

# One Hundred Selected Health and Insurance Plans Under Collective Bargaining, Winter 1961-62

Bulletin No. 1330

UNITED STATES DEPARTMENT OF LABOR
Arthur J. Goldberg, Secretary

BUREAU OF LABOR STATISTICS
Ewan Claque, Commissioner



# Digest of

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June 1962

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#### Preface

This bulletin describes the principal features of 100 selected health and insurance plans in effect during the winter of 1961-62. It is a revision of the Digest of One Hundred Selected Health and Insurance Plans Under Collective Bargaining, Early 1958 (Bulletin 1236), published in 1958, and a companion to the Digest of One Hundred Selected Pension Plans Under Collective Bargaining, Spring 1961 (Bulletin 1307), published in January 1962.

This digest includes 98 of the 100 plans summarized in Bulletin 1236. The two other plans are identified by an asterisk following the name of the employer party to the plan.

The plans in this digest are not presented as typical or model plans, nor as a representative sample of all plans under collective bargaining. They were selected because they covered large numbers of workers in major industries, or because they illustrated different approaches to health and insurance coverage, or because of their interest to the general public evidenced in inquiries received by the Bureau. The number of workers covered by the plans ranged from about one thousand to several hundred thousand.

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

This digest was prepared in the Bureau's Division of Wages and Industrial Relations by Dorothy R. Kittner, under the supervision of Donald M. Landay.

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# Digest of One Hundred Selected Health and Insurance Plans Under Collective Bargining, Winter 1961-62

#### Explanatory Notes

Although the terms and provisions of the digest of health and insurance plans used in this report are generally self-explanatory. some special definitions and qualifications were required. These are set forth below. It must be emphasized that a summary of a plan necessarily omits many features and administrative details embodied in the agreements and insurance policies which govern the operation of the plan, and which may be necessary in making comparisons of benefits provided under different plans. For example, some of the plans that graduate benefit amounts according to wage rates or basic earnings determine the benefit by the wage rate in effect at the beginning of the insurance agreement. Under these plans the amount of an employee's insurance increases only if he is promoted to a job class that falls within a higher insurance group; a general wage increase does not increase his coverage. Under other plans, any increase a worker receives may affect his insurance coverage. These differences are not shown in the plan summaries.

#### Plans Under Collective Bargaining

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

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

### Symbols

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

#### Variations Within Plans

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

In addition to the basic benefit provided under a plan, an additional or a more liberal benefit may be made available to the employee on a contributory basis or at his own cost. Availability of this additional insurance is indicated by footnote reference.

#### Individuals to Whom the Benefits Apply

Except as indicated, life insurance (or death benefits) and accidental death and dismemberment insurance are available only to employees. If the accidental death benefit is extended to retired workers it is noted in a footnote. Accident and sickness insurance benefits are available only to active employees. The availability of hospital, surgical, and medical benefits to the active employee and his dependents and to the retired employee and his spouse is indicated in the appropriate sections of the plan digest.

#### Rates and Earnings

The rate and earnings class intervals shown in the digest include the lowest figure in the class interval and exclude the highest. For example, "\$2.40 to \$2.65" should be interpreted to mean all hourly rates from and including \$2.40 up to but excluding \$2.65.

#### Cases Covered-Occupational or Nonoccupational

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

#### Eligibility Requirements

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

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

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

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

#### Life Insurance

In addition to the basic life insurance benefit provided under a plan, specified additional amounts are sometimes made available as part of the negotiated plan to the employee on a contributory basis or at his own cost. Availability of this additional coverage is indicated in a footnote as "Additional insurance provided on a contributory basis" or "Additional insurance provided at employee's expense."

If life insurance is made available by the company, outside the collectively bargained plan, this is indicated in a footnote simply as "company makes available additional insurance" or "company makes available life insurance." Additional protection may also be provided by death benefit provisions of pension plans which are not described in this report.

If permanently and totally disabled.—The provision summarized in this section relates to the disposition of the life insurance benefit if coverage under the group insurance program ceases because of termination of employment owing to permanent and total disability. Provisions governing the extension of coverage during a disability leave of absence or disability retirement are not described in this section.

#### Accidental Death and Dismemberment

Death and multidismemberment benefits.—Under an accidental death and dismemberment provision, death benefits are payable in addition to any life insurance benefits which otherwise may be provided under the program. Multidismemberment benefits are generally payable for the loss of two or more members.

Single dismemberment.—Refers to the loss of 1 hand, 1 foot, or the sight of 1 eye.

#### Accident and Sickness

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

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

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

#### Hospitalization

Allowances for hospital care are generally provided on an "up to" basis. This means that the patient will be reimbursed for charges up to the allowance shown in the digest. In some plans, however, the specified allowance is paid irrespective of the charge for the accommodations used or services provided. If the latter type of benefit is provided, it is so noted in a footnote.

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

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

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

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

Services provided may vary considerably among plans, but usually include the use of operating room and equipment, general nursing care, laboratory examinations consistent with the diagnosis for which hospitalized, drugs and medications for use in hospitals, the administration of anesthetic, and X-ray examinations consistent with diagnosis and treatment of condition for which hospitalized.

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

#### Surgical and Medical

Like hospital allowances, allowances shown in the digest for surgical and medical care are the maximum amounts provided. If the allowance is payable irrespective of the surgeon's or physician's charge, this is noted in a footnote.

Income limits for service surgical and medical benefits.— Except where indicated, annual income under this provision refers to total income of persons covered. If income exceeds limit, allowances shown in following columns are payable.

Medical care allowances.—Generally, these benefits are not payable for treatment received in connection with or following an operation. However, under some plans providing for in-hospital medical benefits, the maximum amount of medical benefits payable

is determined according to a specified formula if an operation is performed during the period. Wherever such a formula is included in the plan, the details are set forth in a footnote.

#### Maternity Provisions

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

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

#### Other Benefits

This section includes those benefits provided under the plan and not described elsewhere in the digest. Out-of-hospital allowances for anesthetics, X-ray, electrocardiograms, etc., where provided, are included in this section. Where such benefits are provided only during hospital confinement, they are not shown here because they are considered part of the "extra allowance or services" in the hospital section. As in the hospital, surgical, and medical sections of this report, except where noted, the allowance shown is the maximum payable for a specified service.

Major medical expense benefit.—Where provided, a brief description of this benefit is included in this section of the report. A "supplemental major medical expense benefit" is in addition to the benefits provided under the basic hospital, surgical, and medical sections of a health and insurance program. A "comprehensive major medical expense benefit" is provided instead of basic hospital, surgical, and medical benefits. The maximum lifetime limit for active employees and dependents is not applicable after the employee retires from active employment, unless indicated in footnote. Owing to space limitations, many aspects of these plans have been omitted, including the privilege of reinstating the maximum lifetime limit upon evidence of insurability.

#### Benefit Coverage During Retirement Period

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

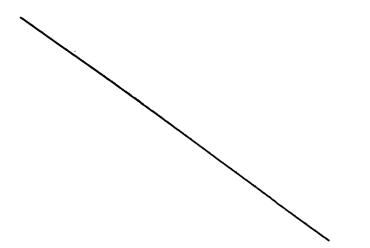
Usually, the employee must be retired by the company or be retired under the provisions of a retirement program to be eligible for plan benefits. Generally, such retirement is based on age and/or service requirements. When qualifications for life insurance coverage are indicated in the plan, these are noted in the life insurance column; when qualifications for other benefits are specified these are noted in a footnote.

#### Financing

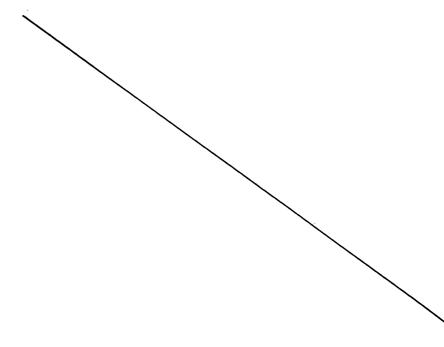
Company only.—This term is used when the company pays the full cost of all benefits for the covered group or when the only payment the employee makes is that required by State temporary disability statutes. When the latter is the case, this is indicated by a footnote. If the basic benefits are company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

If benefits for the retired worker or the retired worker and his dependents are paid for from a fund to which only the company contributes, these benefits are noted as financed by "company only" with an accompanying footnote. Jointly.—Benefits for the covered group are considered "jointly" financed even if the employer or employee pays part of the cost of only one of the benefits provided and the other benefits are financed solely by the employer or employee. If benefits for the retired worker or the retired worker and his dependents are financed by contributions of the active employee and the company, the benefits are considered "jointly" financed.

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



Digest of One Hundred Selected Health and Insurance Plans Under Collective Bargaining, Winter 1961-62



		LIFÉ INSURANCE				1 4	CCIDENTAL DEATH AN	DISMEMBERME	ENT		
COMPANY, UNION, AND DATE OF	ELIGIBILITY REQUIREMENTS (when new		If per	manently and totally disa	bled		Amount				
INFORMATION	employees become eligible)	Amount	Before	Insurance is-	_	Cases covered	Graduated	Death or	Single dis-		
			age—	Maintained	Paid in—		according to-	multidis- memberment	memberment		
The American Sugar Refining Co. Longshoremen's Association February 1962	After 3 months' employment.	Service   Insurance	65	For l year.	_	Nonoccu- pational; occupa- tional.	Service.	Same as life insur- ance.	One-half of life insurance.		
Armstrong Cork Co. Rubber Workers January 1962	1st of following month.	Annual rate of earnings  Less than \$601	<sup>2</sup> 60	<u>-</u>	In- stall- ments.	_	<u>-</u>	_	_		
Swift and Co.  Meat Cutters; Packinghouse Workers (UPWA); Packinghouse Workers (NBPW)  February 1962	After 6 months' employment.				_	_	_		-		
Lumbe, industry,	Immediately or	Employee			4	Nonoccu-	<del></del>	\$ 3,000	\$ 1,500		
	lst of following month.	\$ 4,000	60	х		pational; occupa- tional.			, , , , ,		
Idaho, and Montana)	:	Dependent wife			-L	tionar,					
Voodworkers		\$ 500		_	] -						
March 1962		Dependent children									
		Age Insurance  Less than 6 months\$100 6 months and over500		=							

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

If employee becomes permanently and totally disabled prior to age 50 and dies prior to age 55, a minimum of \$1,000 is paid his beneficiary; if he dies after age 55, a minimum of \$1,000 is paid.

More liberal benefits available to employees paying the additional cost.

Company makes available life insurance on a contributory basis.

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

Digitized for FWORKER pays 1st \$10 of cost of room for the 1st day of confinement and the 1st \$2.50 of cost for each of the next 9 days of confinement.

								HOSPITALIZATION							
		Duratio	on of ber	efics	Benefi	s begin	Daily benefit or service		Exte	nded coverage	Maximum soom and	Extra	pay	yment	Emergency out-patien
Amouat	Perio		After	Benefits limited	Accident	Sickness		Duration	-Days	Daily amount	board allowance	allowance or service	Year	Disa- bility	care benefi or service
	nefit per di	s -	_	_	lst day.	8th day.									
\$ 60 to \$ 70	30 35 40 45	•					Semi- private room.	70 days.	180	50 percent of cost of semi- private room.	_	Full cost of specified serv- ices for 1st 70 days; 50 percent of cost for addi- tional 180 days.		x	Required services provided.
rnings benefit per dis- during									ļ	Emp	loyee and d	ependents 3	<u> </u>	<u> </u>	
\$ \$ than \$ 1,501 \$ \$ \$ 1,501 to \$ 2,101 \$ \$ \$ \$ 2,701 to \$ 2,701 to \$ 3,301 to \$ 3,301 to \$ 3,901 to \$ 4,501 \$ 4,501 to \$ 5,101 \$ 5,101 to \$ 5,701 \$	ability 20 25 30 35 40 45 50 55	<i>f</i> .		during any 12 consecu- tive months.		\$ 15	180 days.		_	\$ 2,700	\$75, plus 75 percent of next \$1,200 of charges.		x	Required services provided.	
_			_					<del>!</del>	<u> </u>	Emp	loyee and d	ependents	<b></b>	1	1
(*)	(5)		(5)	(5)	(5)	(5)	Semi- private room.	70 days.		_	_	Full cost of specified services.		x	Required services provided.
\$50 per week-	26 we	eks			lst day	4th day.		1	<u> </u>	L	Employ	ee		<u> </u>	
maximum—70 percent of weekly wage.							Ward rate.6	180 days	-		Unlimited.	Unlimited.	_	х	_
											Depende	nts			J
							Ward rate. <sup>6</sup>	70 days.	_		Unlimited.	Unlimited.		х	_
	Earnings   Section   Sec	Basic weekly   Earnings   Denefit   Period	Basic weekly   Earnings   Weekly   Earnings   Denefit   Earnings   Earnings   Denefit   Earnings   Earnings	Amount   Reckly   Period   After age	Basic weekly   Period   After age   Benefits limited to	Amount   Except   Period   After   After   After   After   Age   Initiate   to	Amount	Amount   Period   Richard   Sementian   Sementian   Accident   Sickness   Service	Amount   Except   Period   After   Seefits   Accident   Sickness   Sickness   Seefits   Accident   Sickness   Seefits   Accident   Sickness   Seefits   Accident   Sickness   Seefits   Seefits   Sickness   Sickness   Seefits   Seefits   Seefits   Seefits   Sickness   Sickness   Seefits   Seefit	Amount	Residence   Period   After   After   Secret   Accident   Sickness   Sickness   Service   Service   Passing   Period   Accident   Sickness   Service   Service   Passing   Passing   Period   Passing   Passing   Period   Passing   Passin	Resid weekly   Period   After   Singleted   Sickness   Sickness	Amount	David of Parellis   Benefits   Benefits	Savic weekly   Savi

			SURG	SICAL					MEDI	CAL								
COMPANY, UNION, AND DATE OF	INCOME LIMITS FOR SERVICE		Allowances for-	-		Employee												
INFORMATION	SURGICAL AND MEDICAL BENEFITS	Most expensive operation	Tonsillectomy	Appendec- tomy	Covers cases	Home	Allowance Office Hospital		Elsewhere	Maximum compensation	Benefits begin  Sickness Accident		Number of visits paid for	Number of days paid for				
The American Sugar Refining Co.	<u> </u>		loyee and deper	ndents		\$3 per visit.	\$ 3 per visit.	lst day, \$10; 2d day, \$5; thereafter,	_	Home: \$63 per year.	Home: 4th visit	Home: 4th visit.		Hospital:				
Longshoremen's Association		\$ 300	\$ 45	\$ 150	elsewhere.			\$ 3 per day.		Office: \$1,095 per year.	Office: Ist visit	Office: lst visit.	day; 21 per year.	disa- bility.				
February 1962									Š	Hospital: \$219 per disa- bility.	Hospital Ist day.	Hospital	Office: 1 per day; 365 per year.					
Armstrong Cork Co.	_	Empl	loyee and deper	ndents 2	Hospital, office, home,		_			<u> </u>		_	_	-				
Rubber Workers January 1962		\$ 250	\$ 50	\$ 156.25	elsewhere.		į											
Swift and Co.  Meat Cutters; Packinghouse Workers (UPWA);	_	Employee and dependents  \$ 300 Under age 12, \$ 150 \$ 35; over age		Hospital, office, home, elsewhere.	_	_	lst day, \$ 10; thereafter, \$ 3 per day.	_	\$217 per dis- ability.	lst day.	lst day.		70 per disa- bility.					
Packinghouse Workers (NBPW) February 1962			12, \$60.										į					
Lumber industry, various employers (Oregon, Washington, California, Idaho, and Montana) Woodworkers		Emp	Full cost.	Full cost.	Hospital, office, home, elsewhere.	Full cost.	Full cost.	Full cost.	Full cost.	Unlimited.	lst visit	. lst visit	_	_				
March 1962																		

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

More liberal benefits available to employees paying the additional cost.

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

# Collective Bargaining, Winter 1961-62-Continued

			MEDICAL	_—Continued									MA	TERNITY PR	ROVISION	s		
			Dej	pendents														
Home	Office	Allowance Hospital	Elsewhere	Maximum compensation		Acci- dent	of visits	Number of days paid for		Accident and sickness	Daily benefit or service	Duracion	Maximum room and board allowance	Extra allowance or service	Lump	Schedule allowance for normal delivery	Amounts and limi- tations	Benefits available to newly insured
	\$ 3 per visit.	lst day, \$10; 2d day, \$5; thereafter,	_	Office: \$1,095 per	Office:	Office:	Office:	Hospi-	l in- hospital	Regular benefits for		<u> </u>	Emplo	yee and de	t	Employee and de-		
	VISIL.	\$3 per day.		year.  Hospital: \$219 per disability.	visit.  Hospi- tal: Ist day.	visit. Hospi-	day; 365	70 per disa- bility.	tion allow- ance per disability, up to \$ 10.	6 weeks.	Semi- private room.	7 days.		Full cost of speci- fied serv- ices.		\$ 75	_	pendent: Hospitalization— immediately. Surgical—after 9 months. Employee: Accident and sick- ness—after 9 months.
_	_		_	-	_	_	-	-	<u> </u>	Regular benefits			Emplo	yee and de	penden	t <sup>2</sup>	I	Employee and de-
										for 6 weeks.	_	_	-	-	\$ 150	\$ 75	_	Hospitalization and surgical—after 9 months.  Employee: Accident and sick-
		lst day, \$10; thereafter, \$3 per		\$217 per	lst day	lst day		70 per	_	_			Empl	oyee and d	epender	nt		Employee and dependent:
		day.						bility.		( <sup>3</sup> )	Semi- private room.	70 days.		Full cost of speci- fied serv- ices.		\$ 90		After 270 days.
Full cost.	Full cost.	Full cost.	Full cost.	Unlimited.	3d day.	lst day	35 per	70 per	_			l1	Empl	oyee and d	epender	l	L	Employee and de-
							disa- bility.	disa- bility.				_	-		\$ 100	\$ 100	_	pendent: If pregnancy commences while insured.

		BEN	EFIT COVERAGE DURING RETIREMENT (must be provided at least on group rate	ed Health and Insu	
COMPANY, UNION, AND DATE OF INFORMATION	OTHER BENEFITS <sup>1</sup> (types and amounts)	Life insurance	Hospitalization	Surgical	Medical
The American Sugar Refining Co.	Employee and dependents	\$1,000	Employee and de	pendent	Employee: Same as for active
Longshoremen's Association February 1962	Diagnostic X-ray and laboratory allowance for nonhospitalized cases—\$ 100 per year.		Same as for active	employee.	employee.  Dependent: Same as for dependent of active employee.
Armstrong Cork Co.	Employee and dependents	Same life insurance scale as for active employee but amount based	Emplo	yee and dependent	<u></u>
Rubber Workers January 1962	i	on annual retirement income, including OASDI benefit, with following minimums: Age 55 to 65 with 10 years' service, \$1,000; age 65 or over with 10 to 35 years' service, \$1,800; age 65 or over with 35 or more years' service, \$2,400.²	With less than 10 years' service Room and board allowance of \$7.50 per day for 100 days during retirement, for both retired employee and dependent combined, plus \$150 for extra services.  With 10 or more years' service: Same as for active employee, 3	years' service:	
Swift and Co.	Employee and dependents	_	Employ	ree and dependent	
Meat Cutters; Packinghouse Workers (UPWA); Packinghouse Workers (NBPW) February 1962	Polio allowance (In addition to other plan benefits for expenses incurred within 3 years of 1st treatment)—\$5,000.  Anesthesia allowance for cases in or out of hospital—greater of 20 percent of benefit payable for operation or \$20.  Diagnostic X-ray and laboratory examination allowance for nonhospitalized cases—\$50 for any one accident or for all sicknesses during any 6-month period.		(*)		
Lumber industry, various employers (Oregon, Washington, California, Idaho, and Montana)  Woodworkers  March 1962	Diagnostic laboratory and X-ray examination allowance for nonhospitalized cases: Employee and dependents—full cost.	( <sup>\$</sup> )	_	_	

Excludes such benefits as X-ray, anesthesia, and electrocardiogram allowances if they are provided only for services performed in a hospital. See EXPLANATORY NOTES.

Reduction in amount of life insurance benefit in effect immediately prior to retirement made in 3 annual steps commencing at retirement.

Total benefits payable during retirement for employee with 10 to 25 years' service and his spouse combined limited to \$1,500; for employee with 25 to 35 years' service and spouse, \$2,000; and for employee retiring with 35 or more years' service and spouse, \$2,500.

#### FINANCING

				Be	nefits fo	<u> </u>					Amount of contributi	(		
Emp	loyee	Employ	ee's dep			ired empl			red emplo dependen			011 101-	Benefits for retire	d employee
Com- pany	Jointly	Com- pany	Jointly	Em- ployee	Com- pany	Jointly		Com- pany	Jointly	Em- ployee only	Benefits for employee and dependents  Employee	Company	and depend Employee	Company
only	<del> </del> -	only		only	only		only	only		·-	Linprofee	<del> </del>	· · · · · · · · · · · · · · · · · · ·	
x		x		_	x	<del></del>		х			_	Full cost.		Full cost.
×		x			x			x			<del>-</del>	Full cost.	_	Full cost.
x		x		_		(*)		-	— (*)	<del>-</del>	<del>_</del>	Full cost.	( <sup>4</sup> )	(*)
See "A of cont tions"	mount ribu- column.		_	x	(5)	_	(5)	_	-		Employee's benefits: Employer deducts \$14.95 monthly from employee's paycheck.  Dependents' benefits: Full cost—one dependent, \$7.25, more than one dependent, \$11.00.		(5)	(5)

<sup>4</sup> Company makes available hospital, surgical, and medical benefits on a contributory basis.
5 Coverage provided during active employment is continued during first 24 months of retirement; after which the retired employee may secure \$1,000 of life insurance coverage which he may maintain during his entire retirement period.
6 Agreements in 1950 provided wage increase of 7½ cents per hour to be solely for purpose of financing health and insurance program.

		LIFE INSURANCE		,		A	CCIDENTAL DEATH AN	DISMEMBERME	ENT
COMPANY, UNION, AND DATE OF	ELIGIBILITY REQUIREMENTS (when new		If per	manently and totally disa	bled		A	mount	
INFORMATION	employees become eligible)	Amount	Before age-	Insurance is-	Paid	Cases covered	Graduated according to—	Death or multidis-	Single dis- memberment
			age	Maintained	in—		according to—	memberment	memberneut
National Biscuit Co.  Bakery and Confectionery Workers', American  January 1962	After 3 months' employment.	Before age 65:  Men—\$5,000  Women—\$2,500  After age 65: At age 65; insurance reduced 2 percent each month to an amount which varies according to years employee contributed to plan: For employee having contributed 20 years, insurance reduced to 40 percent (but not less than \$1,200); for each year of contribution less than 20, insurance continued is 1½ percent less than 40 percent, minimum—25 percent for 10 years of contribution; for employee who contributed to plan less than 10 years, insurance immediately reduced to \$500.	60	_		Nonoccu- pational.	-	\$1,500	\$750
Armour and Co.  Meat Cutters; Packinghouse Workers (UPWA)  April 1962	Life insurance and accident and sickness benefits: After 6 months' employment.  Other benefits: 1st of month following 6 months' employment.	Age at time of employment Insurance Under age 55 \$2,200 Age 55 and over 1,100	60		Install-ments.			_	_
Millinery industry, Eastern Women's Headwear Association, Inc., and other em- ployers (New York, N. Y.) Hatters, Cap and Millinery Workers March 1962	Life insurance: Union member- ship and either cumulative mem- bership of not less than 15 years with last 2 years consecutive and immediately pre- ceding death or 5 years' union membership im- mediately preced- ing death.  Maternity bene- fits: Union member- ship and 3 years' covered employ- ment.  Other benefits: 6 months' union membership and covered employ- ment.		_	_			<del>-</del> -		

Not available to employees over age 55 at time of employment.
 Payable irrespective of actual charge.

# Under Collective Bargaining, Winter 1961-62

	ACCIDENT AND SICKNESS										HOSPITALIZ	ATION			
		Dura	ation of ben		Benefi	ts begin	Daily benefit		Exten	ded coverage	Maximum room and	Extra	pay	sis of yment r—	Emergency out-patient
Cases covered	Amount			cept Benefits			ot	Duration	D	Daily	board allowance	allowance or service		Disa-	care benefit
		Period	After age—	limited to		Sickness	service		-Days	amount	allowance		Year	bility	or service
Nonoc- cupa-	Two-thirds of weekly wage— maximum—\$40	26 weeks per dis- ability.	-	_	8th day.	8th day.				Em	ployee and d	lependents			
tional.		ability.			:		\$18	31 days.	_	-	\$ 558	\$ 180	_	x	\$ 180
				· · · · · · · · · · · · · · · · · · ·											
Nonoc- cupa-	Men-\$12 per week. Women-\$9 per week.	13 weeks per dis-	_		l -	8th day.				Em	ployee and o	lependents			
tional.	(4)	ability.			(¹)	(1)	Semi - private room.	70 days.	_	-		Full cost of specified services.	-	x	Required services provided.
Nonoc-	Operators, cutters and blockers—1st 15 weeks, \$40 per	26 weeks			lst day	8th day.			l		Employee	only	L	<u> </u>	<u></u>
cupa- tional.	week; thereafter, \$30 per week. Shipping clerks, slickers, and finishers—lst 15 weeks, \$35 per week; thereafter, \$30 per week. Other crafts—\$30 per week.	per year.					\$ 8 <sup>2</sup>	31 days.	_	<del></del>	\$ 248	\$ 25	x	-	
										ļi					!
												ĺ			

			SURG	SICAL					MEDI	CAL				
COMPANY, UNION, AND DATE OF	INCOME LIMITS FOR SERVICE		Allowances for—						Emple	oyee				
INFORMATION	SURGICAL AND MEDICAL BENEFITS		T	Appendec-	Covers cases in—			Allowance		Maximum	Benefi	ts begin	Number of visits	Number of days
		expensive operation	Tonsillectomy	tomy		Home	Office	Hospital	Elsewhere	compensation	Sickness	Accident	paid for	paid for
National Biscuit Co.		Empl	loyee and deper	ndents	Hospital, office, home,	_	_	\$3 for each day of confinement.	_	\$93 per disa- bility.	lst day.	lst day.	ł	31 per disa-
Bakery and Confectionery Workers', American	1	\$300	\$ 45	\$ 150	elsewhere.									bility.
January 1962														
Armour and Co.		Empl	oyee and deper	ndents	Hospital, office, home,	<del>-</del>	<u> </u>	lst visit, \$10; thereafter, \$3 per	_	\$217 per disability.	lst day.	lst day.	l per day.	_
Meat Cutters; Packinghouse Workers (UPWA) April 1962		\$ 300	Under age 12, \$35; over age 12, \$60.	\$150	elsewhere.			visit.						
Millinery industry, Eastern Women's Headwear Association, Inc., and other em- ployers (New York, N.Y.)	_	\$ 250	\$50	\$100	Hospital, office, home, elsewhere.	-	_	_			_			_
Hatters, Cap and Millinery Workers March 1962														
					:									
					!			:						

<sup>1</sup> Payable irrespective of actual charges.

			MEDICAL	_—Continued									MA	TERNITY PE	ROVISION	IS		
			Dej	pendents		•							Hospitalizati	on		Surgical	Medical	
		Allowance	I	Maximum compensation	Sick-	ts begin	of visits	Number of days	Other provisions	Accident and sickness	Daily benefit or	Duration	Maximum room and board	Extra allowance		Schedule allowance for normal	Amounts and limi- tations	Benefits available to newly insured
Home	Office	Hospital	Elsewhere		ness	dent	<del> </del>	paid for			service		allowance	or service		delivery	tations	
_		\$3 for each day of confinement.	_	\$93 per disability.	lst day.	lst day.		31 per disa- bility.	<del></del>	Regular benefits for 6 weeks.			Emple	yee and de	\$120	\$ 75	_	Employee and dependent: If pregnancy commences whilinsured.
<del></del>	_	1st visit, \$10; thereafter, \$3 per visit.		\$217 per disability.		lst day.	l per day.			Regular benefits for 6			Emplo	yee and de		t \$90		Employee and dependent: After 9 months.
											Semi- private room.	days.	_	Full cost of speci- fied serv- ices:	1	\$ 90	lst visit, \$10;there- after, \$3 per visit; maxi- mum— \$217;lim- ited to 1 in-hospital visit per day up to day of de- livery.	
_		<del></del>			_	_	-	-	_				Emplo	yee only				Employee: Immediately.
												4	75 maternii	y allowano	ce. 1			

		BENI	EFIT COVERAGE DURING RETIREMEN for must be provided at least on group rate b	T PERIOD	
COMPANY, UNION, AND DATE OF INFORMATION	OTHER BENEFITS <sup>1</sup> (types and amounts)	Life insurance	Hospitalization	Surgical	Medical
National Biscuit Co. Bakery and Confectionery Workers', American January 1962	<u>-</u>	Same as for active employee.	_	_	_
Armour and Co.  Meat Cutters; Packinghouse Workers (UPWA)  April 1962	Employee and dependents  Anesthesia allowance for cases in or out of hospital—greater of 20 percent of benefit payable for operation and \$20; maximum—\$60.  Diagnostic X-ray and laboratory allowance for nonhospitalized cases—\$50 for any one accident and all sicknesses during any 6-month period.  X-ray and radium therapy allowance for cases in or out of hospital—\$300 per year.  Polio allowance (In addition to other plan benefits for expenses incurred within 3 years of contraction)—\$5,000.	With 20 years' service:		ee and dependent	
Millinery industry, Eastern Women's Head- wear Association, Inc., and other employers (New York, N. Y.)  Hatters, Cap and Millinery Workers  March 1962	X-ray, electrocardiograms, and eye examinations for nonhospitalized cases—full cost.  Deep X-ray therapy allowance if in lieu of surgery—\$150.  Shock treatment allowance for full course of treatment—\$75.	_		<del>-</del>	<del>-</del>

<sup>1</sup> Excludes such benefits as X-ray, anesthesia, and electrocardiogram allowances if they are provided only for services performed in a hospital. See EXPLANATORY NOTES.

#### FINANCING

				Ве	nefits fo	or					4- 4 - 1			<del></del>
Emp	loyee	Employ	ee's dep	endents	Re	tired empl	loyee	Reti	red emplo dependen	yee's	Amount of contribut	ion for—		
Com- pany	Jointly	Com- pany	Jointly	Em- ployee	Com- pany	Jointly	Em- ployee	Com- pany	Jointly	Em- ployee	Benefits for employee and dependents		Benefits for retired e and dependen	mployee
only	,,,,,	only	,,	only	only	ļ	only	only	,,	only	Employee	Company	Employee	Company
_	х	x			x						Life insurance before age 65:  Men—\$2.40 per month.  Women—\$0.90 per month.	Life insurance: Before age 65— balance of cost; after age 65—full cost.  Other benefits: Full cost—\$15.87 per month.		Full cost.
x	_	х		_		х		_	х			Full cost.	Hospital, surgical, and medical benefits Benefits for employee only, \$4.15 per month; for employee and dependent, \$15.	Life insur- ance: Full cost. Other bene- fits: Balance of cost.
x										<u>-</u>		Full cost—3 percent of weekly payroll.	_	_

<del></del>		LIFE INSURANCE	10 00			,	ACCIDENTAL DEATH AND	DISMEMBERME	NT
COMPANY, UNION, AND DATE OF	ELIGIBILITY REQUIREMENTS (when new		If per	manently and totally disa	bled		Am	ount	
INFORMATION	employees become eligible)	Amount	Before	Insurance is-	_	Cases covered	Graduated	Death or	Single dis-
			age-	Maintained	Paid in—		according to	multidis- memberment	memberment
Campbell Soup Co. (Camden, N.J.)	Accident and sickness benefits:	\$4,000	60	х	_	<u> </u> -	.—	_	_
Packinghouse Workers (UPWA)	Immediately or lst of following month.		After age 60.	For 1 year.	-				
March 1962	Other benefits: After 50 days' employment.							<u> </u>	
Cone Mills Corp.	After 3 months' employment.	Employee	60	x	-	-	_	_	_
Textile Workers (TWUA)	. ,	\$1,000 Spouse	1			ļ		į	
December 1961		\$ 500	1						
		Children	1						
	j	Attained age Insurance	1			1			
		14 days to 6 months\$100				<u> </u>			
		6 months to 2 years				 			
		3 years to 4 years       300         4 years to 5 years       400         5 years to 19 years       500							
Lumber industry,	lst of second month following	\$1,000	60	х	_	Nonoccu- pational;	_	Same as life insur-	One-half of life
(Southern California)	80 hours' employment.		After age 60.	For l year.	_	occupa- tional.		ance.	insurance.
Carpenters			age ov.			1			
December 1961									ĺ
			ļ					ļ	
			}						
					1				
					}				
			<u> </u>	<u> </u>			<u> </u>		

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

	ACCIDENT AND SICKNESS										HOSPITALIZ	ATION			
		Dur	ation of be	nefits	Benefi	ts begin	Daily		Exten	ded coverage	Maximum	Extra	pay	is of ment	Emergency
Cases covered	Amount		Ex	cept Benefits			benefit or	Duration		Daily	room and board	allowance or service		Disa	out-patient care benefit
		Period	After age—	limited to—	Accident	Sickness	service		-Days	amount	allowance	or service	Year	bility	or service
Non- occupa-	Average weekly wage Weekly benefi	26 weeks	-	-	8th day.	8th day.				Emp	oloyee and o	lependents			
tional.	\$ 15.00 to \$ 18.00 \$ 10.00 and up in increments of \$ 1.50 \$ 1.00 to \$ 47.51 to \$ 50.00 \$ 30.00 and up in increments of \$ 2.50 \$ 1.00 to \$ 60.01 to \$ 63.00 \$ 35.00 \$ 66.01 to \$ 63.00 \$ 35.00 \$ 66.01 to \$ 69.00 \$ 37.00 \$ 869.01 to \$ 73.50 \$ 38.00 \$ 73.51 to \$ 76.00 \$ 39.00 \$ 776.01 to \$ 79.00 \$ 40.00 \$ 79.01 to \$ 82.00 \$ 41.00 and up in increments of \$ 2.00 \$ 1.00 \$ 98.01 and over \$ 50.00	per disabil- ity.					Semi- private room.	120 days.				Full cost of specified services.		х	Required services provided.
Non- occupa-	\$15 per week.	13 weeks	60	13 weeks	8th	8th day.			ll	Emp	loyee and d	ependents	1	·	<del></del>
tional.		per disabil- ity.		any 12 consecu- tive months, if due to sickness.			\$8	31 days.	_	_	\$ 248	\$80		x	\$ 25
	-	_	-	_	-	_		<del></del>	d	Emp	loyee and d	ependents	<del> </del>		<del></del>
(1)	(1)	(1)	(1)	(1)	(1)	(1)	\$14	31 days.		_	\$434	85 percent of 1st \$ 2,000.		x	85 percent of 1st \$2,000.

			SILD	GICAL	<del></del>	1			MEDI			,		
COMPANY, UNION,	INCOME LIMITS		Allowances for—		1	<b> </b>			Empl				<del></del>	
AND DATE OF	FOR SERVICE SURGICAL AND		Allowances for—	- -	Covers cases	<u> </u>		Allowance			Benefi	ts begin	Number	Number
	MEDICAL BENEFITS	Most expensive operation	Tonsillectomy	Appendec- tomy	in—	Home	Office	Hospital	Elsewhere	Maximum compensation	Sickness	Accident	of visits paid for	of days paid for
Campbell Soup Co. (Camden, N.J.)	_	Empl	loyee and deper	ndents	Hospital.	_	-	_	_	_	_	_	_	_
Packinghouse Workers (UPWA)		\$ 300	\$ 50	\$ 150										
March 1962			F											
														ļ ļ
Cone Mills Corp.		Empl	loyee and deper	ndents	Hospital,							 		
Textile Workers			loyee and deper	Idents	office, home,									:
(TWUA)		\$ 150	\$ 25	\$100										
December 1961														
Lumber industry,		Empl	loyee and deper	ndents	Hospital,		<u> </u>	Care by	licensed ph	ysician or surgeo	n .			
various employers (Southern California) Carpenters December 1961		\$ 300	\$52.50	\$150	office, home, elsewhere.	\$6 per visit.	\$4 per visit.	\$5 per visit.	_	\$300 per 6-month period.	Home and office: 3d day.  Hospital lst day.	lst day.	l per day.	
					}			Care by chiropr	actor or Ch	ristian Science pr	actitioner			·
						\$4 per visit.	\$4 per visit.	\$4 per visit.	_	\$60 per 6-month period.	Home and office: 3d day. Hospital 1st day.	1st day.	l per day.	

			MEDICAL	Continued									MA	TERNITY PR	OVISION	s		
			Dep	endents									Hospitalizat	on		Surgical	Medical	
Home	Office	Allowance	Elsewhere	Maximum compensation		Acci-	of visits	Number of days paid for	Other provisions	Accident and sickness	Daily benefit or	Duration	) board	Extra allowance or service	Lump	Schedule allowance for normal delivery	Amounts and limi- tations	Benefits available to newly insured
					ness	dent	<del> </del>	<u> </u>		Regular	service	<u> </u>	allowance	yee and de	Dondon	ì		Employee and
	-	<del>-</del>	_	-	_		-	_	_	benefits			- Empi	yee and de	penden	· · · · · ·		dependent: Hospitalization
										for 8 weeks.	Semi- private room.	6 days.	_	Full cost of serv- ices.		Up to \$ 90.	_	Hospitalization—after 8 months. Surgical—immediately. Employee: Accident and sickness—immediately.
<del></del>	_	_	_	_		_	_	_		Regular benefits			Emple	oyee and de	penden	t		Employee and dependent:
			ł							for 6 weeks.	\$8	14	\$112	\$80		\$50		After 6 months.
												days.						
	· · · · ·	Care by	licensed p	physician or	surgeo	n.				-				Employee	;			Employee and dependent;
_	-	\$5 per visit.			lst day.	lst day.	l per day; 50 per	_	_	1	_			_	\$100	\$ 75		Immediately.
							6- month period.					г		Dependen	t	<del></del>		
	<u> </u>		L									1	\$100 m	ı aternity al l	lowanc I	: e. 1	1	
		Care by chiropr	actor or C	<u> </u>	r	· · · · · ·	T		·	1								
<del></del>	_	\$4 per visit.	<del></del>	\$60 per 6-month period.	lst day.	'	15 per 6- month period.	_	_									
																	}	

COMPANY, UNION, AND DATE OF INFORMATION	OTHER BENEFITS <sup>1</sup> (types and amounts)	BENEFIT COVERAGE DURING RETIREMENT PERIOD  (must be provided at least on group rate basis)			
		Life insurance	Hospitalization	Surgical	Medical
Campbell Soup Co. (Camden, N.J.)  Packinghouse Workers (UPWA)  March 1962	Diagnostic X-ray allowance for nonhospitalized cases—\$75 during any 12 month period. Electrocardiographic and electroencephalographic examinations and basal metabolism tests for nonhospitalized cases \$75 during any 12 months. 2	\$ 500		_	_
Cone Mills Corp. Textile Workers (TWUA) December 1961	<del>-</del>		_	_	_
Lumber industry, various employers (Southern California) Carpenters December 1961	Laboratory and X-ray examination allowance for nonhospitalized cases:  Employee and dependents—\$25 for any one accident or for all sickness in any one 6-month period.  Additional accident expense allowance: [For expenses in excess of those covered by other plan benefits incurred within 6 months after date of accident).  Employee—\$300.  Dependents—\$150.  Polio allowance: [For expenses incurred within 3 years from date of first treatment. If used, no other plan benefit available).  Employee and dependents—\$2,500.	_			_

Excludes such benefits as X-ray, anesthesia, and electrocardiogram allowances if they are provided only for services performed in a hospital. See EXPLANATORY NOTES. Available for expenses in excess of the first \$5 incurred within any period of 4 consecutive days.

Except women employees electing maternity coverage (hospitalization and surgical) pay two-thirds of cost of these benefits.

				Ве	nefits fo	or—			<del></del>					<del></del>
Emp	loyee	Employ	ree's dep	endents	Re	tired emp	loyee	Ret	ired emplo depender	oyee's	Amount of contribut	ion for—	D 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6	
Com- pany	Jointly	Com- pany	Jointly	Em- ployee	Com- pany	Jointly	Em- ployee	Com-	Jointly	Em- ployee	Benefits for employee and dependents		Benefits for retired and depender	employee nt
only	Jointry	only	Johnsy	only	only	,,,,,	only	only	Joznary	only	Employee	Company	Employee	Company
x (3)			x		х		_				Dependents' benefits: Two-thirds of cost.	Employee's benefits: Full cost.  Dependents' benefits: One-third of cost.	_	Full cost.
х			х	_	_	_	_	_		_	Dependents' benefits: Life insurance—\$0.12 per week. Other benefits—\$0.80 per week.	Employee's benefits: Full cost.  Dependents' benefits: Balance of cost.		
x		x				_	_	_	_	_	_	Full cost—\$15 per month for each em- ployee working or paid for 80 straight- time hours.		_

		LIFE INSURANCE				^	CCIDENTAL DEATH AND	DISMEMBERM	ENT
COMPANY, UNION, AND DATE OF	ELIGIBILITY REQUIREMENTS (when new		If per	rmanently and totally disab	led		Λ	mount	
INFORMATION	employees become eligible)	Amount	Before age—	Insurance is-	Paid in	Cases covered	Graduated according to—	Death or multidis- memberment	Single dis- memberment
Furniture Manufacturers in Southern California, In- dustrial Relations Council of	After 30 days' employment.	\$1,000	60	x	_	Nonoccu- pational.	_	Same as life insur- ance.	One-half of life in- surance.
Carpenters March 1962									
Liggett and Myers Tobacco Co., Inc. Tobacco Workers April 1962	employment.	Basic annual pay         Insurance         Basic annual pay         Insurance           Less than \$2,500 \$5,000         \$6,000 to \$6,500 \$13,000           \$2,500 to \$3,000 6,000         \$6,500 to \$7,000 14,000           \$3,000 to \$3,500 7,000         \$7,500 to \$7,500 15,000           \$3,500 to \$4,000 8,000         \$7,500 to \$8,000 16,000           \$4,000 to \$4,500 9,000         \$8,000 to \$8,500 17,000           \$4,500 to \$5,000 10,000         \$8,500 to \$9,000 18,000           \$5,000 to \$5,500 11,000         \$9,000 to \$9,500 19,000           \$5,500 to \$6,000 12,000         \$9,500 to \$10,000 20,000		Until normal re- tirement age; there- after, same as for retired employee.		_		_	
Brewers Board of Trade (New York, N. Y.) Teamsters November 1961	250 days of employment.	\$6,000	60	x		Nonoccu- pational; occupa- tional.	<del>-</del>	\$1,500	\$750

No accident and sickness benefit provided by plan; employees covered by the California State temporary disability law. See appendix A.
 Includes amount payable under California State temporary disability law (\$12 a day for 20 days).
 Virginia Hospital Service Association (Blue Cross plan); employees in other areas covered by different programs. During first year of plan membership, benefits limited to 30 days per year.

## Under Collective Bargaining, Winter 1961-62

	ACCIDENT AND SICKNES	ss									HOSPITALIZ	ATION			
-		Dur	ation of be		Benefi	ts begin	Daily benefit		Exter	aded coverage	Maximum room and	Extra	pay	sis of ment	Emergency out-patient
Cases covered	Amount	Period	After age	Benefits limited	Accident	Sickness	or service	Duration	-Days	Daily amount	board allowance	allowance or service	Year	Disa- bility	care benefi or service
			_			_		<del></del>	<u> </u>	<u> </u>	Optional p	lan A		<u> </u>	L
(¹)	(1)	(1)	(¹)	(¹)	(1)	(1)				Em	ployee and o	dependents			
							Private room.	120 days.	_		_	\$ 500	x	-	\$ 500
			) 					<del> </del>		<del></del>	Optional p	lan B	<b>!</b>	<u></u>	<del></del>
		•			}						Employ	ree			
							\$ 18 ( <sup>2</sup> )	20 days.	11	\$ 16	\$ 536	\$360 plus 75 percent of next \$1,000 of charges.		x	_
								<del></del>	<del></del>	<del></del>	Depende	nts	L	1	L
							\$16	31 days.		_	\$ 496	\$280 plus 75 percent of next \$1,000 of charges.	_	x	
Nonoc-	50 percent of weekly rate of pay— maximum—\$60 per week	13 weeks	_		6th work-	6th work-				Emp	loyee and d	ependents <sup>3</sup>			
tional.		per disa- bility.			day.	day.	Semi- private room.	60 days	. -			Full cost of specified services.	x		Required services provided.
	\$50 per week.	26 weeks	_	  -	lst	8th day.		<u> </u>	1	Emp	oloyee and d	lependents	l	<u> </u>	
cupa- tional.		per disa- bility.					Semi- private room.	21 days	. 180	50 percent of cost of semi- private room.		Full cost of specified serv- ices for 1st 21 days; 50 percent of cost for addi- tional 180 days.		х	\$7.25

			SURC	SICAL					MEDI	CAL				
COMPANY, UNION, AND DATE OF	INCOME LIMITS FOR SERVICE		Allowances for-						Empl	oyee				
INFORMATION	SURGICAL AND MEDICAL BENEFITS	Most expensive	Tonsillectomy	Appendec-	Covers cases		T	Allowance	1	Maximum compensation	<b></b>	its begin	Number of visits	Number of days
		operation		tomy	<u></u>	Home	Office	Hospital	Elsewhere		Sickness	Accident	paid for	paid for
Furniture Manufacturers		Oī	ptional plan A				·····		Optional	plan A l	·			
in Southern California, Industrial Relations		,	yee and depend		. <del> </del>	(²)	Unlimited.	Unlimited.	_		lst	lst	_	-
Council of	Comple		vided by Union	Medical (	Clinic		(3)				visit.	visit.		
Carpenters		,c	optional plan B		<del></del>	<del> </del>	L	<u>l </u>	Optional	plan B	<u> </u>	·	<u> </u>	
March 1962	ŀ	ļ	Employee		Hospital, office, home,	\$4.50 per	\$3 per	\$4.50 per visit.	\$4 50 222	\$225 per disa-	3d	3d		
		\$300	\$ 50	\$ 200	elsewhere.	visit.	visit.	4. 50 per visit.	visit.	bility.	visit.	visit.	l per day.	
	ł		Dependents	l	1									
	[	\$ 225	\$ 37. 50	\$ 150		į	1				]			
******														
Liggett and Myers Tobacco Co., Inc.	Individual coverage,	Employ	ee and depende	ents 4	Hospital, office.		-	lst day, \$10; 2d and 3d days, \$5 per day	<u> </u>	\$195 per year.	lst day.	lst day.	-	60 per year.
Tobacco Workers April 1962	\$2,500; family, \$4,000.	\$ 200	Under age 19, \$40; over age 19, \$50.	\$75	(4)	•		4th through 7th day, \$4 per day; there- after, \$3 per day. (4)		(*)	(4)	(4)		(*)
Brewers Board of		Emplo	yee and depend	lents	<u> </u>	<del></del>	L	<u>                                     </u>	Optional	plan A	<del></del>	L.,		1
Trade (New York, N. Y.)		C	ptional plan A		T			Provided b	y Group He	alth Insurance, In	Ic. 6	<del></del>	<del></del>	
Teamsters	Prov	ided by Gr	oup Health Insu	rance, Inc	6			l	Optional	plan B		4	٠	
November 1961		0	ptional plan B	<u> </u>	4		Т	Provided by Healt	h Insurance	Plan of Greater	New York	7	1	1
	Provided by	Health Ins	urance Plan of	Greater N	ew York 7									

Provided by Union Medical Clinic.
Patient charged \$6.50 for each house call if between 8 a.m. and 10 p.m. and \$7.50, if between 10 p.m. and 8 a.m.
Except patient pays \$1 each time he registers for treatment.

