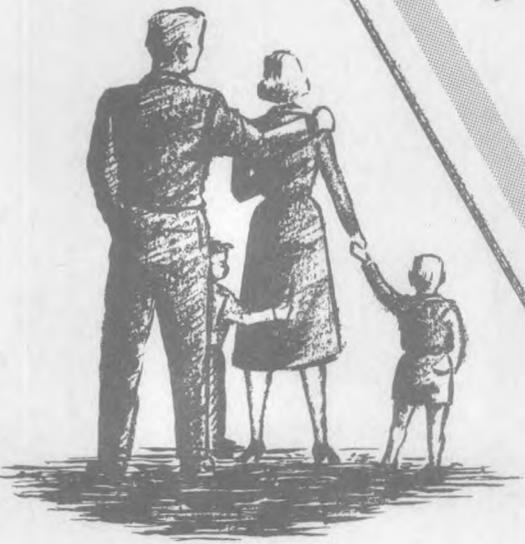


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# HEALTH and INSURANCE PLANS UNDER COLLECTIVE BARGAINING



## Hospital Benefits Early 1959

Bulletin No. 1274  
UNITED STATES DEPARTMENT OF LABOR  
James P. Mitchell, Secretary  
Ewan Clague, Commissioner





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March 1960

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## Preface

This study of the hospital benefit features of health and insurance plans under collective bargaining, based on an analysis of 300 selected plans, is the second in a series of bulletins dealing separately with the various components of health and insurance plans. The first bulletin describes accident and sickness benefits in effect in the fall of 1958 (BLS Bull. 1250, June 1959); subsequent bulletins will deal with surgical and medical benefits, and life insurance and accidental death and dismemberment benefits. As a whole, this series will bring up to date the Bureau of Labor Statistics' earlier Analysis of Health and Insurance Plans Under Collective Bargaining, Late 1955 (BLS Bull. 1221, November 1957).

Each of the 300 plans analyzed covered at least 1,000 workers. In total, the selected plans provided benefit coverage to almost 5 million workers, or about two-fifths of the estimated coverage of all health and insurance plans under collective bargaining.

This study was conducted and the report was prepared in the Bureau's Division of Wages and Industrial Relations by Dorothy Kittner Greene, with the assistance of Harry E. Davis.



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# Health and Insurance Plans Under Collective Bargaining

## Hospital Benefits, Early 1959

### Introduction

Because hospital bills arising from occupational illnesses and accidents are covered by workmen's compensation benefits, hospital benefits provided under private health and insurance plans are almost invariably limited to disabilities from nonoccupational causes. These benefits are provided in the form of cash, or services, or a combination of cash and services. Under plans providing for cash benefits, workers are reimbursed for hospital charges up to a given amount. Under plans providing for service benefits, specified room and board accommodations, services, drugs and supplies are furnished, the hospital's charges being paid by the plan.

Hospital benefits are usually made available either through commercial insurance carriers or through prepayment plans of nonprofit organizations such as Blue Cross.<sup>1</sup> Under some programs the benefits are self-insured; that is, they are paid directly by an employer or from a fund to which contributions are made. Generally, plans underwritten by commercial insurance carriers provide for fixed cash allowances to be applied toward expenses normally incurred in the hospital (cash plans). Benefits made available through plans operated by Blue Cross and other nonprofit organizations are usually of a service type, i. e., specified benefits are assured, rather than cash allowances, toward the cost of hospital services. Self-insured programs utilize both methods.

Hospital benefits are generally described in terms of two major components: (1) Room and board benefits, and (2) "extra" or ancillary hospital service allowances. The former cover allowances for room, meals, special diets if needed, and general nursing care; the latter applies to allowances for other hospital services such as the use of operating and cystoscopic room, supplies (e. g., bandages, splints, anesthetic materials), prescribed laboratory examinations, specified drugs and medications, and various types of X-ray examinations.

A maximum number of days of hospital benefits is specified in almost all plans. Under most plans, the daily benefit allowances or services remain the same throughout this entire period. However, under some plans, lower or limited benefits are provided during the latter part of the period, frequently referred to as the "extended coverage" period. The time during which the higher of full benefits are provided is generally designated as the "full-benefit" period.

With few exceptions, hospital benefits are available to the active worker and, in most instances, to his dependents as well.<sup>2</sup> Continuance of hospital coverage after retirement is also provided under many plans.

---

<sup>1</sup> Blue Cross plans throughout the United States are sponsored by nonprofit incorporated affiliates of the Blue Cross Commission of the American Hospital Association.

<sup>2</sup> "Dependents" include the worker's spouse and his (or her) children under a specified age, usually 19 years.

This report covers the key features of hospital benefits as provided in selected collectively bargained health and insurance programs in effect in early 1959. Eligibility requirements, financing arrangements, and the types, amounts, and duration of benefits for active and retired workers and their dependents were analyzed. A similar study<sup>3</sup> based on plans in effect in late 1955 provides a basis for indicating the changes that have been made in hospital plans over the past few years.

### Scope of Study

The 300 health and insurance plans studied were selected to provide a broadly representative view of the type of protection provided by major plans under collective bargaining, i. e., those covering 1,000 or more workers. Factors given primary consideration in the selection of the sample were industry, geographic location, type of bargaining unit, and size of plan as measured by active worker coverage.<sup>4</sup> The 300 selected plans, which ranged in coverage from 1,000 to a half million workers, provided health and insurance benefits to a total of 4.9 million workers (table 1), or about 40 percent of the estimated number of

TABLE 1. Health and insurance plans studied in manufacturing and nonmanufacturing industries by number of workers covered and type of bargaining unit, early 1959<sup>1</sup>

Workers covered	(Workers in thousands)							
	All industries							
	Total		Single employer		Multiemployer			
	Plans	Workers	Plans	Workers	Plans	Workers	Plans	Workers
All plans studied -----	300	4,933.2	205	2,806.7	95	2,126.5		
1,000 and under 5,000 workers -----	137	351.7	102	262.4	35	89.3		
5,000 and under 10,000 workers -----	59	419.1	39	272.0	20	147.1		
10,000 and under 15,000 workers -----	34	387.0	20	224.6	14	162.4		
15,000 and under 25,000 workers -----	26	472.0	17	302.9	9	169.1		
25,000 and under 50,000 workers -----	28	928.8	17	532.0	11	396.8		
50,000 and under 100,000 workers -----	5	306.6	4	250.8	1	55.8		
100,000 workers and over -----	11	2,068.0	6	962.0	5	1,106.0		
	Manufacturing				Nonmanufacturing			
	Single employer		Multiemployer		Single employer		Multiemployer	
	Plans	Workers	Plans	Workers	Plans	Workers	Plans	Workers
All plans studied -----	179	2,650.4	40	672.5	26	156.3	55	1,454.0
1,000 and under 5,000 workers -----	86	218.6	14	39.5	16	43.8	21	49.8
5,000 and under 10,000 workers -----	34	240.7	11	77.6	5	31.3	9	69.5
10,000 and under 15,000 workers -----	17	188.6	8	90.8	3	36.0	6	71.6
15,000 and under 25,000 workers -----	16	287.9	1	18.0	1	15.0	8	151.1
25,000 and under 50,000 workers -----	16	501.8	3	109.8	1	30.2	8	287.0
50,000 and under 100,000 workers -----	4	250.8	1	55.8	-	-	-	-
100,000 workers and over -----	6	962.0	2	281.0	-	-	3	825.0

<sup>1</sup> All coverage data reported in this study relate to the number of active workers (men and women) covered by the plans which provide the specified benefit. No attempt was made to determine the number of women workers, dependents, retired workers, or dependents of retired workers covered by the plans.

<sup>3</sup> Analysis of Health and Insurance Plans Under Collective Bargaining, Late 1955 (BLS Bull. 1221, November 1957).

<sup>4</sup> The current sample is comprised of 271 plans also covered in the Bureau's 1955 study and 29 replacements that were required for the following reasons: Decrease in plan coverage to fewer than 1,000 workers; company merger or shutdown; or lack of sufficient current data.

workers under all health and insurance plans under collective bargaining agreements. All coverage data reported in this study relate to the number of active workers (men and women) covered by the plans.<sup>5</sup>

Virtually every major manufacturing and nonmanufacturing industry was represented in the sample studied (table 2). Almost 3 out of 4 plans (219),

TABLE 2. Health and insurance plans studied by industry and groups eligible for hospital benefits, early 1959<sup>1</sup>

Industry	(Workers in thousands)									
	Total		All plans providing hospital benefits for—							
			Active workers		Dependents of active workers		Retired workers		Dependents of retired workers	
Plans	Workers	Plans	Workers	Plans	Workers	Plans	Workers	Plans	Workers	
All plans studied .....	300	4,933.2	<sup>2</sup> 293	4,834.0	282	4,717.5	115	2,077.4	111	2,065.4
Manufacturing .....	219	3,322.9	218	3,313.9	207	3,208.9	81	1,658.6	78	1,648.6
Food and kindred products .....	17	168.1	17	168.1	17	168.1	6	34.6	6	34.6
Tobacco manufactures .....	3	24.0	3	24.0	3	24.0	-	-	-	-
Textile mill products .....	11	44.7	10	35.7	6	23.2	-	-	-	-
Apparel and other finished products .....	6	395.1	6	395.1	4	344.3	3	288.5	3	288.5
Lumber and wood products, except furniture .....	3	44.5	3	44.5	3	44.5	-	-	-	-
Furniture and fixtures .....	5	68.1	5	68.1	5	68.1	1	1.3	1	1.3
Paper and allied products .....	13	49.5	13	49.5	13	49.5	7	22.3	7	22.3
Printing, publishing, and allied industries .....	6	21.7	6	21.7	5	19.2	4	19.0	2	12.0
Chemicals and allied products .....	10	109.4	10	109.4	10	109.4	6	79.6	6	79.6
Petroleum refining and related industries .....	8	92.7	8	92.7	7	71.5	4	48.3	4	48.3
Rubber and miscellaneous plastics products .....	8	108.3	8	108.3	8	108.3	6	105.8	6	105.8
Leather and leather products .....	11	68.7	11	68.7	8	50.7	1	7.3	1	7.3
Stone, clay, and glass products .....	10	76.8	10	76.8	10	76.8	6	36.4	6	36.4
Primary metal industries .....	21	499.2	21	499.2	21	499.2	3	17.5	3	17.5
Fabricated metal products .....	11	98.1	11	98.1	11	98.1	2	6.0	2	6.0
Machinery, except electrical .....	22	147.0	22	147.0	22	147.0	13	113.2	12	110.2
Electrical machinery, equipment and supplies .....	16	330.2	16	330.2	16	330.2	4	256.9	4	256.9
Transportation equipment .....	23	902.0	23	902.0	23	902.0	9	596.5	9	596.5
Instruments and related products .....	8	33.4	8	33.4	8	33.4	4	16.5	4	16.5
Miscellaneous manufacturing industries .....	7	41.4	7	41.4	7	41.4	2	8.9	2	8.9
Nonmanufacturing .....	81	1,610.3	75	1,520.1	75	1,508.6	34	418.8	33	416.8
Mining, crude petroleum, and natural gas production .....	4	194.9	4	194.9	4	194.9	3	193.6	3	193.6
Transportation .....	22	870.7	17	810.7	21	868.7	9	99.4	8	97.4
Communications .....	2	38.3	1	8.1	1	8.1	-	-	-	-
Utilities: Electric and gas .....	11	35.2	11	35.2	11	35.2	9	26.6	9	26.6
Retail and wholesale trade .....	12	60.4	12	60.4	12	60.4	3	27.5	3	27.5
Hotels and restaurants .....	5	67.1	5	67.1	5	67.1	1	8.9	1	8.9
Services .....	9	140.1	9	140.1	6	74.4	4	41.4	4	41.4
Construction .....	15	196.4	15	196.4	14	192.6	4	14.2	4	14.2
Miscellaneous nonmanufacturing industries .....	1	7.2	1	7.2	1	7.2	1	7.2	1	7.2

<sup>1</sup> See footnote 1, table 1.

<sup>2</sup> 2 plans did not provide hospital benefits (footnote 6, p. 4). 5 plans did not provide hospital benefits to active workers. These were plans covering maritime workers, who are entitled to use U.S. Public Health Service hospitals free of charge (footnote 7, p. 4).

<sup>5</sup> For example, when reference is made to dependent coverage, the extent of such coverage is expressed in terms of the number of active workers covered by plans which extend or provide the specified benefits for dependents. No attempt was made to determine the number of women workers, dependents, retired workers, or dependents of retired workers covered by the plans in this study.

TABLE 3. Classification of plans providing hospital benefits by eligible groups, early 1959<sup>1</sup>

(Workers in thousands)					
Eligible group				Plans	Workers
Active workers	Dependents of active workers	Retired workers	Dependents of retired workers		
Total with hospital benefits -----				298	4,894.0
x	x	-	-	167	2,624.1
x	-	-	-	14	172.0
-	x	-	-	<sup>2</sup> 2	20.5
x	x	x	x	108	2,025.9
x	x	x	-	2	7.5
-	x	x	x	<sup>2</sup> 3	39.5
x	-	x	-	2	4.5

<sup>1</sup> Based on a study of 300 health and insurance plans under collective bargaining covering approximately 5 million workers. All coverage data relate to the number of active workers (men and women) covered by the plans which provided the specified benefit. No attempt was made to determine the number of women workers, dependents, retired workers, or dependents of retired workers covered by the plans.

