

*Digest of*

# **100 Selected Health and Insurance Plans Under Collective Bargaining, Early 1966**

Bulletin No. 1502

UNITED STATES DEPARTMENT OF LABOR  
W. Willard Wirtz, Secretary

BUREAU OF LABOR STATISTICS  
Arthur M. Ross, Commissioner



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## Preface

This bulletin describes the principal features of 100 selected health and insurance plans in effect during early 1966. It is a revision of the Digest of One Hundred Selected Health and Insurance Plans Under Collective Bargaining, Winter 1961-62 (BLS Bulletin 1330), published in 1962, and a companion to the Digest of One Hundred Selected Pension Plans Under Collective Bargaining, Late 1964 (BLS Bulletin 1435), published in 1965.

This digest includes 99 of the 100 plans summarized in BLS Bulletin 1330. An article highlighting developments in health and insurance plans during the last 4 years, as shown by a comparison of this and the preceding digest will appear in the Monthly Labor Review. A listing of recent BLS publications on employee benefit plans is shown on the inside back cover of this bulletin.

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.

Digests of employee benefit plans are part of the program of the Bureau's Division of Industrial and Labor Relations, Joseph W. Bloch, Chief. Robert C. Joiner prepared this digest, under the supervision of Dorothy R. Kittner and the direction of Donald M. Landay.

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Benefits and contributions for retired workers and their dependents are excluded from this edition of the digest because health insurance for the aged under Social Security (Medicare) became effective on July 1, 1966. When the information for this digest was requested, most companies and unions with plans providing health benefits for retired workers were adjusting them in the light of Medicare. A supplement to this digest, covering benefits for these workers (and for active workers over 65), is planned for late 1967.



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# Digest of 100 Selected Health and Insurance Plans Under Collective Bargaining, Early 1966

## 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 which are embodied in the agreements and insurance policies governing 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 to 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 active employees. 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 is indicated in the appropriate sections of the plan digest. Dependents include the worker's spouse and his (or her) unmarried children under a specified age, usually 19 years. Occasionally, the age limit is extended for unmarried children who are students or who are totally and permanently disabled.

### Rates and Earnings

The class intervals by which rates and earnings are 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 (non-occupational 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., weekly accident and sickness benefits. Such additional requirements are noted where applicable. However, the period an employee must be insured in order for the employee or his spouse to be eligible for maternity benefits is not shown unless it is in excess of 9 months.

In those States with temporary disability insurance programs,<sup>1</sup> 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. These provisions are not described in this report.

Life insurance benefits for dependents of active workers and special benefits for survivors of active workers are also summarized.

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 digest.

### 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 loss of two or more members.

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

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<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.

### 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 full amount of 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.

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.

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 surgical benefits described in this section are those available for normal delivery cases. Medical benefits available for prenatal and postnatal care or for a disability caused by pregnancy are shown in a footnote. Most plans provide higher allowances or benefits in those cases where obstetrical complications arise; these benefits are not described in this report.

Most plans pay maternity benefits only if the pregnancy commenced after the person became insured. Other plans pay them only if the person had been insured for a specified period, usually 9 months. The waiting period requirements of plans with requirements of more than 9 months are shown in a footnote.

### 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 a footnote. Owing to space limitations, many aspects of these plans have been omitted, including the privilege of having the maximum lifetime limit reinstated upon evidence of insurability.

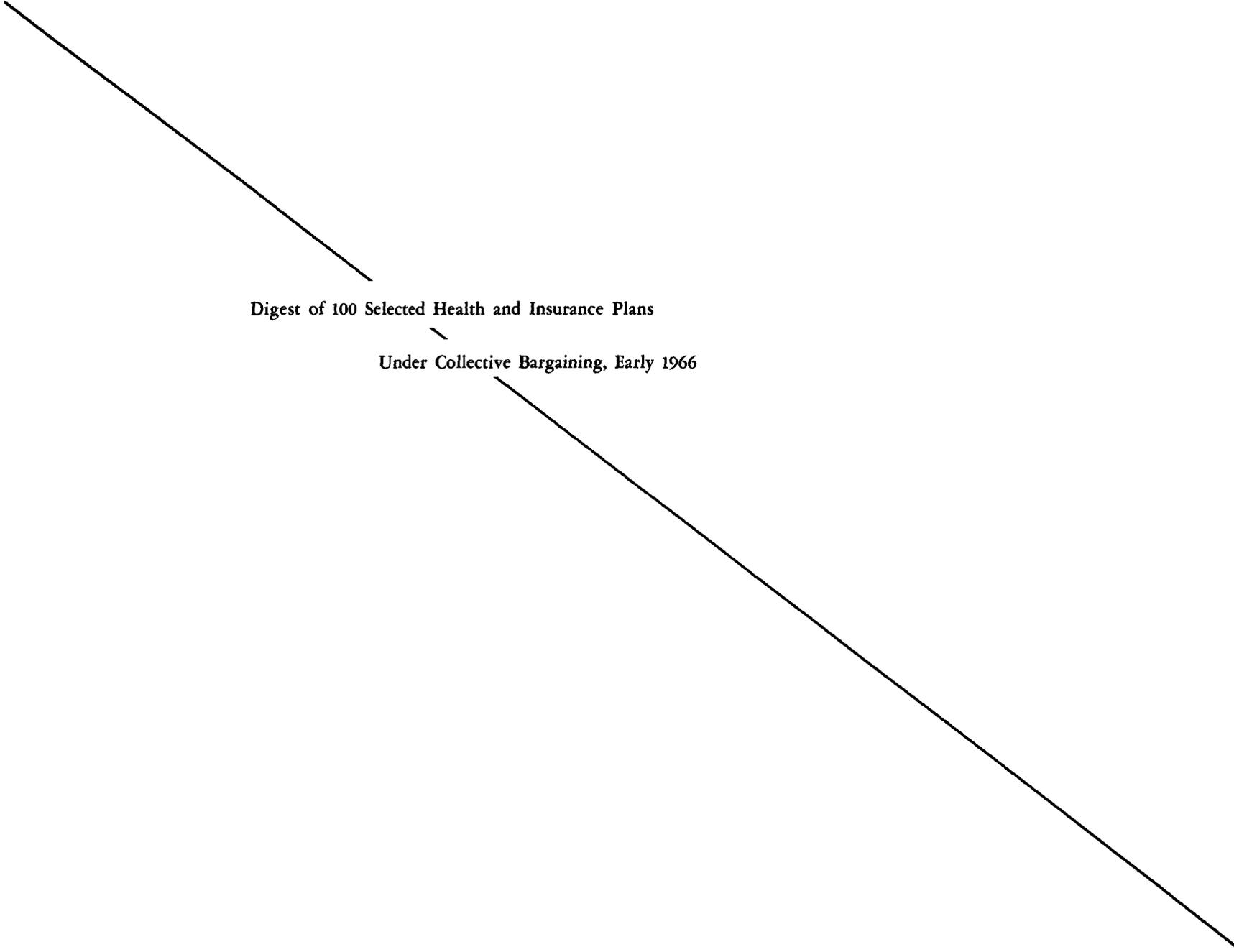
#### Financing

Company. This term is used when the employer 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 law. 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" with a footnote explaining this option.

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.

Amount employee contributes. Information is provided only to the extent that details are available. No attempt was made to determine the actual amount of contribution or cost in those cases where the parties simply stated that the employee paid the "full cost" or "balance of cost."



Digest of 100 Selected Health and Insurance Plans

Under Collective Bargaining, Early 1966

## Digest of Selected Health and Insurance Plans

COMPANY, UNION, AND DATE OF INFORMATION	ELIGIBILITY REQUIREMENTS (when new employees become eligible)	LIFE INSURANCE					ACCIDENTAL DEATH AND DISMEMBERMENT				
		Amount		If permanently and totally disabled			Cases covered	Amount			
				Before age—	Insurance is—			Graduated according to—	Death or multidis- memberment	Single dis- memberment	
Maintained	Paid in—										
The American Sugar Refining Co. (Brooklyn, N. Y.).  Longshoremen's Association.  March 1966.	After 3 months' employment.	Service	Insurance	65	For 1 year.	—	Nonoccu- pational; occupa- tional.	Service.	Same as life insur- ance.	One-half of life insur- ance.	
		Less than 1 year -----	\$500								
		1 year and over -----	3,000								
Armstrong Cork Co.  Rubber Workers.  January 1966.	Immediately or 1st of following month.	Annual rate of earnings	Insurance	60  ( <sup>2</sup> )	—	Install- ments.	Nonoccu- pational; occupa- tional.	Earnings.	Same as life insur- ance; maxi- mum— \$10,000.	One-half of life insur- ance; maxi- mum— \$5,000.	
		Less than \$2,701----	\$2,400								
		\$2,701 to \$3,301----	3,000								
		\$3,301 to \$3,901----	3,600								
		\$3,901 to \$4,501----	4,200								
		\$4,501 to \$5,101----	4,800								
		\$5,101 to \$5,701----	5,400								
		\$5,701 to \$6,301----	6,000								
		\$6,301 to \$6,901----	6,600								
			( <sup>1</sup> )					( <sup>1</sup> )	( <sup>1</sup> )	( <sup>1</sup> )	
Swift and Co.  Meat Cutters; Packinghouse Workers (UPWA); Packinghouse Workers (NBPW).  February 1966.	After 6 months' employment.	—	( <sup>7</sup> )	—	—	—	—	—	—	—	
Lumber industry, various employers (Oregon, Washing- ton, California, Idaho, and Montana);  Woodworkers.  January 1966.	Immediately or 1st of following month.	Employee			60	x	—	Nonoccu- pational; occupa- tional.	—	\$3,000	\$1,500
		\$4,000									
		Dependent wife			—	—	—				
		\$500									
		Dependent children									
		Age	Insurance	—	—	—					
		Less than 6 months -----	\$100								
		6 months and over -----	500								

<sup>1</sup> Additional insurance provided on a contributory basis.

<sup>2</sup> 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 \$1,800 is paid.

<sup>3</sup> Effective November 1968: The following 2 additional classes—

Annual rate of earnings	Weekly benefit
\$8,101 to \$8,701	\$80
\$8,701 and over	\$85

Under Collective Bargaining, Early 1966

ACCIDENT AND SICKNESS							HOSPITALIZATION									
Cases covered	Amount	Duration of benefits			Benefits begin		Daily benefit or service	Duration	Extended coverage		Maximum room and board allowance	Extra allowance or service	Basis of payment per—		Emergency out-patient care benefit or service	
		Period	Except		Accident	Sickness			Days	Daily amount			Year	Disability		
			After age—	Benefits limited to—												
Nonoccupational.	\$60 per week.	26 weeks per disability.	—	—	1st day.	8th day.	Employee and dependents									
							Semi-private room.	70 days.	180	50 percent of cost of semi-private room.	—	Full cost of specified services for 1st 70 days; 50 percent of cost for additional 180 days.	—	x	Required services provided.	
Nonoccupational.	Annual rate of earnings	Weekly benefit	26 weeks per disability.	—	—	1st day.	8th day.	Employee and dependents <sup>4</sup>								
	Less than \$3,901 -----	\$40					Semi-private room. <sup>5</sup>	180 days.	—	—	—	\$100, plus 75 percent of next \$1,500 of charges. <sup>6</sup>	—	x	Required services provided.	
	\$3,901 to \$4,501 -----	45														
	\$4,501 to \$5,101 -----	50														
	\$5,101 to \$5,701 -----	55														
	\$5,701 to \$6,301 -----	60														
	\$6,301 to \$6,901 -----	65														
	\$6,901 to \$7,501 -----	70														
	\$7,501 and over -----	75														
	( <sup>3</sup> )															
—	—	—	—	—	—	—	Employee and dependents									
( <sup>8</sup> )	( <sup>8</sup> )	( <sup>8</sup> )	( <sup>8</sup> )	( <sup>8</sup> )	( <sup>8</sup> )	( <sup>8</sup> )	Semi-private room.	365 days.	—	—	—	Full cost of specified services.	—	x	Required services provided.	
Nonoccupational.	\$50 per week— maximum—70 percent of weekly wage.	26 weeks per disability.	—	—	1st day.	4th day.	Employee									
							Ward rate. <sup>9</sup>	180 days.	—	—	Unlimited.	Unlimited.	—	x	—	
							Dependents									
							Same as above.	70 days.	—	—	Same as above.	Same as above.	—	x	—	

<sup>4</sup> Less liberal benefits are provided if employee does not join contributory plan.

<sup>5</sup> In intensive care facilities, semiprivate room rate plus \$10.

<sup>6</sup> Effective November 1968: Full cost of services.

<sup>7</sup> Company makes available life insurance on a contributory basis.

<sup>8</sup> No accident and sickness insurance benefit provided by plan; employees covered by paid sick-leave plan.

<sup>9</sup> Worker 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.

## Digest of Selected Health and Insurance Plans

COMPANY, UNION, AND DATE OF INFORMATION—Continued	INCOME LIMITS FOR SERVICE SURGICAL AND MEDICAL BENEFITS	SURGICAL			Covers cases in—	MEDICAL											
		Allowances for—				Allowance				Maximum compensation	Benefits begin		Number of visits paid for	Number of days paid for			
		Most expensive operation	Tonsillec- tomy	Appendec- tomy		Home	Office	Hospital	Elsewhere		Sickness	Accident					
The American Sugar Refining Co. (Brooklyn, N. Y.). Longshoremen's Association. March 1966.	—	Employee and dependents			Hospital, office, home, elsewhere.	Employee and dependents											
	\$ 300	\$ 45	\$ 150	\$ 3 per visit.		\$ 3 per visit.	1st day, \$ 10; 2d day, \$ 5; thereafter, \$ 3 per day. ( <sup>2</sup> )	—	Home: \$ 63 per year. Office: \$ 1,095 per year. Hospital: \$ 219 per disability. ( <sup>2</sup> )	Home: 4th visit. Office: 1st visit. Hospital: 1st day.	Home: 4th visit. Office: 1st visit. Hospital: 1st day.	Home: 1 per day; 70 per year. Office: 1 per day; 365 per year.	Hos- pital: 70 per disa- bility.				
Armstrong Cork Co. Rubber Workers. January 1966.	—	Employee and dependents <sup>3</sup>			Hospital, office, home, elsewhere.	Employee and dependents											
	\$ 350	\$ 70	\$ 218.75	—		—	\$ 5 per day.	—	\$ 155 per disability.	1st visit.	1st day.	—	31 per disa- bility.				
Swift and Co. Meat Cutters: Packinghouse Workers (UPWA); Packinghouse Workers (NBPW). February 1966.	—	Employee and dependents			Hospital, office, home, elsewhere.	Employee and dependents											
	\$ 300	Under age 12, \$ 35; over age 12, \$ 60.	\$ 150	—		—	1st day, \$ 10; thereafter, \$ 3 per day.	—	\$ 1,102 per disability.	1st day.	1st day.	—	365 per disa- bility.				
Lumber industry, various employers (Oregon, Washington, California, Idaho, and Montana). Woodworkers. January 1966.	—	Employee and dependents			Hospital, office, home, elsewhere.	Employee											
	Full cost.	Full cost.	Full cost.	Full cost.		Full cost.	Full cost.	Full cost.	Full cost.	Full cost.	Full cost.	Full cost.	Full cost.	Full cost.			
	Dependents								Same as above.	Same as above.	Same as above.	Same as above.	Same as above.	3d day.	1st day.	35 per disa- bility.	70 per disa- bility.

<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.

<sup>2</sup> Plus 1 in-hospital consultation visit per disability, \$ 10.

<sup>3</sup> Less liberal benefits are provided if employee does not join contributory plan.

<sup>4</sup> In November 1968, more liberal benefits will become available.

## Under Collective Bargaining, Early 1966—Continued

Accident and sickness	MATERNITY BENEFITS				OTHER BENEFITS <sup>1</sup> (types and amounts)	FINANCING					
	Hospitalization			Surgical		Benefits for—					
	Daily benefit or service	Duration	Extra allowance or service			Employee		Employee's dependents			Amount employee contributes
				Company		Jointly	Company	Jointly	Employee		
Regular benefits for 6 weeks.	Employee and dependents					x	—	x	—	—	None (company pays full cost).
	Semi-private room.	7 days.	Full cost of specified services.	\$75	Diagnostic X-ray and laboratory allowance for nonhospitalized cases—\$100 per year. Supplemental major medical expense benefit—80 percent of expenses not covered by other plan benefits incurred during a 2-year period which are in excess of \$100; maximum—\$10,000 per disability.						
Regular benefits for 6 weeks.	Employee and dependents <sup>3</sup>					—	x	—	x	—	Life insurance, accidental death, and weekly accident and sickness benefits—none (company pays full cost).  Hospital, surgical, and medical—employee only, \$1.05 monthly; employee and one dependent, \$2.22; employee and two dependents or more, \$3.14.  Major medical benefit—full cost: Employee only, \$0.75 monthly; employee and one dependent, \$1.60; employee and two dependents or more, \$1.85.
	\$300 maternity allowance. <sup>4</sup>				X-ray and laboratory examination allowance for care (including care required because of an accident) in doctor's office or clinic—\$35 during any 12 consecutive months. Additional accident expenses allowance (for expenses incurred which are not covered by other plan benefits)—\$300. X-ray and radium therapy treatment in or out of hospital—\$150 per disability. 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 \$200; maximum—\$10,000 per disability.						
— ( <sup>5</sup> )	Employee and dependents					x	—	x	—	—	None (company pays full cost).
	Semi-private room.	365 days.	Full cost of specified services.	\$90	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. Supplemental major medical expense benefit—80 percent of expenses not covered by other plan benefits, incurred during a calendar year, which are in excess of \$100; maximum—\$10,000 during lifetime. <sup>6</sup>						
—	Employee and dependents					See "Amount employee contributes."	—	—	x		Employee's benefits: Employer deducts \$15.45 monthly from employee's earnings. <sup>7</sup>  Dependents' benefits: Full cost—one dependent, \$9.50; more than one dependent, \$16.
	\$100 for room, board and extra services.			\$100	Diagnostic laboratory and X-ray examination allowance for nonhospitalized cases—full cost.						

<sup>5</sup> No accident and sickness insurance benefit provided by plan; employees covered by paid sick-leave plan.

<sup>6</sup> Applicable to workers represented by the Meat Cutters and Packinghouse Workers (NBPW); workers represented by the Packinghouse Workers (UPWA) have the following benefit: 75 percent of expenses not covered by other plan benefits which are in excess of \$500 including basic plan benefits incurred during a 6-month period; maximum—\$5,000 per disability.

<sup>7</sup> Agreements in 1950 provided wage increase of 7½ cents per hour to be solely for purpose of financing health and insurance program.

## Digest of Selected Health and Insurance Plans

COMPANY, UNION, AND DATE OF INFORMATION	ELIGIBILITY REQUIREMENTS (when new employees become eligible)	LIFE INSURANCE				ACCIDENTAL DEATH AND DISMEMBERMENT			
		Amount	Before age—	If permanently and totally disabled		Cases covered	Amount		
				Insurance is—			Graduated according to—	Death or multidis- memberment	Single dis- memberment
				Maintained	Paid in—				
National Biscuit Co. Bakery and Confectionery Workers', American. January 1966.	After 3 months' employment.	Before age 65: \$5,000  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 \$2,000); for each year of contribution less than 20, insurance continued is 1½ percent less than 40 percent, minimum—25 percent for 10 years of contribution; for employee who contributed to plan less than 10 years, insurance immediately reduced to \$500.	60	—	Installments.	Nonoccupational.	—	\$1,500	\$750
Armour and Co. Meat Cutters; Packinghouse Workers (UPWA). February 1966.	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 55 _____ \$2,700 55 and over _____ 1,350	60	—	Installments.	—	—	—	—
American Millinery Manufacturers Association, <sup>2</sup> (New York, N. Y.). Hatters, Cap and Millinery Workers. December 1965.	Life insurance: Union membership and either cumulative membership of not less than 15 years with last 2 years consecutive and immediately preceding death or 5 years' union membership immediately preceding death.  Maternity benefits: Union membership and 3 years' covered employment.  Other benefits: 6 months' union membership and covered employment.	\$500	—	—	—	—	—	—	—

<sup>1</sup> No accident and sickness benefit provided by plan; workers covered by paid sick-leave plan. After the 7th day of disability, workers receive sick-leave pay plus \$11 a week (\$1 less than the weekly accident and sickness benefit amount previously provided men).

<sup>2</sup> Formerly Millinery industry, Eastern Women's Headwear Association, Inc., and other employers.

Under Collective Bargaining, Early 1966

ACCIDENT AND SICKNESS							HOSPITALIZATION								
Cases covered	Amount	Duration of benefits			Benefits begin		Daily benefit or service	Duration	Extended coverage		Maximum room and board allowance	Extra allowance or service	Basis of payment per—		Emergency out-patient care benefit or service
		Period	Except		Accident	Sickness			Days	Daily amount			Year	Disability	
			After age—	Benefits limited to—											
Nonoccupational.	Two-thirds of weekly wage—maximum—\$50.	26 weeks per disability.	—	—	8th day.	8th day.	Employee and dependents								
							\$ 27	31 days.	—	—	\$837	\$270	—	x	\$270
— (1)	— (1)	— (1)	— (1)	— (1)	— (1)	— (1)	Employee and dependents								
							Semi-private room.	365 days.	—	—	—	Full cost of specified services.	—	x	Required services provided.
Nonoccupational.	Operators, cutters and blockers—1st 15 weeks, \$45 per week; thereafter, \$35 per week. Shipping clerks, slickers, and finishers—1st 15 weeks, \$40 per week; thereafter, \$35 per week. Other crafts—\$35 per week.	26 weeks per year.	—	—	1st day.	8th day.	Employee only								
							\$ 15	31 days.	—	—	\$465	\$65	x	—	—

## Digest of Selected Health and Insurance Plans

COMPANY, UNION, AND DATE OF INFORMATION—Continued	INCOME LIMITS FOR SERVICE SURGICAL AND MEDICAL BENEFITS	SURGICAL				MEDICAL								
		Allowances for—			Covers cases in—	Allowance				Maximum compensation	Benefits begin		Number of visits paid for	Number of days paid for
		Most expensive operation	Tonsillectomy	Appendec- tomy		Home	Office	Hospital	Elsewhere		Sickness	Accident		
National Biscuit Co.  Bakery and Confectionery Workers <sup>1</sup> , American.  January 1966.	—	Employee and dependents			Hospital, office, home, elsewhere.	Employee and dependents								
		\$ 300	\$ 45	\$ 150		—	—	\$ 3 for each day of confinement.	—	\$ 93 per disa- bility.	1st day.	1st day.	—	31 per disa- bility.
Armour and Co.  Meat Cutters; Packinghouse Workers (UPWA).  February 1966.	—	Employee and dependents			Hospital, office, home, elsewhere.	Employee and dependents								
		\$ 300	Under age 12, \$ 35; over age 12, \$ 60.	\$ 150		—	—	1st visit, \$ 10; thereafter, \$ 3 per visit.	—	\$ 1, 102 per disability.	1st day.	1st day.	1 per day.	—
American Millinery Manufacturers Association. <sup>3</sup> (New York, N. Y.).  Hatters, Cap and Millinery Workers.  December 1965.	—	Employee only			Hospital, office, home, elsewhere.	Employee and dependents								
		\$ 250	\$ 50	\$ 100		—	—	—	—	—	—	—	—	—

<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.

<sup>2</sup> The following medical benefit is also provided: 1st visit, \$10; thereafter, \$3 per visit; maximum—\$1,102, limited to 1 in-hospital visit per day up to day of delivery.

<sup>3</sup> Formerly Millinery industry, Eastern Women's Headwear Association, Inc., and other employers.

<sup>4</sup> Payable irrespective of actual charges.