## Collective Bargaining, Winter 1961-62-Continued

			MEDICAL	_—Continued									MA	TERNITY P	10121VO	15		
			Dej	endents									Hospitalizat	ion		Surgical	Medical	
		Allowance	<del></del>	Maximum	<b></b>	ts begin	Number	Number of days	Other provisions	Accident and sickness	Daily benefit	Duration	Maximum room and	Extra allowance	Lump	Schedule allowance	Amounts and limi-	Benefits available to newly insured
Home	Office	Hospital	Elsewhere	compensation	Sick- ness	Acci- dent	paid for	paid for		Sickacos	or service	Duration	board allowance	or service	sum	for normal delivery	tations	
			Optiona	l plan A 1		<b></b>		<b>.</b>					Optional	plan A				Employee and
(²)	Unlim-	Unlimited.		_	_	-	_	_	_		' <del> </del>	Unlir	nited after	patient pay	\$ \$60.		·	dependent: If pregnancy
	ited.							İ					Options	l plan B			<del></del>	commences while insured.
	(3)				<u> </u>	<u> </u>	<u> </u>		L		<del>,</del>	<del>,</del>	Emp	loyee		<del>,</del>		1
	<del>                                     </del>	T	Option	al plan B	T	T		,	T	-	\$ 10	14 days.	\$140	\$100	-	\$ 100	_	
	-	_	_	-	-	_	_	_	_	<b></b>	L	I	Depe	ndent	1	4	L	
	1										1	\$	l 00 materni	ty allowan	ce.	Т	r	
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	-	1 1 610.21		£ 105	İst	1		60		<u> </u>			<b>7</b>				<u> </u>	
	-	1st day, \$10; 2d and 3d days, \$5 per day; 4th	_	\$195 per year.	day.	lst day.		year.	l in-hos- pital con- sultation				Employ	ree and der	endent	<del></del>		Employee and dependent:
		through 7th day, \$4 per day; thereafter,		(4)	( <del>*</del> )	( <del>*</del> )		(4)	allowance, \$ 10.		Semi- private		_	Full cost of speci-	-	\$ 80	Regular benefits it	After 10 months.
		\$3 per day.	:				ļ		( <del>*</del> )		room.			fied serv-	-	-	Regular benefits if special- ist's serv- ices are required	
	-	(*)									<u> </u>			lices.				
			1								<u> </u>			•			grave compli- cations.	
			Option	al plan A	<del></del>		<del></del>	<b></b>					Emplo	yee and de	penden	ıt.	L	Employee and
		Provided	l by Group I	l lealth Insur	ance, I	nc. 6	1	ı			_		_	_	\$ 80	Options	ıl plan A	dependent: Immediately.
			L	al plan B		<del></del>	L	·····								Provided Health Ind Inc. 6	by Group surance,	
	1	Provided by Heal	, th Insuranc ,	ce Plan of G	reater	New Yo	rk <sup>7</sup>									· · · · · · · · · · · · · · · · · · ·	l plan B	-
																<del></del>	<u> </u>	4
														l	ļ	Insurance		
	1					1								}	1	Greater 1	lew York <sup>7</sup>	1

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

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

See appendix B.

See appendix C.

		BENE	EFIT COVERAGE DURING RETIREMEN frust be provided at least on group rate is	T PERIOD	
COMPANY, UNION, AND DATE OF INFORMATION	OTHER BENEFITS <sup>1</sup> (types and amounts)	Life insurance	Hospitalization	Surgical	Medical
Furniture Manufacturers in Southern California, Industrial Relations Council of	Polio allowance (under both plans): (For expenses in excess of those covered by other plan benefits incurred within 2 years of commencement of disability).  Employee and dependents—\$3,000.	-		_	
Carpenters	Optional plan A <sup>2</sup>	1			
March 1962	Employee and dependents				
	X-ray and laboratory examination for cases in and out of hospital—full cost.				
	Physiotherapy treatments for cases in and out of hospital—full cost.				
	Emergency care allowance if injured more than 45 minutes away from clinic—\$250.				
	Optional plan B	]			
	Diagnostic laboratory and X-ray examination allowance for nonhospitalized cases:  Employee and dependents—\$50 per condition.				
	Supplemental accident expense allowance: (For expenses in excess of those covered by other plan benefits incurred within 90 days of date of accident).  Employee only—\$150.				
Liggett and Myers Tobacco Co., Inc.	Employee and dependents	Amount in effect immediately prior to retirement reduced 10 percent	Employ	ee and dependent	
Tobacco Workers April 1962	X-ray (Incident to diagnosis and made during hospital stay or within 30 days before admission, the initial one for accident cases not needing hospitalization)—\$50 per year but not more than 50 percent of the schedule fee for each included X-ray service rendered.	on date of retirement and 10 per- cent annually thereafter to 50 per- cent of amount in effect before initial reduction.	Same as fo	or active employee.	
Brewers Board of Trade	Employee and dependents	\$ 500	Employe	ee and dependent	
(New York, N.Y.) Teamsters	Anesthesia allowance for cases in or out of hospital—20 percent of amount payable for surgical procedure; minimum—\$15; maximum—\$70.			r active employee.	
November 1961	Plus			.	
	Optional plan A				
	Provided by Group Health Insurance, Inc. 4				
	Optional plan B				
	Provided by Health Insurance Plan of Greater New York. 5				

Excludes such benefits as X-ray, anesthesia, and electrodardiogram allowances if they are provided only for services performed in a hospital. See EXPLANATORY NOTES.
Provided by Union Medical Clinic.
Virginia Medical Service Association (Blue Shield plan); employees in other areas covered by different programs.
See appendix B.

				Ве	nefits fo	r—								<del></del>
Emp	loyee	Employ	ee's dep	endents	Re	tired emp	loyee	Ret	ired emple depender	yee's	Amount of contribut	on for—	<del></del>	
Com- pany	Jointly	Com- pany	Jointly	Em- ployee	Сот-	Jointly	Em- ployee	Com- pany	Jointly	Em-	Benefits for employee and dependents		Benefits for retired e and dependen	employee t
only	Jointry	only	, on a	only	only	,,,,,	only	only	,,,,,,	only	Employee	Company	Employee	Company
x		x										Full cost—\$13 per month.	-	_
x			_	х	x			-		x	Dependent's benefits: Full cost.	Employee's benefits:	Dependent's benefits:	Employee's benefits: Full cost.
x		х			X (6)			( <sup>6</sup> )		_	-	Full cost—\$14.55 per month.  (7)		Full cost.

See appendix C.
 Financed out of company contributions for benefits for active employee and dependents.
 Plus difference, if any, between cost of benefits and administrative cost.

		LIFE INSUR	ANCE				^	CCIDENTAL DEATH AND	DISMEMBERME	ENT
COMPANY, UNION, AND DATE OF	ELIGIBILITY REQUIREMENTS (when new			If per	manently and totally disab	led		An	ount	
INFORMATION	employees become eligible)	Amount		Before age—	Insurance is-	Paid	Cases covered	Graduated according to—	Death or multidis- memberment	Single dis- memberment
General Foods Corp. Various unions October 1961	Immediately or 1st of following month.	Annual wage  Less than \$1,200 \$1,200 to \$1,700 \$1,700 to \$2,200 \$2,200 to \$3,500 \$3,500 to \$4,500 \$4,500 to \$5,500 \$5,500 to \$6,500 \$5,500 to \$6,500 \$8,000 to \$10,000 \$10,000 to \$10,000 \$13,000 to \$10,000 \$13,000 to \$10,000 \$20,000 to \$20,000	3,000 4,000 6,000 8,000 10,000 12,000 15,000 20,000 20,000 32,000 40,000 50,000	60	Amount in excess of \$20,000 maintained until age 65.	In-	pational; occupa- tional,	Earnings.	Same as life insur- ance.	One-half of life insurance
Upholstering and allied trades indus- tries, various employers Upholsterers' National plan November 1961	Immediately or lst of following month.	Period of insurance coverage  Under age 60 when first employed  lst 23 months 24 to 36 months 48 to 60 months 60 to 72 months 72 months and over  Age 60 or over when first employed  lst 11 months 12 to 36 months 36 months and over	\$2,000 2,100 2,200 2,300 2,400 2,500 \$250 500 1,000	6 years' accu- mulated cover-	x		Nonoccu- pational.		\$2,000	\$1,000
Wyandotte Worsted Co. * Textile Workers (TWUA) March 1962 (6)	Life insurance and accident and sickness benefits: After 6 months' employment.  Other benefits: After 18 months' employment.	Before age 65: Service 6 months to 1 year	Insurance \$ 500 1,000	60	х		Nonoccu- pational.	_	\$1,000	\$500

Term insurance until age 45; beginning with age 45, combination of term and paid-up insurance; amount of term insurance decreases as amount of paid-up insurance increases. No accident and sickness insurance benefit provided by plan; employees covered by paid sick-leave plan.

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

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

	ACCIDENT AND SICKNESS						1				HOSPITALIZ	ATION			
		Dur	ation of be	nefits	Benefi	ts begin	Daily benefit		Exte	nded coverage	Maximum room and	Extra	pa	sis of yment er—	Emergenc out-patien
Cases covered	Amount		Es	tcept			ot	Duration			board	allowance		Disa-	care benef
		Period	After age	Benefits limited to-	Accident	Sickness	service		- Days	Daily amount	allowance	or service	Year	bility	or service
_			-	_	_	_				Emp	oloyee and d	lependents			
(²)	( <sup>2</sup> )	(²)	(2)	(2)	(²)	(2)	Semi- private room.	120 days.	180	50 percent of cost of semi- private room.	_	Full cost of services for 1st 120 days; 50 percent of cost for additional 180 days.		x	Required services provided.
Ionoc = upa - ional.	Under age 60 when first employe 60 percent of average weekly wage.	d:  52  weeks  per dis-  ability.			lst day	8th day.	\$ 18 ( <sup>5</sup> )	50 days.		Empl	\$900 (5)	\$ 950		x	
	Age 60 or over when first employ 30 percent of average weekly wage during 1st 36 months of insurance coverage; 60 percent thereafter.  (3)	ed:    26     26     weeks     per dis-   ability     during     1st 36     months;   52     weeks     per dis-   ability     there-   after.     (3)													
upa-	Less than 1 year's service—\$10 per week.	13 weeks	60	13 weeks per year.		8th day.					Employ	ee			
ional.	After 1 year's service:  Weekly earnings  Weekly benefit	per disa- bility.	ļ				\$127	70 days.	_	_	\$840	\$120	_	x	\$120
	Less than \$40										Depende	nts			
	\$45 to \$50 22 \$50 to \$55 24 \$55 to \$60 26 \$60 to \$65 28 \$65 to \$70 30 \$70 and over 32						\$12	_	_		\$840	\$120	_	х	\$120

During period employee receives hospital benefits under the California State temporary disability law (\$12 daily for 20 days) daily benefit is \$6. This period included in computing maximum period during which daily plan benefits are payable.

All coverage except life insurance discontinued at age 70.
Payable irrespective of actual charge.

			SUR	GIÇAL		[			MED	CAL				
COMPANY, UNION, AND DATE OF	INCOME LIMITS FOR SERVICE	<del></del>	Allowances for—						Empl	oyee				
INFORMATION	SURGICAL AND MEDICAL BENEFITS	Most	<u> </u>	Γ	Covers cases in—			Allowance		Maximum	Benefi	ts begin	Number	Number
		expensive operation	Tonsillectomy	Appendec- tomy		Home	Office	Hospital	Elsewhere	compensation	Sickness	Accident	of visits paid for	of days paid for
General Foods Corp.	_	Emp	oloyee and depe	endents	Hospital, office, home, elsewhere.	_	_	\$5 for each day of confinement.	_	\$600 per disability.	lst day.	lst day.	_	120 per disa- bility.
Various unions October 1961		\$ 300	\$45	\$150	elsewhere.			(1)						bility.
Upholstering and allied trades industries, various employers Upholsterers National plan November 1961		\$300	Employee <sup>3</sup> \$45  Dependents <sup>3</sup>	\$ 150	Hospital, office,	\$3 per visit.	\$2 per visit.	\$3 per visit. (3)	_	\$150 per disability.	4th visit	lst visit.	.3 per week; 50 per disa- bility.	_
		\$150	\$25	\$75										
Wyandotte Worsted Co.*	_	Emp	oloyee and depe	endents	Hospital, office, else-			_		_	<del>  -</del>	_	-	-
Textile Workers (TWUA)  March 1962  ( <sup>5</sup> )		\$ 225	\$37.50	\$150	where.									

Benefit payable up to date of operation; if number of days of hospital confinement after day of operation times the \$5 allowance exceeds surgical benefit, the excess is used to pay surgeon or other physician for visits after the operation.
No accident and sickness insurance benefit provided by plan; employees covered by paid sick-leave plan.

# Collective Bargaining, Winter 1961-62-Continued

			MEDICAL	Continued									MA	TERNITY PR	OVISION	s		
		·	Dep	endents								···········	Hospitalizati	on		Surgical	Medical	
Home	Office	Allowance Hospital	Elsewhere	Maximum compensation	Sick-	Acci-	Number of visits paid for	Number of days paid for	Other provisions	Accident and sickness	Daily benefit or service	Duration		Extra allowance or service	Lump	Schedule allowance for normal delivery	Amounts and limi- tations	Benefits available to newly insured
	_	\$5 for each day of	<del></del>	\$600 per	ness 1st	lst	_	120	-		service	1	allowance Emplo	yee and de	penden	<u> </u>	1	Employee and dependent:
·		confinement. (1)		disability.	day.	day.		per disa- bility.		į.	Semi- private room.	lo days.	_	Full cost of serv- ices.	_	\$125	\$5 for each day of con- finement prior to delivery; maxi- mum- \$45.	dependent: If pregnancy commences while insured.
	_	_	_	_	-	-	_	-	_	Regular benefits for 6		<del>'</del>	·	Employee	! :	<u></u>	1	Employee and dependent: After 9 months.
										weeks.	_	_			\$ 100	\$70		rater / monais.
														Dependent	:4			
											-	-			\$100	\$ 35		
		-	_	_	_	-	_	_	_	Regular benefits			•	Employe	e	-		Employee and dependent:
										for 6	\$ 12	14 days.	\$ 168	\$ 120	_	\$75	_	After 9 months.
									•				L	Dependen	ıt	I	·—	
											_	-	_	_	\$120	\$75	_	

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

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

All coverage except life insurance discontinued at age 70.

			EFIT COVERAGE DURING RETIREMEN (must be provided at least on group rate		
COMPANY, UNION, AND DATE OF INFORMATION	OTHER BENEFITS <sup>1</sup> (types and amounts)	Life insurance	Hospitalization	Surgical	Medical
General Foods Corp.	Employee and dependents	Retiring at age 55 or later with 15 years' service:	Employe	ee and dependent 3	
Various unions October 1961	Supplemental major medical expense benefit—75 percent of expenses not covered by other plan benefits incurred during calendar year which are in excess of \$200; maximum—\$10,000 per year, \$15,000 during lifetime.	Amount of paid-up insurance accumulated prior to retirement or \$1,000, whichever is greater. <sup>2</sup>	Same as for active employee except allowance for extra services limited to \$500.	Same as for ac	tive employee.
Upholstering and allied trades industries, various employers Upholsterers National plan November 1961	Employee only  Laboratory and X-ray examination allowance for nonhospitalized cases and if not provided by other plan benefits—\$25 per disability.				_
	Anesthesia allowance for cases in and out of hospital—15 percent of amount payable for surgical procedure or \$25, whichever is less.  (6)				
Wyandotte Worsted Co.* Textile Workers (TWUA) March 1962 (7)			_	<del>-</del>	<del></del>

Excludes such benefits as X-ray, anesthesia, and electrocardiogram allowances if they are provided only for services performed in a hospital. See EXPLANATORY NOTES.

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

Available if employee retires at age 55 or later with 15 years' service or at age 65.

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

				Ве	nefits fo	)f					A			
	loyee		yee's dep			tired emp	<del></del>		depender		Amount of contributi	on tor—	Benefits for retired	emplovee
Com- pany	Jointly	Com- pany	Jointly	Em- ployee	Com- pany	Jointly	Em- ployee	Com- pany	Jointly		Benefits for employee and dependents		and dependen	<u> </u>
only	x	only	x	only	only	x	only	only	х	only	Employee  Term life insurance: Before age 45.4—\$0.30 per month per \$1,000 of insurance.  Paid-up insurance after age 45.4  Full cost—\$0.65 per month per \$1,000 of insurance.  Accidental death and dismemberment benefit: Full cost—\$0.70 per year per \$1,000 of insurance.  Other benefits: Benefits for employee only, \$1.20 per month; for employee and one dependent, \$2.60; for employee and more than one dependent \$3.80; for each dependent child between the ages of 19-23, \$3 per month extra.	Company  Term life insurance: Before age 45, balance of cost; after age of 45, full cost.  Hospital, surgical medical, and major medical benefits: Balance of cost.	Employee  Life insurance: Employee contribution paid-up insurance (from love prior to recontinues in effect; opays cost of different employee-financed prinsurance (if less thand guaranteed minim coverage of \$1,000.  Other benefits: Same as active employee.	inanced by etirement) company ce between aid-up an \$ 1,000)
x	_	x									<del>-</del>	Full cost—4 percent of aggregate earnings of employees.	_	_
x	_			х		_	_				Dependents' benefits: Full cost,	Employee's benefits: Full cost,		_

Soverage continued for widow and dependents of deceased retired worker at no cost to them.
If age 60 or over when first employed, employee and dependents receive 50 percent of specified benefits during first 36 months of insurance coverage; specified benefits thereafter.
All coverage except life insurance discontinued at age 70.

		LIFE INSURANCE				A	CCIDENTAL DEATH AND	DISMEMBERME	ENT
COMPANY, UNION, AND DATE OF	ELIGIBILITY REQUIREMENTS (when new		If per	manently and totally disal	oled		Am	ount	
INFORMATION	employees become eligible)	Amount	Before	Insurance is-	<del>,</del>	Cases covered	Graduated	Death or multidis-	Single dis-
			age—	Maintained	Paid in—		according to-	memberment	memberment
Distillery industry, various employers Distillery Workers National plan <sup>1</sup> January 1962	lst of month after expiration of 30 days fol- lowing date of employment.	\$2,500	60	x		Nonoccu- pational.	<del>-</del>	Same as life insur- ance.	One-half of life insurance.
Clothing industry, men's and boys', various employers Clothing Workers National plan October 1961	Accident and sickness benefit: After 4 successive weeks' covered employment.  Other benefits: After 6 successive months' covered employment, minimum 500 hours' employment in preceding 12 months.	\$1,000	At any age.	For 1 year.	_		_		_
Furniture industry, various employers Furniture Workers National plan <sup>4</sup> October 1961	After 30 days' employment.	\$1,500	60	x	_	Nonoccu- pational; occupa- tional.	<del>-</del>	Same as life insur- ance.	One-half of life insurance.
American Seating Co. (Grand Rapids, Mich.) Automobile Workers October 1961	lst of month following 13 weeks' employment.	\$3,000	60 and insured 1 year.		Install- ments.	Nonoccu- pational; occupa- tional.	<del></del>	\$2,000	\$1,000

Benefits described are those available to the largest group of employees covered by the plan. Room and board allowance.

Federal Reserve Bank of St. Louis

Extra service anowance.

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

5 Employees earning less than \$30 weekly receive benefits required by New York State temporary disability law. See appendix A.

	Dur	ation of be	nefits	Benefi	its begin	Daily		Exten	nded coverage	Maximum	Extra	Pay		Emergency out-patien
Amount		Ex				or	Duration			board			D:	care benefi
	Period	After age	limited to-	Accident	Sickness	service		-Days	amount	allowance	or service	Year	bilicy	or service
Men—\$55 per week. Women—\$45 per week.	26 weeks	-	-	lst day	or lst				Em	ployee and d	lependents			
	per dis- ability.				in hos- pital.	\$ 20	70 days.	-	_	\$1,400	\$ 300	_	х	
\$ 27 per week.	Acci-	_				,			Emj	ployee and d	dependents			i <u></u>
	dent: 13 Weeks per year. Sick- ness: 13 Weeks per year.			retro- active to 1st.	retro- active to 8th.	\$ 18	Accident: 60 days. Sick-ness: 60 days.			Accident: \$1,080 Sickness: \$1,080	\$ 75	(2)	(3)	<del></del>
Base weekly earnings Weekly benef		_		lst day	4th day.		1	1	Em	ployee and d	lependents	<u></u>	J	
\$ 30 to \$ 35	per year.					Semi- private room.		180	50 percent of cost of semi- private room.		Full cost of specified services for 1st 21 days; 50 percent of cost for additional 180 days.	_	x	\$ 15
\$ 50 per week.	26	-		1st day	8th day.		<del>1</del>		Em	ployee and	dependents	L	L	
	per dis- ability.					Semi- private room.	365 days.	_			Full cost of specified services.		x	Required services provided
	\$ 27 per week.  \$ 27 per week.  \$ 28 per week.  \$ 29 per week.  \$ 30 to \$ 35	## Amount    Men	## Amount    Period   After age	Period   After age   Benefits limited (0	Amount   Except   Renefits   age	Name	Amount   Period   After   Benefits   Benef	Name	Mem	Name	Name	Non-\$55 per week.   Period   After   Initiality   None	Desiro   Period   P	

			SURG	3ICAL .					MEDI	CAL				
COMPANY, UNION, AND DATE OF	INCOME LIMITS FOR SERVICE		Allowances for-	-					Empl	oyee	1			
INFORMATION	SURGICAL AND MEDICAL BENEFITS	Most expensive operation	Tonsillectomy	Appendec- tomy	Covers cases in	Ноте	Office	Allowance Hospital	Elsewhere	Maximum compensation	Benefi Sickness	Accident	Number of visits paid for	Number of days paid for
Distillery industry, various employers	-	operation	Employee	L	Hospital, office, home,	\$ 5 per visit.	\$4 per visit.	\$5 per visit.	\$5 per	\$ 250 per disability.	3d visit	lst visit.	<u> </u>	<u> </u>
Distillery Workers		\$400	\$60	\$ 200	elsewhere.					,	in hos- pital.			
January 1962			Dependents						•		ļ ģ			
_		\$ 300	\$45	\$ 150										
Clothing industry, men's and boys', various	_	Empl	oyee and depen	dents	Hospital, office, home,		Pi	l rovided by the Amalg	  amated Clo	! thing Workers! He !	alth Cent	i ers.³ !	1	1
employers Clothing Workers National plan		\$ 275	\$41.25	\$ 137.50	elsewhere.									
October 1961														
						ļ								
Furniture industry, various employers	_		Employee		Hospital, office, home,	\$5 per visit.	\$3 per visit.	\$5 per visit.	-	\$250 per disability.	4th day	lst day.	_	-
Furniture Workers National plan <sup>4</sup>		\$ 250	\$45	\$ 150	elsewhere.						active to 1st.		}	
October 1961			Dependents			<u> </u>								
		\$ 200	\$ 30	\$ 100		<u>.</u>				:				
												ļ		
American Seating Co. (Grand Rapids, Mich.)	\$7,500	Empl	oyee and depen	dents	Hospital, office.	\$ 5 per visit.	\$3 per visit.	1st day, \$15; 2d through 20th day, \$6 per day; there-	-	Home and office: \$225 per dis- ability.	Home and	Home and office: lst visit	Home and office:	365 per disabil
Automobile Workers October 1961		\$450	\$67.50	\$ 157.50			5	after, \$4.80 per day.		Hospital: \$1,785 per disability.	Hospital	lst visit	day.	
										,				

Benefits described are those available to the largest group of employees covered by the plan.

Payable irrespective of actual charges.

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

				.—Continued						l			MA	TERNITY PR	OVISION	S		
			Dep	endent's					]				Hospitalizati	on		Surgical	Medical	
Home	Office	Allowance Hospital	Elsewhere	Maximum compensation	Benefit Sick- pess	s begin Acci- dent	of visits	Number of days paid for	provisions	Accident and sickness	Daily benefit or service	Duracion	Maximum room and board allowance	Extra allowance or service	Lump	Schedule allowance for normal delivery	Amounts and limi- tations	Benefits available to newly insured
_		\$5 per visit.	_	\$ 250 per disability.	lst visit.	lst visit.	l per day.	<del>  -</del>	_	Regular benefits		L		Employee		1		Employee and
				disability.	VIBIL.	VISIL.	uay.			for 6 weeks.		1	\$ 200 m	aternity al	llowance	e. <sup>2</sup>		dependent: After 9 months.
			;											Dependent	:			]
				i									\$175 m	aternity al	lowance	. <sup>2</sup>	1	
		See m	edical bene	efits for em	ployees.	1	1	1	1	_			Empl	oyee and de	ependen	it		Employee and dependent:
												-	_	_		\$ 100 (²)		After 6 months.
															·		l.	
-	_	\$5 per visit,	_	\$ 250 per disability	lst day	lst day		_	Employee only:	Regular benefits		<b></b>		Employee				Employee and dependent:
Ì				·	:				If receiv- ing medi- cal bene-	for 6 weeks.	<u></u>				\$ 100	\$ 85	_	Hospitalization— immediately. Surgical—if
					!				fits, entitled to 3 visits			······	<del> </del>	Dependen	t			pregnancy commences while insured.
									within 31 days after return to work.			-	_	-	\$ 100	\$70	_	Employee: Accident and sickness—if pre nancy commence while insured.
- 1	_	1st day, \$15; 2d through 20th day,	_	\$1,785 per dis-	lst day.	lst day.		365 per	_	Regular benefits			Empl	oyee and de	epender	ıt		Employee and dependent:
		\$6 per day; there- after, \$4.80 per day.		ability.	-	•	:	disa- bility.		for 6 weeks.	Semi- pri- vate room.	365 days.		Full cost of speci- fied serv- ices.	_	\$ 90	_	Hospitalization and surgical—after 9 months.  Employee:
																		Accident and sickness—immediately.

<sup>4</sup> Benefits under this program vary in different parts of the country, due primarily to varying amounts of employer contributions and to utilization of local hospital programs. Benefits described are those provided in the New York City area.

		BEN	EFIT COVERAGE DURING RETIREMEN (must be provided at least on group rate	IT PERIOD basis)	
COMPANY, UNION, AND DATE OF INFORMATION	OTHER BENEFITS <sup>1</sup> (types and amounts)	Life insurance	Hospitalization	Surgical	Medical
Distillery industry, various employers	Employee and dependents	\$1,000 or \$1,500 (optional).	En	nployee only	
Distillery Workers National plan <sup>2</sup> January 1962	Allowance for miscellaneous charges for nonhospitalized surgical cases:  Employee—\$300 per disability.  Dependents—\$210 per disability.		Room and board allowance, \$14 per day, \$400 per year; allowance for extra services, \$150.	_	<del></del>
Clothing industry, men's and boys', various	Employee and dependents	\$1,000	Employ	ree and dependent	
employers Clothing Workers National plan October 1961	See medical benefits for employee		(*)	(*)	_
Furniture industry, various employers Furniture Workers National plan <sup>5</sup> October 1961	Employee and dependents  Laboratory and X-ray examination allowance for nonhospitalized cases—\$50 per accident; \$50 for all examinations made in connection with disease during any 12 consecutive months.			_	<del></del>
American Seating Co. (Grand Rapids, Mich.)	Employee and dependents	\$ 500	<u> </u>	ree and dependent	
Automobile Workers October 1961	Anesthesia allowance for cases in or out of hospital (if administered by nonhospital employee)—1st half hour or fraction thereof, \$18; next half hour, \$13.50; each succeeding half hour, \$9.		Same as f	or active employee.	

Excludes such benefits as X-ray, anesthesia, and electrocardiogram allowances if they are provided only for services performed in a hospital. See EXPLANATORY NOTES.

Benefits described are those available to the largest group of employees covered by the plan.

Hospital benefits financed by Welfare Fund to which employer contributes for active workers' benefits.

Hospital and surgical benefits provided active employee and dependents extended to retired employee and dependents for 1 year from date of last employment before retirement.

Benefits under this program vary somewhat in different parts of the country, due primarily to varying amounts of employer contributions and to utilization of local hospital programs.

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				Be	nefits fo	r—					Ait us			
Emp	loyee	Employ	ree's dep			tired emp	7		red emplo depender		Amount of contributi	OR TOF	Benefits for retired e	mplovee
Com- pany	Jointly	Com- pany	Jointly	Em- ployee	Com- pany	Jointly	Em- ployee	Com- pany	Jointly	Em- ployee	Benefits for employee and dependents	1 .	and dependent	<u> </u>
only	, , ,	only		only	only	ļ <u>.</u>	only	only		only	Employee	Company	Employee	Сотрапу
x				x		(3)	_	-		_	Dependents' benefits: Full cost.	Employee's benefits: Full cost.	Life insurance: Full cost—\$2.25 per month for \$1,000 insurance or \$5.50 per month for \$1,500 insur- ance.	Hospital benefits: (3)
х		x	_	_	x	_	_	х	-	_	<del></del>	Full cost—2.6 percent of weekly payroll.	_	Full cost.
x		x						-			<del>-</del>	Full cost—3 percent of monthly payroll.	_	_
x			х			х	_			х	Dependents' benefits: \$ 9.40 per month.	Employee's benefits: Full cost.  Dependents' benefits: Balance of cost.	Full cost.	Life insurance: Full cost.

							or defected Health	4114 7115414	
	ELIGIBILITY	LIFE INSURANCE				,	CCIDENTAL DEATH AND	DISMEMBERME	ENT
COMPANY, UNION, AND DATE OF	REQUIREMENTS (when new		If per	manently and totally disal	oled		Am	ount	
INFORMATION	employees become eligible)	Amount	Before age	Insurance is-	Paid	Cases covered	Graduated	Death or multidis-	Single dis-
				Maintained	in	ļ	according to—	memberment	метрегиен
Philip Morris, Inc. Tobacco Workers November 1961	After 3 months' employment.	Before age 65: Yearly base pay Insurance Yearly base pay Insurance Less than \$1,500 \$3,000 \$6,500 to \$6,500 \$13,000 \$1,500 to \$2,000 \$4,000 \$6,500 to \$7,000 14,000 \$2,500 to \$2,500 5,000 \$7,500 to \$7,500 15,000 \$2,500 to \$3,000 6,000 \$7,500 to \$8,000 16,000 \$3,500 to \$3,500 7,000 \$8,000 to \$8,500 17,000 \$3,500 to \$4,000 8,000 \$8,500 to \$9,500 18,000 \$4,000 to \$4,500 9,000 \$9,000 to \$9,500 18,000 \$4,500 to \$5,000 10,000 \$9,500 to \$10,000 20,000 \$5,000 to \$5,500 12,000 and up in increments \$5,500 to \$6,000 12,000 \$6,500 \$1,0		x			_		_
Dress industry, Af- filiated Dress Manufacturers, Inc., and other employers (New York, N.Y.) Ladies! Garment Workers (New York Dress Joint Board) November 1961	Life insurance: I year's union membership.  Maternity bene- fits: I5 months' union membership.  Hospital, surgical, and medical benefits: 6 months' union membership.	Union membership Insurance  1 year to 2 years\$ 500 2 years and over(2)	_			_	_	_	_
Bigelow-Sanford	After 3 months	Men:	60	х	_	Nonoccu-	Men:	Men and	women
Carpet Co., Inc. Textile Workers (TWUA) March 1962	employment.	Basic weekly earnings				pational.	Earnings.  Women:	Same as life insur- ance.	One-half of life in- surance.

Virginia Hospital Service Association (Blue Cross plan); employees in other areas covered by different programs. During first year of plan membership, benefits limited to 30 days per year.

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

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

Payable irrespective of actual charge.

An additional 13 weeks is provided employees (with at least 1 year's service) suffering from active cases of tuberculosis.

	ACCIDEN	T AND SICKNESS						1				HOSPITALIZ	ATION			
_			Dur	ation of be		Benefi	ts begin	Daily benefit		Exte	nded coverage	Maximum	Extra	pay	sis of yment	Emergen
Cases covered	Amount		Period	After age—	Benefits limited	Accident	Sickness	or service	Duration	-Days	Daily amount	room and board allowance	allowance or service	Year	Disa- bility	out-patie care bene or servic
Nonoc-	50 percent of weekly rate of pay— maximum—\$50 per week.		13 weeks	_	_	8th day	8th day.			·	Emp	oloyee and d	lependents 1	<u> </u>		
ional.			per dis- ability.	÷				Semi- private room.	60 days.	<b>—</b>			Full cost of specified serv- ices.	x		Require services provided
Nonoc-			_	_	_		_		I		<del></del>	han Local 6	0 presser) and dep	pender	1	
cional.	(3)		(3)	(3)	(3)	(3)	(*)	Semi- private room.	21 days.	180	50 percent of cost of semi- private room.	_	Full cost speci- fied services for lst 21 days; 50 percent of cost for additional 180 days.	_	X	\$7.25
											Emplo	yee (Local	60 presser) only			
								\$15 <sup>4</sup>	75 days.			\$ 1, 125	\$ 30	x		
Nonoc-	Basic weekly	Weekly benefit	13		_	8th	8th day.				En	aployee and	dependents			
upa- ional.	Earnings Less than \$48 \$48 to \$60 \$60 and over	Men         Women           \$26         \$21           33         26           40         31	weeks per dis- ability. (5)			day.		\$14	31 days.			\$434	\$ 160		x	\$160

			SURG	SICAL		i			MEDI	CAL				
COMPANY, UNION, AND DATE OF	INCOME LIMITS FOR SERVICE		Allowances for-						Empl	oyee				
INFORMATION	SURGICAL AND MEDICAL BENEFITS	Most	I	· .	Covers cases			Allowance		Maximum	Benefi	ts begin	Number	Number
		expensive operation	Tonsillectomy	Appendec- tomy		Home	Office	Hospital	Elsewhere	compensation	Sickness	Accident	of visits paid for	of days paid for
Philip Morris, Inc. Tobacco Workers	Individual coverage, \$2,500; family, \$4,000.	-	oyee and depen	ı · -	Hospital, office.	_	_	1st day, \$10; 2d and 3d days, \$5 per day; 4th through 7th day, \$4 per day;		\$195 per year.	lst day.	lst day.	_	60 per year.
November 1961	(1)	\$ 200	Under age 19, \$40; over age 19, \$50.	7 15				thereafter, \$3 per day.						
		(	1										,	
Dress industry, Affili-	Employee	<u> </u>	Local 60 pres		ependents		<del></del>	Employe		an Local 60 press	er)		7	<del></del>
ated Dress Manufac- turers, Inc., and other	Provided by		urance Plan of		Iom Vonla 3	<del> </del>	<del> </del>	Provided by Heal	ļ <u>-</u>	e Plan of Greater	New Year	j. 3	<del> </del> -	<del> </del>
employers (New York, N.Y.)	71011404 5)		Optional plan B		I	<del> </del>	<del>1</del>		1	l plan B	101	-	<del>1 </del>	ı
Ladies' Garment Workers (New York Dress Joint Board)	Individual coverage, \$2,500; family, \$4,000.	\$ 300	\$78	\$ 150	Hospital, office.	\$5 per visit.	\$4; there-	lst 21 days, \$5 per visit; thereafter, \$17.50 per week.	_	Home and office: Unlimited. Hospital:	lst visit.	lst visit.	Home and office:	Hospi- tal: 201 per
November 1961	I	Employee (	Local 60 press	er) only		1			ļ	\$565 per disabil- ity.	1		limited.	ity.
	-	\$ 250	\$ 50	\$ 125	Hospital, office.								Hospi- tal: lst 2 days, 2 per day; there- after, 1 per day.	
					ļ			Emp	loyee (Loc	al 60 presser)		1		
		:				\$3 per visit.	(4)	1st 21 days, \$5 per visit; thereafter, \$3 per visit.		Unlimited.	lst visit.	lst visit.	Un- limited.	Un- limited
Bigelow-Sanford Carpet	<b>—</b>	Emp	loyee and depe	ndents	Hospital,			_		_	<del>  _</del>	<u> </u>		<u> </u>
Co., Inc.		\$ 300	\$ 50	\$ 200	office, home, elsewhere.	1								
Textile Workers (TWUA)						1								}
March 1962														

Virginia Medical Service Association (Blue Shield plan); employees in other areas covered by different programs.
 Virginia Hospital Service and Virginia Medical Service Associations (Blue Cross and Blue Shield plans); employees in other areas covered by different programs.
 See appendix C.

			MEDICAL	.—Continued									MA	TERNITY PR	OVISION	ıs		
			Dep	endents									Hospitalizati	ion		Surgical	Medical	
Ноте	Office	Allowance Hospital	Elsewhere	Maximum compensation		Acci-	of visits	Number of days paid for		Accident and sickness	Daily benefit or service	Duration	Maximum room and board	Extra allowance or service	Lump	Schedule allowance for normal delivery	Amounts and limi- tations	Benefits availab to newly insure
	-	110071111		ļ	ness	dent	ļ. 	ļ <u>.</u>	<del> </del>	<del></del>	service	Li	allowance	e and depe	-1-42	<u>ii.</u>	<u> </u>	
<u></u> -	_	lst day, \$10; 2d and 3d days, \$5 per day; 4th through 7th day, \$4 per day; thereafter, \$3 per day.	1	\$195 per year. (1)	lst day.	lst day.		year.	l in-hos- pital con- sultation allowance, \$ 10.	_	Semi- private room.	7 days.	Employe	Full cost of speci- fied serv- ices.		\$ 80	Regular benefits if spe- cialist's services are re- quired owing to grave complica- tions.	Employee and dependent: After 10 months
		Dependents of e	Option	al plan A							  I	\$	Emplo	yee only ity allowan	ice.6		<u> </u>	Employee: Immediately.
	-1	<del> </del>		al plan B		1		l	1									
5 per risit.	lst visit, \$4; there- after, \$3 per visit.	lst 21 days, \$5 per visit; thereafter, \$17.50 per week.	s of emplo	Home and office: Unlimited.  Hospital: \$565 per disability.	lst visit.		and office: Un- limit-	tal: 201 per disa-	l in-hospi- tal consul- tation al- lowance per disa- bility, \$10.									
	<del></del>	Dependent	s or empre	Syee (Local	oo pres	ser)			·		ļ						ļ	
(5)	(5)	( <sup>5</sup> )	( <sup>5</sup> )	(5)	(5)	(5)	(5)	( <sup>5</sup> )	(5)									
		_		_	_	-	-	_	_	_			Employ	ee and dep	endent			Employee and
											_	_			\$120	\$ 100	_	dependent: If pregnancy comences while insured.

<sup>4</sup> Unlimited disgnostic services and treatment for ambulatory cases provided at Union Health Center. Where services of outside specialist is required, \$15 per visit is paid for 1 visit per

illness.

5 Union Health Center services are available to dependents at moderate fees.

6 Payable irrespective of actual charges.

		PENE	EFIT COVERAGE DURING RETIREMEN	ed Health and Insu	
		SEN.	must be provided at least on group rate	basis)	
COMPANY, UNION, AND DATE OF INFORMATION	OTHER BENEFITS <sup>1</sup> (types and amounts)	Life insurance	Hospitalization	Surgical	Medical
Philip Morris, Inc.	Employee and dependents <sup>2</sup>	Retiring at age 65:			
Tobacco Workers November 1961	X-ray (Incident to diagnosis and made during hospital stay or within 30 days before admission, the initial one for accident cases not needing hospitalization, and deep therapy treatments if medical services provided)—\$50 per year but not more than 50 percent of the schedule fee for each included X-ray service rendered.	Same as for active employee at age 65.			
	Employee (other than Local 60 presser) and dependents		Fm	ployee only <sup>5</sup>	
Dress industry, Affiliated Dress Manufacturers, Inc.		\$ 500 <b>4</b>	Em	ployee only	<del></del>
and other employers (New York, N.Y.) Ladies' Garment Workers (New York Dress Joint Board)	Provided by Health Insurance Plan of Greater New York, <sup>3</sup> plus anesthesia allowance—20 percent of surgical schedule; minimum—\$18.  Employee only: Eye glass allowance—1 pair per year.		_	_	Provided at Union Health Center.
November 1961	Optional plan B  Anesthesia allowance—20 percent of surgical schedule; mini- mum—\$18. Employee only: Eye glass allowance—1 pair per year.				
	Employee (Local 60 presser only)  Eye glass allowance—1 pair per year.  Blood transfusion allowance—\$ 35 per pint; limited to 2 per illness.  Visiting nurse service—\$ 3.50 per visit; unlimited number of visits per disability.  Ambulance service allowance—\$ 20.  Convalescence after major surgery or major hospitalized illness allowance—\$ 5 per day, for maximum of 14 days.  Medicine allowance—free drugs provided through Union Health Center.				
Bigelow-Sanford Carpet Co., Inc. Textile Workers (TWUA)	<del>-</del>	50 percent of amount in effect im- mediately prior to retirement.			_
March 1962					

Excludes such benefits as X-ray, anesthesia, and electrocardiogram allowances if they are provided only for services performed in a hospital. See EXPLANATORY NOTES.

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

See appendix C.

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

Retired employee also eligible for eye glass allowance.

				Be	nefits fo	·								
Emp	loyee	Employ	ree's dep			tired empl	loyee	Reti	red emplo dependen	yee's	Amount of contribut	ion for—	····	
Com-	X - f - +1	Com-	Jointly	Em- ployee	Com- pany	Jointly	Em- ployee	Com-	Jointly	Em- ployee	Benefits for employee and dependents		Benefits for retired and depende	employee nt
pany only	Jointly	pany only	Jointry	only	only	Johnsy	only	pany only	Jointy	only	Employee	Company	Employee	Company
х	_	_	_	х	x			_		_	Dependents' benefits: Full cost.	Employee's benefits:	_	Full cost.
x (*)			_	x	x (*)						Dependents' benefits: Full cost.	Employee's benefits: Full cost—5 percent of payroll.  (7)	<del>-</del>	Full cost. 8
×		x	_		x	_						Full cost.	<u> </u>	Full cost.

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

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

Life insurance paid for out of the pension fund which is employer-financed, and medical benefits financed out of company contributions to insurance fund for active workers.

		LIFE INSURANCE				'	ACCIDENTAL DEATH AND	DISMEMBERM	ENT
COMPANY, UNION, AND DATE OF	ELIGIBILITY REQUIREMENTS (when new		If per	manently and totally disab	led		Am	ount	
INFORMATION	employees become eligible)	Amount	Before age	Insurance is-	- Paid	Cases covered	Graduated	Death or multidis-	Single dis-
			age	Maintained	in		according to—	memberment	memberment
Fur manufacturing and retailing in- dustry, Associated Fur Manufacturers Inc., and other em ployers (New York, N.Y.)	lowing month in which total earn- ings in covered employment	\$ 1,000	65	For l year.		Nonoccu- pational; occupa- tional.	_	\$1,000	\$ 500
Meat Cutters (Furriers Joint Council of New York)									1
April 1962						ł			
Continental Can Co., Inc., Robert Gair Paper Products Group Papermakers and Paperworkers February 1962	After 3 months' employment.	Weekly earnings         Insurance           Less than \$14         \$ 1,200           \$14 to \$20         1,500           \$20 to \$25         1,800           \$25 to \$30         2,300           \$30 to \$40         2,500           \$40 to \$60         3,000           \$60 to \$80         4,000           \$80 to \$125         6,000           \$125 to \$150         8,000           \$125 to \$200         10,000           \$200 to \$240         12,000           \$240 to \$240         12,000           \$280 to \$320         16,000           \$280 to \$360         18,000           \$360 and over         20,000	65	For I year (or for period insured if less than I year) or until age 65, whichever occurs first.	_	Nonoccu- pational; occupa- tional.	Weekly earnings  Less than \$25	\$ 500 1,000 1,500 2,500 4,500 5,000 5,000 7,000 8,000 9,000 10,000	\$ 250 400 500 750 1,250 2,250 2,500 2,750 3,000 3,500 4,500 5,000
West Virginia Pulp and Paper Co.  Papermakers and Paperworkers; Pulp, Sulphite and Paper Mill Workers  March 1962		Before age 65: Basic annual earnings  \$2, 392 to \$2,600 \$2,600 to \$2,808 \$2,750 \$2,808 to \$3,016 \$3,016 to \$3,432 \$3,016 to \$3,432 \$3,016 to \$3,432 \$3,432 to \$3,848 \$4,000 \$3,848 to \$4,264 \$4,500 \$4,680 to \$5,096 \$5,500 \$5,096 \$5,096 \$5,096 \$5,096 \$5,096 \$5,096 \$5,096 \$5,000 \$6,000 to \$7,000 \$7,000 \$7,000 to \$8,000 \$8,000 to \$9,000 \$9,000 to \$10,000 and up  At age 65: Insurance reduced to \$750 if insured for less than \$3,000 prior to age 65; to \$1,000 if insured for more than \$3,000	65	For 1 year.	_	Nonoccu- pational.	Earnings.	Same as life insur- ance.	One-half of life in- surance.

Available to employees in Luke, Md., and their dependents; employees in other areas covered by different benefits. Employee's benefit payable irrespective of actual charge.

## Under Collective Bargaining, Winter 1961-62

	ACCIDENT AND SIG	CKNESS										HOSPITALIZ	ATION			
			Dura	ation of ber	nefits	Benefi	ts begin	Daily benefit		Exte	nded coverage	Maximum room and	Extra	pay	sis of ment	Emergency
Cases covered	Amount			Ex	cept			or	Duration		5.7	board	allowance or service		Disa-	out-patient care benefit
			Period	After age—	Benefits limited to—	Accident	Sickness	service		-Days	Daily amount	allowance	or service	Year	Disa- bility	or service
cupa-	Craftworkers and floorworkers only—\$ 45 per week.		13 weeks per	_	_	8th day	8th day.			·	Emp	ployee and	dependents			•
tional.			year.					Semi- private room.	21 days.	180	50 percent of cost of semi- private room.	_	Full cost of specified serv- ices for 1st 21 days; 50 percent of cost for addi- tional 180 days.		x	Up to \$7.2
cupa- tional.	Less than \$14\$ \$14 to \$20\$ \$20 to \$25		26 weeks per dis- ability.	_	-	lst day.	8th day.	Semi- private room.	120 days		Em:	ployee and	Full cost of specified services.		x	\$250 per 6-month period.
	\$30 to \$40	24 30 40														
cupa-			26 weeks per dis-	_	<u> </u>	lst day	8th day.				Emp	oloyee and d	ependents 1			
	\$2,600 to \$2,808	325 27 29 33 37 41 45 49 50	ability.					\$13 <sup>2</sup>	70 days.		_	\$910	\$130		x	_

			SURG	BICAL					MEDI	CAL				
COMPANY, UNION, AND DATE OF	INCOME LIMITS FOR SERVICE		Allowances for-						Empl	oyee				·····
INFORMATION	SURGICAL AND MEDICAL BENEFITS	Most expensive	Tonsillectomy	Appendec- tomy	Covers cases	Home	T	Allowance	Elsewhere	Maximum Compensation	Benefi Sickness	Accident	Number of visits	Number of days
	ļ	operation	<u></u>	l <u>.</u>	<u>L</u>	None	Office	Hospital	l		Sickness	Accident	paid for	paid for
Fur manufacturing and retailing industry,			yee and depend	ents			<del></del>	<del></del>	<del>,</del>	l plan A	T	<del></del>	<del>- ` -</del>	<del></del>
Associated Fur Manu- facturers, Inc., and			optional plan A	· · · ·			·	Provided by the Hea	<del></del>	<del></del>	r New Yo	rk.	L	
other employers (New York, N.Y.)	Provided by th	<del></del>	nsurance Plan	of Greater	New York.	ļ	1	1	<del></del>	l plan B	г	·····		<del></del>
Meat Cutters (Furriers			ptional plan B	T	T	lst visit, \$5; there-	lst visit, \$4; there-	lst 7 days, \$7 per day; 8th through	-	Hospital: \$ 895 per disa-	lst day.	lst day.	Home and	Hospital 201 per
Joint Council of New York)	Individual cover- age, \$4,000; Family coverage, \$6,000.	1	Under age 12, \$65; over age 12, \$75.	\$ 175	Hospital, office.	after, \$4	after, \$3 per visit.	14th day, \$ 6; 15th through 70th day, \$ 5; thereafter, \$ 4 per day.		bility. Home and office: \$121 per year.		1	Office: 30 per year.	disa- bility.
	(²)	! !												
Continental Can Co., Inc., Robert Gair		Empl	loyee and depen	dents	Hospital, office, home, elsewhere.	_	_		_		_			
Paper Products Group Papermakers and Paperworkers February 1962		\$225	\$37.50	\$150										
West Virginia Pulp and Paper Co. Papermakers and Paper- workers; Pulp, Sulphite and Paper Mill Workers March 1962			loyee and depen	\$125	Hospital, office, home, elsewhere. (4)	_		-		_				

See appendix C.
Not applicable to home and office visits.
If intensive care is required, more liberal benefits are provided during the first 21 days of hospitalization.
Available to employees in Luke, Md., and their dependents; employees in other areas covered by different benefits.
Employee's benefit payable irrespective of actual charge.