<sup>2</sup> These plans covered maritime workers (footnote 2, table 2).

covering two-thirds of the workers, were in manufacturing industries. Nearly a third of the plans (95), covering more than 40 percent of the workers, were negotiated by multiemployer groups.

All but two plans provided hospital benefits.<sup>6</sup> Under some of the plans operated by multiemployer groups or multiplant companies covering wide geographic areas, the types and amounts of benefits varied from area to area. For this study, where such variations occurred under a particular multiplant or multiemployer plan, the benefits covering the largest number of workers were analyzed, and were assigned the weight (i.e., the coverage) of all workers covered by the plan.

Of the 298 plans, covering about 4.9 million workers, with hospital benefits, 293 plans, representing approximately 4.8 million workers, made these benefits available to active workers; 282 plans, representing about 4.7 million workers, extended hospital coverage to the workers' dependents.<sup>7</sup> All but 21 plans provided hospital benefits for both active workers and their dependents (table 3). Hospital coverage for retired workers and their dependents was available under 115 and 111 plans, respectively, covering 2 million workers.<sup>8</sup>

With about 95 percent of the 1955 plans providing coverage to the dependents of active workers, little expansion in this area was to be expected. However, coverage of retired workers and their dependents rose from about 20 percent of the plans in 1955 to almost 40 percent in 1959 (chart).

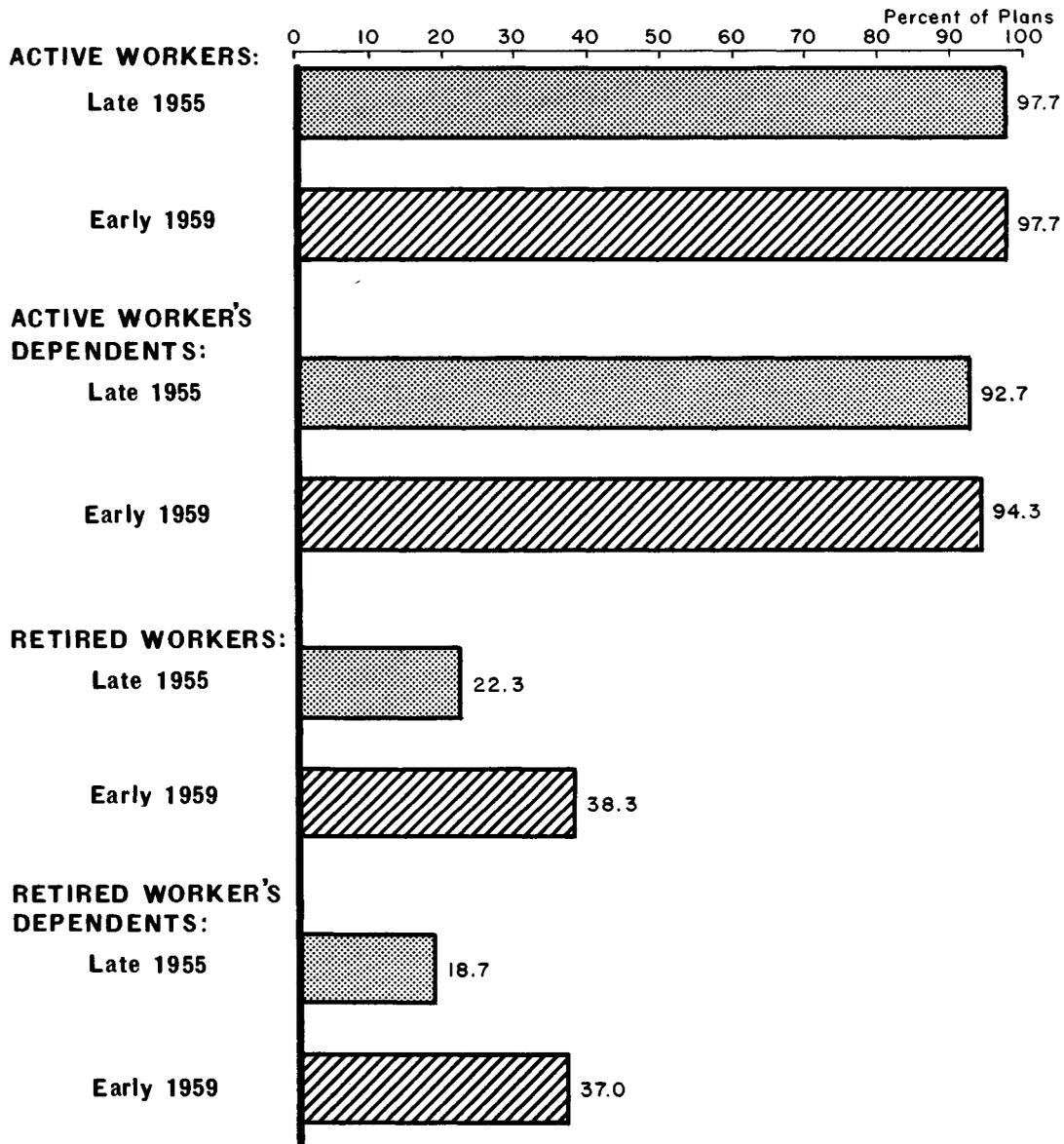
<sup>6</sup> Most workers covered by the 2 plans obtained hospital coverage for themselves and their dependents under separate group insurance programs, not under collective bargaining.

<sup>7</sup> The 5 plans that did not provide benefits for the active worker covered workers in the maritime industry who received free care in U.S. Public Health Service hospitals and out-patient facilities under the United States Maritime Law. However, all of these plans covered their dependents and 3 of them also covered retired workers and their dependents.

<sup>8</sup> The term "retired worker," as used in this report, does not necessarily cover all pensioners. Workers retired before the extension of benefits to pensioners are sometimes not covered. Also excluded from plan coverage are retired workers who did not meet prescribed eligibility requirements.

**PERCENT OF HEALTH AND INSURANCE PLANS  
PROVIDING HOSPITAL BENEFITS TO ACTIVE AND  
RETIRED WORKERS AND THEIR DEPENDENTS**

Late 1955 and Early 1959



UNITED STATES DEPARTMENT OF LABOR  
BUREAU OF LABOR STATISTICS

Total number of plans under  
collective bargaining studied  
late 1955 and early 1959=300

In the majority of plans, the same level of benefits was provided for all groups covered (table 4). Of the 277 plans with benefits for both the worker and his dependents, only 49 extended lesser benefits to dependents. However, about 2 out of 5 of the 112 plans with benefits for both active and retired workers provided less liberal benefits after retirement. In about the same proportion of plans, the dependents of retired workers were furnished benefits inferior to those given dependents of active workers.

### Financing

The entire cost of the hospital benefits provided workers was borne by the employer in more than 6 out of 10 plans (table 5). The workers shared the cost of their benefits in the rest of the plans (107).<sup>9</sup>

TABLE 4. Relationship of nonmaternity hospital benefits provided active workers and their dependents, active and retired workers, and dependents of active and retired workers, early 1959<sup>1</sup>

(Workers in thousands)		
Benefit level	Plans	Workers
<u>Active workers and their dependents</u>		
All plans providing benefits for active workers and dependents -----	277	4,657.5
Benefits for dependents:		
Same as benefit for active workers -----	228	3,561.1
Different from active workers' benefit in one or more respects -----	49	1,096.4
<u>Active and retired workers</u>		
All plans providing benefits for active workers and retired workers -----	112	2,037.9
Benefits for retired workers:		
Same as benefit for active workers -----	66	1,493.0
Different from active workers' benefit in one or more respects -----	46	544.9
<u>Dependents of active and retired workers</u>		
All plans providing benefits for dependents of active workers and dependents of retired workers -----	111	2,065.4
Benefits for dependents of retired workers:		
Same as benefit for dependents of active workers -----	68	1,536.5
Different from benefits for dependents of active workers in one or more respects -----	43	528.9

<sup>1</sup> See footnote 1, table 3.

<sup>9</sup> If the worker contributed toward the cost of a health and insurance program as a whole (with the employer paying the remaining cost), the hospital benefit was classified as jointly financed.

TABLE 5. Method of financing hospital benefits by groups eligible and type of bargaining unit, early 1959<sup>1</sup>

Groups covered and method of financing <sup>2</sup>	(Workers in thousands)					
	Total		Type of bargaining unit			
	Plans	Workers	Single employer		Multiemployer	
Plans			Workers	Plans	Workers	
<u>Active workers</u>						
All plans providing benefits .....	293	4,834.0	203	2,767.5	90	2,066.5
Employer only .....	<sup>3</sup> 186	3,053.9	98	1,014.4	88	2,039.5
Employer and worker .....	107	1,780.1	105	1,753.1	2	27.0
<u>Dependents of active workers</u>						
All plans providing benefits .....	282	4,717.5	197	2,731.8	85	1,985.7
Employer only .....	<sup>4</sup> 129	2,344.9	53	501.5	76	1,843.4
Employer and worker .....	<sup>5</sup> 122	2,020.2	119	1,986.7	3	33.5
Worker only .....	31	352.4	25	243.6	6	108.8
<u>Retired workers</u>						
All plans extending benefits .....	115	2,077.4	86	1,398.0	29	679.4
Employer only .....	56	1,142.0	32	500.5	24	641.5
Employer and retired worker .....	<sup>6</sup> 28	206.2	26	198.1	2	8.1
Employer and active worker .....	1	18.0	-	-	1	18.0
Retired worker only .....	30	711.2	28	699.4	2	11.8
<u>Dependents of retired workers</u>						
All plans extending benefits .....	111	2,065.4	84	1,393.0	27	672.4
Employer only .....	48	1,070.9	28	451.2	20	619.7
Employer and retired worker .....	<sup>6</sup> 28	240.7	26	232.6	2	8.1
Employer and active worker .....	1	18.0	-	-	1	18.0
Retired worker only .....	34	735.8	30	709.2	4	26.6

<sup>1</sup> See footnote 1, table 3.

<sup>2</sup> If the worker contributed toward the cost of the health and insurance program as a whole (with the employer paying the remaining cost), the hospital benefits were classified as jointly financed.

<sup>3</sup> Included is 1 plan under which hospital benefits for workers with less than 1 year's service were financed solely by the worker.

<sup>4</sup> Included is 1 plan under which hospital benefits for dependents of workers with less than 1 year's service were financed solely by the worker.

<sup>5</sup> Included is 1 plan under which hospital benefits for dependents of workers with less than 1 year's service were financed solely by the worker; and 1 plan under which hospital benefits for the first dependent was financed solely by the employer and the benefits for all other dependents were financed by the employer and the worker.

<sup>6</sup> Included is 1 plan under which the hospital benefits were financed by the employer and the local union.

Benefits for dependents of active workers were paid for solely by the employer in less than half of the plans (129). A slightly smaller number of plans (122) provided dependents with jointly financed benefits. Under the remaining 31 plans, where the worker paid the full cost of his dependents' hospital benefits, the worker's dependents had the advantage of participating in a group insurance plan that otherwise might not have been available to them.<sup>10</sup>

Fifty-six of the 115 plans extending benefits to retired workers required the employer to pay the full cost of the benefits for this group. The retired

<sup>10</sup> It is generally recognized that group insurance contracts have the following advantages over individual insurance policies: Lower premiums, the absence of medical, age, and other restrictions on coverage, and the rarity of contract cancellations.

worker was responsible for the entire premium for his benefits in more than 1 out of 4 plans (30), and for a portion of the premium under all except 1 of the remaining 29 plans. However, even where the retired employee pays the entire premium he has the advantage of paying a group rate usually based on the average cost of providing benefits to all groups.<sup>11</sup>

TABLE 6. Relationship of method of financing hospital benefits for active workers and their dependents, retired workers and their dependents, and active and retired workers, early 1959<sup>1</sup>

(Workers in thousands)		
Groups covered and method of financing <sup>2</sup>	Plans	Workers
<u>Active workers and their dependents<sup>3</sup></u>		
All plans providing hospital benefits for active worker and dependents -----	277	4,657.5
Benefit for active worker financed by employer -----	170	2,877.4
Benefit for dependents financed: By employer -----	124	2,284.9
By employer and worker -----	19	315.9
By worker -----	27	276.6
Benefit for active worker financed by employer and worker -----	107	1,780.1
Benefit for dependents financed: By employer and worker -----	103	1,704.3
By worker -----	4	75.8
<u>Retired workers and their dependents<sup>4</sup></u>		
All plans providing hospital benefits for retired worker and dependents -----	111	2,065.4
Benefit for retired worker financed by employer -----	52	1,130.0
Benefit for dependents financed: By employer -----	48	1,070.9
By retired worker and employer -----	1	37.0
By retired worker -----	3	22.1
Benefit for retired worker financed by retired worker and employer -----	28	206.2
Benefit for dependents financed: By retired worker and employer -----	27	203.7
By retired worker -----	1	2.5
Benefit for retired worker financed by active worker and employer -----	1	18.0
Benefit for dependents financed: By active worker and employer -----	1	18.0
Benefit for retired worker financed by retired worker -----	30	711.2
Benefit for dependents financed: By retired worker -----	30	711.2
<u>Active workers and retired workers<sup>5</sup></u>		
All plans providing hospital benefits for active worker and retired worker -----	112	2,037.9
Benefit for active worker financed by employer -----	58	1,003.2
Benefit for retired worker financed: By employer -----	39	910.5
By retired worker and employer -----	4	12.2
By retired worker -----	15	80.5
Benefit for active worker financed by employer and worker -----	54	1,034.7
Benefit for retired worker financed: By employer -----	14	192.0
By retired worker and employer -----	24	194.0
By active worker and employer -----	1	18.0
By retired worker -----	15	630.7

<sup>1</sup> See footnote 1, table 3.