Under Collective Bargaining, Early 1966—Continued

Accident and sickness	MATERNITY BENEFITS				OTHER BENEFITS <sup>1</sup> (types and amounts)	FINANCING					
	Hospitalization			Surgical		Benefits for—					
	Daily benefit or service	Duration	Extra allowance or service	Schedule allowance for normal delivery		Employee		Employee's dependents			Amount employee contributes
						Company	Jointly	Company	Jointly	Employee	
Regular benefits for 6 weeks.	Employee and dependents				Supplemental major medical expense benefit—80 percent of expenses not covered by other plan benefits incurred during any one disability which are in excess of \$100; maximum—\$10,000 per disability.	—	x	x	—	—	Life insurance before age 65: \$2.40 per month. (After age 65, company pays full cost).  Other benefits: None (company pays \$22.11 per month).
	\$120 for room, board, and extra services.			\$75							
Regular benefits for 6 weeks.	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.  Supplemental major medical expense benefit—75 percent of expenses not covered by other plan benefits incurred, which are in excess of \$500; maximum—\$5,000 per disability.	x	—	x	—	—	None (company pays full cost).
	Semi-private room.	365 days.	Full cost of specified services.	\$90 ( <sup>2</sup> )							
	Employee only				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.	x	—	—	—	—	None (company pays 3 percent of weekly payroll).
	\$75 maternity allowance. <sup>4</sup>										

## Digest of Selected Health and Insurance Plans

COMPANY, UNION, AND DATE OF INFORMATION	ELIGIBILITY REQUIREMENTS (when new employees become eligible)	LIFE INSURANCE				ACCIDENTAL DEATH AND DISMEMBERMENT			
		Amount	If permanently and totally disabled			Cases covered	Amount		
			Before age—	Insurance is—			Graduated according to—	Death or multidis- memberment	Single dis- memberment
				Maintained	Paid in—				
Campbell Soup Co. (Camden, N. J.).  Packinghouse Workers (UPWA).  January 1966.	Accident and sickness benefits: Immediately or 1st of following month.  Other benefits: After 50 days' employment.	\$5,000	60	x	—	—	—	—	—
			After age 60.	For 1 year.	—				
Cone Mills Corp.  Textile Workers (TWUA).  December 1965.	After 3 months' employment.	Employee				—	—	—	—
		Before age 65—\$3,000 After age 65—\$1,000	60	x	—				
		Spouse							
		\$500	—	—	—				
		Children							
Attained age	Insurance								
14 days to 6 months .....	\$100	—		—					
6 months to 2 years .....	200								
2 to 3 years .....	250								
3 to 4 years .....	300								
4 to 5 years .....	400								
5 to 19 years .....	500								
Lumber industry, various employers (Southern California).  Carpenters.  January 1966.	1st of second month following 80 hours' employment.	\$1,000	60	x	—	Nonoccu- pational; occupa- tional.	—	Same as life insur- ance.	One-half of life insurance.
			After age 60.	For 1 year.	—				

<sup>1</sup> Not payable for 1st day of hospitalization.

<sup>2</sup> If surgery is involved, \$150 of charges in excess of \$15.

<sup>3</sup> No accident and sickness insurance benefit provided by plan; employees covered by the California State temporary disability law. See appendix A.

Under Collective Bargaining, Early 1966

ACCIDENT AND SICKNESS							HOSPITALIZATION									
Cases covered	Amount	Duration of benefits			Benefits begin		Daily benefit or service	Duration	Extended coverage		Maximum room and board allowance	Extra allowance or service	Basis of payment per—		Emergency out-patient care benefit or service	
		Period	Except		Accident	Sickness			Days	Daily amount			Year	Disability		
			After age—	Benefits limited to—												
Nonoccupational.	Average weekly wage	Weekly benefit	26 weeks per disability.	—	—	8th day.	8th day.	Employee and dependents								
	\$15.00 to \$18.00	\$10	26 weeks per disability.	—	—	8th day.	8th day.	Semi-private room.	120 days.	—	—	—	Full cost of specified services.	—	x	Required services provided.
	and up in increments of \$1.50	1														
	to \$47.51 to \$50.00	30														
	and up in increments of \$2.50	1														
	to \$60.01 to \$63.00	35														
	\$63.01 to \$66.00	36														
	\$66.01 to \$69.00	37														
	\$69.01 to \$73.50	38														
	\$73.51 to \$76.00	39														
\$76.01 to \$79.00	40															
\$79.01 to \$82.00	41															
and up in increments of \$2.00	1															
\$98.01 and over	50															
Nonoccupational.	\$20 per week.		13 weeks per disability.	60	13 weeks during any 12 consecutive months, if due to sickness.	8th day.	8th day.	Employee and dependents								
								\$10 <sup>(1)</sup>	31 days.	—	—	\$310	\$150 of charges in excess of \$15.	—	x	\$150 <sup>2</sup>
— ( <sup>3</sup> )	— ( <sup>3</sup> )	— ( <sup>3</sup> )	— ( <sup>3</sup> )	— ( <sup>3</sup> )	— ( <sup>3</sup> )	— ( <sup>3</sup> )	— ( <sup>3</sup> )	Employee and dependents								
								Optional plan A								
								\$18	20 days.	80	\$20	\$1,960	85 percent of 1st \$4,000.	—	x	\$100 plus 85 percent of next \$4,000.
								Optional plan B								
								Same as above.	Same as above.	31	Same as above.	\$980	85 percent of 1st \$2,000.	x	—	85 percent of 1st \$2,000.

## Digest of Selected Health and Insurance Plans

COMPANY, UNION, AND DATE OF INFORMATION—Continued	INCOME LIMITS FOR SERVICE SURGICAL AND MEDICAL BENEFITS	SURGICAL				MEDICAL								
		Allowances for—			Covers cases in—	Allowance <sup>1</sup>				Maximum compensation	Benefits begin		Number of visits paid for	Number of days paid for
		Most expensive operation	Tonsillectomy	Appendec- tomy		Home	Office	Hospital	Else- where		Sickness	Accident		
Campbell Soup Co. (Camden, N. J.).  Packinghouse Workers (UPWA).  January 1966.	—	Employee and dependents			Hospital.	Employee								
		\$300	\$50	\$150		\$5 per visit.	\$4 per visit.	\$4 per visit.	—	\$186 per 6-month period.	2d day.	1st day.	1 per day.	—
		Dependents				—	—	Same as above.	—	Disabilities of less than 6-months' duration: \$124 per 6-month period.  Disabilities of over 6- months' duration: \$186 per disability.	—	—	—	—
Cone Mills Corp. Textile Workers (TWUA).  December 1965.	—	Employee and dependents			Hospital, office, home, elsewhere.	Employee and dependents								
		\$240	\$36	\$120		—	—	—	—	—	—	—	—	—
Lumber industry, various employers (Southern California).  Carpenters.  January 1966.	—	Employee and dependents			Hospital, office, home, elsewhere.	Care by licensed physician or surgeon								
		Employee				\$6 per visit.	\$4 per visit.	\$5 per visit.	—	\$300 per 6-month period.	Home and office: 3d day.  Hospital: 1st day.	1st day.	1 per day.	—
		Dependents				—	—	Same as above.	—	\$250 per 6-month period.	1st day.	1st day.	1 per day; 50 per 6- month period.	—
		Care by chiropractor or Christian Science practitioner								Employee				
		\$4 per visit.	\$4 per visit.	\$4 per visit.		—	\$60 per 6-month period.	Home and office: 3d day.  Hospital: 1st day.	1st day.	1 per day.	—			
		Dependents				—	—	Same as above.	—	Same as above.	1st day.	1st day.	15 per 6-month period.	—

<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.

<sup>2</sup> Available for expenses in excess of the first \$5 incurred within any period of 4 consecutive days.

<sup>3</sup> Except women employees electing maternity coverage (hospitalization and surgical) pay two-thirds of cost of these benefits.

<sup>4</sup> Not payable for 1st day of hospitalization.

## Under Collective Bargaining, Early 1966—Continued

MATERNITY BENEFITS					OTHER BENEFITS <sup>1</sup> (types and amounts)	FINANCING									
Accident and sickness	Hospitalization			Surgical		Benefits for—					Amount employee contributes				
	Daily benefit or service	Duration	Extra allowance or service	Schedule allowance for normal delivery		Employee		Employee's dependents							
						Company	Jointly	Company	Jointly	Employee					
Regular benefits for 8 weeks.	Employee and dependents					x	—	—	x	—	Employee's benefits: None (company pays full cost). <sup>3</sup>  Dependents' benefits: One-half of cost.				
	Semi-private room.	6 days.	Full cost of services.	\$90	Diagnostic X-ray allowance for nonhospitalized cases—\$75 during any 12-month period. <sup>2</sup>  Electrocardiographic and electroencephalographic examinations and basal metabolism tests for nonhospitalized cases—\$75 during any 12-months. <sup>2</sup>	( <sup>3</sup> )									
Regular benefits for 6 weeks.	Employee and dependents					x	—	—	x	—	Employee's benefits: None (company pays full cost).  Dependents' benefits: \$1.37 per week.				
	\$10 ( <sup>4</sup> )	31 days.	\$150 of charges in excess of \$15.	\$60	Supplemental major medical expense benefit—75 percent of expenses incurred during any one disability which are in excess of other plan benefits, or \$500, whichever is greater; maximum—\$5,000 per disability.										
—	Employee				Employee and dependents					x	—	x	—	None (company pays \$20 per month for each employee working or paid for 80 straight-time hours).	
	\$100 for room, board and extra services.				\$75	Laboratory and X-ray examination allowance for non-hospitalized cases—(\$50 for any one accident or for all sickness in any one 6-month period).									
	Dependent				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)—\$2,500.  Services in connection with surgery performed in doctors' offices—\$25.										
		\$100 maternity allowance.													

## Digest of Selected Health and Insurance Plans

COMPANY, UNION, AND DATE OF INFORMATION	ELIGIBILITY REQUIREMENTS (when new employees become eligible)	LIFE INSURANCE				ACCIDENTAL DEATH AND DISMEMBERMENT				
		Amount		If permanently and totally disabled		Cases covered	Amount			
				Before age—	Insurance is— Maintained		Paid in—	Graduated according to—	Death or multidis- memberment	Single dis- memberment
Furniture Manufacturers in Southern California, Industrial Relations Council of.  Carpenters.  January 1966.	After 90 days' employment.	\$ 1,000		60	x	—	Nonoccu- pational; occupa- tional.	—	Same as life insurance.	One-half of life insur- ance.
Liggett and Myers Tobacco Co., Inc.  Tobacco Workers.  January 1966.	After 3 months' employment.	Before age 65: Basic annual pay    Insurance    Basic annual pay    Insurance		60	Until age 65; then reduced same as for active em- ployee at age 65.	—	—	—	—	—
		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	\$ 7,000 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							
			and up in increments of \$ 500 ----- 1,000							
		At age 65: Amount in effect reduced 10 percent and reduced by like amount on the next 4 succeeding birthdays.								
Brewers Board of Trade (New York, N. Y.).  Teamsters.  February 1966.	250 days of employment.	\$ 6,000		60	x	—	Nonoccu- pational; occupa- tional.	—	\$ 1,500	\$ 750

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

<sup>2</sup> Includes amount payable under California State temporary disability law (\$12 a day for 20 days).

<sup>3</sup> 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, Early 1966

ACCIDENT AND SICKNESS							HOSPITALIZATION													
Cases covered	Amount	Duration of benefits			Benefits begin		Daily benefit or service	Duration	Extended coverage		Maximum room and board allowance	Extra allowance or service	Basis of payment per—		Emergency out-patient care benefit or service					
		Period	Except		Accident	Sickness			Days	Daily amount			Year	Disability						
			After age—	Benefits limited to—																
— (1)	— (1)	— (1)	— (1)	— (1)	— (1)	— (1)	Optional plan A									x	—	\$500		
							Employee and dependents													
							Private room.	120 days.	—	—	—	\$500	—	—	—				—	—
							Optional plan B													
							Employee													
							\$18 (2)	20 days.	11	\$16	\$536	\$360 plus 75 percent of next \$1,000 of charge.	—	x	—					
Dependents																				
\$16	31 days.	—	—	\$496	\$280 plus 75 percent of next \$1,000 of charges.	—	x	—												
Nonoccupational.	50 percent of weekly rate of pay—maximum—\$70 per week.	13 weeks per disability.	—	—	6th work-day.	6th work-day.	Employee and dependents <sup>3</sup>									x	Required services provided.			
							Semi-private room.	70 days.	—	—	—	Full cost of specified services.	—	—	—					
Nonoccupational.	\$50 per week.	26 weeks per disability.	—	—	1st day.	8th day.	Employee and dependents									x	\$7.25			
							Semi-private room.	120 days.	180	50 percent of cost of semi-private room.	—	Full cost of specified services for 1st 120 days; 50 percent of cost for additional 180 days.	—	—	—					

Digest of Selected Health and Insurance Plans

COMPANY, UNION, AND DATE OF INFORMATION—Continued	INCOME LIMITS FOR SERVICE SURGICAL AND MEDICAL BENEFITS	SURGICAL				MEDICAL								
		Allowances for—			Covers cases in—	Allowance				Maximum compensation	Benefits begin		Number of visits paid for	Number of days paid for
		Most expensive operation	Tonsillectomy	Appendectomy		Home	Office	Hospital	Elsewhere		Sickness	Accident		
Furniture Manufacturers in Southern California, Industrial Relations Council of.  Carpenters. January 1966.	Optional plan A Employee and dependents				Optional plan A <sup>2</sup> Employee and dependents									
	Complete care provided by Union Medical Clinic				( <sup>3</sup> )	Unlimited.	Unlimited.	—	—	—	1st visit.	1st visit.	—	—
	Optional plan B Employee			Hospital, office, home, elsewhere.	( <sup>4</sup> )	Unlimited.	Unlimited.	—	—	—	1st visit.	1st visit.	—	—
	\$ 300	\$ 50	\$ 200											
	Dependents													
\$ 225	\$ 37.50	\$ 150	Optional plan B Employee only											
\$ 4.50 per visit.	\$ 3 per visit.	\$ 4.50 per visit.	\$ 4.50 per visit.	\$ 225 per disability.	3d visit.	3d visit.	1 per day.	—						
Liggett and Myers Tobacco Co., Inc. Tobacco Workers. January 1966.	Individual coverage, \$2,500; family \$4,000.  ( <sup>5</sup> )	Employee and dependents <sup>5</sup>			Hospital, office.  ( <sup>5</sup> )	Employee and dependents <sup>5</sup>								
\$ 270	Under age 12, \$40; over age 12, \$44.	\$ 100	—	—	1st day, \$11.25; 2d day, \$7.50 per day; thereafter, \$3.75 per day.  ( <sup>6</sup> )	—	\$ 348.75 per disability.  ( <sup>6</sup> )	1st day.	1st day.	—	70 per year.			
Brewers Board of Trade (New York, N. Y.).  Teamsters. February 1966.	Employee and dependents				Employee and dependents									
Optional plan A				Optional plan A										
Provided by Group Health Insurance, Inc. <sup>6</sup>				Provided by Group Health Insurance, Inc. <sup>6</sup>										
Optional plan B				Optional plan B										
Provided by Health Insurance Plan of Greater New York <sup>9</sup>				Provided by Health Insurance Plan of Greater New York <sup>9</sup>										

<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.

<sup>2</sup> Provided by Union Medical Clinic.

<sup>3</sup> Patient charged \$6.50 for each house call if between 8 a. m. and 10 p. m. and \$7.60, if between 10 p. m. and 8 a. m.

<sup>4</sup> Except patient pays \$1 each time he registers at the clinic for treatment.

<sup>5</sup> Virginia Medical Service Association (Blue Shield plan); employees in other areas covered by different programs.

## Under Collective Bargaining, Early 1966—Continued

MATERNITY BENEFITS					OTHER BENEFITS <sup>1</sup> (types and amounts)	FINANCING					
Accident and sickness	Hospitalization			Surgical		Benefits for—					
	Daily benefit or service	Duration	Extra allowance or service	Schedule allowance for normal delivery		Employee		Employee's dependents			
						Company	Jointly	Company	Jointly	Employee	
					Amount employee contributes						
Optional plan A <sup>2</sup>					Polio allowance: (For expenses in excess of those covered by other plan benefits incurred within 2 years of commencement of disability). Employee and dependents—\$ 3,000. <u>Plus</u> Optional plan A <sup>2</sup> Employee and dependents	x	—	x	—	—	None (company pays \$ 13 per month).
Unlimited after patient pays \$60											
Optional plan B											
Employee											
—	\$ 10	14 days.	\$ 100	\$ 100							
Dependent					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. <u>Optional plan B</u> Diagnostic laboratory and X-ray examination allowance for nonhospitalized cases: Employee and dependents—\$ 50 per condition. Additional 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.						
\$100 maternity allowance.											
Employee and dependents <sup>7</sup>											
—	Semi-private room.	7 days.	Full cost of specified services.	\$ 75		x	—	—	—	x	Employee's benefits: None (company pays full cost). Dependents' benefits: Full cost.
Employee and dependents					Anesthesia allowance for cases in or out of hospital—20 percent of amount payable for surgical procedure; minimum—\$ 15; <u>Plus</u> Optional plan A Provided by Group Health Insurance, Inc. <sup>8</sup> Optional plan B Optional plan B Optional plan B Provided by Health Insurance Plan of Greater New York. <sup>9</sup>	x	—	x	—	—	None (company pays \$ 40 per month).
\$80 for room, board and extra services.											
Optional plan A											
Provided by Group Health Insurance, Inc. <sup>8</sup>											
Optional plan B											
Optional plan B											
Optional plan B											
Provided by Health Insurance Plan of Greater New York. <sup>9</sup>											

<sup>6</sup> Plus 1 in-hospital consultation visit per disability—\$27.50. For intensive medical care: 1st day, \$22.50; 2d day, \$15; 3d through 14th day, \$7.50.

<sup>7</sup> Virginia Hospital Service and Virginia Medical Service Associations (Blue Cross and Blue Shield plans); employees in other areas covered by different programs. Maternity benefits available to newly insured after 10 months of coverage.

<sup>8</sup> See appendix B.

<sup>9</sup> See appendix C.

## Digest of Selected Health and Insurance Plans

COMPANY, UNION, AND DATE OF INFORMATION	ELIGIBILITY REQUIREMENTS (when new employees become eligible)	LIFE INSURANCE					ACCIDENTAL DEATH AND DISMEMBERMENT			
		Amount	Insurance <sup>1</sup>	If permanently and totally disabled			Cases covered	Amount		
				Before age—	Insurance is—			Graduated according to—	Death or multidis- memberment	Single dis- memberment
					Maintained	Paid in—				
General Foods Corp. Various unions. December 1965.	Immediately or 1st of following month.	Annual wage	Insurance <sup>1</sup>	—	—	—	Nonoccu- pational; occupa- tional.	Earnings.	Same as life insurance.	One-half of life insur- ance.
		Less than \$ 1, 200 _____	\$ 2, 000							
		\$ 1, 200 to \$ 1, 700 _____	3, 000							
		\$ 1, 700 to \$ 2, 200 _____	4, 000							
		\$ 2, 200 to \$ 3, 500 _____	6, 000							
		\$ 3, 500 to \$ 4, 500 _____	8, 000							
		\$ 4, 500 to \$ 5, 500 _____	10, 000							
		\$ 5, 500 to \$ 6, 500 _____	12, 000							
		\$ 6, 500 to \$ 8, 000 _____	15, 000							
		\$ 8, 000 to \$ 10, 000 _____	18, 000							
		\$ 10, 000 to \$ 13, 000 _____	20, 000							
		\$ 13, 000 to \$ 16, 000 _____	26, 000							
		\$ 16, 000 to \$ 20, 000 _____	32, 000							
		\$ 20, 000 to \$ 25, 000 _____	40, 000							
		\$ 25, 000 to \$ 30, 000 _____	50, 000							
		and up to maximum of _____	200, 000							
Upholstering and allied trades indus- tries, various employers. Upholsterers, National plan. January 1966.	1st day of month following 30 days' employment.	Period of insurance coverage	Insurance	60 with 6 years' accu- mulated cover- age.	For 1 year.	—	Nonoccu- pational.	—	\$ 2, 000	\$ 1, 000
		<u>Under age 60 when first employed</u>								
		1st 23 months _____	\$ 2, 000							
		24 to 36 months _____	2, 100							
		36 to 48 months _____	2, 200							
		48 to 60 months _____	2, 300							
		60 to 72 months _____	2, 400							
		72 months and over _____	2, 500							
		<u>Age 60 or over when first employed</u>								
		1st 11 months _____	\$ 250							
		12 to 36 months _____	500							
		36 months and over _____	1, 000							
Wyandotte Worsted Co. Textile Workers (TWUA). January 1966. ( <sup>6</sup> )	Life insurance and accident and sickness benefits: After 6 months' employment. <sup>7</sup> Other benefits: After 9 months' employment.	Before age 65: Service	Insurance	60	x	—	Nonoccu- pational.	—	\$ 1, 000	\$ 500
		Less than 9 months _____	\$ 500							
		9 months and over _____	1, 000							
		At age 65: \$ 250								

<sup>1</sup> 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.

<sup>2</sup> No accident and sickness insurance benefit provided by plan; employees covered by paid sick-leave plan, and, after a 6-month waiting period, by a long-term disability benefit plan. Life insurance reduced during disability by benefits received under latter plan.

<sup>3</sup> Not available to employees eligible for coverage under the California State temporary disability law.

<sup>4</sup> 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.

<sup>5</sup> 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.

## Under Collective Bargaining, Early 1966

ACCIDENT AND SICKNESS							HOSPITALIZATION								
Cases covered	Amount	Duration of benefits			Benefits begin		Daily benefit or service	Duration	Extended coverage		Maximum room and board allowance	Extra allowance or service	Basis of payment per—		Emergency out-patient care benefit or service
		Period	Except		Accident	Sickness			Days	Daily amount			Year	Disability	
			After age—	Benefits limited to—											
— ( <sup>2</sup> )	— ( <sup>2</sup> )	— ( <sup>2</sup> )	— ( <sup>2</sup> )	— ( <sup>2</sup> )	— ( <sup>2</sup> )	— ( <sup>2</sup> )	— ( <sup>2</sup> )	Employee and dependents							
							Semi-private room.	120 days.	180	50 percent of cost of semi-private room.	—	Full cost of services for 1st 120 days; 50 percent of cost for additional 180 days.	—	x	Required services provided.
Non-occupational. ( <sup>3</sup> )	Under age 60 when first employed: 60 percent of average weekly wage.	52 weeks per disability.	—	—	1st day.	8th day.	Employee <sup>4</sup>								
					( <sup>3</sup> )	( <sup>3</sup> )	\$ 18 ( <sup>5</sup> )	50 days. ( <sup>5</sup> )	—	—	\$ 900 ( <sup>5</sup> )	\$ 950	—	x	—
	Age 60 or over when first employed: 30 percent of average weekly wage during 1st 36 months of insurance coverage; 60 percent thereafter. ( <sup>3</sup> )	26 weeks per disability during 1st 36 months; 52 weeks per disability thereafter. ( <sup>3</sup> )					Dependents <sup>4</sup>								
							\$ 12 ( <sup>5</sup> )	31 days.	—	—	\$ 372 ( <sup>5</sup> )	\$ 890	—	x	—
Non-occupational.	Less than 9 months' service <sup>6</sup> —\$ 10 per week; thereafter—\$ 32 per week.	13 weeks per disability.	60	13 weeks per year.	8th day.	8th day.	Employee								
					( <sup>9</sup> )	70 days.	—	—	\$ 1,330 ( <sup>9</sup> )	\$ 190 ( <sup>10</sup> )	—	x	\$ 190 ( <sup>10</sup> )		
							Dependents								
							\$ 15 ( <sup>9</sup> )	Same as above.	—	—	\$ 1,050 ( <sup>9</sup> )	\$ 150 ( <sup>10</sup> )	—	x	\$ 150 ( <sup>10</sup> )

<sup>6</sup> All coverage except life insurance discontinued at age 70.<sup>7</sup> Effective May 2, 1966: After 3 months' employment.<sup>8</sup> Effective May 2, 1966: Less than 6 months' service.<sup>9</sup> Effective May 2, 1966: Employee—\$ 23 daily; maximum—\$ 1,610; dependents—\$ 18 daily; maximum—\$ 1,260.<sup>10</sup> Effective May 2, 1966: Employee—\$ 230; dependents—\$ 180.