Concent	e bargain	ing, winter 1901—(			·										<u>.</u>			
			MEDICAL	.—Continued									MA	TERNITY PR	OVISION	s		
			Dep	endents								<del> </del>	Hospitalizati	on		Surgical	Medical	
Home	Office	Allowance	Elsewhere	Maximum compensation	<u> </u>	Acci- dent	of visits	Number of days paid for	Other provisions	Accident and sickness	Daily benefit or service	Duration	Maximum room and board allowance	Extra allowance or service	Lump	Schedule allowance for normal delivery	Amounts and limi- tations	Benefits available to newly insured
			Option	al plan A						_			Emplo	yee and de	penden	:		Employee and de-
-	Ţ	Provided by the He	alth Insura	nce Plan of	Greate	New Y	ork.			1	_	_	_	_	Up to \$80.	Optiona	l plan A	pendent: Hospitalization—
lst visit,	lst visit,	lst 7 days, \$7 per	T	al plan B Hospital: \$895 per	lst day	lst day	Home	Hospi- tal: 201 per	_						\$80.	Provided Health Ins Plan of G New York	urance reater	immediately.  Surgical and medical:  Optional plan A—
after, \$4 per visit.	after, \$3 per visit.	day; 8th through 14th day, \$6; 15th through 70th day, \$5; thereafter, \$4 per day.		disability.  Home and office: \$121 per year.			30 per	201 per disa- bility.						:		Optiona \$75	l plan B	immediately. Optional plan B— after 9 months.
		_	_		_	_	_			Regular		<u></u>	Emplo	yee and de	penden	L :	<u></u>	Employee and de- pendent:
	,									benefits for 6 weeks.	Semi- private room.	120 days.	_	Full cost of speci- fied services.	_	\$75		pendent: Immediately.
	<b> </b>		_	-	_	_		_	_	Regular		<u> </u>	Emplo	yee and de	pendent	4	<u> </u>	Employee:
	<b>)</b>									benefits for 6 weeks.		l4 days.	\$182	\$130	_	\$62,50		Immediately.  Dependent: After 9 months.
												_						

		BEN	EFIT COVERAGE DURING RETIREMEN (must be provided at least on group rate	T PERIOD basis)	····
COMPANY, UNION, AND DATE OF INFORMATION	OTHER BENEFITS <sup>1</sup> (types and amounts)	Life insurance	Hospitalization	Surgical	Medical
Fur manufacturing and retailing industry, Associated Fur Manufacturers, Inc., and other employers (New York, N.Y.)  Meat Cutters (Furriers Joint Council of New York)  April 1962	Employee and dependents  Optional plan A  Provided by the Health Insurance Plan of Greater New York. <sup>2</sup> Optional plan B  Diagnostic X-ray allowance—\$50 per year.  Laboratory examination allowance—\$25 per year.  Anesthesia allowance—20 percent of surgical schedule allowance; minimum—\$20.	\$400	Same as for active employee.	_	_
Continental Can Co., Inc., Robert Gair Paper Products Group Papermakers and Paper- workers February 1962	_	25 percent of amount in effect immediately prior to retirement; minimum—\$1,000.	Employee and department of Same as for active of Total benefits payable during reboth employee and dependent co \$2,500.	employee.	<del></del>
West Virginia Pulp and Paper Co. Papermakers and Paper- workers; Pulp, Sulphite and Paper Mill Workers		Retiring at age 65: Same as for active employee after age 65. Retiring prior to age 65: Same as for active employee.		<u>-</u>	<del>-</del>

Excludes such benefits as X-ray, anesthesia, and electrocardiogram allowances if they are provided only for services performed in a hospital. See EXPLANATORY NOTES. See appendix C.

Financed out of company contributions for benefits for active employee.

				Ве	nefits fo	r—-								
	loyee	Employ	ee's dep			ired emp	<del>~</del>		red empl depender		Amount of contribut	ion for—	Benefits for retired	employee
Com- pany	Jointly	Com- pany	Jointly	Em- ployee	Com- pany	Jointly	Em- ployee	Com- pany	Jointly	Em- ployee	Benefits for employee and dependents		and dependen	ıt .
x	_	only —	x	only —	x (3)		only	only	_	X	Employee  Dependents' surgical and medical benefits: Full cost—  Optional plan A—wife only, \$18.50 per quarter; wife and children, \$33 per quarter.  Optional plan B—\$33 per quarter.	Employee's benefits and dependents' hospital benefit: Full cost—4 <sup>1</sup> / <sub>2</sub> percent of straight-time payroll.	Employee  Dependents' benefits Full cost.	Company  : Employee's benefits: Full cost.
x		ж		_	х	_		х				Full cost.		Full cost.
	х		x		×	_					Hospital and surgical benefits: Benefits for employee only, \$0.51 per month; for employee and one dependent, \$1.80; for employee and more than one dependent, \$2.47.	Life and accidental death and dismemberment insurance, and accident and sickness benefit: Full cost. Other benefits: Balance of cost.	_	Full cost.

		LIFE INSURANC	CE				<b>^</b>	CCIDENTAL DEATH AND	DISMEMBERME	ENT
COMPANY, UNION, AND DATE OF	ELIGIBILITY REQUIREMENTS (when new			If peri	manently and totally disab	led		Ап	ount	
INFORMATION	employees become eligible)	Amount		Before age—	Insurance is—	Paid in	Cases covered	Graduated according to—	Death or multidis- memberment	Single dis- memberment
International Paper Co. (Northern Division)  Papermakers and Paperworkers; Pulp, Sulphite and Paper Mill Workers  March 1962	After 6 months 1 employment.	Base annual earnings In  Less than \$1,500	\$1,000 2,000 3,000	60	X (Employ choose e		Nonoccu- pational; occupa- tional.	Earnings.	Same as life insur- ance.	One-half of life in- surance.
American Viscose Corp. (Fibers Division) Textile Workers (TWUA) February 1962	After 60 days <sup>3</sup> employment.	Service In  60 days to 1 year 1 year to 5 years 5 years and over	1,500	60	<del></del>	sum.	Nonoccu- pational; occupa- tional.	Service.	Same as life insur- ance.	One-half of life in- surance.
Brown and Bigelow (St. Paul, Minn.) Bookbinders October 1961	After 90 days <sup>1</sup> employment.	Monthly base pay In  Less than \$100	2,500 3,100 3,700 4,300 4,900 5,500	60	х			<del>-</del>		

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

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

How Workmen's Compensation benefit or similar benefit is payable, plan benefit adjusted to limit total payment to 110 percent of weekly pay.

### Under Collective Bargaining, Winter 1961-62

	ACCIDENT	AND SICKNESS						1				HOSPITALIZ	ATION			
			Durs	ation of ber	nefits	Benefi	rs begin	Daily benefit		Exten	ded coverage	Maximum room and	Extra	pa	sis of yment	Emergen out-patie
Cases covered	Amount		Period	After age—	Benefits limited	Accident	Sickness	or service	Duration	-Days	Daily amount	board allowance	allowance or service	Year	Disa- bilicy	care bene or service
Nonoc-	Base annual earnings	Weekly benefit	26 weeks per dis-	-	_	8th day.	8th day.		1	· · · · · ·	Em	ployee and	lependents	T		
ional.	Less than \$2,080 \$2,080 to \$2,340 \$2,340 to \$2,600 \$2,600 to \$2,860 \$3,120 to \$3,120 \$3,120 to \$3,380 \$3,380 to \$3,640 \$3,640 to \$3,900 \$3,900 to \$4,160 \$4,160 to \$4,420 \$4,420 to \$4,680 \$4,680 to \$4,940 \$4,940 and over	32.50 35.00 37.50 40.00 42.50 45.00	ability.					\$12	(*)		<del></del>	\$840	\$150		X	\$150
Vonoc-	Basic weekly earnings	Weekly benefit	15 weeks	65	15 weeks	lst	8th day.		<u> </u>		Em	ployee and	dependents	<u></u>	<u>.</u>	<u> </u>
ipa- onal; ccupa- onal cci- ents	Less than \$54   \$54 to \$56   \$56 to \$58   \$58 to \$60   \$58 to \$60   \$60 to \$62   \$62 to \$64 to \$66   \$66 to \$68   \$68 to \$70   \$70 to \$72   \$72 to \$74   \$74 to \$76   \$75 to \$78   \$78 to \$80   \$80 to \$82   \$82 and over   \$(3)	\$ 30 31 32 33 34 35 36 37 38 39 40 41 42 43	per dis- ability.		during any 12 consecu- tive months.	day.		Semi- private room.	120 days.			_	Full cost of specified services.		X	Require service provide
lonoc-	50 percent of straight-time weekly earnings- maximum—\$75.	_	13 weeks	_	_	lst day.	8th day.				Em	ployee and o	lependents			7
upa- ional. Oc- upa- ional.	Difference between Workmen's Compensation above amount.	n benefit and	ability.			,		\$18	35 days.	.		\$630	Full cost of specified services.	_	x	\$360

			SURC	31CAL			·		MEDI	CAL			<del>,</del>	
COMPANY, UNION, AND DATE OF	INCOME LIMITS FOR SERVICE		Allowances for—	•					Empl	oyee				
INFORMATION	SURGICAL AND MEDICAL BENEFITS	Most	Γ	Ţ.,,	Covers cases			Allowance		Maximum	Benefi	ts begin	Number	Number
		expensive operation	Tonsillectomy	Appendec- tomy		Home	Office	Hospital	Elsewhere	compensation	Sickness	Accident	of visits paid for	of days paid for
International Paper Co.	-	Empl	loyee and deper	ndents	Hospital, office, home,	_	_	\$4 for each day of confinement.	_	\$ 250 per disability.	lst day.	lst day.		_
(Northern Division)  Papermakers and Paperworkers; Pulp, Sulphite and Paper Mill Workers  March 1962		\$ 250	Under age 12, \$30; Over age 12, \$50.	\$ 125	elsewhere.			Commence.		disastitty.				
American Viscose Corp.		Emplo	oyee and depen	dents 1	Hospital,			_	_	_		_		
(Fibers Division)  Textile Workers (TWUA)		\$ 300	\$ 45	\$ 150	office, home, elsewhere.									!
February 1962						:								
Brown and Bigelow		Empl	oyee and depen	dents	Hospital,						<del> </del>	-		
(St. Paul, Minn.)  Bookbinders	i l	\$ 200	\$ 30	\$ 100	office, home, elsewhere.									
October 1961														

<sup>1</sup> Not available to dependent husband.

	- Dangan	ing, Winter 1961—0		Continued									MA	TERNITY PR	OVISION	s		
				pendents							Γ		Hospitalizati			Surgical	Medical	T
		Allowance		Maximum		ts begin	Number of visits	Number of days	Other provisions	Accident and sickness	Daily benefit	Duration	Maximum room and	Extra allowance	Lump	Schedule allowance for normal	Amounts and limi-	Benefits available to newly insured
Home	Office	Hospital	Elsewhere	compensation	Sick- ness	Acci- dent	paid for	paid for			or service		board allowance	or service	sum	delivery	tations	
	_	\$4 for each day of	_	\$250 per	lst	lst			_	Regular			Emplo	yee and de	penden	t	<del>,</del>	Employee and
		confinement.		disability.	day.	day.				benefits for 6 weeks.			\$150 m	naternity a	llowanc	e.		dependent: Maternity allowance—if pregnancy com- mences while in- sured.  Employee: Accident and sickness— immediately.
							_			Regular		L	Emplo	yee and de	penden	t	<u> </u>	Employee and
										benefits for 6 weeks.	Semi- private room.	10 days.		Full cost of speci- fied serv- ices.	1	\$ 75		dependent: Hospitalization an surgical—if pregnancy commences while insured.  Employee: Accident and sickness—if pregnancy commences while insured.
_	_			_		_	_	_		_			Emplo	yee and de	penden	t .		Employee and
												_	_		\$ 80	\$ 50		dependent: After 9 months.

		BENI	EFIT COVERAGE DURING RETIREMEN (must be provided at least on group rate	NT PERIOD basis)	
COMPANY, UNION, AND DATE OF INFORMATION	OTHER BENEFITS <sup>1</sup> (types and amounts)	Life insurance	Hospitalization	Surgical	Medical
nternational Paper Co. (Northern Division)	_	With 15 years' service or owing to disability: Amount in effect immediately prior		ree and dependent Tor active employee.	Τ
Papermakers and Paperworkers; Pulp, Sulphite and Paper Mill Workers March 1962		to retirement. (2)			
American Viscose Corp.	Employee and dependents	\$1,000	Employ	ee and dependent	
(Fibers Division)  Textile Workers (TWUA)  February 1962	Supplemental major medical expense benefit—80 percent of first \$2,000 of expenses and 100 percent of expenses in excess of \$2,000 that are not covered by other plan benefits, incurred during any disability, which are in excess of \$100; maximum—\$20,000 per disability.		Same as for active	employee.	_
Brown and Bigelow (St. Paul, Minn.)	Employee and dependents  X-ray in doctor's office or clinic—\$10 for any one accident.  Anesthesia for tonsillectomy in doctor's office or clinic—\$5.				
October 1961					

Excludes such benefits as X-ray, anesthesia, and electrocardiogram allowances if they are provided only for services performed in a hospital.
 See EXPLANATORY NOTES.
 Accidental death and dismemberment benefit in effect immediately prior to retirement extended to employees retiring with 15 years of service.

				Be	nefits fo							-		
Emp	loyee	Employ	ee's dep	endents	Rei	tired emp	loyee	Reti	red emplo depender	oyee's	Amount of contributi	on for		
Com-	T	Com-	7-1-10	Em- ployee	Com- pany	Jointly	Em- ployee	Com-	Jointly	Em- ployee	Benefits for employee and dependents		Benefits for retired e and dependen	
pany only	Jointly	pany only	Jointly	only	only	Jointry	only	pany only	Jointry	only	Employee	Company	Employee	Company
	х		x			x				x	Employee's benefits: Life and accidental death and dismemberment insurance, and accident and sickness benefit.  Base annual earnings Weekly contributions 3  Less than \$1,500 \$0.25 \$1,500 to \$2,500	Life and accidental death and dismemberment insurance, and accident and sickness benefit—balance of cost. Other employee benefits—full cost.  Dependents' benefits: \$3 per month.	death and dismemberment insurance, retiring prior to 65.  Base annual contriprior to butions' retirement  Less than \$1,500\$0.60	benefits: Life and accidental death and dismem- berment in- surance, retiring prior to 65—balance of cost <sup>4</sup> ; retiring at 65 or later—full cost.
_	x	_	х			x		_		x	Dependent husband's and children's benefits, except major medical benefit: Full cost.  Major medical benefit: Part of cost.	Employee and dependent wife's benefits except major medical benefit: Full cost.  Major medical benefit: Balance of cost.	Hospital and surgical benefits: Full cost.	Life insur- ance: Full cost.
	х	x									Life insurance: \$0.40 per month per \$1,000 insurance.	Life insurance: Balance of cost. Other benefits: Full cost.	<del>-</del>	

Employees earning over \$2,500 annually who elect to be covered by additional insurance make a larger contribution.
 Employees retiring prior to age 65, if not owing to disability, make monthly contribution until age 65; thereafter company pays full cost.

	1	LIFE INSURAN	NCE				/	CCIDENTAL DEATH AND	DISMEMBERME	ENT
COMPANY, UNION, AND DATE OF	ELIGIBILITY REQUIREMENTS (when new			If per	manently and totally disab	led		At	nount	
INFORMATION	employees become eligible)	Amount		Before age—	Insurance is—	Paid	Cases covered	Graduated according to—	Death or multidis- memberment	Single dis- memberment
Texaco, Inc. (Port Arthur, Tex.)  Oil, Chemical and Atomic Workers  April 1962	Hospital, surgical, and medical benefits: After 4 months' employment.  Other benefits: After 1 year's employment.	Monthly rate of pay  Less than \$87.50 \$87.50 to \$112.50 \$112.50 to \$125.00 \$125.00 to \$137.50 \$137.50 to \$162.50 \$162.50 to \$187.50 \$187.50 to \$225.00 \$212.50 to \$237.50 \$237.50 to \$262.50 \$2412.50 to \$247.50 \$262.50 to \$247.50 \$312.50 to \$312.50 \$312.50 to \$312.50 \$312.50 to \$337.50 \$312.50 to \$347.50 \$347.50 to \$35.50 \$362.50 to \$362.50 \$362.50 to \$362.50 \$367.50 to \$475.00 \$475.00 to \$755.00 \$525.00 to \$755.00 \$525.00 to \$755.00 \$525.00 to \$755.00 \$755.00 to \$755.00 \$775.00 to \$625.00 \$775.00 to \$825.00 \$775.00 to \$825.00 \$775.00 to \$825.00 \$825.00 to \$775.00 \$825.00 to \$750.00 \$825.00 to \$950.00 and up in increments of \$100	Insurance	65	50 percent maintained until year after normal retirement date; thereafter reduced same as for retired employee.	1				_
Printing industry, Chicago Lithog- raphers Associa- tion, and other employers Lithographers, Local 4 October 1961	If experienced: Immediately or lst of following month.  If inexperienced: After 6 months' covered employ- ment.	\$2,000		60	х	_	Nonoccu- pational; occupa- tional.		Same as life insur- ance.	One-half of life insurance
The B. F. Goodrich Co. Rubber Workers January 1962	Life insurance and accident and sickness benefits: 1st of month coinciding with or next following 3 months' employment.  Other benefits: After 3 months' employment.	Annual earnings  Less than \$2,000	\$2,500	60 with less than 15 years' service.			Nonoccu- pational.	Earnings	Same as life insur- ance.	One-half of life insurance.

No accident and sickness insurance benefit provided by plan; employees covered by paid sick-leave plan.
 Maximum amount of hospital, surgical and medical expenses payable per year-for employee and for dependents limited to \$7,500 for each, and during lifetime, \$15,000 for each.

	ACCIDENT AND SICKNESS										HOSPITALIZ	ATION			
		Dura	tion of ber	efits	Benefi	ts begin	Daily		1	nded coverage	Maximum	Extra	pay	sis of yment r—	Emergency
Cases covered	Amount	Period	After age—	Benefits limited	Accident	Sickness	benefit or service	Duration	-Days	Daily amount	room and board allowance	allowance or service		Disa- bility	out-patient care benefit or service
	_			to			<u> </u>	L	-		Employee a	nd dependents <sup>2</sup>	L	<u> </u>	L
(1)	(*)	(¹)	(1)	(1)	(1)	(1)	Semi- private room.	10 days.	in ex-	80 percent of cost of semipri- vate room.		\$250, plus 80 percent of addi- tional charges.	_	х	\$250, plus 80 percent of addi- tional charges.
Non- occupa- tional.	Two-thirds of current basic weekly wage— <u>maximum</u> —\$75.	26 weeks per dis- ability.	_	_	l st day.		\$18	31 days.	Τ_	Em	\$558	\$360	1_	x	\$ 360
Oc- cupa- tional.	Difference between Workmen's Compensation benefit and above amount.					pital.									
Non-	Men—\$40 per week.	26 weeks			lst	8th day.	ļ <u>.</u>	<u>L</u>	<u> </u>	Em	ployee and o	lependents		<u></u>	
occupa-	Women—\$30 per week.	per dis- ability.			day.	oth day.	Semi- private	120 days.	-	-	_	Full cost of specified serv-	-	х	Required services
Oc- cupa- tional.	Difference between Workmen's Compensation benefit and above amount.						room.				v	ices.			provided.

			SURG	SICAL		ł			MED	CAL				
COMPANY, UNION, AND DATE OF	INCOME LIMITS FOR SERVICE		Allowances for-				-		Empl	oyee				
INFORMATION	SURGICAL AND MEDICAL BENEFITS			Appendec-	Covers cases			Allowance		Maximum	Benefi	ts begin	Number	Number of days
		expensive operation	Tonsillectomy	tomy		Home	Office	Hospital	Elsewhere	compensation	Sickness	Accident	of visits paid for	paid fo
Texaco, Inc. (Port Arthur, Tex.)		Emplo	oyee and depen	dents 1	Hospital, elsewhere.	_	-	1st 10 days, \$4; thereafter, \$3.20	_	(1)	lst day	lst day	l per day	
Oil, Chemical and	1	\$300	\$100	\$160			}	per day.						
Atomic Workers	1	(²)	(²)	(²)								ļ		
April 1962						]								
Printing industry,		Empl	oyee and depen	dents	Hospital,	\$5 per	\$ 3 per	\$5 per visit.		\$200 per dis-	2d day	lst day	l per	
Chicago Lithographers Association, and other employers		\$400	\$ 60	\$ 200	office, home, elsewhere.	visit.	visit.			ability.	of total disabil- ity.	of total disabil- ity.	day; 26 weeks per dis-	
Lithographers, Local 4						Ì							ability.	
October 1961														
The B. F. Goodrich Co.	_	Empl	oyee and depen	dents	Hospital,	_	_	1st 2 days, \$5 per	_	\$364 per dis-	lst day.	lst day.		120 pe
Rubber Workers January 1962		\$ 250	Under age 12, \$30; over age 12, \$50.		office, home, elsewhere.			day; thereafter, \$3 per day.		ability.				dis- ability.

Maximum amount of hospital, surgical and medical expenses payable per year for employee and for dependents limited to \$7,500 for each, and during lifetime, \$15,000 for each.
Plan pays 80 percent of surgical fee in excess of \$500.
No accident and sickness insurance benefit provided by plan; employees covered by paid sick-leave plan.

			MEDICAL	.—Continued									MA	TERNITY PR	ROVISION	ıs		
			Dep	endents									Hospitalizati	on		Surgical	Medical	
Home	Office	Allowance Hospital	Elsewhere	Maximum compensation	Benefit Sick- ness	Acci-	of visits	Number of days paid for	provisions	Accident and sickness	Daily benefit or service	Duration	Maximum room and board allowance	Extra allowance or service	Lump	Schedule allowance for normal delivery	Amounts and limi- tations	Benefits available to newly insured
				41.	lst	<del> </del>	<del>                                     </del>	<del> </del>		(3)		L	Emplo	yee and de	penden	t t	<u> </u>	Employee and
_	<b>—</b>	lst 10 days, \$4; thereafter, \$3.20. per day.  (1)	_	(1)	day	lst day	l per day	-	_	(3)				<del>i</del>	<del></del>	Up to \$ 100.		dependent: If pregnancy commences while insured.
							-											
				Andreas de la constanta de la														
							-											
													Emplo	yee and de	penden	<u> </u>		<u> </u>
_			_		_	<del></del>	-		Employee only: If disabled for at least 7 days, en-	Regular benefits for 6 weeks.		_		_	\$ 180	\$100		Employee and dependent: After 9 months.
									titled to 3 visits with- in 31 days after re- turning to work.									
	<u> </u>	1st 2 days, \$5 per	_	\$364 per	lst	lst	_	120	_	Regular			Emplo	yee and de	penden	:		Employee and
		day; thereafter, \$3 per day.		disability.		day.		per disa- bility.		benefits for 6 weeks.	Semi- private room.	120 days.		Full cost of speci- fied services.	-	\$ 75	_	dependent: If pregnancy commences while insured.

			EFIT COVERAGE DURING RETIREMEN must be provided at least on group rate		
COMPANY, UNION, AND DATE OF INFORMATION	OTHER BENEFITS <sup>1</sup> (types and amounts)	Life insurance	Hospitalization	Surgical	Medical
Texaco, Inc. (Port Arthur,	Employee and dependents <sup>2</sup>	50 percent of amount in effect	Employee and de	pendent	<u>.                                    </u>
Tex.)  Oil, Chemical and Atomic Workers  April 1962	Diagnostic X-ray and laboratory allowance—\$100.3  Out-of-hospital prescription drug benefit—80 percent of expenses in excess of \$25.  Emergency accident benefit—\$25 per accident.  Approved home care benefit—1st 10 days, \$6.50 daily; thereafter, 80 percent, maximum—\$5.20 daily.  Expenses for which no specific allowance is provided—80 percent of charges in excess of \$50.	immediately prior to retirement reduced, commencing 1 year after normal retirement date, by equal annual amounts over 5 years to 25 percent of the amount in effect immediately prior to retirement.	Same as for active	employee.	
Printing industry, Chicago	Employee only	_	]	Employee 4	
Lithographers Association, and other employers	Diagnostic X-ray allowance, if no other benefits are payable—\$50 per condition.			or active employee.	
Lithographers, Local 4 October 1961	Employee and dependents		1	Dependent 4	
	Supplemental major medical expense benefit—80 percent of expenses not covered by other plan benefits, incurred during each benefit year, which are in excess of \$100; maximum—\$5,000 during lifetime.		Same as for retired	employee.	<del>-</del>
The B. F. Goodrich Co.	Diagnostic X-ray allowance for nonhospitalized cases:	Retiring at age 65 with 5 years'	Employ	ee and dependent	
Rubber Workers January 1962	Employee—\$70 per condition during any 12 consecutive months.  Dependents—\$70 during any 12 consecutive months; total applicable to all dependents.	service: 50 percent of amount in effect immediately prior to retirement.	Same as f	or active employee.	

Excludes such benefits as X-ray, anesthesia, and electrocardiogram allowances if they are provided only for services performed in a hospital. See EXPLANATORY NOTES.

Maximum amount of hospital, surgical and medical expenses payable per year for employee and for dependents limited to \$7,500 for each, and during lifetime, \$15,000 for each.

Payable for expenses incurred during a 30-day period that are in excess of \$25.

Available if employee retires at age 60 and was insured 5 years. Portion of major medical expense benefit not used during active employment available after retirement.

Financed out of company contributions for benefits for active employee and dependents.

		_		Be	nefits fo	·r—-								
Emp	loyee	Employ	ee's dep			tired empl	loyee	Ret	ired emple dependen	yee's	Amount of contribution	on for—		
Com-	Ĺ	Com-		Em-	Com-	Jointly	Em-	Com-		Em- ployee	Benefits for employee and dependents		Benefits for retired of and dependen	
pany only	Jointly	pany only	Jointly	ployee only	pany only	Jointry	ployee only	pany only	Jointly	only	Employee	Company	Employee	Company
-	x		x			x			х		Life insurance:  Monthly rate of pay  Less than \$125.00	Accident and sickness benefit: Full cost. Life insurance benefit: Balance of cost. Hospital, surgical and medical benefits: Benefits for employee only, \$1.50 per month; for employee and dependents, \$3.50 per month.	Hospital, surgical and medical benefits: Balance of cost— \$ 15 per month.	Life insurance: Full cost. Hospital, surgical and medical benefits: \$ 3.50 per month.
x		х			( <sup>5</sup> )			x (5)			<u>-</u>	Full cost—\$4.50 per week.		Full cost. 5
х		х	_		х			х			<del>-</del>	Full cost.		Full cost.

		LIFE INSURANCE					CCIDENTAL DEATH AND	DISMEMBERME	INT
COMPANY, UNION, AND DATE OF	ELIGIBILITY REQUIREMENTS (when new		If per	manently and totally disab	led		Am	ount	
INFORMATION	employees become eligible)	. Amount	Before	Insurance is—	<del>,</del>	Cases covered	Graduated	Death or	Single dis-
			age—	Maintained	Paid in—		according to	multidis- memberment	memberment
The Dow Chemical Co.  District 50, United Mine Workers  November 1961	After 3 months' employment.	\$6,000	50 or between age 50 and age 60 with less than 10 years' service.	x	_				
Bethlehem Steel Co. Steelworkers March 1962	Immediately or lst of following month.	Standard hourly base rate       Insurance         Less than \$2.09       \$4,000         \$2.09 to \$2.49       4,500         \$2.49 to \$2.89       5,000         \$2.89 to \$3.36       5,500         \$3.36 to \$3.76       6,000         \$3.76 and over       6,500	60	Until age 65; there- after, same as for retired employee.		_	<del>-</del>		_
Luggage and leather goods industry, various employers Leather Goods, Plastic and Novelty Workers National Plan February 1962	After 90 days' union member- ship and covered employment.	\$1,000	60	х		_			_

Benefits described are those available to the largest group of employees covered by the plan.
 Payable irrespective of actual charge.

	ACCIDENT AND SICKNESS										HOSPITALIZ	ATION			
		Dur	ation of be	nefits	Benefi	ts begin	Daily		Exter	ided coverage	Maximum	Extra	pa	sis of yment	Emergency
Cases covered	Amount	Period	After age—	Benefits limited to—	Accident	Sickness	benefit or service	Duracion	-Days	Daily amount	room and board allowance	allowance or service	Year	Dica	out-patien care benefi or service
Nonoc-	\$33.25 per week.	26			8th	8th		·	<u> </u>	L	Employ	ree			
cupa- tional.	•	weeks per dis- ability.			day.	day.	\$14	180 days.	_	-	\$ 2,520	\$200, plus 75 percent of next \$5,000 of charges.	_	x	\$ 200, plu 75 percer of next \$ 5,000 of charges.
											Depende	ents			,
							\$12	180 days.		_	\$2,160	\$200, plus 75 percent of next \$5,000 of charges.	_	x	\$ 200, plu: 75 percent of next \$ 5,000 of charges.
Nonoc-	Standard hourly wage rate Weekly benefit	26	_	_	lst	8th				Em	ployee and	dependents	<u> </u>	l	
cupa- tional.	\$53 \$2.09 to \$2.49 56 \$2.49 to \$2.89 59 \$2.89 to \$3.36 62 \$3.36 to \$3.76 65 \$3.76 and over 68	weeks per dis- ability.			day.	day.	Semi- private room.	120 days.		_	_	Full cost of specified services.	_	x	Required services provided.
Oc- cupa- tional,	Difference between Workmen's Compensation benefit and above amount.														
Nonoc-	50 percent of weekly wage—	20			8th	8th					Employee	only 1			
cupa- tional.	minimum—\$10. maximum—\$45.	weeks per dis- ability.			day.	day.	\$10 <sup>2</sup>	31 days.	_	_	\$310	\$ 50	-	х	_

			SURG	GICAL					MEDI	CAL				
COMPANY, UNION, AND DATE OF	INCOME LIMITS FOR SERVICE		Allowances for-	-					Emplo	oyee				1
INFORMATION	SURGICAL AND MEDICAL BENEFITS	Most expensive	Tonsillectomy	Appendec-	Covers cases in—		1	Allowance	<b>l</b>	Maximum compensation	<del></del>	ts begin	Number of visits	Number of days
		operation		tomy		Home	Office	Hospital	Elsewhere		Sickness	Accident	paid for	paid for
The Dow Chemical Co.	<del>-</del>		Employee	<del></del>	Hospital,	_	_	\$4 for each day of confinement.1		\$720 per	lst	lst		180 per
District 50, United Mine Workers		\$ 300	\$ 60	\$150	office, home, elsewhere.			connnement.		disability.	day.	day.		disa- bility.
November 1961			Dependents	4										
	;	\$ 250	Under age 12, \$40; over age 12, \$50.	\$125		,								
Bethlehem Steel Co.		Empl	oyee and deper	idents	Hospital,		_		_	_		_		
Steelworkers March 1962		\$ 300	\$ 50	\$150	elsewhere.									
								:						
					:									
:						 								
Luggage and leather	_		Employee only		Hospital,			_			<del> </del>			_
goods industry, various employers		\$ 250	\$37.50	\$125	office, home, elsewhere.									
Leather Goods, Plastic and Novelty Workers National Plan														
February 1962														

<sup>1</sup> If surgical operation performed, allowance is greater of (a) \$4 for each day of hospital confinement up to day of operation; and (b) \$4 for each day of confinement minus surgical operation

allowance.

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

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

Hospital benefits described are those available to the largest group of employees covered by the plan.

Payable irrespective of actual charge.

			MEDICAL	.—Continued									ма	TERNITY PR	ROVISION	s		
			Dep	endents									Hospitalizati	on .	·····	Surgical	Medical	
		Allowance	1	Maximum compensation		Acci-	of visits	Number of days	Other provisions	Accident and sickness	Daily benefit or	Duration	Maximum room and board	Extra allowance	Lump	Schedule allowance for normal	Amounts and limi-	Benefits available to newly insured
Home	Office	Hospital	Elsewhere	Compensation	ness	dent	paid for	paid for			service	<u> </u>	allowance	or service	<u> </u>	delivery	tations	
		\$3 for each day of confinement. <sup>2</sup>	-	\$540 per disability.	lst day.	lst day.	—	180 per	_	Regular benefits	ļ	т	τ	Employed	T	<del>,</del>		Employee and dependent:
								disa- bility.		for 6 weeks.		L	\$ 250 ma	iternity all	L	. ³ L	L	If pregnancy com mences while in-
												<del>,</del>	<del></del>	Dependen	T	1		sured.
							}					ı	\$ 200 ma	iternity all	lowance 	. 3		
									{									
,																		
		}		l 									i 					
	_	-	_		_	_	_	_		Regular			Emplo	yee and de	penden	:		Employee and
										benefits for 6 weeks.	Semi- pri- vate	10 days.		Full cost of speci- fied		\$ 90	_	dependent: If pregnancy com mences while in- sured.
											room.			services.				
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														<u> </u>	<u></u>			
_	_	_		_	-	-	_	_		Regular benefits		1	Er	mployee or	ly *	<del> </del>	<del> </del>	Employee: Immediately.
						}				for 6 weeks.	\$10 <sup>5</sup>	14 days.	\$140	\$ 50	-	\$62.50	_	
			:															

	T		EFIT COVERAGE DURING RETIREMEN		
COMPANY, UNION, AND DATE OF INFORMATION	OTHER BENEFITS <sup>1</sup> (types and amounts)	Life insurance	must be provided at least on group rate of the Hospitalization	Surgical	Medical
The Dow Chemical Co. District 50, United Mine Workers November 1961	<del>_</del>	Retiring at or after age 50 owing to disability or at age 65:   Service	Same as for active of	  Dependent 	
Bethlehem Steel Co. Steelworkers March 1962	Employee and dependents  Anesthesia allowance (for surgery performed in or out of hospital, if administered by licensed physician other than operating surgeon or his assistant or employee of hospital)—if surgical benefit is \$100 or under, \$20, if surgical benefit is over \$100, 20 percent of surgical benefit.  Diagnostic X-ray allowance for cases in or out of hospital—\$75 during any 12-month period.  Diagnostic examination allowance for cases in or out of hospital—\$75 during any 12-month period.  Radiation therapy allowance for cases in or out of hospital—\$10 per treatment; maximum allowance per condition ranges from \$50 to \$200.	Retiring at (or after) age 65: Amount in effect immediately prior to retirement reduced according to following schedule:  Standard hourly wage rate immediately prior to retirement continued  Less than \$2.09 \$1,300 \$2.49 \$1,350 \$2.49 to \$2.89 \$1,400 \$2.89 \$1,400 \$2.89 to \$3.36 \$1,450 \$3.36 to \$3.76 \$1,500 \$3.76 and over \$1,550 \$2.49 to \$2.89 to \$3.86 \$1,450 \$3.76 \$1,500 \$3.76 and over \$1,550 \$2.89 to \$3.76 \$1,500 \$3.76 and over \$1,550 \$2.89 to \$3.76 \$1,500 \$3.76 and over \$1,550 \$2.89 to \$3.76 \$1,500 \$3.76 and over \$1,550 \$2.89 to \$3.76 \$1,500 \$3.76 and over \$1,550 \$2.89 to \$3.76 \$1,550 \$2.89 to \$3.76 \$1,550 \$2.89 to \$3.76 \$1,550 \$2.89 to \$3.76 \$1,550 \$2.89 to \$3.76 \$1,550 \$3.76 \$3.76 \$3.76 \$3.76 \$3.76 \$3.76 \$3.7	<del></del> -		_
Luggage and leather goods industry, various employers Leather Goods, Plastic and Novelty Workers National Plan February 1962			-		<del></del>

<sup>1</sup> Excludes such benefits as X-ray, anesthesia, and electrocardiogram allowances if they are provided only for services performed in a hospital. See EXPLANATORY NOTES.
2 Benefits available if employee retires at or after age 50 owing to disability or at age 65. Total benefits payable during retirement period for both employee and dependent combined limited according to years of service prior to retirement:

Years of service prior to retirement	Maximum combined benefit	Years of service prior to retirement	Maximum combined benefit
13 or less	\$ 500	19	\$1,210
14	660	20	1,320
15	770	21	1,430
16	880	22	1,540
17	990	23 and over	1,650
18	1, 100		·

				Be	nefits fo	r—							·	
Emp	loyee	Employ	ee's dep			ired emp	loyee	Reti	red emplo dependen	yee's	Amount of contribut	on for-		
Com-	Ι	Сот-	Jointly	Em- ployee	Com- pany	Jointly	Em- ployee	Com-	Jointly	Em- ployee	Benefits for employee and dependents		Benefits for retired e and dependent	mployee
pany only	Jointly	pany only	Jointly	only	only	Jointry	only	pany only	Jointly	only	Employee	Company	Employee	Company
	х		х		х			x	_		Benefits for employee only, \$1.09 per week; for employee and dependents, \$1.81.	Balance of cost.		Full cost.
x		х			x				_		_	Full cost.		Full cost.
x		_		_		_	_	_		_		Full cost.	<del>-</del>	-

<sup>3</sup> The above services are covered in full, if performed by a hospital employee in the out-patient department of the hospital.

		LIFE INSURANCE				A	CCIDENTAL DEATH AND	DISMEMBERME	ENT
COMPANY, UNION, AND DATE OF	ELIGIBILITY REQUIREMENTS (when new		If per	manently and totally disal	oled		Ап	ount	
INFORMATION	employees become eligible)	Amount	Before	Insurance is-	<del>,</del>	Cases covered	Graduated	Death or	Single dis-
			age	Maintained	Paid in		according to—	multidis- memberment	memberment
Socony Mobil Oil Co., Inc. Various unions January 1962	Immediately or lst of following month.	Annual basic rate of pay  Less than \$600	60	x		Nonoc- cupa- tional; occu- pational.	Earnings.	One-half of life in- surance.	One- fourth of life in- surance.
Publishers <sup>†</sup> Association of New York City Typographers, Local 6 October 1961	lst of month coinciding with or next following a 4-month period during which employee has been employed or diligently seeking employment within the Union's Newspaper Branch and has worked at least one shift of covered employment.		60	x		Nonoc- cupa- tional; occu- pational.		Same as life in- surance.	One-half of life insurance
Pittsburgh Plate Glass Co. Glass and Ceramic Workers April 1962	Life insurance and accident and sickness benefits: After 6 months' employment. Other benefits: After 1 month's employment.	Men—\$ 5,000. Women—\$ 3,500.	60	Until age 65; thereafter, \$2,000.  (employee may cheeither)  ccupational disability	Install- ments.		<del></del>	_	_

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

Benefits vary from locality to locality; the benefits described are those available to the largest group of workers under collective bargaining, and are payable after the worker pays the first spenses.

Additional insurance provided at employee's expense.

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

	ACCIDENT AND SICKNESS					:					HOSPITALIZ	ATION			
		Dur	ation of ber		Benefi	rs begin	Daily benefit		Exte	nded coverage	Maximum room and	Extra	pa	sis of yment	Emergency out-patient
Cases covered	Amount	Period	After age—	Benefits limited to—	Accident	Sickness	or service	Duration	- Days	Daily amount	board allowance	allowance or service	Year	Disa- bility	care benefit
_		_	_	_	_	_				Emp	oloyee and d	ependents <sup>2</sup>			
(1)	(1)	(1)	(1)	( <sup>1</sup> )	(1)	(1)	\$ 20	70 days.		\$ 10	\$ 3, 200	\$200, plus 80 percent of next \$1,800 of charges.		x	\$200, plus 80 percent of next \$1,800 of charges.
Nonoc-	\$50 per week.	26				8th day.				Em	ployee and	dependents			
oupa- tional. Occupa- tional.	Difference between Workmen's Compensation benefit and above amount.	weeks per dis- ability.			day.		Semi- private room.	21 days.	180	50 percent of cost of semipri- vate room.		Full cost of specified serv- ices for 1st 21 days, 50 percent of cost for additional 180 days.		x	\$7.25
							ļ								
Nonoc-	\$50 per week.	26			8th	8th day.		<u> </u>	L	Emp	oloyee and d	lependents 4		L	L
cupa- tional.		weeks per dis- ability.			day.	}	Semi- private room.	120 days.	_	_	_	Full cost of specified services.	-	х	Required services provided.

		}	SUR	JICAL					MEDI	CAL				
COMPANY, UNION, AND DATE OF	INCOME LIMITS FOR SERVICE		Allowances for-	-					Empl	oyee				
INFORMATION	SURGICAL AND MEDICAL BENEFITS	Most expensive	Tonsillectomy	Appendec-	Covers cases in—		Т	Allowance	1	Maximum	<u></u>	ts begin	Number of visits	Number of days
		operation	Tonsittectomy	tomy		Home	Office	Hospital	Elsewhere	compensation	Sickness	Accident	paid for	paid for
Socony Mobil Oil Co., Inc.	_	Empl	loyee and deper	dents 1	Hospital, office, home,	-	_	\$4 for each day of confinement.	-	\$250 per disa- bility.	lst day.	lst day.	-	
Various unions		\$ 300	Under age 12, \$36;	\$150	elsewhere.			(²)		onity.				
January 1962			over age 12, \$60.											
									·					
Publishers Association of New York City Typographers, Local 6	_	Empl \$300	Under age	\$125	Hospital, office, home, elsewhere.	_	_	1st 2 days, \$10 per day; 3d and 4th days, \$7.50 per day; thereafter, \$5	_	\$365 per disability.	lst day.	lst day.	_	_
October 1961			age 12, \$78.					per day.						
Pittsburgh Plate Glass Co. Glass and Ceramic Workers April 1962	Individual coverage, \$4,000; family, \$6,000.	\$300	\$ 50	\$150	Hospital, office, home, elsewhere. (5)	\$5 per visit. ( <sup>5</sup> )	\$4 per visit. ( <sup>5</sup> )	lst day, \$15; 2d day, \$10; 3d through 10th day, \$4 per day; there- after, \$3 per day. (5)	_	Home: \$105 per year. Office: \$84 per year. Hospital:	and office: 4th visit Hospital	Home and office: 4th visit :Hospital lst day.	year.	Hospita 70 per disa- bility. (5)
ASPEAL FOU										\$ 237 per disability.	( <sup>5</sup> )	( <sup>5</sup> )		

Benefits vary from locality to locality; the benefits described are those available to the largest group of employees under collective bargaining.

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

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

Payable irrespective of actual charge.

			MEDICAL	_—Continued									MA	TERNITY PR	ROVISION	ıs		
			Dep	endents	***								Hospitalizati	ion		Surgical	Medical	
		Allowance		Maximum		s begin		Number of days		Accident and sickness	Daily benefit	Duration	Maximum room and	Extra allowance	Lump	Schedule allowance	Amounts and limi-	Benefits available to newly insured
Home	Office	Hospital	Elsewhere	compensation	Sick- ness	Acci- dent		paid for		Sickiess	or service	Duracion	board allowance	or service		for normal delivery	tations	
-	_	\$4 for each day of confinement.	-	\$ 250 per	lst day.	lst	_	_	,	_		,	Emplo	oyee and d	ependen	it	<del></del>	Employee and dependent:
		( <sup>2</sup> )		disability.	day.	day.				(3)			\$ 250 n	naternity a	illowand			dependent: If pregnancy commences while insured.
		lst 2 days, \$10 per day; 3d and 4th days, \$7.50 per day; thereafter, \$5 per day.  (4)		\$365 per disability.	lst day.	lst day.		_	_	-		_	r	Dependent	\$ 80	\$125	_	Dependent: Hospitalization- immediately. Surgicalif pregnancy com- mences while in- sured.
		lst day, \$15; 2d day, \$10; 3d through 10th day, \$4 per day; thereafter, \$3 per day.  (5)		\$237 per disability. (5)	lst day.	lst day.	_	70 per disa-bility.	pital bed-	l	Semi- private room.	10 days.	Emplo	yee and de Full cost of speci- fied services.	T	\$ 90		Employee and dependent: After I year.

Medical Service Association of Pennsylvania (Blue Shield plan) for Creighton, Pa., plant employees; employees in other plants covered by different programs.
 Hospital Service Association of Western Pennsylvania and Medical Services Association of Pennsylvania (Blue Cross and Blue Shield plans) for Creighton, Pa., plant employees; employees in other plants covered by different programs.

			EFIT COVERAGE DURING RETIREMEN must be provided at least on group rate		ance I lans Olider
COMPANY, UNION, AND DATE OF INFORMATION	OTHER BENEFITS <sup>1</sup> (types and amounts)	Life insurance	Hospitalization	Surgical	Medical
Socony Mobil Oil Co., Inc.	Employee and dependents	Amount in effect immediately	Employ	ee and dependent 3	L
Various unions January 1962	Emergency diagnostic X-ray allowance if no other plan benefits are payable—\$10 per condition.  Supplemental major medical expense benefit—80 percent of first \$1,000 of expenses and 90 percent of expenses in excess of \$1,000 that are not covered by other plan benefits, incurred during a 12-month period which are in excess of \$75; maximum—\$5,000 per year, \$10,000 during lifetime.	prior to retirement maintained for I year, then reduced 10 percent annually until amount equals annual salary immediately prior to retirement.  (2)	Same as f Total benefits payable during a dependent limited to \$ 4, 400 fo	or active employee. I retirement period for r each.	l employee and for
Publishers† Association of	Employee and dependents	<del>-</del>	Employ	ee and dependent	
New York City Typographers, Local 6 October 1961	Anesthesia allowance for cases in or out of hospital—20 percent of amount payable for surgical procedure; minimum—\$10, maximum—\$50.		Same as for active employee.	_	<del>-</del>
Pittsburgh Plate Glass Co. Glass and Ceramic Workers April 1962		Men-\$2,000. Women-\$1,500.	<del></del>	-	-

Excludes such benefits as X-ray, anesthesia, and electrocardiogram allowances if they are provided only for services performed in a hospital. See EXPLANATORY NOTES.

Accidental death and dismemberment benefit in effect immediately prior to retirement also extended.

Available to employees with 5 continuous years' service and 5 years' plan participation prior to retirement, and their dependents. Major medical expense benefit also extended—80 percent of expenses incurred during each medical expense period of 12 months which are in excess of \$150 and other plan benefits; maximum—\$5,000 during lifetime.

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

				Ве	nefits fo	·r—					Amount of contributi	on for		
Emp	loyee	Employ	yee's dep	endents	Res	tired emp	loyee	Reti	ired emplo depender	oyee's It			Benefits for retired e	mnloves
Com- pany	Jointly	Com- pany	Jointly	Em- ployee	Com- pany	Jointly	Em- ployee	Com- pany	Jointly	Em- ployee	Benefits for employee and dependents	·	and dependent	
only	Jointly	only	Jointry	only	only	Johnson	only	only	Jonary	only	Employee	Company	Employee	Company
	x	_	x			x	_		x		Life and accidental death and dismemberment insurance:  Annual basic rate of pay Monthly contribution  Less than \$600 \$0.40 \$600 to \$1,000	Balance of cost. <sup>4</sup> Life and accidental death and dismemberment insurance: Balance of cost. Hospital, surgical, and medical benefits: Benefits for employee only, \$1.25 per month; for employee and dependents, \$3.25.	Major medical benefit: Full cost—employee only, \$9.26 quarterly; employee and dependent, \$19.92.	Other benefits: Full cost.
x		x	_		X (5)		_	X (5)	_			Full cost—\$0.93 per shift worked.		Full cost. <sup>5</sup>
_	х		х		_	х					Hospital, surgical, and medical benefits: Balance of cost.	Life insurance and accident and sickness benefit: <sup>6</sup> Full cost.  Other benefits: Benefits for employee only, \$6.25 per month; for employee and dependents, \$14.25	Life insurance: \$0,60 per month per \$1,000 of insurance.	Life insurance: Balance of cost.

Financed out of company contributions for benefits for active employee and dependents.
 Employee covered by additional life insurance pays the additional cost for this coverage.

		LIFE INSURANCE				,	ACCIDENTAL DEATH AND	DISMEMBERME	ENT
COMPANY, UNION, AND DATE OF	ELIGIBILITY REQUIREMENTS (when new		If <sub>I</sub>	ermanently and totally disa	bled		Ап	ount	
INFORMATION	employees become eligible)	Amount	Before age—	Insurance is:	Paid	Cases covered	Graduated according to—	Death or multidis- memberment	Single dis- memberment
Lever Brothers Co. Chemical Workers; Oil, Chemical and Atomic Workers January 1962	After 3 months employment.	Before age 65: Basic annual straight-time earnings  \$1,000 to \$2,000	00 00 00 00 00 00 00 00 00 00 00		Install ments.		<del>-</del>		_
Sinclair Oil Corp. Oil, Chemical and Atomic Workers November 1961	After 6 months' employment.	Before age 65: Amount equal to 2 years' base salary.  After age 65: Amount equal to 1 year's base salary.	60	-	Install-ments.	Nonoc- cupa- tional; occu- pational.	_	\$1,000	\$ 500
Continental Can Co., Inc. Steelworkers February 1962	Immediately or lst of following month.	Annual base pay Insura  Less than \$4,000 \$6.00 \$4,000 to \$5,000 8,0 \$5,000 to \$6,000 10,0 \$6,000 to \$7,000 to \$8,000 14,0 \$8,000 to \$9,000 16,0 \$9,000 to \$10,000 18,0 \$10,000 to \$11,000 20,0 and up in increments of \$1,000 2,0 to \$35,000 and over 70,0	000 000 000 000 000 000 000	For 1 year (or for period insured if less than 1 year).	_	_	_	_	

Additional insurance provided on a contributory basis; part of it is continued after age 65.

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

For an additional 245 days, \$5 per day allowed for room, board, and extra services.