<sup>2</sup> If the active or retired worker contributed toward the health and insurance program as a whole (with the employer paying the remaining cost), the hospital benefits were classified as jointly financed.

<sup>3</sup> 293 and 282 plans provided hospital benefits for active workers and dependents, respectively.

<sup>4</sup> 115 and 111 plans provided hospital benefits for retired workers and dependents, respectively.

<sup>5</sup> 293 and 115 plans provided hospital benefits for active workers and retired workers, respectively.

<sup>11</sup> In addition to the advantages of group insurance cited in the foregoing footnote, the retired worker is usually given the advantage of a low rate determined by the average cost of providing benefits for active workers and their dependents as well as for retired workers and their dependents. Since the active workers, being on the whole younger, have lower utilization rates than retired workers, the combined rate is particularly advantageous to the latter.

Benefits for dependents of retired workers were paid for by the company in over 2 out of 5 (48 of the 111) plans providing benefits for this group, and by the retired worker on a group-rate basis in almost 1 out of 3 plans (34). The remaining 29 plans made jointly financed benefits available to retired workers' dependents.

The financing of hospital benefits provided under multiemployer plans differed sharply from the financing under single-employer programs. In most multiemployer plans, the employer paid the full cost of the benefits provided active and retired workers and their dependents. For retired workers and their dependents, financing under single-employer plans was about equally provided from three sources: Employer only, retired worker only, and by employer and retired worker jointly.

The method of financing dependents' benefits was usually the same as that used for workers in both single and multiemployer plans. For example, in almost three out of four plans that provided employer-financed hospital benefits for active workers, the dependents' benefits were also paid for solely by the employer (table 6). Similarly, the method of financing benefits for dependents of retired workers seldom differed from the method used in financing the benefits of retired workers.

Benefits for retired workers were, on the other hand, often financed differently from those for active workers. Of the 112 plans with hospital benefits for both active and retired workers, a third of the 58 with employer-financed benefits for the active workers used a different method of financing benefits for the retired workers (table 6). More than half of the 54 plans that provided jointly financed benefits for active workers and extended benefits to retired workers, changed the method when the worker retired. Under 1 out of 4 of these 54 plans, the employer assumed the full cost of the retired workers' benefits; under almost 3 out of 10 of the plans the worker, once he retired, had to bear the entire cost of his coverage.

#### Eligibility Requirements<sup>12</sup>

Eligibility requirements for hospital benefits were similar to those that had to be met for accident and sickness benefits.<sup>13</sup> Over 3 out of 4 of the 298 plans with hospital benefits made these benefits available after less than 4 months' employment (table 7). Only six plans required 8 or more months' employment. More than 1 out of 4 of the 298 plans deferred coverage until the first of the month following completion of the eligibility period, presumably for accounting convenience. For the same reason, these plans usually deferred the termination of coverage until the end of the month in which employment ceased.

Rarely were workers or their dependents deprived of hospital benefit coverage because of age at hiring (table 8). Only three plans restricted coverage to persons under a specified age. In two plans, coverage was limited to individuals under age 65. None of the plans barred the worker from participating in the plan because of the sex of the individual. However, a few plans discussed later in this report, restricted hospital benefits for both active workers and their dependents after the workers reached an advanced age.

<sup>12</sup> Eligibility requirements as discussed in this section refer only to the period of employment required of the worker before he is eligible to participate in the plan. Under some plans, in addition to specifying an employment requirement, a period of union membership was also required. This period rarely exceeded the employment requirement. The period a worker must be covered before being eligible for maternity benefits is discussed in the maternity section of this report.

<sup>13</sup> For a description of eligibility requirements for accident and sickness benefits, see *Health and Insurance Plans Under Collective Bargaining: Accident and Sickness Benefits*, Fall 1958 (BLS Bull. 1250, June 1959).

TABLE 7. Eligibility requirements for hospital benefits, early 1959<sup>1</sup>

(Workers in thousands)		
Effective date of coverage	Plans	Workers
All plans studied .....	300	4,933.2
All plans providing hospital benefits .....	<sup>2</sup> 298	4,894.0
After employment for—		
Under 1 month .....	50	816.8
1 and under 2 months .....	37	349.6
2 and under 3 months .....	19	123.0
3 and under 4 months .....	60	608.0
4 and under 5 months .....	3	78.0
6 and under 7 months .....	37	566.4
8 and under 9 months .....	1	6.3
12 and under 13 months .....	2	40.8
18 and under 19 months .....	1	1.3
First day of month following completion of employment for—		
Under 1 month .....	19	515.5
1 and under 2 months .....	24	373.2
2 and under 3 months .....	10	1,031.7
3 and under 4 months .....	12	76.1
4 and under 5 months .....	1	13.3
6 and under 7 months .....	6	93.2
12 and under 13 months .....	2	5.9
Other .....	14	194.9

<sup>1</sup> See footnote 1, table 1.<sup>2</sup> Includes 5 plans, which provided benefits for dependents but not for active workers.TABLE 8. Effect of age at hiring on availability or level of hospital benefits for active workers and their dependents, early 1959<sup>1</sup>

Provision	(Workers in thousands)			
	Workers		Dependents	
	Plans	Workers	Plans	Workers
All plans providing benefits .....	293	4,834.0	282	4,717.5
Availability or level of benefits not affected by age at hiring .....	279	4,705.6	269	4,591.6
Reduced benefits provided if hired after age—				
60 .....	<sup>2</sup> 4	53.8	<sup>2</sup> 3	51.3
65 .....	1	2.5	1	2.5
70 .....	6	61.1	6	61.1
Benefits not available if hired after age—				
65 .....	2	9.7	2	9.7
70 .....	1	1.3	1	1.3

<sup>1</sup> See footnote 1, table 3.<sup>2</sup> Included is 1 plan that provided workers hired after age 60 and their dependents a reduced amount of benefit during the first 36 months of coverage.

### Types of Disabilities Covered

Unlike accident and sickness benefits, which often cover occupational disabilities, all except three plans limited the availability of hospital benefits to hospitalization resulting from disabilities of a nonoccupational nature.<sup>14</sup> But not all such disabilities were covered by the plans.<sup>15</sup> Moreover, a small number of plans, as shown below, specifically excluded maternity cases:

<u>Disabilities covered</u>	<u>Workers</u>		<u>Dependents</u>	
	<u>Plans</u>	<u>Workers (in thou- sands)</u>	<u>Plans</u>	<u>Workers (in thou- sands)</u>
All plans providing hospital benefits -----	293	4, 834. 0	282	4, 717. 5
Nonmaternity and maternity -----	273	4, 477. 9	271	4, 557. 9
Nonmaternity only -----	20	356. 1	11	159. 6

### Nonmaternity Benefits for Active Workers and Their Dependents

Types of Benefits,<sup>16</sup>—Cash benefits were paid by less than half of the plans with hospital benefits for active workers and their dependents (table 9). Slightly fewer plans provided only service benefits, but these plans covered more workers than those providing only cash allowances. A combination of cash and service benefits was provided by more than 10 percent of the plans, most of which paid a cash allowance for room and board and provided specified hospital extras on a service basis. Service benefits were slightly more common than cash under single-employer plans—especially among the larger plans—but in multiemployer plans cash benefits were more common.

<sup>14</sup> The 3 plans that provided benefits to workers hospitalized because of occupational disabilities specified that the benefits payable would be the difference between the workmen's compensation hospital benefit and the benefits provided under the plan.

<sup>15</sup> In addition to the general exclusion of benefits for occupational disabilities, most plans specifically excluded 1 or more nonoccupational disabilities. Among such exclusions were treatment for alcoholism, narcotic addiction, self-inflicted injuries, and cosmetic surgery. Some plans, although covering certain types of disabilities, limited the duration or the amount of benefits available for their treatment. Examples of disabilities subject to such limitations were mental and nervous disorders, tonsillectomies, and poliomyelitis.

<sup>16</sup> Plans were classified according to type of benefits (cash or service) provided during the full-benefit period. This classification is based solely on the type of benefit provided without regard to the party (the hospital or the insured) to whom payment is made or to the type of insurer (commercial insurance carrier or nonprofit prepayment organization).

"Full-benefit period" refers to the period during which the maximum daily room and board benefit is provided.

TABLE 9. Plans providing nonmaternity hospital benefits for active workers and their dependents by type of plan and type of bargaining unit, early 1959

(Workers in thousands)						
Type of plan and group covered <sup>2</sup>	Total		Single employer		Multiemployer	
	Plans	Workers	Plans	Workers	Plans	Workers
All plans studied .....	300	4,933.2	205	2,806.7	95	2,126.5
<u>Workers</u>						
All plans providing hospital benefits ----	293	4,834.0	203	2,767.5	90	2,066.5
Cash .....	133	1,840.6	85	934.4	48	906.2
Service .....	124	2,187.7	90	1,617.0	34	570.7
Cash and service .....	36	805.7	28	216.1	8	589.6
<u>Dependents</u>						
All plans providing hospital benefits ----	282	4,717.5	197	2,731.8	85	1,985.7
Cash .....	129	1,821.5	80	900.7	49	920.8
Service .....	121	2,169.0	89	1,615.0	32	554.0
Cash and service .....	32	727.0	28	216.1	4	510.9

<sup>1</sup> See footnote 1, table 1.

<sup>2</sup> Plans were classified according to type of benefits provided during the full-benefit period. Full-benefit period on this and subsequent tables refers to the period during which the maximum daily room and board benefit is provided (footnote 16, p. 11).

Of the 277 plans that provided hospital benefits for both workers and dependents, all except 4 provided the same type of benefits to each group (table 10). These four plans provided the workers a combination of cash and service benefits and their dependents all cash benefits.

Service benefits were more prevalent among the plans covered in this study than in those studied in late 1955—more than two out of five plans in 1959 as against about one out of three plans in 1955.

Duration.—Although the maximum period during which full room and board benefits were payable varied from under 21 to over 121 days, more than half of the plans made the coverage available to workers and dependents for 70 days or longer (table 11). The most frequent duration, 120 days, was found in plans covering over two out of five of the workers under plans providing hospital benefits for each group.<sup>17</sup>

Full-benefit periods were generally longer in service than in cash plans. A full-benefit period of 120 days or more was provided in almost half the service plans as compared with less than a fifth of the cash benefit plans.

<sup>17</sup> The average hospital stay in nongovernmental general hospitals was somewhat less than 8 days in 1957. Only about 4 percent of all hospitalized persons remained in the hospital longer than 30 days; fewer than 1 percent were hospitalized longer than 60 days. See U. S. National Health Survey. Hospitalization: Patients Discharged from Short-Stay Hospitals, United States, July 1957-June 1958. U. S. Public Health Service. Publication No. 584-B7, and unpublished data from the same survey.

TABLE 10. Relationship of characteristics of nonmaternity hospital benefits for active workers and their dependents, early 1959<sup>1</sup>

Provision	(Workers in thousands)									
	Benefits during—									
	Full-benefit period <sup>2</sup>						Extended coverage period <sup>2</sup>			
	Type of plan (cash or service)		Daily room and board		Duration		Daily room and board		Duration	
Plans	Workers	Plans	Workers	Plans	Workers	Plans	Workers	Plans	Workers	
All plans providing benefits for both workers and dependents .....	277	4,657.5	277	4,657.5	249	4,285.6	43	407.4	43	407.4
No variation in provision .....	273	4,578.8	247	4,446.3	233	4,134.5	43	407.4	43	407.4
Variation in provision .....	4	78.7	30	211.2	16	151.1	-	-	-	-
All plans providing benefits for both workers and dependents .....					Maximum cash room and board benefit		Hospital extra service benefit <sup>2</sup>		Basis of payment specified	
					146	1,943.6	277	4,657.5	277	4,657.5
					109	1,649.7	246	3,707.3	277	4,657.5
No variation in provision .....					37	293.9	31	950.2	-	-
Variation in provision .....										

<sup>1</sup> See footnote 1, table 3. 277 plans provided hospital benefits to both workers and their dependents.

<sup>2</sup> For an explanation of "full-benefit" and "extended coverage" periods and "hospital extra service" benefit, see p. 1.

Dependents received benefits for the same length of time as workers in all but 16 of the 249 plans indicating the period for both groups (table 10). In virtually all cases where there was a difference, a shorter period was specified for dependents. For example, under eight plans, the worker was provided a full-benefit period of 70 days, and the dependents, 31 days.

The duration of benefits has increased somewhat since late 1955. The number of plans providing workers full-benefit periods of less than 70 days decreased by about 25 percent. The number with a full-benefit period of 120 days or more increased by about 50 percent.

Extended coverage periods at reduced allowances were provided in 46 plans with hospital benefits for workers and in 45 plans with benefits for dependents (table 12). Most of these plans were service plans that provided 21 days of full coverage and 180 additional days of partial coverage. At the other extreme were seven plans with a full-benefit period of 120 days and an extended coverage period of 245 days. The duration of the extended coverage period in all of the 43 plans that provided such periods for both workers and dependents was the same for both groups (table 10).

