAL									
		Operation schedule—selected allowances				Employee								
						Allowance								
	Up to schedule allowance accepted as full payment if annual income is under—	Employee	Dependents	Covers cases in—	Up to schedule allowance accepted as full payment if annual income is under—	Home	Office	Hospital	Elsewhere	Maximum compensation	Benefits begin: Sickness	Benefits begin: Accident	Maximum number visits paid for	Maximum number days paid for
Distributors Association of Northern California Longshoremen's and Warehousemen's Union, Local 6 February 1958	Optional plan A Provided by the Kaiser Foundation Health Plan [1] Optional plan B —	Maximum schedule allowance $300 Tonsillectomy Up to $45 Appendectomy Up to $150	$300 Up to $45 Up to $150	Hospital, office, home, elsewhere	Optional plan A Provided by the Kaiser Foundation Health Plan [1] Optional plan B —	Up to $5 per visit	Up to $5 per visit	Up to $5 per visit	—	$350 per year	Hospital: 1st visit Home and office: 2d visit	1st visit	1 per day	—
Restaurant industry, Progressive Restaurant Owners Association, Inc., and other employers (New York, N. Y.) Hotel and Restaurant Employees, Local 89 February 1958	—	Provided by the Health Insurance Plan of Greater New York [2]	—	—	Provided by the Health Insurance Plan of Greater New York [2]									

[1] See Appendix D.
[2] See Appendix B.

INSURANCE PLANS - Continued

MEDICAL - Continued										MATERNITY PROVISIONS								
Dependents											Hospitalization					Surgical	Medical	
Allowance					Benefits begin													
Home	Office	Hospital	Elsewhere	Maximum compensation	Sickness	Accident	Maximum number visits paid for	Maximum number days paid for	Other provisions	Accident and sickness	Daily benefit or service	Duration	Maximum room and board allowance	Extra allowance or services	Lump sum	Schedule allowance for normal delivery	Amounts and limitations	Benefits available to newly insured
Optional plan A										**Optional plan A**								
Provided by the Kaiser Foundation Health Plan[1]										Employee and dependent								Employee and dependent: Immediately
Optional plan B										—	Provided by the Kaiser Foundation Health Plan[1]							
—	Up to $5 per visit	Up to $5 per day	—	Office: $250 per year Hospital: $155 per disability	Office: 2d visit; 1st visit Hospital: 1st day; 1st day		—	31 per disability	—	**Optional plan B**								
										Employee only								Employee: After 9 months
										—	—	—	—	—	Up to $150	Up to $75	—	
—	—	—	—	—	—	—	—	—	—	Regular benefits for 6 weeks	Employee							Employee and dependent: Hospitalization—immediately Employee: Accident and sickness—if pregnancy commences while insured Surgical and medical—immediately
											—	—	—	—	Up to $80	Provided by the Health Insurance Plan of Greater New York[2]		
											Dependent							
											—	—	—	—	Up to $80	—	—	

[1] See Appendix D.
[2] See Appendix B.

COMPANY, UNION, AND DATE OF INFORMATION	OTHER BENEFITS [1]	EXTENSION OF BENEFITS TO— (must be at least on group rate basis)								
		Retired employee					Dependents of retired employee			
	Types and amounts	Life insurance	Accidental death and dismemberment	Hospitalization	Surgical	Medical	Life insurance	Hospitalization	Surgical	Medical
Distributors Association of Northern California Longshoremen's and Warehousemen's Union, Local 6 February 1958	Employee and dependents Optional plan A Provided by the Kaiser Foundation Health Plan [2] Optional plan B Diagnostic X-ray and laboratory test allowance for nonhospitalized cases—up to $50 during any 12 consecutive months. Supplementary accident expense allowance (for expenses incurred within 90 days of accident)—up to $300 Special disease benefit (for polio, scarlet fever, diphtheria, spinal meningitis, encephalitis, rabies, tetanus, tularemia, typhoid, and leukemia)—up to $5,000 for expenses incurred within 2 years after first treatment which are in excess of other plan benefits. Major medical expense benefit—80 percent of expenses not covered by other plan benefits which are in excess of $75; maximum—$5,000 during any 1 calendar year.	—	—	—	—	—	—	—	—	—
Restaurant industry, Progressive Restaurant Owners Association, Inc., and other employers (New York, N. Y.) Hotel and Restaurant Employees, Local 89 February 1958	Employee only Provided by the Health Insurance Plan of Greater New York [3]	$1,000	—	Same as for active 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 D.

[3] See Appendix B.

FINANCING

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

[1] Financed out of company contributions for benefits for active employee 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 dismemberment	Multi-dismemberment
							Maintained	Paid in—				
Retail, wholesale, and warehouse industries, various employers (New York, N. Y.)* Retail, Wholesale and Department Store Union, District 65 (65 Security Plan) January 1958	After 90 days' employment	Average weekly earnings	Years of active plan membership: Under 5	5	10	15	At any age	For 1 year from date weekly accident and sickness benefits are exhausted	—	Nonoccupational; occupational	—	$1,000	$500	$1,000
		Less than $75.01	$1,000	$1,500	$2,000	$2,500								
		$75.01 to $100.01	1,500	2,000	2,500	3,000								
		$100.01 to $125.01	2,000	2,500	3,000	3,500								
		$125.01 to $150.01	2,500	3,000	3,500	4,000								
		$150.01 to $175.01	3,000	3,500	4,000	4,500								
		$175.01 and over	3,500	4,000	4,500	5,000								
			20	25	30	35								
		$Less than $75.01	$3,000	$3,500	$4,000	$4,500								
		$75.01 to $100.01	3,500	4,000	4,500	5,000								
		$100.01 to $125.01	4,000	4,500	5,000	5,500								
		$125.01 to $150.01	4,500	5,000	5,500	6,000								
		$150.01 to $175.01	5,000	5,500	6,000	6,500								
		$175.01 and over	5,500	6,000	6,500	7,000								
		(1)												
Retail trade industry, various employers (New York, N. Y.) Retail Clerks July 1958	After 30 days' covered employment and 30 days' union membership	$1,500					65	X	—	Nonoccupational; occupational	—	$1,500	$750	$1,500

[1] Additional burial benefit provided.