	ACCIDENT AND SICKNESS						}				HOSPITALIZ	ATION			
		Dura	ation of ber	nefics	Benefi	ts begin	Daily		Exten	ded coverage	Maximum room and	Extra	pay	sis of yment	Emergency
Cases covered	Amount	Period	After age—	Benefits limited	Accident	Sickness	benefit or service	Duration	-Days	Daily amount	board allowance	allowance or service	Year	Disa- bility	care benefit or service
<u> </u>		_	_		-	_		En	ployee	and depend	ents—nono	ccupational disab	ility c	ases	<u></u>
(²)	(²)	(2)	( <sup>2</sup> )	(²)	( <sup>2</sup> )	(²)	Semi- private room.	120 days.	(3)	( <sup>3</sup> )	_	Full cost of specified services.	_	x	Required services provided.
					,				Er	nployee only	occupation	onal disability ca	ses		
			! !				Differe the abo	nce, if and the second	ny, bet	ween benefi	ts provided	through Workmen	n's Co	mpens	ation and
	_									Emp	loyee and d	ependents	<u> </u>		
(2)	( <sup>2</sup> )	(2)	( <sup>2</sup> )	( <sup>2</sup> )	(2)	( <sup>2</sup> )	\$13	120 days.			\$1,560	\$200, plus 75 percent of next \$5,000 of charges.	_	x	\$200, plu 75 percent of next \$5,000 of charges.
Nonoc-	Annual base pay Weekly benefit	26	_		lst day	8th day				Emp	ployee and d	ependents			
cupa- tional.	Less than \$4,000 \$47.50 \$55.00 \$5,000 and over 60.00	weeks per dis- ability.				or 1st in hos- pital.	Semi- private room.	120 days.	_	-		Full cost of specified services.	-	x	Required services provided.
Occu- pa- tional.	Difference between Workmen's Compensation benefit and above amount.														

			SURG	BICAL		<u> </u>	<del>,</del>	<del></del>	MEDI	CAL				
COMPANY, UNION,	INCOME LIMITS FOR SERVICE		Allowances for—							oyee .				
AND DATE OF INFORMATION	SURGICAL AND MEDICAL BENEFITS	Most	1	1	Covers cases in			Allowance		Maximum	Benefi	ts begin	Number	Number
		expensive operation	Tonsillectomy	Appendec- tomy		Home	Office	Hospital	Elsewhere	compensation	Sickness	Accident	of visits paid for	of days paid for
Lever Brothers Co. Chemical Workers;		Emplo nor	yee and depend loccupational c	ents— ases	Hospital, office, home,		1	Nono	ccupational	disability cases	1		1	
Oil, Chemical and Atomic Workers		\$ 250	\$ 50	\$ 166, 50	elsewhere.			\$ 5 for each day of confinement.	_	\$300 per disability.	1st day.	lst day.	_	60 per disa- bility.
January 1962			Employee only- cupational cas				<u> </u>	Occ	upational di	sability cases	<b>!</b>	l	ļ. <u></u>	<u> </u>
		e, if any, betw ded through Wo ation and the ab	een bene- orkmen's		Difference	if any, b	etween benefits provi	ded through	T n Workmen's Com	pensation	and the a	above ber	nefits.	
Sinclair Oil Corp. Oil, Chemical and Atomic Workers November 1961		Empl	Under age 12, \$30; over age 12, \$50.	\$ 125	Hospital, office, home, elsewhere.	_	_	\$3 for each day of confinement.	_	\$250 per disability.	lst day.	lst day.		
Continental Can Co., Inc Steelworkers February 1962	<u>-</u>	Emp1	Oyee and deper Under age 12, \$36; over age 12, \$60.	\$ 150	Hospital, office, home, elsewhere.	<del></del> -		\$4 for each day of confinement.		\$124 per disability.	1st day.	1st day,	_	31 per disa- bility.

<sup>1</sup> If surgical operation performed, allowance is greater of (a) \$3 for each day of hospital confinement up to day of operation; and (b) \$3 for each day of confinement minus surgical operation

allowance.

Payable irrespective of actual charges.

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

## Collective Bargaining, Winter 1961-62-Continued

			MEDICAL	Continued									мА	TERNITY PR	OVISION	s		
			Dep	endents									Hospitalizati	on .		Surgical	Medical	
Home	Office	Allowance Hospital	Elsewhere	Maximum compensation	Benefic Sick- ness	Acci- dent	of visits	Number of days paid for	Other provisions	Accident and sickness	Daily benefit or service	Duration	Maximum room and board allowance	Extra allowance or service	Lump sum	Schedule allowance for normal delivery	Amounts and limi- tations	Benefits available to newly insured
	-	\$ 5 for each day of confinement.		\$ 300 per disability.	lst day.	lst day.	_	60 per disa- bility,	-			·		yee and de	pendent			Employee and dependent: If pregnancy
											Semi- pri- vate room.	8 days.	_	Full cost of speci- fied services.		\$ 125	<del>-</del>	commences while insured.
		\$3 for each day of confinement.	_	\$250 per disability.	lst day.	lst day.						<del></del>	Employee ar	T				Employee and dependent: If pregnancy commences while insured.
		\$4 for each day of confinement.		\$124 per		lst	_	31 per	<del>-</del>	Regular benefits			Emplo	yee and de	penden			Employee and dependent:
		(3)						bility.		for 6 weeks.	Semi- pri- vate room.	l4 days.	-	Full cost of speci- fied services.	_	\$ 90	_	dependent: If pregnancy commences while insured.

			EFIT COVERAGE DURING RETIREMEN (must be provided at least on group rate		
COMPANY, UNION, AND DATE OF INFORMATION	OTHER BENEFITS <sup>1</sup> (types and amounts)	Life insurance	Hospitalization	Surgical	Medical
Lever Brothers Co.	Employee and dependents	Retiring prior to age 65: Maintained until age 65, then	_		_
Chemical Workers; Oil, Chemical and Atomic Workers	Diagnostic X-ray allowance for nonhospitalized cases—\$25 per disability.	coverage ceases.		5	
January 1962	Supplemental major medical expense benefit—80 percent of first \$3,125 of expenses not covered by other plan benefits, incurred during any one disability which are in excess of \$100; 100 percent of next \$2,500 of expenses; maximum—\$5,000 per disability or 36 months of benefits, whichever is less.				
Sinclair Oil Corp.	Employee and dependents	Same as for active employees; minimum—\$ 1,000.	Employe	ee and dependent 4	
Sinclair Oil Corp.  Dil, Chemical and Atomic Workers  November 1961	Anesthesia allowance for nonhospitalized cases—\$10 per operation.  Supplemental major medical expense benefit—75 percent of expenses not covered by other plan benefits, incurred during each year, which are in excess of \$100; maximum—\$5,000 during lifetime.		Total hospital benefits payable	Total surgical bene- fit payable during retirement period for employee and for dependent limit- ed to \$ 250 for each.	Total medical benefit payable during retirement period for employee and for dependent limited to \$ 250 for each.
Continental Can Co., Inc.	Employee and dependents	Retiring at or after age 65: Amount in effect immediately prior		ee and dependent	
Continental Can Co., Inc. Steelworkers February 1962	Anesthesia allowance (for surgery performed in or out of hospital, if administered by licensed physician other than operating surgeon or his assistant or employee of hospital)—if surgical benefit is \$75 or under, \$15; if surgical benefit is over \$75, 20 percent of surgical benefit.  Diagnostic X-ray allowance for cases out of hospital—\$75 during any 12-month period.  Diagnostic examination allowance for cases in or out of hospital—\$75 during any 12-month period.  Radiation therapy allowance for cases in or out of hospital—\$7.50 per treatment; maximum allowance per condition ranges from \$50 to \$200.	to retirement reduced 10 percent immediately and 10 percent annually for next 4 anniversaries of retirement.  Retiring at age 60 with 15 years' service: Amount in effect prior to retirement maintained until age 65, thereafter, same as for employee retiring at age 65.	Same as for active employee.  Total benefits payable during r pendent limited to \$2,500 for e	Most expensive operation: \$ 200  Appendectomy: \$ 100  etirement period for ach.	Same as for active employee.

Excludes such benefits as X-ray, anethesia, and electrocardiogram allowances if they are provided only for services performed in a hospital. See EXPLANATORY NOTES.
Life insurance coverage ceases when employee reaches age 65, except for part of the contributory insurance that is available during active employment.

Employee may secure additional life insurance on a contributory basis.

Available to employees with 5 continuous years' plan participation prior to retirement and their dependents. Major medical expense benefit also extended to retired employee and dependent.

The above services are covered in full if performed by a hospital employee in the out-patient department of the hospital.

		<del></del> ,		Be	nefits fo	r—								
	loyee		yee's dep			ired empl	<del></del>		ired emplo depender		Amount of contributi  Benefits for employee and dependents	on for—	Benefits for retired o	employee
Com- pany only	Jointly	Com- pany only	Jointly	Em- ployee only	Com- pany only	Jointly	Em- ployee only	Com- pany only	Jointly	Em- ployee only	Employee	Company	and dependen  Employee	Company
X		-	х	_	X (2)	_					Dependents' major medical benefit: Full cost.	Employee's benefits: Full cost. 3 Dependents benefits: except major medical: Full cost.		Full cost. <sup>2</sup>
	х	_	x	_		х	_	_	x	_	Life insurance in excess of \$1,000: \$0.55 per \$1,000 of insurance.  Hospital, surgical and medical benefits: Benefits for employee only, \$1.70 per month; for employee and children, \$4.05; for employee and wife or employee, wife, and children, \$4.55.  Major medical benefit: Benefits for employee only, \$1.05 per month; for employee and dependents, \$2.33.	Life insurance:  Ist \$1,000 of insurance, full cost; remainder, balance of cost.  Accidental death and dismemberment benefit:  Full cost.  Other benefits: Balance of cost.	Hospital, surgical, and medical benefits: Benefits for employee only, \$1.15 per month; for employee and children, \$3; for employee and wife or employee, wife, and children, \$3.50.  Major medical benefits: Same as active employee.	Life insurance: Full cost.  Other benefits: Balance of cost.
x		x			x			х			<del>-</del>	Full cost.		Full cost.

		LIFE INSURAI	NCE				, A	CCIDENTAL DEATH AND	DISMEMBERME	ENT
COMPANY, UNION, AND DATE OF	ELIGIBILITY REQUIREMENTS (When new			If per	manently and totally disab	oled		An	ount	
INFORMATION	employees become eligible)	Amount		Before age—	Insurance is—	Paid in	Cases covered	Graduated according to—	Death or multidis- memberment	Single dis- memberment
United States Rubber Co. Rubber Workers January 1962	Life insurance: After 3 months' employment.  Accident and sickness benefit: 1st of 2d month following month in which employ- ment begins.  Other benefits: 1st of 3d month following month in which employ- ment begins.	\$4,500 <sup>1</sup>		65	Until age 65; thereafter, same as for retired employee.		Nonoccu- pational.		Same as life insur- ance.	One-half of life in- surance.
Owens-Illinois Glass Co. Glass Bottle Blowers December 1961	Immediately or lst of following month.	Basic hourly wage  Less than \$1.25	\$3,000 3,500 4,000 5,000 6,000	65		ments or lump	Nonoccu- pational; occupa- tional.	Earnings.	Same as life insur- ance.	One-half of life in- surance.
American Radiator and Standard Sanitary Corp. (Louisville, Ky.) Standard Allied Trades Council November 1961	Immediately or lst of following month.	\$1,000		60	x		Nonoccu- pational; occupa- tional.	_	Same as life insur- ance.	One-half of life in- surance.
The Firestone Tire and Rubber Co. Rubber Workers November 1961	After 3 months' employment.	Before age 65: Basic hourly rate  Less than \$0.90	\$2,000 2,500 3,000 3,500 4,000 4,500	65	Until age 65; there- after, same as for retired employee.		Nonoccu- pational.	Earnings.	Same as life insur- ance.	One-half of life in- surance.

Additional insurance provided on a contributory basis.

In States having temporary disability laws, benefit reduced by amount received under State laws.

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

# Under Collective Bargaining, Winter 1961-62

	ACCIDENT AND SICKNESS										HOSPITALIZ	ATION			
C		Dura	ation of be		Benefi	ts begin	Daily benefit		Exten	ided coverage	Maximum room and	Extra	pa	sis of yment er—	Emergency out-patien
Cases covered	Amount	Period	After age	Benefits Limited to—	Accident	Sickness	or service	Duracion	-Days	Daily amount	board allowance	allowance or service	Year	Disa- bility	care benefi or service
Nonoc -	Men-\$40 per week.	26	60	26 weeks		8th day.				Em	ployee and	lependents			
cupa - tional,	Women—\$30 per week. (2)	weeks per dis- ability.		any 12 consecu- tive	day.		Semi - private room.	120 days.	-			Full cost of specified services.	-	х	Required services provided.
Occu- pa- tional,	Difference between Workmen's Compensation benefit and above amount.			months.								(3)			
										Em	ployee and	dependents			
Nonoc - cupa - tional.	Basic hourly wage         Weekly benefit           Less than \$1.25         \$22.00           \$1.25 to \$1.69         27.50           \$1.69 to \$1.93         33.00           \$1.93 and over         44.00	26 weeks per dis- ability.			lst day.	4th day.	\$10	31 days	_	_	\$310	\$200		х	\$200
Occu- pa- tional acci- dents only.	lst week, same as above; next 12 weeks, 50 percent of above amount.	13 weeks per dis- ability.			lst day.										
Nonoc -	\$45 per week.	26	_	_	lst	8th day.		<del></del>		Em	ployee and	dependents	-1		<del></del>
cupa - tional.		weeks per dis- ability.			day.		Semi - private room.	70 days		_	_	Full cost of specified services.		х	Required services provided.
Nonoc -	Men-\$40 per week.	26	60	26 weeks	lat	8th day.				Em	ployee and	dependents			
cupa - tional.	Women—\$32 per week.	weeks per dis- ability.	00	during any 12 consecu- tive	day.	our day.	Semi- private room.	120 days.	-		_	Full cost of specified services.	T-	x	Required services provided.
Occu- pa- tional.	Difference between Workmen's Compensation benefit and above amount.			months.											

			SURG	SICAL		1			MEDI	CAL				
COMPANY, UNION, AND DATE OF	INCOME LIMITS FOR SERVICE		Allowances for-						Empl	oyee				
INFORMATION	SURGICAL AND MEDICAL BENEFITS		1	Appendec-	Covers cases in		<del></del>	Allowance	·	Maximum	Benefi	ts begin	Number of visits	Number of days
		expensive operation	Tonsillectomy	tomy		Home	Office	Hospital	Elsewhere	compensation	Sickness	Accident	paid for	paid for
United States Rubber Co.	.—	Empl	loyee and deper	ndents	Hospital, office, home,		_	1st 2 days, \$5 per	_	\$364 per	lst day.	lst day.	_	120 per disabil-
Rubber Workers January 1962		ł	Under age 12, \$30; over age 12, \$50.	\$ 125	elsewhere.			day; thereafter, \$3 per day.		disability.				ity.
Owens-Illinois Glass Co.		Empl	oyee and depen	dents	Hospital,	<del></del>	_	\$5 for each day of		\$155 per	lst day.	lst day.		31 per
Glass Bottle Blowers		\$200	\$ 30	\$100	office, home, elsewhere.			confinement.		disability.				disabil- ity.
December 1961														
American Radiator and		Empl	oyee and depen	dents	Hospital,			\$5 for each day of		\$150 per	let day	lst day.		30 per
Standard Sanitary Corp. (Louisville, Ky.) Standard Allied Trades Council November 1961		\$300	Under age 19, \$40; over age 19, \$50.		office, home, elsewhere.	•		confinement.		disability.				disabil- ity.
				j										
The Firestone Tire and		Empl	oyee and depen	dents	Hospital,		_	lst 2 days, \$5 per		\$364 per	lst dav.	lst day.		120 per
Rubber Co. Rubber Workers November 1961			Under age 12, \$30; over age 12, \$50.	\$125	office, home, elsewhere.			day; thereafter, \$3 per day.		disability.				disa- bility.
November 1961														

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

			MEDICAL	.—Continued									мА	TERNITY PR	OVISION	s		
			Dep	endents									Hospitalizat	ion		Surgical	Medical	
Home	Office	Allowance Hospital	Elsewhere	Maximum compensation	⊢	Acci- dent	of visits	Number of days paid for	Other provisions	Accident and sickness	Daily benefit or service	Duration	Maximum room and board allowance	Extra allowance or service	Lump sum	Schedule allowance for normal delivery	Amounts and limi- tations	Benefits available to newly insured
		lst 2 days, \$5 per		\$364 per	lst	lst	_	120		Regular		-l	<u> </u>	yee and de	penden	t	l	Employee and
		day; thereafter, \$3 per day.		disability.	day.	day.		per disa- bility.		benefits for 6 weeks.	Semi- private room.		_	Full cost of speci- fied services.	_	\$75	_	dependent: If pregnancy commences while insured.
		\$5 for each day of		\$155 per	lst	lst	_	31 per		Regular			Emple	yee and de	penden	t		Employee and
		confinement.			day.	day.		disa- bility.		benefits for 6 weeks.			_	_	\$100 (1)	\$ 50	_	dependent: After 9 months.
_	_	\$5 for each day of confinement.	_	\$150 per disability.		lst day.		30 per disa- bility.	_	Regular benefits for 6 weeks.	Semi- private room.		Emplo	Full cost of speci- fied services.	penden	\$90	_	Employee and dependent: After 9 months.
_	_	lst 2 days, \$5 per day; thereafter, \$3 per day.	_	\$364 per disability.	l st day.	l st day.		120 per disa- bility.	_	Regular benefits for 6 weeks.	Semi - private room.	120 days.	Emplo	ryee and de Full cost of speci- fied services.	pendent	\$75		Employee and dependent: If pregnancy commences while insured.

		ĐẾNE (1	FIT COVERAGE DURING RETIREMEN must be provided at least on group rate	IT PERIOD Basis)	
COMPANY, UNION, AND DATE OF INFORMATION	OTHER BENEFITS <sup>1</sup> (types and amounts)	Life insurance	Hospitalization	Surgical	Medical
Inited States Rubber Co. Lubber Workers anuary 1962	Diagnostic X-ray allowance for nonhospitalized cases:  Employee—\$70 per condition during any 12 consecutive months.  Dependents—\$70 during any 12 consecutive months; total applicable to all dependents.	Retiring at age 65: 50 percent of total amount in effect immediately prior to retirement or \$2,750, whichever is less. <sup>2</sup> Retiring prior to age 65 due to disability: Total amount of insurance, but not in excess of \$5,500, in effect at retirement maintained until age 65, <sup>3</sup> then reduced as stated above.		ee and dependent or active employee.	
wens-Illinois Glass Co. lass Bottle Blowers ecember 1961	Employee and dependents  Diagnostic X-ray and laboratory examination allowance for nonhospitalized cases—\$75 per year.  Supplemental major medical expense benefit—80 percent of expenses not covered by other plan benefits, incurred during any one calendar year, which are in excess of \$100; maximum—\$10,000 during lifetime.	25 percent of amount in effect immediately prior to retirement.		ee and dependent	
merican Radiator and Standard Sanitary Corp. (Louisville, Ky.) andard Allied Trades Council	Employee and dependents  Anesthesia allowance for cases in or out of hospital— minimum, \$7.50; maximum, 15 percent of surgical schedule allowance.  Diagnostic X-ray and laboratory examination allowance for cases in or out of hospital—\$50 per disability.  Radiation therapy allowance for cases in or out of hospital—\$300.		_	_	_
e Firestone Tire and ubber Co. ober Workers vember 1961	Diagnostic X-ray allowance for nonhospitalized cases:  Employee—\$70 per condition during any 12 consecutive months.  Dependents—\$70 during any 12 consecutive months; total applicable to all dependents.	50 percent of amount in effect immediately prior to retirement.	<del></del>	ee and dependent	

Excludes such benefits as X-ray, anesthesia, and electrocardiogram allowances if they are provided only for services performed in a hospital. See EXPLANATORY NOTES. Employee may continue one-half of contributory insurance in excess of \$500 at same premium rate as for active employee.

Employee may continue, until age 65, contributory insurance in excess of \$1,000 at same premium rate as for active employee.

\$1,000 additional life insurance available to employee at cost of 60 cents per month.

				Be	nefits fo	r—				-				<del></del>
Emp	loyee	Employ	ee's dep			ired empl	loyee	Ret	ired empl depender	oyee's	Amount of contributi	on for—		
Com-	İ	Com-	Jointly	Em- ployee	Com- pany	Jointly	Em- ployee	Com- pany	Jointly	Em- ployee	Benefits for employee and dependents		Benefits for retired and depende	employee nt
pany only	Jointly	pany only	Jointry	only	only	Jointry	only	only	Johnsy	only	Employee	Company	Employee	Company
x	_	x	_	_	x		—	x	_	_	_	Full cost.	_	Full cost.
(4)					(5)							(*)		(5)
	х		x		x	_		х			Employee's benefits except major medical benefit:  Basic hourly wage Monthly contribution  Less than \$1.25	Employee's and de- pendents' benefits except major medi- cal benefit: Balance of cost.		Full cost.
_	х		x							_	Benefits for employee only, \$1.36 per month; for employee and dependents, \$2.72.	\$13.965 per month per active partici- pating employee.	_	_
х		x			x			х				Full cost.		Full cost.

<sup>5</sup> Employee retiring at age 65 may continue one-half of contributory group life insurance in excess of \$500 at same premium rate as for active employee. Employee retiring prior to age 65 owing to disability may continue until age 65, contributory insurance in excess of \$1,000 at same premium rate as for active employee.

6 When hospital, surgical, or medical benefits are paid, a corresponding reduction is made in the life insurance coverage; however, when life insurance coverage is reduced by 75 percent or to \$250, whichever is greater, no further hospital, surgical or medical benefits are payable.

		LIFE INSURANCE	·			_	ACCIDENTAL DEATH AND	DISMEMBERMI	ENT
COMPANY, UNION, AND DATE OF	ELIGIBILITY REQUIREMENTS (when new		If per	manently and totally disal	bled		Ai	nount	
INFORMATION	employees become eligible)	Amount	Before age	Insurance is-	Paid in-	Cases covered	Graduated according to	Death or multidis- memberment	Single dis- memberment
Aluminum Company of America Aluminum Workers; Steelworkers March 1962	Immediately or lst of following month.	\$5,000	65	Until age 65, then reduced in same manner as for retired employee.		_	_	-	_
Chase Brass and Copper Co., Inc. Automobile Workers February 1962	Life insurance: lst of month fol- lowing 6 months' employment.  Accident and sickness benefit: After 90 days' employment.  Other benefits: After 60 days' employment.	\$5,000	60 and insured for 1 year.	_		Nonoccu- pational.		\$4,000	\$2,000
The Florsheim Shoe Co. Shoe Workers, United December 1961	lst day of payroll period following l year's service.	\$1,000	60	х		_			_
	After 3 months' employment.	\$2,000		For 1 year (or for period insured if less than 1 year).				_	_

Hospital benefits payable for all expenses in excess of \$25.
 Includes X-ray charges incurred in doctor's office because of an accident.

# Under Collective Bargaining, Winter 1961-62

	ACCIDENT AND SICKNESS										HOSPITALIZ	ATION			
		Dur	ation of be		Benefi	ts begin	Daily benefit		Exten	ded coverage	Maximum room and	Extra	pay	sis of ment r—	Emergence out-patie
Cases covered	Amount	Period	After	Benefits	Accident	Sickness	or	Duration	- Days	Daily	board allowance	allowance or service	Year	Disa-	care benef
			age-	limited to—		ļ				amount			_	bility	<u></u>
	Standard hourly wage rate Weekly benefit	26 weeks	-	-	lst day	8th day or 1st in		<del></del>		Em	ployee and	dependents	т	1	
	Less than \$2.313	per dis- ability.				hospital	Semi- private room.	120 days.	_	_	_	Full cost of specified services.	-	x	Required services provided.
	Difference between Workmen's Compensation benefit and above amount.														
Nonoc-	\$50 per week.	26	_		lst day	.8th day.		<u> </u>		Em	ployee and	dependents	-	·	L
cupa- tional,		weeks per dis- ability.					\$20	120 days.	_	_	\$2,400	Full cost of services.		х	Required services provided.
Nonoc-	\$25 per week.	13	60	13 weeks	lst dav	.8th day.				Emp	ployee and o	lependents			
cupa- tional.		weeks per dis- ability.		during any 12 consecu- tive months.			\$12	31 days.		<del></del>	\$372	\$180	_	x	_
	May 625 and may)	13			lat 3	Data 3				Emplo	oyee and de	pendents <sup>1</sup>			
Nonoc- cupa- tional.	Men-\$25 per week. Women-\$15 per week.	weeks per dis- ability.		_	ist day	.Bth day.	\$12	31 days.	_	_	\$372	\$2402	_	x	\$240 <sup>2</sup>

			\$URG	GICAL					MEDI	CAL				
COMPANY, UNION, AND DATE OF	INCOME LIMITS FOR SERVICE		Allowances for-	-					Empl	oyee				
INFORMATION	SURGICAL AND MEDICAL BENEFITS	Most	<u> </u>	Ι. ,	Covers cases			Allowance		- Maximum	Benefi	ts begin	Number	Numbe
		expensive operation	Tonsillectomy	Appendec- tomy		Home	Office	Hospital	Elsewhere	compensation	Sickness	Accident	of visits paid for	of days
Aluminum Company of		Emp	loyee and depe	ndents	Hospital,		_			_	_	_		_
America		\$300	\$50	\$200	office, home, elsewhere.						ļ			
Aluminum Workers; Steelworkers														
March 1962	}										i 			l
													-	
									ļ		:			
	,	<b>.</b>									]			
		1												
Chase Brass and Copper		Emp	loyee and depe	ndents	Hospital,	\$3 per	\$2 per	\$3 per visit.	\$3 per	\$150 per disa-	4th visit.	lst visit.	l per	
Co., Inc.	i	\$300	\$45	\$150	office, home, elsewhere.	visīt.	visit.	_	visit.	bility.	,		day.	
Automobile Workers February 1962			1						Ì					
reordary 1702												ļ		
		Fmn	loyee and depe	ndents										ļ
The Florsheim Shoe Co.	-	<u> </u>	\$25	\$100	Hospital, office, home,	_	_	_	-	_	_	-	_	_
Shoe Workers, United December 1961		\$150	<b>\$</b> 25	100	elsewhere.				Ì					
December 1701														
													ļ	
		:												
International Shoe Co.	_	Empl	loyee and deper	ndents	Hospital,	_	_	\$3 for each day of	_	\$93 per disability	lst day.	lst day.	_	31 per
Shoe Workers, United		\$200	\$30	\$100	office, home, elsewhere.			confinement.						disa- bility.
November 1961								( )		1	1	1	1	1

Total room and board charges <u>plus</u> charges for extra services limited to \$120.
If surgical operation performed, allowance is greater of (a) \$3 for each day of hospital confinement up to day of operation; and (b) \$3 for each day of confinement minus surgical operation allowance.
3 Payable irrespective of actual charges.

			MEDICAL	Continued									мА	TERNITY PE	OVISION	ıs		
			Dep	endents									Hospitalizati	ion		Surgical	Medical	
		Allowance		Maximum		s begin	Number	Number	Other provisions	Accident and	Daily benefit	<b>.</b>	Maximum room and	Extra allowance	Lump	Schedule allowance	Amounts and limi-	Benefits available to newly insured
Home	Office	Hospital	Elsewhere	compensation	Sick- ness	Acci- dent	paid for	of days paid for		sick <b>nes</b> s	or service	Duration	board allowance	or service	sum	for normal delivery	tations	
_	_	_	I _	_	_	_	_	_	_	Regular		,	Empl	loyee and d	epende	nt		Employee and de-
										benefits for 6 weeks.	Semi- private room.	120 days.		Full cost of speci- fied serv- ices.		\$100	_	Employee and dependent: If pregnancy commences while insured.
							447						72.7					
	_	\$3 for each day of	_	\$150 per	1st day	lst day		_	_	_			Empl	loyee and d	epende	nt		Employee and de-
		confinement.		disability.		7							_	_	\$125	\$75	_	pendent: If pregnancy com mences while in- sured.
	<u> </u>									Regular				Employee				Employee and de
										benefits for 6 weeks.	\$12	14 days.	\$168	\$50	_	\$50	_	pendent: Immediately.
										Weeks.		<b>.</b>	<b>I</b>	Dependent	:	1	1	1
											\$12		(1)	Difference between total room and board charges and \$120.		\$50	_	To a service of the s
_		\$3 for each day of confinement.  (2)		\$93 per disability.	lst day.	lst day	_	31 per disa- bility.	_			\$ 	Employee a	<del>-</del>	T			Employee and de pendent: if pregnancy com mences while in- sured.

COMPANY, UNION, AND DATE OF INFORMATION	OTHER BENEFITS <sup>1</sup> (types and amounts)	Digest of Selected Health and Insurance Plans Under  BENEFIT COVERAGE DURING RETIREMENT PERIOD  (must be provided at least on group rate basis)			
		Life insurance	Hospitalization	Surgical	Medical
Aluminum Company of	Employee and dependents	Retiring at age 65:	Employee and dependent		
America Aluminum Workers; Steelworkers March 1962	Anesthesia allowance (for surgery performed in or out of hospital if administered by licensed physician other than operating surgeon or his assistant or employee of hospital)—if surgical benefit is \$75 or under, \$15; if surgical benefit is over \$75, 20 percent of surgical benefit.  Diagnostic X-ray allowance for cases in or out of hospital—\$75 during any 12-month period.  Diagnostic examination allowance for cases in or out of hospital—\$75 during any 12-month period.  Radiation therapy allowance for cases in or out of hospital—\$7.50 per treatment; maximum allowance per condition ranges from \$50 to \$200.	which time amount is reduced by \$300 and \$300 annually thereafter to minimum of \$2,000.  Retiring prior to age 65: Amount in effect immediately prior to retirement maintained until age 65; thereafter, same as for employee retiring at age 65.  Retiring after age 65:	dSame as for active employee.	Most expensive operation: \$200 Appendectomy: \$133 etirement period for ited to \$2,500	_
Chase Brass and Copper	Employee and dependents	30 percent of amount in effect	Employee and dependent Employee		Employee:
Co., Inc. Automobile Workers February 1962	Diagnostic X-ray allowance for cases in or out of hospital, if not entitled to other plan benefits—\$75.	immediately prior to retirement or \$1,000, whichever is greater.	Same as for active employee, except daily room and board benefit is \$15.	Same as for active employee.	Employee.  Same as for active employee.  Dependent: Same as for dependents of active employee.
The Florsheim Shoe Co. Shoe Workers, United December 1961	<del>-</del>		_	-	
International Shoe Co. Shoe Workers, United November 1961	_	_		<del>-</del>	_

Excludes such benefits as X-ray, anesthesia, and electrocardiogram allowances if they are provided only for services performed in a hospital. See EXPLANATORY NOTES.

The above services are covered in full, if performed by a hospital employee in the out-patient department of the hospital.

				Ве	nefits fo	r			<u>.</u>					
Emp	loyee	Employ	yee's dep	endents	Re	tired empl	loyee	Ret	red empl depender	oyee's	Amount of contributi	on for—	5-2 /	
Com-		Com-	Jointly	Em- ployee	Com- pany	Jointly	Em- ployee	Com-	Jointly	Em- ployee	Benefits for employee and dependents		Benefits for retired and depender	employee at
pany only	Jointly	pany only	Jointry	only	only	Jonary	only	pany only	Jointly	only	Employee	Company	Employee	Company
х	_	х		_	х	_	_	х	_		<del></del>	Full cost.		Full cost.
x	_	x			x	_	_	x	_	_	.—	Full cost.	<del>-</del>	Full cost.
_	x		х	_	_	_	_	_	_	_	Benefits for employee only or employee and one dependent—\$0.98 per month; for employee and more than one dependent—\$1.96.	Balance of cost.		_
	х	_	x			_	-	-	_		Employee's benefits: Life insurance—\$0.80 per month.  Dependents' benefits: \$3.25 per month.	Employee's benefits: Life insurance— balance of cost. Other benefits—full cost.  Dependents' benefits: Balance of cost.	_	_

		LIFE INSURANCE	CE				^	CCIDENTAL DEATH AND	DISMEMBERME	NT
COMPANY, UNION, AND DATE OF	ELIGIBILITY REQUIREMENTS (when new	-		If per	manently and totally disab	led		Amo	ount	
INFORMATION	employees become eligible)	Amount		Before	Insurance is-	- Paid	Cases covered	Graduated according to-	Death or multidis-	Single dis- memberment
				-5-	Maintained	in—			memberment	
Jnited States Steel Corp. Steelworkers March 1962	Immediately or lst of following month.		\$4,000 4,500 5,000 5,500 6,000 6,500	60	Until age 65, there- after, same as for retired employee.		<b></b>	<del>-</del>		_
Weirton Steel Co.	Life insurance: Immediately or	Employee	•		<u> </u>	J.,	Nonoc- cupa-	Annual earnings up to \$8,000.01.	Same as life insur-	One-half of life in-
ndependent Steel- workers Union	lst of following month.	Annual earnings (exclusive of bonus) <sup>2</sup>	insurance	60	_	Install-	tional; occupa-		ance up to \$10,000.	
November 1961	Other benefits: 1st of 3d month following month of employment.	\$1,500.01 to \$2,000.00 \$2,000.01 to \$2,500.00 \$3,000.01 to \$3,500.00 \$3,500.01 to \$3,500.00 \$4,000.01 to \$4,500.00 \$4,500.01 to \$4,500.00 \$4,500.01 to \$5,000.00 \$5,000.01 to \$6,000.00 \$6,000.01 to \$7,000.00 \$7,000.01 to \$8,000.00 \$8,000.01 to \$9,000.00 \$9,000.01 to \$10,000.00 and up in increments of \$1,000 to \$12,000.01 to \$13,000.00 and up in increments of \$1,000 to \$24,000.01 and over	\$1,500 2,000 2,500 3,000 3,500 4,500 5,000 6,000 7,000 8,500 10,000 11,500 16,000 2,000 40,000			ments.	tional.			
		Dependent wi	ife		r	_				
		\$1,000				<u> </u>				ļ
		Dependent chik								:
		Age	\$50 100 200 300 400 500	_	<del>-</del>					
Massachusetts Leather Manufac- turers' Association Leather Workers;	lst of month fol- lowing I month's employment.	\$1,500		At any age.	x	_	Nonoc- cupa- tional; occupa- tional.		Same as life insur- ance.	One-half of life in- surance.
Meat Cutters			•		1				{	

Additional insurance provided at employees's expense.

Earnings classes are inclusive; e.g., the second group includes all employees earning from \$1,500.01 up to and including \$2,000 a year.

Farnings classes are inclusive; e.g., the second group includes all employees earning from \$3,500.01 up to and including \$4,500 a year.

	ACCIDENT AND SICKNESS										HOSPITALIZ	ATION			
		Dura	ation of be		Benefi	ts begin	Daily benefit		Exten	ded coverage	Maximum room and	Extra	pay	sis of ment r—	Emergene out-patie
Cases covered	Amount	Period	After age—	Benefits limited to—	Accident	Sickness	or service	Duration	-Days	Daily amount	board allowance	allowance or service	Year	Disa- bility	care benef
upa- ional.	Standard hourly wage rate Weekly benefit  Less than \$2.09 \$53	26 weeks per dis-	_	_	lst day.	8th day.	<u> </u>		T 1	Em	ployee and o	<del>-</del>			
	\$2.09 to \$2.49	ability.					Semi- private room.	120 days.				Full cost of specified services.	-	x	Required services provided
ccu- a- onal.	Difference between Workmen's Compensation benefit and above amount.														
ionoc- upa-	Annual earnings (exclusive of bonus) Weekly benefit	26 weeks	60	26 weeks	retro-	8th day retro-		1		Em	ployee and o	lependents		<del></del>	
ional,	Less than \$3,500.01 \$53.00 \$0.00 \$0.00 \$0.00 \$4,500.00 67.00 \$6,000.01 and over 70.50	per dis- ability.		any 12 consecu- tive months.	to 1st after 21 days of disa	active to 1st after 21 days of disa- bility.	\$ 12	70 days.		<del></del>	\$ 840	\$ 300	x	_	\$ 300
occupa- ional cci- ents ents	Difference between Workmen's Compensation benefit and above amount.	26 weeks per dis- ability.			8th day retro- active to 1st after 21 days of disa- pility.										
Nonoc-	\$30 per week.	13 weeks	60	13 weeks per year		8th day	·			Em	ployee and	dependents			
ional.		per dis- ability.					\$ 21	120 days.	_	_	\$ 2,520	Full cost of specified services.		x	Requir service provide

			SUR	GICAL		ı			MEDI	CAL				
COMPANY, UNION, AND DATE OF	INCOME LIMITS FOR SERVICE		Allowances for-	-					Emple	yee				
INFORMATION	SURGICAL AND MEDICAL BENEFITS			Appendec-	Covers cases in—	<u> </u>	T	Allowance	<del></del>	Maximum	Benefi	ts begin	Number	Number of days
		expensive operation	Tonsillectomy	tomy		Home	Office	Hospital	Elsewhere	compensation	Sickness	Accident	of visits paid for	paid for
United States Steel Corp.	_	Empl	loyee and depe	ndents	Hospital, office, home,	_	_		_	_	_	_	_	_
Steelworkers March 1962		\$ 300	\$ 50	\$ 150	elsewhere.									
Weirton Steel Co.		Empl	loyee and deper	ndents	Hospital, office, home,		_			<del></del>	<del> </del>	 		
Independent Steelworkers Union		\$ 250	\$45	\$ 140	elsewhere.									ŀ
November 1961														
Massachusetts Leather Manufacturers	Individual coverage, \$2,000;	Empl	loyee and deper	ndents	Hospital, office, home,	<u> </u>	_	1st day, \$5; there- after, \$3 per day.		\$ 362 per disability.	lst day.	1st day.	_	120 per disa-
Association  Leather Workers;  Meat Cutters	husband and wife, \$2,500, family, \$3,000.	\$ 300	\$ 50	\$ 125	elsewhere.					-				bility.
February 1962				}							1			

			MEDICAL	.—Continued									MA	TERNITY PR	OVISION	s		· · · · · · · · · · · · · · · · · · ·
	<u>.</u>	C AVENUE	Den	endents							!		Hospitalizati	on		Surgical	Medical	]
		Allowance	1	Maximum		s begin	of visits	Number of days	Other provisions	Accident and sickness	Daily benefit	Duration	Maximum	Extra allowance	Lump	Schedule allowance for normal	Amounts and limi-	Benefits available to newly insured
Home	Office	Hospital	Elsewhere	compensation	ness	dent	paid for	paid for			or service		allowance	or service	Sum	delivery	tations	
	-	<del>_</del>		_	_	-	-	-	_	Regular benefits for 6			Emplo	oyee and d	ependen	it		Employee and dependent: If pregnancy
									77.7.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.	for 6 weeks.	Semi- pri- vate room.	10 days.	_	Full cost of speci- fied services.		\$ 90		If pregnancy commences while insured.
												,						
<del></del>							_			Regular benefits			Emplo	oyee and de	penden	t		Employee and dependent:
							i i			for 6 weeks.	\$ 12	70 days.	\$840	\$ 180		\$85	_	After 9 months.
		1st day, \$5; there- after, \$3 per day.		\$362 per disability.	lst day.	lst day.	_	120 per	-	_		L l	Emplo	yee and de	penden	t.	<del>L</del>	Employee and dependent:
		The per day.						disa- bility.			_	_		_	\$100	\$ 50	_	After 8 months.

		BENE (	EFIT COVERAGE DURING RETIREMEN was to provided at least on group rate	NT PERIOD basis)	
COMPANY, UNION, AND DATE OF INFORMATION	OTHER BENEFITS <sup>1</sup> (types and amounts)	Life insurance	Hospitalization	Surgical	Medical
United States Steel Corp. Steelworkers March 1962	Employee and dependents  Anethesia allowance (for surgery performed in or out of hospital, if administered by licensed physician other than operating surgeon or his assistant or employee of hospital)—if surgical benefit is \$100 or under, \$20; if surgical benefit is over \$100, 20 percent of surgical benefit.  Diagnostic X-ray allowance for cases in or out of hospital—\$75 during any 12-month period.  Diagnostic examination allowance for cases in or out of hospital—\$75 during any 12-month period.  Radiation therapy allowance for cases in or out of hospital—\$10 per treatment; maximum allowance per condition ranges from \$50 to \$200.	Retiring at or after age 65: Amount in effect immediately prior to retirement reduced according to following schedule:  Standard hourly wage rate immediately prior to retirement  Less than \$2.09			_
Weirton Steel Co.	Employee and dependents	Retiring after age 60 with 15 years service:	Employe	ee and dependent 4	
Independent Steelworkers Union November 1961	Supplemental major medical expense benefit—80 percent of expenses not covered by other plan benefits, incurred during each benefit year, which are in excess of \$100; maximum—\$10,000 per year; \$20,000 per disability.	Same as for active employee; maximum—\$30,000.	Room and board allowance, \$12 per day, \$840 per year; allowance for extra services, \$300.	Same as for active employee.	<del>-</del>
Massachusetts Leather Manufacturers' Association Jeather Workers; Meat Cutters			_		_
February 1962					

Excludes such benefits as X-ray, anethesia, and electrocardiogram allowances if they are provided only for services performed in a hospital. See EXPLANATORY NOTES.

The above services are covered in full if performed by a hospital employee in the out-patient department of the hospital.

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

				D.	nefits fo	·F					· manoine			
Emp	loyee	Employ	ee's dep			tired emp	loyee	Reti	red emplo	yee's	Amount of contributi	on for—		
Com-	Γ	Com-		Em-	Com-	T	Em-	Com-		Em-	Benefits for employee and dependents		Benefits for retired e and dependent	mployee
pany only	Jointly	pany o <b>nl</b> y	Jointly	ployee only	pany only	Jointly	ployee only	pany only	Jointly	only	Employee	Company	Employee	Company
x	_	x			x		-			_	<del>-</del>	Full cost. 3	_	Full cost.
(3)														
x		x	_	_	x	_	_	x		_	_	Full cost.		Full cost.
х		x	_			_					_	Full cost—1.8 cents per hour for all hours paid for. <sup>5</sup>	_	_

<sup>&</sup>lt;sup>4</sup> Available if employee retires at normal retirement age. Widow of retired employee extended hospital room and board benefit of \$12 per day for 70 days, \$300 for hospital extra services, and \$250 for surgical benefits during lifetime.

<sup>5</sup> Includes paid holiday and vacation hours.

		LIFE INSURANCE					_	CCIDENTAL DEATH AND	DISMEMBERMS	ENT
COMPANY, UNION, AND DATE OF	ELIGIBILITY REQUIREMENTS (when new			If peri	manently and totally dis	abled		Aı	noust	
INFORMATION	employees become eligible)	Amount		fore	Insurance is		Cases covered	Graduated	Death or multidis-	Single dis-
			age	<u>.                                    </u>	Maintained	Paid in		according to-	memberment	memberment
International Harvester Co.	After 3 months' employment.	\$2,800 combination term and paid-up insurance.	At a age.		For 1 year.1	-	Nonoccu- pational.	_	\$2,800 (²)	\$1,400 ( <sup>3</sup> )
Automobile Workers January 1962		Additional group term insurance: Base weekly earnings Insu	rance 6	0	x	-				
		\$48.08 to \$67.31 \$67.31 to \$86.54 \$86.54 to \$105.77 \$105.77 to \$125.00 \$125.00 to \$144.23 \$7144.23 \$7144.23 \$164.23 to \$163.46 \$163.46 to \$182.69 \$182.69 to \$201.92 and up in increments of \$19.23	,000 ,000 ,000 ,000 ,000 ,000 ,000 ,00							
Minnesota Mining and Manufacturing Co.  Oil, Chemical and Atomic Workers  November 1961	After 3 months' employment.	Prior to normal retirement age: \$1,000*  At normal retirement age: Amount equal to 1 percent of amount in effect prior to normal retirement age for each year of service.	6	•0	_	Lump sum.		_	_	
California Metal Trades Association Various unions October 1961	Immediately or 1st of following month.	\$2,000	6	0	х		Nonoccu- pational.	_	Same as life insur- ance.	One-half of life insurance.

Upon expiration of 1 year, employee may retain paid-up insurance purchased by his contributions or receive the cash surrender value. The multidismemberment benefit is payable in case of loss of both eyes owing to disease or injury.
Payable in case of loss of an eye owing to injury only or loss of hand or foot owing to disease or injury.
Also, a special death benefit is paid to the dependent beneficiary; additional insurance is provided on a contributory basis.
Benefits described are those available to employees in the St. Paul plant.
No accident and sickness insurance benefit provided by plan; employees covered by the California State temporary disability law. See appendix A.

	ACCIDENT	AND SICKNESS										HOSPITALIZ	ATION			
			Dur	ation of be	nefits	Benefi	ts begin	Daily benefit		Extend	led coverage	Maximum room and	Extra	pa	sis of yment r—	Emergen out-patie
Cases covered	Amount		Period	After	Benefits	Accident	Sickness	or service	Duration	-Days	Daily	board allowance	allowance or service	Year	Disa-	care bene
				age_	limited to-						amount				bilicy	
Nonoc-	Base weekly earnings	Weekly benefit	52 weeks	_	_	lst day.	8th day or lst			, ,	Empl	loyee and d	ependents			
	Less than \$74.80	\$42 49 56 63 70 77 84	per dis- ability.				in hospi- tal.	Semi- private room.	365 days.		_	_	Full cost of specified serv- ices.		x	Require services provided
Occu- pa- ional.	Difference between Workmen's Compensation above amount.	benefit and														
Jonoc-	Total annual earnings	Weekly benefit	26	60	26 weeks	4th day	4th day.		-	1	Empl	oyee and de	ependents <sup>5</sup>	<del></del>		
upa- ional.	Section   Sect	\$20 25 30 35 40 45	weeks per dis- ability.		during any 12 consecu- tive months.			Compre	hensive r	najor n	nedical expe	ense benefit	provided. See "(	Other	Benefi	ts" colu
_	<del>-</del>	-	_	_	_	_	_				Empl	loyee and d	ependents			
(6)	(*)		(6)	(6)	(6)	(6)	(6)	Ward accom- moda- tion.	100 days.		_		\$300, plus 75 percent of next \$4,000 of charges, plus \$25 ambulance allowance.		x	\$300, p. 75 percof next \$4,000 charges plus \$25 ambular allowan

			SUR	GICAL		ł			MED	ICAL				
COMPANY, UNION, AND DATE OF	INCOME LIMITS FOR SERVICE		Allowances for-	•					Empl	oyee				
INFORMATION	SURGICAL AND MEDICAL BENEFITS	Most expensive	Tonsillectomy	Appendec-	Covers cases in—		T	Allowance		- Maximum	<b></b> -	its begin	Number of visits	Number of days
	<u></u>	operation	lonsiliectomy	tomy		Home	Office	Hospital	Elsewhere	compensation	Sickness	Accident	paid for	paid for
International Harvester Co.	_	Empl	loyee and deper	ndents	Hospital, office, home,	–	_	\$5 for each day of confinement.	-	\$1,825 per disa- bility.	lst day.	lst day.	_	365 per disabil-
Automobile Workers		\$250	\$37.50	\$125	elsewhere.	ĺ								ity.
January 1962														
Minnesota Mining and		Employ	ee and depende	nts 1			Comprehen	sive major medical e	expense ben	efit provided. See	"Other B	enefits"	column.¹	+
Manufacturing Co.  Oil, Chemical and Atomic Workers	Comprehensive m Benefits" column		l cal expense ber	nefit provid	I led. See "Other									
November 1961														
														<u> </u>
California Metal Trades Association	-	Empl	oyee and depen	dents	Hospital, office, home,	\$7.50 per visit.	\$5 per visit.	\$5 per visit.	_	Home and office: \$500 per year.	Home and	lst visit	l per day.	-
Various unions		\$500	\$100	\$200	elsewhere.					Hospital: \$500 per year.	office: 3d visit.	.	-,-	
October 1961										\$500 per year.	Hospital	l: E.		

Benefits described are those available to employees in the St. Paul plant.
 Additional benefits available at employee's expense.

			MEDICAL	Continued									MA	TERNITY PR	OVISION	s		
			Deg	endents					]				Hospitalizati	ion		Surgical	Medical	
Home	Office	Allowance Hospital	Elsewhere	Maximum compensation		Acci-	of visits	Number of days paid for	Other provisions	Accident and sickness	Daily benefit or service	Duration	Maximum room and board allowance	Extra allowance or service	Lump	Schedule allowance for normal delivery	Amounts and limi- tations	Benefits available to newly insured
<del></del> -				4	-		<del>                                     </del>			<u> </u>				yee and de	penden	<u>i</u> t	l	<u> </u>
_		\$5 for each day of confinement.		\$1,825 per disability.	lst day	#st day.		365 per disa- bility.	_	Regular benefits for 6 weeks.	Semi- private room.	365 days.	_	Full cost of speci- fied serv- ices.	<u> </u>	\$62.50	_	Employee and dependent: If pregnancy con mences while in sured.
Con	nprehensi	ve major medical ex	kpense ben	efit provide	d. See	"Other	Benefi	its" col		Regular benefits for 6 weeks.				yee and dep	,	1		Employee and of pendent: Hospitalization, surgical, and medical—if pregnancy commences while insured.
																		Employee: Accident and sic ness—immedi- ately.
_	_	\$5 per visit.				lst visit.	l per			-	<u></u>	<del></del>	Emplo	yee and de	penden	t		Employee and de
				year.	v1sit.	visit.	day.						\$150 n	naternity a	llowand	ee.		pendent: If pregnancy commences while insured.