The duration of hospital benefits was defined on a "per disability" basis in more than 9 out of 10 of the plans. Benefits under these plans were available for each separate disability or period of hospitalization.<sup>18</sup> The amount or number

<sup>18</sup> A separate disability or a separate period of hospitalization was usually described, in relation to a previous use of hospital facilities, as being due to a different or unrelated cause, or separated by a return to work or by a specified period of time.

TABLE 11. Plans providing nonmaternity hospital benefits for active workers and their dependents by duration of full-benefit period and type of room and board benefit, early 1959<sup>1</sup>

(Workers in thousands)						
Duration of full-benefit period	Type of room and board benefit for—					
	Workers					
	Total		Cash		Service	
	Plans	Workers	Plans	Workers	Plans	Workers
All plans providing hospital benefits .....	<sup>2</sup> 293	4,834.0	161	2,117.6	132	2,716.4
Duration specified .....	262	4,258.4	134	1,739.0	128	2,519.4
Under 21 days .....	1	1.8	1	1.8	-	-
21 days .....	27	278.6	1	2.5	26	276.1
22 and under 31 days .....	3	18.5	3	18.5	-	-
31 days .....	51	443.6	44	397.3	7	46.3
32 and under 70 days .....	14	455.0	13	448.5	1	6.5
70 days .....	60	751.6	37	511.0	23	240.6
71 and under 120 days .....	10	152.6	4	96.3	6	56.3
120 days .....	85	2,063.3	22	175.5	63	1,887.8
121 days and over .....	11	93.4	9	87.6	2	5.8
Duration not specified <sup>3</sup> .....	31	575.6	27	378.6	4	197.0
	Dependents					
All plans providing hospital benefits .....	<sup>4</sup> 282	4,717.5	153	2,019.8	129	2,697.7
Duration specified .....	248	4,145.8	122	1,643.1	126	2,502.7
Under 21 days .....	-	-	-	-	-	-
21 days .....	27	278.6	1	2.5	26	276.1
22 and under 31 days .....	3	58.3	3	58.3	-	-
31 days .....	51	506.3	44	460.0	7	46.3
32 and under 70 days .....	12	372.9	9	351.9	3	21.0
70 days .....	49	620.9	28	397.0	21	223.9
71 and under 120 days .....	10	152.1	6	110.3	4	41.8
120 days .....	86	2,073.3	23	185.5	63	1,887.8
121 days and over .....	10	83.4	8	77.6	2	5.8
Duration not specified <sup>3</sup> .....	34	571.7	31	376.7	3	195.0

<sup>1</sup> See footnote 1, table 3.

<sup>2</sup> 2 plans provided a shorter duration for women workers.

<sup>3</sup> Included are 2 plans under which the full-benefit period varied according to years of participation in plan.

<sup>4</sup> 2 plans provided a longer duration for male spouses.

of times benefits were payable for previous disabilities or periods of hospital confinement had no bearing on benefits available to a worker for future disabilities requiring hospital care. On the other hand, under plans making the benefits payable on a "per year" basis, the benefits available for the second disability during any one year was the unused portion for the preceding disability during that year. Only four plans used both basis; they made the room and board allowance available on a "per year" basis and the allowance for extra hospital services on a "per disability" basis.

**Daily Room and Board Benefits.**—Under virtually all plans providing service room and board benefits, workers and dependents were eligible for semiprivate accommodations during the full-benefit period with no extra cost for this service.<sup>19</sup> If the patient occupied a private room, a specified cash allowance

<sup>19</sup> Semiprivate accommodations were generally described as rooms having 2 beds or 2 and not more than 4 beds or, in a few cases, 6 beds.

TABLE 12. Plans providing nonmaternity hospital benefits for active workers and their dependents by duration of full-benefit and extended coverage periods, early 1959<sup>1</sup>

(Workers in thousands)

Duration of full-benefit period	Total		Duration of extended coverage period			
			60 and under 90 days		90 days	
	Plans	Workers	Plans	Workers	Plans	Workers
<b>Workers</b>						
All plans with extended coverage provisions -----	246	423.2	3	17.5	3	28.5
21 days -----	27	278.6	-	-	2	14.5
22 and under 60 days -----	6	42.1	2	14.0	1	14.0
60 days -----	1	3.5	1	3.5	-	-
61 and under 120 days -----	3	26.4	-	-	-	-
120 days -----	8	70.8	-	-	-	-
<b>Dependents</b>						
All plans with extended coverage provisions -----	45	421.9	3	18.0	3	28.5
21 days -----	27	278.6	-	-	2	14.5
22 and under 60 days -----	4	28.1	-	-	1	14.0
60 days -----	3	18.0	3	18.0	-	-
61 and under 120 days -----	3	26.4	-	-	-	-
120 days -----	8	70.8	-	-	-	-
<b>Duration of extended coverage period—Continued</b>						
	180 days		181 and under 245 days		245 days	
<b>Workers</b>						
All plans with extended coverage provisions -----	31	305.4	1	7.2	7	62.8
21 days -----	25	264.1	-	-	-	-
22 and under 60 days -----	3	14.1	-	-	-	-
60 days -----	-	-	-	-	-	-
61 and under 120 days -----	2	19.2	1	7.2	-	-
120 days -----	1	8.0	-	-	7	62.8
<b>Dependents</b>						
All plans with extended coverage provisions -----	31	305.4	1	7.2	7	62.8
21 days -----	25	264.1	-	-	-	-
22 and under 60 days -----	3	14.1	-	-	-	-
60 days -----	-	-	-	-	-	-
61 and under 120 days -----	2	19.2	1	7.2	-	-
120 days -----	1	8.0	-	-	7	62.8

<sup>1</sup> See footnote 1, table 3. 293 and 282 plans provided hospital benefits for workers and dependents, respectively.

<sup>2</sup> Included is 1 plan with a full-benefit period of 20 days and an extended coverage period of 11 days.

or the amount charged by the hospital for the accommodations to which the patient was entitled was allowed toward the cost of the private room; the patient was responsible for the difference.

An extended coverage period was provided workers and dependents under 3 out of 10 plans that made service room and board benefits available during the full-benefit period. During the extended coverage period, one-half the cost of workers' and dependents' hospital accommodations was met by three-fourths of the plans (table 13). The remaining plans provided a fixed daily cash allowance (e. g., \$5 per day) to be applied toward all hospital charges.

With few exceptions, the plans with cash room and board benefits provided a fixed daily allowance (table 14). Under these programs, reimbursement was made toward the charge for hospital accommodations up to the stipulated daily maximums. Any charge in excess of the daily maximum was paid by the worker.

Daily cash room and board allowances for workers and dependents ranged from less than \$8 to more than \$21. The average allowance for workers was \$13.18, for dependents, \$12.79.<sup>20</sup> These averages were about 20 percent more than the \$11.12 average amount provided workers and the \$10.31 provided dependents in the late 1955 study.<sup>21</sup>

Thirty of the 277 plans specifying daily room and board benefits for both workers and their dependents (table 10) provided a lower benefit for dependents. The amount provided usually ranged from \$1 to \$5 less than that provided workers.

As in late 1955, plans with low daily room and board allowances tended to provide benefits for relatively short full-benefit periods. For example, daily allowances of less than \$12 for workers and dependents were provided under a substantially larger proportion of plans with full-benefit periods of less than 70 days than under those with periods of 70 days or more.

Unlike the service plans, only a few of the cash plans provided for extended coverage. Most frequently, the plans with this provision provided during the extended coverage period a daily allowance equal to half the amount available during the full-benefit period.

Maximum Room and Board Allowance.—The maximum room and board allowance, the product of the daily cash allowance and the maximum number of days of hospital stay provided under the plan, may often be taken as a rough single measure of the level of benefits offered by a plan.<sup>22</sup> Obviously, this allowance can be calculated only for cash plans, since in service plans, the daily benefit is specified in terms of the particular hospital accommodation provided, e. g., a semiprivate room, without any limitation on its cost. Therefore,

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<sup>20</sup> These averages were derived by weighting the amount of benefit provided to worker or dependent by each plan by the total number of workers covered by that plan.

<sup>21</sup> The Bureau of Labor Statistics' index of private, semiprivate, and ward accommodations rose from 166.9 in December 1955 to 205.3 in March 1959, an increase of 23 percent. See BLS Consumer Price Index, Price Indexes for Selected Items and Groups. September and November 1959 releases.

<sup>22</sup> Although a comparison of maximum room and board allowances is useful in describing the range of benefits provided under hospital plans, it is not the ideal measure of differences largely because most hospital stays are of short duration (footnote 17, p. 12).

TABLE 13. Plans providing nonmaternity hospital benefits for active workers and their dependents by daily benefit during the extended coverage period, early 1959<sup>1</sup>

(Workers in thousands)		
Daily benefit during extended coverage period	Plans	Workers
<u>Workers</u>		
All plans with extended coverage period -----	<sup>2</sup> 46	423.2
50 percent of cost of semiprivate room accommodations -----	28	295.8
50 percent of cost of ward accommodations ---	1	14.0
More than one-half of daily room and board allowance provided during full-benefit period -----	1	1.8
One-half of allowance provided during full-benefit period -----	3	13.5
Specified allowance provided for room, board, and extra hospital services -----	12	90.9
Other -----	1	7.2
<u>Dependents</u>		
All plans with extended coverage period -----	<sup>3</sup> 45	421.9
50 percent of cost of semiprivate room accommodations -----	30	310.3
50 percent of cost of ward accommodations ---	1	14.0
More than one-half of daily room and board allowance provided during full-benefit period -----	-	-
One-half of allowance provided during full-benefit period -----	3	13.5
Specified allowance provided for room, board, and extra hospital services -----	10	76.9
Other -----	1	7.2

<sup>1</sup> See footnote 1, table 3. 293 and 282 plans provided hospital benefits for workers and dependents, respectively.

<sup>2</sup> 39 and 7 plans provided service and cash benefits, respectively, during the full-benefit period.

<sup>3</sup> 41 and 4 plans provided service and cash benefits, respectively, during the full-benefit period.

a worker hospitalized for an extended period of time would be concerned primarily with the maximum duration of the hospital stay provided by a service plan and by both the daily room and board allowance and the duration of benefits provided by a cash plan. On the other hand, if the stay is a short one, a worker under a cash plan would be chiefly concerned with the amount of the daily room and board allowance, i. e., how nearly it approximates the hospital's charge for the accommodation used.

The maximum allowance available per hospital stay ranged from \$150 to over \$2,000 (table 15). Under two-fifths of the plans, workers could receive a maximum room and board allowance of \$1,000 or more, while dependents could receive this amount in slightly more than one out of three plans.<sup>23</sup>

<sup>23</sup> Where the maximum room and board allowance was not specified, it was computed by multiplying the maximum daily allowance by the maximum number of days of hospital stay provided. Included in this computation were the allowances provided during the full-benefit period and the extended coverage period. Excluded from the table were all plans providing service benefits and those plans with cash or a combination cash and service benefit under which the maximum amount was not computable.

TABLE 14. Plans providing nonmaternity hospital benefits for active workers and their dependents by daily room and board allowance and duration of full-benefit period, early 1959<sup>1</sup>

(Workers in thousands)										
Maximum daily room and board allowance	Total		Maximum number of days in full-benefit period							
			Under 31		31		32 and under 70		70	
	Plans	Workers	Plans	Workers	Plans	Workers	Plans	Workers	Plans	Workers
<b>Workers</b>										
All plans providing cash room and board benefits -----	<sup>2</sup> 161	2,117.6	5	22.8	44	397.3	13	448.5	37	511.0
Daily allowance specified -----	149	1,757.4	5	22.8	42	237.3	13	448.5	36	481.0
Under \$8 -----	3	23.5	-	-	3	23.5	-	-	-	-
\$8 and under \$9 -----	9	110.6	-	-	5	43.3	-	-	1	35.0
\$9 and under \$10 -----	8	62.5	1	4.5	2	19.0	1	14.5	2	10.9
\$10 and under \$11 -----	17	164.7	-	-	6	32.2	2	42.8	2	16.5
\$11 and under \$12 -----	6	152.5	-	-	3	22.4	1	106.0	1	1.0
\$12 and under \$13 -----	34	315.1	1	2.5	9	23.7	2	46.4	10	89.9
\$13 and under \$14 -----	8	42.7	-	-	1	1.0	1	3.0	-	-
\$14 and under \$15 -----	11	215.3	-	-	4	12.2	1	175.0	3	18.7
\$15 and under \$16 -----	28	340.7	-	-	7	33.6	1	3.5	8	195.4
\$16 and under \$17 -----	8	174.0	-	-	1	25.0	2	53.8	3	10.8
\$17 and under \$18 -----	2	48.0	-	-	-	-	-	-	2	48.0
\$18 and under \$19 -----	9	62.1	3	15.8	1	1.4	-	-	2	16.8
\$19 and under \$20 -----	1	1.2	-	-	-	-	-	-	-	-
\$20 and under \$21 -----	4	16.5	-	-	-	-	2	3.5	1	10.0
\$21 and over -----	1	28.0	-	-	-	-	-	-	1	28.0
Daily allowance not specified -----	<sup>3</sup> 12	360.2	-	-	2	160.0	-	-	1	30.0
Average maximum daily allowance <sup>4</sup> -----		\$13.18								
			71 and under 120		120		121 and over		Other <sup>5</sup>	
All plans providing cash room and board benefits -----			4	96.3	22	175.5	9	87.6	27	378.6
Daily allowance specified -----			4	96.3	22	175.5	8	78.6	19	217.4
Under \$8 -----			-	-	-	-	-	-	-	-
\$8 and under \$9 -----			-	-	-	-	-	-	3	32.3
\$9 and under \$10 -----			-	-	-	-	-	-	2	13.6
\$10 and under \$11 -----			-	-	1	11.0	4	44.3	2	17.9
\$11 and under \$12 -----			-	-	-	-	-	-	1	23.1
\$12 and under \$13 -----			3	79.0	3	27.6	1	15.8	5	30.2
\$13 and under \$14 -----			-	-	4	26.9	1	10.0	1	1.8
\$14 and under \$15 -----			-	-	1	3.0	1	2.5	1	3.9
\$15 and under \$16 -----			1	17.3	9	82.9	1	6.0	1	2.0
\$16 and under \$17 -----			-	-	-	-	-	-	2	84.4
\$17 and under \$18 -----			-	-	-	-	-	-	-	-
\$18 and under \$19 -----			-	-	2	19.9	-	-	1	8.2
\$19 and under \$20 -----			-	-	1	1.2	-	-	-	-
\$20 and under \$21 -----			-	-	1	3.0	-	-	-	-
\$21 and over -----			-	-	-	-	-	-	-	-
Daily allowance not specified -----			-	-	-	-	1	9.0	8	161.2

See footnotes at end of table.