## Digest of Selected Health and Insurance Plans

COMPANY, UNION, AND DATE OF INFORMATION—Continued	INCOME LIMITS FOR SERVICE SURGICAL AND MEDICAL BENEFITS	SURGICAL				MEDICAL								
		Allowances for—			Covers cases in—	Allowance				Maximum compensation	Benefits begin		Number of visits paid for	Number of days paid for
		Most expensive operation	Tonsillectomy	Appendec- tomy		Home	Office	Hospital	Elsewhere		Sickness	Accident		
General Foods Corp. Various unions. December 1965.	—	Employee and dependents			Hospital, office, home, elsewhere.	Employee and dependents								
		\$ 50 plus 75 percent of additional charge.				—	—	\$ 5 for each day of confinement. ( <sup>2</sup> )	—	\$ 600 per disability.	1st day.	1st day.	—	120 per disability.
Upholstering and allied trades industries, various employers. Upholsterers. National plan. January 1966.	—	Employee <sup>6</sup>			Hospital, office.	Employee only <sup>6</sup>								
		\$ 350	\$ 55	\$ 160		\$ 3 per visit.	\$ 2 per visit.	\$ 3 per visit.	—	\$ 150 per disability.	4th visit.	1st visit.	3 per week; 50 per disability.	
		Dependents <sup>6</sup>												
		\$ 250	\$ 40	\$ 115										
Wyandotte Worsted Co. Textile Workers (TWUA). January 1966. ( <sup>8</sup> )	—	Employee and dependents			Hospital, office, elsewhere.	Employee and dependents								
		\$ 360 ( <sup>9</sup> )	\$ 48 ( <sup>10</sup> )	\$ 132 ( <sup>11</sup> )		—	—	—	—	—	—	—	—	—

<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.

<sup>2</sup> 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.

<sup>3</sup> No accident and sickness insurance benefit provided by plan; employees covered by paid sick-leave plan.

<sup>4</sup> Plus medical benefit of \$ 5 for each day of confinement prior to delivery (maximum—\$ 45).

<sup>5</sup> Up to age 45, life insurance is term insurance; after age 45, combination of term and paid-up insurance. After age 45, employee's total contributions go toward purchasing paid-up insurance. Company maintains term insurance. Amount of term insurance decreases as amount of paid-up insurance increases.

## Under Collective Bargaining, Early 1966—Continued

MATERNITY BENEFITS					OTHER BENEFITS <sup>1</sup> (types and amounts)	FINANCING					
Accident and sickness	Hospitalization			Surgical		Benefits for—					
	Daily benefit or service	Duration	Extra allowance or service	Schedule allowance for normal delivery		Employee		Employee's dependents			
						Company	Jointly	Company	Jointly	Employee	
					Amount employee contributes						
	Employee and dependents					—	x	—	x	—	Term life insurance and long-term disability insurance: Before age 45: <sup>5</sup> \$0.30 per month per \$1,000 of insurance. Term life insurance after age 45: <sup>5</sup> None (company pays full cost). Paid-up insurance and long-term disability after age 45: <sup>5</sup> Full cost—\$0.65 per month per \$1,000 of insurance. Accidental death and dismemberment benefit: \$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.
Regular benefits for 6 weeks.	Employee				Employee only	x	—	x	—	—	None (company pays 4 percent of aggregate earnings of employees).
	\$100 for room, board and extra services.			\$70	Laboratory and X-ray examination allowance for nonhospitalized cases and if not covered by other plan benefits—\$25 per disability.						
	Dependent <sup>7</sup>				Convalescent care benefit (at Fund's Convalescent Care Pavilion in Florida)—room and board allowance, \$12 per day for 50 days; medication and therapy—full cost; transportation charges to and from pavilion—\$170.						
	Same as above.			\$50	Dread disease benefit (for expenses incurred which are in excess of other plan benefits)—\$2,500 per disability.						
					Employee and dependents						
					Anesthesia allowance for cases in and out of hospital—15 percent of amount payable for surgical procedure or \$25, whichever is less. (6)						
Regular benefits for 6 weeks.	Employee				—	x	—	—	x	—	Employee's benefits: None (company pays full cost). Dependents' benefits: \$1.45 per week.
	\$19	70 days.	\$190	\$90							
	Dependent										
\$150 for room, board and extra services.			Same as above.								

<sup>6</sup> If age 60 or over when first employed, employee and dependents receive 50 percent of the specified benefits during first 36 months of insurance coverage; specified benefits thereafter.

<sup>7</sup> 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.

<sup>8</sup> All coverage except life insurance discontinued at age 70.

<sup>9</sup> Effective May 2, 1966: \$420.

<sup>10</sup> Effective May 2, 1966: \$56.

<sup>11</sup> Effective May 2, 1966: \$154.

## Digest of Selected Health and Insurance Plans

COMPANY, UNION, AND DATE OF INFORMATION	ELIGIBILITY REQUIREMENTS (when new employees become eligible)	LIFE INSURANCE				ACCIDENTAL DEATH AND DISMEMBERMENT			
		Amount	Before age—	If permanently and totally disabled		Cases covered	Amount		
				Insurance is—			Graduated according to—	Death or multidis- memberment	Single dis- memberment
				Maintained	Paid in—				
Distillery industry, various employers. Distillery Workers. National plan. <sup>1</sup> January 1966.	1st of month after expiration of 30 days follow- ing date of em- ployment.	\$2,500	60	x	—	Nonoccu- pational.	—	Same as life insurance.	One- half of life in- surance.
Clothing industry, men's and boys', various employers. Clothing Workers. National plan. February 1966.	Accident and sickness benefit: After 4 succes- sive weeks' covered employ- ment.  Other benefits: After 6 succes- sive months' covered employ- ment	\$2,000	At any age. <sup>3</sup>	For 1 year.	—	—	—	—	—
Furniture industry, various employers. Furniture Workers. National plan. <sup>2</sup> December 1965.	After 30 days' employment.	Service Insurance Less than 10 years ----- \$1,500 10 years and over ----- 2,000	60	x	—	Nonoccu- pational; occupa- tional.	—	\$1,500	\$750
American Seating Co. (Grand Rapids, Mich.). Automobile Workers. December 1965.	1st of month fol- lowing 13 weeks' employment.	\$3,000	60 and insured 1 year.	—	Install- ments.	Nonoccu- pational; occupa- tional.	—	\$2,000	\$1,000

<sup>1</sup> Benefits described are those available to the largest group of employees covered by the plan.

<sup>2</sup> 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.

<sup>3</sup> Employees earning less than \$30 weekly receive benefits required by New York State temporary disability law. See appendix A.

Under Collective Bargaining, Early 1966

ACCIDENT AND SICKNESS							HOSPITALIZATION									
Cases covered	Amount	Duration of benefits			Benefits begin		Daily benefit or service	Duration	Extended coverage		Maximum room and board allowance	Extra allowance or service	Basis of payment per—		Emergency out-patient care benefit or service	
		Period	Except		Accident	Sickness			Days	Daily amount			Year	Disability		
			After age—	Benefits limited to—												
Nonoccupational.	Men—\$55 per week. Women—\$45 per week.	26 weeks per disability.	—	—	1st day.	8th day or 1st in hospital.	Employee and dependents									
							\$20	70 days.	—	—	\$1,400	\$300	—	x	—	
Nonoccupational.	50 percent of weekly wage— Minimum—\$27 Maximum—\$50	Accident: 13 weeks per year.  Sickness: 13 weeks per year.	—	—	7th day retro-active to 1st.	14th day retro-active to 8th.	Employee and dependents									
							\$33	120 days.	—	—	\$3,960	\$500	—	x or in any one 12-month period.	\$50	
Nonoccupational.	Base weekly earnings	Weekly benefit	26 weeks per year.	—	—	1st day.	4th day.	Employee and dependents								
	\$30 to \$35	\$21						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	\$15
	\$35 to \$48	24														
	\$48 to \$55	29														
	\$55 to \$60	33														
	\$60 to \$65	36														
	\$65 to \$70	39														
	\$70 to \$75	42														
	\$75 to \$80	45														
	\$80 to \$85	48														
\$85 and over	50															
	(3)															
Nonoccupational.	\$50 per week.	26 weeks per disability.	—	—	1st day.	8th day.	Employee and dependents									
							Semi-private room.	365 days.	—	—	—	Full cost of specified services.	—	x	Required services provided.	

## Digest of Selected Health and Insurance Plans

COMPANY, UNION, AND DATE OF INFORMATION—Continued	INCOME LIMITS FOR SERVICE SURGICAL AND MEDICAL BENEFITS	SURGICAL				MEDICAL								
		Allowances for—			Covers cases in—	Allowance				Maximum compensation	Benefits begin		Number of visits paid for	Number of days paid for
		Most expensive operation	Tonsillec- tomy	Appendec- tomy		Home	Office	Hospital	Elsewhere		Sickness	Accident		
Distillery industry, various employers.  Distillery Workers. National plan. <sup>2</sup>  January 1966.	—	Employee			Hospital, office, home, elsewhere.	Employee								
		\$400	\$60	\$200		\$5 per visit.	\$4 per visit.	\$5 per visit.	\$5 per visit.	\$250 per disability.	3d visit or 1st in hospital.	1st visit.	1 per day.	—
		Dependents				Dependents								
		\$300	\$45	\$150	—	—	Same as above.	—	Same as above.	1st visit.	Same as above.	Same as above.	—	
Clothing industry, men's and boys', various employers.  Clothing Workers. National plan.  February 1966.	—	Employee and dependents			Hospital, office, home, elsewhere.	Employee and dependents								
		\$375	\$56.25	\$187.50		Provided by the Amalgamated Clothing Workers' Health Centers. <sup>4</sup>								
Furniture industry, various employers.  Furniture Workers. National plan. <sup>6</sup>  December 1965.	—	Employee			Hospital, office, home, elsewhere.	Employee								
		\$250	\$45	\$150		\$5 per visit.	\$3 per visit.	\$5 per visit.	—	\$250 per disability.	4th day retro- active to 1st.	1st day.	— (?)	—
		Dependents				Dependents								
		\$200	\$30	\$100	—	—	Same as above.	—	Same as above.	1st day.	Same as above.	—	—	
American Seating Co. (Grand Rapids, Mich.).  Automobile Workers.  December 1965.	\$7,500 <sup>3</sup>	Employee and dependents			Hospital, office.	Employee								
		\$450	\$67.50	\$157.50		\$5 per visit.	\$3 per visit.	1st day, \$15; 2d through 20th day, \$6 per day; there- after, \$4.80 per day.	—	Home and office: \$225 per dis- ability.  Hospital: \$1,785 per disability.	Home and office: 4th visit.	Home and office: 1st visit.	Home and office: 1 per day.	365 per disa- bility.
		Dependents				Dependents								
		—	—	Same as above.	—	—	Same as above.	—	\$1,785 per disability.	1st day.	1st day.	—	Same as above.	

<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.

<sup>2</sup> Benefits described are those available to the largest group of employees covered by the plan.

<sup>3</sup> Payable irrespective of actual charges.

<sup>4</sup> 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.

## Under Collective Bargaining, Early 1966—Continued

Accident and sickness	MATERNITY BENEFITS				OTHER BENEFITS <sup>1</sup> (types and amounts)	FINANCING					Amount employee contributes
	Hospitalization			Surgical		Benefits for—					
	Daily benefit or service	Duration	Extra allowance or service	Schedule allowance for normal delivery		Employee		Employee's dependents			
						Company	Jointly	Company	Jointly	Employee	
Regular benefits for 6 weeks.	Employee				Employee and dependents	x	—	—	—	x	Employee's benefits: None (company pays full cost).  Dependents' benefits: Full cost.
	\$200 maternity allowance. <sup>3</sup>				Allowance for miscellaneous charges for nonhospitalized surgical cases:						
	Dependent				Employee—\$300 per disability. Dependents—\$210 per disability.						
—	Employee and dependents				—	x	—	x	—	—	None (company pays 3.9 percent of weekly payroll). <sup>5</sup>
	—	—	—	\$100 ( <sup>3</sup> )	See medical benefits.						
	Dependent										
Regular benefits for 6 weeks.	Employee				Employee and dependents	x	—	x	—	—	None (company pays 3.5 percent of monthly payroll).
	\$100 for room, board and extra services.			\$85	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.						
	Dependent				Anesthesia allowance for cases in or out of hospital—20 percent of surgical schedule allowance.						
Regular benefits for 6 weeks.	Employee and dependents				—	x	—	—	x	—	Employee's benefits: None (company pays full cost).  Dependents' benefits: \$5 per month.
	Semi-private room.	365 days.	Full cost of specified services.	\$90	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.						
	Dependent										

<sup>5</sup> Effective June 6, 1966: 4.1 percent of weekly payroll.

<sup>6</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.

<sup>7</sup> If receiving medical benefits, employee is entitled to 3 visits within 31 days after return to work.

<sup>8</sup> Amount specified refers to employee's annual income.

## Digest of Selected Health and Insurance Plans

COMPANY, UNION, AND DATE OF INFORMATION	ELIGIBILITY REQUIREMENTS (when new employees become eligible)	LIFE INSURANCE					ACCIDENTAL DEATH AND DISMEMBERMENT					
		Amount					If permanently and totally disabled		Cases covered	Amount		
							Before age—	Insurance is—		Graduated according to—	Death or multidis- memberment	Single dis- memberment
		Maintained	Paid in—									
Philip Morris, Inc. Tobacco Workers. January 1966.	After 3 months' employment.	Before age 65: Yearly base pay      Insurance      Yearly base pay      Insurance				60	x	—	—	—	—	
		Less than \$1,500 --- \$ 3,000      \$6,000 to \$6,500 --- \$13,000 \$1,500 to \$2,000 --- 4,000      \$6,500 to \$7,000 --- 14,000 \$2,000 to \$2,500 --- 5,000      \$7,000 to \$7,500 --- 15,000 \$2,500 to \$3,000 --- 6,000      \$7,500 to \$8,000 --- 16,000 \$3,000 to \$3,500 --- 7,000      \$8,000 to \$8,500 --- 17,000 \$3,500 to \$4,000 --- 8,000      \$8,500 to \$9,000 --- 18,000 \$4,000 to \$4,500 --- 9,000      \$9,000 to \$9,500 --- 19,000 \$4,500 to \$5,000 --- 10,000      \$9,500 to \$10,000 --- 20,000 \$5,000 to \$5,500 --- 11,000      and up in increments \$5,500 to \$6,000 --- 12,000      of \$500 ----- \$ 1,000										
		At age 65: Amount in effect reduced 10 percent and reduced by like amount on the next 4 succeeding birthdays.										
Dress industry, Af- filiated Dress Manufacturers, Inc., and other employers (New York, N. Y.). Ladies' Garment Workers (New York Dress Joint Board). February 1966.	Life insurance: 1 year's union membership.  Maternity bene- fits: 15 months' union membership.  Hospital, sur- gical, and med- ical benefits: 6 months' covered employ- ment.	Union membership      Insurance 1 year to 2 years ----- \$ 500 2 years and over ----- 1,000  ( <sup>2</sup> )				—	—	—	—	—	—	
Bigelow-Sanford Carpet Co., Inc. Textile Workers. (TWUA). April 1966.	After 3 months' employment.	Basic weekly earnings      Insurance Less than \$60 ----- \$2,000 \$60 and over ----- 2,500				60	x	—	Nonoccu- pational.	Earnings.	Same as life insurance.	One-half of life in- surance.

<sup>1</sup> 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.

<sup>2</sup> 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.

<sup>3</sup> No accident and sickness insurance benefit provided by plan; employees covered by the New York State disability benefits law. See appendix A.

## Under Collective Bargaining, Early 1966

ACCIDENT AND SICKNESS							HOSPITALIZATION								
Cases covered	Amount	Duration of benefits			Benefits begin		Daily benefit or service	Duration	Extended coverage		Maximum room and board allowance	Extra allowance or service	Basis of payment per—		Emergency out-patient care benefit or service
		Period	Except		Accident	Sickness			Days	Daily amount			Year	Disability	
			After age—	Benefits limited to—											
Nonoccupational.	50 percent of weekly rate of pay— maximum—\$50 per week.	13 weeks per disability.	—	—	8th day.	8th day.	Employee and dependents <sup>1</sup>								
							Semi-private room.	60 days.	—	—	—	Full cost of specified services.	x	—	Required services provided.
— ( <sup>3</sup> )	— ( <sup>3</sup> )	— ( <sup>3</sup> )	— ( <sup>3</sup> )	— ( <sup>3</sup> )	— ( <sup>3</sup> )	— ( <sup>3</sup> )	Employee only (other than Pressers' Local 60)								
							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
							Employee only (Pressers' Local 60)								
							\$15 <sup>4</sup>	75 days.	—	—	\$1,125	\$30	x	—	—
Nonoccupational.	Basic weekly earnings Weekly benefit	13 weeks per disability. ( <sup>5</sup> )	—	—	8th day.	8th day.	Employee and dependents								
			Less than \$60 ----- \$33 \$60 and over ----- 40						\$16	31 days.	—	—	\$496	\$160	—

<sup>4</sup> Payable irrespective of actual charge.<sup>5</sup> An additional 13 weeks is provided employees (with at least 1 year's service) suffering from active cases of tuberculosis.

## Digest of Selected Health and Insurance Plans

COMPANY, UNION, AND DATE OF INFORMATION—Continued	INCOME LIMITS FOR SERVICE SURGICAL AND MEDICAL BENEFITS	SURGICAL				MEDICAL								
		Allowances for—			Covers cases in—	Allowance				Maximum compensation	Benefits begin		Number of visits paid for	Number of days paid for
		Most expensive operation	Tonsillectomy	Appendec- tomy		Home	Office	Hospital	Elsewhere		Sickness	Accident		
Philip Morris, Inc. Tobacco Workers. January 1966.	Individual cov- erage, \$2,500; family, \$4,000.  ( <sup>2</sup> )	Employee and dependents <sup>2</sup>			Hospital, office. ( <sup>2</sup> )	Employee and dependents <sup>2</sup>								
	\$200	Under age 19, \$40; over age 19, \$50.	\$75	—		—	1st day, \$10; 2d and 3d days, \$5 per day; 4th through 7th day, \$4 per day; thereafter, \$3 per day.  ( <sup>3</sup> )	—	\$195 per year.  ( <sup>3</sup> )	1st day.	1st day.	—	60 per year.	
Dress industry, Affili- ated Dress Manufac- turers, Inc., and other employers (New York, N. Y.).  Ladies' Garment Workers (New York Dress Joint Board). February 1966.	Employee only (other than Pressers' Local 60)													
	Optional plan A													
	Provided by Health Insurance Plan of Greater New York <sup>5</sup>													
	Optional plan B													
	Individual cover- age, \$2,500; family, \$4,000.	\$300	\$78	\$150	Hospital, office.	\$5 per visit.	1st visit \$4; there- after, \$3 per visit.	1st 21 days, \$5 per visit; thereafter, \$17.50 per week.  ( <sup>6</sup> )	—	Home and office: Unlimited.  Hospital: \$565 per dis- ability.	1st visit.	1st visit.	Home and office: Unlim- ited.  Hospi- tal: 1st 2 days, 2 per day; there- after, 1 per day.	Hospi- tal: 201 per disabil- ity.
Employee only (Pressers' Local 60)														
—	\$250	\$50	\$125	Hospital, office.										
Employee only (Pressers' Local 60)														
					\$3 per visit.	( <sup>7</sup> )	1st 21 days, \$5 per visit; thereafter, \$3 per visit.	—	Unlimited.	1st visit.	1st visit.	Unlim- ited.	Unlim- ited.	
Bigelow-Sanford Carpet Co., Inc.  Textile Workers (TWUA). April 1966.	—	Employee and dependents			Hospital, office.	Employee and dependents								
	\$400	\$53.25	\$146.75	—		—	—	—	—	—	—	—	—	—

<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.

<sup>2</sup> Virginia Medical Service Association (Blue Shield plan); employees in other areas covered by different programs.

<sup>3</sup> Plus 1 in-hospital consultation allowance per disability, \$10.

<sup>4</sup> Virginia Hospital Service and Virginia Medical Service Associations (Blue Cross and Blue Shield plans); employees in other areas covered by different programs. Maternity benefits available to newly insured after 10 months of coverage.

## Under Collective Bargaining, Early 1966—Continued

Accident and sickness	MATERNITY BENEFITS				OTHER BENEFITS <sup>1</sup> (types and amounts)	FINANCING					
	Hospitalization			Surgical		Benefits for—					
	Daily benefit or service	Duration	Extra allowance or service	Schedule allowance for normal delivery		Employee		Employee's dependents			Amount employee contributes
						Company	Jointly	Company	Jointly	Employee	
—	Employee and dependents <sup>4</sup>					x	—	—	—	x	Employee's benefits: None (company pays full cost). Dependents' benefits: Full cost.
	Semi-private room.	7 days.	Full cost of specified services.	\$80	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.						
—	Employee only				Employee only (other than Pressers' Local 60)	x	—	—	—	—	None (company pays 7½ percent of payroll). <sup>9</sup>
—	\$150 maternity allowance <sup>8</sup>				Eye glass benefit (one pair every 2 years)—full cost.	( <sup>9</sup> )					
					Optional plan A						
					Provided by Health Insurance Plan of Greater New York, <sup>5</sup> plus anesthesia allowance—20 percent of surgical schedule; minimum—\$18.						
					Optional plan B						
					Anesthesia allowance—20 percent of surgical schedule; minimum—\$18.						
					Employee only (Pressers' Local 60)						
					Eye glass benefit (one pair every 2 years)—full cost. 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.						
—	Employee and dependent				—	x	—	x	—	—	None (company pays full cost).
	\$120 for room, board and extra services.			\$100							

<sup>5</sup> See Appendix C.<sup>6</sup> Plus 1 in-hospital consultation allowance per disability, \$10.<sup>7</sup> Unlimited diagnostic services and treatment for ambulatory cases provided at Union Health Center. Where service of outside specialist is required, \$15 is paid for 1 visit per disability.<sup>8</sup> Payable irrespective of actual charges.<sup>9</sup> Includes contribution for vacations which are paid to employees out of health and welfare fund. Members pay \$1 per year (included in monthly dues) to Death Benefit Fund.

## Digest of Selected Health and Insurance Plans

COMPANY, UNION, AND DATE OF INFORMATION	ELIGIBILITY REQUIREMENTS (when new employees become eligible)	LIFE INSURANCE					ACCIDENTAL DEATH AND DISMEMBERMENT			
		Amount	If permanently and totally disabled			Cases covered	Amount			
			Before age—	Insurance is—			Graduated according to—	Death or multidis- memberment	Single dis- memberment	
				Maintained	Paid in—					
Fur manufacturing and retailing in- dustry, Associated Fur Manufacturers, Inc., and other em- ployers (New York, N. Y.).  Meat Cutters (Furriers Joint Council of New York).  April 1966.	1st of month fol- lowing 4th month in which total earnings in covered employ- ment reach \$1,300 or more.	\$1,000		65	For 1 year.	—	Nonoccu- pational; occupa- tional.	—	\$1,000	\$500
Continental Can Co., Inc., Robert Gair Paper Products Group.  Papermakers and Paperworkers.  March 1966.	After 3 months' employment.	Weekly earnings	Insurance	65	For 1 year (or for period insured if less than 1 year) or until age 65, which- ever occurs first.	—	Nonoccu- pational; occu- pational.	Weekly earnings		
		Less than \$14 _____	\$1,200					Less than \$25 _____	\$500	\$250
		\$14 to \$20 _____	1,500					\$25 to \$30 _____	800	400
		\$20 to \$25 _____	1,800					\$30 to \$40 _____	1,000	500
		\$25 to \$30 _____	2,300					\$40 to \$60 _____	1,500	750
		\$30 to \$40 _____	2,500					\$60 to \$80 _____	2,500	1,250
		\$40 to \$60 _____	3,000					\$80 to \$125 _____	4,500	2,250
		\$60 to \$80 _____	4,000					\$125 to \$150 _____	5,000	2,500
		\$80 to \$125 _____	6,000					\$150 to \$200 _____	5,500	2,750
		\$125 to \$150 _____	8,000					\$200 to \$240 _____	6,000	3,000
		\$150 to \$200 _____	10,000					\$240 to \$280 _____	7,000	3,500
		\$200 to \$240 _____	12,000					\$280 to \$320 _____	8,000	4,000
		\$240 to \$280 _____	14,000					\$320 to \$360 _____	9,000	4,500
		\$280 to \$320 _____	16,000					\$360 and over _____	10,000	5,000
		\$320 to \$360 _____	18,000							
		\$360 and over _____	20,000							
West Virginia Pulp and Paper Co. (Luke, Maryland; Charleston, South Carolina; and Covington, West Virginia).  Papermakers and Paperworkers.  March 1966.	After 3 months' employment.	Before age 65: Basic annual earnings	Insurance	65	For 1 year.	—	Nonoccu- pational.	Earnings.	Same as life insurance.	One- half of life in- surance.
		\$2,392 to \$2,600 _____	\$2,500							
		\$2,600 to \$2,808 _____	2,750							
		\$2,808 to \$3,016 _____	3,000							
		\$3,016 to \$3,432 _____	3,500							
		\$3,432 to \$3,848 _____	4,000							
		\$3,848 to \$4,264 _____	4,500							
		\$4,264 to \$4,680 _____	5,000							
		\$4,680 to \$5,096 _____	5,500							
		\$5,096 to \$6,000 _____	6,000							
		\$6,000 to \$7,000 _____	7,000							
		\$7,000 to \$8,000 _____	8,000							
		\$8,000 to \$9,000 _____	9,000							
		\$9,000 to \$10,000 and up _____	10,000							
		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 \$3,000.								