		BEN	EFIT COVERAGE DURING RETIREMEN (must be provided at least on group rate	NT PERIOD basis)	
COMPANY, UNION, AND DATE OF INFORMATION	OTHER BENEFITS <sup>1</sup> (types and amounts)	Life insurance	Hospitalization	Surgical	Medical
International Harvester Co.	Employee and dependents	Retiring at age 60 with 10 years'	Employ	ee and dependent	
Automobile Workers January 1962	Diagnostic X-ray and laboratory examination allowance for nonhospitalized cases—\$100 per year.	service and insured for 5 years at time of retirement, or at age 55 with 15 years' service if owing to disability: Amount of paid-up insurance accumulated prior to retirement or amount based on service as listed below, whichever is greater:  Years of service Amount 25 and over \$2,000 20 to 25 1,700 15 to 20 1,400 10 to 15 1,000		for active employee.	
Minnesota Mining and	Employee and dependents 4	Retiring at normal retirement age:	Employe	ee and dependent	
Manufacturing Co. Oil, Chemical and Atomic Workers November 1961	Comprehensive major medical expense benefit—Full cost of 1st \$500 of hospital, surgical and in-hospital medical expenses which are in excess of \$30 and 80 percent of excess expenses; 80 percent of out-of-hospital medical and other expenses which are in excess of \$60 (which may include the \$30 referred to above); maximum—\$7,500 per year, \$15,000 per lifetime.	Same as for active employee.	Room and board allowance of \$15 per day and full cost of specified services. Total benefits payable during retirement period for both employee and dependent combined limited to \$500.	_	_
California Metal Trades Association Various Unions October 1961	Employee and dependents  Additional accident expense allowance (for expenses incurred within 90 days of accident in excess of those covered by other plan benefits)—\$300.  Polio allowance (in lieu of all other plan benefits, for all expenses incurred within 2 years after disability commences)—\$5,000.  Diagnostic X-ray and laboratory allowance for nonhospitalized cases—\$100 for any one accident and all sicknesses during any 12-month period.		_	_	_

Federal Reserve Bank of St. Louis

Excludes such benefits as X-ray, anesthesia, and electrocardiogram allowances if they are provided only for services performed in a hospital. See EXPLANATORY NOTES.

Employee retiring owing to disability has option of receiving additional group term insurance in installments or having it maintained.

Employee's contribution used to purchase paid-up insurance; company purchases term insurance to make up difference between paid-up insurance and \$2,800.

Benefits described are those available to employees in the 5t. Paul plant.

Retired employee may use up 50 percent of his life insurance coverage for additional hospital coverage.

Employee covered by additional life insurance contributes towards its cost.

				Be	nefits fo	or					FINANCING			
Emp	loyee	Employ	ee's dep			tired emp	loyee	Ret	ired empl	oyee's	Amount of contributi	on for—		
Com-	r <u> </u>	Com-	T	Em-	Com-		Em-	Com-		Em- plovee	Benefits for employee and dependents		Benefits for retired and dependen	
pany only	Jointly	pany only	Jointly	ployee only	pany only	Jointly	ployee only	pany only	Jointly	only	Employee	Company	Employee	Company
	x	x				x			x		Combination paid-up and term life insurance:  Varies according to age of entry into plan: Those entering at age 45 and under contribute \$2.60 monthly; for those entering after age 45 the above amount is increased by approximately \$0.17 for each additional year of age up to maximum of \$5.20 for those entering plan at age 60 and over.  Additional group term life insurance:  Base weekly earnings  Monthly contribution  Less than \$48.08 \$1.00 \$48.08 to \$67.31 \$1.50 \$86.54 to \$105.77 \$2.50 \$86.54 to \$105.77 \$2.50 \$105.77 to \$125.00 \$3.00 \$125.00 to \$144.23 \$3.50 \$144.23 to \$163.46 \$4.00 \$182.69 to \$201.92 \$5.00 and up in increments of \$19.23 \$1.00  Dismemberment insurance and accident and sickness benefit:  Base weekly earnings  Monthly contribution  Dismemberment insurance and accident and sickness benefit:  Base weekly earnings  Monthly contribution  1.00  Dismemberment insurance and accident and sickness benefit:  Base weekly earnings  Monthly contribution  2.34 \$74.80 to \$84.80 \$2.34 \$74.80 to \$94.80 \$3.55 \$104.80 to \$14.80 \$3.55 \$104.80 to \$14.80 \$3.94 \$114.80 to \$124.80 \$4.33 \$124.80 and over \$4.72		Life insurance: Employee contribution paid-up insurance (fiemployee prior to recontinues in effect; cost of difference between the coverage.  Other benefits: Benefits for employee only, \$3.82 per month; for employee and spouse, \$8.45	nanced by tirement) ompany pays ween em- -up insurance
x ( <sup>6</sup> )	_	х	_	<del></del>	х	_		х		_		Full cost.6	_	Full cost.
x	_	х	-	_	_	_		_	_	_	<del></del>	Full cost—\$18.48 per month per employee.		_

••••		LIFE INSURA	NCE	<u>-</u>			A	CCIDENTAL DEATH AND	DISMEMBERME	ENT
COMPANY, UNION, AND DATE OF	ELIGIBILITY REQUIREMENTS (when new			If per	manently and totally disal	oled		Am	ount	
INFORMATION	employees become eligible)	Amount		Before age—	Insurance is-	Paid in—	Cases covered	Graduated according to—	Death or multidis- memberment	Single dis- memberment
Radio Corporation of America Electrical (IUE); Electrical (IBEW) February 1962	Life insurance and accident and sickness benefits: Immediately or 1st of following month.  Other benefits: After 60 days employment.	Annual base wage  Less than \$1, 200 \$1, 200 to \$1, 800 \$1, 800 to \$2, 400 \$2, 400 to \$3, 000 \$3, 000 to \$3, 600 \$3, 600 to \$4, 200 \$4, 200 to \$4, 800 \$4, 800 to \$5, 400 \$5, 400 to \$6, 000 \$6, 000 to \$6, 600 \$6, 600 to \$7, 200 \$7, 200 to \$7, 800	2,500 3,500 4,000 5,000 6,000 7,000 8,000 9,000 10,000 11,000	60		Install- ments.		<del></del>		-
		\$ 250 <sup>1</sup>		-						
American Can Co. Steelworkers March 1962	Immediately or lst of following month.	Base weekly earnings  M.  Less than \$76,00	en Women  900 \$ 3,950 200 4,600 400 5,200 000 6,000 200 6,600 7,200 600 7,800 800 8,400 9,000	regular retire- ment age.	Until regular retirement age, then reduced in same manner as for retired employee except that amount of insurance for employee with less than 15 years! service is reduced to \$1,375 instead of \$500.			-		_

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

For employees with more than 3 years' service who are represented by the Electrical Workers (IUE), benefit payment is retroactive to first day after 2 weeks.

For Camden, N. J., employees and their dependents; benefits for employees in other areas may vary according to local charges.

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

	ACCIDENT AND SICKNESS						ŀ				HOSPITALIZ	ATION			
		Dur	ation of ben	efits	Benefi	ts begin	Daily benefit		Exten	ded coverage	Maximum room and	Extra	pa	sis of yment	Emergency
Cases covered	Amount		Ex	cept Benefits			or	Duration		Daily	board	allowance or service		Disa-	out-patient care benefit
		Period	After age	limited	Accident	Sickness	service		-Days	amount	allowance		Year	bility	or service
Nonoc-	Basic benefit							,	· · · · · · · · · · · · · · · · · · ·	Emp	loyee and d	ependents 3			
cupa- tional.	Average weekly earnings         Weekly benefit           Less than \$36         \$27	26 weeks per		-	retro-	8th day, retro- active to		100 days.	-	<del>,</del> -	\$1,400	\$ 150	-	x	\$75
1	\$ 36 to \$ 40 30 \$ 40 to \$ 50 33	disa- bility.			active	lst after		<del></del>	Supple	mentary be	nefits for er	nployee only 4			
	\$ 50 to \$ 60 36	ointy.		1	after 4			1		· · · · · · · · · · · · · · · · · · ·			T	Τ	Ì
	\$60 to \$70 38 \$70 to \$80 40	-			disa-	bility.	\$ 2	20 days.			\$ 40	_	x	_	
	\$80 to \$90 42 \$90 and over 45				bility.	(²)						1	1		
	\$ 90 and over 45				(²)										1
Ì	Supplementary benef	l fit			L	<del></del>									
Ī	\$2.10 per day.	100	_	_	Upon	Upon	1		i l						]
		days per				cessa- tion of		ļ	ļ					1	1
		disa-			basic	basic	l								]
		bility.			benefit	benefit.									
Occupa-	Difference between Workmen's Compensation benefit and	12	_	_	When	When			1			ļ			ļ
tional.	80 percent of base weekly wage.	weeks per			Work- men's	Work- men's		1				1	1		
		disa-			Com- pensa-	Compen-	4	ł			,		1		
		bility.			II:	sation benefit							1	1	
					is pay-	is pay-		İ					}		
		<u> </u>			able.	ppia.	<u> </u>	<u>i                                     </u>	نـــــنــ		<u> </u>	<u> </u>	<u> </u>	<u>L</u>	<u> </u>
Nonoc-	Base weekly earnings Weekly benefit	26	-		lst	8th day			,	Em	ployee and	lependents	,		,
cupa- tional.	Less than \$100.00\$53	weeks per			day.	or 1st in hos-	Semi -	120			_	Full cost of		x	Required
	\$100.00 to \$115.3958	disa-				pital.	private	days.				specified serv-			services
	\$115, 39 to \$126, 9364 \$126, 93 and over68	bility.	•			<b>\</b>	room.	1				ices.		ì	provided.
		ļ													l
Occupa-	Difference between Workmen's Compensation benefit and above amount.	ĺ			}		1	1				1			
tionar.	above amount.				1	1	}	-	}		i			1	
			]												
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	T		SURG	GICAL		·			MEDI	CAL				
COMPANY, UNION, AND DATE OF	INCOME LIMITS FOR SERVICE		Allowances for—	-	1				Emplo	pyee				
INFORMATION	SURGICAL AND MEDICAL BENEFITS	Most expensive operation	Tonsillectomy	Appendec- tomy	Covers cases in—	Home	Office	Allowance Hospital	Elsewhere	Maximum compensation	Benefi Sickness	Accident	Number of visits paid for	Number of days paid for
Radio Corporation of	_	ļ	oyee and depen	dents <sup>1</sup>	Hospital,	_	_	\$5 per day.	_	\$500 per	lst day.	lst day.		100 per
America Electrical (IUE); Electrical (IBEW) February 1962		\$ 275	\$ 55	\$183	office, home, elsewhere.  (1)					disability.				disa- bility.
American Can Co. Steelworkers March 1962		Empl. \$300	oyee and depen Under age 12, \$36; over age 12, \$60.	\$ 150	Hospital, office, home, elsewhere.		_	\$4 for each day of confinement. 3		\$124 per disability.	lst day.	1st day.	_	31 per disa- bility.

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

Plus up to \$20 for nursery care of infant.

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

		ing, writer 1901—t		.—Continued	<del></del>								ма	TERNITY PR	OVISION	s		
			Dep	endents							<u> </u>		Hospitalizati	on		Surgical	Medical	]
Home	Office	Allowance Hospital	Elsewhere	Maximum compensation		Acci-	of visits	Number of days paid for	Other provisions	Accident and sickness	Daily benefit or service	Duration	Maximum room and board allowance	Extra allowance or service	Lump	Schedule allowance for normal delivery	Amounts and limi- tations	Benefits available to newly insured
		<u> </u>	ļ		<del> </del>	<del> </del>	<u>                                     </u>		<del> </del>			L	<u> </u>	yee and de	pendent	<u>i</u>	L	Burnian and
		\$5 per day.		\$500 per disability.	day.	lst day.		100 per disa- bility.			\$14	14 days.	\$196	\$ 80 <sup>2</sup>		\$ 100		Employee and dependent: If pregnancy commences while insured.
		\$4 for each day of confinement. 3		\$124 per disability.	lst day.	lst day.	_	31 per disa- bility.	_	Regular benefits for 6 weeks.	Semi- pri- vate room.	10 days.	Employ	Full cost of speci- fied services.	I	\$ 90	_	Employee and dependent: If pregnancy commences while insured.

-		BENI (	FIT COVERAGE DURING RETIREMEN must be provided at least on group rate	IT PERIOD basis)	
COMPANY, UNION, AND DATE OF INFORMATION	OTHER BENEFITS <sup>1</sup> (types and amounts)	Life insurance	Hospitalization	Surgical	Medical
Radio Corporation of	Employee and dependents	Retiring at age 65:	Employ	ee and dependent	
America Electrical (IUE); Electrical (IBEW) February 1962	Anesthesia allowance for cases in or out of hospital, if surgeon makes a separate charge for anesthesia—\$25.  Nonemergency accident and sickness allowance in out-patient department of hospital—\$75 per disability.  Nonoccupational accident X-ray and laboratory examination allowance for tests performed outside hospital—\$50 per accident.  Supplemental major medical expense benefit—75 percent of expenses not covered by other plan benefits incurred during a 2-year period, which are in excess of \$150; maximum—\$5,000 per disability.	With 10 or more years' service, 40 percent of amount in effect at time of retirement; with 5 to 10 years service, 20 percent.  Retiring at early retirement age with employer approval or without employer approval and with 15 years' retirement plan member- ship or 18 years' continuous service and age 60:	Room and board, \$10 per day for 45 days per disability; allowance for extra services, \$60.	Most expensive operation:	Hospital only: \$3 per day for 45 days.  (2)
American Can Co.	Employee and dependents	Retiring at age 65 with at least 10	Employe	ee and dependent	<u> </u>
Steelworkers March 1962	Anesthesia allowance (for surgery performed in or out of hospital, if administered by licensed physician other than operating surgeon or his assistant or employee of hospital)—if surgical benefit is \$75 or under, \$15; if surgical benefit is over \$75, 20 percent of surgical benefit.  Diagnostic X-ray allowance for cases in or out of hospital—\$75 during any 12-month period.  Diagnostic examination allowance for cases in or out of hospital—\$75 during any 12-month period.  Radiation therapy allowance for cases in or out of hospital—\$7.50 per treatment, maximum allowance per condition ranges from \$50 to \$200.	years' service: Amount in effect reduced according to service:  Years of Service Cent Miniservice Cent Mum  25 or More 50 15 to 25 25 \$1,375 10 to 15 500  Retiring at age 60 with 15 years' service: Amount in effect immediately prior to retirement maintained until age 65; thereafter, same as for employee retiring at age 65.	Same as for active employee.  Total benefits payable during a dependent limited to \$2,500 for		Same as for active employee.

Excludes such benefits as X-ray, anesthesia, and electrocardiogram allowances if they are provided only for services performed in a hospital. See EXPLANATORY NOTES.

Plus extended medical benefits—75 percent of expenses in excess of other plan benefits incurred within a benefit period which are in excess of \$100 of expenses incurred during a fe-month period. After lifetime maximum of \$3,000 for employee and dependent combined is exhausted, additional benefit payments are deducted from the life insurance amount in excess of \$300.

Retired employee ineligible for company-paid basic benefits (see footnote 3, p. 113) who elect not to insure himself or his dependent by contributing toward his coverage, entitled to the basic and extended benefits for him and his dependent if his life insurance in excess of \$300 is continued for him by the Company. All benefit payments are deducted from life insurance Digital to the basic and payments are made after life insurance has been reduced to \$300.

				Ве	nefits fo	x					Amount of contribut	: 6		
Emp	loyee	Employ	yee's dep	endents	Re	tired emp	loyee	Ret	red emplo dependen	oyee's	· · · · · · · · · · · · · · · · · · ·	10tt tor—	Benefits for retired	malauas
Com-	To bearing	Com- pany	Jointly	Em- ployee	Com- pany	Jointly	Em- ployee	Com- pany	Jointly	Em- ployee	Benefits for employee and dependents		and dependen	mpioyee
pany only	Jointly	only	Johns	only	only	Johns	only	only	Jointy	only	Employee	Company	Employee	Сотрапу
x		x			x (³)				x			Full cost.	Dependent's basic hospital, surgical, and medical benefits \$2.35 per month.	Employee's benefits: Full cost.  (3) Dependent's Basic hospital, surgical and medical benefits—balance of cost; extended medical benefit—full cost.
x		x			x			x			<u></u>	Full cost.		Full cost.

<sup>3</sup> Employees with less than 15 years of retirement plan membership or 18 years of company service pay \$2.15 per month for hospital, surgical, and medical benefits (see also footnote 2, p. 112).

4 The above services are covered in full if performed by a hospital employee in the out-patient department of the hospital.

		LIFE INSURANCE					] ^	CCIDENTAL DEATH ANI	DISMEMBERM	ENT
COMPANY, UNION, AND DATE OF	ELIGIBILITY REQUIREMENTS (when new			If peri	manently and totally disa	oled		A	mount	
INFORMATION	employees become eligible)	Amount	В	efore	Insurance is-	-	Cases covered	Graduated	Death or	Single dis-
			ag	ge	Maintained	Paid in		according to	multidis- memberment	memberment
Westinghouse Electric Corp. Electrical (IUE) October 1961	After 3 months' employment.	Less than \$1.75	rance   10   ser	years' rvice d rma- ntly d ally i- led. , in- red l ar and ally sa-	\$2,000  Until age 65, then reduced in same manner as for active employee.	Instali- ments, full amount less \$2,000.	pational.	Earnings,	One-half of life insur- ance.	One- fourth of life in- surance.
Caterpillar Tractor Co. Automobile Workers January 1962	After 30 days' employment.	Base hourly rate   Insur   Less than \$ 2.13	rance 65	and ured ears.	<del></del>		Nonoccupational; occupational.	Earnings.	Same as life insur- ance.	One-half of life in- surance.
North American Aviation, Inc. Automobile Workers October 1961	After 3 months' employment.	\$ 5,000		65	x	-	Nonoccupational; occupational.	<del>-</del>	Same as life insur- ance.	One-half of life in- surance.

Amount of life insurance reduced after age 65 by amount of hospital and surgical benefits paid after age 65.

Benefit discontinued at age 65.

At age 65, benefits cease for employee with less than 5 years' service and his dependents; for employee with 5 or more years' service and spouse, total amount of hospital and surgical benefits limited to ultimate amount of life insurance continued, less \$500. When hospital and surgical benefits are paid, a corresponding reduction is made in the employee's life insurance.

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

	ACCIDENT AND SICKNE	ss									HOSPITALIZ	ATION			
		Du	ation of be	nefits	Benefi	cs begin	Daily		Exten	ded coverage	Maximum	Extra	Pay	is of ment	Emergency
Cases covered	Amount			Cept Benefits			benefic or	Duration		Daily	room and board	allowance or service		Disa	out-patient care benefit
		Period	After age—	limited to-	Accident	Sickness	service		- Days	amount	allowance		Year	bilicy	or service
	Hourly rate Weekly ber	efit 26 week	_		8th day	8th day				Emp	oloyee and d	lependents 3			
(2)	Less than \$ 2.00	(2)				or 1st in hos- pital.	\$ 22 ( <sup>4</sup> )	120 days.		_	\$ 2,640	\$ 200		x	Required services provided.
cupa- tional.	Less than \$2.13\$48 \$2.13 to \$2.3854 \$2.38 to \$2.6360	efit 26 week per dis- ability.	5 —	_	lst day.		Semi- private room.	365 days.		Emp	ployee and d	Full cost of specified services.	-	x	Required services provided.
	\$ 2.63 to \$ 2.88	l													
Occu- pa- tional.	Difference between Workmen's Compensation benefit and above amount.														
( <sup>6</sup> )	(6)	(6)	(6)	(6)	( <sup>6</sup> )	(6)				Em	ployee and d	dependents?			
							\$ 24 ( <sup>8</sup> )	70 days.		_	\$1,680	\$ 480		x	\$480

Additional insurance provided at extra cost.

No accident and sickness benefit provided for majority of employees; these employees covered by the California State temporary disability law. See appendix A.

Benefits described are those available to the largest group of employees covered by the plan.

Reduced by \$12 per day during the first 20 days of each period of hospital confinement—the hospital benefit provided under the California State temporary disability law.

			SURG	GICAL					MEDI	CAL				
COMPANY, UNION, AND DATE OF	INCOME LIMITS FOR SERVICE		Allowances for-		T				Empl	pyee				
INFORMATION	SURGICAL AND MEDICAL BENEFITS	Most	Γ	Ι	Covers cases			Allowance		Maximum	Benefi	ts begin	Number	Number
		expensive operation	Tonsillectomy	Appendec- tomy		Home	Office	Hospital	Elsewhere	compensation	Sickness	Accident	of visits paid for	of days paid for
Westinghouse Electric		Emp	loyee and depe	ndents 1	Hospital, office, home,	_	_	_	_	.—	_	_	_	-
Corp.  Electrical (IUE)	1	\$ 300	Child, \$50; adult, \$60.	\$ 150	office, home, elsewhere.									
October 1961											) 			
	:													
Caterpillar Tractor Co.		Empl	oyee and deper	dents	Hospital,		_	\$3.50 for each day		\$1,277.50 per	lst day.	lst day.	_	365 per
Automobile Workers		\$ 250	Child, \$30; adult, \$50.	\$ 125	office, home, elsewhere.			of confinement.		disability.				disabil- ity.
January 1962			adult, \$ 50.		ļ									
									:					i
North American		Emple	oyee and depen	dents	Hospital,	\$3 per	\$2 per	\$3 per visit.	\$3 per	\$150 per year.	3d visit.	1st visit	l per	
Aviation, Inc. Automobile Workers		\$350	\$ 70	\$ 175	office, home, elsewhere.	visit.	visit.		visit.				day.	
October 1961														
			•											

At age 65, benefits cease for employee with less than 5 years' service and his dependents; for employee with 5 or more years' service and his spouse, total amount of hospital and surgical benefits limited to ultimate amount of life insurance continued, less \$500. When hospital and surgical benefits are paid, a corresponding reduction is made in the employee's life insurance.

Hospital benefits described are those available to the largest group of employees covered by the plan.

			MEDICAL	.—Continued	·								мА	TERNITY PR	ROVISION	s		
			Dep	endents									Hospitalizati	on		Surgical	Medical	
		Allowance		Maximum	<b></b>	s begin	Number	Number	Other provisions	Accident and	Daily benefit		Maximum room and	Extra	Lump	Schedule allowance	Amounts and limi-	Benefits available to newly insured
Home	Office	Hospital	Elsewhere	compensation	Sick- ness	Acci- dent	paid for	of days paid for		sickness	or service	Duration	board allowance	allowance or service	sum	for normal delivery	tations	
		_		_		_		_	_	_			Emplo	yee and de	pendent			Employee and
											Surgica	al and	ist \$450 of r medical) plu 50, whicheve	s 75 perce	nt of ex	nses (hosp penses in	ital, excess	dependent: If pregnancy com- mences while insured.
									·									
																,		
_		\$3.50 for each day	_	\$1,277.50		lst	_	365	_	Regular benefits			Emplo	yee and de	ependen	t	,	Employee and dependent;
		of confinement.		per dis- ability.	day.	day.		per disa- bility.		for 6 weeks.	Semi- private room.	10 days.		Full cost of speci- fied serv- ices.	_	\$ 75	_	dependent: If pregnancy commences while insured.
													!   					
\$3 per visit.	\$2 per visit.	\$3 per visit.	\$3 per visit.	\$150 per year.	3d visit.	lst visit.	l per day.	-	_	-		Γ		Employee o	only 2	<del></del>	1	Employee: If pregnancy com-
<b>715-0</b>	1222			,	. 20.00						\$ 12	14 days.	\$ 168	\$ 120		\$ 105	_	mences while insured.
		-																

· · · · · · · · · · · · · · · · · · ·	<del>y </del>	T	Digest of Science	d Health and Inst	irance Plans Under
			EFIT COVERAGE DURING RETIREMEN must be provided at least on group rate b		
COMPANY, UNION, AND DATE OF INFORMATION	OTHER BENEFITS <sup>1</sup> (types and amounts)	Life insurance	Hospitalization	Surgical	Medical
Westinghouse Electric	Employee and dependents	Retiring at age 65 or later; 3	Employe	ee and dependent 3	
Corp.  Electrical (IUE)  October 1961	Supplemental major medical benefit—75 percent of expenses not covered by other plan benefits incurred during each medical expense period which are in excess of \$100; maximum, \$7,500 per medical expense period and \$15,000 during lifetime.	Same as for active employee after age 65.  Retiring prior to age 65: 4  Same as for active employee.	Same as for active o	employee.	
Caterpillar Tractor Co.	Employee only	Retiring at age 65 with 10 years'	Employe	e and dependent 6	
Automobile Workers January 1962	Diagnostic X-ray and laboratory examination allowance for nonhospitalized cases—\$50 per disability; \$100 per year.	service and insured 5 years at time of retirement: \$1,500	Same as for active o	employee,	_
North American Aviation,	Employee and dependents	_	Employe	ee and dependent	·
Inc. Automobile Workers October 1961	Anesthesia allowance for surgery performed outside hospital —\$10.  Polio expense allowance (for expense not covered by other plan benefits incurred within 2 years after date of contraction of disease)—\$5,000.  Supplemental accident expense allowance (for expenses in excess of those covered by other plan benefits, incurred within 90 days after accident)—\$300.  Supplemental major medical expense benefit—80 percent of expenses not covered by other plan benefits, incurred during each benefit year, which are in excess of \$100; maximum—\$5,000 during lifetime.		Same as for active e	employee.	Hospital only: Same as for active employee.

Excludes such benefits as X-ray, anesthesia, and electrocardiogram allowances if they are provided only for services performed in a hospital. See EXPLANATORY NOTES.

Maximum medical expense period—2 years.

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

Available if employee retires on pension, which requires a minimum of 10 years' service; if retiring on disability pension, employee is covered by the \$2,000 life insurance left in force under permanent and total disability provision.

				Ве	nefits fo	r					Amount of contributi			
Emp	loyee	Employ	ree's dep	endents	<del></del>	tired emp	<u>,</u>	Ret	ired emplo dependen	ıt.		vii 101—	Benefits for retired e	mplovee
Com- pany	Jointly	Com- pany	Jointly	Em- ployee	Com- pany	Jointly		Com- pany	Jointly	Em- ployee	Benefits for employee and dependents		and dependent	<u> </u>
only	-	only		only	only		only	only		only	Employee	Company	Employee	Company
х			:	x	( <sup>5</sup> )			( <sup>5</sup> ) .		_	Benefits for dependents of employees less than age 65:           Full cost.         Monthly contribution           Up to \$1.75         \$8.25           \$1.75 to \$2.00         8.35           \$2.20 to \$2.25         8.45           \$2.25 to \$2.50         8.55           \$2.50 to \$2.75         8.65           \$2.75 to \$3.00         8.75           \$3.00 to \$3.25         8.85           \$3.25 to \$3.50         8.95           \$3.50 to \$3.75         9.05           \$3.75 to \$4.00         9.15           \$4.00 and over         9.25	Employee benefits and benefits for dependents of employees age 65 and over: Full cost.	less than age 65: Same as active employee.	Benefits for employees and depend- ents of em- ployees over age 65: Full cost.
_	х	x	_	_		x	_	_	х .	_	Life and accidental death and dismemberment insurance and accident and sickness benefit:         Monthly contribution 7           Base hourly rate         Monthly contribution 7           Less than \$2.13         \$3.20           \$2.13 to \$2.38         3.55           \$2.38 to \$2.63         3.90           \$2.65 to \$2.88         4.25           \$2.88 to \$3.13         4.60           \$3.13 to \$3.38         4.95           \$3.38 to \$3.63         5.30           \$3.63 and over         5.65	Life and accidental death and dismemberment insurance, and accident and sickness benefit: Balance of cost.  Other benefits: Full cost.	Hospital and surgical benefits: Benefits for employee only \$ 3.25 per month; for employee and dependent, \$ 7.50.	Life insur- ance: Full cost. Other bene- fits: Balance of cost.
	x		х	_		х		_	x		Benefits for employee only, \$2.05 per month; for employee and dependents, \$4.05.	Balance of cost.	Benefits for retired employee only, \$5.50 per month; for retired employee and dependent, \$13.50.	cost.

<sup>5</sup> Benefits for employee retiring prior to age 65, except if owing to disability, are employer-financed and for dependents are employee-financed until the employee reaches age 65.
4 Available if employee retires at age 65 with 10 years' service and at time of retirement was insured for 5 years.
5 Employee covered by additional life insurance pays the additional cost for this coverage.

		LIFE INSURANCE				,	ACCIDENTAL DEATH AN	ID DISMEMBERM	ENT
COMPANY, UNION, AND DATE OF	ELIGIBILITY REQUIREMENTS (when new		If pe	rmanently and totally disa	bled			Amount	
INFORMATION	employees become eligible)	Amount	Before age	Insurance is-	Paid	Cases covered	Graduated according to—	Death or multidis- memberment	Single dis- memberment
Ford Motor Co. Automobile Workers January 1962	lst of month after l month's employment,	Basic hourly rate         Insurance           Less than \$2.40	more years' plan cover- age.	_	In- stall- ments.	Nonoccu- pational; occupa- tional.	Earnings.	One-half or life in-surance.	f One- fourth of life in- surance.
Pullman Inc. Pullman-Standard Div. Steelworkers March 1962	Immediately or lst of following month.	Standard hourly wage rate         Insuranc           \$1.96 through \$2.027         \$4,000           \$2.094 through \$2.429         4,500           \$2.496 through \$2.831         5,000           \$2.898 through \$3.032         5,500	60	Until age 65; there- after, same as for retired employees,		<del></del>			

Michigan Hospital Service (Blue Cross plan); employees in other areas covered by different programs.
 Also provided in connection with surgery performed in out-patient department.

	ACCIDENT	AND SICKNESS						ľ				HOSPITALIZ	ATION			
			Dura	ation of ben	efits	Benefi	rs begin	Daily benefit		Exten	ded coverage	Maximum room and	Extra	pa	sis of yment r—	Emergency out-patient
Cases	Amount			Ex	cept			or	Duration			board	allowance		1.	care benefit
covered			Period	After age	Benefits limited	Accident	Sickness	servic <b>e</b>	i	-Days	Daily amount	allowance	or service	Year	Disa- bility	or service
Nonoc-	Basic hourly rate	Weekly benefit	26		to—	lst day.	8th day		<u> </u>	1	Empl	oyee and de	pendents 1			
cupa -			weeks				or 1st									
tional.	Less than \$2.40		per dis-					Semi-	365	1 — 1		_	Full cost of	-	x	Required
	\$2.40 to \$2.65		ability.				pital.	private	days.				specified		İ	services
	\$2.65 to \$2.90		]					room.		1 1			services.2	-	i	provided.
	\$2.90 to \$3.15	70					1	ľ		1 1				1	1	1
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	\$4.65 and over					1		ł	ì	! !			ļ	1	1	
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Occu-	Difference between Workmen's Compensation	benefit and	1					1							1	
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Nonoc-	Standard hourly wage rate	Weekly benefit	26			lst	8th day.		1	<del> </del> 1	Em	ployee and o	lependents		1	L
cupa-			weeks			day.			120						T	_
tional.	\$1.96 through \$2.027	\$ 5 3	per dis-	ſ	1	1		Semi -	120	-			Full cost of	<b> </b> -	X	Required
	\$2.094 through \$2.429 \$2.496 through \$2.831	56 59	ability.	l		}	1	private	days.				specified	l.		services
			1	{	1	1	1	room.		1		ł	services.	1		provided.
	\$2,898 through \$3.032	62	1	l	ł	1		1	1	1		l	İ	- 1		I
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Occu-	Difference between Workmen's Compensation	henefit and	1	l	I		1	l	1			1	İ		1	!
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			SUR	GICAL		T			MED	ICAI				
COMPANY, UNION,	INCOME LIMITS	<u> </u>	Allowances for-		T	<del> </del>			Empl					
AND DATE OF INFORMATION	FOR SERVICE SURGICAL AND MEDICAL BENEFITS		11104444668101	T	Covers cases	<del> </del>	<del> </del>	Allowance			Benefi	ts begin	Number	Number
	MEDICAL BENEFITS	Most expensive operation	Tonsillectomy	Appendec- tomy	in—	Home	Office	Hospital	Elsewhere	- Maximum compensation	Sickness	Accident	of visits paid for	of days paid for
Ford Motor Co. Automobile Workers January 1962	\$7,500 ( <sup>1</sup> )	# 450	\$67.50	\$157.50	Hospital, office. (1)	_		lst day, \$15; 2d through 20th day, \$6 per day; there- after, \$4.80 per day.	_	\$1,785 per dis- ability. (1)	1st day.	lst day.	1	365 per disa- bility. (1)
Pullman Inc. Pullman-Standard Div. Steelworkers	_		s 50	\$150	Hospital, office, home, elsewhere.	, <u> </u>	_	_	_		_	_	_	_
March 1962														

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

# Collective Bargaining, Winter 1961-62-Continued

			MEDICAL	Continued									MA	TERNITY PR	OVISION	s		
			Dej	endents									Hospitalizati	on		Surgical	Medical	
	1	Allowance	1	Maximum compensation	Sick-	Acci-	of visits	Number of days paid for	Other provisions	Accident and sickness	Daily benefit or	Duration	Maximum room and board	Extra allowance or service	Lump sum	Schedule allowance for normal	Amounts and limi- tations	Benefits available to newly insured
Home	Office	Hospital	Elsewhere		ness	dent	part for	paid for		<u> </u>	service		allowance	<u> </u>	Ĺ	delivery		
_	-	lst day, \$15; 2d through 20th day,	_	\$1,785 per disability.	lst dav.	lst day.	-	365 per	-	Regular benefits for	ļ		Emplo	yee and de	pendent 	. <b>.</b>	<del> </del>	Employee and dependent:
		\$6 per day; thereafter, \$4.80 per day.		(2)	(1)	(+)		disa- bility.		6 weeks.	Semi- private room.	365 days.	· <del>-</del>	Full cost of speci- fied services.		\$ 90		dependent: Hospitalization and surgical— after 270 days.  Employee: Accident and sickness— immediately.
		_					_			Regular benefits for 6 weeks.	Semi- private room.		Emplo —	eyee and de	pendent	\$90		Employee and dependent: If pregnancy commences while insured.

		BENE	EFIT COVERAGE DURING RETIREMEN must be provided at least on group rate	NT PERIOD	
COMPANY, UNION, AND DATE OF INFORMATION	OTHER BENEFITS <sup>1</sup> (types and amounts)	Life insurance	Hospitalizacion	Surgical	Medical
Ford Motor Co.	Employee and dependents	Same as for active employee. Not	Employ	ree and dependent	
Automobile Workers January 1962	Anesthesia allowance for cases in or out of hospital, if administered by nonhospital employee—1st half hour or fraction thereof. \$18; next half hour, \$13.50; each succeeding half hour, \$9.	available to retired employees after age 65 with less than 10 years' service.  (3)	Same as f	or active employee.	
Pullman Inc. Pullman-Standard Div. Steelworkers March 1962	Diagnostic X-ray allowance for cases out of hospital —\$75 during any 12-month period.  Diagnostic examination allowance for cases in or out of hospital —\$75 during any 12-month period.	Retiring at or after age 65 with 15 years' service: Standard hourly rate immediately prior to retirement  \$1.96 through \$2.027	_	_	

Excludes such benefits as X-ray, anesthesia, and electrocardiogram allowances if they are provided only for services performed in a hospital. See EXPLANATORY NOTES. Michigan Medical Service (Blue Shield plan); employees in other areas covered by different programs.

Accidental death and dismemberment insurance of employee retiring prior to age 65 continued until age 65.

				Be	nefits fo	·—								
Emp	loyee	Employ	ree's dep			ired empl	loyee	Reti	red emplo	oyee's	Amount of contribution	on for—		
Com- pany	Jointly	Com- pany	Jointly	Em- ployee	Com- pany	Jointly	Em- ployee	Com- pany	Jointly	Em-	Benefits for employee and dependents		Benefits for retired and dependen	
only	Jointry	only	Johnsy	only	only	Joining	only	only	Johnsy	only	Employee	Сомрану	Employee	Company
	х	x				x			X		Life and accidental death and dismemberment insurance, and accident and sickness benefit:   Basic hourly rate   Monthly contribution	Life and accidental death and dismemberment insurance, and accident and sickness benefit:   Balance of cost.  Hospital, surgical, and medical benefits: Full cost.	berment insurance,	Life and accidental death and dismemberment insurance, prior to age 65: Balance of cost.  Life insurance after age 65: Full cost, Hospital, surgical, and medical benefits: One-half of rate of local Blue Cross and/or Blue Shield plan, but no more than one-half of rate of Michigan Hospital plan (semi-private room) and/or Michigan Medical Service plan.
x		x			х					_		Full cost.		Full cost.

<sup>&</sup>lt;sup>4</sup> At age 65, employee contribution reduced one-half; amount applied to cost of accident and sickness benefit. Company pays full cost of life and accidental death and dismemberment insurance for employees age 65 and over.

<sup>5</sup> The above services are covered in full if performed by a hospital employee in the out-patient department of the hospital.

		LIFE INSURANCE				,	ACCIDENTAL DEATH AND	DISMEMBERM	ENT
COMPANY, UNION, AND DATE OF	ELIGIBILITY REQUIREMENTS (when new		If pe	rmanently and totally disal	bled		A	nount	
INFORMATION	employees become eligible)	Amount	Before age—	Insurance is-	Paid in—	Cases covered	Graduated according to—	Death or multidis- memberment	Single dis- memberment
General Motors Corp. Automobile Workers January 1962		Before age 65:  Base hourly rate  Less than \$2.40	60 with 10 or more years' plan cover- age.	Until age 65, then reduced in same manner as for active employee.  (Employee may cheither).	ments.	Nonoccu- pational; occupa- tional.	Earnings.	One-half of life insur- ance.	One-fourth of life in- surance.
N.J.) Textile Workers (TWUA) March 1962	Life and accidental death and dismemberment insurance: After 90 days' employment.  Accident and sickness benefit: Immediately or last of following month.  Other benefits: After 60 days' employment.	\$2,000	60	x		Nonoccu- pational; occupa- tional.	_	Same as life insur- ance.	One-half of life in- surance.

Life insurance for employee age 65 or over when hired is \$500.

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

Benefit for employee age 65 or over when hired is \$35 per week.

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

	ACCIDENT AND SICE	(NESS					}				HOSPITALIZ	ATION			
		D	ration of be		Benefi	ts begin	Daily benefit		Exter	nded coverage	Maximum room and	Extra	pa;	sis of ment	Emergency out-patient
overed overed	Amount	Period	After age—	Benefits limited to-	Accident	Sickness	or service	Duration	-Days	Daily amount	board allowance	allowance or service	Year	Disa- bility	care benefit or service
onoc-	Base hourly rate Weekly	benefit 26	_	_	lst day.	8th day		<u> </u>	<u> </u>	Emp	oloyee and d	lependents 4		<u> </u>	
upa- onal.	Less than \$2.40	0 ability. 5 0 5 0 5 0 5 0 5 5				or lst in hospital.	Semi- private room.	365 days.		_	_	Full cost of specified serv- ices. <sup>5</sup>		x	Required services provided.
	Difference between Workmen's Compensation benefit a	and													
	Two thinds of around weakly countries.	26	60	26 washa	let dou	9th days	<del>                                     </del>	<u> </u>	I	Em	ployee and o	lependents	1	<u> </u>	L
upa- ional.	<u>maximum</u> —\$50.00 per week.  (6)	weeks per dis ability.		during any 12 consecu- tive months.			Semi- private room.	120 days. <sup>7</sup>	245 7	\$5		Full cost of specified services.	x		Required services provided. <sup>8</sup>
upa-	•	per dis		any 12 consecu- tive		8th day.	private	120 days. <sup>7</sup>	245 7	<del>,</del>	ployee and o	Full cost of specified serv-	x		

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

Employee with less than 90 days' employment receives benefits required by the New Jersey State temporary disability law. See appendix A.

Employee and dependents over age 65 but less than age 70 allowed a maximum of 60 days per year; employees and dependents age 70 and over, 30 days.

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

			SURC	JICAL					MEDI	CAL				
COMPANY, UNION, AND DATE OF	INCOME LIMITS FOR SERVICE		Allowances for-	-					Emple	pyee				
INFORMATION	SURGICAL AND MEDICAL BENEFITS	Most expensive	Tonsillectomy	Appendec-	Covers cases in		<del></del>	Allowance	· · · · · ·	Maximum compensation	<del></del> -	ts begin	Number of visits	Number of days
		operation	<u> </u>	tomy	ļ	Home	Office	Hospital	Elsewhere	Compensation	Sickness	Accident	paid for	paid for
-	\$7,500		oyee and depen	T	Hospital, office.	_	ĺ	lst day, \$15; 2d through 20th day, \$6	-	\$1,785 per dis- ability.	lst day.	l '	,	365 per disa-
Automobile Workers January 1962	(1)	\$450	\$67.50	\$157.50	(1)			per day; thereafter, \$4.80 per day. (¹)		(1)	(1)	(1)		bility.
								,						
	:													
		-												
Johnson and Johnson (New Brunswick, N.J.)	Single contract, \$5,000; family,		oyee and deper	l	Hospital, office.3	_	_	lst day, \$10; 2d through 7th day, \$7 per day; 8th through 14th day, \$6 per	_	\$129 per disa- bility.	lst day.	lst day.	-	21 per disa-
Textile Workers (TWUA) March 1962	\$7,500.	1	Under age 15, \$60; over age 15, \$75.	\$175		:	l .	per day; 8th through 14th day, \$6 per day; thereafter, \$5 per day.  (*)		(5)				bility.
			- - - -				•							

Federal Reserve Bank of St. Louis

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

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

Emergency surgical: allowance of up to \$50 for treatment in home, office, or elsewhere also provided.

For acute diagnosed conditions, if no surgery is performed during 3-day period: 1st day, \$25; 2d day, \$20; 3d day, \$15.

Except for an acute diagnosed condition, when a higher maximum is allowed. See footnote 4.

# Collective Bargaining, Winter 1961-62-Continued

			MÉDICAL	Continued						l			мА	TERNITY PR	OVISION	ıs		
			Dep	endents									Hospitalizat	ion		Surgical	Medical	
		Allowance	1	Maximum		s begin		Number of days	Other provisions	Accident and sickness	Daily benefit	Duration	Maximum room and	Extra allowance	Lump	Schedule allowance	Amounts and limi-	Benefits available to newly insured
Home	Office	Hospital	Elsewhere	compensation	Sick- ness	Acci- dent		paid for		1	or service	1	board allowance	or service	sum	for normal delivery	tations	
	_	lst day, \$15; 2d through 20th day, \$6	_	\$1,785 per disability.	lst day	lst day	-	365 pe	<b>-</b>	Regular benefits			Employ	yee and der	endent	2	<del> </del>	Employee and de-
		per day; thereafter, \$4.80 per day.  (1)		(1)	(1)	(1)		bility.		for 6 weeks.	Semi- private room.	365 days.		Full cost of speci- fied serv- ices.		\$90		pendent: Hospitalization and surgical— after 270 days.  Employee: Accident and sick ness—if pregnanc commences while insured.
		lst day, \$10; 2d through 7th day, \$7 per day; 8th through 14th day, \$6 per day; thereafter, \$5 per day.  (4)	_	\$129 per disability. ( <sup>5</sup> )	lst day.	lst day,		bility.	hospital	pursuant to New Jersey Temporary Disability Law.	private room.	7 days.	Emplo	Full cost of speci- fied serv- ices.	pendent	\$150	_	Employee and dependent: Hospitalization and surgical—after 2-days. Employee: Accident and sick ness—if pregnance commences while insured.

		BEN	EFIT COVERAGE DURING RETIREMEN (must be provided at least on group rate	T PERIOD	
COMPANY, UNION, AND DATE OF INFORMATION	OTHER BENEFITS <sup>1</sup> (types and amounts)	Life insurance	Hospitalization	Surgical	Medical
General Motors Corp.	Employee and dependents	Same as for active employee. Not	Employ	ree and dependent	
General Motors Corp. Automobile Workers January 1962	Anesthesia allowance for cases in or out of hospital, if administered by nonhospital employee—1st half hour or fraction thereof, \$18; next ½ hour, \$13.50; each succeeding ½ hour, \$9.	lavailable to retired employees	<del></del>	or active employee.	
Johnson and Johnson (New Brunswick, N.J.)		\$2,000.		ee and dependent	
Textile Workers (TWUA)	Anesthesia allowance for cases in or out of hospital—varies according to allowance payable for operations—\$70.		Same as fo	r active employee.	Ì
March 1962					

Excludes such benefits as X-ray, anesthesia, and electrocardiogram allowances if they are provided only for services performed in a hospital. See EXPLANATORY NOTES.

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

Accidental death and dismemberment insurance of employee retiring prior to age 65 continued until age 65.

				Be	nefits fo	r <del></del>								
	loyee	Employ	yee's dep	endents		ired emp	loyee	Ret	red emplo dependen	ıt	Amount of contribution	1 for—	Benefits for retired	employee
Com- pany	Jointly	Com- pany	Jointly	Em- ployee	Com- pany	Jointly		Com- pany	Jointly	Em- ployee	Benefits for employee and dependents		and dependen	t
only		only		only	only		only	only		only	Employee	Company	Employee	Company
_	x	x				x			x		accident and sickness benefit, prior to age 65:4 Base hourly rate  Less than \$2.40 \$0.80 \$ \$2.40 to \$2.65	death and dismember- ment insurance, and accident and sick- ness benefit, prior	Life and accidental death and dismember ment insurance, prior to age 65: \$0.50, per month per \$1,000 of life insurance. Other benefits: Balance of cost.	cidental rdeath and dismember- ment insur-
x		x				(6)			(6)		F	Full cost.	(*)	Life insur- ance: Full cost.  Other bene- fits: 60 percent of cost.

At age 65 employee contribution reduced one-half; amount applied to cost of accident and sickness benefit. Company pays full cost of life and accidental death and dismemberment insurance for employee age 65 and over. Employees age 65 or over when hired, contribute 25 cents per week.

Contributions not required of employees retired owing to disability.

Hospital, surgical, and medical benefits financed jointly by company and local union; local union pays 40 percent of cost of benefits.

		LIFE INSURANCE				Δ	CCIDENTAL DEATH AND I	DISMEMBERME	NT
COMPANY, UNION, AND DATE OF	ELIGIBILITY REQUIREMENTS (when new		If per	manently and totally disa	bled		Amo	unt	
INFORMATION	employees become eligible)	Amount	Before age	Insurance is-	Paid in	Cases covered	Graduated according to—	Death or multidis- memberment	Single dis- memberment
Sperry Gyroscope Co. (Division of Sperry Rand Corp.) Electrical (IUE) February 1962	Life insurance: After 90 days¹ employment.  Accident and sickness benefit: Immediately or 1st of following month.  Other benefits: 1st day of month following 90 days¹ employment.	Weekly salary	60	_	Install-ments.				
Kennecott Copper Corp. (Western Mining Divisions) Various unions October 1961	Life and accidental death and dismember-ment insurance, and accident and sickness benefit: After 3 months' employment.  Other benefits: After 30 days' employment.	Annual straight-time basic wage   Insurance	60	\$1,000	Install-ments, full amount less \$1,000.	Nonoc- cupa- tional.	Annual straight-time basic wage  Less than \$1,200 \$1,200 to \$1,800 \$1,800 to \$2,400 \$2,400 to \$3,200 \$3,200 to \$4,000 \$4,000 and over	\$1,000 1,500 2,000 3,000 4,000 5,000	\$ 500 750 1,000 1,500 2,000 2,500

Earnings classes are inclusive.

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

Also payable in connection with surgery performed in doctor's office and in hospital when individual is not a bed patient.