TABLE 14. Plans providing nonmaternity hospital benefits for active workers and their dependents by daily room and board allowance and duration of full-benefit period, early 1959<sup>1</sup>—Continued

Maximum daily room and board allowance		(Workers in thousands)									
		Total		Maximum number of days in full-benefit period							
				Under 31		31		32 and under 70		70	
Plans	Workers	Plans	Workers	Plans	Workers	Plans	Workers	Plans	Workers		
<u>Dependents</u>											
All plans providing cash room and board benefits -----		<sup>6</sup> 153	2,019.8	4	60.8	44	460.0	9	351.9	28	397.0
Daily allowance specified -----		143	1,684.6	4	60.8	42	300.0	9	351.9	27	367.0
Under \$8 -----		8	36.0	1	4.5	5	15.5	1	14.5	-	-
\$8 and under \$9 -----		9	133.4	-	-	5	66.1	-	-	1	35.0
\$9 and under \$10 -----		6	43.5	-	-	2	19.0	-	-	2	10.9
\$10 and under \$11 -----		21	164.9	-	-	7	35.2	-	-	3	22.5
\$11 and under \$12 -----		6	156.6	-	-	3	21.1	1	106.0	-	-
\$12 and under \$13 -----		29	255.5	1	2.5	6	15.8	2	46.4	7	27.7
\$13 and under \$14 -----		9	77.3	-	-	1	25.0	1	3.0	1	6.0
\$14 and under \$15 -----		18	304.7	1	52.8	7	48.9	2	176.0	3	11.1
\$15 and under \$16 -----		21	308.8	-	-	4	25.6	1	3.5	4	171.5
\$16 and under \$17 -----		4	98.7	-	-	1	26.4	-	-	2	14.3
\$17 and under \$18 -----		2	48.0	-	-	-	-	-	-	2	48.0
\$18 and under \$19 -----		5	39.5	-	-	1	1.4	-	-	1	10.0
\$19 and under \$20 -----		1	1.2	-	-	-	-	-	-	-	-
\$20 and under \$21 -----		4	16.5	1	1.0	-	-	1	2.5	1	10.0
Daily allowance not specified -----		<sup>3</sup> 10	335.2	-	-	2	160.0	-	-	1	30.0
Average maximum daily allowance <sup>4</sup> -----		\$ 12.79									
				71 and under 120		120		121 and over		Other <sup>5</sup>	
All plans providing cash room and board benefits -----		6	110.3	23	185.5	8	77.6	31	376.7		
Daily allowance specified -----		6	110.3	23	185.5	7	68.6	25	240.5		
Under \$8 -----		-	-	-	-	-	-	1	1.5		
\$8 and under \$9 -----		-	-	-	-	-	-	3	32.3		
\$9 and under \$10 -----		-	-	-	-	-	-	2	13.6		
\$10 and under \$11 -----		2	14.0	1	11.0	4	44.3	4	37.9		
\$11 and under \$12 -----		-	-	1	6.4	-	-	1	23.1		
\$12 and under \$13 -----		3	79.0	3	27.6	1	15.8	6	40.7		
\$13 and under \$14 -----		-	-	4	30.5	-	-	2	12.8		
\$14 and under \$15 -----		-	-	1	3.0	1	2.5	3	10.4		
\$15 and under \$16 -----		1	17.3	9	82.9	1	6.0	1	2.0		
\$16 and under \$17 -----		-	-	-	-	-	-	1	58.0		
\$17 and under \$18 -----		-	-	-	-	-	-	-	-		
\$18 and under \$19 -----		-	-	2	19.9	-	-	1	8.2		
\$19 and under \$20 -----		-	-	1	1.2	-	-	-	-		
\$20 and under \$21 -----		-	-	1	3.0	-	-	-	-		
Daily allowance not specified -----		-	-	-	-	1	9.0	6	136.2		

<sup>1</sup> See footnote 1, table 3. 293 and 282 plans provided hospital benefits for workers and dependents, respectively.

<sup>2</sup> 2 plans provided a shorter duration for women workers.

<sup>3</sup> Included are 2 plans that provided a lower daily allowance during the first year of coverage than during succeeding years.

<sup>4</sup> Benefit provided by each plan weighted by number of active workers covered.

<sup>5</sup> Included are plans with no specified duration and plans under which the full-benefit period varied according to years of participation in the plan.

<sup>6</sup> 2 plans provided a longer duration for the male spouse.

Under 37 of the 146 plans specifying a maximum room and board allowance for both workers and dependents (table 10), lesser amounts were provided dependents.

The maximum allowance averaged \$1,000 for workers and \$912 for dependents—an increase of more than \$200 over the late 1955 averages (\$781 and \$673, respectively).

**Hospital Extra Services Benefits.**—Hospital charges incurred by workers and their dependents for services other than for room and board were defrayed, at least in part, by all of the plans. Most of the plans either paid all charges up to a fixed maximum or the full cost of specified services furnished at any time during the benefit period (table 16). Some of the plans provided full payment up to a certain level but made allowance for further reimbursement on a percentage basis if the stipulated level was exceeded. For example, one plan

TABLE 15. Plans providing nonmaternity hospital benefits for active workers and their dependents by maximum room and board allowance, early 1959<sup>1</sup>

Maximum room and board allowance per hospital stay	(Workers in thousands)			
	Workers		Dependents	
	Plans	Workers	Plans	Workers
All plans with maximum room and board allowance <sup>2</sup> -----	<sup>3</sup> 141	1,600.3	<sup>4</sup> 136	1,575.7
\$150 and under \$200 -----	2	13.5	2	3.0
\$200 and under \$250 -----	8	64.6	11	91.4
\$250 and under \$300 -----	3	20.6	3	20.6
\$300 and under \$350 -----	8	52.3	10	56.3
\$350 and under \$400 -----	11	30.0	9	56.9
\$400 and under \$450 -----	7	18.5	13	147.0
\$450 and under \$500 -----	10	75.1	6	54.0
\$500 and under \$550 -----	1	1.8	-	-
\$550 and under \$600 -----	2	36.4	2	36.4
\$600 and under \$650 -----	3	65.0	4	66.0
\$650 and under \$700 -----	2	108.9	2	108.9
\$700 and under \$750 -----	4	34.4	6	43.4
\$750 and under \$800 -----	2	5.5	2	5.5
\$800 and under \$850 -----	16	307.9	11	226.1
\$850 and under \$900 -----	1	6.0	2	9.5
\$900 and under \$950 -----	1	1.8	2	7.8
\$950 and under \$1,000 -----	5	72.5	4	13.6
\$1,000 and under \$1,200 -----	12	246.7	7	226.3
\$1,200 and under \$1,400 -----	8	106.6	7	105.2
\$1,400 and under \$1,600 -----	11	105.3	12	115.3
\$1,600 and under \$1,800 -----	3	37.4	1	3.0
\$1,800 and under \$2,000 -----	14	142.9	14	142.9
\$2,000 and over -----	7	46.6	6	36.6
Average maximum room and board allowance <sup>5</sup> -----		\$1,000		\$912

<sup>1</sup> See footnote 1, table 3. 293 and 282 plans provided hospital benefits for workers and dependents, respectively.

<sup>2</sup> Where the maximum room and board allowance was not specified, it was computed by multiplying the maximum daily allowance by the maximum number of days of hospital stay provided. Excluded from this table are all service-type plans and a few cash plans with a daily room and board allowance that specified a maximum allowance to be applied to all hospital charges, and a few cash or cash and service-type plans under which the maximum room and board allowance was not computable.

<sup>3</sup> 2 plans provided a lesser amount for women workers. Excluded are 2 plans that provided a lower maximum allowance during the first year of coverage than during succeeding years.

<sup>4</sup> 2 plans provided a greater amount for male spouses. Excluded are 2 plans that provided a lower maximum allowance during the first year of coverage than during succeeding years.

<sup>5</sup> Benefit provided by each plan weighted by number of active workers covered.

TABLE 16. Plans providing nonmaternity hospital benefits for active workers and their dependents by method of specifying allowance for hospital extras, early 1959<sup>1</sup>

(Workers in thousands)				
Method of specifying allowance for hospital extras	Workers		Dependents	
	Plans	Workers	Plans	Workers
All plans providing benefits for extra hospital services ---	293	4,834.0	282	4,717.5
Allowances provided for expenses incurred -----	141	2,369.3	137	2,350.2
Up to a fixed amount -----	126	2,115.5	126	2,186.6
With additional reimbursement on percentage basis -----	33	815.6	33	319.1
Without additional reimbursement on percentage basis -----	93	1,299.9	93	1,867.5
Up to difference between room and board charges and a fixed amount -----	6	97.1	5	28.1
Other -----	7	156.7	6	135.5
Benefits provided on a service basis -----	152	2,464.7	145	2,367.3
For entire benefit period -----	112	2,073.7	103	1,961.8
For part of benefit period and reimbursement of percentage of cost of services for remainder of period -----	30	313.3	32	327.6
For part of benefit period and reimbursement of difference between room and board charges and a fixed amount for remainder of benefit period -----	9	75.2	9	75.2
Other -----	1	2.5	1	2.5

<sup>1</sup> See footnote 1, table 3. 293 and 282 plans provided hospital benefits for workers and dependents, respectively.

reimbursed all extra charges up to \$240 plus 75 percent of charges in excess of that amount up to \$500. Similarly, some of the service plans paid the full cost of specified services during the full-benefit period and provided partial reimbursement (usually 50 percent) during the extended coverage period.

A larger proportion of the plans paid the full cost of specified hospital services (service benefits) in 1959 than in 1955. Conversely, reimbursement of expenses incurred for any extra hospital services up to a specified amount (cash benefits) was provided by fewer plans.

Plans providing service benefits rather than cash allowances typically listed those benefits for which the cost was covered (in full or in part), and those benefits which were excluded. While specified services varied considerably among plans, virtually all plans fully covered the use of operating or cystoscopic room, supplies (such as bandages, splints, material for casts, and anesthetic materials), and most laboratory services. Reimbursement for the full cost of drugs listed in the latest editions of the United States Pharmacopeia, The National Formulary, and New and Nonofficial Remedies was also common. Less frequently included were diagnostic and therapeutic X-rays, and blood for transfusions.

Of the 141 plans covering workers and 137 plans covering dependents that provided cash allowances for hospital extras, 126 of them provided full reimbursement up to a fixed maximum (table 16). The maximums specified in these plans ranged from less than \$50 to more than \$600, and the average amount provided by plans using this method was \$300 for workers and \$226 for dependents (table 17). In addition to the basic allowance, 33 plans paid a percentage of the charges after the fully reimbursable amount had been exhausted. The basic amount provided under these plans averaged \$451 for the worker and \$292 for dependents. This represented an average increase since

TABLE 17. Plans providing nonmaternity hospital benefits for active workers and their dependents by maximum amount of full reimbursement of charges for hospital extras, early 1959<sup>1</sup>

(Workers in thousands)						
Basic amount	Workers					
	Total		Plans with additional reimbursement on percentage basis		Plans without additional reimbursement on percentage basis	
	Plans	Workers	Plans	Workers	Plans	Workers
All plans providing full reimbursement up to a fixed amount -----	<sup>a</sup> 124	1,955.5	33	815.6	<sup>a</sup> 91	1,139.9
Under \$50 -----	1	12.0	-	-	1	12.0
\$50 and under \$75 -----	7	318.5	-	-	7	318.5
\$75 and under \$100 -----	5	22.0	2	8.8	3	13.2
\$100 and under \$125 -----	22	281.9	2	24.8	20	257.1
\$125 and under \$150 -----	6	18.5	-	-	6	18.5
\$150 and under \$175 -----	7	65.8	-	-	7	65.8
\$175 and under \$200 -----	5	26.6	2	10.9	3	15.7
\$200 and under \$225 -----	14	156.2	5	35.0	9	121.2
\$225 and under \$250 -----	12	116.5	5	22.7	7	93.8
\$250 and under \$300 -----	8	48.3	4	36.6	4	11.7
\$300 and under \$400 -----	24	251.8	10	145.7	14	106.1
\$400 and under \$500 -----	4	56.6	2	31.1	2	25.5
\$500 and under \$600 -----	7	558.0	1	500.0	6	58.0
\$600 and over -----	2	22.8	-	-	2	22.8
Average basic amount <sup>3</sup> -----		\$300		\$451		\$194
Dependents						
All plans providing full reimbursement up to a fixed amount -----	<sup>a</sup> 124	2,026.6	33	319.1	<sup>a</sup> 91	1,707.5
Under \$50 -----	1	1.0	-	-	1	1.0
\$50 and under \$75 -----	6	303.5	-	-	6	303.5
\$75 and under \$100 -----	6	55.8	2	8.8	4	47.0
\$100 and under \$125 -----	19	225.1	2	24.8	17	200.3
\$125 and under \$150 -----	4	16.3	-	-	4	16.3
\$150 and under \$175 -----	5	62.5	-	-	5	62.5
\$175 and under \$200 -----	7	35.6	4	19.9	3	15.7
\$200 and under \$225 -----	16	684.2	5	35.0	11	649.2
\$225 and under \$250 -----	12	114.0	5	20.2	7	93.8
\$250 and under \$300 -----	14	125.0	6	39.7	8	85.3
\$300 and under \$400 -----	21	272.1	7	139.6	14	132.5
\$400 and under \$500 -----	2	31.1	2	31.1	-	-
\$500 and under \$600 -----	8	59.6	-	-	8	59.6
\$600 and over -----	3	40.8	-	-	3	40.8
Average basic amount <sup>3</sup> -----		\$226		\$292		\$214

<sup>1</sup> See footnote 1, table 3. 293 and 282 plans provided hospital benefits for workers and dependents, respectively.