INSURANCE PLANS - Continued

ACCIDENT AND SICKNESS [1]							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	Prior to age 65: First 13 weeks, two-thirds of average weekly earnings, thereafter 50 percent of average weekly earnings Maximum—$60 per week Age 65 and over: Difference between above weekly benefit and Federal Social Security benefits	26 weeks per disability	60	26 weeks during any 12 consecutive months	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
Occupational	Difference between Workmen's Compensation benefit and above amount														
Nonoccupational	One-half average weekly wage— Minimum—$20 per week Maximum—$45 per week	13 weeks per disability	60	13 weeks during any 12 consecutive months	8th day	8th day	Employee and dependents								
							Up to $14	31 days	—	—	$434	Up to $70	—	X	Up to $70

[1] Available to employee after 90 days' employment. Employee with at least 4 weeks but less than 90 days' employment receive benefits required by New York State temporary disability law. See Appendix A.

COMPANY, UNION, AND DATE OF INFORMATION	SURGICAL				MEDICAL									
						Employee								
						Allowance						Benefits begin		
	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—	Home	Office	Hospital	Elsewhere	Maximum compensation	Sickness	Accident	Maximum number visits paid for	Maximum number days paid for
		Employee	Dependents											
Retail, wholesale, and warehouse industries, various employers (New York, N. Y.)*	Optional plan A				Optional plan A									
	Provided by the Health Insurance Plan of Greater New York[1]				Provided by the Health Insurance Plan of Greater New York[1]									
Retail, Wholesale and Department Store Union, District 65 (65 Security Plan)	Optional plan B				Optional plan B									
January 1958	—	Maximum schedule allowance		Hospital, office, home, elsewhere	—	$4 per visit	$3 per visit	$3 per visit	—	Unlimited	1st visit	1st visit	1 per day[2]	—
		$250	$250											
		Tonsillectomy												
		Up to $50	Under age 12, up to $40; over age 12, up to $50											
		Appendectomy												
		Up to $125	Up to $125											
Retail trade industry, various employers (New York, N. Y.)	—	Maximum schedule allowance		Hospital, office, home, elsewhere	—	—	—	—	—	—	—	—	—	—
		$200	$200											
Retail Clerks		Tonsillectomy												
		Up to $30	Up to $30											
July 1958		Appendectomy												
		Up to $100	Up to $100											

[1] See Appendix B.
[2] For chronic ailments, plan limits the number of visits to 100 during the life of the plan.

INSURANCE PLANS - Continued

MEDICAL - Continued										MATERNITY PROVISIONS								
Dependents											Hospitalization					Surgical	Medical	
Allowance				Maximum compensation	Benefits begin		Maximum number visits paid for	Maximum number days paid for	Other provisions	Accident and sickness	Daily benefit or service	Duration	Maximum room and board allowance	Extra allowance or services	Lump sum	Schedule allowance for normal delivery	Amounts and limitations	Benefits available to newly insured
Home	Office	Hospital	Elsewhere		Sickness	Accident												
Optional plan A										Regular benefits for 6 weeks	Employee and dependent							Employee and dependent: After 10 months
Provided by the Health Insurance Plan of Greater New York[1]											—	—	—	—	Up to $100	Optional plan A		
Optional plan B																Provided by the Health Insurance Plan of Greater New York[1]		
																Optional plan B		
$4 per visit	$3 per visit	$3 per visit	—	Unlimited	1st visit	1st visit	1 per day[a]	—	—							([3])	([3])	
—	—	—	—	—	—	—	—	—	—	—	Employee and dependent							Employee and dependent: Immediately
											—	—	—	—	Up to $140	Up to $75	—	

[1] See Appendix B.
[a] For chronic ailments, plan limits the number of visits to 100 during the life of the plan.
[3] $100 for prenatal care, delivery, and postnatal care.

COMPANY, UNION, AND DATE OF INFORMATION	OTHER BENEFITS[1]	EXTENSION OF BENEFITS TO— (must be at least on group rate basis)								
		Retired employee					Dependents of retired employee			
	Types and amounts	Life insurance	Accidental death and dismemberment	Hospitalization	Surgical	Medical	Life insurance	Hospitalization	Surgical	Medical
Retail, wholesale and warehouse industries, various employers (New York, N. Y.)* Retail, Wholesale and Department Store Union, District 65 (65 Security Plan) January 1958	Employee and dependents Optional plan A Provided by the Health Insurance Plan of Greater New York[2] Pharmacy and optical service—special rates Optional plan B X-ray therapy allowance for cases in or out of hospital—$6.50 per treatment; maximum—$150 per year Allergy diagnosis (scratch tests) allowance for cases in or out of hospital—up to $25 during life of plan Allergy treatment allowance for cases in or out of hospital—up to $50 per year (if less than 17 treatments—$3 per treatment) X-ray and laboratory examination allowance for cases in or out of hospital—Maximum—$75 per year Ambulance allowance for transportation from home to hospital—up to $10 Pharmacy and optical services—special rates	Retiring with 10 years[1] service: Amount in effect immediately, prior to retirement, less total retirement benefits received from pension fund or $1,000, whichever is greater[3]	—	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
Retail trade industry, various employers (New York, N. Y.) Retail Clerks July 1958	Poliomyelitis and Asian Flu vaccinations—full cost Eye glass allowance (for examination and glasses)—up to $4.75	—	—	—	—	—	—	—	—	—

[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.