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

	ACCIDEN	IT AND SICKNESS										HOSPITALIZ	ATION			
			Dur	ation of be		Benefi	ts begin	Daily benefit		Exte	nded coverage	Maximum room and	Extra	pay	sis of yment er—	Emergency out-patient
Cases covered	Amount		Period	After	Benefits Limited	Accident	Sickness	or service	Duration	-Days	Daily amount	board allowance	allowance or service	Year	Disa- bility	care benefi or service
				age—	to-	<u> </u>			<u>j</u>			ployee and o		L		L
Nonoc- cupa- tional.	\$30.00 to \$37.50	25 30 35 40 45 50 55 60 65 70 75	26 weeks per disa- bility.	60	26 during any 12 consector utive months, if owing to sickness.		8th day.	Semi- private rocm.	21 days.	180	50 percent of cost of semipri- vate room.	's	Full cost of specified services for 1st 21 days; 50 percent of cost for additional 180 days.		x	\$ 7. 25
Nonoc-	Annual straight-time basic wage	Weekly benefit	26			lst	8th day.		I		<u> </u>	Employ	ree		<u> </u>	
cupa- tional.	Less than \$2,000 \$2,000 \$2,500 to \$3,000	\$ 20 . 25	per disa- bility.			<del>4-7.</del>	our day.	\$15	365 days.	-	_	\$5,475	\$ 300 <sup>3</sup>	-	x	\$ 300 4
	\$3,000 to \$3,500	. 35 . 40	Dirity.							_		Depende	ents	·		
	\$4,000 to \$4,500\$4,500 and over							\$15	120 days.		_	\$1,800	\$300, plus 75 percent of additional charges.		x	\$ 300 4

			SUR	GICAL					MEDI	CAL				
COMPANY, UNION, AND DATE OF	INCOME LIMITS FOR SERVICE		Allowances for-	_					Emplo	yee				····
INFORMATION	SURGICAL AND MEDICAL BENEFITS		Tonsillectomy	Appendec-	Covers cases		1	Allowance	1	Maximum	<b> </b> -	ts begin	Number of visits	Number of days
		expensive operation	Tousifiectomy	tomy		Home	Office	Hospital	Elsewhere	compensation	Sickness	Accident	paid for	paid for
Sperry Gyroscope Co. (Division of Sperry	Em	ployee and	dependents	<del></del>	Hospital, office, home,			Provided by Group Health Insurance,	_	_	lst day.	lst day.	_	-
Rand Corp.)	Provided by	Group Hea	alth Insurance,	Inc. 1	elsewhere.			Inc. 1			,.		1	
Electrical (IUE)														
February 1962														
		į												
						:								
						,		!		i.				
														ļ
								ļ						
								į						•
													**	ļ
Kennecott Copper Corp. (Western Mining		Empl	loyee and deper	ndents	Hospital, office, home,	-	Company doctor's	\$3 for each day of confinement.	-	Hospital: \$360 per	lst day.	lst day.	Non-	Hospi- tal: 120 per
Divisions)		\$600	\$75	\$ 150	elsewhere.		office: Full cost.	1		disability.	,		doctor	disa-
Various unions							Non-			Company doctor's office: Full cost.			office: l per day.	bility.
October 1961							doctor's office: \$3 per						day.	doctor' office: Unlim-
						•	\$3 per visit.			Noncompany doctor's office: Unlimited per disability.				Unlim- ited per disa-
										disability.		ł		bility.
			<u> </u>  -							1				
			]		j	i								

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

			MEDICAL	—Continued									MA.	TERNITY PR	OVISION	ıs		
			Dep	endents								·	Hospitalizati	on		Surgical	Medical	
		Allowance	1	Maximum		ts begin	Number of visits	Number of days	Other provisions	Accident and sickness	Daily benefit	Duration	Maximum room and	Extra allowance	Lump	Schedule allowance for normal	Amounts and limi-	Benefits available to newly insured
Home	Office	Hospital	Elsewhere	compensation	Sick- ness	Acci- dent	paid for	paid for			or service		board allowance	or service	sum	delivery	tations	
	_	Provided by Group	l —	_	lst	lst			_	Regular			Emplo	yee and de	penden	ıt .	<del>,</del>	Employee: Accident and sick-
		Health Insurance, Inc. <sup>1</sup>			day.	day.				benefits for 6 weeks.		_	<del>-</del>		\$80	Provided Health Inc Inc. 1	by Group surance,	Accident and sick- ness—after 10 months. Other benefits— after 7 months. <sup>2</sup> Dependent: Immediately.
		\$3 for each day of		\$360 per	lat	lst		120	Employee	Barrela n		<u></u>	Emplo	yee and de	penden	ıt		Employee and
		confinement.		disability.		day.		per disa- bility.		benefits for 6 weeks.					\$ 100	\$100		dependent: Hospitalization and surgical—after 9 months.  Employee: Accident and sickness—if pregnancy commences while insured.

			EFIT COVERAGE DURING RETIREMENT for the provided at least on group rate		
COMPANY, UNION, AND DATE OF INFORMATION	OTHER BENEFITS <sup>1</sup> (types and amounts)	Life insurance	Hospitalization	Surgical	Medical
Sperry Gyroscope Co.	Employee and dependents	Retiring at age 65 (60 for women)	Employ	ee and dependent 3	
(Division of Sperry Rand Corp.)  Electrical (IUE)	Provided by Group Health Insurance, Inc. 2	with 15 years service: \$1,000	Same as fo	r active employee.	
February 1962					
	Employee and dependents		Franco	ee and dependent	
Kennecott Copper Corp. (Western Mining		\$1,000 or 30 percent of amount in effect immediately prior to retire-		<del>                                     </del>	Г
Divisions) Various unions October 1961	Laboratory and X-ray examination allowance for nonhospital- ized cases—employee—\$75 per year; dependents—\$50 per year.  Supplemental accident expense allowance for expenses in excess of those covered by other plan benefits incurred with- in 90 days after accident—\$300.  Employee only	ment, whichever is greater.	Room and board allowance, \$13 per day for 60 days per disability; allowance for extra services, \$220. (*)	Most expensive operation: \$300  Appendectomy: Up to \$150  (4)	Hospital only: \$3 for each day of confinement; maximum—\$180 per disability.  (4)
	Supplemental major medical expense benefit—90 percent of medical expenses incurred during a 2-year period which are in excess of other plan benefits or \$300, whichever is greater; maximum—\$5,000 per disability.				

<sup>1</sup> Excludes such benefits as X-ray, anesthesia, and electrocardiogram allowances if they are provided only for services performed in a hospital. See EXPLANATORY NOTES.

2 See appendix B.

3 Available to men employees retiring at age 65 (women, at age 60) and their dependents.

4 Employee retiring on disability pension and his dependents continue to be covered by regular hospital, surgical, and medical benefits for 24 months or until age 65, whichever occurs first, provided he continues to contribute toward cost of these benefits. Thereafter, they receive benefits specified above. Total benefits payable during retirement period for employee and for Digitiz dependent finited to \$1,000 each.

				Be	nefits fo	)r					A			
Emp	loyee	Emplo	yee's dep	endents	Re	tired emp	loyee	Ret	red empl depender	oyee's It	Amount of contributi	on tor—	PE	
Com- pany	Jointly	Com- pany	Jointly	Em- ployee	Com- pany	Jointly	Em- ployee	Com- pany	Jointly	Em- ployee	Benefits for employee and dependents		Benefits for retired and dependent	
only	Jointry	only	,,,,,,	only	only	,,	only	only	, •	only	Employee	Company	Employee	Company
x		х			x			x	_		<del></del>	Full cost.		Full cost.
	x		x		x (5)			x (5)			Life and accidental death and dismemberment insurance:     Monthly contribution   Annual   Straight-time   Life   insurance   ment benefit   and dismember   ment benefit			Enll coet 5

<sup>&</sup>lt;sup>5</sup> Employee retiring on disability pension and his dependents continue to pay for hospital, surgical, and medical benefits for 24 months or until age 65, whichever occurs first; thereafter, company pays full cost of benefit.

<sup>6</sup> Additional \$0.60 for each \$1,000 of life insurance in excess of \$5,000.

		LIFE INSURANCE				4	CCIDENTAL DEATH AND	DISMEMBERME	ENT
COMPANY, UNION, AND DATE OF	ELIGIBILITY REQUIREMENTS (when new		If per	manently and totally disa	bled		Am	ount	
INFORMATION	employees become eligible)	Amount	Before	Insurance is-	_	Cases covered	Graduated	Death or	Single dis-
			age—	Maintained	Paid in		according to—	multidis- memberment	memberment
Construction	lst of March,	Employee				Nonoc-	_	Same as	One-half
Contractors of	June, September, or December immediately fol-	\$2,500	60	х	_	cupa- tional; occupa-		life insur- ance.	of life in- surance.
America, and other employers	lowing Fund's semiannual work	Spouse				tional.			
(Northern California)	period in which employee had at least 400 hours!	\$ 500	_	_	-				
Carpenters	covered employ- ment.	Children		L	·	1			
November 1961		Attained age		_	_				
Jewelry industry, Associated Jewelers, Inc., Jewelry Crafts Association, and other employers (New York, N.Y.)	Immediately or lst of following month.	\$1,000	60	_	Install- ments.	Nonoc- cupa- tional.	_	Same as life insur- ance.	One-half of life in- surance.
Jewelry Workers, Local l January 1962									
Minneapolis- Honeywell Regulator Co. (Minneapolis, Minn.) Teamsters	Life insurance: After 6 months' employment.  Other benefits: Immediately or 1st of following month.	Service         Insurance           6 months to 1 year         \$ 500           1 to 2 years         750           2 to 3 years         1,000           3 to 4 years         1,250           4 to 5 years         1,500           5 to 6 years         1,750           6 years and over         2,000	60	_	Install - ments or lump sum (em- ployee may choose either).	-	_	-	_

<sup>1</sup> No accident and sickness insurance benefit provided by plan; employees covered by the California State temporary disability law. See appendix A.

2 This optional coverage is available only to employees in 8 counties (San Francisco, Alameda, San Mateo, Marin, Contra Costa Solano, Napa, and Sonoma); employees in other areas have only Optional plan B benefits.

3 See appendix D.

4 Payable irrespective of actual charges.

Digitized for Additional insurance provided at employee's expense.

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	ACCIDENT AND SICKNESS						ļ				HOSPITALIZ	ATION			
		Dura	ation of ben	efits	Benefi	ts begin	Daily benefit		Exten	ded coverage	Maximum room and	Extra	pay	sis of ment r—	Emergency out-patient
Cases covered	Amount		Ex	cept			or	Duration		Dell	board	allowance or service		Disa-	care benefit
		Period	After age—	Benefits limited to-	Accident	Sickness	service		-Days	Daily amount	allowance	or service	Year	bility	or service
_	<u>-</u>	_	-	_		_				Emj	oloyee and o	lependents			
(¹)	(¹)	(1)	(¹)	(¹)	(1)	(¹)					Optional pl	an A <sup>2</sup>			
			•						Pro	vided by the	Kaiser Fo	। undation Health Pl	an. 3		
				1							Optional p	lan B		1	
							Ward accom- moda- tions.	70 days.			-	Full cost of specified services.		х	Required services provided
Nonoc-	Base weekly pay Weekly benefit	52			lst	8th		l	<u> </u>		Employ	/ee		<u> </u>	
cupa- tional.	Less than \$40 \$22 \$\frac{1}{2} \tau \tau \frac{1}{2} \tau \frac{1}	weeks per dis- ability.	_	_	day.	day.	\$18 <sup>4</sup>	70 uays.	_	_	\$1,260	\$180	-	x	\$180
	\$50 to \$55										Depende	nts		. <del>'</del>	
	\$60 to \$65 37 40 \$75 43 \$75 to \$80 46 \$80 to \$85 49 \$85 to \$90 55 \$90 and over 55						\$11 <b>4</b>	31 days.		_	\$341	\$110	_	х	\$110
Nonoc-	Basic weekly wage of less than \$80, two-thirds of basic	26		_	lst	8th	<del></del>	<u> </u>	<u> </u>	Em	ployee and o	lependents	L		
cupa- tional.	weekly wage, <u>maximum</u> —\$40 per week; basic weekly wage of \$80 or more, one-half of basic weekly wage, <u>maximum</u> —\$80 per week.	weeks per dis- ability.			day.	day.	\$ 20	120 days.		_	\$ 2, 400	Full cost of specified services.	_	x	Required services provided

	!		SURC	SICAL					MEDI	CAL				
COMPANY, UNION, AND DATE OF	INCOME LIMITS FOR SERVICE SURGICAL AND		Allowances for-	•					Emplo	pyee				
INFORMATION	MEDICAL BENEFITS	expensive	Tonsillectomy	Appendec- tomy	Covers cases in—	Home	Office	Allowance Hospital	Elsewhere	Maximum compensation	Benefi Sickness	ts begin	Number of visits paid for	Number of days paid for
		operation	yee and depend	·	<u> </u>				Optional	-10- A l				
Construction industry, Associated General Contractors of			otional plan A1				<del>,                                      </del>	Provided by the	<del></del>	oundation Health	T Plan. <sup>2</sup>	<del></del>	<del></del>	-
America, and other employers (Northern California)	Provide	d by the Ka	aiser Foundatio	n Health F	Plan. <sup>2</sup>		<del></del>	1	Optional	<u> </u>	I	<b>L</b>	<u> </u>	
Carpenters	_		Optional	plan B	<u> </u>	Up to \$ 5.	IIn to \$4	\$4 for each day of		Home and	3d	lst	l per	Hos-
November 1961		\$300	\$ 50	\$150	Hospital, office, home, elsewhere.	op 10 + 3.		confinement.		office: \$300 per year. Hospital: \$280 per disability.	visit.	visit.	day.	pital: 70 per disa- bility.
Jewelry industry, Associated Jewelers,			Employee	1	Hospital, office, home.	\$3 per visit.	\$2 per visit.	\$3 per visit.		Under age 60: \$75 per disa-	3d visit.	lst visit.	-	_
Inc., Jewelry Crafts Association, and other		\$ 400	\$66.66	\$ 266.66	office, nome.	VISIC.	VIBIL.			bility.	VISIL.	Visit.		
employers (New York, N.Y.)			Dependents							Over age 60; \$75 per year.				
Jewelry Workers, Local 1		\$150	\$ 25	\$100										
January 1962														
Minneapolis-Honeywell	Individual cov-	Empl	oyee and depen	dents	Hospital,		_	1st day, \$6; 2d		\$ 544 per	lst	lst		180 pe
Regulator Company (Minneapolis, Minn.) Teamsters	erage, \$2,400; family coverage, \$3,600.	\$ 200	\$35	\$ 100	office, home, elsewhere.			day, \$4; thereafter, \$3 per day.		disability.	day.	day.		disa- bility.
November 1961								,						

<sup>1</sup> This optional coverage is available only to employees in 8 counties (San Francisco, Alameda, San Mateo, Marin, Contra Costa, Solano, Napa, and Sonoma); employees in other areas have only Optional plan B benefits,

2 See appendix D.

3 If hospital charges are less than \$100, the difference may be applied to other expenses incurred; i.e., physician charges.

4 Payable irrespective of actual charges.

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		·	MEDICAL	.—Continued									MA <sup>-</sup>	TERNITY PR	OVISION	s		
			Dep	endents									Hospitalizati	on	····	Surgical	Medical	
Home	Office	Allowance Hospital	Elsewhere	Maximum compensation	Sick-	ts begin	of visits	Number of days paid for	Other provisions	Accident and sickness	1 01	Duration	Maximum room and board	Extra allowance or service	Lump	Schedule allowance for normal	Amounts and limi- tations	Benefits available to newly insured
	Office	nospitat			ness	dent	J P - 10 . 0.	paid ioi	l		service	<u> </u>	allowance	<u> </u>	<u> </u>	delivery		
	<del></del>	<del></del>		al plan A <sup>1</sup>		Г	<del></del>		<del></del>	-	ļ		<del></del>		ee and o	dependent		
	<u> </u>	Provided by	L	<del></del>	Health	Plan. 2	<b></b>	<b>.</b>	<b>I</b>			1		<del></del>	· -	1		7
		ļ	Option	al plan B		<del></del>			<del></del>				Provided	<u> </u>		undation H	ealth Plan	. ' L
_	_	\$4 for each day of confinement.	_	\$280 per disability.	lst day.	lst day.	—	70 per disa-				<del> </del>		OI	tional p	olan B	-	T
		commenc.		disasiniy.	day.	day.		bility.		 	_		_		\$ 100 ( <sup>3</sup> )		_	After 9 months.
							i.			:								
<del></del>			_						_	Regular				Employe	9			Employee and
										benefits for 6 weeks.		days.	¢ 252	\$ 100	   	<b>\$</b> 133.33		dependent:
			ļ									·		Dependen	t	·		
											\$114	10 days.	\$110	\$110	_	\$ 50	_	
	<del></del>		<u> </u>		_									<u> </u>	L,-,			
_		lst day, \$6; 2d day, \$4; thereafter, \$3 per day.	_	\$544 per disability.	lst day.	lst day.		180 per disa- bility.		_	\$ 20	120 days.	\$2,400	Full cost of speci- fied services.	endent —	\$ 60	-	Employee and dependent: After 9 months.

			EFIT COVERAGE DURING RETIREMEN (must be provided at least on group rate		ance Frans Onder
COMPANY, UNION, AND DATE OF INFORMATION	OTHER BENEFITS <sup>1</sup> (types and amounts)	Life insurance	Hospitalization	Surgical	Medical
Construction industry,	Employee and dependents	_	Employee and dep	pendent	Optional plan A <sup>2,3</sup>
Associated General Contractors of America,	Optional plan A <sup>2</sup>		Optional plan	n A <sup>2,3</sup>	Same as for active
and other employers (Northern California)	Provided by the Kaiser Foundation Health Plan 3		Same as for active	employee.	employee.
Carpenters	Optional plan B		Optional plan	ı B	Optional plan B
November 1961	Diagnostic X-ray and laboratory examination allowance (for cases in or out of hospital)—\$50 for each accident or all sicknesses during any 12 consecutive months.  X-ray and radium therapy treatment allowance—\$300 per year.  Additional accident expense allowance (for expenses in excess of those covered by other plan benefits incurred within 90 days after accident)—\$300.		Ward accommodations and full cost of specified services for 1st 21 days per disability; 50 percent of charges for next 180 days.	Same as for active employee.	Employee: Hospital—\$4 for each day of con- finement: maxi- mum—\$804: home and office— same as for active worker.  Dependent: Hospital only—\$4 for each day of confinement; maximum \$804.
Jewelry industry, Associated Jewelers, Inc., Jewelry Crafts Association, and other employers (New York, N. Y.) Jewelry Workers, Local 1 January 1962	<del></del>	_	<del></del>	<del>-</del> -	_
Minneapolis-Honeywell Regulator Company (Minneapolis, Minn.) Teamsters November 1961	<del></del>	<del>-</del>	_	<del>-</del>	_

Excludes such benefits as X-ray, anesthesia, and electrocardiogram allowances if they are provided only for services performed in a hospital. See EXPLANATORY NOTES.

This optional coverage is available only to employees in 8 counties (San Francisco, Alameda, San Mateo, Marin, Contra Costa, Solano, Napa, and Sonoma); employees in other areas have only Optional plan B benefits.

Kaiser Foundation Health Plan; see appendix D.

				B-	nefits fo	NP					FINANCING			
Emp	loyee	Employ	ree's dep			tired emp	loyee	Ret	ired empl depender	oyee's	Amount of contribut	ion for—		
Com-	T -	Com-		Em-	Com-		Em-	Com-		Em-	Benefits for employee and dependents		Benefits for retired of and dependen	employee
pany only	Jointly	pany only	Jointly	ployee only	pany only	Jointly	ployee only	pany only	Jointly	ployee only	Employee	Company	Employee	Company
x	_	x		_	х	_	_	х		_	<del>-</del> -	Full cost.		Full cost.
x		x					_				<del></del>	Full cost but not more than 7.33 per- cent of monthly pay- roll.	_	
x (*)	_		_	х			_	_	_	_	Dependents benefits: Full cost.	Employee's benefits: Full cost. <sup>5</sup>		_

Also extended, X-ray and radium treatment benefit allowance and additional accident benefit allowance—same as for active employee; and diagnostic X-ray and laboratory benefit allowance—\$25 for each accident or all sicknesses during any 12 consecutive months.

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

		LIFE INSURANCE				,	CCIDENTAL DEATH AN	D DISMEMBERMI	ENT
COMPANY, UNION, AND DATE OF	ELIGIBILITY REQUIREMENTS (when new		If per	manently and totally disab	oled		Λ	mount	
INFORMATION	employees become eligible)	Amount	Before	Insurance is-		Cases covered	Graduated	Death or	Single dis-
			age	Maintained	Paid in—	<u> </u>	according to-	multidis- memberment	memberment
Doll and toy industry National Associa- tion of Doll Manu- facturers, and other employers (New York, N.Y.) Doll and Toy Workers, Local 223 May 1962	Accident and sick- ness benefit: Immediately or 1st of following month.  Other benefits: 5 months' con- tinuous covered employment.	\$1,000		_		_	_		_
Various employers, St. Louis, Mo., area. Machinists, District 9 November 1961	Immediately or 1st of following month.	\$2,000	65	For 1 year (or for period insured if less than 1 year).	_	Nonoccu- pational; occupa- tional.	_	Same as life insur- ance.	One-half of life in- surance.
Council 9 February 1962	Regular benefits: <sup>2</sup> lst of month in which following requirements are met: 6 months' union member- ship; earned at least \$1,200 from contributing em- ployers during preceding 12 months; and at least 1 day's covered employ- ment during pre- ceding 5 months.	\$1,000 <sup>2</sup>	60	х		Nonoccupational; occupational.		Same as life insur- ance.	One-half of life in- surance.

Available to employee with at least 5 months' continuous covered employment. Ineligible employee receives benefits required by the New York State temporary disability law after waiting period of 7 days. See appendix A.

Prior to qualifying for regular benefits, employee becomes eligible for \$100 life insurance on first of month following month in which he had I day's covered employment. Apprentice coverage—\$500; coverage of nonbeneficial members age 60 or over when becoming union members—\$100.

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	ACCIDENT AND SICKNESS										HOSPITALIZ	ATION			
		Dur	ation of be	nefits	Benefi	ts begin	Daily benefit		Exte	nded coverage	Maximum room and	Extra	pa	sis of ment	Emergency
Cases covered	Amount	Period	After age—	Benefits limited to	Accident	Sickness	or service	Duration	-Days	Daily amount	board allowance	allowance or service	Year	Disa- bility	out-patien care benefi or service
Nonoc-	\$33 per week or one-half average weekly wage, <u>maximum</u> \$50, whichever is greater.	20	_		4th day.	4th day.		<u> </u>	·	Em	ployee and	dependents			
cupa- tional.	\$50, whichever is greater.	weeks per year.					Semi- private room.	21 days.	180	50 percent of cost of semi- private room.		Full cost of specified serv- ices for 1st 21 days; 50 percent of cost for addi- tional 180 days.		x	\$7. 25
		13				0.1					Employee		<u></u>		
Nonoc- cupa- tional.	\$40 per week.	weeks per dis- ability.	_		ist day.	8th day.	\$13	_		_	\$650	\$450, plus \$10 ambulance allow ance per trip and \$20 per disa- bility.		х	\$450
											Dependent	8			
							\$11	_	_	_	\$550	\$350, plus \$10 ambulance allow- ance per trip and \$20 per disa- bility.	_	х	\$350
сира-	\$10 per week	13 weeks	60	13 weeks	1	}		1	Т	T	ployee and	dependents	r	т	Т
(3)	(3)	per dis- ability.	(3)	any 12 consecutive months.	(3)	(3)	Semi- private room.	21 days.	180	50 percent of cost of semi- private room.		Full cost of specified serv- ices for 1st 21 days; 50 percent of cost for addi- tional 180 days.		X	\$7.25
											1				

			SUR	GICAL					MED	ICAL				
COMPANY, UNION, AND DATE OF	INCOME LIMITS FOR SERVICE		Allowances for	•					Empl	oyee				
INFORMATION	SURGICAL AND MEDICAL BENEFITS	Most	· · · · · ·		Covers cases			Allowance		Maximum	Benefi	ts begin	Number	Number
		expensive operation	Tonsillectomy	Appendec- tomy		Home	Office	Hospital	Elsewhere	compensation	Sickness	Accident	of visits paid for	
Doll and toy industry,	Single contract,	Em	ployee and dep	endents	Hospital,	_	_	1st 2 days, \$4 per	_	\$452 per disa-	lst day.	lst day.	1st 2	201 per
and other employers (New York, N.Y.)	\$2,500; family, \$4,000.		Under age 12, \$45; over age 12, \$65.	\$125	office, home, elsewhere.			visit; 3d through 21st day, \$4 per day; thereafter, \$14 per week.		bility.			days: 2 per day.	disa- bility.
Doll and Toy Workers, Local 223						İ								
May 1962													i	
Various employers,			Employee	<u> </u>	Hospital,		<del>                                     </del>	\$4 per visit.		\$200 per year.	lst	lst	l per	-
St. Louis, Mo., area  Machinists, District 9		\$300	\$45	\$150	office, home, elsewhere.				ļ		visit.	visit.	day.	
November 1961			Dependents		]									
		\$200	\$30	\$100										
		Employ	ree and depende	ents	<u> </u>	-	l		Ontiona	l plan A				<u> </u>
Association of Master Painters and Decorators of the City of New York,			ptional plan A		<del> </del>		Т	Provided by the Hea	<del></del>	<del></del>	r New Yo	rk.¹	1	т
Inc.	Provided by th	e Health I	nsurance Plan	of Greater	New York.1		<u> </u>	L	ļ	l plan B	1	<u> </u>	L	
Painters, District Council 9		0	ptional plan B				Γ	D	1	<del>-</del>	1,	7	1	т—
February 1962	Provi	ded by Gro	up Health Insu	rance, Inc	2			Provided b	y Group He	alth Insurance, Ir	c			

See appendix C.
 See appendix B.

			Deg	endents									Hospitalizati	on		Surgical	Medical	
Home	Office	Allowance Hospital	Elsewhere	Maximum compensation	Sick-	s begin	of visits	Number of days paid for	Other provisions	Accident and sickness	or	Duration	Maximum room and board	Extra allowance or service	Lump sum	Schedule allowance for normal delivery	Amounts and limi- tations	Benefits availab to newly insure
nome	Office	nospital	Ersewhere		ness	dent	,	ļ		<u> </u>	service	<u> </u>	allowance	<u> </u>	<u></u>	<u> </u>		<del></del>
		lst 2 days, \$4 per visit; 3d through	_	\$452 per disability.	1st day.	lst day	1st 2	201 per	<u> </u>	_			Emplo	yee and de	penden	it .	-	Employee and pendent:
		Visit; 3d inrough 21st day, \$4 per day; thereafter, \$14 per week.		disability.			days: 2 per day.	disa- bility.				_	_	_	\$80	\$75	_	After 4 months
	<u> </u>	\$4 per visit		\$200 per year.	lst visit.	lst visit.	l per		_	Regular benefits	\$13		\$650	Employee	Γ	\$75		Employee and pendent:
										for 6 weeks.	<b>3</b> 13			\$450, plus \$10 ambu- lance al- lowance per trip and \$20 per disa- bility.		\$75	_	If pregnancy of mences while sured.
										ł				Dependent	:			
											\$11			\$350, plus \$10 ambu- lance al- lowance per trip and \$20 per disa- bility.		\$50	_	
	·	1	Optio	nal plan A	T	···	,			Regular	ļ		Emplo	yee and de	epender	nt .		Employee:
		Provided by the He	alth Insura	nce Plan of	Greate	r New 3	ork.			benefits for 13 weeks.	_		-	_	\$80	Optiona	l plan A	Accident and ness—if pregr
		J	Optio	nal plan B	<u> </u>		L	L		weeks.			:			Provided Health Ins	by the	commences w insured. Other benefits—imm
		Provided l	y Group H	ealth Insura	nce, In	c,²	ı ——	1								Plan of G New York	reater	ately. Dependent:
}	!															Optiona	l plan B	Immediately.
																Provided Health Ins Inc. <sup>2</sup>	by Group ourance,	

		BEN	EFIT COVERAGE DURING RETIREMEN (must be provided at least on group rate	IT PERIOD basis)	
COMPANY, UNION, AND DATE OF INFORMATION	OTHER BENEFITS <sup>1</sup> (types and amounts)	Life insurance	Hospitalization	Surgical	Medical
Doll and toy industry,	Employee only	_	_	_	
National Association of Doll Manufacturers, and other employers (New York, N.Y.)	Tuberculosis cash settlement allowance for pulmonary laryngal or renal tuberculosis contracted for the first time—\$400.				
Doll and Toy Workers, Local 223	General medical examination in union physician's office (including X-rays, tests, and medicines)—without charge.				
May 1962	Employee and dependents				
	Radiation therapy allowance for malignant conditions for treatment in or out of hospital \$200 per year.				
Various employers,	Employee only	(²)	(²)	(²)	(²)
St. Louis, Mo., area Machinists, District 9 November 1961	Diagnostic X-ray and laboratory examination allowance for nonhospitalized cases—\$50 for any 1 injury or for all sicknesses during any 12 consecutive months.				
Association of Master Painters and Decorators	Employee and dependents	_		_	_
of the City of New York, Inc.	Optional plan A				
Painters, District	Provided by the Health Insurance Plan of Greater New York 4				
Council 9 February 1962	Optional plan B				
, -,	Provided by Group Health Insurance, Inc. <sup>5</sup>				

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Excludes such benefits as X-ray, anesthesia, and electrocardiogram allowances if they are provided only for services performed in a hospital. See EXPLANATORY NOTES.

An employee retired or terminated may carry his insurance, without accident and sickness benefit, for 1 year, if he remains unemployed.

An employee retired or terminated may carry his insurance, without accident and sickness benefit, for 1 year, if he remains unemployed, provided he pays full cost of these benefits, \$12.50 per month.

See appendix C.

See appendix B.

				Be	nefits fo	<u> </u>								
Emp	oyee	Employ	ee's dep		Ret	ired emp	loyee	Reti	red emplo dependen	yee's	Amount of contribut	ion for—	Benefits for retired e	
Com- pany	Jointly	Com- pany	Jointly	Em- ployee	Com- pany	Jointly	Em- ployee	Com- pany	Jointly	Em- ployee	Benefits for employee and dependents	T	and dependent	
only	,,	only	-	only	only	ļ	only	only		only	Employee	Company	Employee	Company
x	_	х				_			_		_	Full cost—\$2.80 per week for each employee working at least 32 hours per week; \$0.08 per hour for each employee working less than 32 hours per week plus \$0.05 per week for each employee working during any week regardless of hours worked.		-
x		x				_	(3)			( <sup>3</sup> )		Full cost—\$14.50 per month.	( <sup>3</sup> )	_
x		x		_		_	_				<del></del>	Full cost—5½ per- cent of weekly pay- roll.	_	_

		LIFE INSURAN	ICE				T ,	ACCIDENTAL DEATH AND	DISMEMBERME	INT
COMPANY, UNION, AND DATE OF	ELIGIBILITY REQUIREMENTS (when new			If per	manently and totally disa	bled		Am	ount	
INFORMATION	employees become eligible)	Amount		Before age	Insurance is-	Paid	Cases covered	Graduated according to—	Death or multidis- memberment	Single dis- memberment
Elgin National Watch Co. Watch Workers February 1962	Life insurance and accident and sickness benefits: Immediately or 1st of following month.  Other benefits: After 1 month's employment.	Service  Less than 6 months 6 months to 1 year 1 year and over  (1)	1,500   1,50			in—		_		
Pan American Petroleum Corp. Various unions January 1962	After 6 months' employment.	\$1,000 <sup>3</sup>		60	25 percent.	Install- ments- 75 per- cent.		_	_	_
Construction industry, various employers (Western Pennsylvania) Various unions February 1962	Upon completion of 3 months' con- tributions by em- ployer, covering minimum of 150 hours' work.	\$4,000		60	х	_	Nonoccu- pational.	_	Same as life in- surance.	One-half of life insurance.
Trucking industry,	lst of month fol- lowing 2 months	Employee		,			Nonoccu- pational;	lst year	\$1,500 3,000	\$ 750 1,500
over-the-road freight, various associations and	of contributions by employer for employee.	lst year, \$1,750; thereafter, \$3,500.		60	-	Install- ments.	occupa- tional.			
individual employ- ers, Central States, Southeast		Dependent spo	ouse							
and Southwest areas Teamsters February 1962 ( <sup>5</sup> )		1st year, \$250; thereafter, \$500.			_					

Available only if employed by company prior to age 55.
 Benefit for employee with 6 months or less service is \$3 per day.
 Additional insurance provided on a contributory basis.

	ACCIDENT AND SICH	NESS									HOSPITALIZ	ZATION			
		Du	ation of be	nefits	Benefi	es begin	Daily		Exten	ded coverage	Maximum	Extra	pay	sis of pment	Emergency
Cases covered	Amount		Ex	cept			benefit or	Duration		- ·	room and board	allowance or service		Disa-	out-patient care benefit
		Period	After age—	Benefits limited to	Accident	Sickness	service		- Days	Daily amount	allowance	or service	Year	bilicy	or service
Nonoc- cupa-	lst 120 days— Weekly earnings Weekly		-	_	or lst	8th day.				Em	ployee and	dependents			
tional.	\$40 to \$45	50 50 50 50 50 50 50 50 50 50 50 50 50 5			in hos- pital.		\$12	90 days.		_	\$1,080	\$ 180		x	\$ 180
	_		_	_	_	<del> </del>		<u> </u>	1	Em	ployee and	dependents	J	Д	L
(4)	( <del>*</del> )	(4)	( <sup>4</sup> )	(4)	( <del>4</del> )	(4)	<del> </del>	Т		I	1	T	1	т	T
·.•							Compre	hensive r	major :	medical exp	ense benefi	t provided. See "	Other	Benef	its" column
Nonoc-	\$40 per week.	26 weeks	_	_	lst day.	8th day.		•		Em	ployee and	dependents		-	
tional.		per dis- ability.					\$ 19	70 days	_	_	\$ 1,330	\$ 285, plus \$ 38 ambulance allowance.	_	х	\$ 285 <sup>6</sup>
Nonoc- cupa-	1st year, \$17.50 per week; thereafter, \$35.00 per w	eek. 13	_		lst day.	8th day.		<b>_</b>			Employ	7ee 7		<b></b>	L
tional.		per dis- ability.	-		,.		\$ 14	31 days.	-	_	\$434	\$ 200	-	x	\$ 25
											Depende	ents 7			
							\$ 13	31 days			\$403	\$ 160	-	x	\$ 25

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

Benefits described are those available to the largest group of employees covered by the plan.

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

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

			SURG	BICAL			·-		MEDI	CAL				
COMPANY, UNION, AND DATE OF	INCOME LIMITS FOR SERVICE		Allowances for-						Empl	oyee				
INFORMATION	SURGICAL AND MEDICAL BENEFITS	Most		40000	Covers cases in—		<del></del>	Allowance		- Maximum	Benefi	ts begin	Number	Number
		expensive operation	Tonsillectomy	Appendec- tomy		Home	Office	Hospital	Elsewhere	compensation	Sickness	Accident	of visits paid for	of days paid for
Elgin National Watch Co.	<del>-</del>	Empl	oyee and depen	dents	Hospital, office, home,		_	\$4 for each day of confinement.		\$ 200 per disability.	lst day.	lst day.		
Watch Workers February 1962		\$300	Under age 12, \$36; over age 12, \$60.		elsewhere.			(1)						
Pan American Petroleum Corp.  Various unions	Comprehensive	major med	yee and depende	г	ided. See		Comprehe	nsive major medical e	expense ber	lefit provided. Se	e "Other	Benefits'	column.	
January 1962														
Construction industry, various employers		Empl	oyee and depen	dents	Hospital, office, home,	_	_	_			-	_		
(Western Pennsylvania) Various unions February 1962  (3)		\$ 350	\$ 52.50	\$ 175	elsewhere.									
Trucking industry, local cartage and over-the- road freight, various associations, and in- dividual employers, Central States, South- east and Southwest areas.  Teamsters February 1962	_	Emplo \$ 300	yee and depend	\$ 150	Hospital, office, home, elsewhere.	_	_		_	_	-		_	_
(3)														

If surgical operation performed, allowance is greater of (a) \$4 for each day of hospital confinement up to day of operation; and (b) \$4 for each day of confinement minus surgical operation allowance.
No accident and sickness insurance benefit provided by plan; employees covered by paid sick-leave plan.
Benefits described are those available to the largest group of employees covered by the plan.

			MEDICAL	.—Continued									MA*	TERNITY PR	OVISION	s		
			Dep	endents									Hospitalizati	on		Surgical	Medical	
		Allowance		Maximum		s begin	Number	Number of days	Other provisions	Accident and sickness	Daily benefit	Duration	Maximum room and	Extra allowance	Lump	Schedule allowance	Amounts and limi-	Benefits available to newly insured
Home	Office	Hospital	Elsewhere	compensation	Sick- ness	Acci- dent		paid for		SICERESS	or service	Duracton	board allowance	or service	sum	for normal delivery	tations	
_	_	\$4 for each day of confinement.		\$ 200 per disability.	lst day.	lst day.	_	_	_	_			Emplo	yee and de	penden	t		Employee and dependent:
		(1)											\$150 n	naternity a	llowanc	ee.		If pregnancy commences while insured.
Con	nprehensi	ve major medical exp	pense benef	it provided.	See "	Other B	enefits'	colum	n.	(²)			Emplo \$100 n	Employee and dependent: If pregnancy commences while insured.				
		<u> </u>		<del>-</del>			_	_	_	Regular benefits		L	l	Employee		L		Employee and
										for 6 weeks.	<del></del>	_	_	-	\$ 150 (*)	\$87.50	_	dependent: If pregnancy commences while insured.
		,											L	Dependent	:		l	
						ļ							\$150 m	aternity al	lowance	. 5		
_	_	_	_		_	_	-	_		Regular benefits	efits						Employee and dependent:	
			-							for 6 weeks.	_	_	_		\$ 140 ( <sup>5</sup> )	\$ 75 ( <sup>5</sup> )		After 9 months.
												<b></b>		Dependent		1 ()	<u> </u>	-
												<u> </u>			\$ 120	\$ 50		1
		1		1		l	l l	1 1		1	i	1		1	17	1, 2,	I	1
										i					(5)	(5)		

Also provided for births occurring outside of hospital.
 Payable irrespective of actual charges.
 Employee insured less than 1 year and his dependents receive 50 percent of benefit.

			EFIT COVERAGE DURING RETIREMEN (must be provided at least on group rate		
COMPANY, UNION, AND DATE OF INFORMATION	OTHER BENEFITS <sup>1</sup> (types and amounts)	Life insurance	Hospitalization	Surgical	Medical
Elgin National Watch Co.	Employee and dependents	\$750	Employ	ee and dependent	
Watch Workers February 1962	Diagnostic X-ray allowance for nonhospitalized cases—\$50 per disability.  Supplemental major medical expense benefit—75 percent of expenses not covered by other plan benefits, incurred during a benefit year which are in excess of either \$200 or 80 times employee's average straight-time hourly earnings, whichever is greater; maximum—\$5,000 per year, \$10,000 during lifetime.		Same as for Total benefits payable during r dependent limited to \$800 for e	r active employee.	mployee and for
Pan American Petroleum Corp. Various unions January 1962	Employee and dependents  Comprehensive major medical expense benefit—80 percent of expenses incurred within a calendar year which are in excess of \$50; maximum—\$10,000 per year and during lifetime.	\$1,000 <sup>2</sup>	Employ  Comprehensive major medical employee and for dependent sa worker except limited during r hospital and surgical charges a of \$5,000 for each.	me as for active etirement period to	<del>-</del>
Construction industry,	Employee only	\$3,000	Employ	ee and dependent	
various employers (Western Pennsylvania) Various unions February 1962 (4)	Identification allowance (for expenses involved in placing disabled employee under care of relatives or friends)—\$100.		Room and board allowance of \$15 per day for 70 days per disability; allowance for extra services, \$225.	Most expensive operation: \$ 300  Appendectomy: \$ 150	
Trucking industry, local cartage and over-the-road freight, various associations, and individual employers, Central States, Southeast and Southwest areas.		-	_	-	
Teamsters					
February 1962 (4)					

Excludes such benefits as X-ray, anesthesia, and electrocardiogram allowances if they are provided only for services performed in a hospital. See EXPLANATORY NOTES.

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

Excludes such benefits as X-ray, anesthesia, and electrocardiogram allowances if they are provided only for services performed in a hospital. See EXPLANATORY NOTES.

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

Excludes such benefits as X-ray, anesthesia, and electrocardiogram allowances if they are provided only for services performed in a hospital. See EXPLANATORY NOTES.

				Ве	nefits fo	)r					Amount of contribut	ion for—		
	loyee		ree's dep			tired emp	<u>,</u>	_	ired empl depender		Benefits for employee and dependents		Benefits for retired	employee
Com- pany	Jointly	Com- pany	Jointly	Em- ployee	Com- pany	Jointly		Com- pany	Jointly	Em- ployee only	Employee	Company	and dependen Employee	ıt
only	х	only	х		only	x	only	only	х	—	Accident and sickness benefit:  0.50 percent of weekly gross earnings up to \$100 per week.  Hospital, surgical, and medical benefits:  Benefits for employee only, \$0.45 per week; for employee and dependents, \$1.35.	Life insurance: Full cost. Other benefits: Balance of cost.	Hospital, surgical and medical benefits: Same as for active employee.	Company  Life insurance: Full cost.  Other benefits: Balance of cost.
	x		х	-		x			х	_	Comprehensive major medical benefits: Employee only, \$3 per month; employee and dependents, \$8.65; each dependent child age 19 through 24, additional \$3.06.	Life insurance: Full cost. <sup>3</sup> Comprehensive major medical expense benefit: Balance of cost,	Same as active employee.	Life insurance: Full cost. Other benefits: Balance of cost.
x		x		<del></del>			х	_		х	_	Full cost—\$0, 125 per hour worked.	Full cost—\$ 15 per quarter.	_
х		x	_	_	_	_	_	_	_		<del>-</del>	Full cost—\$ 3 per week.		

## Digest of Selected Health and Insurance Plans

		LIFE INSURANCE				<b>A</b>	CCIDENTAL DEATH AN	DISMEMBERM	ENT
COMPANY, UNION, AND DATE OF	ELIGIBILITY REQUIREMENTS (when new		If per	manently and totally disa	bled		A	mount	
INFORMATION	employees become eligible)	Amount	Before age—	Insurance is	- Paid	Cases covered	Graduated according to-	Death or multidis-	Single dis-
Distributors Association  Longshoremen's and Warehousemen's Union, Locals 6 and 17  November 1961	Life and accidental death and dismemberment insurance:  I year's employment, minimum of 1,500 hours of work.  Other benefits: Ist day of month following 30 days' employment from the 20th of one month to 20th of following month.		60	Maintained  X	in—	Nonoccu- pational.	_	memberment Same as life insur- ance.	One-half
Truck Owners Association of California Teamsters October 1961	lst of month fol- lowing 1 month's covered employ- ment.	\$2,000	After age 60.	X For 1 year.	-	Nonoccu- pational.	<del></del>	Same as life insur- ance.	One-half of life in- surance.
The Detroit Edison Co. Utility Workers January 1962	After 6 months' employment.	\$1,000 <sup>3</sup>	60	_	Install- ments.		_	_	

No accident and sickness insurance benefits provided by plan; employees covered by the California State temporary disability law. See appendix A. See appendix D. Additional insurance provided on a contributory basis.
No accident and sickness insurance benefit provided by plan; employees covered by paid sick-leave plan.
See appendix A. See appendix A. See appendix D. Additional insurance provided on a contributory basis.
No accident and sickness insurance benefit provided by plan; employees covered by paid sick-leave plan.
See appendix A. See appendix A. See appendix D. Additional insurance benefits provided by plan; employees covered by paid sick-leave plan.

	ACCIDENT AND SICKNESS										HOSPITALIZ	ATION			
		Dur	ation of ber	efits	Benefi	ts begin	Daily		Exten	ded coverage	Maximum room and	Extra	pay	sis of yment	Emergency
Cases covered	Amount	Period	After age-	Benefits limited to—	Accident	Sickness	benefit or service	Duration	- Days	Daily amount	board allowance	allowance or service	Year	Disa- bility	out-patient care benefit or service
	-					_		L.		Emp	loyee and d	ependents			<u>.                                    </u>
(1)	(1)	(¹)	(¹)	(¹)	(¹)	(1)					Optional pl	lan A			
1								1	Prov	rided by the	Kaiser Fou	indation Health Pla	in, ²	4	1
											Optional pl	lan B			
							\$14	31 days.		_	\$434	\$300, plus 75 percent of addi- tional charges; maximum \$1,600.		x	\$300, plus 75 percent of charges maximum— \$1,600.
(1)	(1)	(1)	(1)	(1)	(1)	(1)	\$11.50	70 days.		_	Employ \$805	Full cost of specified services, plus \$15 ambulance allowance per trip.	_	x	Required services provided.
								L	I		Depende	nts	<u> </u>	ــــــــــــــــــــــــــــــــــــــ	
							\$11.50	31 days.	_		\$356.50	\$500, plus \$15 ambulance allow- ance per trip.		x	\$500
		<del> </del>				<del>                                     </del>	<del> </del>	L	L	Emi	ployee and d	lependents		١	
(4)	(*)	(4)	(4)	(4)	(4)	(4)	Semi- private room.	365 days.		_	_	Full cost of specified services.		х	\$20 5

			SURG	BICAL					MEDI	CAL				•
COMPANY, UNION,	INCOME LIMITS FOR SERVICE		Allowances for-			<del>                                     </del>			Empl	oyee				
AND DATE OF INFORMATION	SURGICAL AND MEDICAL BENEFITS				Covers cases			Allowance			Benefi	ts begin	Number	Number
	MEDICAL BENEFITS	Most expensive operation	Tonsillectomy	Appendec- tomy	in—	Home	Office	Hospital	Elsewhere	Maximum compensation	Sidkness	Accident	of visits paid for	of days paid for
Distributors Association		Employ	yee and depende	ents					Optiona	l plan A				
Longshoremen's and		0	ptional plan A				1	Provided by	the Kaiser	Foundation Health	Plan. 1		1	
Warehousemen's Union, Locals 6 and 17	Provide	d by the Ka	iser Foundatio	n Health F	lan, i				Optional	plan B				
November 1961		0	ptional plan B			\$5 per	\$5 per	\$5 per visit.		\$350 per year.	Hospital:	lst visit	l per	_
	_	\$350	\$45	\$150	Hospital, office, home, elsewhere.	visit.	visit.				lst visit.  Home and office: 2d visit.		day.	
											2d visit.			
Truck Owners Associa- tion of California Teamsters	_	l	oyee and depen \$52.50	dents	Hospital, office, home, elsewhere.	\$5 per visit.	\$3 per visit.	\$3 per visit.	<del>-</del>	\$250 per 6-month period.	2d day.		l per day.	_
October 1961														
The Detroit Edison Co. Utility Workers	-		oyee and depen	dents	Hospital, office, home, elsewhere.		_	\$5 for each day of confinement.		\$350 per disa- bility.	lst day.	lst day.		70 per disa-bility.
January 1962														

See appendix D.
 \$100 for expenses incurred, other than surgical, in or out of hospital, payable irrespective of actual charges.
 No accident and sickness insurance benefit provided by plan; employees covered by paid sick-leave plan.

			MEDICAL	Continued									MA <sup>-</sup>	TERNITY PE	OVISION	s		
	·		Dej	endents									Hospitalizati	on		Surgical	Medical	
Home	Office	Allowance Hospital	Elsewhere	Maximum compensation		Acci-	of visit	Number of days paid for	Other provisions	Accident and sickness	Daily benefit or service	Duration	Maximum room and board allowance	Extra allowance or service	Lump	Schedule allowance for normal delivery	Amounts and limi- tations	Benefits availab to newly insure
		<u> </u>	<u> </u>	al plan A	10000	.dem	<u> </u>	Ĭ	L		Service		L	Optional p	10- 4	,	l	<u> </u>
	<del>,</del>	Provided by	<del>,                                      </del>	, ·	Elecish 1	Dian I	,	<del>-,</del>	<del> </del>				Employee ar		<del></del>			<u>.                                    </u>
	<del></del>	1.00.464 by		al plan B		1		4	L		Provi		he Kaiser F			Plan !		Employee and of pendent: Immediately.
	<u> </u>		- Option	Τ	Γ.	<u>.                                    </u>	<u> </u>	<del>i</del>	T			زردتت		Optional	<del></del>	1	·	minediately.
	\$5 per visit.	\$5 per day.	_	Office: \$250 per	2d -	fice:	-	31 per disa-	_				Employ					Ţ.,
				ľ	visit.	pital:		bility.						Γ	\$150	\$75		Employee: After 9 months.
				Hospital: \$155 per disability.	lst day.	lst day.				_		1	_		<b>P150</b>	<b>1</b>	_	
-	_	\$3 per visit.			1st day.	lst day.	l per day.	_		<del></del>	_			Employed —- Dependen	(²)	\$75	(²)	Employee and opendent: Immediately.
													\$100 n	naternity s	illowand	e.		
	_	\$5 for each day of confinement.	_	\$350 per disability.	lst day.	lst day.	_	70 per disa- bility.	_		Semi- private	365 days.	_	yee and de Full cost of speci-	pendent 	\$70		Employee and d pendent: Immediately.
											private room.	uays.		or speci- fied serv- ices.				