<sup>2</sup> Excluded are 2 plans that provided a maximum allowance of \$100 for extra services during the first year of coverage and up to \$200 thereafter.

<sup>3</sup> Benefit provided by each plan weighted by number of active workers covered.

<sup>4</sup> Included is 1 plan that provided up to \$100 during the first 31 days of hospitalization and \$200 thereafter.

1955 of \$13 or 4.5 percent for active workers and an increase of \$39 or 21 percent for their dependents. Nearly the entire difference between the average reimbursements for workers and for their dependents stemmed from the more liberal allowance by a single large plan in the sample.<sup>24</sup> Lower basic allowances were provided, on the average, by the 91 plans that did not provide any additional reimbursement. The worker's allowance averaged \$194 and the dependent's, \$214.

All but 4 of the 33 plans providing additional reimbursement on a percentage basis specified the maximum amount of the excess charges for which they would provide partial reimbursement (table 18). While these maximum amounts ranged from \$500 to \$5,000, most of them were between \$1,000 and \$2,500. With one exception, these plans paid 75 percent of the additional charges. The total amount payable (basic amount plus additional reimbursement) for extra services ranged from \$615 to \$3,950. More than two out of five plans limited the amount to between \$1,000 and \$2,500.

Of the 277 plans providing a hospital extra service benefit for both workers and dependents, 246 plans specified identical benefits for both groups (table 10). Where these benefits differed, the dependents' allowance was almost always less liberal than that provided the worker.

Reduction in Benefits During Active Employment.—Hospital benefits for workers and their dependents were rarely modified on the basis of age during the worker's active employment. Less than 10 plans reduced benefits when the insured attained an advanced age (table 19). Under six of these, the duration of the benefit for the worker and his dependents was reduced from over 120 days to 20 days per year when the person reached age 70, and under one plan, from 365 days to 31 days per disability when the insured reached age 65. Benefits were changed from a "per disability" to a "per year" basis under the other plans.

Continuance of Coverage During Layoff.—As indicated previously, hospital benefits are generally available to workers after a short period of employment. When active employment ceases because of layoff or other reasons, hospital coverage terminates immediately, or by the first of the month following the date of separation, unless specific agreement has been reached on continuance of group coverage beyond such date.<sup>25</sup> However, coverage of hospitalized workers continues to the end of their disability. Almost half of the 298 plans with hospital benefits specifically provided for continuance of hospital coverage for periods ranging from 1 month to more than 2 years following the date of layoff. Only one-third of such plans permitted continuance for a period of over 6 months.

With few exceptions, under plans that provided continuance of coverage for less than 6 months after the date of layoff, the hospital benefit for the laid-off worker was financed in the same way that it was financed while the worker was actively at work (by the employer only or jointly by the employer and the

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<sup>24</sup> This plan provided a \$500 basic allowance for workers and additional reimbursement for charges over \$500; dependents received a basic allowance of \$200 without additional reimbursement. Exclusion of this plan reduced the average basic allowance for workers under all cash plans from \$300 to \$215 and under those providing additional reimbursement from \$451 to \$313. This narrowed the difference between the averages for workers and their dependents to \$11 for all cash plans and to \$21 for those providing additional reimbursement.

<sup>25</sup> Under many plans, a worker whose group coverage ceases may convert his coverage to an individual policy.

TABLE 18. Plans providing nonmaternity hospital benefits for active workers and their dependents by maximum amount of full reimbursement of charges for hospital extras with an additional reimbursement on a percentage basis, early 1959<sup>1</sup>

(Workers in thousands)

Amount	Workers		Dependents	
	Plans	Workers	Plans	Workers
All plans providing for full reimbursement of hospital extras up to a fixed maximum with additional reimbursement on a percentage basis	<sup>2</sup> 32	757.6	<sup>2</sup> 32	261.1
<b>Basic amount</b>				
<b>Plus 75 percent of next—</b>				
\$75	1	7.2	1	7.2
\$90	1	1.6	1	1.6
\$100	1	15.8	1	15.8
\$120	1	9.0	1	9.0
\$180	1	8.0	1	8.0
\$180	-	-	1	3.0
\$190	1	2.9	1	2.9
\$195	-	-	1	6.0
\$200	1	7.5	1	7.5
\$200	3	17.5	3	17.5
\$200	1	10.0	1	10.0
\$225	1	6.0	-	-
\$225	1	3.5	1	3.5
\$240	1	1.5	1	1.5
\$240	1	6.8	1	6.8
\$240	-	-	1	3.5
\$240	1	4.9	1	4.9
\$250	1	15.0	1	15.0
\$250	1	3.4	1	3.4
\$260	1	16.4	1	16.4
\$280	1	1.8	3	4.9
\$300	1	9.0	1	9.0
\$300	1	10.6	1	10.6
\$300	2	44.6	2	44.6
\$300	2	17.4	2	17.4
\$315	1	3.0	-	-
\$320	1	1.3	-	-
\$360	1	1.8	-	-
\$400	1	30.0	1	30.0
\$465	1	1.1	1	1.1
\$500	1	500.0	-	-

<sup>1</sup> See footnote 1, table 3. 293 and 282 plans provided hospital benefits for workers and dependents, respectively.

<sup>2</sup> Excluded is 1 plan that provided \$300 basic amount plus 80 percent of additional charges up to a maximum that is applicable to all hospital, surgical, and medical expenses.

<sup>3</sup> No upper limit on the additional amount was specified.

TABLE 19. Maintenance of nonmaternity hospital benefits during active employment for workers and their dependents, early 1959<sup>1</sup>

(Workers in thousands)

Provision	Workers		Dependents	
	Plans	Workers	Plans	Workers
All plans providing hospital benefits	293	4,834.0	282	4,717.5
Maintained at constant level	283	4,764.8	273	4,650.8
Reduced at age—				
60	2	4.3	1	1.8
65	1	2.5	1	2.5
70	6	61.1	6	61.1
Discontinued at age—				
70	1	1.3	1	1.3

<sup>1</sup> See footnote 1, table 3.

worker). On the other hand, under plans continuing coverage for 6 months or longer the method of financing usually changed immediately upon layoff, or at the first of the following month, from employer only or jointly to worker only.

### Retired Workers and Their Dependents<sup>26</sup>

Retired workers and their dependents were provided benefits under almost two out of five of the plans with benefits for the active workers and their dependents, respectively (table 2)—a sharp increase over 1955 when only one out of four plans extended benefits to retired workers and one out of five extended them to retired workers' dependents. In addition, three plans in the maritime industry that did not provide benefits for workers while active employees granted them coverage once they retired.<sup>27</sup> Provisions for the extension of benefits to retired workers and their dependents were more common in single-employer plans than in multiemployer plans (table 20).

About three-fifths of the 112 plans with benefits for both active and retired workers (66 plans) provided the retired workers with the same benefits, in all respects, as those available to the workers immediately before retirement (table 4).<sup>28</sup> About the same proportion of the 111 plans (68 plans) with benefits for dependents of retired workers maintained the same benefits provided dependents of active workers.

TABLE 20. Plans providing hospital benefits for retired workers and their dependents by type of plan and type of bargaining unit, early 1959<sup>1</sup>

Type of plan <sup>2</sup> and group covered	(Workers in thousands)					
	Total		Single employer		Multiemployer	
	Plans	Workers	Plans	Workers	Plans	Workers
All plans with hospital benefits -----	298	4,894.0	203	2,767.5	95	2,126.5
<u>Retired workers</u>						
All plans extending hospital benefits ----	115	2,077.4	86	1,398.0	29	679.4
Cash -----	48	854.8	33	446.9	15	407.9
Service -----	59	1,194.8	45	923.3	14	271.5
Cash and service -----	8	27.8	8	27.8	-	-
<u>Dependents of retired workers</u>						
All plans extending hospital benefits ----	111	2,065.4	84	1,393.0	27	672.4
Cash -----	45	844.8	32	443.9	13	400.9
Service -----	58	1,192.8	44	921.3	14	271.5
Cash and service -----	8	27.8	8	27.8	-	-

<sup>1</sup> See footnote 1, table 3. 293 and 282 plans provided hospital benefits for active workers and their dependents, respectively.

<sup>2</sup> See footnote 2, table 9.

<sup>26</sup> See footnote 8, p. 4.

<sup>27</sup> Workers in the maritime industry receive free medical and surgical care in U. S. Public Health Service hospitals and outpatient facilities under the United States Maritime law.

<sup>28</sup> For this analysis, benefits available to the worker retiring at normal retirement age (usually age 65) were compared with those available to them immediately prior to retirement (usually age 64).

TABLE 21. Relationship of characteristics of hospital benefits for active and retired workers and benefits for dependents of active workers and dependents of retired workers, early 1959<sup>1</sup>

Provision	(Workers in thousands)									
	Benefit during									
	Full-benefit period						Extended coverage period			
	Type of plan (cash or service)		Daily room and board		Duration		Daily room and board		Duration	
Plans	Workers	Plans	Workers	Plans	Workers	Plans	Workers	Plans	Workers	
<u>Active and retired workers</u> <sup>2</sup>										
All plans providing benefits for active worker and retired worker .....	112	2,037.9	112	2,037.9	95	1,828.0	24	166.6	24	166.6
No variation in provision .....	108	2,016.6	98	1,935.1	87	1,718.3	23	129.6	23	129.6
Variation in provision .....	4	21.3	14	102.8	8	109.7	1	37.0	1	37.0
<u>Dependents of active and retired workers</u> <sup>3</sup>										
All plans providing benefits for dependents of active workers and dependents of retired workers .....	111	2,065.4	111	2,065.4	92	1,849.0	24	166.6	24	166.6
No variation in provision .....	107	2,044.1	97	1,962.6	84	1,739.3	23	129.6	23	129.6
Variation in provision .....	4	21.3	14	102.8	8	109.7	1	37.0	1	37.0
					Maximum cash room and board benefit		Hospital extra service benefit		Basis of payment specified	
<u>Active and retired workers</u> <sup>2</sup>										
All plans providing benefits for active worker and retired worker .....					46	804.4	112	2,037.9	112	2,037.9
No variation in provision .....					29	574.6	91	1,750.3	84	1,740.2
Variation in provision .....					17	229.8	21	287.6	28	297.7
<u>Dependents of active and retired workers</u> <sup>3</sup>										
All plans providing benefits for dependents of active workers and dependents of retired workers .....					45	831.9	111	2,065.4	111	2,065.4
No variation in provision .....					29	719.1	91	1,781.8	85	1,775.7
Variation in provision .....					16	112.8	20	283.6	26	289.7

<sup>1</sup> See footnote 1, table 3.

<sup>2</sup> 112 plans provided hospital benefits to both active workers and retired workers.

<sup>3</sup> 111 plans provided hospital benefits to both dependents of active workers and dependents of retired workers.

Benefits were reduced in the remaining two-fifths of the plans by one of two methods. More often this was done by restricting the amount of benefits provided during the entire retirement period. For example, some plans limited the total amount of hospital benefits provided; others limited their total payments for all hospital, surgical, and medical benefits combined. A few plans applied these restrictions to the benefits available to a retired worker's entire family rather than to each individual person. The second and less common method was by directly reducing the benefits for each disability. This method included reducing the duration as well as the room and board and extra services benefits.

Service benefits were provided during the full-benefit period by over half of the plans with benefits for retired workers and their dependents, while all cash benefits were provided under almost all of the remaining plans (table 20).