[3] Additional burial benefit provided.

FINANCING

Benefits for employee		Benefits for employee's dependents			Benefits for retired employee			Benefits for dependents of retired employee			Amount of contribution for—			
											Benefits for employee and dependents		Benefits for retired employee and dependents	
Company only	Jointly	Company only	Jointly	Employee only	Company only	Jointly	Employee only	Company only	Jointly	Employee only	Employee	Company	Employee	Company
X	—	X	—	—	X	—	—	X	—	—	—	Full cost—5 1/2 percent of monthly payroll	—	Full cost [1]
X	—	X	—	—	—	—	—	—	—	—	—	Full cost	—	—

[1] Financed out of company contributions for benefits for active employee and dependents; see company contributions 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 dismemberment	Multi-dismemberment
						Maintained / Paid in—					
Retail drug industry, various associations and employers (New York, N. Y.) Retail, Wholesale and Department Store Union, Local 1199 February 1958 ([1])	Accident and sickness benefits: Immediately or 1st of following month Other benefits: After 1 month's covered employment	Average weekly earnings / Length of coverage under plan / Insurance $30 to $40: Less than 1 year $500; 1 year and over 1,000 $40 to $75: Less than 1 year 500; 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; 1 to 2 years 1,000; 2 to 3 years 1,500; 3 to 4 years 2,000; 4 to 5 years 2,500; 5 to 6 years 3,000; 6 to 7 years 3,500; 7 years and over 4,000 ([2])			60 After age 60	X For 3 months; up to $2,000 for additional 9 months	— —	Nonoccupational ([2])	Weekly earnings $30 to $40 Less than 1 year plan coverage 1 year and over plan coverage $40 and over Less than 1 year plan coverage 1 to 2 years' plan coverage 2 to 3 years' plan coverage 3 years and over plan coverage ([2])	$ 500 1,000 $ 500 1,000 1,500 2,000 ([2])	$ 250 500 $ 250 500 750 1,000 ([2])	$ 500 1,000 $ 500 1,000 1,500 2,000 ([2])
The Prudential Insurance Company of America Insurance Agents International Union February 1958	Immediately or 1st of following month	Prior to age 65: Annual earnings / Insurance 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 and up 13,000			65	Until age 65; then reduced in same manner as for retired employee	—	—	—	—	—	—

[1] Includes revision in the accident and sickness benefit effective April 1, 1958, and in the medical benefit, effective October 1, 1958.
[2] 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	Except		Accident	Sickness			Days	Daily amount					
			After age—	Benefits limited to—											
Nonoccupational	Before age 65: Two-thirds of average weekly pay— Maximum—$65 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
—	—	—	—	—	—	—	Employee and dependents — Nonoccupational disability cases								
[3]	[3]	[3]	[3]	[3]	[3]	[3]	Up to $10 [4]	—	—	—	$700	Up to 10 times rates of semi-private room or $100, whichever is less	—	X	Up to 10 times rate of semiprivate room or $100, whichever is less
							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—$45) for 20 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 semiprivate room, whichever is less; however, if standard rate of semiprivate room is less than $7, allowance will be up to $7 for each day in hospital.

COMPANY, UNION, AND DATE OF INFORMATION	SURGICAL				MEDICAL									
						Employee								
						Allowance						Benefits begin		
	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—	Home	Office	Hospital	Elsewhere	Maximum compensation	Sickness	Accident	Maximum number visits paid for	Maximum number days paid for
		Employee	Dependents											
Retail drug industry, various associations and employers (New York, N. Y.) Retail, Wholesale, and Department Store Union, Local 1199 February 1958 (1)	—	Maximum schedule allowance $225	$150	Hospital, office, home, elsewhere (2)	—	Up to $5 per day (3, 4)	Up to $3 per day (3, 4)	Up to $5 per day (3, 4)	Up to $5 per day (3, 4)	$300 per disability (3, 4)	2d day (3, 4)	2d day (3, 4)	— (3, 4)	— (3, 4)
		Tonsillectomy Up to $45	Up to $30											
		Appendectomy Up to $150 (2, 3)	Up to $100 (2, 3)											
The Prudential Insurance Company of America Insurance Agents International Union February 1958	—	Nonoccupational disability cases Maximum schedule allowance $225	$225	Hospital, office, home, elsewhere	Nonoccupational disability cases									
					—	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	—	—
		Tonsillectomy Up to $60	Child, up to $40; wife, up to $60		Occupational disability cases									
		Appendectomy Up to $150	Up to $150		Difference, if any, between benefits provided through Workmen's Compensation or other Federal or State program to which employer contributes and above benefits									
		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	—											

[1] Includes revisions in the accident and sickness benefit effective April 1, 1958, and in the medical benefits effective October 1, 1958.
[2] Not available to employee earning less than $37.50 per week.
[3] In lieu of cash surgical and medical benefits, employee may obtain surgical and medical benefits by joining the Health Insurance Plan of Greater New York and paying part of the cost.
[4] Not available to employee earning less than $50 per week.