<sup>1</sup> Maryland Hospital Services, Inc. (Blue Cross plan) for employees in Luke, Md.; employees in other areas covered by different programs.

Under Collective Bargaining, Early 1966

ACCIDENT AND SICKNESS							HOSPITALIZATION								
Cases covered	Amount	Duration of benefits			Benefits begin		Daily benefit or service	Duration	Extended coverage		Maximum room and board allowance	Extra allowance or service	Basis of payment per—		Emergency out-patient care benefit or service
		Period	Except		Accident	Sickness			Days	Daily amount			Year	Disability	
			After age—	Benefits limited to—											
Nonoccupational.	\$ 50 per week.	26 weeks per year.	—	—	8th day.	8th day.	Employee and dependents								
							Semi-private room.	120 days.	180	50 percent of cost of semi-private room.	—	Full cost of specified services for 1st 120 days; 50 percent of cost for additional 180 days.	—	x	\$ 7.25
Nonoccupational.	Annual base pay	Weekly benefit	26 weeks per disability.	—	1st day.	8th day.	Employee and dependents								
	Less than \$ 4,000	\$ 47.50					Semi-private room.	120 days.	—	—	—	Full cost of specified services.	—	x	\$ 250 per 6-month period.
	\$ 4,000 to \$ 4,500	55.00													
	\$ 4,500 to \$ 5,000	57.50													
	\$ 5,000 and over	60.00													
Nonoccupational.	Basic annual earnings	Weekly benefit	26 weeks per disability.	—	1st day.	4th day.	Employee and dependents <sup>1</sup>								
	Less than \$ 2,600	\$ 25					Semi-private room.	70 days.	—	—	—	Full cost of specified services.	—	x	Required services provided.
	\$ 2,600 to \$ 2,808	27													
	\$ 2,808 to \$ 3,016	29													
	\$ 3,016 to \$ 3,432	33													
	\$ 3,432 to \$ 3,848	37													
	\$ 3,848 to \$ 4,264	41													
	\$ 4,264 to \$ 4,680	48													
	\$ 4,680 to \$ 5,096	53													
	\$ 5,096 to \$ 6,011	58													
	\$ 6,011 to \$ 7,010	67													
\$ 7,010 and over	77														

## Digest of Selected Health and Insurance Plans

COMPANY, UNION, AND DATE OF INFORMATION—Continued	INCOME LIMITS FOR SERVICE SURGICAL AND MEDICAL BENEFITS	SURGICAL				MEDICAL								
		Allowances for—			Covers cases in—	Allowance				Maximum compensation	Benefits begin		Number of visits paid for	Number of days paid for
		Most expensive operation	Tonsillectomy	Appendec- tomy		Home	Office	Hospital	Elsewhere		Sickness	Accident		
Fur manufacturing and retailing industry, Associated Fur Manu- facturers, Inc., and other employers (New York, N. Y.).  Meat Cutters (Furriers Joint Council of New York).  April 1966.	Individual cover- age, \$4,000; family coverage, \$6,000.  ( <sup>3</sup> )	Employee and dependents												
		Optional plan A												
		Provided by the Health Insurance Plan of Greater New York <sup>2</sup>												
		Optional plan B												
Continental Can Co., Inc., Robert Gair Paper Products Group.  Papermakers and Paperworkers.  March 1966.	—	Employee and dependents			Hospital, office, home, elsewhere.	Employee and dependents								
\$300	\$60	\$150	—	—		—	—	—	—	—	—	—	—	
West Virginia Pulp and Paper Co. (Luke, Maryland; Charleston, South Carolina; and Covington, West Virginia).  Papermakers and Paperworkers.  March 1966.	Individual cover- age, \$4,500; family coverage, \$7,000.  ( <sup>5</sup> )	Employee and dependents <sup>5</sup>			Hospital, office, home, elsewhere.  ( <sup>5</sup> )	Employee and dependents <sup>5</sup>								
\$340	Under age 12, \$60; over age 12, \$75.	\$150	—	—		1st day, \$20; 2d and 3d day, \$8; 4th through 30th day, \$6; thereafter, \$4.	—	\$358 per disability.	1st day.	1st day.	—	70 per disa- bility.		

<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.

<sup>2</sup> See appendix C.

<sup>3</sup> Not applicable to home and office visits.

<sup>4</sup> If intensive care is required, more liberal benefits are provided during the first 21 days of hospitalization.

<sup>5</sup> Maryland Medical Service, Inc. (Blue Shield plan) for employees in Luke, Md.; employees in other areas covered by different programs.

## Under Collective Bargaining, Early 1966—Continued

MATERNITY BENEFITS					OTHER BENEFITS <sup>1</sup> (types and amounts)	FINANCING					
Accident and sickness	Hospitalization			Surgical		Benefits for—					
	Daily benefit or service	Duration	Extra allowance or service	Schedule allowance for normal delivery		Employee		Employee's dependents			
						Company	Jointly	Company	Jointly	Employee	
					Amount employee contributes						
	Employee and dependent				Optional plan A	x	—	—	x	—	Employee's benefits and dependents' hospital benefit: None (company pays 5 percent of straight-time payroll and 3 1/3 percent of overtime payroll).  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.
	\$120 for room, board and extra services.			Optional plan A	Employee and dependents						
				Provided by the Health Insurance Plan of Greater New York. <sup>2</sup>	Provided by the Health Insurance Plan of Greater New York. <sup>2</sup>						
				Optional plan B	Optional plan B						
				Employee and dependents	Employee and dependents						
				Diagnostic X-ray allowance—\$50 per year. Laboratory examination allowance—\$25 per year.	Diagnostic X-ray allowance—\$50 per year. Laboratory examination allowance—\$25 per year.						
				Optional plan B \$75	Anesthesia allowance—20 percent of surgical schedule allowance; minimum—\$20.						
				Supplemental major medical expense benefit—75 percent of expenses incurred during a disability not covered by other plan benefits which are in excess of \$100; maximum—\$10,000 during lifetime.	Supplemental major medical expense benefit—75 percent of expenses incurred during a disability not covered by other plan benefits which are in excess of \$100; maximum—\$10,000 during lifetime.						
Regular benefits for 6 weeks.	Employee and dependent				—	x	—	x	—	—	None (company pays full cost).
	Semi-private room.	120 days.	Full cost of specified services.	\$90							
Regular benefits for 6 weeks.	Employee and dependent <sup>6</sup>				— ( <sup>7</sup> )	—	x	—	x	—	Life and accidental death and dismemberment insurance, and accident and sickness benefit: None (company pays full cost).  Other benefits: Benefits for employee only, \$1 per month; for employee and dependents, \$5. <sup>8</sup>
	Semi-private room.	10 days.	Full cost of specified services.	\$100							

<sup>6</sup> Maryland Hospital Service, Inc. and Maryland Medical Service, Inc. (Blue Cross and Blue Shield plans) for employees in Luke, Md.; employees in other areas covered by different programs.

<sup>7</sup> Union makes available to workers in Luke, Md., and Covington, W. Va., supplemental major medical expense benefit.

<sup>8</sup> Contribution of employee in Luke, Md.

## Digest of Selected Health and Insurance Plans

COMPANY, UNION, AND DATE OF INFORMATION	ELIGIBILITY REQUIREMENTS (when new employees become eligible)	LIFE INSURANCE				ACCIDENTAL DEATH AND DISMEMBERMENT				
		Amount	Before age—	If permanently and totally disabled		Cases covered	Amount			
				Insurance is—			Graduated according to—	Death or multidis- memberment	Single dis- memberment	
				Maintained	Paid in—					
International Paper Co. (Northern Division).  Papermakers and Paperworkers; Pulp, Sulphite and Paper Mill Workers.  March 1966.	After 6 months' employment.	Base hourly rate Less than \$2.41 ..... \$2.41 and over .....	Insurance \$5,000 10,000	60	x	Install- ments.  (Employee may choose either).	Nonoccu- pational; occupa- tional.	Earnings.	\$3,000 plus 5 annual increases of \$100 each.	One-half of death benefit.
		plus 5 annual increases in above amounts of \$100 each.								
FMC Corp. (American Viscose Div., Fibers Operation).  Textile Workers (TWUA).  January 1966.	After 60 days' employment.	Service 60 days to 1 year ..... 1 to 3 years ..... 3 years and over .....	Insurance \$1,000 2,000 3,500	60	—	Lump sum.  ( <sup>1</sup> )	Nonoccu- pational; occupa- tional.	Service.	Same as life insurance.	One-half of life insur- ance.
Brown and Bigelow (St. Paul, Minn.).  Bookbinders.  February 1966.	After 90 days' employment.	Monthly base pay Less than \$100 ..... \$100 to \$150 ..... \$150 to \$200 ..... \$200 to \$250 ..... \$250 to \$300 ..... \$300 to \$350 ..... \$350 to \$400 ..... \$400 and over .....	Insurance \$1,900 2,500 3,100 3,700 4,300 4,900 5,500 6,100	60	x	—	—	—	—	—

<sup>1</sup> Payment based on service:

Service	Amount
Less than 1 year .....	\$500
1 to 3 years .....	1,500
3 years and over .....	3,000

Under Collective Bargaining, Early 1966

ACCIDENT AND SICKNESS							HOSPITALIZATION										
Cases covered.	Amount	Duration of benefits			Benefits begin		Daily benefit or service	Duration	Extended coverage		Maximum room and board allowance	Extra allowance or service	Basis of payment per—		Emergency out-patient care benefit or service		
		Period	Except		Accident	Sickness			Days	Daily amount			Year	Disability			
			After age—	Benefits limited to—													
Nonoccupational.	Base hourly rate	Weekly benefit	26 weeks per disability.	—	—	1st day.	4th day.	Employee and dependents									
	Less than \$1.45	\$33						Semi-private room.	70 days.	—	—	—	Unlimited.	—	x	Required services provided.	
	\$1.45 to \$1.69	38															
	\$1.69 to \$1.93	43															
	\$1.93 to \$2.17	48															
	\$2.17 to \$2.41	53															
	\$2.41 to \$2.65	58															
	\$2.65 to \$2.89	63															
	\$2.89 to \$3.13	66															
	\$3.13 and over	70															
Nonoccupational; occupational accidents only.	Basic weekly earnings	Weekly benefit	15 weeks per disability.	—	—	1st day.	8th day.	Employee and dependents									
	Less than \$54	\$35						Semi-private room.	120 days.	—	—	—	Full cost of specified services.	—	x	Required services provided.	
	\$54 to \$56	36															
	\$56 to \$58	37															
	\$58 to \$60	38															
	\$60 to \$62	39						( <sup>3</sup> )									
	\$62 to \$64	40															
	\$64 to \$66	41															
	\$66 to \$68	42															
	\$68 to \$70	43															
	\$70 to \$72	44															
	\$72 to \$74	45															
	\$74 to \$76	46															
	\$76 to \$78	47															
	\$78 to \$80	48															
\$80 to \$82	49																
\$82 and over	50																
	( <sup>2</sup> )																
Nonoccupational.	50 percent of straight-time weekly earnings—maximum—\$75		13 weeks per disability.	—	—	1st day.	8th day.	Employee and dependents									
								\$20	35 days.	—	—	\$700	Full cost of specified services.	—	x	\$360	
Occupational.	Difference between workmen's compensation benefit and above amount.							( <sup>4</sup> )									

<sup>2</sup> If workmen's compensation benefit or similar benefit is payable, plan benefit adjusted to limit total payment to 110 percent of weekly pay.

<sup>3</sup> In intensive care facilities, semiprivate room rate plus \$20 (maximum \$100 per disability).

<sup>4</sup> Effective Mar. 1, 1966, \$22; effective Mar. 1, 1967, \$24.

## Digest of Selected Health and Insurance Plans

COMPANY, UNION, AND DATE OF INFORMATION—Continued	INCOME LIMITS FOR SERVICE SURGICAL AND MEDICAL BENEFITS	SURGICAL				MEDICAL								
		Allowances for—			Covers cases in—	Allowance				Maximum compensation	Benefits begin		Number of visits paid for	Number of days paid for
		Most expensive operation	Tonsillectomy	Appendec- tomy		Home	Office	Hospital	Elsewhere		Sickness	Accident		
International Paper Co. (Northern Division).  Papermakers and Paperworkers; Pulp, Sulphite, and Paper Mill Workers.  March 1966.	—	Employee and dependents			Hospital, office, home, elsewhere.	Employee and dependents								
		\$ 250	Under age 12, \$ 30; Over age 12, \$ 50.	\$ 125		—	—	\$ 4 for each day of confinement.	—	\$ 280 per disability.	1st day.	1st day.	—	—
FMC Corp. (American Viscose Div., Fibers Operation).  Textile Workers (TWUA).  January 1966.	—	Employee and dependents			Hospital, office, home, elsewhere.	Employee and dependents								
		\$ 300	\$ 45	\$ 150		—	—	—	—	—	—	—	—	—
Brown and Bigelow (St. Paul, Minn.).  Bookbinders.  February 1966.	—	Employee and dependents			Hospital, office, home, elsewhere.	Employee and dependents								
		\$ 200 ( <sup>3</sup> )	\$ 30 ( <sup>3</sup> )	\$ 100 ( <sup>3</sup> )		—	—	\$ 4 per day.	—	\$ 140 per disability.	1st day.	1st day.	—	35

<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.

<sup>2</sup> Only available to employee and dependent wife.

<sup>3</sup> Effective Mar. 1, 1966: Most expensive operation, \$250; tonsillectomy, \$37; appendectomy, \$125; normal delivery, \$62.50. Effective Mar. 1, 1967: Most expensive operation, \$300; tonsillectomy, \$45; appendectomy, \$150; normal delivery, \$75.

## Under Collective Bargaining, Early 1966—Continued

Accident and sickness	MATERNITY BENEFITS				OTHER BENEFITS <sup>1</sup> (types and amounts)	FINANCING					
	Hospitalization			Surgical		Benefits for—					
	Daily benefit or service	Duration	Extra allowance or service	Schedule allowance for normal delivery		Employee		Employee's dependents			Amount employee contributes
						Company	Jointly	Company	Jointly	Employee	
Regular benefits for 6 weeks.	Employee and dependents				Supplemental major medical expense benefit—80 percent of charges not covered by other plan benefits incurred during a calendar year which are in excess of \$100; maximum—\$5,000 per year; \$10,000 during lifetime.	—	x	—	x	—	Life and accidental death and dismemberment insurance, and accident and sickness benefit—None (company pays full cost).  Hospital, surgical, and medical benefits—Balance of cost (company pays up to \$10.50 per month).  Major medical benefit—full cost.
	\$200 maternity allowance.										
Regular benefits for 6 weeks.	Employee and dependents				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.  Emergency accident care out of hospital (within 24 hours of accident)—\$30.  X-ray, radium, and physical therapy treatment—\$200 per year.  Out-patient diagnostic X-ray and laboratory examination—\$100 per year. <sup>2</sup>	—	x	—	x	—	Dependent husband's benefits, except major medical benefit: Full cost.  Major medical benefit: Employee and spouse—50 percent of cost; dependent children—full cost.  Other benefits: None (company pays full cost).
	Semi-private room.	120 days.	Full cost of specified services.	\$75							
—	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.	—	x	x	—	—	Life insurance: \$0.40 per month per \$1,000 insurance.  Other benefits: None (company pays full cost).
	\$80 for room, board and extra services.			<sup>3</sup> \$50							

## Digest of Selected Health and Insurance Plans

COMPANY, UNION, AND DATE OF INFORMATION	ELIGIBILITY REQUIREMENTS (when new employees become eligible)	LIFE INSURANCE					ACCIDENTAL DEATH AND DISMEMBERMENT		
		Amount	Before age—	If permanently and totally disabled		Cases covered	Amount		
				Insurance is—			Graduated according to—	Death or multidis- memberment	Single dis- memberment
Maintained	Paid in—								
Printing industry. Chicago Lithog- raphers Associa- tion, and other employers.  Lithographers, Local 4.  January 1966.	If experienced: Immediately or 1st of following months.  If inexperienced: After 6 months <sup>1</sup> covered employ- ment.	\$ 3,000	60	x <sup>1</sup>	—	Nonoccu- pational; occupa- tional.	—	Same as life insurance.	One-half of life insur- ance.
The B. F. Goodrich. Co.  Rubber Workers.  January 1966.	Life insurance: After 30 days employment.  Accident and sick- ness benefits: 1st of month coin- ciding with or next following 3 months <sup>1</sup> employ- ment.  Other benefits: After 3 months <sup>1</sup> employment.	\$ 6,500	60 with less than 10 years <sup>1</sup> service.	—	Install- ments.	Nonoccu- pational.	Earnings.	Same as life insurance.	One-half of life insur- ance.

<sup>1</sup> Employees are eligible for this benefit after 45 days of employment.

<sup>2</sup> In approved nursing home, convalescent care following confinement in hospital for at least 15 consecutive days: 50 percent of semiprivate room rate charged by hospital from which patient was transferred, for 60 days.

Under Collective Bargaining, Early 1966

ACCIDENT AND SICKNESS							HOSPITALIZATION								
Cases covered	Amount	Duration of benefits			Benefits begin		Daily benefit or service	Duration	Extended coverage		Maximum room and board allowance	Extra allowance or service	Basis of payment per—		Emergency out-patient care benefit or service
		Period	Except		Accident	Sickness			Days	Daily amount			Year	Disability	
			After age—	Benefits limited to—											
Nonoccupational.	Two-thirds of current basic weekly wage—maximum—\$ 90.	26 weeks per disability.	—	—	1st day.	8th day or 1st in hospital.	Employee and dependents								
							\$ 22	31 days.	—	—	\$ 682	\$ 440	—	x	\$ 440
Occupational.	Difference between workmen's compensation benefit and above amount.														
Nonoccupational.	Men—\$ 60 per week. Women—\$ 50 per week.	26 weeks per disability.	—	—	1st day.	8th day.	Employee and dependents								
							Semi-private room. ( <sup>2</sup> )	365 days. ( <sup>2</sup> )	—	—	—	Full cost of specified services.	—	x	Required services provided.
Occupational.	When workmen's compensation benefits are not payable: Same as above.  When workmen's compensation benefits are payable: Difference between workmen's compensation benefits and 80 percent of average straight-time weekly wage. <sup>1</sup>														

## Digest of Selected Health and Insurance Plans

COMPANY, UNION, AND DATE OF INFORMATION—Continued	INCOME LIMITS FOR SERVICE SURGICAL AND MEDICAL BENEFITS	SURGICAL				MEDICAL								
		Allowances for—			Covers cases in—	Allowance				Maximum compensation	Benefits begin		Number of visits paid for	Number of days paid for
		Most expensive operation	Tonsillectomy	Appendec- tomy		Home	Office	Hospital	Elsewhere		Sickness	Accident		
Printing industry, Chicago Lithogra- phers Association, and other employers.  Lithographers, Local 4.  January 1966.	—	Employee and dependents			Hospital, office, home, elsewhere.	Employee only								
		\$ 400	\$ 60	\$ 200		\$ 5 per visit.	\$ 3 per visit.	\$ 5 per visit.	—	\$ 200 per disa- bility.	2d day of total disa- bility.	1st day of total disa- bility.	1 per day; 26 weeks per disa- bility.  ( <sup>2</sup> )	—
The B. F. Goodrich Co.  Rubber Workers.  January 1966.	—	Employee and dependents			Hospital, office, home, elsewhere.	Employee and dependents								
		\$ 450	\$ 67.50	\$ 157.50		—	—	\$ 5 per day.	—	\$ 1,825 per disability.	1st day.	1st day.	—	365 per disa- bility.

<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.

<sup>2</sup> If disabled for at least 7 days, entitled to 3 visits within 31 days after returning to work.

Under Collective Bargaining, Early 1966—Continued

Accident and sickness	MATERNITY BENEFITS				OTHER BENEFITS <sup>1</sup> (types and amounts)	FINANCING					
	Hospitalization			Surgical		Benefits for—					
	Daily benefit or service	Duration	Extra allowance or service	Schedule allowance for normal delivery		Employee		Employee's dependents			Amount employee contributes
						Company	Jointly	Company	Jointly	Employee	
Regular benefits for 6 weeks.	Employee and dependent				Employee only	x	—	x	—	—	
	\$ 220 for room, board and extra services.			\$ 100	Diagnostic X-ray allowance, if no other benefits are payable—\$ 50 per condition.						
	Employee and dependents				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 during lifetime.						
Regular benefits for 6 weeks.	Employee and dependents					x	—	x	—	—	None (company pays full cost).
	Semi-private room.	365 days.	Full cost of specified services.	\$ 90	Diagnostic X-ray allowance for nonhospitalized cases: Employee—\$ 100 per condition during any 12 consecutive months. Dependents—\$ 100 during any 12 consecutive months; total applicable to all dependents.  X-ray and radium therapy allowance for treatment in or out of hospital—\$ 200 during any 12 consecutive months. Visiting nurse benefit (after confinement in hospital for at least 15 days)—\$ 6 per day; maximum—\$ 90 (for 15 visits) during any 12 consecutive months.						

## Digest of Selected Health and Insurance Plans

COMPANY, UNION, AND DATE OF INFORMATION	ELIGIBILITY REQUIREMENTS (when new employees become eligible)	LIFE INSURANCE				ACCIDENTAL DEATH AND DISMEMBERMENT			
		Amount	If permanently and totally disabled		Cases covered	Amount			
			Before age—	Insurance is—		Graduated according to—	Death or multidis- memberment	Single dis- memberment	
				Maintained					Paid in—
The Dow Chemical Co.  District 50, United Mine Workers.  February 1966.	After 3 months' employment.	\$ 10,000	50 or between age 50 and age 60 with less than 10 years' service.	x	—	—	—	—	—
Bethlehem Steel Co.  Steelworkers.  February 1966.	Immediately or 1st of following month.	Standard hourly base rate <sup>1</sup>  Less than \$ 2.531 ----- \$ 4,500 \$ 2.531 to \$ 2.969 ----- 5,000 \$ 2.969 to \$ 3.407 ----- 5,500 \$ 3.407 to \$ 3.918 ----- 6,000 \$ 3.918 to \$ 4.356 ----- 6,500 \$ 4.356 and over ----- 7,000	Insurance  60	Until age 65; there- after, a reduced amount. <sup>2</sup>	—	—	—	—	—
Luggage and leather goods industry, various employers.  Leather Goods, Plastic and Novelty Workers. National Plan.  January 1966.	After 90 days' union member- ship and covered employment.	\$ 1,000	60	x	—	—	—	—	—

<sup>1</sup> Rates include effect of general changes in wage rates subsequent to August 1963.

<sup>2</sup> Standard hourly base rate prior to disability      Amount maintained after age 65

Less than \$ 2.531 -----	\$ 1,300
\$ 2.531 to \$ 2.969 -----	1,350
\$ 2.969 to \$ 3.407 -----	1,400

Standard hourly base rate prior to disability	Amount maintained after age 65
---	--------------------------------

\$ 3.407 to \$ 3.918 -----	\$ 1,450
\$ 3.918 to \$ 4.356 -----	1,500
\$ 4.356 and over -----	1,550

NOTE: Footnote 1 also applies to these wage rates.