			EFIT COVERAGE DURING RETIREMEN must be provided at least on group rate		
COMPANY, UNION, AND DATE OF INFORMATION	OTHER BENEFITS <sup>1</sup> (types and amounts)	Life insurance	Hospitalization	Surgical	Medical
Distributors Association	Employee and dependents		En	nployee only	
Longshoremen's and	Optional plan A	]	<del>-</del>	<u>-</u> -	
Warehousemen's Union, Locals 6 and 17	Provided by the Kaiser Foundation Health Plan 2	1	( <sup>3</sup> )·	(3)	(3)
November 1961	Optional plan B				
	Diagnostic X-ray and laboratory test allowance for nonhospitalized cases—\$50 during any 12 consecutive months.  Supplementary accident expense allowance (for expenses incurred within 90 days of accident)—\$300.				
	Special disease benefit (for polio, scarlet fever, diphtheria, spinal meningitis, encephalitis, rabies, tetanus, tularemia, typhoid, and leukemia)—\$5,000 for expenses incurred within 2 years after first treatment which are in excess of other plan benefits.				
	Supplemental major medical expense benefit—80 percent of expenses not covered by other plan benefits which are in excess of \$75; maximum—\$5,000 per calendar year.				
Truck Owners Association of California Teamsters October 1961	Diagnostic X-ray and laboratory examination allowance for nonhospitalized cases:  Employee \$50 for any one accident or all sicknesses during any 6-month period.  Dependents \$25 for any one accident or all sicknesses during any 6-month period.		_	_	_
	Additional accident expense allowance: (For expenses not covered by other plan benefits incurred within 3 months after date of accident). Employee and dependents—\$300.				
	Polio allowance: (For expenses incurred within 3 years from date of receiving first treatment, in lieu of all other plan benefits). Employee and dependents—\$2,000.				
The Detroit Edison Co.	Employee and dependents	Retiring at age 65 or at age 60 with	Employe	ee and dependent 5	
Utility Workers	Anesthesia allowance for nonhospitalized cases except when used as part of emergency out-patient care—\$10 for each use.	15 years' service: \$1,000*	Same as f	or active employee.	
January 1962	Operating room allowance for nonhospitalized cases except when used as part of emergency out-patient care—\$10 for each use.				
	Diagnostic X-ray allowance (for diagnosis resulting in hospitalization within 30 days, or for examination occurring within 48 hours after discharge from hospital and is in connection with disability causing hospitalization)—\$20.				
	Ambulance allowance—\$20 per trip.				

Excludes such benefits as X-ray, anesthesia, and electrocardiogram allowances if they are provided only for services performed in a hospital. See EXPLANATORY NOTES.

See appendix D.

Company-paid hospital-medical benefits, will become effective June 1, 1962.

Retiring at age 65 and covered by additional life insurance—total amount in effect immediately prior to retirement reduced 10 percent at retirement and 10 percent annually thereafter until amount equals 50 percent of amount in effect before initial reduction or \$2,500, whichever is greater. Retiring at age 60 with 15 years' service and covered by the additional insurance—amount in effect Digitized for FRASER

				Be	nefits fo	)r		-					<del></del>	
Emp	loyee	Employ	ee's dep			tired emp	loyee	Ret	red emplo depender	oyee's	Amount of contributi	on for—	, , , , , , , , , , , , , , , , , , ,	
Com- pany	Jointly	Com- pany	Jointly	Em- ployee	Com- pany	Jointly	Em- ployee	Com- pany	Jointly	Em- ployee	Benefits for employee and dependents		Benefits for retired e and dependent	mployee
only	Jointly	only	Jointy	only	only	Johnsy	only	only	Jonary	only	Employee	Company	Employee	Company
x		x		_			_		_	_		Full cost.	<del>_</del>	_
х		х	_	_							<u>-</u>	Full cost.		_
_	х		x			х		_	х		Hospital, surgical and medical benefits: Benefits for employee only, \$0.84 per week; for employee and one dependent, \$1.89; for employee, spouse, and children under age 19, \$2.16; for each additional dependent, \$0.90.	Life insurance: Full cost.  Other benefits: Balance of cost.	Hospital, surgical, and medical benefits: Same as active employee.	Life insur- ance: Full cost. 7 Other benefits: Balance of cost.

at date of retirement may be maintained until age 65, then reduced in same manner as stated previously or reduction in coverage may begin immediately (employee's contribution toward the cost of insurance ceases when reduction in coverage begins).

Available if employee retires at age 60 or later.

Employee may secure additional insurance on a contributory basis.

Digitized for FRASER Employee retiring at age 60 contributes toward cost of additional insurance as long as total amount of insurance in effect prior to retirement is maintained.

## Digest of Selected Health and Insurance Plans

	T	T				1			
	ELIGIBILITY	LIFE INSURANCE					CCIDENTAL DEATH AND	DISMEMBERME	ENT
COMPANY, UNION, AND DATE OF	REQUIREMENTS (when new		If per	manently and totally disab	oled		An	nount	
INFORMATION	employees become eligible)	Amount	Before	Insurance is-	<b>,</b>	Cases covered	Graduated	Death or	Single dis-
<del></del>			age	Maintained	Paid in		according to-	multidis- memberment	memberment
Deere and Co. Automobile Workers November 1961	Immediately or ist of following month.	Service	65	_		Nonoccu- pational death and dismem- berment; occupa- tional dismem- berment only.	Service.	Same as life insur- ance.	One-half of life in- surance,
Coal industry (bitu- minous), various employers United Mine Workers October 1961	lst of following month.	\$ 1,000 1	At any age.	x	_		_		_
Railroad industry, various employers Various nonoper- ating railway unions January 1962	lst of month fol- lowing 60 days! continuous active service.	\$ 4, 000		_		_			
National Automobile	After 3 months	Employee				Nonoccu-		\$ 3, 000	\$1,500
Transporters Association	covered employ- ment.	\$ 3, 500	60	-	Install- ments.	pational; occupa-			, -,,
Feamsters, National Truckaway and		Dependent spouse				tional.			
Driveaway Con- ference November 1961		\$500	_	_	-				

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

Widow and dependent children eligible for benefits during 12-month period that widows and survivors' benefits are received.

No accident and sickness benefit provided by plan; employees covered by Railroad Unemployment Insurance Act. See appendix A.

	ACCIDENT AND SICKNESS						l				HOSPITALIZ	ATION			
		Dura	ation of ben	efits	Benefi	ts begin	Daily		Exten	ded coverage	Maximum	Extra	pay	sis of yment	Emergence
Cases covered	Amount		Ex	ept			benefit or	Duration			room and board	allowance			out-patier care benef
		Period	After age—	Benefits limited to—	Accident	Sickness	service		-Days	Daily amount	allowance	or service	Year	Disa- bility	or service
Nonoc-	Hourly earnings Weekly benefit	26	_	_	lst	8th day.				Em	ployee and o	lependents			
cupa- tional.	Less than \$2.00 \$42.50 \$2.00 to \$2.30 50.00 \$2.30 to \$2.60 57.50 \$2.60 to \$2.90 65.00 \$2.90 to \$3.20 72.50 \$3.20 to \$3.50 80.00 \$3.50 and over 87.50	weeks per dis- ability.			day.		Semi- private room.	365 days.		_	_	Full cost of spec- ified services.		х	Required services provided
Occu- pa- tional.	Difference between Workmen's Compensation benefit and above amount.														
_	_	_	_		_	_				Emp	oloyee and d	lependents 2			
							Compl	ete payme	ent for	hospital ca	re for whate	   ever period care in	s requ	uired.	Required services provided.
					_	_		•		Em	ployee and	dependents			
(3)	(8)	(*)	(3)	(3)	(3)	(3)	Semi- private room.	120 days.	_	_	_	\$500, plus 75 percent of addi- tional charges, plus \$25 ambu- lance allowance.	_	X	\$500, plu 75 percer of addi- tional charges, plus \$25 ambulanc allowance
Nonoc -	\$35 per week.	13			lst	8th day.					Employ	/ee			
cupa- tional.		weeks per dis- ability.			day.		\$14	31 days.	-	1	\$ 434	\$ 200		х	\$ 200
											Depende	ents			
							\$ 13	31 days.	_	_	\$ 403	\$ 160	_	х	\$ 160

			SUR	GICAL			<u></u>		MEDI	CAL				
COMPANY, UNION, AND DATE OF	INCOME LIMITS FOR SERVICE		Allowances for-	_					Empl	oyee I	r			
INFORMATION	SURGICAL AND MEDICAL BENEFITS			Appendec-	Covers cases in—			Allowance		Maximum	Benefi	ts begin	Number	Number of days
		expensive operation	Tonsillectomy	tomy		Home	Office	Hospital	Elsewhere	compensation	Sickness	Accident	of visits paid for	paid for
Deere and Co.		Empl	oyee and deper	ndents	Hospital,			\$3,50 per visit.	_	Home and office:	lst day.	lst day.	l per	Hospi-
Automobile Workers November 1961		\$ 300	\$ 45	\$ 150	office, home, elsewhere.	visit.	visit.			\$175 or cost of 1 visit per day for 26 weeks, whichever is greater. Hospital: \$1,277.50			day.	tal: 365
Coal industry (bitu- minous), various employers United Mine Workers October 1961		loyee and d	ependents		Hospital, out-patient clinics, and specialist's office.	Complete and treatm	payment fo ent by spec	r medical care in t	he hospital hospitals.	and in out-patie	nt clinic	s; also p	rovides d	iagnosis
Railroad industry, various employers Various nonoperating railway unions January 1962		Empl \$ 300	oyee and deper	adents \$150	Hospital, office, home, elsewhere.	\$5 per visit.	\$4 per visit.	\$4 per day.		Home and office: \$600 per year. Hospital: \$480 per disa- ability.	4th visit. Hos	nd office  2d visit.  pital:  1st day.	Home and office: I per day, 120 per year.	Hospi- tal: 120 per disa- bility.
National Automobile Transporters Association Teamsters, National Truckaway and Driveaway Conference November 1961			pyee and depens	dents	Hospital, office, home, elsewhere.	-	_		:	-				_

Widow and dependent children eligible for benefits during 12-month period that widows and survivors' benefits are received.
 No accident and sickness benefit provided by plan; employees covered by Railroad Unemployment Insurance Act. See appendix A.

			MEDICAL	_—Continued									MA'	TERNITY PR	OVISION	s		
			Dep	endents									Hospitalizati	on		Surgical	Medical	
		Allowance	1	Maximum compensation	Benefit Sick-	s begin	of visits	Number of days	Other provisions	Accident and sickness	Daily benefit or	Duration	Maximum room and board	Extra allowance or service	Lump	Schedule allowance for normal	Amounts and limi- tations	Benefits available to newly insured
Home	Office	Hospital	Elsewhere	<u> </u>	ness	dent	paid for	paid for		ļ	service	<u> </u>	allowance	or service	<u> </u>	delivery	tations	
	-	\$3.50 for each day of confinement.	_	\$ 1,277.50 per disa-	lst day.	lst day.	-	365 per	-	Regular benefits			<del></del>	Employee	e T	1	<del></del>	Employee and
		or commentent.	-	bility.	uay.	uay.	,	disa- bility.		for 6 weeks.	Semi- private room.	365 days.		Full cost of speci- fied serv- ices.	_	\$75		dependent: If pregnancy con mences while in sured.
					<u> </u>			ļ						Dependent	t			]
			1								_	-	_		\$110	\$ 75	_	
omplete	payment f	or medical care in th	e hospital	and in out-p	atient c	linics;	also pro	vides	Employee				מ	ependent o	nly			Dependent:
agnosis	and treat	nent by specialists in	and out of	hospitals.					and de- pendents: Provides specified expensive drugs requiring long and continued use out of hospital.		medica	l care;	nent for hos also include ecialists, w	s care in o	out-pati	tal surgica ent clinics	l and and	Immediately.
_	_	\$4 per day.	_	\$480 per	lst	lst	_	120	_	(²)			Emplo	yee and de	penden	t		Employee and
	7.			disability.	day.	day.		per dis- ability.			Semi- private room.	10 days.		\$500, plus 75 percent of additional charges, plus \$25 ambu- lance charge.		\$ 90	_	dependent: If pregnancy comences while insured.
		_	_	_		_	_	_	_	Regular				Employee	e			Employee and
										benefits for 6 weeks.	_	_		_	\$ 140	\$ 75		dependent: Hospitalization a surgical—after
														Dependen	t			months.
												_	_	_	\$120	\$ 50	_	Employee: Accident and sidness—immedi-

			FIT COVERAGE DURING RETIREMEN must be provided at least on group rate		
COMPANY, UNION, AND DATE OF INFORMATION	OTHER BENEFITS <sup>1</sup> (types and amounts)	Life insurance	Hospitalization	Surgical	Medical
Deere and Co.	Employee only	\$ 1,000	Employ	ee and dependent	
Automobile Workers November 1961	Laboratory and X-ray examination allowance for nonhospitalized cases—\$25 per disability.	Disability retirement: Amount in effect immediately prior to retirement maintained until age	Same as for active	employee.	_
	Employee and dependents	65, thereafter \$1,000.			
	Allowance for emergency care and treatment if treated in doctor's office instead of hospital, in connection with accident—\$ 15 for expenses in excess of medical, laboratory, and X-ray examination benefits.			3.	
Coal industry (bitu-	Rehabilitation benefit—special rehabilitation devices and care	Same as for active employee.	Employ	ee and dependent	
minous), various employers	for severely handicapped and crippled miners and dependents; when required, medical care follow-up of discharged patients is provided.		Same as f	or active employee.	
United Mine Workers October 1961	Disaster benefit—small amounts provided widows and orphans, wives and children of miners killed or seriously injured in mines to relieve immediate acute financial distress.				
Railroad industry,	Employee and dependents		_	_	
various employers Various nonoperating railway unions January 1962	Polio allowance (in lieu of all other plan benefits, for expenses incurred within 3 years after disability commences)—\$5,000.  Anesthesia allowance (for cases in or out of hospital if administered by professional anesthetist or doctor other than operating doctor)—\$25 per procedure or one-fifth the amount of the surgical procedure allowance, whichever is less.  Diagnostic X-ray or laboratory examination allowance for non-hospitalized cases—\$50 during any 6 consecutive months.  Supplemental major medical expense benefit—75 percent of expenses incurred during any calendar year which are in excess of "deductible;" maximum—\$5,000 during lifetime.		(*)	(*)	(*)
National Automobile Transporters Association Feamsters, National Truckaway and Drive- away Conference	<u>-</u>	<del></del>	_		_
Jovember 1961			ļ		

<sup>1</sup> Excludes such benefits as X-ray, anesthesia, and electrocardiogram allowances if they are provided only for services performed in a hospital. See EXPLANATORY NOTES.

2 Employers contribute \$0.40 per ton of coal produced for use or sale to the United Mine Workers' Welfare and Retirement Fund for health, welfare, and pension benefits. In addition, the fund has authorized loans to Miners Memorial Hospital Association for the construction and operation of hospitals in Kentucky, West Virginia, and Virginia.

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

Digitized to Union make available to retired employee and dependent hospital, surgical, and medical benefits.

				Ве	nefits fo	)r					Amount of contributi	6		
	loyee		ee's dep			tired emp			red empl				Benefits for retired	employee
Com- pany	Jointly	Com- pany	Jointly	Em- ployee	Com-	Jointly	Em- ployee	Com- pany	Jointly	Em- ployee	Benefits for employee and dependents	1	and dependen	
only	х	only X		only	only —	×	only	only	x	only	Employee  Accident and sickness benefit:	Company Accident and sick-	Employee  Hospital and surgical	Company Life insur-
											Hourly earnings  Less than \$2.00 \$1.97 \$2.00 to \$2.30 2.32 \$2.30 to \$2.60 2.67 \$2.60 to \$2.90 3.02 \$2.90 to \$3.20 3.37 \$3.20 to \$3.50 3.72 \$3.50 and over 4.07	ness benefit:	benefits: Benefits for em- ployee only, \$2,55 per month; for em- ployee and dependent, \$9.	ance: Full cost. Other bene-
х		x		_	х		_	x		_	<del></del>	Full cost. <sup>2</sup>	<del>-</del> -	Full cost. 2
x		x				_	(4)		_	(4)		Full cost—\$21.81 per month.	(4)	_
х		x						<del></del>				Full cost—\$ 3 per week.		_

			LIFE	INSURANCE					CCIDENTAL DEATH AND	DISMEMBERME	ENT
COMPANY, UNION, AND DATE OF	ELIGIBILITY REQUIREMENTS (when new			, "	If per	manently and totally disal	led		An	ount	
INFORMATION	employees become eligible)		Amount		Before age—	Insurance is-	Paid in	Cases covered	Graduated according to—	Death or multidis- memberment	Single dis- memberment
Pennsylvania Power and Light Co.  Employees Independent Association October 1961	Life insurance: Immediately or 1st of following month.  Other benefits: 1st of month fol- lowing 1 month's employment.	Before age 65:  Annual straight- time earnings  Less than \$1,000   \$1,000 to \$1,500   \$1,500 to \$2,000   \$2,000 to \$2,500   \$2,500 to \$3,000   \$3,500 to \$3,500   \$3,500 to \$4,000   \$4,000 to \$4,500   \$4,500 to \$5,000   \$5,000 to \$5,500   \$5,500 to \$6,000   \$6,000 to \$6,500   and up  After age 65:  Years of service   5 to 10   10 to 15   10 to 15   10 to 25   20 to 25   20 to 30   30 and over   100	When period of 6 months to 1 yes \$1,000   1,500   2,000   2,500   3,000   4,000   4,500   5,000   6,000   6,500     Cent of annual ear;  66 67 68   45 40 35   54 48 42   63 56 49   72 64 56   81 72 63 56	70 69 and over 30 25 36 30 42 35 48 40 54 45	65		Install ments.	_	_		
American Telephone and Telegraph Co. (Long Lines Dept.)*  Communication Workers  March 1962	After 6 months! employment.	Annual basic pay  Less than \$3,000		4,000 5,000 6,000 7,000 8,000 9,000 10,000	At any age.	With less than 5 years' service for 1 years' service—for 2 years; with 10 to 15 years' service—for 3 years; for 15 or more years' service—same as for retired em- ployees.		Nonoc- cupa- tional; occupa- tional.	Earnings.	Same as life insur- ance.	One-half of life in- surance.
Chicago Transit Authority  Street, Electric Railway and Motor Coach Employes  October 1961	Life insurance and accident and sickness benefits: After 12 months <sup>†</sup> employment. Other benefits: After 3 months <sup>†</sup> employment.	\$2,000			At any age.	For 1 year.	_		-	_	_

Employees with less than 6 months' service provided \$500 death benefit, regardless of earnings.

Maximum of \$500 guaranteed employee.

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

Company makes available basic benefits for employees and dependents.

## Under Collective Bargaining, Winter 1961-62

	ACCIDENT AND SICKNESS										HOSPITALIZ	ATION			
		Dur	ation of be		Benefi	rs begin	Daily benefit		Exten	ded coverage	Maximum room and	Extra	pa	sis of yment er—	Emergeno
Cases	Amount			Cept Benefits			or	Duration		Daily	board	allowance or service		Disa-	care benef
		Period	After age	limited to—	Accident	Sickness	service		-Days	amount	allowance	0.00,7100	Year	Disa- bility	or service
-	_	-	-	_	_		<u> </u>			Emp	oloyee and o	lependents		<del>,</del>	
(3)	(3)	(3)	(3)	(3)	(3)	(3)	Semi- private room.	70 days.		<del>1</del>		Full cost of specified services.		x	Required services provided
(3)	(³)	(3)	(3)	— (³)	(3)	(3)		Major me	edical	expense ben	efit provide			- colu	
Nonoc-	\$50 per week.	26	_		8th	8th				Em	ployee and	dependents			
cupa- cional. Occupa- cional.	Difference between Workmen's Compensation benefit and above amount.	weeks per disa- bility.			day.	day.	\$12	40 days.	80	\$6	\$ 960	Full cost of services for first 40 days; 50 percent of cost for additional 80 days.		x	\$120

			SUR	SICAL					MEDI	CAL				
COMPANY, UNION, AND DATE OF	INCOME LIMITS FOR SERVICE		Allowances for-	-					Empl	oyee				
INFORMATION	SURGICAL AND MEDICAL BENEFITS		1	Appendec-	Covers cases	ļ		Allowance		Maximum	Benefi	ts begin	Number	Number of days
		expensive operation	Tonsillectomy	tomy		Home	Office	Hospital	Elsewhere	compensation	Sickness	Accident	of visits paid for	paid fo
Pennsylvania Power and	Individual	Emplo	yee and depen	dents 1	Hospital,	\$5 per	\$4 per	1st day, \$10; 2d		Home:	Home	Home	Home	Hos-
Light Co. Employees Independent Association October 1961	coverage, \$2,500; em- ployee and 1 or more depen- dents, \$4,000.	\$ 200	\$40	\$100	office, home, elsewhere.  (1)	visît. (¹),	visit. (1)	day, \$5; thereafter, \$3 per day.  (1)		Home: \$105 per year. Office: \$84 per year. Hospital: \$219 per disability. (1)	and office: 4th visit. Hospital lat day. (1)	and office: 4th visit.	and office: 21 per year.	pital: 70 pe disa- bility (1)
American Telephone and Telegraph Co. (Long Lines Dept.)* Communication Workers	Major medical e	xpense ber	— nefit provided.	See "Othe	— er Benefits"		Major	— medical expense bene	efit provide	d. See "Other Be		olumn. 3	_	
Chicago Transit Authority Street, Electric Railway and Motor Coach Employes October 1961		Emple \$ 150	oyee and depen	dents	Hospital, office, home, elsewhere.	_		\$3.50 per visit.	_	\$140 per year.	lst day.	lst day.	l per day.	40 per year.

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

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

Company makes available basic benefits for employees and dependents.

Payable irrespective of actual charges.

An additional allowance of up to \$60 is payable for charges in excess of allowances specified.

			MEDICAL	.—Continued									МА	TERNITY PR	OVISION	s		
			Dep	endents									Hospitalizat	ion		Surgical	Medical	
Home	Office	Allowance	Elsewhere	Maximum compensation	<b>—</b> —	Acci- dent	of visits	Number of days paid for	Other provisions	Accident and sickness	Daily benefit or service	Duration	Maximum room and board allowance	Extra allowance or service	Lump sum	Schedule allowance for normal delivery	Amounts and limi- tations	Benefits available to newly insured
	_	lst day. \$10: 2d	_	\$219 per	lst	lst	_	70 per	l in-hos-	_		'	Emplo	yee and de	pendent	<del></del>	<u></u>	Employee and
(1)	(1)	lst day, \$10; 2d day, \$5; thereafter, \$3 per day.	(1)	\$219 per disability.	day.	day. (1)	(1)	disa-	pital bed- side con- sultation per disa- bility, \$10.	( <sup>2</sup> )	Semi- private room.			Full cost of speci- fied services.		\$60		Employee and dependent: After 9 months.
	м	ajor medical expense	benefit pr			 r Benef:	its" colu	umn. 3		-	(3)	(3)	(3)	(3)	(3)	(3)	(3)	(3)
. <del></del>				-					Employee: In-hos- pital con- sultation allow- ances; \$25 per disability; \$50 per year.	-	\$6 (*)	l4 days.	\$84 ( <sup>5</sup> )	\$30 (5) Dependen		\$ 50 \$ 50	_	Employee and dependent: If pregnancy commences while insured.

			EFIT COVERAGE DURING RETIREMEN must be provided at least on group rate		
COMPANY, UNION, AND DATE OF INFORMATION	OTHER BENEFITS <sup>1</sup> (types and amounts)	Life insurance	Hospitalization	Surgical	Medical
Pennsylvania Power and	Employee and dependents	Same as for active employee.	Employe	ee and dependent	
Light Co.  Employees Independent Association  October 1961	X-ray radium treatment allowance (for treatment of specified conditions in or out of hospital)—not available for surgical cases.		Same as for active e	mployee.	Hospital only: Same as for active employee.
American Telephone and	Employee and dependents <sup>2</sup>	If continuously insured since age	Employe	ee and dependent	·I
American Telephone and Telegraph Co. (Long Lines Dept.)* Communication Workers March 1962	Major medical expense benefit:  80 percent of expenses incurred during each medical expense period of 12 months which are in excess of basic plan benefits and deductible; maximum during lifetime—employee and dependent under age 65, \$15,000 each; each dependent of active employee over age 65 and retired employee and his dependents, \$2,500 each.	45: Amount in effect immediately prior to retirement maintained for 1 year, then reduced 10 percent of the initial amount annually for 5 years; minimum—\$1,500.	Major medical benefit provided	l. See "Other Benefit	s" column. <sup>3</sup>
Chicago Transit Authority Street, Electric Railway and Motor Coach Employees October 1961	<del>-</del>	First year after retirement, \$1,000; thereafter, \$500.		_	

(and in-laws).

3 Company makes available basic benefits, which vary from place to place, for employees and dependents. These benefits are used in determining the major medical benefits payable for both participants and nonparticipants.

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Excludes such benefits as X-ray, anesthesia, and electrocardiogram allowances if they are provided only for services performed in a hospital. See EXPLANATORY NOTES.

Dependents include spouse and unmarried children under 19 (up to age 23 for children going to school on a full-time basis), and the following relatives living in employee's home, if they are dependent on employee and total income is less than \$1,200 a year: Unmarried children other than those specified above, unmarried grandchildren, brothers and sisters, and parents and grandparents

				Ве	nefits fo	r—					Amount of contributi	on for		<del></del>
Emp	loyee	Employ	ee's dep	endents	Ret	ired empl	loyee	Reti	red emple dependen			VII IVI	Benefits for retired e	mnlovee
Com- pany	Jointly	Com- pany	Jointly	Em- ployee	Com- pany	Jointly	Em- ployee	Com- pany	Jointly	Em- ployee	Benefits for employee and dependents	T	and dependent	
only	Jointry	only	Johns	only	only	, , , ,	only	only	,,,,,	only	Employee	Company	Employee	Company
	x			х		х				x	Employee's benefits:  40 cents per month per \$1,000 of insurance in excess of \$500.  Dependents' benefits: Full cost—benefits for spouse without maternity, \$5.72 per month; for spouse with maternity or spouse with maternity and all children, \$8.53; for widow(er) and 1 child, \$4.38; for widow(er) and 2 or more children, \$7.72.	Employee's benefits: Life insurance—full cost of first \$500, balance of cost of remaining insurance; other benefits— full cost.	Hospital, surgical, and medical benefits: Full cost—benefits for employee only, \$6.10 per month; for husband and wife without maternity, \$14.62.	Life insurance: Full cost.
_	x (5)	x (*)			x (5)	_	_	X (5)	_		Life and accidental death and dismemberment insurance: \$0.50 a month per \$1,000 of life insurance in excess of \$2,000.	Life and accidental death and dismemberment insurance: Balance of cost.  Major medical benefit: Full cost.	Life insurance: Jointly by active emp company (see adjoini	
	x			х	х						Employee's benefits: Hospital and surgical—\$1.98 per month.  Dependents' benefits: Full cost.	Employee's benefits: Life insurance, accident and sick- ness, and medical benefits—full cost. Hospital and surgical benefits—balance of cost.		Full cost.

Deductible is 4 percent of annual basic pay; minimum—\$100, maximum—\$500.
Employee pays full cost of basic hospital, surgical, and medical benefits, which are made available by company.

		LIFE INSURANCE	<del></del>			,	ACCIDENTAL DEATH AND	DISMEMBERME	NT
COMPANY, UNION, AND DATE OF	ELIGIBILITY REQUIREMENTS (when new		If per	manently and totally disab	oled		Am	ount	
INFORMATION	employees become eligible)	Amount	Before	Insurance is-		Cases covered	Graduated	Death or	Single dis-
			age-	Maintained	Paid in—		according to—	multidis- memberment	memberment
Twin City Rapid Transit Co. (Minneapolis, Minn.) Street, Electric Railway and Motor Coach Employes November 1961	After 6 months' employment.	Service   Insurance	60 and insured 1 year.	_	Install- ments.		_		
Retail, wholesale, and warehouse industries, various employers (New York, N.Y.)  Retail, Wholesale and Department Store Union, District 65 (65 Security Plan)  November 1961	After 90 days' employment.	Average weekly earnings 2    Under 5	At any age.	For I year from date weekly accident and sick-ness benefit is exhausted.	_	Nonoc- cupa- tional; Occupa- tional.		\$1,000	\$ 500
New York Shipping Association, Inc. (Port of New York) Longshoremen's Association March 1962	Accident and sickness benefit: Eligibility requirements of New York State temporary disability law.  Other benefits: After 700 hours' employment during previous fiscal year.	\$ 4,000		_		Nonoc- cupa- tional; Occupa- tional.	<del></del>	Same as life insur- ance.	One-half of life in- surance.

No accident and sickness insurance benefit provided by plan; employees covered by paid sick-leave plan. Earnings classes are inclusive.

Additional burial benefit provided.

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

	ACCIDENT AND SICKNESS										HOSPITALIZ	ATION			
		Dur	ation of ber	efits	Benefi	ts begin	Daily		Exte	nded coverage	Maximum room and	Extra	pay	sis of yment	Emergency
Cases covered	Amount	Period	After age—	Benefits limited	Accident	Sickness	benefic or service	Duration	- Days	Daily amount	board allowance	allowance or service	Year	Disa- bilicy	out-patient care benefit or service
_	<del>-</del>	_	_		_			<u> </u>		<u> </u>	Employ	ee		L	
(4)	(1)	(¹)	(1)	(¹)	( <sup>1</sup> )	(1)	\$15	31 days.	-	_	\$465	Full cost of services.	_	x	Required services provided.
								<u> </u>	L	J.,	Depende	nts	L	٠	L
							\$12	31 days.	_	_	\$372	Full cost of services.	_	х	Required services provided.
Nonoc-	1st 13 weeks, two-thirds of average weekly earnings;	26	_		lst	8th day.	<del> </del> -		1	Emp	loyee and d	ependents		<u> </u>	1
cupa- tional.	thereafter, 50 percent of average weekly earnings. Maximum—\$75 per week.	weeks per dis- ability.			day.		Semi- private room.	21 days.	180	50 percent of cost of semi-	_	Full cost of specified serv- ices for 1st 21	-	х	\$ 7.25
Occu- pa- tional.	Difference between Workmen's Compensation benefit and above amount.									private room.		days; 50 percent of cost for additional 180 days.			
Nonoc-	\$50 per week.	26	_	_	lst	8th day.		<u> </u>			Employ	ee			
cupa- tional.		weeks per dis- ability.			day.		\$ 22 ( <sup>5</sup> )	70 days.	_		\$1,540	\$400, plus 75 percent of addi- tional charges.	_	х	\$400, plus 75 percent of addi- tional charges.
											Depende	nts			
							\$18	70 days.			\$1,260	\$400, plus 75 percent of addi- tional charges. 6	_	х	\$400, plus 75 percent of addi- tional charges. 6

Payable irrespective of actual charge.
 Collateral dependents, if covered, receive a less liberal benefit.

		<del></del>	<del></del>						Diges	or selected In		111341411		
			SURC	SICAL		l			MEDI	CAL				
COMPANY, UNION, AND DATE OF	INCOME LIMITS FOR SERVICE		Allowances for-						Empl	oyee				
INFORMATION	SURGICAL AND MEDICAL BENEFITS	Most	1		Covers cases			Allowance		- Maximum	Benefi	ts begin	Number	Number
		expensive operation	Tonsillectomy	Appendec- tomy	<b></b>	Home	Office	Hospital	Elsewhere	compensation	Sickness	Accident	of visits paid for	of days paid for
Twin City Rapid Transit			Employee		Hospital,	\$3 per	\$2 per	\$3 per visit.	\$3 per	\$150 per disa-	Hospital:	Hospital:	l per	
Co. (Minneapolis, Minn.)	ļ	\$ 300	\$45	\$ 150	office, home, elsewhere.	visit.	visit.		visit.	bility.	lst visit.	lst visit.	day.	
Street, Electric Railway and Motor Coach	Í		Dependents	· · · · · · · · · · · · · · · · · · ·	1						where:	where: lst visit.		
Employes November 1961		\$ 150	\$ 25	\$ 100										
Retail, wholesale, and		Emplo	yee and depend	ents					Optiona	l plan A				
warehouse industries, various employers		C	ptional plan A				'	Provided by the He	alth Insuran	ce Plan of Greate	r New Yo	rk <sup>2</sup>	· 	· 
(New York, N.Y.)	Provided by t	he Health l	nsurance Plan	of Greater	New York <sup>2</sup>				Optiona	l plan B			· · · · · · · · · · · · · · · · · · ·	
Retail, Wholesale and Department Store	<u> </u>	C	ptional plan B			\$5 per	\$3 per	\$3 per visit.	-	Unlimited.	let visit.	lst visit.		_
Union, District 65 (65 Security Plan) November 1961		\$ 250	Under age 12, \$40; over age 12, \$50.	\$ 125	Hospital, office, home, elsewhere.	visit.	visit.	(3)					day.	
New York Shipping Association, Inc.	_		Employee	,	Hospital, office, home,	_	_	_	_	_	_	_		_
(Port of New York)		\$ 300	\$ 50	\$ 200	elsewhere.		(4)							
Longshoremen's Association			Dependents										:	į
March 1962		\$ 250	Under age 12, \$30; over age 12, \$50.	\$ 140							; ;			

No accident and sickness insurance benefit provided by plan; employees covered by paid sick-leave plan. See appendix C. Payable irrespective of actual charge. Free diagnostic medical services provided at ILA-NYSA Medical Center.

			MEDICAL	.—Continued									MAT	FERNITY PR	ROVISION	s		
			Dep	endents									Hospitalizati	on		Surgical	Medical	
	T	Allowance		Maximum compensation		ts begin	of visits	Number of days		Accident and sickness	Daily benefit or	Duration	Maximum room and board	Extra allowance	Lump	Schedule allowance for normal	Amounts and limi- tations	Benefics available to newly insured
Home	Office	Hospital	Elsewhere		ness	dent	paid for	paid for			service		allowance	or service		delivery	tations	
_	-	_	_	-	-	-	_	-	Employee:	_	ļ			Employe	e T			Employee: If pregnancy co
									for at least 7 days, en-	(1)	_	_			\$ 150	\$ 75		mences while insured.
		]				]			titled to 3 visits with-					Dependen	t			Dependent:
								aft tur	in 31 days after re- turning to work.			-			\$ 120	\$ 50	_ <del>_</del>	After 9 months
			Option	al plan A	l	<u> </u>	L	L	<u> </u>	Regular			Employ	ree and de	pendent			Employee and
		Provided by the	Health Insura	nce Plan of	Greate	r New Y	ork <sup>2</sup>		<del>,</del>	benefits for 6		_			\$125	Options	al plan A	dependent: After 10 month
5 per	\$3 per	\$3 per visit.	Option —	al plan B Unlimited.	lst visit.	l st visit.	l per	  -	_	weeks.						Provided Health In Plan of C New Yorl	surance reater	
( <sup>3</sup> )	(3)	(3)		<u> </u>	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	11510				ł					:		al plan B	
	``			<u> </u>											į	\$ 100	\$ 100	1
	<b>-</b>	_	<b>-</b>		_	_		_		_				Employe	e e	<del></del>		Employee and
	(4)										_	-	<del></del>	_	\$125	_	_	dependent: Immediately.
												<b></b>		Depender	nt	<del></del>	<del></del>	
					ļ						_	_	_	_	\$125	\$ 125	-	

		BENE	EFIT COVERAGE DURING RETIREMEN (must be provided at least on group rate	IT PERIOD basis)	
COMPANY, UNION, AND DATE OF INFORMATION	OTHER BENEFITS <sup>1</sup> (types and amounts)	Life insurance	Hospitalization	Surgical	Medical
Twin City Rapid Transit Co.	Employee only	\$1,250		Employee	
(Minneapolis, Minn.)  Street, Electric Railway	Diagnostic X-ray and laboratory examination allowance for nonhospitalized cases—\$50 per disability.		Same as f	 or active employee. 	1
and Motor Coach Em- ployes	400 por analy,			Dependent	
November 1961			Same as for depo	endent of active emplo	yee.
Retail, wholesale and ware-	Employee and dependents	Retiring with 10 years' service:	Employe	ee and dependent	
house industries, various employers (New York, N.Y.)	Optional plan A	Amount in effect immediately, prior to retirement, less total retirement benefits received from	Same as fo	l or active employee. I	
Retail, Wholesale and	Provided by the Health Insurance Plan of Greater New York.	pension fund, or \$1,000, which- ever is greater. 3			
Department Store Union, District 65 (65 Security Plan)	Pharmacy and optical service—special rates.				
November 1961	Optional plan B  X-ray therapy allowance for cases in or out of hospital— \$6.50 per treatment; maximum—\$150 per year.				
	Allergy diagnosis (scratch tests) allowance for cases in or out of hospital—\$25 during life of plan.				
	Allergy treatment allowance for cases in or out of hospital—\$50 per year (if less than 17 treatments—\$3 per treatment).				
	X-ray and laboratory examination allowance for cases in or out of hospital—maximum—\$75 per year.				
	Ambulance allowance for transportation from home to hospital—\$10.				
	Pharmacy and optical services—special rates.				
New York Shipping	Employee and dependents	-	Employe	e and dependent	~···
ew York Shipping Association, Inc. (Port of New York) ongshoremen's Association	Diagnostic X-ray and laboratory allowance for nonhospital- ized cases \$75 per year.		Room and board allowance, \$10 per day for 31 days per year; allowance for extra	Same as for depend- ent of active em- ployee but limited	_
March 1962	Employee only		services, \$150.	to \$250 per year for each.	
	Dental service benefit—full dental care, without cost, provided at ILA-NYSA Medical Center.				

Excludes such benefits as X-ray, anesthesia, and electrocardiogram allowances if they are provided only for services performed in a hospital. See EXPLANATORY NOTES, See appendix C.

Additional burial benefit provided.

Financed out of company contributions for benefits for active employee and dependents.

				Be	nefits fo	i—								
	loyee		ee's dep		L	tired emp			red emplo dependen		Amount of contribution	on ror—	Benefits for retired	employee
Com- pany	Jointly	Com- pany	Jointly		Com- pany	Jointly		Com- pany	Jointly	Em- ployee	Benefits for employee and dependents  Employee	Company	and dependen	Company
only 	x	only	х	only	only	x	only		х	only	Cone-half cost of benefits; contribution varies according to his life insurance coverage.     Monthly contribution   Type of coverage   No With   With   No With   N	Balance of cost.	Retired employee	Life insur- ance: Full cost. Other bene- fits: Balance of cost.
x		x			x	_		x			<del></del>	Full cost—5 percent of monthly payroll.		Full cost. 4
х		x			X (4)		-	(4)			<u>-</u>	Full cost—\$0.21 per man-hour worked.		Full cost. 4

		LIFE INSURANCE				,	ACCIDENTAL DEATH AND	DISMEMBERM	ENT
COMPANY, UNION, AND DATE OF	ELIGIBILITY REQUIREMENTS (when new		If per	manently and totally disal	oled		Aı	nount	
INFORMATION	employees become eligible)	Amount	Before age-	Insurance is-	- Paid	Cases covered	Graduated according to	Death or multidis-	Single dis-
			ļ <u> </u>	Maintained	in	ļ		memberment	
Maritime industry, various employers, Atlantic and Gulf Coasts	200 days' covered employment in a period of 12 con- secutive quarters	\$3,500	60	х	-	Nonoccu - pational; occupa - tional,		Same as life insur- ance.	One-half of life in- surance.
Maritime Union	<u>and</u>						1		
January 1962	100 days' covered employment dur- ing preceding 4 consecutive cal- endar quarters								
	<u>or</u>							{	
	30 days' covered employment dur- ing preceding 6 months.1								
various employers, Atlantic and Gulf Coasts	Regular engineers: 30 days' covered employment dur- ing 6 consecutive months.	\$5,000	60	х		Nonoccu- pational; occupa- tional.	_	Same as life insur- ance,	One-half of life in- surance.
February 1962									
Hotel Association of New York City, Inc. New York Hotel Trades Council	Accident and sickness benefit: After 4 weeks' covered employment.	\$1,000	60	х	_	Nonoccu - pational; occupa - tional,	_	Same as life insur- ance.	One-half of life in- surance.
February 1962	Other benefits: After 6 months' covered employ- ment.								

Partial benefits are provided to employees who do not meet these requirements.

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

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

Plus \$12 per day for 20 days, if confined to a hospital.

# Under Collective Bargaining, Winter 1961-62

	ACCIDENT AND SICKNESS										HOSPITALIZ	ATION			
		Dura	ation of ben	nefits	Benefi	ts begin	Daily		Exte	nded coverage	Maximum	Extra	pay	is of ment	Emergency
Cases covered	Amount		Ex	cept			benefit or	Duration		D-31	room and board	allowance or service		Ī.,	out-patient care benefit
		Period	After age	Benefits limited	Accident	Sickness	service		-Days	Daily amount	allowance	or service	Year	bility	or service
Nonoc - cupa -	lst 20 weeks of hospital confinement—\$40 per week if married, \$30 if unmarried; next 32 weeks, \$35 per week if	Period of hos-	_		in hos-	lst day in hos-		1	I	·	Dependents	<del>1</del>	·	1	T
tional; occu- pa- tional.	married, \$25 if unmarried; thereafter:       Monthly benefit         Years in industry       \$70         15	pital confine- ment.			pital.	pital.	\$ 16	70 days.			\$1,120	\$320		X	_
	\$50 per week,	39 weeks.				8th day			<u></u>	<u> </u>	Dependents	only 3	ļ		
cupa- tional; occu- pa- tional.	(*)	weeks.				in hos- pital.	\$20	70 days.		_	\$1,400	\$500			_
							<b> </b>	<u></u>		Em	ployee and	dependents		<u> </u>	
Nonoc- cupa- tional.	\$30 per week.	20 weeks per dis- ability.		_	lst day.	8th day.	Semi- private room.	21 days.	180	50 percent of cost of semi- private room.	_	Full cost of specified services for 1st 21 days; 50 percent of cost for additional 180 days.		x	\$7.25

			SUR	GICAL		ļ	·		MEDI	CAL				
COMPANY, UNION, AND DATE OF	INCOME LIMITS FOR SERVICE		Allowances for-						Empl	pyee				
INFORMATION	SURGICAL AND MEDICAL BENEFITS	Most	1	T	Covers cases	<u></u>		Allowance		Maximum	Benefi	ts begin	Number	Number
		expensive operation	Tonsillectomy	Appendec- tomy		Home	Office	Hospital	Elsewhere	compensation	Sickness	Accident	of visits paid for	of days paid for
Maritime industry, various employers,	<del>-</del>	I	Dependents onl	y 1	Hospital.2	_	_	_		_			_	
Atlantic and Gulf Coasts		\$300	\$45	\$150		( <sub>i</sub> )	(¹)	(1)	(1)	(¹)	(¹)	(¹)	(1)	(¹)
Maritime Union	1	ĺ									1	·	a ·	
January 1962														
Maritime industry, various employers, Atlantic and Gulf Coasts		\$ 300	pependents only	\$150	Hospital, office, home, elsewhere.	— (¹)	(1)	(1)	(1)	(')		— (¹)	(¹)	(1)
Marine Engineers February 1962														
Hotel Association of New York City, Inc. New York Hotel Trades Council	_	Trades Co	Employee by New York Houncil and Hoteew York City,	l Associ-	Employee: Hospital, health center. Dependents: Hospital,	Provided b	y New Yor	k Hotel Trades Coun	cil and Hote	l Association of I	lew York	City, Inc	., Health	Center,
February 1962			Dependents	<u> </u>	office, home, elsewhere,									
		\$ 300	Child—\$50. Adult—\$65.	\$125										

Seamen receive free medical and surgical care in Marine hospitals and out-patient clinics, under the United States Maritime law.
 Emergency surgical care in doctor's office also provided.
 Payable irrespective of actual charges.

			MEDICAL	Continued									MA <sup>*</sup>	TERNITY PR	ROVISION	s		
			Dep	endents									Hospitalizati	on		Surgical	Medical	
Home	Office	Allowance Hospital	Elsewhere	Maximum compensation		Acci-	of visits	Number of days paid for	Other provisions	Accident and sickness	Daily benefit or service	Duration	Maximum room and board allowance	Extra allowance or service	Lump sum	Schedule allowance for normal delivery	Amounts and limi- tations	Benefits available to newly insured
			┼				<del>  </del>							ependent o	only	<u> </u>	L	Employee and
_													-	_	\$200 ( <sup>3</sup> )		_	dependent: If pregnancy commences while insured.
	\$5 per day.	\$5 per day.	\$5 per day.		3d visit or lst in hospi- tal.	lst visit.	_		_	_	_			Dependent o	\$100	\$75		Dependent only: If pregnancy commences while employee is eligible
		_						_	<u> </u>	Regular benefits				Employee	<u> </u>			Employee and dependent:
										for 6 weeks.		_	_	-	\$80	[Council a	on of New	Immediately.
		}												Dependen	t			]
												_	_	_	\$80	\$ 1	100	

Surgical and medical care are provided in the hospital. Complete ambulatory, diagnostic, and therapeutic services are provided at the Health Center.
 Available only to employee insured for life, accidental death and dismemberment, and hospitalization.
 Complete ambulatory, diagnostic, and therapeutic services are provided at the Health Center. Medical and surgical care are provided in the hospital.

			EFIT COVERAGE DURING RETIREMEN must be provided at least on group rate		
COMPANY, UNION, AND DATE OF INFORMATION	OTHER BENEFITS <sup>1</sup> (types and amounts)	Life insurance	Hospitalization	Surgical	Medical
Maritime industry, various employers, Atlantic and Gulf Coasts  Maritime Union January 1962	<del></del>	Amount in effect immediately prior to retirement reduced monthly by monthly pension benefit until it reaches \$1,500 minimum. <sup>2</sup>	Employ  Same as for dependent of a Total benefits payable during r both employee and dependent of \$750.	etirement navial fam	
	Dependents only		Employ	ee and dependent	
Maritime industry, various employers, Atlantic and Gulf Coasts  Marine Engineers February 1962	Additional accident expense allowance (for expenses not covered by other plan benefits)—\$300.  Diagnostic X-ray and laboratory examination allowance for cases out of hospital—\$75 during any 6-month period.  Polio allowance (for expenses incurred during 1st 2 years of disability, in lieu of all other benefits)—\$5,000.  Employee and dependents  Eyeglass benefit (for examination every 2 years and glasses)—by contract optometrists—full cost; by other optometrists—examination only, \$2; examination, basic frames and lenses, \$9, and \$4 additional for bifocal lenses.	\$ 500		endent of active emplo to the stirement period for e	I
Hotel Association of New York City, Inc.  New York Hotel Trades Council  February 1962	Employee only  Provided by New York Hotel Trades Council and Hotel Association of New York City, Inc., Health Center.  **  **Trades Council and Hotel  **  **  **  **  **  **  **  **  **	<del>-</del>		<del>-</del>	<del>-</del>

Excludes such benefits as X-ray, anesthesia, and electrocardiogram allowances if they are provided only for services performed in a hospital. See EXPLANATORY NOTES.

Monthly pension benefit ranges from \$75 for 15 years of service to \$100 for 20 or more years of service. See BLS Bulletin 1307, pp. 66-67.

Financed out of company contributions for benefits for active employee and dependents.

The benefits provided at the Health Center include general medical and specialists care; standard laboratory and other diagnostic procedures, including X-rays and refractions; physical therapy, rehabilitation, X-ray therapy, and injection therapy; the services of medical-social workers; visiting nurses; and ambulance service. Drug prescriptions are sold at or below cost; and

				Ве	nefits fo	»r—								
Emp	loyee	Employ	yee's dep	endents		tired emp	loyee	Ret	ired emplo dependen	oyee's	Amount of contribut	on tor	Benefits for retired	
Com- pany	Jointly	Com- pany	Jointly	Em- ployee	Com- pany	Jointly	Em- ployee	Com- pany	Jointly	Em- ployee	Benefits for employee and dependents		and dependen	it
only	, , , ,	only	ļ .	only	only	ļ	only	only		only	Employee	Company	Employee	Company
х		x			x	_		х	_			Full cost.	_	Full cost.
x		x			x (3)	_	_	x (3)		_	<del>-</del>	Full cost—\$1.21 per man per day on payroll.	_	Full cost.3
x		х		_	_	_	_		_	_	_	Full cost. <sup>5</sup>		

eyeglasses, surgical appliances, and special orthopedic shoes at reduced rates through referral to outside agencies. The Center's diagnostic services are also available to patients under the care of private physicians.

5 Employer pays to Insurance Fund 3.25 percent of payroll; and to Family Medical Fund, if employee works less than 32 hours a week—\$0.025 per hour worked, if employee works 32 hours or more—\$1 per week.

		LIFE INSURANCE				1 4	ACCIDENTAL DEATH AND	DISMEMBERME	ENT
COMPANY, UNION, AND DATE OF	ELIGIBILITY REQUIREMENTS (when new		If per	manently and totally disal	bled		Aı	nount	
INFORMATION	employees become eligible)	Amount	Before	[nsurance is-		Cases covered	Graduated	Death or	Single dis-
			age—	Maintained	Paid in—		according to—	multidis- memberment	memberment
Pacific Maritime Association  Longshoremen's and Warehousemen's Union  December 1961	On April 1, if employed 800 hours in previous pay-roll year or 400 in last half or previous payroll year; on October 1, if employed 400 hours in first half of payroll year.	\$2,000				Nonoccu- pational; occupa- tional.	_	Same as life insur- ance.	One-half of life insurance.
Restaurant industry, various employers (New York, N.Y.) Hotel and Restaurant Employees, Local 89 October 1961	employment and 6 months' union membership.	Base weekly earnings         Insurance           Less than \$30         \$1,000           \$30 to \$40         1,500           \$40 to \$50         2,000           \$50 to \$60         2,500           \$60 to \$70         3,000           \$70 to \$80         3,500           \$80 and over         4,000	60	х	_	Nonoccu- pational; occupa- tional.	Earnings.	Same as life insur- ance.	One-half of life insurance.
Realty Advisory Board on Labor Relations, Inc. (New York, N.Y.) Building Service Employees December 1961	After 30 days' employment.	\$1,000	60	х	_	_	_		

Applies only to men in ports where 75 percent work at least 800 hours per year. In ports where 75 percent work less than 800 hours, eligibility is based on 480 hours per year or 240 per 6-month period. All fully registered men are automatically eligible in all Washington and Oregon ports; partially registered men in these ports qualify according to above work hours formula.