INSURANCE PLANS - Continued

MEDICAL - Continued										MATERNITY PROVISIONS								
Dependents											Hospitalization					Surgical	Medical	
Allowance				Maximum compensation	Benefits begin		Maximum number visits paid for	Maximum number days paid for	Other provisions	Accident and sickness	Daily benefit or service	Duration	Maximum room and board allowance	Extra allowance or services	Lump sum	Schedule allowance for normal delivery	Amounts and limitations	Benefits available to newly insured
Home	Office	Hospital	Elsewhere		Sickness	Accident												
Up to $5 per day [1,2]	Up to $3 per day [1,2]	Up to $5 per day [1,2]	Up to $5 per day [1,2]	$300 per disability [1,2]	2d day [1,2]	2d day [1,2]	— [1,2]	— [1,2]	— [1,2]	Regular benefits for 6 weeks	Employee and dependent							Employee and dependent: Immediately
											—	—	—	—	Up to $100 [3]	Up to $85 [1,4]	— [1]	
—	—	—	—	—	—	—	—	—	Employee only: Entitled to 3 visits within 31 days after returning to work	— [4]	Employee and dependent							Employee and dependent: If pregnancy commences while insured
											—	—	—	—	Up to $100	Up to $75	—	

[1] In lieu of cash medical and surgical benefits, employee may obtain surgical and medical benefits by joining the Health Insurance Plan of Greater New York and paying part of the cost.
[2] Not available to employee earning less than $50 per week.
[3] Not available to employee earning $25 or less per week.
[4] Not available to employee earning less than $37.50 per week.

COMPANY, UNION, AND DATE OF INFORMATION	OTHER BENEFITS[1]	EXTENSION OF BENEFITS TO— (must be at least on group rate basis)								
		Retired employee					Dependents of retired employee			
	Types and amounts	Life insurance	Accidental death and dismemberment	Hospitalization	Surgical	Medical	Life insurance	Hospitalisation	Surgical	Medical
Retail drug industry, various associations and employers (New York, N. Y.) Retail, Wholesale, and Department Store Union, Local 1199 February 1958 ([2])	Employee and dependents Optical, dental, X-ray, and blood bank services—available at special rates	$500	—	Same as for active employee	Same as for active employee	([3])	—	Same as for retired employee	Same as for retired employee	([3])
The Prudential Insurance Company of America Insurance Agents International Union February 1958	Employee and dependents Polio allowance—80 percent of expenses incurred and not covered by other plan benefits during 3-year period following date of first treatment; maximum—$5,000 Major medical expense benefit—80 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[4]	Same as for active employee until first of month following attainment of age 65; then reduced 20 percent and by like amount annually thereafter until amount in effect equals $1,000[5]	—	Same as for active employee but limited after age 65 to $700 for room and board and $100 for extra services ([6])	Same as for active employee but limited after age 65 to $225 ([6])	— ([6])	—	Same as for retired employee ([6])	Same as for retired employee ([6])	— ([6])

[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 the accident and sickness benefit, effective April 1, 1958, and medical benefit effective October 1, 1958.

[3] Medical benefits are extended only to retired employee and his dependents who were covered by benefits provided by the Health Insurance Plan of Greater New York prior to retirement; medical coverage for employee and dependents covered by cash medical benefits provided by the Fund prior to retirement ceases upon retirement.

[4] A benefit year is a 12-month period beginning day first charge included in the "deductible" occurred. The "deductible" varies, according to earnings, from $50 to $250. In case of occupational disability of employee, benefits received under Workmen's Compensation reduce the eligible expenses under this program.

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

[6] Major medical benefit provided retired worker and dependent until retired worker reaches age 70; coverage same as for active worker but limited after age 65 to $2,000.

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—			
											Benefits for employee and dependents		Benefits for retired employee and dependents	
Company only	Jointly	Company only	Jointly	Employee only	Company only	Jointly	Employee only	Company only	Jointly	Employee only	Employee	Company	Employee	Company
X	—	X	—	—	—	X	—	—	X	—	—	Full cost—3 percent of monthly payroll	All benefits except life insurance: Full cost	Life insurance: Full cost
—	X	—	X	—	—	X	—	—	X	—	Life insurance: $0.115 weekly per $1,000 of insurance Major medical expense benefit: Benefit for employee only, $0.425 per week; for employee and child—dren, $0.720; for employee and wife, $1.100; for employee, wife, and children, $1.395 Other benefits: Benefits for employee only, $0.30 per week; for employee and child—dren, $0.660; for employee and wife, $0.880; for employee, wife, and children, $1	Balance of cost	Hospitalization, surgical, and major medical: Same as active employee	Life insurance: Full cost[1] Other benefits: Balance of cost

[1] Employees who retire 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 dismemberment	Multi-dismemberment
				Maintained	Paid in—					
Realty Advisory Board on Labor Relations (New York, N. Y.) Building Service Employees February 1958	After 30 days' employment	$1,000	60	X	—	—	—	—	—	—
Hotel Association of New York City, Inc. New York Hotel Trades Council February 1958	Accident and sickness benefits: After 4 weeks' covered employment Other benefits: After 4 months' covered employment and 6 months' union membership	$1,000	60	X	—	Nonoccupational; occupational	—	$1,000	$500	$1,000
Laundry industry, various employers Laundry, Dry Cleaning, and Dye House Workers National plan March 1958	1st of month following 30 days' employment and union membership	$1,000	70	X	—	Nonoccupational	—	$2,500	$1,250	$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—											
—	—	—	—	—	—	—	Employee and dependents								
(1)	(1)	(1)	(1)	(1)	(1)	(1)									
							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	$27 per week	20 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	$10 per week	13 weeks per disability	—	—	1st day	8th day or 1st in hospital	Employee only								
							Up to $12	70 days	—	—	$840	Up to $120	—	X	Up to $120