Under Collective Bargaining, Early 1966

ACCIDENT AND SICKNESS							HOSPITALIZATION								
Cases covered	Amount	Duration of benefits			Benefits begin		Daily benefit or service	Duration	Extended coverage		Maximum room and board allowance	Extra allowance or service	Basis of payment per—		Emergency out-patient care benefit or service
		Period	Except		Accident	Sickness			Days	Daily amount			Year	Disability	
			After age—	Benefits limited to—											
Nonoccupational.	\$ 35 per week.	26 weeks per disability.	—	—	8th day or 1st in hospital.	8th day or 1st in hospital.	Employee								
							\$ 18	365 days.	—	—	\$ 6,570	\$ 200, plus 75 percent of next \$ 5,000 of charges.	—	x	\$ 200, plus 75 percent of next 5,000 of charges.
							Dependents								
							\$ 17	Same as above.	—	—	\$ 6,205	Same as above.	—	x	Same as above.
Nonoccupational.	Standard hourly wage rate <sup>1</sup>	Weekly benefit	26 weeks per disability.	—	1st day.	8th day.	Employee and dependents								
	Less than \$ 2,531 -----	\$ 63					Semi-private room.	365 days.	—	—	—	Full cost of specified services.	—	x	Required services provided.
	\$ 2,531 to \$ 2,969 -----	66													
	\$ 2,969 to \$ 3,407 -----	69													
	\$ 3,407 to \$ 3,918 -----	72													
	\$ 3,918 to \$ 4,356 -----	75													
	\$ 4,356 and over -----	78													
Occupational.	Difference between workmen's compensation benefit and above amounts.														
Nonoccupational.	50 percent of weekly wage— minimum—\$ 10. maximum—\$ 45.	20 weeks per disability.	—	—	8th day.	8th day.	Employee <sup>3</sup>								
							\$ 18	31 days.	—	—	\$ 558	\$ 90	—	x	—
							Dependents <sup>3</sup>								
							\$ 15	Same as above.	—	—	\$ 465	\$ 75	—	x	—

<sup>3</sup> Benefits described are those available to the largest group of employees covered by the plan and their dependents.

## Digest of Selected Health and Insurance Plans

COMPANY, UNION, AND DATE OF INFORMATION—Continued	INCOME LIMITS FOR SERVICE SURGICAL AND MEDICAL BENEFITS	SURGICAL				MEDICAL								
		Allowances for—			Covers cases in—	Allowance				Maximum compensation	Benefits begin		Number of visits paid for	Number of days paid for
		Most expensive operation	Tonsillectomy	Appendec- tomy		Home	Office	Hospital	Elsewhere		Sickness	Accident		
The Dow Chemical Co. District 50, United Mine Workers. February 1966.	—	Employee			Hospital, office, home, elsewhere.	Employee and dependents								
	\$ 300	\$ 60	\$ 150	—		—	\$ 5 for each day of confinement. ( <sup>3</sup> )	—	\$ 1,825 per disability.	1st day.	1st day.	—	365 per disa- bility.	
	Dependents													
	\$ 250 ( <sup>2</sup> )	Under age 12, \$40; over age 12, \$50. ( <sup>2</sup> )	\$ 125 ( <sup>2</sup> )											
Bethlehem Steel Co. Steelworkers. February 1966.	—	Employee and dependents			Hospital, office, home, elsewhere.	Employee and dependents								
	\$ 300	\$ 50	\$ 150	—		—	—	—	—	—	—	—	—	
Luggage and leather goods industry, various employers. Leather Goods, Plastic and Novelty Workers. National Plan. January 1966.	—	Employee and dependents			Hospital, office, home, elsewhere.	Employee and dependents								
	\$ 250	\$ 37.50	\$ 125	—		—	—	—	—	—	—	—	—	

<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.

<sup>2</sup> Plus 75 percent of charges in excess of allowance for specific procedure plus \$100; maximum—\$1,500.

<sup>3</sup> If surgical operation performed, allowance is greater of (a) \$5 for each day of hospital confinement up to day of operation or (b) \$5 for each day of confinement minus surgical operation allowance.

Under Collective Bargaining, Early 1966—Continued

Accident and sickness	MATERNITY BENEFITS				OTHER BENEFITS <sup>1</sup> (types and amounts)	FINANCING						
	Hospitalization			Surgical		Benefits for—						
	Daily benefit or service	Duration	Extra allowance or service	Schedule allowance for normal delivery		Employee		Employee's dependents				
	Company	Jointly	Company	Jointly		Employee	Amount employee contributes					
Regular benefits for 6 weeks.	Employee				—	—	x	—	x	—	Benefits for employee only, \$ 1.49 per week; for employee and dependents, \$2.21.	
	\$ 250 maternity allowance. <sup>4</sup>											
	Dependent											
	\$ 225 maternity allowance. <sup>4</sup>											
Regular benefits for 6 weeks.	Employee and dependents					x	—	x	—	—	None (company pays full cost).	
	Semi-private room.	10 days.	Full cost of specified services.	\$ 90	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.  ( <sup>5</sup> )							
\$ 10 per week for 6 weeks.	Employee <sup>6</sup>				Employee and dependents	x	—	x	—	—	None (company pays full cost).	
	\$ 18	14 days.	\$ 90	\$ 62.50								Anesthesia allowance (for surgery performed in or out of hospital)—20 percent of surgical procedure allowance.
	Dependent <sup>6</sup>											
	\$ 15	Same as above.	\$ 75	Same as above.	Eye care benefit—\$ 6 per year.							

<sup>4</sup> Plus \$ 10 if circumcision on baby is performed during first 14 days. Amount payable to hospital cannot exceed 60 percent of allowance.

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

<sup>6</sup> Hospital benefits described are those available to the largest group of employees covered by the plan and their dependents.



## Under Collective Bargaining, Early 1966

ACCIDENT AND SICKNESS							HOSPITALIZATION								
Cases covered	Amount	Duration of benefits			Benefits begin		Daily benefit or service	Duration	Extended coverage		Maximum room and board allowance	Extra allowance or service	Basis of payment per—		Emergency out-patient care benefit or service
		Period	Except		Accident	Sickness			Days	Daily amount			Year	Disability	
			After age—	Benefits limited to—											
—	—	—	—	—	—	—	Employee and dependents <sup>2</sup>								
(1)	(1)	(1)	(1)	(1)	(1)	(1)	\$12	70 days.	180	\$6	\$1,920	\$200, plus 80 percent of next \$1,800 of charges.	—	x	\$200, plus 80 percent of next \$1,800 of charges.
(4)	(4)	(4)	(4)	(4)	(4)	(4)	Employee and dependents <sup>2</sup>								
							Plan A <sup>5</sup>								
							Semi-private room.	120 days.	—	—	—	Full cost of specified services.	—	x	\$10
							Plan B <sup>5</sup>								
							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
Nonoccupational.	\$50 per week.	26 weeks per disability.	—	—	8th day.	8th day.	Employee and dependents <sup>8</sup>								
							Semi-private room.	120 days.	—	—	—	Full cost of specified services.	—	x	Required services provided.

<sup>5</sup> Plan A benefits are provided employees and dependents who selected Health Insurance Plan of Greater New York for surgical-medical care benefits. Plan B benefits are provided for other employees and dependents.

<sup>6</sup> Additional insurance provided at employee's expense.

<sup>7</sup> Plus \$100 a month, payable to the surviving spouse (widow, dependent widower, or widower with a dependent child) age 50 or over on date of employee's death, beginning with the 25th month (13th month for a widower) and payable until the earlier of death, remarriage, or age 62 (not payable for any month widow qualifies for Mother's Insurance under Social Security).

<sup>8</sup> Hospital Service Association of Western Pennsylvania (Blue Cross plan) for Creighton, Pa., plant employees; employees in other plants covered by different programs.

## Digest of Selected Health and Insurance Plans

COMPANY, UNION, AND DATE OF INFORMATION—Continued	INCOME LIMITS FOR SERVICE SURGICAL AND MEDICAL BENEFITS	SURGICAL				MEDICAL								
		Allowances for—			Covers cases in—	Allowance				Maximum compensation	Benefits begin		Number of visits paid for	Number of days paid for
		Most expensive operation	Tonsillectomy	Appendec- tomy		Home	Office	Hospital	Elsewhere		Sickness	Accident		
Socony Mobil Oil Co., Inc.  Various unions.  March 1966.	—	Employee and dependents <sup>2</sup>			Hospital, office, home, elsewhere.	Employee and dependents								
	\$ 250	Under age 12, \$ 36; over age 12, \$ 60.	\$ 150		—	—	\$ 4 for each day of confinement.  ( <sup>3</sup> )	—	\$ 250 per disa- bility.	1st day.	1st day.	—	—	
Publishers' Association of New York City.  Typographers, Local 6.  March 1966.		Employee and dependents												
		Optional plan A												
		Provided by Health Insurance Plan of Greater New York <sup>6</sup>												
		Optional plan B												
		Provided by Group Health Insurance, Inc. <sup>7</sup>												
		Optional plan C												
	—	\$ 450	\$ 60	\$ 165	Hospital, office, home, elsewhere.	\$ 9	\$ 6.50	1st day, \$ 15 per day; 2d day, \$ 10 per day; thereafter, \$ 6 per day.	—	—	2d day.	1st day.	—	—
Pittsburgh Plate Glass Co.  Glass and Ceramic Workers.  March 1966.	Individual cover- age, \$ 4,000; family, \$ 6,000.  ( <sup>2</sup> )	Employee and dependents <sup>9</sup>			Hospital, office, home, elsewhere.  ( <sup>2</sup> )	Employee <sup>9</sup>								
	\$ 300	\$ 50	\$ 150		\$ 5 per visit.	\$ 4 per visit.	1st day, \$ 15; 2d day, \$ 10; 3d through 10th day, \$ 4 per day; there- after, \$ 3 per day.  ( <sup>10</sup> )	—	Home: \$ 105 per year. Office: \$ 84 per year. Hospital: \$ 237 per disa- bility.	Home and office: 4th visit.	Home and office: 4th visit.	Home and office: 21 per year.	Hospi- tal: 70 per disa- bility.	
		Dependents <sup>9</sup>												
					—	—	Same as above.	—	\$ 237 per disa- bility.  ( <sup>10</sup> )	1st day.	1st day.	—	70 per disa- bility.	

<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.

<sup>2</sup> Benefits vary from locality to locality; the benefits described are those available to workers in Beaumont, Tex., the largest group of employees under collective bargaining, and are payable after the worker pays the first \$25 of expenses.

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

<sup>4</sup> No accident and sickness insurance benefit provided by plan; employees covered by paid sick-leave plan.

<sup>5</sup> At age 65, employee's contributions for life and accidental death and dismemberment insurance cease; company pays full cost.

Under Collective Bargaining, Early 1966—Continued

Accident and sickness	MATERNITY BENEFITS				OTHER BENEFITS (types and amounts)	FINANCING									
	Hospitalization			Surgical		Benefits for—									
	Daily benefit or service	Duration	Extra allowance or service	Schedule allowance for normal delivery		Employee		Employee's dependents			Amount employee contributes				
						Company	Jointly	Company	Jointly	Employee					
—	Employee and dependents				—	x	—	x	—	Life and accidental death and dismemberment insurance: <sup>5</sup> Annual basic rate of pay    Monthly contribution					
( <sup>4</sup> )	\$250 maternity allowance.			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, \$1,000 during lifetime.						Less than \$600 ----- \$0.40 \$600 to \$1,000 ----- .80 \$1,000 to \$1,400 ----- 1.20 \$1,400 to \$1,800 ----- 1.60 \$1,800 to \$2,200 ----- 2.00 \$2,200 to \$2,600 ----- 2.40 \$2,600 to \$3,000 ----- 2.80 \$3,000 to \$3,400 ----- 3.20 \$3,400 to \$3,800 ----- 3.60 \$3,800 to \$4,200 ----- 4.00 \$4,200 to \$4,600 ----- 4.40 \$4,600 to \$5,000 ----- 4.80 \$5,000 to \$5,400 ----- 5.20 \$5,400 to \$5,800 ----- 5.60 \$5,800 to \$6,200 ----- 6.00 and up in increments of \$400 --- .40  Other benefits: Benefits for employee only, \$4.92 per month; for employee and dependents, \$15.24.					
—	Dependent only				Employee and dependents					x	—	x	—	—	None (company pays \$1.35 per shift worked). <sup>8</sup>
	Optional plan A														
	Benefits provided by Health Insurance Plan of Greater New York <sup>6</sup>														
	Optional plan B														
	Benefits provided by Group Health Insurance, Inc. <sup>7</sup>														
	Optional plan C														
	\$80 for room, board and extra services.		\$125	Anesthesia allowance for cases in or out of hospital—20 percent of amount payable for surgical procedure; minimum—\$10, maximum—\$50											
Regular benefits for 6 weeks.	Employee and dependent <sup>11</sup>				—					—	x	—	x	—	Life insurance and accident and sickness benefits: None (company pays full cost).  Other benefits: Balance of cost (company pays \$8.25 per month for benefits for employee only; \$17.50 for employee and dependents).
	Semi-private room.	10 days.	Full cost of specified services.	\$90											

<sup>6</sup> See appendix C.

<sup>7</sup> See appendix B.

<sup>8</sup> Effective Apr. 1, 1966: \$1.616 per shift worked.

<sup>9</sup> Medical Service Association of Pennsylvania (Blue Shield plan) for Creighton, Pa., plant employees; employees in other plants covered by different programs.

<sup>10</sup> Plus 1 bedside consultation visit per disability, \$15.

<sup>11</sup> 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. Benefit available to newly insured after 1 year of coverage.

## Digest of Selected Health and Insurance Plans

COMPANY, UNION, AND DATE OF INFORMATION	ELIGIBILITY REQUIREMENTS (when new employees become eligible)	LIFE INSURANCE				ACCIDENTAL DEATH AND DISMEMBERMENT			
		Amount	Before age—	If permanently and totally disabled		Cases covered	Amount		
				Insurance is— Maintained	Paid in—		Graduated according to—	Death or multidis- memberment	Single dis- memberment
Lever Brothers Co.  Chemical Workers; Oil, Chemical and Atomic Workers.  February 1966.	After 3 months' employment.	Before age 65: Basic annual straight-time earnings                      Insurance \$1,000 to \$2,000 ----- \$1,000 \$2,000 to \$3,000 ----- 2,000 \$3,000 to \$4,000 ----- 3,000 \$4,000 to \$5,000 ----- 4,000 \$5,000 to \$6,000 ----- 5,000 \$6,000 to \$7,000 ----- 6,000 \$7,000 to \$8,000 ----- 7,000 \$8,000 to \$9,000 ----- 8,000 \$9,000 to \$10,000 ----- 9,000 \$10,000 to \$11,000 ----- 10,000 and up in increments of \$1,000 ----- 1,000  After age 65: None  (1)	65	—	Install- ments.	—	—	—	—
Sinclair Oil Corp.  Oil, Chemical and Atomic Workers.  January 1966.	After 6 months' employment.	Before age 65: Amount equal to 2 years' base salary.  After age 65: 80 percent of 1 year's base salary.	60	—	Install- ments.	Nonoccu- pational; occupa- tional.	—	\$1,000	\$500
Continental Can Co. Inc.  Steelworkers.  February 1966.	Immediately or 1st of following month.	Annual base pay                      Insurance Less than \$4,000 ----- \$6,000 \$4,000 to \$5,000 ----- 8,000 \$5,000 to \$6,000 ----- 10,000 \$6,000 to \$7,000 ----- 12,000 \$7,000 to \$8,000 ----- 14,000 \$8,000 to \$9,000 ----- 16,000 \$9,000 to \$10,000 ----- 18,000 \$10,000 to \$11,000 ----- 20,000 and up in increments of \$1,000 ----- 2,000 to \$35,000 and over ----- 70,000	65	Until age 65; there- after, \$1,375.	—	—	—	—	—

<sup>1</sup> Additional insurance provided on a contributory basis; part of it is continued after age 65.

<sup>2</sup> No accident and sickness insurance benefit provided by plan; employees covered by paid sick-leave plan.

<sup>3</sup> For an additional 245 days, \$5 per day allowed for room, board and extra services.



## Digest of Selected Health and Insurance Plans

COMPANY, UNION, AND DATE OF INFORMATION—Continued	INCOME LIMITS FOR SERVICE SURGICAL AND MEDICAL BENEFITS	SURGICAL				MEDICAL								
		Allowances for—			Covers cases in—	Allowance				Maximum compensation	Benefits begin		Number of visits paid for	Number of days paid for
		Most expensive operation	Tonsillectomy	Appendec- tomy		Home	Office	Hospital	Elsewhere		Sickness	Accident		
Lever Brothers Co. Chemical Workers; Oil, Chemical and Atomic Workers. February 1966.	—	Employee and dependents— nonoccupational cases			Hospital, office, home, elsewhere.	Employee and dependents								
	\$ 350	\$ 52.50	\$ 175	—		—	\$ 5 for each day of confinement.	—	\$ 300 per disa- bility.	1st day.	1st day.	—	60 per disa- bility.	
	Employee only—occupational cases			Employee only—occupational disability cases										
	Difference, if any, between workmen's compensation benefits and above benefits.			Difference, if any, between workmen's compensation benefits and above benefits.										
Sinclair Oil Corp. Oil, Chemical and Atomic Workers. January 1966.	—	Employee and dependents			Hospital, office, home, elsewhere.	Employee and dependents								
	\$ 275	Under age 12, \$33; over age 12, \$55.	\$ 137.50	—		—	\$ 3 for each day of confinement.  ( <sup>3</sup> )	—	\$ 250 per disa- bility.	1st day.	1st day.	—	—	
Continental Can Co., Inc. Steelworkers. February 1966.	—	Employee and dependents			Hospital, office, home, elsewhere.	Employee and dependents								
	\$ 300  ( <sup>5</sup> )	Under age 12, \$36; over age 12, \$60.  ( <sup>5</sup> )	\$ 150  ( <sup>5</sup> )	—		—	\$ 4 for each day of confinement.  ( <sup>6</sup> )	—	\$ 124 per disa- bility.	1st day.	1st day.	—	31 per disa- bility.	

<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.

<sup>2</sup> Employee may secure additional life insurance on a contributory basis.

<sup>3</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.

<sup>4</sup> Payable irrespective of actual charges.

## Under Collective Bargaining, Early 1966—Continued

Accident and sickness	MATERNITY BENEFITS				OTHER BENEFITS <sup>1</sup> (types and amounts)	FINANCING					
	Hospitalization			Surgical Schedule allowance for normal delivery		Benefits for—					Amount employee contributes
	Daily benefit or service	Duration	Extra allowance or service			Employee		Employee's dependents			
						Company	Jointly	Company	Jointly	Employee	
	Employee and dependents					x	—	—	x	—	
	Semi-private room.	8 days.	Full cost of specified services.	\$125	Diagnostic X-ray allowance for nonhospitalized cases—\$25 per disability.  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.						
	Employee and dependents					—	x	—	x	—	Life insurance in excess of \$1,000: \$0.55 per \$1,000 of insurance.  Accidental death and dismemberment benefit: None (company pays full cost).  Hospital, surgical and medical benefits: Benefits for employee only, \$2.25 per month; for employee and children, \$5.45; for employee and wife or employee, wife, and children, \$6.02.  Major medical benefit: Benefits for employee only, \$1.78 per month; for employee and dependents, \$4.38.
				\$150 maternity allowance. <sup>4</sup>	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.						
	Employee and dependents					x	—	x	—	—	None (company pays full cost).
Regular benefits for 6 weeks.	Semi-private room.	14 days.	Full cost of specified services.	\$90 <sup>(5)</sup>	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. <sup>5</sup>  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—\$10 per treatment; maximum allowance per condition ranges from \$50 to \$200.  (7)						

<sup>5</sup> Effective Dec. 1, 1966: Reasonable and customary charge. For an employee earning \$7,500 annually or more, the plan will pay the amount it would pay if the employee earned less than \$7,500 annually.

<sup>6</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.

<sup>7</sup> The above services are covered in full if performed by a hospital employee in the out-patient department of the hospital.

## Digest of Selected Health and Insurance Plans

COMPANY, UNION, AND DATE OF INFORMATION	ELIGIBILITY REQUIREMENTS (when new employees become eligible)	LIFE INSURANCE				ACCIDENTAL DEATH AND DISMEMBERMENT			
		Amount	Before age—	If permanently and totally disabled		Cases covered	Amount		
				Insurance is—			Graduated according to—	Death or multidis- memberment	Single dis- memberment
				Maintained	Paid in—				
United States Rubber Co.  Rubber Workers.  January 1966.	Life insurance and 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.	\$6,500	65	Until age 65; there- after, reduced ap- proximately \$142 monthly for 30 months to minimum of \$2,250.	—	Nonoccu- pational.	—	Same as life insurance.	One- half of life in- surance.
Owens-Illinois, Inc.  Glass Bottle Blowers.  March 1966.	Immediately or 1st of following month.	Basic hourly wage  Less than \$1.93 ----- \$4,000 \$1.93 to \$2.41 ----- 5,000 \$2.41 and over ----- 6,000	65	—	Install- ments or lump sum (em- ployee may choose either).	Nonoccu- pational; occupa- tional.	Earnings.	Same as life insurance.	One- half of life in- surance.
American Radiator and Standard Sanitary Corp. (Louisville, Ky.).  Standard Allied Trades Council.  February 1966.	Immediately or 1st of following month.	\$1,000	60	x	—	Nonoccu- pational; occupa- tional.	—	Same as life insurance.	One- half of life in- surance.
The Firestone Tire and Rubber Co.  Rubber Workers.  January 1966.	After 3 months' employment.	\$6,500	65	Until age 65; there- after, reduced ap- proximately \$142 monthly for 30 months to minimum of \$2,250.	—	Nonoccu- pational.	—	Same as life insurance.	One- half of life in- surance.

<sup>1</sup> In States having temporary disability laws, benefit reduced by amount received under State laws.

<sup>2</sup> Employees are eligible for this benefit after 45 days of employment.

<sup>3</sup> In approved nursing home, convalescent care following confinement in hospital for at least 15 consecutive days: 50 percent of semiprivate room rate charged by hospital from which patient was transferred, for 60 days.

<sup>4</sup> Also provided in connection with surgery performed in out-patient department.