TABLE 22. Plans providing hospital benefits for retired workers and their dependents by duration of full-benefit period and type of room and board benefit, early 1959<sup>1</sup>

(Workers in thousands)						
Duration of full-benefit period <sup>2</sup>	Type of room and board benefits provided					
	Retired workers					
	Total		Cash		Service	
	Plans	Workers	Plans	Workers	Plans	Workers
All plans extending hospital benefits -----	115	2, 077. 4	53	869. 4	61	1, 204. 0
Duration specified -----	<sup>3</sup> 93	1, 638. 8	35	653. 3	57	981. 5
21 days -----	16	98. 2	-	-	16	98. 2
22 and under 31 days -----	1	4. 5	1	4. 5	-	-
31 days -----	11	104. 2	9	98. 8	2	5. 4
32 and under 70 days -----	7	300. 5	6	297. 5	1	3. 0
70 days -----	14	211. 8	9	173. 9	5	37. 9
71 and under 120 days -----	2	25. 2	1	7. 2	1	18. 0
120 days -----	<sup>3</sup> 37	863. 2	6	46. 0	30	813. 2
121 days and over -----	5	31. 2	3	25. 4	2	5. 8
Duration not specified -----	22	438. 6	18	216. 1	4	222. 5
	Dependents of retired workers					
All plans extending hospital benefits -----	111	2, 065. 4	50	859. 4	60	1, 202. 0
Duration specified -----	<sup>3</sup> 89	1, 624. 8	31	639. 3	57	981. 5
21 days -----	16	98. 2	-	-	16	98. 2
22 and under 31 days -----	2	5. 5	2	5. 5	-	-
31 days -----	8	93. 2	6	87. 8	2	5. 4
32 and under 70 days -----	6	299. 5	5	296. 5	1	3. 0
70 days -----	14	211. 8	9	173. 9	5	37. 9
71 and under 120 days -----	2	25. 2	1	7. 2	1	18. 0
120 days -----	<sup>3</sup> 36	860. 2	5	43. 0	30	813. 2
121 days and over -----	5	31. 2	3	25. 4	2	5. 8
Duration not specified -----	22	440. 6	19	220. 1	3	220. 5

<sup>1</sup> See footnote 1, table 3.

<sup>2</sup> See p. 26 for a discussion of provisions affecting the frequency and duration of benefit payments to retired workers and their dependents.

<sup>3</sup> Included is 1 plan, covering 4,000 workers, that provided service benefits for the first 120 days of hospital confinement during the retirement period; thereafter, cash benefits were payable.

Virtually all of the plans that made hospital benefits available for both active and retired workers provided the same type of benefits (cash or service) for both groups (table 21). Similarly, the type of benefits available to dependents of active and retired workers were usually the same. In the few plans where the type of benefits varied, active workers and their dependents usually received service benefits, while retired workers and their dependents got cash or a combination of cash and service benefits.

The full-benefit period for retired workers and their dependents ranged from 21 days to more than 121 days in length (table 22). About one out of three plans provided each group with 120 full-benefit days. Extended coverage periods, during which partial benefits were payable, were provided in 24 plans. Chief among these were 16 plans with 21 full-benefit days that provided an extended coverage period of 180 days.

The full-benefit period and the extended coverage period were usually the same for active and retired workers, and for their dependents (table 21).

Hospital benefits for retired workers and their dependents were generally available on a "per disability" basis. About one-sixth of the plans, however, specified a set of benefits for retired workers and their dependents that was payable only once during the worker's retirement period. When these benefits were exhausted, coverage ceased. Before retirement, workers and dependents under these plans were covered on a "per disability" basis.

Plans providing cash room and board benefits—somewhat less than half those with hospital benefits for retired workers and their dependents—paid reimbursements ranging from under \$8 to \$21 a day (table 23). As for active workers, about three out of five plans paid retired workers \$12 or more daily; slightly fewer plans gave retired workers' dependents this amount.

TABLE 23. Plans providing hospital benefits for retired workers and their dependents by daily room and board allowance, early 1959<sup>1</sup>

(Workers in thousands)				
Maximum daily room and board allowance	Retired workers		Dependents of retired workers	
	Plans	Workers	Plans	Workers
All plans extending cash benefit .....	53	869.4	50	859.4
Daily allowance specified .....	48	729.7	45	719.7
Under \$8 .....	1	7.2	2	11.7
\$8 and under \$9 .....	1	35.0	1	35.0
\$9 and under \$10 .....	4	35.0	3	30.5
\$10 and under \$11 .....	11	87.5	11	88.0
\$11 and under \$12 .....	1	106.0	2	112.4
\$12 and under \$13 .....	10	74.2	10	72.5
\$13 and under \$14 .....	6	34.2	4	24.8
\$14 and under \$15 .....	4	182.0	4	182.0
\$15 and under \$16 .....	5	140.8	3	135.0
\$16 and under \$17 .....	1	7.5	2	14.3
\$18 and under \$19 .....	1	6.8	-	-
\$20 and under \$21 .....	3	13.5	3	13.5
Daily allowance not specified .....	5	139.7	5	139.7

<sup>1</sup> See footnote 1, table 3. 115 and 111 plans extended hospital benefits to retired workers and dependents, respectively. See p. 26 for a discussion of provisions affecting the level and amount of benefit payments to retired workers and dependents.

Only 7 of the more than 100 plans covering retired workers and their dependents discontinued coverage after a specified time following retirement (table 24). Under six of these plans, hospital benefits remained in effect for 1 year or less after retirement.

#### Maternity Benefits

Nearly all plans covered hospital expenses resulting from pregnancy,<sup>29</sup> but in four out of five plans, additional limitations were placed on maternity benefits, such as reducing the number of days for which benefits would be paid (table 25).<sup>30</sup> Two-fifths of the plans made available to women workers either a

<sup>29</sup> See tabulation on p. 11.

<sup>30</sup> Under some plans, benefit limitations were placed on all types of maternity cases (normal delivery, Caesarean section, ectopic pregnancy, miscarriage, etc.); under other plans, they were placed on normal delivery cases only. The discussion in this section covers benefits provided in normal delivery cases only.

TABLE 24. Length of time hospital benefits were available to retired workers and their dependents, early 1959<sup>1</sup>

(Workers in thousands)

Benefits available	Plans	Workers
<u>Retired workers</u>		
All plans extending hospital benefits -----	115	2,077.4
For duration of retirement -----	<sup>2</sup> 108	1,761.8
For specified period -----	7	315.6
<u>Dependents of retired workers</u>		
All plans extending hospital benefits -----	111	2,065.4
For duration of retirement -----	<sup>2</sup> 104	1,749.8
For specified period -----	7	315.6

<sup>1</sup> See footnote 1, table 3.<sup>2</sup> Included is 1 plan that provided benefits only during the first year of retirement for workers who retired with less than 5 years' service and their dependents.TABLE 25. Relationship of maternity and nonmaternity benefits provided women workers and dependent wives, early 1959<sup>1</sup>

(Workers in thousands)

Provision	Women workers		Dependent wives	
	Plans	Workers <sup>2</sup>	Plans	Workers
All plans providing both maternity and nonmaternity benefits -----	273	4,477.9	271	4,557.9
Benefits for maternity cases:				
Same as nonmaternity benefits -----	52	1,011.5	52	1,175.5
Different from nonmaternity benefits in one or more respects -----	221	3,466.4	219	3,382.4

<sup>1</sup> See footnote 1, table 3. 293 and 282 plans provided hospital benefits for nonmaternity cases for workers and dependents.<sup>2</sup> Number of workers covered by plan may not indicate the frequency of use of maternity provisions since the proportion of women covered varied substantially among plans.

flat amount (e. g., \$125) for all hospital charges (room, board, and extra service charges), or a general lump-sum maternity allowance that could be used toward all types of medical expenses incurred, in or out of the hospital. More than half of the plans made these types of benefits available to dependent wives.

Coverage under each of these two types is shown in the last two items of the following tabulation:

Type of benefit provided for hospitalized maternity cases	Women workers <sup>1</sup>		Dependent wives	
	Plans	Workers (in thousands)	Plans	Workers (in thousands)
All plans providing a maternity benefit for hospitalized cases .....	273	4,477.9	271	4,557.9
Specified benefit or allowance provided for each type of hospital service .....	161	2,727.1	124	2,103.4
Flat amount provided for all hospital charges .....	82	878.1	116	1,648.3
General lump-sum amount for expenses incurred in or out of hospital .....	30	872.7	31	806.2

<sup>1</sup> See footnote 2, table 25.

Maternity benefits for women workers and dependent wives were available immediately on becoming insured under about a fifth of the plans (table 26). The remaining plans had waiting periods designed to require that pregnancy commenced while they were insured. About 100 plans simply stated that requirement, while a somewhat greater number, in normal delivery cases, required that women be insured for a specified period, generally 9 months.

TABLE 26. Availability of benefits for hospitalized maternity cases to newly insured women workers and dependent wives, early 1959 <sup>1</sup>

Availability of benefits	(Workers in thousands)			
	Women workers		Dependent wives	
	Plans	Workers <sup>2</sup>	Plans	Workers
All plans providing benefits for hospitalized maternity cases .....	273	4,477.9	271	4,557.9
Benefits become available immediately .....	58	818.8	53	929.4
If pregnancy commences while insured .....	100	1,978.2	103	1,985.6
After being insured for:				
Less than 8 months .....	3	36.3	3	36.3
8 months .....	12	117.9	12	117.9
9 months .....	84	1,340.8	85	1,312.3
10 months .....	13	137.6	12	128.1
12 months .....	1	12.0	1	12.0
Other .....	2	36.3	2	36.3

<sup>1</sup> See footnote 1, table 3.

<sup>2</sup> See footnote 2, table 25.

Types of Benefits.—Most plans provided the same type of benefit (cash or service) in maternity cases as in nonmaternity cases. About 3 out of 5 of the plans providing a specific hospital maternity benefit (150 plans)<sup>31</sup>—paid cash benefits during the full-benefit period (table 27). Service benefits were provided women workers and dependent wives under about 1 out of 3 plans (80). Under these plans, specified benefits were guaranteed rather than allowances provided toward the cost of the services.

TABLE 27. Types of hospital benefits provided in maternity cases for women workers and dependent wives, early 1959<sup>1</sup>

Type of benefit	(Workers in thousands)			
	Women workers		Dependent wives	
	Plans	Workers <sup>2</sup>	Plans	Workers
All plans providing hospital benefits for maternity cases -----	<sup>3</sup> 243	3,605.2	<sup>3</sup> 240	3,751.7
Cash -----	150	1,393.6	150	1,898.3
Service -----	80	1,601.4	80	1,765.4
Cash and service -----	13	610.2	10	88.0

<sup>1</sup> See footnote 1, table 3.

<sup>2</sup> See footnote 2, table 25.

<sup>3</sup> Excluded are 30 and 31 plans that provided a general lump-sum maternity allowance for women workers and dependent wives, respectively.

Generally, under plans providing hospital benefits for both women workers and dependent wives, the same type of benefit (cash or service) was provided each group.

Room and Board Benefits.—Full daily room and board benefits were provided for periods ranging from 6 days to more than 121 days (table 29). Where a duration was specified, most frequently women workers were covered for 14 days (47 plans), and dependent wives for 10 days (36 plans). Full-benefit periods of 70 days or more were usually provided in plans with service room and board benefits. Usually the full-benefit period was the same for women workers and dependent wives.

In addition to the plans specifying the number of days of benefits, there were many plans which did not directly limit the duration of benefits. These latter plans indirectly gave much the same financial assistance by paying a flat amount for hospital care (i. e., for room, board, and hospital extra charges—see below).

A shorter full-benefit period was specified for maternity than for non-maternity cases in 98 plans covering women workers and in 62 covering dependent wives (table 28).

The cash daily room and board allowance provided during the full-benefit period for women workers and dependent wives ranged from less than \$7 to more

<sup>31</sup> Excludes the plans that provided a general lump-sum allowance for women workers and dependent wives.

TABLE 28. Relationship of characteristics of hospital maternity benefits for women workers and dependent wives to nonmaternity hospital benefits, early 1959<sup>1</sup>

		(Workers in thousands)							
		Benefits during—							
		Full-benefit period							
Provision	Type of plan (cash or service)		Daily room and board		Duration				
	Plans	Workers <sup>2</sup>	Plans	Workers <sup>2</sup>	Plans	Workers <sup>2</sup>	Plans	Workers <sup>2</sup>	
<u>Women workers</u>									
All plans providing maternity and nonmaternity benefits	<sup>3</sup> 273	4,477.9	<sup>4</sup> 161	2,727.1	<sup>4</sup> 147	2,625.2			
No variation	206	3,854.7	152	2,639.1	49	1,004.2			
Variation	67	623.2	9	88.0	98	1,621.0			
<u>Dependent wives</u>									
All plans providing maternity and nonmaternity benefits	<sup>3</sup> 271	4,557.9	<sup>4</sup> 124	2,103.4	<sup>4</sup> 111	2,019.1			
No variation	208	3,566.9	120	2,081.8	49	1,168.2			
Variation	63	991.0	4	21.6	62	850.9			
		Benefits during—Continued				Maximum cash room and board benefit		Hospital extra service benefit	
		Extended coverage period		Duration					
		Daily room and board							
		Plans	Workers <sup>2</sup>	Plans	Workers <sup>2</sup>	Plans	Workers <sup>2</sup>	Plans	Workers <sup>2</sup>
<u>Women workers</u>									
All plans providing maternity and nonmaternity benefits	<sup>4</sup> 4	22.9	<sup>4</sup> 4	22.9	<sup>4</sup> 68	548.3	<sup>4</sup> 161	2,727.1	
No variation	4	22.9	4	22.9	11	68.3	120	2,278.4	
Variation	-	-	-	-	57	480.0	41	448.7	
<u>Dependent wives</u>									
All plans providing maternity and nonmaternity benefits	<sup>4</sup> 4	23.4	<sup>4</sup> 4	23.4	<sup>4</sup> 35	296.8	<sup>4</sup> 124	2,103.4	
No variation	4	23.4	4	23.4	10	67.3	94	1,838.3	
Variation	-	-	-	-	25	229.5	30	265.1	

<sup>1</sup> See footnote 1, table 3. 293 and 282 plans provided workers and dependents, respectively, hospital benefits for nonmaternity cases.