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

COMPANY, UNION, AND DATE OF INFORMATION	SURGICAL				MEDICAL									
						Employee								
						Allowance						Benefits begin		
	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—	Home	Office	Hospital	Elsewhere	Maximum compensation	Sickness	Accident	Maximum number visits paid for	Maximum number days paid for
		Employee	Dependents											
Realty Advisory Board on Labor Relations (New York, N. Y.) **Building Service Employees** **February 1958**	—	Maximum schedule allowance: $250 Tonsillectomy: Up to $50 Appendectomy: Up to $125	$250 Under age 12, up to $30; over age 12, up to $50 Up to $125	Hospital, office, home, elsewhere	—	—	—	—	—	—	—	—	—	—
Hotel Association of New York City, Inc. **New York Hotel Trades Council** **February 1958**	—	Provided by New York Hotel Trades Council and Hotel Association of New York City, Inc., Health Center ([1])	—	—	Provided by New York Hotel Trades Council and Hotel Association of New York City, Inc., Health Center[1]									
Laundry industry, various employers **Laundry, Dry Cleaning, and Dye House Workers National plan** **March 1958**	—	Maximum schedule allowance: $250 Tonsillectomy: Up to $41.67 Appendectomy: Up to $166.67	—	Hospital, office, home, elsewhere	—	Up to $5 per visit	Up to $3 per visit	Up to $5 per visit	—	$250 per disability	Hospital: last visit Home and office: 2d visit	1st visit	1 per day	—

[1] See Appendix E.

INSURANCE PLANS – Continued

MEDICAL – Continued										MATERNITY PROVISIONS								
Dependents											Hospitalization					Surgical	Medical	
Allowance				Maximum compensation	Benefits begin		Maximum number visits paid for	Maximum number days paid for	Other provisions	Accident and sickness	Daily benefit or services	Duration	Maximum room and board allowance	Extra allowance or services	Lump sum	Schedule allowance for normal delivery	Amounts and limitations	Benefits available to newly insured
Room	Office	Hospital	Elsewhere		Sickness	Accident												
—	—	—	—	—	—	—	—	—	—	—	Employee and dependent							Employee and dependent: Immediately
											—	—	—	—	Up to $80	Up to $75	—	
—	—	—	—	—	—	—	—	—	—	Regular benefits for 6 weeks (1)	Employee							Employee and dependent: Immediately
											—	—	—	—	Up to $80	Provided by New York Hotel Trades Council and Hotel Association of New York City, Inc., Health Center [2]		
											Dependent							
											—	—	—	—	Up to $80	—	—	
—	—	—	—	—	—	—	—	—	—		Employee only							Employee: After 9 months
											$125 maternity allowance							

[1] Available only to employee insured for life, accidental death and dismemberment, and hospitalization.
[2] See Appendix E.

COMPANY, UNION, AND DATE OF INFORMATION	OTHER BENEFITS[1]	EXTENSION OF BENEFITS TO— (must be at least on group rate basis)								
		Retired employee					Dependents of retired employee			
	Types and amounts	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 February 1958	—	—	—	([2])	—	—	—	([2])	—	—
Hotel Association of New York City, Inc. New York Hotel Trades Council February 1958	Employee only Provided by New York Hotel Trades Council and Hotel Association of New York City, Inc., Health Center[3]	—	—	—	—	—	—	—	—	—
Laundry industry, various employers Laundry, Dry Cleaning, and Dye House Workers National plan March 1958	Employee only Polio allowance—up to $5,000 for expenses incurred within 3 years after date of contraction, in lieu of all other plan benefits Diagnostic X-ray and laboratory examination allowance (for all examinations performed within 26 weeks of commencement of accident or sickness)—up to $50 for any 1 accident or for all sicknesses per year	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.

[2] An employee whose employment terminates on or after March 1, 1958, who is at least 65 years of age with at least 10 years' substantially continuous service, and who converts his group hospitalization coverage to direct coverage for himself and his dependents will be eligible for such coverage for 1 year after termination of employment at not expense to him.

[3] See Appendix E.

FINANCING

Benefits for employee		Benefits for employee's dependents			Benefits for retired employee			Benefits for dependents of retired employee			Amount of contribution for—			
											Benefits for employee and dependents		Benefits for retired employee and dependents	
Company only	Jointly	Company only	Jointly	Employee only	Company only	Jointly	Employee only	Company only	Jointly	Employee only	Employee	Company	Employee	Company
X	—	X	—	—	X (1)	—	—	X (1)	—	—	—	Full cost—$20.25 per quarter	—	Full cost[1]
X	—	X	—	—	—	—	—	—	—	—	—	Full cost—3.25 percent of payroll	—	—
X	—	—	—	—	—	—	X	—	—	—	—	Full cost	Full cost	—

[1] Applicable for 1 year to employee and dependents if employee's employment terminates on or after March 1, 1958, who is at least 65 years of age with at least 10 years' substantially continuous service, and who converts his group hospitalization coverage to direct 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—		Graduated according to—	Death	Single dismemberment	Multiple dismemberment
				Maintained	Paid in—				
Laundry industry, various employers (New York, N. Y.)* Clothing Workers May 1958	Accident and sickness benefit: After 4 weeks' covered employment Other benefits: After 6 months' covered employment and union membership	$1,000 ([1])	At any age	X	—	—	—	—	—	—

[1] In the fall of 1958 the following life insurance schedule will become effective:

Weekly earnings	Insurance
Less than $50	$1,000
$50 to $75	2,000
$75 and over	3,000

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	50 percent of weekly wage— Minimum—$10 per week Maximum—$50 per week	Accident: 13 weeks per year Sickness: 13 weeks per year	—	—	7th day retroactive to 1st	14th day retroactive to 8th	Employee and dependents								
							Up to $9	Accident: 31 days Sickness: 31 days	—	—	Accident: $279 Sickness: $279	Up to $50	(1)	(1)	—

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

COMPANY, UNION, AND DATE OF INFORMATION	SURGICAL				MEDICAL									
						Employee								
						Allowance						Benefits begin		
	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—	Home	Office	Hospital	Elsewhere	Maximum compensation	Sickness	Accident	Maximum number visits paid for	Maximum number days paid for
		Employee	Dependents											
Laundry industry, various employers (New York, N. Y.)*	—	Maximum schedule allowance		Hospital, office, home, elsewhere	Provided by the Amalgamated Laundry Workers Health Center[1]									
Clothing Workers		$200	$200											
May 1958		Tonsillectomy												
		Up to $30	Up to $30											
		Appendectomy												
		Up to $100	Up to $100											

[1] Ambulatory patients are provided free diagnostic, therapeutic, and preventive medical care.