Under Collective Bargaining, Early 1966

ACCIDENT AND SICKNESS							HOSPITALIZATION								
Cases covered	Amount	Duration of benefits			Benefits begin		Daily benefit or service	Duration	Extended coverage		Maximum room and board allowance	Extra allowance or service	Basis of payment per—		Emergency out-patient care benefit or service
		Period	Except		Accident	Sickness			Days	Daily amount			Year	Disability	
			After age—	Benefits limited to—											
Nonoccupational.	Men—\$60 per week. Women—\$50 per week.  ( <sup>1</sup> )	26 weeks per disability.	—	—	1st day.	8th day.	Employee and dependents								
Occupational.	When workmen's compensation benefits are not payable: Same as above.  When workmen's compensation benefits are payable: Difference between workmen's compensation benefits and 80 percent of average straight-time weekly wage. <sup>2</sup>						Semi-private room.	365 days.	—	—	—	Full cost of specified services.	—	x	Required services provided.
							( <sup>3</sup> )	( <sup>3</sup> )				( <sup>4</sup> )			
Nonoccupational.	Basic hourly wage                      Weekly benefit	26 weeks per disability.	—	—	1st day.	4th day.	Employee and dependents								
	Less than \$1.93 -----                      \$33.00 \$1.93 and over -----                      44.00						\$20	31 days.	—	—	\$620	\$300	—	x	\$300
Occupational accidents only.	1st week, same as above; next 12 weeks, 50 percent of above amount.	13 weeks per disability.	—	—	1st day.	—									
Nonoccupational.	\$50 per week.	26 weeks per disability.	—	—	1st day.	8th day.	Employee and dependents								
							Semi-private room.	70 days.	—	—	—	Full cost of specified services.	—	x	Required services provided.
Nonoccupational.	Men—\$60 per week. Women—\$50 per week.	26 weeks per disability.	—	—	1st day.	8th day.	Employee and dependents								
Occupational.	When workmen's compensation benefits are not payable: Same as above.  When workmen's compensation benefits are payable: Difference between workmen's compensation benefits and 80 percent of average straight-time weekly wage. <sup>2</sup>						Semi-private room.	365 days.	—	—	—	Full cost of specified services.	—	x	Required services provided.
							( <sup>3</sup> )	( <sup>3</sup> )							

## Digest of Selected Health and Insurance Plans

COMPANY, UNION, AND DATE OF INFORMATION—Continued	INCOME LIMITS FOR SERVICE SURGICAL AND MEDICAL BENEFITS	SURGICAL				MEDICAL								
		Allowances for—			Covers cases in—	Allowance				Maximum compensation	Benefits begin		Number of visits paid for	Number of days paid for
		Most expensive operation	Tonsillectomy	Appendec- tomy		Home	Office	Hospital	Elsewhere		Sickness	Accident		
United States Rubber Co. Rubber Workers. January 1966.	—	Employee and dependents			Hospital, office, home, elsewhere.	Employee and dependents								
		\$ 450	\$ 67. 50	\$ 157. 50		—	—	\$ 5 per day.	—	\$ 1, 825 per disability.	1st day.	1st day.	—	365 per disa- bility.
Owens-Illinois, Inc. Glass Bottle Blowers. March 1966.	—	Employee and dependents			Hospital, office, home, elsewhere.	Employee and dependents								
		\$ 300	\$ 45	\$ 150		—	—	\$ 5 for each day of confinement.	—	\$ 155 per disability.	1st day.	1st day.	—	31 per disa- bility.
American Radiator and Standard Sanitary Corp. (Louisville, Ky.). Standard Allied Trades Council. February 1966.	—	Employee and dependents			Hospital, office, home, elsewhere.	Employee and dependents								
		\$ 300	Under age 19, \$ 40; over age 19, \$ 50.	\$ 150		—	—	\$ 5 for each day of confinement.	—	\$ 150 per disability.	1st day.	1st day.	—	30 per disa- bility.
The Firestone Tire and Rubber Co. Rubber Workers. January 1966.	—	Employee and dependents			Hospital, office, home, elsewhere.	Employee and dependents								
		\$ 450	\$ 67. 50	\$ 157. 50		—	—	\$ 5 per day.	—	\$ 1, 825 per disability.	1st day.	1st day.	—	365 per disa- bility.

<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.

<sup>2</sup> For nonhospitalized maternity cases \$60 is provided in lieu of hospital benefit.

## Under Collective Bargaining, Early 1966—Continued

Accident and sickness	MATERNITY BENEFITS				OTHER BENEFITS <sup>1</sup> (types and amounts)	FINANCING					
	Hospitalization			Surgical		Benefits for—					
	Daily benefit or service	Duration	Extra allowance or service	Schedule allowance for normal delivery		Employee		Employee's dependents			Amount employee contributes
						Company	Jointly	Company	Jointly	Employee	
Regular benefits for 6 weeks.	Employee and dependents					x	—	x	—	—	None (company pays full cost).
	Semi-private room.	365 days.	Full cost of specified services.	\$90	Diagnostic X-ray allowance for nonhospitalized cases: Employee—\$100 per condition during any 12 consecutive months. Dependents—\$100 during any 12 consecutive months; total applicable to all dependents. X-ray and radium therapy allowance for treatment in or out of hospital—\$200 during any 12 consecutive months. Visiting nurse benefit (after confinement in hospital for at least 15 consecutive days)—\$6 per day; maximum \$90 (15 visits) during any 12 consecutive months.						
Regular benefits for 6 weeks.	Employee and dependents					—	x	—	x	—	Employee's benefits: Basic hourly wage                      Monthly contribution Less than \$1.93 -----                      \$6.10 \$1.93 to \$2.41 -----                      8.30 \$2.41 and over -----                      9.05  Dependents' benefits: One dependent, \$5.11 per month; more than one dependent, \$6.
	\$130 for room, board and extra services. <sup>2</sup>			\$75	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 \$50; maximum—\$10,000 during lifetime.						
Regular benefits for 6 weeks.	Employee and dependents					—	x	—	x	—	Benefits for employee only, \$1.32 per month; for employee and dependents, \$2.52, (company pays \$20.87 per month per active participating employee).
	Semi-private room.	10 days.	Full cost of specified services.	\$90	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.						
Regular benefits for 6 weeks.	Employee and dependents					x	—	x	—	—	None (company pays full cost).
	Semi-private room.	365 days.	Full cost of specified services.	\$90	Diagnostic X-ray allowance for nonhospitalized cases: Employee—\$100 per condition during any 12 consecutive months. Dependents—\$100 during any 12 consecutive months; total applicable to all dependents. X-ray and radium therapy allowance for treatment in or out of hospital—\$200 during any 12 consecutive months. Visiting nurse benefit (after confinement in hospital for at least 15 consecutive days)—\$6 per day; maximum \$90 (15 visits) during any 12 consecutive months.						

## Digest of Selected Health and Insurance Plans

COMPANY, UNION, AND DATE OF INFORMATION	ELIGIBILITY REQUIREMENTS (when new employees become eligible)	LIFE INSURANCE				ACCIDENTAL DEATH AND DISMEMBERMENT			
		Amount	If permanently and totally disabled			Cases covered	Amount		
			Before age—	Insurance is—			Graduated according to—	Death or multidis- memberment	Single dis- memberment
Maintained	Paid in—								
Aluminum Company of America.  Aluminum Workers; Steelworkers.  February 1966.	Immediately or 1st of following month.	\$ 5,500	65	Until age 65, then reduced to \$3,500 and reduced by \$300 on each succeeding birthday to minimum of \$2,000.	—	—	—	—	—
Chase Brass and Copper Co., Inc.  Automobile Workers.  March 1966.	Life insurance: 1st 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.	—	Install- ments.	Nonoccu- pational.	—	\$4,000	\$2,000
The Florsheim Shoe Co.  Shoe Workers, United.  February 1966.	1st day of payroll period following 1 year's service.	\$1,000	60	x	—	—	—	—	—
International Shoe Co.  Shoe Workers, United.  February 1966.	After 3 months' employment.	\$2,000	65	For 1 year (or for period insured if less than 1 year).	—	—	—	—	—

<sup>1</sup> Effective June 1, 1967: For employees with 2 years of service or more, increased weekly benefit amounts for 104 weeks.

<sup>2</sup> For employees represented by Aluminum Workers: 365 days, regardless of service.

<sup>3</sup> Effective June 1, 1966: \$55.

<sup>4</sup> Effective June 1, 1967: \$28.

## Under Collective Bargaining, Early 1966

ACCIDENT AND SICKNESS							HOSPITALIZATION								
Cases covered	Amount	Duration of benefits			Benefits begin		Daily benefit or service	Duration	Extended coverage		Maximum room and board allowance	Extra allowance or service	Basis of payment per—		Emergency out-patient care benefit or service
		Period	Except		Accident	Sickness			Days	Daily amount			Year	Disability	
			After age—	Benefits limited to—											
Nonoccupational.	Standard hourly wage rate	Weekly benefit	26 weeks per disability. ( <sup>1</sup> )	—	—	1st day.	8th day or 1st in hospital.	Employee and dependents							
	Less than \$2.678	\$63		Semi-private room. Less than 10 years service: 365 days. 10 years service or more: 730 days. ( <sup>2</sup> )	—			—	—	—	—	—	—	—	—
\$2.731 to \$2.890	66	(1)	—		—	—	—	—	—	—	—	—	x	Required services provided.	
\$2.943 to \$3.102	69		—		—	—	—	—	—	—	—	—	x	Required services provided.	
\$3.155 to \$3.314	72		—		—	—	—	—	—	—	—	—	x	Required services provided.	
\$3.367 to \$3.526	74		—		—	—	—	—	—	—	—	—	x	Required services provided.	
\$3.579 to \$3.738	76		—		—	—	—	—	—	—	—	—	x	Required services provided.	
\$3.791 and over	78	—	—	—	—	—	—	—	—	—	x	Required services provided.			
Occupational.	Difference between workmen's compensation benefit and above amounts. ( <sup>1</sup> )														
Nonoccupational.	\$50 per week. <sup>3</sup>	26 weeks per disability.	—	—	1st day.	8th day.	Employee and dependents								
							<sup>4</sup> \$27	365 days.	—	—	<sup>5</sup> \$9,855	Full cost of services.	—	x	Required services provided.
Nonoccupational.	\$25 per week.	13 weeks per disability.	60	13 weeks during any 12 consecutive months.	1st day.	8th day.	Employee and dependents								
							\$21	60 days.	—	—	\$1,260	\$210	—	x	—
Nonoccupational.	\$25 per week.	13 weeks per disability.	—	—	1st day.	8th day.	Employee and dependents <sup>6</sup>								
							\$15	31 days.	—	—	\$465	<sup>7</sup> \$240	—	x	<sup>7</sup> \$240

<sup>5</sup> Effective June 1, 1967: \$10,220.<sup>6</sup> Hospital benefits payable for all expenses in excess of \$25.<sup>7</sup> Includes X-ray charges incurred in doctor's office because of an accident.

## Digest of Selected Health and Insurance Plans

COMPANY, UNION, AND DATE OF INFORMATION—Continued	INCOME LIMITS FOR SERVICE SURGICAL AND MEDICAL BENEFITS	* SURGICAL				MEDICAL								
		Allowances for—			Covers cases in—	Allowance				Maximum compensation	Benefits begin		Number of visits paid for	Number of days paid for
		Most expensive operation	Tonsillectomy	Appendec- tomy		Home	Office	Hospital	Elsewhere		Sickness	Accident		
Aluminum Company of America.  Aluminum Workers; Steelworkers.  February 1966.	—	Employee and dependents			Hospital, office, home, elsewhere.	Employee and dependents <sup>4</sup>								
		Reasonable and customary charge. <sup>2 3</sup>				—	—	\$4 for each day of confinement. <sup>5</sup>	—	\$124	1st day.	1st day.	—	31
Chase Brass and Copper Co., Inc.  Automobile Workers.  March 1966.	—	Employee and dependents			Hospital, office, home, elsewhere.	Employee								
		\$300	\$45	\$150		\$3 per visit.	\$2 per visit.	\$3 per visit.	\$3 per visit.	\$150 per dis- ability.	4th visit.	1st visit.	1 per day.	—
		Dependents				—	—	\$3 for each day of confinement.	—	Same as above.	1st day.	1st day.	—	—
The Florsheim Shoe Co.  Shoe Workers, United.  February 1966.	—	Employee and dependents			Hospital, office, home, elsewhere.	Employee and dependents								
		\$360	\$48	\$132		—	—	—	—	—	—	—	—	—
International Shoe Co.  Shoe Workers, United.  February 1966.	—	Employee and dependents			Hospital, office, home, elsewhere.	Employee and dependents								
		\$300	\$45	\$150		—	—	\$3 for each day of confinement.  (10)	—	\$93 per disa- bility.	1st day.	1st day.	—	31 per disa- bility.

<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.

<sup>2</sup> For an employee earnings \$7,500 annually or more, the plan pays the amount it would pay if the employee earned less than \$7,500 annually.

<sup>3</sup> Not applicable to employees represented by the Aluminum Workers who receive cash allowances: Most expensive operation, \$300; tonsillectomy, \$50; appendectomy, \$200; normal delivery, \$100.

<sup>4</sup> Not applicable to employees represented by the Aluminum Workers.

<sup>5</sup> If surgical operation performed, allowance is the greater of (a) \$4 for each day of hospital confinement up to day of operation; or (b) \$4 for each day of confinement minus surgical operation allowance.

## Under Collective Bargaining, Early 1966—Continued

Accident and sickness	MATERNITY BENEFITS				OTHER BENEFITS <sup>1</sup> (types and amounts)	FINANCING					
	Hospitalization			Surgical		Benefits for—					
	Daily benefit or service	Duration	Extra allowance or service	Schedule allowance for normal delivery		Employee		Employee's dependents			Amount employee contributes
						Company	Jointly	Company	Jointly	Employee	
Regular benefits for 6 weeks.	Employee and dependents					x	—	x	—	—	None (company pays full cost).
	Semi-private room.	Less than 10 years' service 365 days. 10 years' service or more 730 days. ( <sup>6</sup> )	Full cost of specified services.	Reasonable and customary charge. <sup>2 3</sup>	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)—Reasonable and customary charge. <sup>2 7</sup> 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. ( <sup>8</sup> )						
—	Employee and dependents					x	—	x	—	—	None (company pays full cost).
			\$125 for room, board and extra services.	\$75	Diagnostic X-ray allowance for cases in or out of hospital, if not entitled to other plan benefits—\$75.						
Regular benefits for 6 weeks.	Employee				—	—	x	—	x	—	Benefits for employee only or employee and one dependent—\$0.98 per month; for employee and more than one dependent—\$1.96.
	\$21	14 days.	\$210	\$90							
	Dependent										
	\$21	—	Difference between total room and board charges and \$210. <sup>9</sup>	\$90							
	Employee and dependent				—	—	x	—	x	—	Employee's benefits: Life insurance—\$0.80 per month. Other benefits—none (company pays full cost). Dependents' benefits: \$4.46 per month.
	\$100 maternity allowance.										

<sup>6</sup> For employees represented by the Aluminum Workers: 365 days, regardless of service.

<sup>7</sup> Not applicable to employees represented by the Aluminum Workers who receive the following cash allowance: If surgical benefit is \$75 or less, \$15; if surgical benefit is over \$75, 20 percent of surgical benefit.

<sup>8</sup> The above services are covered in full, if performed by a hospital employee in the out-patient department of the hospital.

<sup>9</sup> Total room and board charges plus charges for extra services limited to \$210.

<sup>10</sup> If surgical operation performed, allowance is the greater of (a) \$3 for each day of hospital confinement up to day of operation; or (b) \$3 for each day of confinement minus surgical operation allowance.

## Digest of Selected Health and Insurance Plans

COMPANY, UNION, AND DATE OF INFORMATION	ELIGIBILITY REQUIREMENTS (when new employees become eligible)	LIFE INSURANCE					ACCIDENTAL DEATH AND DISMEMBERMENT			
		Amount	If permanently and totally disabled	Cases covered	Amount					
					Before age—	Insurance is—		Graduated according to—	Death or multidis- memberment	Single dis- memberment
						Maintained	Paid in—			
United States Steel Corp. Steelworkers. February 1966.	Immediately or 1st of following month.	Standard hourly wage rate <sup>1</sup> Less than \$ 2.24 ----- \$ 4,500 \$ 2.24 to \$ 2.66 ----- 5,000 \$ 2.66 to \$ 3.08 ----- 5,500 \$ 3.08 to \$ 3.57 ----- 6,000 \$ 3.57 to \$ 3.99 ----- 6,500 \$ 3.99 and over ----- 7,000 ( <sup>2</sup> )	60	Full amount until age 65, thereafter, a reduced amount. <sup>3</sup>	—	—	—	—	—	
Weirton Steel Co. Independent Steelworkers Union. January 1966.	Life insurance: Immediately or 1st of following month.  Other benefits: 1st of 3d month following month of employment.	Employee Annual earnings (exclusive of bonus) <sup>4</sup> Less than \$ 1,500.01 ----- \$ 1,500 \$ 1,500.01 to \$ 2,000.00 ----- 2,000 \$ 2,000.01 to \$ 2,500.00 ----- 2,500 \$ 2,500.01 to \$ 3,000.00 ----- 3,000 \$ 3,000.01 to \$ 3,500.00 ----- 3,500 \$ 3,500.01 to \$ 4,000.00 ----- 4,000 \$ 4,000.01 to \$ 4,500.00 ----- 4,500 \$ 4,500.01 to \$ 5,000.00 ----- 5,000 \$ 5,000.01 to \$ 6,000.00 ----- 6,000 \$ 6,000.01 to \$ 7,000.00 ----- 7,000 \$ 7,000.01 to \$ 8,000.00 ----- 8,500 \$ 8,000.01 to \$ 9,000.00 ----- 10,000 \$ 9,000.01 to \$ 10,000.00 ----- 11,500 and up in increments of \$ 1,000 ----- 1,500 to \$ 12,000.01 to \$ 13,000.00 ----- 16,000 and up in increments of \$ 1,000 ----- 2,000 to \$ 24,000.01 and over ----- 40,000  Dependent wife \$ 1,000 -----  Dependent children Age Insurance 14 days to 6 months ----- \$ 50 6 months to 2 years ----- 100 2 years to 3 years ----- 200 3 years to 4 years ----- 300 4 years to 5 years ----- 400 5 years to 21 years ----- 500	60	—	Installments.	Nonoccupational; occupational.	Annual earnings up to \$ 8,000.01.	Same as life insurance up to \$ 10,000.	One-half of life insurance up to \$ 5,000.	
Massachusetts Leather Manufacturers' Association. Leather Workers; Meat Cutters. January 1966.	1st of month following 1 month's employment.	\$ 1,500	At any age.	x	—	Nonoccupational; occupational.	—	Same as life insurance.	One-half of life insurance.	

<sup>1</sup> Rates exclude effect of general changes in wage rates subsequent to Aug. 1, 1963:

<sup>2</sup> Additional insurance provided at employee's expense.

<sup>3</sup> Standard hourly base rate prior to disability

Standard hourly base rate prior to disability	Amount maintained after age 65
Less than \$ 2.24 -----	\$ 1,300
\$ 2.24 to \$ 2.66 -----	1,350
\$ 2.66 to \$ 3.08 -----	1,400
\$ 3.08 to \$ 3.57 -----	1,450

Standard hourly base rate prior to disability

Amount maintained after age 65

\$ 3.57 to \$ 3.99 -----	\$ 1,500
\$ 3.99 and over -----	1,550

NOTE: Footnote 1 also applies to these wage rates.

## Under Collective Bargaining, Early 1966

ACCIDENT AND SICKNESS							HOSPITALIZATION									
Cases covered	Amount	Duration of benefits			Benefits begin		Daily benefit or service	Duration	Extended coverage		Maximum room and board allowance	Extra allowance or service	Basis of payment per—		Emergency out-patient care benefit or service	
		Period	Except		Accident	Sickness			Days	Daily amount			Year	Disability		
			After age—	Benefits limited to—												
Nonoccupational.	Standard hourly wage rate <sup>1</sup>	Weekly benefit	26 weeks per disability.	—	—	1st day.	8th day.	Employee and dependents								
	Less than \$2.24 -----	\$63						Semi-private room.	365 days.	—	—	—	Full cost of specified services.	—	x	Required services provided.
	\$2.24 to \$2.66 -----	66														
	\$2.66 to \$3.08 -----	69														
	\$3.08 to \$3.57 -----	72														
\$3.57 to \$3.99 -----	75															
\$3.99 and over -----	78															
Occupational.	Difference between workmen's compensation benefit and above amounts.							Employee and dependents								
Nonoccupational.	Annual earnings (exclusive of bonus) <sup>5</sup>	Weekly benefit	26 weeks per disability.	60	26 weeks during any 12 consecutive months.	8th day retro-active to 1st after 21 days of disability.	8th day retro-active to 1st after 21 days of disability.	Employee and dependents								
	Less than \$3,500.01 -----	\$63.00						Semi-private room.	365 days.	—	—	—	Full cost of services.	x	—	Required services provided.
	\$3,500.01 to \$4,500.00 -----	70.00														
	\$4,500.01 to \$6,000.00 -----	77.00														
	\$6,000.01 and over -----	80.50														
Occupational accidents only.	Difference between workmen's compensation benefit and above amounts.		26 weeks per disability.	—	—	8th day retro-active to 1st after 21 days of disability.	—	Employee and dependents								
Nonoccupational.	\$45 per week.		13 weeks per disability.	60	13 weeks per year.	1st day.	8th day.	Employee and dependents								
								\$24	120 days.	—	—	\$2,880	Full cost of specified services.	—	x	Required services provided.

<sup>4</sup> 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.

<sup>5</sup> Earnings classes are inclusive; e.g., the second group includes all employees earning from \$3,500.01 up to and including \$4,500 a year.

COMPANY, UNION, AND DATE OF INFORMATION—Continued	INCOME LIMITS FOR SERVICE SURGICAL AND MEDICAL BENEFITS	SURGICAL				MEDICAL								
		Allowances for—			Covers cases in—	Allowance				Maximum compensation	Benefits begin		Number of visits paid for	Number of days paid for
		Most expensive operation	Tonsillectomy	Appendec- tomy		Home	Office	Hospital	Elsewhere		Sickness	Accident		
United States Steel Corp. Steelworkers. February 1966.	—	Employee and dependents			Hospital, office, home, elsewhere.	Employee and dependents								
		\$ 300	\$ 50	\$ 150		—	—	—	—	—	—	—	—	—
Weirton Steel Co. Independent Steelworkers Union. January 1966.	—	Employee and dependents			Hospital, office, home, elsewhere.	Employee and dependents								
		\$ 250	\$ 45	\$ 140		—	—	—	—	—	—	—	—	—
Massachusetts Leather Manufacturers' Association. Leather Workers; Meat Cutters. January 1966.	Individual cover- age, \$ 5,000; husband and wife, \$ 6,000; family, \$ 7,500.	Employee and dependents			Hospital, office, home, elsewhere.	Employee and dependents								
		\$ 300	\$ 50	\$ 125		—	—	1st day, \$ 5; there- after, \$ 3 per day.	—	\$ 362 per disability.	1st day.	1st day.	—	120 per disa- bility.

<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.

<sup>2</sup> The above services are covered in full if performed by a hospital employee in the out-patient department of the hospital.

<sup>3</sup> Employee covered by additional life insurance pays the full cost for this coverage.

<sup>4</sup> Includes paid holidays and vacation hours.

## Under Collective Bargaining, Early 1966—Continued

Accident and sickness	MATERNITY BENEFITS				OTHER BENEFITS <sup>1</sup> (types and amounts)	FINANCING					
	Hospitalization			Surgical		Benefits for—					
	Daily benefit or service	Duration	Extra allowance or service	Schedule allowance for normal delivery		Employee		Employee's dependents			Amount employee contributes
						Company	Jointly	Company	Jointly	Employee	
Regular benefits for 6 weeks.	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.  (2)	x	—	x	—	—	None (company pays full cost). <sup>3</sup>
	Semi-private room.	10 days.	Full cost of specified services.	\$90		(3)	—	—	—	—	
Regular benefits for 6 weeks.	Employee and dependents				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.	x	—	x	—	—	None (company pays full cost).
	Semi-private room.	10 days.	Full cost of services.	\$85		—	—	—	—	—	
—	Employee and dependents				—	x	—	x	—	—	None (company pays 3.5 cents per hour for all hours paid for). <sup>4</sup>
	\$100 for room, board and extra services.		\$50								



Under Collective Bargaining, Early 1966

ACCIDENT AND SICKNESS							HOSPITALIZATION									
Cases covered	Amount	Weekly benefit	Duration of benefits			Benefits begin		Daily benefit or service	Duration	Extended coverage		Maximum room and board allowance	Extra allowance or service	Basis of payment per—		Emergency out-patient care benefit or service
			Period	Except		Accident	Sickness			Days	Daily amount			Year	Disability	
				After age—	Benefits limited to—											
Nonoccupational.	Base hourly earnings		52 weeks per disability.	—	—	1st day.	8th day or 1st in hospital.	Employee and dependents								
	Less than \$ 2. 12	\$ 49		Semi-private room.	365 days. ( <sup>5</sup> )			—	—	—	Full cost of specified services. ( <sup>5</sup> )	—	x	Required services provided. ( <sup>5</sup> )		
	\$ 2. 12 to \$ 2. 37	56														
	\$ 2. 37 to \$ 2. 62	63														
	\$ 2. 62 to \$ 2. 87	70														
	\$ 2. 87 to \$ 3. 12	77														
	\$ 3. 12 to \$ 3. 40	84														
	\$ 3. 40 to \$ 3. 65	85														
	\$ 3. 65 to \$ 3. 90	90														
	\$ 3. 90 to \$ 4. 15	95														
	\$ 4. 15 to \$ 4. 40	100														
	\$ 4. 40 to \$ 4. 65	105														
	\$ 4. 65 to \$ 4. 90	110														
\$ 4. 90 to \$ 5. 15	115															
\$ 5. 15 or more	120															
Occupational.	Difference between workmen's compensation benefit and above amounts.															
Nonoccupational.	Total annual earnings	Weekly benefit	26 weeks per disability.	60	26 weeks during any 12 consecutive months.	4th day.	4th day.	Employee and dependents <sup>7</sup>								
	\$ 3, 000 to \$ 3, 500	\$ 40						Comprehensive major medical expense benefit provided. See "Other Benefits" column.								
	\$ 3, 500 to \$ 4, 000	45														
	\$ 4, 000 to \$ 4, 500	50														
	\$ 4, 500 to \$ 5, 000	55														
\$ 5, 000 and over	60															
( <sup>8</sup> )	( <sup>8</sup> )		( <sup>8</sup> )	( <sup>8</sup> )	( <sup>8</sup> )	( <sup>8</sup> )	( <sup>8</sup> )	Employee and dependents								
								Ward accommodation.	100 days.	—	—	—	\$ 300, plus 75 percent of next \$ 4, 000 of charges, plus \$ 25 ambulance allowance.	—	x	\$ 300, plus 75 percent of next \$ 4, 000 of charges, plus \$ 25 ambulance allowance.