<sup>2</sup> See footnote 2, table 25.

<sup>3</sup> Included are plans providing a flat amount for room, board, and extra services and a general lump-sum allowance.

<sup>4</sup> Excluded are plans providing a flat amount for room, board, and extra services and a general lump-sum allowance.

than \$16 (table 30). This allowance averaged \$12.15 for women workers, and \$12.80 for dependent wives—an increase over the corresponding late 1955 averages of about \$1 for workers and \$2.30 for dependents. As in nonmaternity cases, a higher daily allowance was found in plans that also specified a longer full-benefit period.

The cash daily allowance provided for hospital room and board for maternity confinements was usually the same as the amount specified for nonmaternity cases.



TABLE 30. Plans providing hospital benefits for women workers and dependent wives in maternity cases by daily room and board allowance and maximum duration of full-benefit period, early 1959<sup>1</sup>

(Workers in thousands)

Daily room and board allowance	Total		Maximum number of days in full-benefit period											
			Under 10 days		10 days		12 days		14 days		Over 14 days		Other	
	Plans	Workers <sup>2</sup>	Plans	Workers <sup>2</sup>	Plans	Workers <sup>2</sup>	Plans	Workers <sup>2</sup>	Plans	Workers <sup>2</sup>	Plans	Workers <sup>2</sup>	Plans	Workers <sup>2</sup>
<u>Women workers</u>														
All plans providing cash room and board allowance for maternity cases	<sup>3</sup> 74	592.6	4	17.6	7	94.0	1	45.0	43	307.8	7	55.7	12	72.5
Under \$7	2	46.5	-	-	-	-	1	45.0	1	1.5	-	-	-	-
\$7 and under \$8	-	-	-	-	-	-	-	-	-	-	-	-	-	-
\$8 and under \$9	7	82.9	-	-	1	3.6	-	-	4	47.3	-	-	2	32.0
\$9 and under \$10	4	20.0	-	-	-	-	-	-	2	3.9	1	14.5	1	1.6
\$10 and under \$11	14	60.5	3	14.1	1	7.5	-	-	8	34.2	-	-	2	4.7
\$11 and under \$12	2	3.3	-	-	-	-	-	-	2	3.3	-	-	-	-
\$12 and under \$13	14	97.6	-	-	1	19.3	-	-	11	59.6	1	7.2	1	11.5
\$13 and under \$14	3	5.8	-	-	-	-	-	-	1	3.0	1	1.0	1	1.8
\$14 and under \$15	4	13.2	-	-	-	-	-	-	2	7.0	-	-	2	6.2
\$15 and under \$16	12	98.5	1	3.5	2	9.8	-	-	8	76.2	1	9.0	-	-
\$16 and under \$17	2	79.2	-	-	1	52.8	-	-	1	26.4	-	-	-	-
\$17 and over	5	41.4	-	-	1	1.0	-	-	1	16.4	3	24.0	-	-
Not specified	5	43.7	-	-	-	-	-	-	2	29.0	-	-	3	14.7
Average maximum daily allowance <sup>4</sup>		\$12.15												
<u>Dependent wives</u>														
All plans providing cash room and board allowance for maternity cases	<sup>3</sup> 40	327.1	4	17.6	8	93.9	-	-	8	75.6	7	55.7	13	84.3
Under \$7	-	-	-	-	-	-	-	-	-	-	-	-	-	-
\$7 and under \$8	2	15.5	-	-	1	1.0	-	-	-	-	1	14.5	-	-
\$8 and under \$9	2	9.5	-	-	1	2.5	-	-	1	7.0	-	-	-	-
\$9 and under \$10	1	1.6	-	-	-	-	-	-	-	-	-	-	1	1.6
\$10 and under \$11	8	40.1	3	14.1	1	7.5	-	-	1	1.5	2	14.0	1	3.0
\$11 and under \$12	1	1.0	-	-	-	-	-	-	-	-	1	1.0	-	-
\$12 and under \$13	8	83.9	-	-	2	23.1	-	-	2	34.2	1	7.2	3	19.4
\$13 and under \$14	3	18.8	-	-	-	-	-	-	1	6.0	-	-	2	12.8
\$14 and under \$15	2	55.1	-	-	1	52.8	-	-	-	-	-	-	1	2.3
\$15 and under \$16	8	75.9	1	3.5	1	6.0	-	-	3	26.9	1	9.0	2	30.5
\$16 and over	2	11.0	-	-	1	1.0	-	-	-	-	1	10.0	-	-
Not specified	3	14.7	-	-	-	-	-	-	-	-	-	-	3	14.7
Average maximum daily allowance <sup>4</sup>		\$12.80												

<sup>1</sup> See footnote 1, table 3.

<sup>2</sup> See footnote 2, table 25.

<sup>3</sup> Excluded are 82 and 116 plans that provided a flat amount for room and board and hospital extra charges for workers and dependents, respectively.

<sup>4</sup> Benefit provided by each plan weighted by number of active workers covered.

TABLE 31. Plans providing hospital benefits for women workers and dependent wives in maternity cases by maximum room and board allowance, early 1959<sup>1</sup>

(Workers in thousands)

Maximum room and board allowance <sup>2</sup>	Women workers		Dependent wives	
	Plans	Workers <sup>3</sup>	Plans	Workers
All plans providing maximum room and board allowance for maternity cases -----	61	484.9	25	228.9
Under \$100 -----	3	50.1	2	3.5
\$100 and under \$125 -----	9	109.6	5	41.1
\$125 and under \$150 -----	12	42.8	3	57.3
\$150 and under \$175 -----	16	125.5	4	45.5
\$175 and under \$200 -----	5	15.7	1	6.0
\$200 and under \$225 -----	9	77.2	4	27.9
\$225 and under \$250 -----	-	-	-	-
\$250 and over -----	7	64.0	6	47.6

<sup>1</sup> See footnote 1, table 3.

<sup>2</sup> Where the maximum room and board allowance was not specified, it was computed by multiplying the maximum daily allowance by the number of days of hospital stay provided. Excluded are all service plans, all cash plans providing a flat amount for room, board, and hospital extra charges, a few cash or cash and service type plans under which no maximum room and board allowance was specified, and 1 plan that provided a lower maximum allowance during the first year of coverage than during succeeding years.

<sup>3</sup> See footnote 2, table 25.

TABLE 32. Plans providing hospital benefits for women workers and dependent wives in maternity cases by method of specifying allowance for hospital extras, early 1959<sup>1</sup>

(Workers in thousands)

Method	Women workers		Dependent wives	
	Plans	Workers <sup>2</sup>	Plans	Workers
All plans providing extra hospital benefit for maternity cases <sup>3</sup> -----	161	2,727.1	124	2,103.4
Allowance provided for expense incurred -----	75	1,048.6	38	260.9
Up to a fixed amount -----	62	948.9	21	141.7
With additional reimbursement on a percentage basis -----	6	526.6	4	15.6
Without additional reimbursement on a percentage basis -----	56	422.3	17	126.1
Up to a difference between room and board charges and a fixed amount -----	10	86.6	14	106.1
Other -----	3	13.1	3	13.1
Benefit provided on a service basis -----	86	1,678.5	86	1,842.5
For entire benefit period -----	86	1,678.5	84	1,828.0
For part of benefit period and reimbursement of percentage of cost for remainder of benefit period -----	-	-	2	14.5

<sup>1</sup> See footnote 1, table 3.

<sup>2</sup> See footnote 2, table 25.

<sup>3</sup> Excluded are plans that provided a flat amount for room, board, and hospital extra charges.

covering women workers and by two-thirds of the plans (84) covering dependent wives. Extras up to a fixed amount were paid under 62 plans covering workers and 21 plans covering dependents. The basic amounts available under the plans ranged from under \$50 to over \$275 (table 33). In addition to the basic amount, a few plans paid a percentage of the charges after the fully reimbursable amount was exhausted.

TABLE 33. Plans providing hospital benefits for women workers and dependent wives in maternity cases by maximum amount of full reimbursement of charges for hospital extras, early 1959<sup>1</sup>

Amount	(Workers in thousands)							
	Women workers				Dependent wives			
	Total		Plans without additional reimbursement on percentage basis		Total		Plans without additional reimbursement on percentage basis	
	Plans	Workers <sup>2</sup>	Plans	Workers <sup>2</sup>	Plans	Workers	Plans	Workers
All plans providing full reimbursement up to a maximum fixed amount -----	<sup>3</sup> 459	913.7	<sup>4</sup> 53	387.1	<sup>5</sup> 21	141.7	17	126.1
Under \$50 -----	2	56.0	2	56.0	1	1.0	1	1.0
\$50 and under \$75 -----	4	11.5	4	11.5	1	3.0	1	3.0
\$75 and under \$100 -----	8	87.6	7	86.0	4	42.9	3	41.3
\$100 and under \$125 -----	14	69.3	14	69.3	4	16.2	4	16.2
\$125 and under \$150 -----	4	12.5	4	12.5	-	-	-	-
\$150 and under \$175 -----	6	59.2	6	59.2	1	18.0	1	18.0
\$175 and under \$200 -----	2	14.1	2	14.1	2	17.5	2	17.5
\$200 and under \$225 -----	5	18.7	5	18.7	3	13.5	3	13.5
\$225 and under \$250 -----	3	11.0	1	6.0	2	5.0	-	-
\$250 and under \$275 -----	2	18.2	2	18.2	-	-	-	-
\$275 and over -----	9	555.6	6	35.6	3	24.6	2	15.6

<sup>1</sup> See footnote 1, table 3.

<sup>2</sup> See footnote 2, table 25.

<sup>3</sup> Included are 6 plans, covering 526,600 workers, that provided additional reimbursement on a percentage basis.

<sup>4</sup> Excluded is 1 plan that provided a lower maximum allowance for extra service during the first year of coverage than during succeeding years, 1 plan that provided an amount equal to 10 times the hospital's daily charges for semiprivate room accommodations, and 1 plan that provided an allowance up to a fixed maximum plus an additional allowance for charges in excess of the extra service allowance and the other allowances provided under the plan.

<sup>5</sup> Included are 4 plans, covering 15,600 workers, that provided additional reimbursement on a percentage basis.

**Flat Amount for Hospital Care.**—A flat amount, to be applied toward the combined cost of all hospital charges (i. e., room, board, and extra services), was provided under about 3 out of 10 plans (82) covering women workers and more than 2 out of 5 plans (116) covering dependent wives (table 34). While the amount available under these plans for each group ranged widely (from \$50 to over \$175), 7 out of 10 of the plans paid from \$75 to \$125.

**General Lump-Sum Allowance.**—A general lump-sum allowance, instead of separate allowances for hospital charges and for the obstetrician or other physician, was provided for women workers by 30 plans and for dependent wives by 31 plans (table 35).<sup>1</sup> This allowance, unlike the flat amount described in the preceding section, could be used for any charges incurred in or out of the hospital in connection with the pregnancy. The amount payable varied from \$50 to \$275. However, slightly more than half of the plans provided women workers and dependent wives with a general lump-sum allowance of either \$100 or \$150.

TABLE 34. Plans providing hospital benefits for women workers and dependent wives in maternity cases by the flat amount allowed for room, board, and hospital extras, early 1959<sup>1</sup>

(Workers in thousands)

Amount	Women workers		Dependent wives	
	Plans	Workers <sup>2</sup>	Plans	Workers
All plans providing a flat amount for room, board, and hospital extras for maternity cases -----	82	878.1	116	1,648.3
\$50 and under \$75 -----	2	14.8	8	69.9
\$75 and under \$100 -----	28	225.1	33	766.0
\$100 and under \$125 -----	29	291.8	<sup>3</sup> 48	559.4
\$125 and under \$150 -----	<sup>4</sup> 12	241.0	15	117.9
\$150 and under \$175 -----	9	98.5	8	64.7
\$175 and over -----	2	6.9	4	70.4

<sup>1</sup> See footnote 1, table 3.

<sup>2</sup> See footnote 2, table 25.

<sup>3</sup> Included are 2 plans that provided a lower amount during the first year of coverage.

<sup>4</sup> Included is 1 plan that provided a lower amount during the first year of coverage.

TABLE 35. Plans providing a general lump-sum maternity allowance for women workers and dependent wives by amount, early 1959<sup>1</sup>

(Workers in thousands)

Amount	Women workers		Dependent wives	
	Plans	Workers <sup>2</sup>	Plans	Workers
All plans providing a general lump-sum allowance for maternity cases -----	30	872.7	31	806.2
\$50 -----	3	299.0	4	303.5
\$75 -----	3	18.9	2	3.4
\$100 -----	8	105.2	10	114.5
\$120 -----	1	2.9	1	2.9
\$125 -----	1	49.0	-	-
\$150 -----	8	372.8	8	357.0
\$175 -----	1	6.8	1	6.8
\$200 -----	2	3.7	3	10.1
\$225 -----	1	4.0	1	4.0
\$250 -----	1	6.4	-	-
\$275 -----	1	4.0	1	4.0

<sup>1</sup> See footnote 1, table 3.

<sup>2</sup> See footnote 2, table 25.