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

These optional plans are available to the majority of employees under ILWU-PMA Welfare Plan.

	ACCIDENT AND SICKNESS										HOSPITALIZ	ATION			
		Dur	ation of be	nefits	Benefi	ts begin	Daily		Exten	nded coverage	Maximum	Extra	pay	sis of ymeat	Emergence
Cases overed	Amount			cept Benefits			benefit or	Duration		Daily	room and board	allowance or service		Dies	out-patie care bene
		Period	After age—	limited to—	Accident	Sickness	service		-Days	amount	allowance	3. 36. 1.00	Year	bility	or service
onoc-	\$53 per week. <sup>2</sup>	26	_	_	lst day	8th day.					Optional p	lan A <sup>3</sup>			
upa- onal.		weeks per	1	1		S.					oloyee and o				,
		year.		ŧ.				<u> </u>	Pro	vided by the	Kaiser Fou	ndation Health Pla	n. 4	<u>.                                    </u>	
											Optional pl	an B <sup>3</sup>			
Ì						ļ					Employ	7ee			
							\$16	70 days.	-	_	\$1,120	\$400	-	х	\$400
ļ								-		<b></b>	Depende	nts	· -		l
İ							\$16	35 days.	_		\$560	\$280	_	x	\$280
				1		1	1					İ			
								ı	į			}			
Ì											}				
		1				1				Į.					
				}				1							
								ļ		į.		1			
Ionoc-	One-half average weekly wage—	26			lst day	.8th day.			1	Emp	ployee and	lependents	•		
upa-	minimum—\$20 per week. maximum—\$50 per week.	weeks per dis-					Semi-	21 days.	180	50 percent		Full cost of	_	x	\$7.25
	4-0 FO W-0-1	ability.					private room.	, , , , ,		of cost of semi-		specified serv- ices for 1st 21			,
										private room.		days; 50 percent of cost for addi-			
												tional 180 days.			
		Ì					ł								
								İ				{			
	_	_		_				•		Emp	ployee and o	lependents	<b></b>		<del></del>
( <sup>5</sup> )	(5)	(5)	(5)	(5)	(5)	(5)	Semi-	21 days.	180	50 percent		Full cost of	_	x	\$7.25
` '	,	` '	`′	`´	` ′	`′	private	,5,		of cost of		specified serv- ices for 1st 21		-	
										private room.		days; 50 percent of cost for addi-			
		1		1		1	1		1			tional 180 days.		1	1

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

			SURG	SICAL		<u> </u>			MEDI	CAL				
COMPANY, UNION, AND DATE OF	INCOME LIMITS FOR SERVICE		Allowances for—						Empl	oyee				
INFORMATION	SURGICAL AND MEDICAL BENEFITS	Most	T	4	Covers cases			Allowance	····	Maximum	Benefi	ts begin	Number	Number of days
		expensive operation	Tonsillectomy	Appendec- tomy		Ноте	Office	Hospital	Elsewhere	compensation	Sickness	Accident	of visits paid for	paid for
Pacific Maritime		Employ	yee and depende	ents					Optional	plan A¹				
Association		Oı	otional plan A 1					Provided by	the Kaiser I	Foundation Health	Plan, 2			
Longshoremen's and Warehousemen's Union	Provide	d by the K	aiser Foundatio	n Health	Plan. 2				Optional	l plan B <sup>l</sup>				
December 1961		Oį	otional plan B <sup>1</sup>		<u>.</u>	\$7.50	\$5	\$5 for each day of	_	Hospital: \$350 per disa-	lst visit	lst visit	Home	Hospital
		\$300	Under age 15, \$45; over age 15, \$52.50.	\$150	Hospital, office, home, elsewhere.			confinement.		\$350 per disability.  Home and office: Unlimited.			and office: I per day.	70 per disa- bility.
- Restaurant industry,		Employe	e only					Provided by the Hea	lith Insuran	ce Plan of Greate	r New Yo	rk. <sup>3</sup>		
various employers (New York, N.Y.)	Provided by Heal New York, 3	th Insuran	l ce Plan of Grea	l iter										
Hotel and Restaurant	New York. 3	l	1	1								!		
Employees, Local 89 October 1961														
Realty Advisory Board on Labor Relations, Inc. (New York, N.Y.)	_	\$250	Under age 12,		Hospital, office, home, elsewhere.	_		_	_	_	_	_	-	_
uilding Service Employees			\$30; over age 12, \$50.											
December 1961					1	l				l				

These optional plans are available to the majority of employees under ILWU-PMA Welfare Plan.
 See appendix D.
 See appendix C.

			MEDICAL	—Continued					-				MA	TERNITY PR	ROVISION	ıs		
		· · · · · · · · · · · · · · · · · · ·	Dep	oendents									Hospitalizati	ion		Surgical	Medical	
Home	Office	Allowance Hospital	Elsewhere	Maximum compensation	<del></del>	Acci- dent	of visits	Number of days paid for	Other provisions	Accident and sickness	Daily benefit or service	Duration	Maximum room and board allowance	Extra allowance or service	Lump	Schedule allowance for normal delivery	Amounts and limi- tations	Benefits available to newly insured
			Optiona	l plan A 1	1	+		<del></del>	l			<u> </u>	D	ependent o	nly	.1	<u> </u>	Dependent:
	1	Provided by t	he Kaiser	Foundation	Health	Plan.2	1	1	<del> </del>	]			Oı	otional plan	n A i			Immediately.
			Optiona	ıl plan B¹								Provid	ed by the K	aiser Foun	dation	Health Plan	n, <sup>2</sup>	
\$5	\$3	\$5 for each day of confinement.		Hospital: \$175 per disability. Home and office: Unlimited.	2d visit.	lst visit.	Home and office: 1 per day.	Hospi- tal: 35 per disa- bility.					Op	ptional plan	\$125	\$ 1	25	
	_	_	_	_					_	Regular benefits for 6 weeks.		_	_	Employee	\$80	Provided Health In: Plan of G New York	surance reater	Employee and dependent: Hospitalization— immediately. Employee: Accident and sick ness—if pregnanc
									:			_		—	\$80	_	_	commences while insured. Surgical and medical immediately.
_	_	_	_	_						_	_		Emplo	oyee and de	\$80	\$75	_	Employee and de- pendent: Immediately.

		DEN	EFIT COVERAGE DURING RETIREMEN	ed Health and Insul	ance Frans Chief
		DEN	(must be provided at least on group rate	basis)	,
COMPANY, UNION, AND DATE OF INFORMATION	OTHER BENEFITS <sup>1</sup> (types and amounts)	Life insurance	Hospitalizacion	Surgical	Medical
Pacific Maritime Associ-	Optional plan A <sup>2</sup>	\$1,000		Employee	
ation	Employee and dependents	(4, <sup>5</sup> )	Same as	for active employee.	1
Longshoremen's and Warehousemen's Union	Provided by the Kaiser Foundation Health Plan 3			L Dependent	<b>4</b>
December 1961	Optional plan B <sup>2</sup>		<del></del>	T	Same as for de-
	Employee and dependents		Same as for dependents of active employee.	Same as for retired employee.	pendents of active
	Diagnostic X-ray and laboratory examination allowance for nonhospitalized cases:  Employee—\$85 per condition per 6 months.  Dependents—\$50 per condition per 6 months.  Supplemental major medical expense benefit—100 percent of excess of other pian benefits and \$250; maximum—\$700 per disability.				employee.
	Dependents only			1	
	Dread disease benefit (in lieu of all other plan benefits)—for expenses incurred during 1st 2 years ofter onset of illness—\$2,000.				
	Dependents under age 15				
	Optional plans A and B				
	Dental care benefit (excluding orthodontics, cosmetic care for appearance only)—Full cost.				
Restaurant industry,	Employee only	\$1,000	Employ	ee and dependent	<u> </u>
various employers (New York, N.Y.)	Provided by the Health Insurance Plan of Greater New York 8		Same as for active employee.	_	_
Hotel and Restaurant Employees, Local 89					
October 1961					
ealty Advisory Board on					
	Employee only	<del>_</del>	Employ	ree and dependent	<del></del>
Labor Relations, Inc. (New York, N.Y.)	Optical benefit allowance—full cost of eye examination every 2 years and one pair of eyeglasses.		(10)	_	_
Building Service Employees					
December 1961					
	<u>L</u>		<del></del>		

Excludes such benefits as X-ray, anesthesia, and electrocardiogram allowances if they are provided only for services performed in a hospital. See EXPLANATORY NOTES,

These optional plans are available to the majority of employees under ILWU-PMA Welfare Plan.

See appendix D.

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

Also extended is an accidental death and multidismemberment benefit of \$1,000 and a single dismemberment benefit of \$500.

Digitized for inanced by active employee and company contributions.

				Be	nefits fo							<del></del>		
Emp	loyee	Employ	ee's dep			tired empl	loyee	Ret	red emplo dependen	oyee's	Amount of contribut	ion for—		
Com-	Ī	Com- pany-	Jointly	Em- ployee	Com- pany	Jointly	Em-	Com- pany	Jointly	Em- ployee	Benefits for employee and dependents		Benefits for retired and depende	employee nt
pany only	Jointly	only	Jointy	only	only	,011111,	ployee only	only	,,,,,	only	Employee	Company	Employee	Company
	x		x			x (6)			x (6)		l percent of annual earnings.	\$0.17 per man-hour worked.	( <sup>6</sup> )	(6)
x		x			x (9)		-	x (9)			<del></del>	Full cost—4 percent of monthly payroll.	<del>-</del>	Full cost.9
x		x			·x (11)			x (11)	_		<u></u>	Full cost.		Full cost. 11

In California 1 percent of first \$4,100 of annual earnings contributed to the State's temporary disability fund.

See appendix C.

Financed out of company contributions for benefits for active employee and dependents.

An employee at least 65 years of age who retires with at least 10 years' substantially continuous service, and who converts his group hospitalization coverage to direct coverage for himself and his dependent will be eligible for such coverage for 1 year after termination of employment at no expense to him.

Applicable for 1 year to employee and dependent if employee is at least 65 years of age, has at least 10 years' substantially continuous service, and converts his group hospitalization coverage

Digitized for FRAGEER coverage.

		LIFE INSURANCE				<del></del>	ACCIDENTAL DEATH AND		
COMPANY, UNION, AND DATE OF	ELIGIBILITY REQUIREMENTS (when new		If per	rmanently and totally disab	led		Am	ount	
INFORMATION	employees become eligible)	Amount	Before age	Insurance is-	- Paid	Cases covered	Graduated according to—	Death or multidis-	Single dis- memberment
	Accident and sickness benefit: Immediately or lst of following month.  Other benefits: After 3 months' covered employment.	Average weekly earnings under plan Insuranc \$37.50 to \$50 \$50 to \$75 Less than 1 year 5.00 \$10 2 years 1,000 \$2 to 3 years and over 2,000 \$10 2 years 1,000 \$2 to 3 years 1,000 \$2 to 3 years 1,000 \$2 to 3 years 2,000 \$2 to 3 years 3,000 \$2 to 3 years 3,000 \$3 to 4 years 2,000 \$4 to 5 years 2,500 \$5 to 6 years 3,000 \$6 to 7 years 3,500 \$7 years and over 4,000 \$(1)	60	Maintained  X  For 3 months; up to \$2,000 for additional 9 months.	Paid in—	Nonoccupational.	Average weekly earnings \$37,50 to \$49,99 \$50 and over Less than 1 year's plan coverage 1 to 2 years' plan coverage 2 to 3 years' plan coverage 3 years' and over plan coverage (1)	\$ 500	\$ 250 \$ 250 500 750 1,000 (1)
	Accident and sickness benefit: Eligibility requirements of N.Y. State temporary disability law. 4  Other benefits: After 30 days covered employment and 30 days union membership.	\$2,000	65	x		Nonoccu- pational; occupa- tional.		\$1,500	\$750

Not available if employee earns less than \$37.50 per week.
 If disability occurs within first 30 days' employment, benefit is 50 percent of average weekly pay (maximum—\$45) for 20 weeks.
 Not available if employee earns \$25 or less per week.
 See appendix A.

# Under Collective Bargaining, Winter 1961-62

ACCIDENT AND SICKN	ESS					}				HOSPITALIZ	ATION			
	Dura	ation of be	nefits	Benefi	ts begin	Daily		Exter	nded coverage	Maximum	Extra	pa	yment	Emergenc
Amount						OF	Duration		Della	board	allowance		Diea	out-patier care benef
	Period	After age	limíted	Accident	Sickness	service		-Days	amount	allowance	or service	Year	bility	or service
ds of average weekly pay—	26 weeks	_	_	lst day	8th day.				Emp	oloyee and d	lependents 3	1	· · · ·	
	per dis- ability. 2					Semi- private room.	21 days.		of cost of semi- private		Full cost of specified services for 1st 21 days; 50 percent of cost for additional 180 days.		x	\$10
average weekly wage-	13	60	13 weeks	8th	8th day			L	Em	ployee and	dependents	<u></u>	L	
n -\$ 20 per week.	weeks per disa- bility.				]	\$14	31 days.		_	\$434	\$150		x	\$150
	Amount  Amount	Amount  Period  26  weeks per disability.  2  average weekly wage—  ——————————————————————————————————	Amount    Duration of be   Example   After age   After age   Period   After age   Period   After age   Period   After age   Period   After age   Period   After age   Period   After age   Period   After age   Period   Period   Period   After age   Period   Period   After age   Period   Perio	Amount  Amount  Except  Period After age— Benefits limited to—  ds of average weekly pay—  m—\$65 per week.  After age— Compared to the second	Amount    Duration of benefits   Benefit	Amount    Duration of benefits   Benefits begin	Amount    Duration of benefits   Benefits begin   Daily benefit or service	Amount    Duration of benefits   Benefits begin   Daily benefit or service	Amount    Duration of benefits   Benefits begin   Daily benefit or service   Duration	Amount    Duration of benefits   Benefits begin   Daily benefit or service   Duration   Daily benefit or service   Daily benefit or service   Daily benefit or service   Daily benefit or service   Daily benefit or service   Daily benefit or service   Daily benefit or service   Daily benefit or service   Daily benefit or service   Daily benefit or service   Daily benefit or service   Daily benefit or service   Daily benefit or service   Daily benefit or service   Daily benefit or service   Daily benefit or service   Daily	Amount    Duration of benefits   Except   Except   Denofits of age.   Daily limited age.   Daily limited age.   Daily limited allowance   Duration of service   Duration of serv	Amount    Duration of benefits   Benefits begin   Daily   Benefit or   Sickness   Service   Duration of board   Daily	Amount    Duration of benefits   Benefits begin   Dual of After seed   Duration   Durati	Amount    Duration of benefits   Benefits begin   Duily   Denefit or   Duration   Durati

			SURG	3ICAL	*	I	<del></del>	<del> </del>	MEDI	CAL				
COMPANY, UNION, AND DATE OF	INCOME LIMITS FOR SERVICE		Allowances for—	-	T				Empl	oyee				
INFORMATION	SURGICAL AND MEDICAL BENEFITS	Most expensive operation	Tonsillectomy	Appendec- tomy	Covers cases	Home	Office	Allowance Hospital	Elsewhere	Maximum compensation	Benefi Sickness	Accident	Number of visits paid for	Number of days paid for
Retail drug industry		<u> </u>	oyee and depen	dents	Hospital,	\$5 per	\$4 per	\$5 per day.	\$5 per	\$300 per disa-	2d day.	lst day.		
and employers, various associations (New York, N.Y.)  Retail, Wholesale, and Department Store Union, Local 1199  October 1961		\$ 300 (1,2)	\$45 (1,2)	\$150 (1,2)	office, home, elsewhere.  (1)	day. (2,3)	(2,3)	(2,3)	day. (2,3)	(2,3)	(2,3)	(2,3)		
Retail trade industry, various employers (New York, N.Y.) Retail Clerks January 1962			oyee and depen	\$162.50	Hospital, office, home, elsewhere.									

Not available if employee earns less than \$50 per week.

In lieu of cash surgical and medical benefits, employee may obtain surgical and medical benefits by joining the Health Insurance Plan of Greater New York and paying part of the cost.

Not available to part-time employee earning less than \$60 per week and his dependents.

Not available to dependents of part-time employees earning less than \$60 per week.

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

			MEDICAL	_Continued									MA	TERNITY PR	OVISION	s		
			Dep	endents									Hospitalizati	on		Surgical	Medical	
Home	Office	Allowance Hospital	Elsewhere	Maximum compensation		Acci-	of visits	Number of days paid for	Other provisions	Accident and sickness	Daily benefit or service	Duration	Maximum room and board allowance	Extra allowance or service	Lump	Schedule allowance for normal delivery	Amounts and limi- tations	Benefits available to newly insured
	\$4 per	\$5 per day.	\$5 per	\$ 300 per	Zd day.	) et	<u> </u>	_		Regular			Emplo	yee and de	pendent	<u>t                                      </u>	L	Employee and
\$5 per day. (2,4)	day. (2,*)	(2,4)	(2, 4)	\$300 per disability. (2,4)	(2,4)	day. (2,4)	(2,4)	(2.4)	(2,4)	Regular benefits for 6 weeks.				_	\$100	\$85 (1,2)	.(2)	Employee and dependent: After 10 months
	_		_	_	_	<del></del>	_	_					Emplo —	yee and de	r -	\$ 75		Employee and dependent: Immediately.

		BENI	EFIT COVERAGE DURING RETIREMEN (must be provided at least on group rate	NT PERIOD basis)	
COMPANY, UNION, AND DATE OF INFORMATION	OTHER BENEFITS <sup>1</sup> (types and amounts)	Life insurance	Hospitalization	Surgical	Medical
Retail drug industry,	Employee and dependents	\$ 500	Employ	ee and dependent	
various associations and employers (New York, N.Y.)	Optical, dental, X-ray, and blood bank services—available at special rates.		Same as for active	employee:	(²)
Retail, Wholesale, and Department Store Union, Local 1199					
October 1961					
				,	
Retail trade industry,	Employee and dependents	_	_		<del>-</del>
various employers (New York, N.Y.)	Poliomyelitis and Asian Flu vaccinations—full cost.				
Retail Clerks January 1962	Eye glass allowance (for examination and glasses)—\$4.75.  Employee only				
	Physical evaluation and detection examination (provided				
	annually)—full cost.				

Excludes such benefits as X-ray, anesthesia, and electrocardiogram allowances if they are provided only for services performed in a hospital. See EXPLANATORY NOTES.

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

				Ве	nefits fo	r						· .		
Emp	loyee	Employ	ee's dep	endents	Re	tired emp	loyee	Reti	ired empl depender	oyee's	Amount of contributi	on for		
Com- pany	Jointly	Com- pany	Jointly	Em- ployee	Com- pany	Jointly	Em- ployee	Com- pany	Jointly	Em- ployee	Benefits for employee and dependents		Benefits for retired and dependen	employee it
only	Jointry	only	Jointry	only	only	Jonary	only	only	Joranny	only	Employee	Company	Employee	Company
X (3)		(3)		_		x	_		_	x	<del>-</del>	Full cost—3 percent of monthly payroll.	All benefits except life insurance: Full cost.	Life insur- ance: Full cost.
x		x	_	_				_			<del></del>	Full cost.	_	

<sup>&</sup>lt;sup>3</sup> See footnote 2, p. 194

		LIFE INSURANCE					ACCIDENTAL DEATH AND	DISMEMBERME	ENT
COMPANY, UNION, AND DATE OF	ELIGIBILITY REQUIREMENTS (when new		If p	ermanently and totally disal	bled		An	nount	
INFORMATION	employees become eligible)	Amount	Before	Insurance is-		Cases covered	Graduated	Death or	Single dis-
			age	Maintained	Paid in		according to-	multidis- memberment	memberment
Laundry industry, various employers (New York, N.Y.) Clothing Workers November 1961	Accident and sickness benefit: After 4 weeks' covered employment.  Other benefits: After 6 months' covered employment and union membership.	Service and earnings	age,	x					_
The Prudential Insurance Company of America Insurance Workers International Union November 1961	Immediately or let of following month.	Prior to age 65: Annual earnings 4     Insurant       Less than \$2,500     \$5,00       \$2,500.01 to \$3,500     7,00       \$3,500.01 to \$4,500     9,00       \$4,500.01 to \$5,500     11,00       \$5,500.01 to \$6,500     13,00       \$6,500.01 to \$10,000     20,00       \$7,500.01 to \$12,500     25,00       \$12,500.01 to \$15,000     30,00       \$12,500.01 to \$15,000     30,00       \$12,500.01 to \$15,000     30,00       \$15,000.01 and over     35,00		Until age 65; then reduced in same manner as for retired employee.	_	Nonoccu- pational; occupa- tional.	Earnings.	Same as life in- surance.	One-half of life in- surance.
Maritime industry, various employers, Atlantic and Gulf Coasts Seafarers January 1962	l day's covered employment in past 6 months, and 90 days in last calendar year.	\$4,000				_	<del>_</del>		-

Employee's weekly earnings	Daily benefit
Less than \$50	\$ 16
\$ 50 to \$ 75	18
\$75 and over	20
Room and hoard allowance	

	ACCIDENT AND SICKNESS										HOSPITALIZ	ATION			
		Dura	ation of ber		Benefi	ts begin	Daily benefit		Exten	ded coverage	Maximum room and	Extra	pa	sis of yment er	Emergency out-patien
Cases covered	Amount	Period	After age—	Benefits limited	Accident	Sickness	or service	Duration	-Days	Daily amount	board allowance	allowance or service		Disa- bility	care benefi
Nonoc-	50 percent of weekly wage—	Acci-	_		7th day	14th day				Emp	oloyee and d	ependents			
cupa- tional.	minimum—\$ 10 per week, maximum—\$ 50 per week.	dent: 13 weeks per year. Sick- ness: 13 weeks per year.			active	retro- active to 8th.	Varies according to employee's earnings.	Accident: 31 days Sick- ness: 31 days		-	Accident: \$620 Sickness:	\$75	(2)	(*)	
	_		- <u>-</u>			_				Emp	ployee and d	ependents		<u>L</u>	
( <sup>5</sup> )	(5)	(5)	( <sup>5</sup> )	(5)	(5)	(5)	Full co	st of 1st	\$ 500 0	f expenses	and 80 perc	ent of expenses in	exce	ss of \$	500.6
											; ;				
Nonoc-	1st 39 weeks, \$56 per week; thereafter, if confined to	If not			lst	After 1		1			Dependents	only <sup>7</sup>			L
cupa- tional.	hospital, \$3 per day.	confined to hos-pital: 39 weeks per year.  If confined to hos-pital: Un-limited.			day.	week retro- active to 5th day.	\$158	Un- limited			_	\$200 during 1st 31 days; there- after, \$200.		х	

Extra service allowance.

Earnings classes are inclusive.

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

See supplemental major medical expense benefit in "Other Benefits" column for maximum amount payable.

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

Payable irrespective of actual charge.

			SUR	GICAL					MEDI	CAL				
COMPANY, UNION, AND DATE OF	INCOME LIMITS FOR SERVICE		Allowances for-	-					Emplo	yee				
INFORMATION	SURGICAL AND MEDICAL BENEFITS	Most expensive operation	Tonsillectomy	Appendec- tomy	Covers cases in—	Home	Office	Allowance Hospital	Elsewhere	Maximum compensation	Benefi Sickness	Accident	Number of visits paid for	Number of days paid for
Laundry industry,	_	<del></del>	oyee and deper	ldents	Hospital,	<del>                                     </del>	<b> </b>	Provided by the Am			I141 C			<del>                                     </del>
various employers (New York, N.Y.)	-	\$ 200	\$ 30	\$ 100	office, home, elsewhere.			Provided by the Am	algamated L	aundry workers F	leaith Cei	ler.	1	
Clothing Workers November 1961		}												
The Prudential Insurance	-	Empl	oyee and deper	dents	Hospital, office, home,	_	-	_	_		-	_	—	_
Company of America Insurance Workers International Union November 1961		\$ 300	\$45	\$150	elsewhere.		Supplement	al major medical ex	pense benefi	t provided. See	Other Be	nefits" c	olumn.	
Maritime industry, various employers, Atlantic and Gulf Coasts Seafarers		\$ 300	ependents only	\$ 150	Dependents: Hospital, office, home, elsewhere.	Free medi Center. <sup>5</sup>	ical examin	ations, including dia	agnostic and	laboratory servic	es, provi	ded at the	SIU Hea	l Alth
January 1962														

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

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

Payable irrespective of actual charge.

## Collective Bargaining, Winter 1961-62-Continued

			MEDICAL	.—Continued									ма	TERNITY PR	OVISION	s		
			Dep	endents									Hospitalizati	on		Surgical	Medical	
	_	Allowance		Maximum		s begin	Number	Number	Other provisions	Accident and	Daily benefit		Maximum room and	Extra allowance	Lump	Schedule allowance	Amounts and limi-	Benefits available to newly insured
Home	Office	Hospital	Elsewhere	compensation	Sick- ness	Acci- dent	paid for	of days paid for	•	sickness	or service	Duration	board allowance	or service	sum	for normal delivery	tations	
	T	Provided by the An	nalgamated	Laundry Wo	rkers F	lealth C	lenter.	3		_			Employee	and depen	dent			Employee and dependent:
											_	_	_			\$ 100 3	_	dependent: After 6 months.
<del></del>	— Supplement	al major medical ex	pense bene		See "	Other E			n.	— (*)				Employee naternity a		ee.		Employee: After 2 years, Dependent: If pregnancy commences
													\$ 250 n	naternity a	llowand	ce.		while insured.
	_	\$4 per day.	plus	\$ 124 per disability.	lst day.	lst day.	<u> </u>	31 per disa- bility.	transfusion allowance		A	 		ependent of	1	:e_6		Dependent only: Immediately.
Free med SIU Healt	dical exami	inations, including d	iagnostic a	nd laborator	y servi	ces, pr	ovided a	at the	for 6 transfu- sions, up to \$ 37.50 each.	,								

No accident and sickness insurance benefit provided by plan; employees covered by paid sick-leave plan.
 Seamen receive free medical and surgical care in Marine hospitals and out-patient clinics, under the United States Maritime law.
 Payable irrespective of actual charges. If a multiple birth occurs, entire maternity benefit paid for each child.

COMPANY, UNION, AND DATE OF INFORMATION	OTHER BENEFITS <sup>1</sup> (types and amounts)	BENEFIT COVERAGE DURING RETIREMENT PERIOD			
		Life insurance	must be provided at least on group rate  Hospitalization	basis) Surgical	Medical
Laundry industry various	Employee and dependents	\$ 500	Employee and dependent		
employers (New York, N.Y.) Clothing Workers November 1961	Provided by the Amalgamated Laundry Workers Health Center. <sup>2</sup>		(3)	(3)	_
The Prudential Insurance Company of America Insurance Workers International Union November 1961	Employee and dependents  Supplemental major medical expense benefit—80 percent of expenses not covered by other plan benefits, incurred during each calendar year, which are in excess of "deductible"; *  maximum—\$10,000 per year, \$20,000 during lifetime.	Same as for active employee until first of month following attainment of age 65; then reduced 20 percent and by like amount annually thereafter until amount in effect equals \$1,000.5	Emplo Same as for active e	yee and dependent	_
Maritime industry, various employers, Atlantic and Gulf Coasts Seafarers January 1962	Employee only  Special equipment benefit (for aids necessary for recovery such as wheelchair)—full cost.	_	_	<del>-</del>	_

Excludes such benefits as X-ray, anesthesia, and electrocardiogram allowances if they are provided only for services performed in a hospital. See EXPLANATORY NOTES.
Employees and nonworking wives who are ambulatory patients are provided free diagnostic, therapeutic, and preventive medical care. Prescriptions for drugs are filled at cost at the Health Center's pharmacy.

Hospital and surgical benefits provided active employee and dependents extended to retired employee and dependent for 1 year from date of retirement.

The "deductible" varies, according to earnings; from \$50 to \$250.

#### FINANCING

Benefits for—														
Emp	loyee	Employee's dependents		Retired employee			Retired employee's dependent			Amount of contribution for—				
Com- pany	Taiasla	Com-	Jointly	Em- ployee	Com- pany	Jointly	Em- ployee	Com- pany	- Jointly	Em-	Benefits for employee and dependents		Benefits for retired employee and dependent	
only	Jointly	pany only	Jointy	only	only	Jointy	only	only			Employee	Company	Employee	Company
х		x		_	х			х	_	_	·	Full cost—2.84 percent of payroll.		Full cost.
	x	_	х			x	_		х	_	Life and accidental death and dismemberment insurance: \$0.125 weekly per \$1,000 of insurance.  Other benefits: Benefits for employee only, \$0.90 per week; for employee and children, \$1.40; for employee and wife, \$2.20; for employee, wife, and children, \$2.70.	Balance of cost.	Hospital, surgical, and major medical benefits: Same as active employee.	Life insurance: Full cost. 7 Other benefits: Balance of cost.
х		х	_					_	_	_	<del></del>	Full cost—\$ 1.75 per day per man working aboard ship.	_	_

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

Major medical expense benefit provided retired worker and dependent until retired worker reaches age 70; coverage same as for active worker but maximum benefit reduced to \$3,000 for each when the employee reaches age 65 and to \$2,500 when he reaches age 70.

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

## Appendix A

### Temporary Disability Insurance

In 1962, four States had statutes providing protection from loss of wages because of temporary disability arising out of nonoccupational causes. The first of these laws was enacted by Rhode Island in May 1942. Benefits became payable on April 1, 1943. California's program was adopted in May 1946, New Jersey's in June 1948, and New York's in April 1949. The Railroad Unemployment Insurance Act (July 1946) provides temporary disability benefits to railroad workers.

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

Brief descriptions of the benefits provided employed workers by these temporary disability insurance statutes are presented below. More detailed information relating to temporary disability insurance statutes, including provisions relating solely to jobless workers that are not summarized below and the experience of the operating programs, are contained in publications of the U.S. Department of Labor's Bureau of Employment Security.

#### California

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

Financing.—One percent of the first \$4,100 of annual wages is paid by employees covered by the State Disability Fund; no

contribution is made by employers.<sup>2</sup> In the case of private plans, no employee may be charged more than 1 percent of the first \$4,100 of annual wages; the employer pays any remaining cost.

Benefit formula.—Weekly benefits range from \$10 to \$70 and are determined by a schedule of high-quarter earnings. The maximum duration is 26 weeks per disability. Benefit payments start after the seventh day of an uninterrupted period of disability. Uninterrupted periods are consecutive periods of disability owing to the same or related causes and not separated by more than 14 days. This waiting period or any unexpired portion of it is waived upon admission to a hospital for a full day of confinement. For each day of disability in excess of 7, benefits are paid at a rate of one-seventh of the weekly amount.

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

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

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

In California, protection in case of disability, but not unemployment, is provided agricultural workers.

<sup>&</sup>lt;sup>2</sup> In 1963, taxable wages will be \$4,600; in 1964, \$5,100; and thereafter. \$5,600.

<sup>&</sup>lt;sup>3</sup> Effective Jan. 1, 1963, the maximum benefit will be \$70 or two-thirds of average covered wages, whichever is greater.

### New Jersey

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

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

Benefit formula.—To qualify for benefits, 17 base weeks of employment are required in the 52 weeks preceding the week in which the disability begins. A base week is a week in which wages from one employer amount to \$15 or more. Weekly benefits are determined from a schedule of average weekly wages, with a minimum of \$10 and a maximum of \$50. The average weekly wage for employed workers is determined by adding all of the wages from one employer during the base weeks in the 8 weeks preceding disability and dividing by the number of such weeks. If this is less than the average wage obtained by adding all earnings from all employers during the 8 weeks preceding disability, then all earnings are used.

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

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

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

Except for the 4 weeks prior to childbirth and the 4 weeks after, no payments are made for disability which is due to pregnancy, childbirth, miscarriage, or abortion. Self-inflicted injuries and injuries suffered while perpetrating high misdemeanors are also excluded.

#### New York

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

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

Benefit formula.—Weekly benefits are computed as one-half of the average weekly wage, subject to a maximum of \$50 and a minimum of either \$20 or the average weekly wage, whichever is less. The duration for benefits cannot exceed 26 weeks in any 52 consecutive weeks. A 7-day waiting period is required at the beginning of each uninterrupted period of disability. An uninterrupted period includes all periods of disability caused by the same or related injury or sickness, if not separated by more than 3 months.

To qualify for benefits, employed workers must have had 4 or more consecutive weeks of covered employment (or 25 days' regular part-time employment) prior to commencement of the disability.

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

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

Benefits are not payable for disability conditions arising out of pregnancy except after a return to covered employment for at least 2 consecutive weeks following termination of pregnancy. Self-inflicted injury or illness, or injury sustained in the perpetration of an illegal act, or disability which is due to any act of war occurring after June 30, 1950, are also excluded.

### Rhode Island

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

Financing.—An employee contribution of 1 percent of the first \$3,600 of annual wages is required. Employers do not contribute to the fund.

Benefit formula.—The benefit formula in Rhode Island is the same as for unemployment insurance. The weekly benefit is 50 percent of the average weekly wage in the base period rounded to the nearest dollar. A base period consists of 52 weeks ending 2 weeks preceding the benefit year. A benefit year begins with a valid claim for disability benefits. Qualifying wages during the base period consist of 20 weeks of \$20 or more in covered earnings or \$1,200 in the base period.

The weekly benefit ranges from \$10 to \$36 plus an additional \$3 for each dependent child (maximum, \$12). The potential duration is three-fifths of total weeks of base period employment, but no more than 26 weeks.

There is a waiting period of 7 consecutive days of disability to qualify for benefits, except in pregnancy cases; however, where the disability occurs on the last regular working day of a week, that week is considered as the waiting period. Following 2 compensable weeks in which benefits were paid, benefits are paid for part of a week's disability, at a rate of one-fifth of the weekly amount for each workday up to four-fifths of the weekly benefits, rounded to the next highest dollar.

A worker may receive combined Workmen's Compensation and disability benefits up to 85 percent of his average weekly wage on his last job, provided combined payments do not exceed \$62. He is eligible even though receiving regular wages or a part thereof while not working.

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

#### Railroads

Type of plan.—Temporary disability benefits are provided under the Railroad Unemployment Insurance Act to qualified railroad workers under a uniform nationwide system. Payments are made

from a special Government fund operated exclusively to provide sickness as well as unemployment benefits for these workers. There is no provision for the substitution of private plans.

Financing.—The employer's contribution rate varies according to the balance in the fund, ranging from 1.5 percent to 3.75 percent of wages up to \$400 a month. This contribution is for both disability and unemployment benefits. Workers do not contribute to the fund.

Benefit formula.—Benefit payments are based on annual earnings in accordance with a schedule set forth in the <u>act</u>. The daily benefit amount ranges from \$4.50 to \$10.20. Qualifying wages during the base period must equal \$500. The maximum duration of benefits is 26 weeks, provided the benefits do not exceed the base period wages.

For the first 14-day period of disability in a benefit year, benefits are paid for days of disability in excess of 7. For subsequent 14-day periods of disability in the same benefit year, days of sickness in excess of 4 are compensable, except in pregnancy cases.

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

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

<sup>&</sup>lt;sup>4</sup> A 4 percent tax is being collected for 1962 and 1963.

## Appendix B.

Group Health Insurance, Inc.

Group Health Insurance, Inc., is a nonprofit medical and surgical insurance organization in the New York City area. Approximately 730,000 persons living in New York and vicinity are covered by this program. Services are provided through arrangements with private physicians. The insured individual may select his own physician either from among the 9,500 participating physicians or among other licensed physicians.

Eligibility.—Eligibility for enrollment is limited to groups of employed persons. If there are 50 or more in the group, at least 75 percent of the eligible individuals must subscribe. For smaller groups, higher percentages are required. An employee or an insured dependent can continue as a subscriber if he leaves the group by paying a premium directly to Group Health Insurance, Inc. Spouses and dependent, unmarried children from birth to 19 years are eligible for coverage. Retired persons who meet the eligibility requirements may continue their coverage unchanged at community group rates.

Benefits. 1—Surgery, medical and maternity care, and radiation and electroshock therapy in the hospital, home, or doctor's office are provided without additional charges to individuals choosing a participating doctor. In addition, diagnostic X-ray and laboratory

examinations, annual physical examinations, immunizations (except for the cost of drugs), well-baby care, and physiotherapy are paid in full when participating doctors provide these services out of the hospital. The administering of anesthetics and psychiatric care in the hospital are also provided without additional fees by participating doctors. Visiting nurse's services at home and an allowance for ambulance service to and/or from a hospital are also provided.

Specialists receive an allowance of up to \$25 for one bedside consultation in each specialty field in each period of hospitalization and up to \$15 for one consultation in each illness, if rendered outside the hospital. The patient pays the difference, if any, between the specialist's charge and the fee schedule allowance.

For patients who apply for, or are hospitalized in, private accommodations, or who choose a nonparticipating physician, benefits take the form of cash reimbursement, according to a fee schedule, toward the amount the doctor charges. If a participating doctor is chosen, full care is provided without a limit on the number of visits to the patient's home or the doctor's office. In-hospital medical care is covered for 365 days, without regard to choice of hospital accommodations or the doctor's participation.

Cases covered by Workmen's Compensation and the Veterans Administration are excluded from coverage. Also excluded are services ordinarily performed by a dentist; eye refractions; artificial limbs and other prosthetic appliances; cosmetic surgery; blood plasma and other substances ordinarily provided by donors; private nursing care; services for which no physician's charge is incurred; and services rendered in a medical department or clinic maintained by an employer, union welfare fund, mutual benefit organization, or similar organizations. A 30-day limitation is placed upon the in-hospital care of pulmonary tuberculosis and psychiatric treatment.

Benefits described are those available to individuals covered by the health and insurance plans under collective bargaining agreements between Brewers Board of Trade (New York, N.Y.) and the International Brotherhood of Teamsters; the Association of Master Painters and Decorators of the City of New York and the Brotherhood of Painters, Decorators and Paperhangers of America (District Council 9); and the Sperry Gyroscope Co. and the International Union of Electrical, Radio and Machine Workers of America. Except for the diagnostic X-ray and laboratory examinations, out-of-hospital benefits are not provided employees of the Sperry Gyroscope Co.

### Appendix C

#### Health Insurance Plan of Greater New York

Established on March 1, 1947, the Health Insurance Plan of Greater New York (HIP) provides prepaid medical and surgical care. More than 600,000 people in New York City and vicinity are covered by this program.

Services are provided through 32 affiliated medical groups, of which 29 are located in New York City, 2 in Nassau County, and 1 in Columbia County, south of Albany. Services of general physicians and specialists in 15 specialities of medicine and surgery, including pathology, and roentgenology are provided at each medical center. In addition, each group contributes a portion of its per capita income to a common special service fund which pays for visiting nurse and ambulance services; diagnostic and therapeutic radioactive materials; and highly skilled professional services such as neurological, cardiac, and plastic surgery, and operations for deafness.

Eligibility.—Most members of this plan enroll through groups organized by either unions or employers. Other groups have been set up among city, State, and Federal employees, and among tenants in housing developments. The minimum size of participating groups is 10; dependents must also be included in the coverage if the group includes fewer than 25 employees. "Dependents" mean spouse and unmarried children under 19 years of age. On leaving his job, an employee can continue as a subscriber by paying the premium for himself and his family directly to HIP. For groups of 25 or more to qualify, at least 75 percent of those eligible in the unit covered by the group must enroll. For groups of 10 to 24, a higher percentage is required.

Any person is eligible to join regardless of his annual income.

Benefits.—The plan provides general medical care, the services of specialists, surgical care, and maternity care at HIP medical centers, in the doctors offices, in hospitals, and at home. Diagnostic and laboratory services, physical therapy, X-ray treatment, and other special treatments are provided at the health centers. Among other benefits provided are periodic health examinations, visiting nurse service, psychiatric advice, and ambulance service.

The treatment of mental and nervous disorders by a psychiatrist is excluded from HIP benefits. Cases covered by Workmen's Compensation, the Veterans Administration, and other governmental agencies are also excluded. Other items not included are dental care, treatments for alcoholism and drug addiction, purely cosmetic surgery, artificial limbs and eyeglasses, prescribed drugs, biologicals, and anesthetics when administered in a hospital.

HIP offers a wide range of benefits to employees and dependents living outside areas served by HIP medical groups. Cash payments are made for surgery, maternity care, deep radiation therapy, specialists consultation in a hospital, X-ray and laboratory examinations, and ambulance service. Payments for these services and others are made according to a schedule of cash indemnities, which allows up to \$450 for certain surgical procedures and up to \$200 for obstetrical procedures. In addition, preventive care such as health examinations and immunizations, and general medical and specialists care at home, doctors' offices, and hospitals are covered. For each home visit, HIP pays \$5; for each office visit, \$3; and for each hospital visit, \$4, if the visit is not in connection with a condition for which payment is allowed under the schedule of surgical or obstetrical cash indemnities. In each case, there is a limit of I visit a day and of 100 visits for any l illness or injury. The exclusions noted above for in-area HIP subscribers also apply to out-of-area subscribers.

## Appendix D

#### Kaiser Foundation Health Plan

Medical care and hospitalization are provided through the Kaiser Foundation Health Plan to almost 900,000 persons in the West Coast States and Hawaii. This is a voluntary prepaid group practice plan, established in 1942. A number of modern hospitals are operated by the plan, to serve members (as well as the general public); and medical centers are located throughout the areas served. San Francisco, Los Angeles, Portland, and Honolulu are the major areas served by the Kaiser Plan.

Eligibility.—Both group and individual memberships are available. However, membership most commonly occurs through participating groups, chiefly organized on a union or company basis. Individuals may continue coverage after dropping out of a group but must pay higher premiums. Spouses and dependent unmarried children under 19 years of age are eligible for coverage.

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

All services of physicians, including surgeons and specialists, are provided without charge for in-hospital care. Doctor's care at the office is also provided, including consultation and treatment by specialists and eye examinations for glasses.<sup>2</sup>

The patient is charged for at least the first home visit for each illness or injury. No charges are made for followup calls by the doctor or for calls of visiting nurses, when under doctor's orders. Unlimited emergency service is provided in cases of sudden illness or injury.

Hospital care is provided for each illness or injury and its recurrences and complications. All charges are covered while in the hospital, including anesthetics, medicines, and drugs. Private rooms and private-duty nursing care are provided when needed. No charges are made for blood transfusions if the blood is replaced.

Nominal charges are made for complete maternity care, for full care of the child, for care required because of an interrupted pregnancy, such as miscarriage, and for the removal of tonsils and adenoids.<sup>5</sup> No charge is made for other surgical procedures.

X-rays, laboratory services, electrocardiograms, and physiotherapy are provided in and out of the hospital without charge when ordered by the physician. However, dental care is not provided. Ambulance service is furnished within 30 miles of any Health Plan medical office or hospital. Although charges are not made for medicines and drugs in the hospital, the patient pays for those supplied in the office or at home.

In cases of an emergency, when more than 30 miles from the nearest Kaiser Health Plan hospital or office, expenses are reimbursed up to \$500 for emergency care until the person's condition permits travel to a Kaiser Health Plan facility. 7

<sup>&</sup>lt;sup>1</sup> Pacific Maritime Association and International Longshoremen's and Warehousemen's Union (ILWU-PMA Fund) and The Distributor's Association of Northern California and Longshoremen's and Warehousemen's Union plans, and the construction industry (northern California) as provided by the Carpenters Health and Welfare Trust Fund for California.

<sup>&</sup>lt;sup>2</sup> This benefit is provided without cost to workers covered by the ILWU-PMA Fund; other workers are charged \$1 per visit.

<sup>&</sup>lt;sup>3</sup> Workers covered by the Carpenter's Fund and the Distributor's Association; 3 plans are charged for the first 2 visits (\$3.50 for each day visit and \$5 for each night visit); those covered by the ILWU-PMA Fund are charged \$2 in northern California and \$5 in southern California for the first visit. In southern California, the ILWU-PMA Fund pays \$3 of the \$5 and the workers pay \$2.

<sup>&</sup>lt;sup>4</sup> Active workers and dependents covered by the Carpenters Fund are provided 80 full days of hospital care per disability (retired workers are provided 60 full days); members covered by the other plans are provided 111 days of hospital care per year, except those in southern California are provided 125 days.

<sup>&</sup>lt;sup>5</sup> Workers covered by the Carpenters Fund are charged \$95 for complete maternity care and care of child, not more than \$64 for care due to an interrupted pregnancy, and \$35 for the removal of tonsils and adenoids; workers covered by the other plans are charged \$60 for complete maternity care and care of child, not more than \$40 for care due to an interrupted pregnancy, and \$15 for the removal of tonsils and adenoids. For workers covered by the ILWU-PMA Plan, charges for maternity care are paid for by the fund, and for employees in southern California there is no charge for the removal of tonsils and adenoids.

<sup>&</sup>lt;sup>6</sup> Except that active workers covered by the Carpenters Fund are charged Health Plan rates (usually 50 percent of prevailing rates in the area), if these services are performed out of the hospital, and retired workers are charged these rates, regardless of where these services are performed.

<sup>&</sup>lt;sup>7</sup> Emergency care in southern California is reimbursed up to \$1,000.

Diagnostic services are provided for poliomyelitis. Services for rehabilitation and treatment of this disease, after the acute and contagious stage, are provided for up to 1 year or up to a value of \$2,500, whichever is reached first. These services are available at the rehabilitation centers at Santa Monica and Vallejo, Calif. Care

during the contagious stage is not provided. In cases of other quarantinable diseases and tuberculosis, services are available for diagnosis only, although emergency treatment for tuberculosis is provided until proper placement of the patient is made or when isolation is unnecessary. For mental illness, benefits are limited to diagnosis. Care for alcoholism is not provided for the condition itself but is available for such side effects as cirrhosis, malnutrition, and injuries caused by alcoholism. No services are provided for conditions resulting from major disasters, epidemics, attempted suicide, or intentionally self-inflicted injuries. Cases covered by Workmen's Compensation and by the Veterans Administration are also excluded from coverage.

<sup>8</sup> Southern California provides services up to 2 years or \$5,000, whichever is reached first, for poliomyelitis rehabilitation.

# Union Identification

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

Aluminum Workers International Union. International Union, United Automobile, Aircraft and Agricultural Implement Workers of America. American Bakery and Confectionery Workers' International Union International Brotherhood of Bookbinders. Building Service Employees International Union. United Brotherhood of Carpenters and Joiners of America. International Chemical Workers Union. Amalgamated Clothing Workers of America. Communications Workers of America. Distillery, Rectifying and Wine Workers' International Union of America. International Union of Doll and Toy Workers of the United States and Canada. International Brotherhood of Electrical Workers (IBEW). International Union of Electrical, Radio and Machine Workers (IUE). Employees Independent Association (Ind). United Furniture Workers of America. Glass Bottle Blowers Association of the United States and Canada. United Glass and Ceramic Workers of North America. United Hatters, Cap and Millinery Workers International Union. Hotel and Restaurant Employees and Bartenders International Union. Independent Steelworkers Union (Ind). Insurance Workers International Union. International Jewelry Workers' Union. International Ladies' Garment Workers' Union.
International Leather Goods, Plastic and Novelty Workers' Union. Leather Workers International Union of America. Amalgamated Lithographers of America. International Longshoremen's Association International Longshoremen's and Warehousemen's Union (Ind).

International Association of Machinists. National Marine Engineers' Beneficial Association. National Maritime Union of America. Amalgamated Meat Cutters and Butcher Workmen of North America. New York Hotel Trades Council (association of various unions in hotel field). Oil, Chemical and Atomic Workers International Union. National Brotherhood of Packinghouse Workers (NBPW) (Ind). United Packinghouse Food and Allied Workers (UPWA). Brotherhood of Painters, Decorators and Paperhangers of America. United Papermakers and Paperworkers. International Brotherhood of Pulp, Sulphite and Paper Mill Workers. Retail Clerks International Association. Retail, Wholesale and Department Store Union. United Rubber, Cork, Linoleum and Plastic Workers of America. Seafarers' International Union of North America. Standard Allied Trades Council (various unions collaborating in negotiation of single agreement). United Steelworkers of America. Amalgamated Association of Street, Electric Railway and Motor Coach Employes of America. International Brotherhood of Teamsters, Chauffeurs, Warehousemen and Helpers of America (Ind). Textile Workers Union of America (TWUA). Tobacco Workers International Union. International Typographical Union (Typographers). United Mine Workers of America (Ind). United Shoe Workers of America. Upholsterers' International Union of North America. Utility Workers Union of America. American Watch Workers Union (Ind). International Woodworkers of America.