<sup>4</sup> Maximum—66 2/3 percent of basic weekly earnings.

<sup>5</sup> Effective Oct. 1, 1966: In approved nursing homes, convalescent and long term illness care for 730 days. Benefits reduced by 2 days for every 1 day in the hospital.

<sup>6</sup> Also, a special death benefit is paid to the dependent beneficiary; additional insurance is provided on a contributory basis.

<sup>7</sup> Benefits described are those available to employees in the St. Paul plant.

<sup>8</sup> No accident and sickness insurance benefit provided by plan; employees covered by the California State temporary disability law. See appendix A.

## Digest of Selected Health and Insurance Plans

COMPANY, UNION, AND DATE OF INFORMATION—Continued	INCOME LIMITS FOR SERVICE SURGICAL AND MEDICAL BENEFITS	SURGICAL				MEDICAL												
		Allowances for—			Covers cases in—	Allowance				Maximum compensation	Benefits begin		Number of visits paid for	Number of days paid for				
		Most expensive operation	Tonsillectomy	Appendec- tomy		Home	Office	Hospital	Elsewhere		Sickness	Accident						
International Harvester Co.  Automobile Workers.  March 1966.	—	Employee and dependents  Reasonable and customary charge. <sup>2</sup>			Hospital, office, home, elsewhere.	Employee and dependents  Reasonable and customary charge. <sup>2</sup>								—	365 per disa- bility.			
Minnesota Mining and Manufacturing Co.  Oil, Chemical and Atomic Workers.  February 1966.		Employee and dependents <sup>7</sup>  Comprehensive major medical expense benefit provided. See "Other Benefits" column.				Employee and dependents <sup>7</sup>  Comprehensive major medical expense benefit provided. See "Other Benefits" column.												
California Metal Trades Association.  Various unions.  January 1966.	—	Employee and dependents  \$750      \$100      \$200			Hospital, office, home, elsewhere.	Employee  \$7.50    \$5 per    \$5 per visit. per visit.    visit.  Home and office: \$500 per year.  Hospital: \$500 per year.								Home and office: 3d visit.  Hospital: 1st visit.	1st visit.	1 per day.	—	
						Dependents  —      —      Same as above.								\$500 per year.	1st visit.	Same as above.	Same as above.	—

<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.

<sup>2</sup> For an employee earning \$7,500 annually or more, the plan pays the amount it would pay if the employee earned less than \$7,500 but at least \$5,000 annually.

<sup>3</sup> Effective Oct. 1, 1966: Prenatal and postnatal care benefit provided.

<sup>4</sup> After Oct. 1, 1966, no payment required of the employee if services are rendered during hospital confinement.

<sup>5</sup> Effective Oct. 1, 1966: Psychotherapeutic care and psychiatric care benefits (for treatment out of hospital)—\$400 per year.

## Under Collective Bargaining, Early 1966—Continued

Accident and sickness	MATERNITY BENEFITS				OTHER BENEFITS <sup>1</sup> (types and amounts)	FINANCING					
	Hospitalization			Surgical		Benefits for—					
	Daily benefit or service	Duration	Extra allowance or service	Schedule allowance for normal delivery		Employee		Employee's dependents			
						Company	Jointly	Company	Jointly	Employee	
Regular benefits for 6 weeks.	Employee and dependents					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. <sup>6</sup>  Other benefits: None (company pays full cost).
	Semi-private room.	365 days.	Full cost of specified services.	Reasonable and customary charge. <sup>2</sup>  ( <sup>3</sup> )	Diagnostic X-ray and laboratory examination benefit—reasonable and customary charge. <sup>2</sup>  Anesthesia allowance for cases in or out of hospital, if administered by doctor other than doctor performing surgery—reasonable and customary charge. <sup>2</sup>  Radiological therapy, consultation services, and technical surgical assistance benefit—reasonable and customary charges, <sup>2</sup> which are in excess of \$5 or 10 percent of charge for service, whichever is greater. <sup>4</sup>  Emergency first aid benefit allowance (if services are rendered by physician within 24 hours following accident)—\$15.  ( <sup>5</sup> )	—	x	x	—	—	
Regular benefits for 6 weeks.	Employee and dependents <sup>7</sup>					x	—	x	—	—	None (company pays full cost).
			\$180 maternity allowance. <sup>8</sup>		Comprehensive major medical expense benefit—Full cost of 1st \$500 of hospital, surgical and in-hospital medical expenses which are in excess of \$40 and 85 percent of excess expenses; 85 percent of out-of-hospital medical and other expenses which are in excess of \$40; maximum—\$15,000 per lifetime.	x	—	x	—	—	
—	Employee and dependents					x	—	x	—	—	None (company pays \$25.25 per month per employee).
			\$150 maternity allowance.		Additional accident expense allowance (for expenses incurred within 90 days of accident in excess of those covered by other plan benefits)—\$300.  Diagnostic X-ray and laboratory allowance for nonhospitalized cases—\$300 for any one accident and all sicknesses during any 12-month period.	x	—	x	—	—	

<sup>6</sup> Employee's contribution used to purchase paid-up insurance; company purchases term insurance to make up difference between paid-up insurance and \$2,800.

<sup>7</sup> Benefits described are those available to employees in the St. Paul plant.

<sup>8</sup> Additional benefits available at employee's expense.



Under Collective Bargaining, Early 1966

ACCIDENT AND SICKNESS								HOSPITALIZATION									
Cases covered	Amount	Duration of benefits			Benefits begin		Daily benefit or service	Duration	Extended coverage		Maximum room and board allowance	Extra allowance or service	Basis of payment per—		Emergency out-patient care benefit or service		
		Period	Except		Accident	Sickness			Days	Daily amount			Year	Disability			
			After age—	Benefits limited to—													
Nonoccupational.	Basic benefit					Employee and dependents <sup>5</sup>											
	Average weekly earnings	Weekly benefit	26 weeks per disability.	—	—	8th day, retro-active to 1st after 4 weeks' disability.	8th day, retro-active to 1st after 4 weeks' disability.	\$ 17	100 days.	—	—	\$ 1,700	\$ 175	—	x	\$ 75	
	Less than \$ 60	\$ 36	100 days per disability.	—	—	(2)	(2)	\$ 2	20 days.	—	—	\$ 40	—	x	—		
	\$ 60 to \$ 70	38															
	\$ 70 to \$ 75	40															
	\$ 75 to \$ 80	41															
	\$ 80 to \$ 85	43															
	\$ 85 to \$ 90	45															
	\$ 90 to \$ 95	48															
	\$ 95 to \$ 100	50															
\$ 100 to \$ 110	53																
\$ 110 to \$ 120	58																
\$ 120 to \$ 130	63																
\$ 130 to \$ 140	68																
\$ 140 to \$ 150	73																
\$ 150 and over	75																
Supplementary benefit																	
\$ 2. 10 per day.		100 days per disability.	—	—	Upon cessation of basic benefit.	Upon cessation of basic benefit.											
Occupational.	Difference between workmen's compensation benefit and 80 percent of base weekly wage.	12 weeks per disability.	—	—	When workmen's compensation benefit is payable.	When workmen's compensation benefit is payable.											
Nonoccupational.	Less than 2 years of service: Base weekly earnings		Weekly benefit	52 weeks per disability.	—	—	1st day.	8th day or 1st in hospital.	Employee and dependents								
	Less than \$ 88. 00	\$ 53	104 weeks per disability.	260 weeks per disability.	—	—			Semi-private room.	365 days.	—	—	—	Full cost of specified services.	—	x	Required services provided.
	\$ 88. 00 to \$ 100. 00	56															
	\$ 100. 00 to \$ 115. 39	64															
\$ 115. 39 to \$ 126. 93	70																
\$ 126. 93 and over	75																
2 but less than 10 years of service: 28 times average straight hourly earnings.		104 weeks per disability.															
10 years of service or more: Same as above.		260 weeks per disability.															
Occupational.	Difference between workmen's compensation benefit and above amount.	(6)	(6)	(6)	(6)	(6)	(6)										

<sup>5</sup> Benefits for more than 104 weeks are payable only until disabled workers qualify for an unreduced pension benefit.

<sup>6</sup> Provided as part of the negotiated supplemental unemployment benefit plan.

<sup>7</sup> Effective Dec. 1, 1966: For employees with at least 10 years of service, 730 days.

## Digest of Selected Health and Insurance Plans

COMPANY, UNION, AND DATE OF INFORMATION—Continued	INCOME LIMITS FOR SERVICE SURGICAL AND MEDICAL BENEFITS	SURGICAL				MEDICAL								
		Allowances for—			Covers cases in—	Allowance				Maximum compensation	Benefits begin		Number of visits paid for	Number of days paid for
		Most expensive operation	Tonsillectomy	Appendec- tomy		Home	Office	Hospital	Elsewhere		Sickness	Accident		
Radio Corporation of America.  Electrical (IUE); Electrical (IBEW).  January 1966.	—	Employee and dependents <sup>2</sup>			Hospital, office, home, elsewhere.  ( <sup>2</sup> )	Employee and dependents <sup>2</sup>								
		\$ 300	\$ 61	\$ 200		—	—	\$ 5 per day.	—	\$ 500 per disability.	1st day.	1st day.	—	100 per disa- bility.
American Can Co.  Steelworkers.  February 1966.	—	Employee and dependents			Hospital, office, home, elsewhere.	Employee and dependents								
		\$ 300  ( <sup>4</sup> )	Under age 12, \$36; over age 12, \$60.  ( <sup>4</sup> )	\$ 150  ( <sup>4</sup> )		—	—	\$4 for each day of confinement. <sup>5</sup>	—	\$ 124 per disability.	1st day.	1st day.	—	31 per disa- bility.

<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.

<sup>2</sup> For Camden, N. J., employees and their dependents; benefits for employees in other areas may vary according to local hospital rates.

<sup>3</sup> Plus up to \$20 for nursery care of infant.

<sup>4</sup> Effective Dec. 1, 1966: Reasonable and customary charge. For an employee earning \$7,500 annually or more, the plan will pay the amount it would pay if the employee earned less than \$7,500 annually.

## Under Collective Bargaining, Early 1966—Continued

Accident and sickness	MATERNITY BENEFITS				OTHER BENEFITS <sup>1</sup> (types and amounts)	FINANCING					
	Hospitalization			Surgical		Benefits for—					
	Daily benefit or service	Duration	Extra allowance or service	Schedule allowance for normal delivery		Employee		Employee's dependents			Amount employee contributes
						Company	Jointly	Company	Jointly	Employee	
	Employee and dependents					x	—	x	—	—	None (company pays full cost).
	\$ 17 ( <sup>2</sup> )	14 days. ( <sup>2</sup> )	\$ 80 <sup>3</sup> ( <sup>2</sup> )	\$ 110 ( <sup>2</sup> )	Anesthesia allowance for cases in or out of hospital, if surgeon makes a separate charge for anesthesia—\$ 25. <sup>2</sup> Nonemergency accident and sickness allowance in out-patient department of hospital—\$ 75 per disability. <sup>2</sup> Nonoccupational accident X-ray and laboratory examination allowance for tests performed outside hospital—\$ 50 per accident. <sup>2</sup> 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—\$ 10,000 per disability.						
Regular benefits for 6 weeks.	Employee and dependents					x	—	x	—	—	None (company pays full cost).
	Semi-private room.	10 days.	Full cost of specified services.	\$ 90 <sup>4</sup>	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. <sup>4</sup> 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.  ( <sup>6</sup> )						

<sup>5</sup> If surgical operation performed, allowance is the greater of (a) \$ 4 for each day of hospital confinement up to day of operation; or (b) \$ 4 for each day of confinement minus surgical operation allowance.

<sup>6</sup> The above services are covered in full if performed by a hospital employee in the out-patient department of the hospital.

## Digest of Selected Health and Insurance Plans

COMPANY, UNION, AND DATE OF INFORMATION	ELIGIBILITY REQUIREMENTS (when new employees become eligible)	LIFE INSURANCE				ACCIDENTAL DEATH AND DISMEMBERMENT				
		Amount	Insurance	If permanently and totally disabled		Cases covered	Amount			
				Before age—	Insurance is—		Graduated according to—	Death or multidis- memberment	Single dis- memberment	
		Maintained	Paid in—							
Westinghouse Electric Corp. Electrical (IUE). February 1966.	Life and acciden- tal death and dis- memberment in- surance: Immediately or 1st of following month.  Other benefits: After 3 months' employment.	Hourly rate  Less than \$ 1.75 _____ \$ 1.75 to \$ 2.00 _____ \$ 2.00 to \$ 2.25 _____ \$ 2.25 to \$ 2.50 _____ \$ 2.50 to \$ 2.75 _____ \$ 2.75 to \$ 3.00 _____ \$ 3.00 to \$ 3.25 _____ \$ 3.25 to \$ 3.50 _____ \$ 3.50 to \$ 3.75 _____ \$ 3.75 to \$ 4.00 _____ \$ 4.00 and over _____	Insurance \$ 5,250 6,000 6,750 7,500 8,250 9,000 9,750 10,500 11,250 12,000 13,500	60 with 10 years' service and perma- nently and totally dis- abled.  60, in- sured 1 year and totally dis- abled.	\$ 2,000           Until age 62, then reduced 5 percent and by like amount monthly to \$ 2,500 or one-third of amount in effect prior to original reduction whichever is greater.	Install- ments, full amount less \$ 2,000.          —	Nonoccu- pational.	Earnings.	One-half of life insur- ance.	One- fourth of life in- surance.
Caterpillar Tractor Co. Automobile Workers. March 1966.	After 30 days' employment.	Base hourly rate  Less than \$ 2.63 _____ \$ 2.63 to \$ 2.88 _____ \$ 2.88 to \$ 3.13 _____ \$ 3.13 to \$ 3.38 _____ \$ 3.38 to \$ 3.63 _____ \$ 3.63 to \$ 3.88 _____ \$ 3.88 and over _____	Insurance \$ 5,000 5,500 6,000 6,500 7,000 7,500 8,000	65 and insured 2 years.	—	Install- ments, pay- ments cease at age 65.	Nonoccu- pational; occupa- tional.	Earnings.	Same as life insurance.	One-half of life in- surance.
North American Aviation, Inc. Automobile Workers. March 1966.	After 3 months' employment.	\$ 7,500		65	x	—	Nonoccu- pational; occupa- tional.	—	Same as life insurance.  ( <sup>5</sup> )	One-half of life in- surance.  ( <sup>5</sup> )

<sup>1</sup> Effective Nov. 1, 1966: \$ 28.

<sup>2</sup> Additional insurance provided employees earning \$ 2.31 per hour or more at employee's expense.

<sup>3</sup> Plus \$ 100 a month payable for 24 months to widow (or dependent widower), dependent unmarried children under 21, or to dependent parents. Thereafter, \$ 100 a month is payable to widow (or dependent widower) who is age 50 or over on date of employee's death until the earlier of death, remarriage or age 62. (not payable for any month widow can qualify for Mother's Insurance under Social Security).

Under Collective Bargaining, Early 1966

ACCIDENT AND SICKNESS							HOSPITALIZATION									
Cases covered	Amount	Duration of benefits	Benefits begin		Daily benefit or service	Duration	Extended coverage		Maximum room and board allowance	Extra allowance or service	Basis of payment per—		Emergency out-patient care benefit or service			
			Period	Except			Accident	Sickness			Days	Daily amount		Year	Disability	
				After age—												Benefits limited to—
Nonoccupational.	Hourly rate	Weekly benefit	26 weeks per disability.	—	—	8th day or 1st in hospital.	8th day or 1st in hospital.	Employee and dependents								
	Less than \$2.00	\$40.00						\$25	180 days.	—	—	\$4,500	\$300	—	x	Required services provided.
	\$2.00 to \$2.25	42.50						( <sup>1</sup> )								
	\$2.25 to \$2.50	47.50														
	\$2.50 to \$2.75	52.50														
	\$2.75 to \$3.00	57.50														
	\$3.00 to \$3.25	62.50														
	\$3.25 to \$3.50	67.50														
	\$3.50 to \$3.75	72.50														
	\$3.75 to \$4.00	77.50														
\$4.00 and over	85.00															
Nonoccupational.	Base hourly rate	Weekly benefit	52 weeks per disability.	—	—	1st day.	8th day, 1st in hospital, or day after surgery charge of \$25 is incurred.	Employee and dependents								
	Less than \$2.63	\$60						Semi-private room.	365 days.	—	—	—	Full cost of specified services.	—	x	Required services provided.
	\$2.63 to \$2.88	66						( <sup>4</sup> )	( <sup>4</sup> )			( <sup>4</sup> )				
	\$2.88 to \$3.13	72														
	\$3.13 to \$3.38	78														
	\$3.38 to \$3.63	84														
	\$3.63 to \$3.88	90														
\$3.88 and over	96															
Occupational.	Difference between workmen's compensation benefit and above amounts.							Employee and dependents <sup>7</sup>								
( <sup>6</sup> )	( <sup>6</sup> )	( <sup>6</sup> )	( <sup>6</sup> )	( <sup>6</sup> )	( <sup>6</sup> )	( <sup>6</sup> )	( <sup>6</sup> )	\$32	365 days.	—	—	\$11,680	Full cost of services.	—	x	Required services provided.
								( <sup>8</sup> )								

<sup>4</sup> Effective Oct. 1, 1966: In nursing homes, convalescent and long-term illness care for 730 days. Benefits reduced by 2 days for every 1 day in the hospital.  
<sup>5</sup> Additional insurance provided at employee's expense.  
<sup>6</sup> No accident and sickness benefit provided for majority of employees; employees covered by the California State temporary disability law. See appendix A.  
<sup>7</sup> Benefits described are those available to the largest group of employees covered by the plan.  
<sup>8</sup> 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.

## Digest of Selected Health and Insurance Plans

COMPANY, UNION, AND DATE OF INFORMATION—Continued	INCOME LIMITS FOR SERVICE SURGICAL AND MEDICAL BENEFITS	SURGICAL				MEDICAL								
		Allowances for—			Covers cases in—	Allowance				Maximum compensation	Benefits begin		Number of visits paid for	Number of days paid for
		Most expensive operation	Tonsillectomy	Appendec- tomy		Home	Office	Hospital	Elsewhere		Sickness	Accident		
Westinghouse Electric Corp.  Electrical (IUE).  February 1966.	—	Employee and dependents			Hospital, office, home, elsewhere.	Employee and dependents								
		\$ 350	Child, \$ 60; adult, \$ 70.	\$ 175		—	—	—	—	—	—	—	—	—
Caterpillar Tractor Co.  Automobile Workers.  March 1966.	—	Employee and dependents			Hospital, office, home, elsewhere.	Employee and dependents								
		Reasonable and customary charge. <sup>3</sup>				—	—	\$ 4. 50 per day.	—	\$ 1, 642. 50 per disability.	1st day.	1st day.	—	365 per disa- bility.
North American Aviation, Inc.  Automobile Workers.  March 1966.	—	Employee and dependents			Hospital, office, home, elsewhere.	Employee and dependents								
		\$ 1, 320	\$ 110	\$ 264		\$ 3 per visit.	\$ 2 per visit.	\$ 5 per visit.	\$ 3 per visit.	Home and office: \$ 150 per year.  Hospital: \$ 1, 825 per year.	3d visit.	1st visit.	1 per day.	—

<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.

<sup>2</sup> Maximum medical expense period—2 years.

<sup>3</sup> Amount paid by plan is the amount an individual, whose annual income approximates that of the employee, would be charged.



## Digest of Selected Health and Insurance Plans

COMPANY, UNION, AND DATE OF INFORMATION	ELIGIBILITY REQUIREMENTS (when new employees become eligible)	LIFE INSURANCE				ACCIDENTAL DEATH AND DISMEMBERMENT				
		Amount	Insurance	Before age—	If permanently and totally disabled		Cases covered	Amount		
					Insurance is—			Graduated according to—	Death or multidis- memberment	Single dis- memberment
					Maintained	Paid in—				
Ford Motor Co. Automobile Workers. March 1966.	Immediately or 1st of following month.	Before age 65: Basic hourly rate	Insurance	60 with 10 years' plan cover- age or more.	—	Install- ments.	Nonoccu- pational; occupa- tional.	Earnings.	One-half of life insurance.	One-half fourth of life in- surance.
		Less than \$2.65 -----	\$6,000							
		\$2.65 to \$2.90 -----	6,500							
		\$2.90 to \$3.15 -----	7,000							
		\$3.15 to \$3.40 -----	7,500							
		\$3.40 to \$3.65 -----	8,000							
		\$3.65 to \$3.90 -----	8,500							
		\$3.90 to \$4.15 -----	9,000							
		\$4.15 to \$4.40 -----	9,500							
		\$4.40 to \$4.65 -----	10,000							
		\$4.65 to \$4.90 -----	10,500							
		\$4.90 to \$5.15 -----	11,000							
		\$5.15 and over -----	11,500							
		After age 65: Insurance reduced 2 percent monthly until (1) for employees with 10 years' coverage or more, amount equals to 1½ percent of amount in effect immediately prior to initial reduction mul- tiplied by years of coverage up to 20, minimum—\$1,500; or (2) for employees with less than 10 years' coverage, insurance reduced as above until separation from service or until amount in force is \$500, whichever is earlier.								
		(1)								
Pullman Inc. (Pullman-Standard Div.). Steelworkers. February 1966.	Immediately or 1st of following month.	Standard hourly wage rate	Insurance	60	Until age 65; there- after, a reduced amount. <sup>5</sup>	—	—	—	—	—
		\$2.385 through \$2.458 -----	\$4,500							
		\$2.531 through \$2.896 -----	5,000							
		\$2.969 through \$3.334 -----	5,500							
		\$3.407 through \$3.699 -----	6,000							

<sup>1</sup> Plus \$100 a month payable for 24 months to widow (or dependent widower), dependent unmarried children under 21, or to dependent parents. Thereafter, \$100 a month is payable to widow (or dependent widower) who is age 50 or over on date of employee's death until the earlier of death, remarriage or age 62 (not payable for any month widow can qualify for Mother's Insurance under Social Security).

<sup>2</sup> Michigan Hospital Service (Blue Cross plan); employees in other areas covered by different programs.

<sup>3</sup> Effective Oct. 1, 1966; in approved nursing homes, convalescent and long-term illness care for 730 days. Benefits reduced by 2 days for every 1 day in the hospital.

<sup>4</sup> Also provided in connection with surgery performed in out-patient department.

## Under Collective Bargaining, Early 1966

ACCIDENT AND SICKNESS								HOSPITALIZATION							
Cases covered	Amount	Duration of benefits			Benefits begin		Daily benefit or service	Duration	Extended coverage		Maximum room and board allowance	Extra allowance or service	Basis of payment per—		Emergency out-patient care benefit or service
		Period	Except		Accident	Sickness			Days	Daily amount			Year	Disability	
			After age—	Benefits limited to—											
Nonoccupational.	Basic hourly rate	Weekly benefit	52 weeks per disability.	—	—	1st day.	8th day or 1st in hospital.	Employee and dependents <sup>2</sup>							
	Less than \$2.65	\$60		Semi-private room. <sup>3</sup>	365 days. <sup>3</sup>			—	—	—	Full cost of specified services. <sup>4</sup>	—	x	Required services provided.	
	\$2.65 to \$2.90	65													
	\$2.90 to \$3.15	70													
	\$3.15 to \$3.40	80													
	\$3.40 to \$3.65	85													
	\$3.65 to \$3.90	90													
	\$3.90 to \$4.15	95													
	\$4.15 to \$4.40	100													
	\$4.40 to \$4.65	105													
	\$4.65 to \$4.90	110													
\$4.90 to \$5.15	115														
\$5.15 and over	120														
Occupational.	Difference between workmen's compensation benefit and above amounts.														
Nonoccupational.	Standard hourly wage rate	Weekly benefit	26 weeks per disability.	—	—	1st day.	8th day.	Employee and dependents							
	\$2.385 through \$2.458	\$63		Semi-private room.	365 days.			—	—	—	Full cost of specified services.	—	x	Required services provided.	
	\$2.531 through \$2.896	66													
	\$2.969 through \$3.334	69													
	\$3.407 through \$3.699	72													
Occupational.	Difference between workmen's compensation benefit and above amounts.														