INSURANCE PLANS - Continued

MEDICAL - Continued										MATERNITY PROVISIONS							
Dependents											Hospitalization					Surgical	Medical	
Allowance				Maximum compensation	Benefits begin		Maximum number visits paid for	Maximum number days paid for	Other provisions	Accident and sickness	Daily benefit or service	Duration	Maximum room and board allowance	Extra allowance or services	Lump sum	Schedule allowance for normal delivery	Amounts and limitations	Benefits available to newly insured
Home	Office	Hospital	Elsewhere		Sickness	Accident												
Provided by the Amalgamated Laundry Workers Health Center[1]										—	Employee and dependent							Employee and dependent: After 6 months
											—	—	—	—	—	$50	—	

[1] Nonworking wives who are ambulatory patients are provided free diagnostic, therapeutic, and preventive medical care.

COMPANY, UNION, AND DATE OF INFORMATION	OTHER BENEFITS	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	Hospitalisation	Surgical	Medical	Life insurance	Hospitalisation	Surgical	Medical
Laundry industry, various employers (New York, N. Y.)*	Employee and dependents	$500	—	—	—	—	—	—	—	—
Clothing Workers	Provided by the Amalgamated Laundry Workers Health Center[1]									
May 1958										

[1] Employees and nonworking wives who are ambulatory patients are provided free diagnostic, therapeutic, and preventive medical care. Prescriptions for drugs are filled at cost at the health center's pharmacy.

FINANCING

Benefits for employee		Benefits for employee's dependents			Benefits for retired employee			Benefits for dependents of retired employee			Amount of contribution for—			
											Benefits for employee and dependents		Benefits for retired employee and dependents	
Company only	Jointly	Company only	Jointly	Employee only	Company only	Jointly	Employee only	Company only	Jointly	Employee only	Employee	Company	Employee	Company
X	—	X	—	—	X	—	—	—	—	—	—	Full cost—2 percent of payroll.	—	Full cost

Appendix A

Temporary Disability Insurance

Temporary Disability Insurance

In 1958, 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's in April 1949. The Railroad Unemployment Insurance Act (July 1946) provided temporary disability benefits to railroad workers.

In California, New Jersey, Rhode Island and under the railroad act, the temporary disability insurance programs are coordinated with unemployment insurance and are administered by the same agency. The railroad program is administered by the Railroad Retirement Board; the other three by State employment security agencies. In these cases, unemployment and temporary disability insurance cover the same workers and employers. The New York temporary disability statute is administered by the State Workmen's Compensation Board and coverage differs from that under unemployment insurance.

Brief descriptions of the benefits provided employed workers by these temporary disability insurance statutes are presented below. Although the programs also provide benefits to disabled unemployed workers, the provisions relating to this group only are not described here. More detailed information relating to temporary disability insurance statutes and the experience of the operating programs 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 $3,600 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 $3,600 of annual wages; the employer pays any remaining cost.

Benefit formula.—Weekly benefits range from $10 to $50 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 owing 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 7, 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 perceding 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.

In cases where a worker is receiving workmen's compensation for a temporary disability which is less than the amount he would receive for the same disability under the temporary disability statute, he is entitled to the difference. When the work-connected injury is other than temporary, full nonoccupational disability benefits are provided. A worker receiving partial wages while not working is eligible for benefits if the combined wages and benefits do not exceed wages prior to the disability.

No payments are provided in cases of illness or injury caused by or arising out of pregnancy up to the termination of the pregnancy and 28 days thereafter.

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 1 employer are $15 or more. Weekly benefits are computed at two-thirds of the first $45, plus two-fifths of the remainder of the average weekly wage, with a minimum of $10 and a maximum of $35. The average weekly wage for employed workers is determined by adding all of the wages from 1 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 a waiting period of 7 days at the beginning of an uninterrupted period of disability. An uninterrupted period of disability is defined as consecutive periods of disability which is 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 7, 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 combined sum does 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 perpetrating high misdemeanors are also excluded.

New York

Type of plan.—In New York, 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 $45 and a minimum of either $20 or the average weekly wage, whichever is less. The maximum duration for benefits is 20 weeks in any 52 consecutive weeks. 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 4 or more consecutive weeks of covered employment (or 25 days regular part-time employment) prior to commencement of the disability.

Benefits must be at least equivalent to statutory benefits. Benefits related to disability (hospitalization, surgical, etc.) of the individual 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.

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.

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. Self-inflicted injury or illness, or injury sustained in the perpetration of an illegal act, or disability which is due to any act of war occurring after June 30, 1950, are also excluded.

Rhode Island

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

Financing.—An employee contribution of 1 percent of the first $3,600 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, rounded to the nearest dollar. A base period consists of the last 4 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 $30. 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 $780 for wages of $2,900 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 a calendar week of disability required to qualify for benefits, except in pregnancy cases; however, where the disability occurs on the last regular working day of a week, that week is considered as the waiting period. Benefits are paid for part of a week's 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 $58. 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.

Railroads

Type of plan.—Temporary disability benefits are provided under the Railroad Unemployment Insurance Act to qualified railroad workers under a uniform nationwide system. Payments are made from a special Government fund operated exclusively to provide sickness as well as unemployment benefits for these workers. There is no provision for the substitution of private plans.

Financing.—The employer's contribution rate varies according to the balance in the fund, ranging from 0.5 percent to 3.0 percent of wages up to $350 a month. This contribution is for both disability and unemployment benefits. The current (1958) rate for the 2 programs is 2.5 percent. Workers do not contribute to the fund.

Benefit formula.—Benefit payments are based on annual earnings in accordance with a schedule set forth in the act. The daily benefit amount ranges from $3.50 to $8.50. Qualifying wages during the base period must equal $400. The maximum duration of benefits is 26 weeks, provided the benefits do not exceed the base period wages.

For the first period of disability in a benefit year, benefits are paid for days of disability in excess of 7. For subsequent periods of disability in the same benefit year, days of sickness in excess of 4 are compensable, except in pregnancy cases.

A worker who receives wages though not working is not eligible for benefits. In cases where a worker is receiving an amount for workmen's compensation which is less than the amount he would receive under the temporary disability statute, he is entitled to the difference.

In pregnancy cases, benefits are paid for each day in the maternity period commencing 57 days prior to the expected date of childbirth, and ending 115 days later (or 31 days after the child is born, whichever is later), but not for more than 84 days of benefits before childbirth. Except during the first 14 days in the maternity period and the first 14 days after childbirth, when the benefits are computed at one and one-half times the regular rate, the benefits are the same as those payable in nonmaternity cases.

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. More than 500,000 people in New York City and vicinity are covered by this program.

Services are provided through 32 affiliated medical groups, of which 29 are located in New York City, 2 in Nassau County, and 1 in Columbia County, south of Albany. Services of general physicians and specialists in 12 basic specialities of medicine and surgery, pathology, and roentgenology are provided at each medical center. In addition, each group contributes a portion of its per capita income to a common special service fund which pays for visiting nurse and ambulance services; diagnostic and therapeutic radioactive materials; and highly skilled professional services such as neurological, cardiac, and plastic surgery, operations for deafness. etc.

Eligibility.—Members of HIP are originally enrolled through groups, most of which are organized by either unions or employers. Other groups have been set up among city, State, and Federal employees and among tenants in housing developments. The minimum size of participating groups is 10; dependents must also be included in the coverage if the group includes fewer than 25 employees. Dependents include spouse and unmarried children under 18 years of age. On leaving his job, an employee can continue as a subscriber by paying the premium for himself and his family direct to HIP. 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. For groups of 10 to 24, a higher percentage is required.

Any person is eligible to join regardless of his annual income. However, the base premium rate applies to single persons earning not more than $6,000 a year and to married persons with family incomes of not more than $7,500. Participants with incomes 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, visiting nurse service, phychiatric advice, and ambulance service.

The treatment of mental and nervous disorders by a psychiatrist is excluded from HIP benefits. Cases covered by workmen's compensation, the Veterans Administration, and other governmental agencies are also excluded. Other items not included are dental care, 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. Payments for these services and others are made according to a schedule of cash 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 1 visit a day and of 100 visits for any 1 illness or injury. The exclusions noted above for in-area HIP subscribers also apply to out-of-area subscribers.

Appendix C

Group Health Insurance, Inc.

Group Health Insurance, Inc., is a nonprofit medical and surgical insurance organization in the New York City area. Approximately 160,000 persons living in New York and vicinity are covered by this program. Services are provided through arrangements with private physicians. The insured individual may select his own physician either from among the 11,000 "participating physicians" or among other physicians licensed to practice in the State of New York.

Eligibility.—Eligibility for enrollment is limited to groups. If there are 50 or more in the group, 75 percent of the eligible individuals must subscribe. For smaller groups, higher percentages are required. An employee or an insured dependent can continue as a subscriber if he leaves the group by paying a premium direct to Group Health Insurance, Inc. Spouses and dependent unmarried children between the ages of 90 days and 18 years are eligible for coverage.

Benefits [2].—Surgical, medical, and maternity care in the hospital, home, and doctor's office are provided without additional charges to individuals using a participating physician. In addition, diagnostic X-ray and laboratory examinations, physical therapy, X-ray treatment, annual physical examinations, and other special treatments are provided if performed by a participating physician in the hospital, home, or office. Except for the cost of drugs, immunizations are paid for in full, and visiting nurse services are available. Specialists receive up to $15 for 1 consultation in each illness if rendered outside the hospital, and up to $15 for 1 bedside consultation in each period of hospitalization; the patient pays the difference, if any, between the specialist's charge and the fee schedule allowance. For patients who apply for, or are hospitalized in, private accommodations, or who use a nonparticipating physician, benefits take the form of cash reimbursement, according to a fee schedule, toward the amount the doctor charges. If a participating physician is used, full care is provided without a limit on the number of home, doctor's office, or hospital visits. However, if private room accommodations or a nonparticipating doctor are used, a limit is placed both on the number of days of hospital visits reimbursable under the plan and on the maximum amount payable under the plan for all visits during any one period of hospital confinement.

Cases covered by workmen's compensation and the Veterans Administration are excluded from coverage. Also excluded are services ordinarily performed by a dentist; treatment for drug addiction; eye refractions; artificial limbs and other prosthetic appliances; cosmetic surgery; blood plasma and other substances ordinarily provided by donors; private nursing care; administration of anesthesia; pulmonary tuberculosis after diagnosis, except for surgery in such cases; functional mental or nervous disorders; chronic alcoholism; services for which no physician's charge is incurred; and services rendered in a medical department or clinic maintained by an employer, union welfare fund, mutual benefit organization, or similar organizations; and ambulance service.

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[2] Benefits described are those available to individuals covered by the health and insurance plans under collective bargaining agreements between employers in the fur manufacturing and retailing industry in New York, N. Y., and the Amalgamated Meat Cutters and Butcher Workmen of North America (Furriers Joint Council of New York) and the Association of Master Painters and Decorators of the City of New York and the Brotherhood of Painters, Decorators and Paperhangers of America (District Council 9).

Appendix D

Kaiser Foundation Health Plan

Medical care and hospitalization are provided through the Kaiser Foundation Health Plan to nearly half a million persons in the West Coast States. This is a voluntary prepaid group practice plan, established in 1942. 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 to other West Coast areas and to Hawaii.

Eligibility.—Both group and individual memberships 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 a group but pay higher premium rates. 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 and dependents covered by programs in this report which utilize the Kaiser Plan.[3]

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. The patient is charged $2 for the first home visit for each illness or injury.[4] No charges are made for followup 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.[5] All charges are covered while in the hospital, including anesthetics, medicines, and drugs. Private rooms and private-duty nursing care are provided when needed. No charges are made for blood transfusions if the blood is replaced.

A charge of $60 is made for complete maternity care and for full care of the child. In cases of interrupted pregnancy, such as miscarriage, the charge is no more than $40.[6] A $15-charge is made for the removal of tonsils and adenoids. 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 when ordered by the physician. Dental X-rays are also available without charge.[7] However, dental care is not provided. Ambulance service is furnished 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 pays for those supplied in the office or at home.

In cases of accident (but not illness), when more than 30 miles from the nearest Kaiser Health 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 poliomyelitis. Services for rehabilitation and treatment of this disease, after the acute and contagious state, 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. Care during the contagious stage is not provided. 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 or when isolation is unnecessary. For mental illness, benefits are limited to diagnosis. 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, attempted suicide, or intentionally self-inflicted injuries. Cases covered by workmen's compensation and by the Veterans Administration are also excluded from coverage.

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[3] Pacific Maritime Association and Longshoremen's and Warehousemen's Union and The Distributor's Association of Northern California and Longshoremen's and Warehousemen's Union Plans.

[4] In southern California, the charge is $5.

[5] In southern California, 125 days of hospital care per year are provided.

[6] For employees covered by the Pacific Maritime Association and Longshoremen's and Warehousemen's Union Health and Insurance Plan, these charges for maternity care are paid for by the ILWU-PMA Welfare Fund.

[7] Not available to children covered by the Pacific Maritime Association and the Longshoremen's and Warehousemen's Union's Dental Plan.

Appendix E

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

The New York Hotel Trades Council 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 90 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 3¼ 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 or below cost; and eyeglasses, surgical appliances, and special orthopedic shoes at reduced rates through referral to outside agencies. Periodic physical examinations 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, such as acute alcoholism, drug addiction, tuberculosis, and mental or nervous disorders, or for confinement to special institutions. Private-duty nursing is not covered. However, visiting nurse service following hospitalization is provided if such care is deemed necessary.

Union Identification

This listing presents the full titles of the unions referred to in the plan summaries. The names used to identify unions in the summaries are shown in bold type. Unions not affiliated with AFL–CIO are noted as independent (Ind).

Aluminum Workers International Union.
International Union, United **Automobile,** Aircraft and Agricultural Implement **Workers** of America.
Bakery and Confectionery Workers' International Union of America (Ind).
International Brotherhood of **Bookbinders.**
Building Service Employees International Union.
United Brotherhood of **Carpenters** and Joiners of America.
International **Chemical Workers** Union.
Amalgamated **Clothing Workers** of America.
Distillery, Rectifying and **Wine Workers'** International Union of America.
International Union of **Doll and Toy Workers** of the United States and Canada.
International Brotherhood of **Electrical Workers (IBEW).**
International Union of **Electrical,** Radio and Machine **Workers (IUE).**
Employees Independent Association (Ind).
United **Furniture Workers** of America.
Glass Bottle Blowers Association of the U. S. and Canada.
United **Glass and Ceramic Workers** of North America.
United **Hatters, Cap and Millinery Workers** International Union.
Hotel and Restaurant Employees and Bartenders International Union.
Independent Steelworkers Union (Ind).
Insurance Agents International Union.
International **Jewelry Workers'** Union.
International **Ladies' Garment Workers'** Union.
Laundry, Cleaning and Dye House Workers International Union (Ind).
International **Leather Goods, Plastic and Novelty Workers'** Union.
Leather Workers International Union of America.
Amalgamated **Lithographers** of America.
International Brotherhood of **Longshoremen (IBL).**
International **Longshoremen's Association** (Ind).
International **Longshoremen's and Warehousemen's Union** (Ind).
International Association of **Machinists.**
National **Marine Engineers'** Beneficial Association.
National **Maritime Union** of America.
Amalgamated **Meat Cutters** and Butcher Workmen of North America.
New York Hotel Trades Council (association of various unions in hotel field).
Oil, Chemical and Atomic Workers International Union.
National Brotherhood of **Packinghouse Workers (NBPW)** (Ind).
United **Packinghouse Workers** of America (UPWA).
Brotherhood of **Painters,** Decorators and Paperhangers of America.
United **Papermakers and Paperworkers.**
International Brotherhood of **Pulp, Sulphite and Paper Mill Workers.**
Retail Clerks International Association.
Retail, Wholesale and Department Store Union.
United **Rubber,** Cork, Linoleum and Plastic **Workers** of America.
Seafarers' International Union of North America.
Standard Allied Trades Council (various unions collaborating in negotiation of single agreement).
United **Steelworkers** of America.
Amalgamated Association of **Street, Electric Railway and Motor Coach Employes** of America.
International Brotherhood of **Teamsters,** Chauffeurs, Warehousemen and Helpers of America (Ind).
Textile Workers Union of America (TWUA).
Tobacco Workers International Union.
International Typographical Union (**Typographers**).
United Mine Workers of America (Ind).
United Shoe Workers of America.
Upholsterers' International Union of North America.
Utility Workers Union of America.
American Watch Workers Union (Ind).
International **Woodworkers** of America.

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