<sup>5</sup> Standard hourly wage rate prior to disability      Amount maintained after age 65

\$2.385 through \$2.458	\$1,300
\$2.531 through \$2.896	1,350
\$2.969 through \$3.334	1,400
\$3.407 through \$3.699	1,450

NOTE: Effective Oct. 1, 1967: Amounts maintained increased by \$500.

## Digest of Selected Health and Insurance Plans

COMPANY, UNION, AND DATE OF INFORMATION—Continued	INCOME LIMITS FOR SERVICE SURGICAL AND MEDICAL BENEFITS	SURGICAL				MEDICAL								
		Allowances for—			Covers cases in—	Allowance				Maximum compensation	Benefits begin		Number of visits paid for	Number of days paid for
		Most expensive operation	Tonsillectomy	Appendec- tomy		Home	Office	Hospital	Elsewhere		Sickness	Accident		
Ford Motor Co. Automobile Workers. March 1966.	<sup>2</sup> \$7,500 ( <sup>3</sup> )	Employee and dependents <sup>3</sup>			Hospital, office. ( <sup>3</sup> )	Employee and dependents <sup>3</sup>								
		\$450	\$67.50	\$157.50		—	—	1st day, \$15; 2d through 20th day, \$6 per day; there- after, \$4.80 per day.	—	\$1,785 per disability.	1st day.	1st day.	—	365 per disa- bility.
Pullman Inc. (Pullman-Standard Div.) Steelworkers. February 1966.	—	Employee and dependents			Hospital, office, home, elsewhere.	Employee and dependents								
		\$300	\$50	\$150		—	—	—	—	—	—	—	—	—

<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.

<sup>2</sup> Amount specified refers to employee's annual income.

<sup>3</sup> Michigan Medical Service (Blue Shield plan); workers in other areas covered by different programs.

<sup>4</sup> Michigan Hospital Service and Michigan Medical Service (Blue Cross and Blue Shield plans); employees in other areas covered by different programs.

<sup>5</sup> Effective Sept. 1, 1966: Prenatal and postnatal care benefits provided.

Under Collective Bargaining, Early 1966—Continued

MATERNITY BENEFITS					OTHER BENEFITS <sup>1</sup> (types and amounts)	FINANCING					
Accident and sickness	Hospitalization			Surgical		Benefits for—					Amount employee contributes
	Daily benefit or service	Duration	Extra allowance or service	Schedule allowance for normal delivery		Employee		Employee's dependents			
						Company	Jointly	Company	Jointly	Employee	
Regular benefits for 6 weeks.	Employee and dependents <sup>4</sup>					x	—	x	—	—	None (company pays full cost).
	Semi-private room.	365 days.	Full cost of specified services.	\$90 ( <sup>5</sup> )	Anesthesia benefit for cases in or out of hospital, if administered by doctor other than doctor performing surgery—full payment. <sup>6</sup>  Emergency first aid benefit—full payment. <sup>6</sup> Radiological, diagnostic consultation, and technical surgical assistance benefit—full payment of charges which are in excess of \$5 or 10 percent of charge for each service, whichever is greater. <sup>7</sup>  ( <sup>8</sup> )						
Regular benefits for 6 weeks.	Employee and dependents					x	—	x	—	—	None (company pays full cost).
	Semi-private room.	10 days.	—	\$90	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 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.  ( <sup>9</sup> )						

<sup>6</sup> Applicable to workers earning less than \$7,500 annually; benefit for other workers is based on fee schedule.

<sup>7</sup> If services are rendered during hospital confinement, plan pays all charges.

<sup>8</sup> Effective Sept. 1, 1966: Psychotherapeutic care and psychiatric care benefits for treatment out of hospital, \$400 per year.

<sup>9</sup> The above services are covered in full if performed by a hospital employee in the out-patient department of the hospital.

## Digest of Selected Health and Insurance Plans

COMPANY, UNION, AND DATE OF INFORMATION	ELIGIBILITY REQUIREMENTS (when new employees become eligible)	LIFE INSURANCE				ACCIDENTAL DEATH AND DISMEMBERMENT																																							
		Amount	If permanently and totally disabled			Cases covered	Amount																																						
			Before age—	Insurance is—			Graduated according to—	Death or multidis- memberment	Single dis- memberment																																				
				Maintained	Paid in—																																								
General Motors Corp. Automobile Workers. March 1966.	1st of month fol- lowing or coin- ciding with 1 month's em- ployment.	<p>Before age 65:<sup>1</sup> Base hourly rate</p> <table border="0"> <tr> <td>Under \$2.65</td> <td>-----</td> <td>\$6,000</td> </tr> <tr> <td>\$2.65 to \$2.90</td> <td>-----</td> <td>6,500</td> </tr> <tr> <td>\$2.90 to \$3.15</td> <td>-----</td> <td>7,000</td> </tr> <tr> <td>\$3.15 to \$3.40</td> <td>-----</td> <td>7,500</td> </tr> <tr> <td>\$3.40 to \$3.65</td> <td>-----</td> <td>8,000</td> </tr> <tr> <td>\$3.65 to \$3.90</td> <td>-----</td> <td>8,500</td> </tr> <tr> <td>\$3.90 to \$4.15</td> <td>-----</td> <td>9,000</td> </tr> <tr> <td>\$4.15 to \$4.40</td> <td>-----</td> <td>9,500</td> </tr> <tr> <td>\$4.40 to \$4.65</td> <td>-----</td> <td>10,000</td> </tr> <tr> <td>\$4.65 to \$4.90</td> <td>-----</td> <td>10,500</td> </tr> <tr> <td>\$4.90 to \$5.14</td> <td>-----</td> <td>11,000</td> </tr> <tr> <td>\$5.15 and over</td> <td>-----</td> <td>11,500</td> </tr> </table> <p>After age 65: Insurance reduced 2 percent monthly until (1) for employees with 10 years' coverage or more, amount equals 1½ percent of amount in effect immediately prior to initial reduction multiplied by years of coverage up to 20, minimum—\$1,500; or (2) for employees with less than 10 years' coverage, insurance reduced as above until separation from service or until amount in force is \$500, whichever is earlier.</p>	Under \$2.65	-----	\$6,000	\$2.65 to \$2.90	-----	6,500	\$2.90 to \$3.15	-----	7,000	\$3.15 to \$3.40	-----	7,500	\$3.40 to \$3.65	-----	8,000	\$3.65 to \$3.90	-----	8,500	\$3.90 to \$4.15	-----	9,000	\$4.15 to \$4.40	-----	9,500	\$4.40 to \$4.65	-----	10,000	\$4.65 to \$4.90	-----	10,500	\$4.90 to \$5.14	-----	11,000	\$5.15 and over	-----	11,500	60 with 10 years' plan coverage or more.	Until age 65; then reduced in same manner as for active employee.  (Employee may choose either.)	Installments.  ( <sup>3</sup> )	Nonoccupational; occupational.	Earnings.	One-half of life insurance.	One-fourth of life insurance.
Under \$2.65	-----	\$6,000																																											
\$2.65 to \$2.90	-----	6,500																																											
\$2.90 to \$3.15	-----	7,000																																											
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\$5.15 and over	-----	11,500																																											
Johnson and Johnson (New Brunswick, N. J.). Textile Workers (TWUA). January 1966.	Life and accidental death and dismemberment insurance: After 90 days' employment.  Accident and sickness benefit: Immediately or 1st of following month.  Other benefits: After 60 days' employment.	\$3,000	60	x	—	Nonoccupational; occupational.	—	Same as life insurance.	One-half of life insurance.																																				

<sup>1</sup> Life insurance for employee age 65 or over when hired is \$500.

<sup>2</sup> Plus \$100 a month payable for 24 months to widow (or dependent widower), dependent unmarried children under 21, or to dependent parents. Thereafter, \$100 a month is payable to widow (or dependent widower) who is age 50 or over on date of employee's death until the earlier of death, remarriage or age 62 (not payable for any month widow can qualify for Mother's Insurance under Social Security).

<sup>3</sup> After total amount of life insurance has been paid, \$500 coverage provided during remainder of employee's total disability.

<sup>4</sup> Benefit for employee age 65 over, when hired, is \$60 per week.

Under Collective Bargaining, Early 1966

ACCIDENT AND SICKNESS							HOSPITALIZATION									
Cases covered	Amount		Duration of benefits			Benefits begin		Daily benefit or service	Duration	Extended coverage		Maximum room and board allowance	Extra allowance or service	Basis of payment per—		Emergency out-patient care benefit or service
			Period	Except		Accident	Sickness			Days	Daily amount			Year	Disability	
				After age—	Benefits limited to—											
Nonoccupational.	Base hourly rate	Weekly benefit	52 weeks per disability.	—	—	1st day.	8th day, or if earlier, 1st day in hospital, or day after out-patient surgery charge of \$25 is incurred.	Employee and dependents <sup>6</sup>								
	Less than \$2.65 -----	\$60						Semi-private room.	365 days. <sup>5</sup>	—	—	—	Full cost of specified services. <sup>7</sup>	—	x	Required services provided.
	\$2.65 to \$2.90 -----	65														
	\$2.90 to \$3.15 -----	70														
	\$3.15 to \$3.40 -----	80														
	\$3.40 to \$3.65 -----	85														
	\$3.65 to \$3.90 -----	90														
	\$3.90 to \$4.15 -----	95														
	\$4.15 to \$4.40 -----	100														
	\$4.40 to \$4.65 -----	105														
\$4.65 to \$4.90 -----	110															
\$4.90 to \$5.15 -----	115															
\$5.15 and over -----	120															
	( <sup>4</sup> )															
Occupational.	Difference between workmen's compensation benefit and above amounts.															
Nonoccupational.	Two-thirds of average weekly earnings—maximum—\$50 per week.		26 weeks per disability.	60	26 weeks during any 12 consecutive months.	1st day.	8th day.	Employee and dependents								
		( <sup>8</sup> )						Semi-private room.	120 days. <sup>9</sup>	245 <sup>9</sup>	\$5	—	Full cost of specified services.	x	—	Required services provided. <sup>10</sup>

<sup>5</sup> Effective Oct. 1, 1966: In approved nursing homes, convalescent and long-term illness care for 730 days. Benefits reduced by 2 days for every 1 day in the hospital.  
<sup>6</sup> Michigan Hospital Service (Blue Cross plan); employees in other areas covered by different programs.  
<sup>7</sup> Also provided in connection with surgery performed in out-patient department.  
<sup>8</sup> Employee with less than 90 days' employment receives benefits required by the New Jersey State temporary disability law. See appendix A.  
<sup>9</sup> 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.  
<sup>10</sup> 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.

## Digest of Selected Health and Insurance Plans

COMPANY, UNION, AND DATE OF INFORMATION—Continued	INCOME LIMITS FOR SERVICE SURGICAL AND MEDICAL BENEFITS	SURGICAL				MEDICAL								
		Allowances for—			Covers cases in—	Allowance				Maximum compensation	Benefits begin		Number of visits paid for	Number of days paid for
		Most expensive operation	Tonsillectomy	Appendec- tomy		Home	Office	Hospital	Elsewhere		Sickness	Accident		
General Motors Corp. Automobile Workers. March 1966.	<sup>2</sup> \$7,500 ( <sup>3</sup> )	Employee and dependents <sup>3</sup>			Hospital, office. ( <sup>3</sup> )	Employee and dependents <sup>3</sup>								
		\$450.	\$67.50	\$157.50		—	—	1st day, \$15; 2d through 20th day, \$6 per day; there- after, \$4.80 per day.	—	\$1,785 per disability.	1st day.	1st day.	—	365 per disa- bility.
Johnson and Johnson (New Brunswick, N. J.). Textile Workers (TWUA). January 1966.	Single contract, \$5,000; family, \$7,500.	Employee and dependents			Hospital, office. <sup>9</sup>	Employee and dependents								
		\$500	Under age 12, \$65; over age 12, \$85.	\$175		—	—	1st day, \$15; 2d day, \$10; 3d through 14th day, \$6 per day; there- after, \$5 per day.  ( <sup>10</sup> )  ( <sup>11</sup> )	—	\$1,847 per disability. <sup>12</sup>  ( <sup>11</sup> )	1st day.	1st day.	—	365 per disa- bility.

<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.

<sup>2</sup> Amount specified refers to employee's annual income.

<sup>3</sup> Michigan Medical Service (Blue Shield plan); workers in other areas covered by different programs.

<sup>4</sup> Michigan Hospital Service and Michigan Medical Service (Blue Cross and Blue Shield plans); employees in other areas covered by different programs.

<sup>5</sup> Effective Sept. 1, 1966; Prenatal and postnatal care covered.

<sup>6</sup> Applicable to workers earning less than \$7,500 annually; benefit for other workers is based on fee schedule.

## Under Collective Bargaining, Early 1966—Continued

Accident and sickness	MATERNITY BENEFITS				OTHER BENEFITS <sup>1</sup> (types and amounts)	FINANCING					
	Hospitalization			Surgical		Benefits for—					
	Daily benefit or service	Duration	Extra allowance or service	Schedule allowance for normal delivery		Employee		Employee's dependents			Amount employee contributes
						Company	Jointly	Company	Jointly	Employee	
Regular benefits for 6 weeks.	Employee and dependents <sup>4</sup>					x	—	x	—	—	None (company pays full cost).
	Semi-private room.	365 days.	Full cost of specified services.	<sup>5</sup> \$90	Anesthesia benefit for cases in or out of hospital, if administered by nonhospital employee—or doctor other than doctor performing surgery—full payment. <sup>6</sup>  Emergency first aid benefit—full payment. <sup>6</sup>  Radiological, diagnostic consultation, and technical surgical assistance benefit—full payment of charges which are in excess of \$5 or 10 percent of charge for each service, whichever is greater. <sup>7</sup>  (8)						
Regular benefits for up to 8 weeks, pursuant to New Jersey State temporary disability law.	Employee and dependents					x	—	x	—	—	None (company pays full cost).
	Semi-private room.	7 days.	Full cost of specified services.	\$150	Anesthesia allowance for cases in or out of hospital—varies according to allowance payable for operations—\$70.  Therapeutic X-ray and radioactive isotope therapy allowance for cases in or out of hospital—\$250 per year.  Laboratory examinations allowance for cases in or out of hospital—\$25 per year.  Diagnostic examinations for cases in or out of hospital—\$100 per year.  Radium and radon therapy allowance for cases in or out of hospital—\$100 per year.  Physical therapy allowance for cases in or out of hospital—\$50 per year.						

<sup>7</sup> If services are rendered during hospital confinement plan pays all charges.

<sup>8</sup> Effective Sept. 1, 1966: Psychotherapeutic care and psychiatric care benefits for treatment out of hospital. \$400 per year.

<sup>9</sup> Emergency surgical allowance of up to \$50 for treatment in home, office, or elsewhere also provided.

<sup>10</sup> For acute diagnosed conditions; 1st day, \$30; 2d day, \$20; 3d through 14th day, \$10; thereafter \$5.

<sup>11</sup> 1 in-hospital consultation allowance per disability, \$20; payment to physician administering direct blood transfusions, \$25 per transfusion, limited to 2 per disability.

<sup>12</sup> Except for an acute diagnosed condition, when a higher maximum is allowed. See footnote 9.

Digest of Selected Health and Insurance Plans

COMPANY, UNION, AND DATE OF INFORMATION	ELIGIBILITY REQUIREMENTS (when new employees become eligible)	LIFE INSURANCE					ACCIDENTAL DEATH AND DISMEMBERMENT			
		Amount	Insurance	Before age—	If permanently and totally disabled		Cases covered	Amount		
					Insurance is—			Graduated according to—	Death or multidis- memberment	Single dis- memberment
					Maintained	Paid in—				
Sperry Gyroscope Co. (Division of Sperry Rand Corp.)	Life insurance: After 90 days' employment.	Weekly salary	Insurance	60	—	Installments.	—	—	—	—
Electrical (IUE). January 1966.	Accident and sickness benefit: Immediately or 1st of following month.  Other benefits: 1st day of month following 90 days' employment.	\$30.00 to \$37.50 ----- \$37.50 to \$45.00 ----- \$45.00 to \$52.50 ----- \$52.50 to \$60.00 ----- \$60.00 to \$62.50 ----- \$62.50 to \$72.50 ----- \$72.50 to \$81.50 ----- \$81.50 to \$91.50 ----- \$91.50 to \$5,250 annually-----  Annual salary <sup>1</sup> \$5,250.01 through \$5,750 ----- \$5,750.01 to \$6,250 ----- \$6,250.01 to \$6,750.01----- \$6,750.01 to \$7,250.01----- \$7,250.01 to \$7,750.01----- \$7,750.01 to \$8,250.01----- \$8,250.01 to \$8,750.01----- \$8,750.01 to \$9,250.01----- \$9,250.01 to \$9,750.01----- \$9,750.01 to \$11,000----- and up in increments of \$2,000----- to \$23,000 to \$25,000----- \$25,000 and over -----	\$3,600 4,200 5,000 5,800 6,400 7,000 8,000 9,000 10,000  11,000 12,000 13,000 14,000 15,000 16,000 17,000 18,000 19,000 20,000 4,000 48,000 50,000							
Kennecott Copper Corp. (Western Mining Divisions). Various unions. January 1966.	After 30 days' employment.	Annual straight-time basic wage	Insurance	60	\$1,000	Installments, full amount less \$1,000.	Nonoccu- pational	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 to \$5,000 ----- \$5,000 and over -----	\$1,000 1,500 2,000 3,000 4,000 5,000 ( <sup>2</sup> )					Less than \$1,200 --- \$1,000 \$1,200 to \$1,800 --- 1,500 \$1,800 to \$2,400 --- 2,000 \$2,400 to \$3,200 --- 3,000 \$3,200 to \$4,000 --- 4,000 \$4,000 and over --- 5,000		\$500 750 1,000 1,500 2,000 2,500

<sup>1</sup> Earnings classes are inclusive.

<sup>2</sup> Amount of life insurance equal to annual straight-time basic wage or salary taken to next higher multiple of \$100—maximum \$20,000.

Under Collective Bargaining, Early 1966

ACCIDENT AND SICKNESS							HOSPITALIZATION									
Cases covered	Amount		Duration of benefits			Benefits begin		Daily benefit or service	Duration	Extended coverage		Maximum room and board allowance	Extra allowance or service	Basis of payment per—		Emergency out-patient care benefit or service
			Period	Except		Accident	Sickness			Days	Daily amount			Year	Disability	
				After age—	Benefits limited to—											
Nonoccupational.	Weekly salary	Weekly benefit	26 weeks per disability.	60	26 weeks during any 12 consecutive months, if owing to sickness.	1st day.	8th day.	Employee and dependents								
	\$30.00 to \$37.50-----	\$20						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	Required services provided.
	\$37.50 to \$45.00-----	25														
	\$45.00 to \$52.50-----	30														
	\$52.50 to \$60.00-----	35														
	\$60.00 to \$67.50-----	40														
	\$67.50 to \$75.00-----	45														
	\$75.00 to \$82.50-----	50														
	\$82.50 to \$90.00-----	55														
	\$90.00 to \$97.50-----	60														
	\$97.50 to \$105.00-----	65														
	\$105.00 to \$112.50-----	70														
	\$112.50 to \$120.00-----	75														
	\$120.00 to \$127.50-----	80														
\$127.50 and over-----	85															
Nonoccupational.	\$60 per week.		26 weeks per disability.	—	—	1st day.	8th day.	Employee								
								Semi-private room.	365 days.	—	—	—	Full cost of specified services.	—	x	Required services provided.
Same as above.	120 days.	—	—	—	Same as above.	—	x	Same as above.								

## Digest of Selected Health and Insurance Plans

COMPANY, UNION, AND DATE OF INFORMATION—Continued	INCOME LIMITS FOR SERVICE SURGICAL AND MEDICAL BENEFITS	SURGICAL				MEDICAL								
		Allowances for—			Covers cases in—	Allowance				Maximum compensation	Benefits begin		Number of visits paid for	Number of days paid for
		Most expensive operation	Tonsillectomy	Appendec- tomy		Home	Office	Hospital	Elsewhere		Sickness	Accident		
Sperry Gyroscope Co. (Division of Sperry Rand Corp.).  Electrical (IUE).  January 1966.		Employee and dependents			Hospital, office, home, elsewhere.	Employee and dependents								
		Provided by Group Health Insurance <sup>2</sup>				—	—	Provided by Group Health Insurance, Inc. <sup>2</sup>	—	—	1st day.	1st day.	—	—
Kennecott Copper Corp. (Western Mining Divisions).  Various unions.  January 1966.	Individual cover- age, \$6,000; family coverage, \$8,000.	Employee and dependents			Hospital, office, home, elsewhere.	Employee								
		\$675	\$67.50	\$135		—	Com- pany doc- tor's office: Full cost. <sup>3</sup>	\$5 for each day of confinement.	—	Hospital: \$600 per dis- ability.  Company doctor's office: Full cost.  Noncompany doctor's office: Unlimited.	1st day.	1st day.	Non- com- pany doctor's office: 1 per day.	Hospi- tal: 120 per disa- bility.  Com- pany doc- tor's office: Unlim- ited per disa- bility.
						Dependents								
						—	—	Same as above.	—	\$600 per dis- ability.	Same as above.	Same as above.	—	120 per dis- ability.

<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.

<sup>2</sup> See appendix B.

<sup>3</sup> Drugs and medicines prescribed by company doctor furnished without cost, if treated in office.

<sup>4</sup> Additional \$0.60 for each \$1,000 of life insurance in excess of \$5,000.

Under Collective Bargaining, Early 1966—Continued

Accident and sickness	MATERNITY BENEFITS				OTHER BENEFITS <sup>1</sup> (types and amounts)	FINANCING					
	Hospitalization			Surgical		Benefits for—					
	Daily benefit or service	Duration	Extra allowance or service	Schedule allowance for normal delivery		Employee		Employee's dependents			Amount employee contributes
						Company	Jointly	Company	Jointly	Employee	
Regular benefits for 6 weeks.	Employee and dependents				Provided by Group Health Insurance, Inc. <sup>2</sup>	—	x	—	x	—	Employee's benefits: Life insurance—\$0.12 per week per \$1,000 of insurance in excess of \$10,000. Other benefits—\$0.34 per week.  Dependents' benefits: \$0.76 per week.
Regular benefits for 6 weeks.	Employee and dependents				Laboratory and X-ray examination allowance for nonhospitalized cases—employee—\$100 per year; dependent—\$75 per year.  Additional 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—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.	—	x	x	—	—	Life insurance:  Annual straight-time basic wage                      Monthly contribution Less than \$1,200 ----- \$0.60 \$1,200 to \$1,800 ----- .90 \$1,800 to \$2,400 ----- 1.20 \$2,400 to \$3,200 ----- 1.80 \$3,200 to \$4,000 ----- 2.40 \$4,000 to \$5,000 ----- 3.00 \$5,000 and over ----- (*)  Accident and sickness benefit: \$1.42 per month.  Other benefits: None (company pays full cost).

## Digest of Selected Health and Insurance Plans

COMPANY, UNION, AND DATE OF INFORMATION	ELIGIBILITY REQUIREMENTS (when new employees become eligible)	LIFE INSURANCE					ACCIDENTAL DEATH AND DISMEMBERMENT			
		Amount	Before age—	If permanently and totally disabled		Cases covered	Amount			
				Insurance is—			Graduated according to—	Death or multidis- memberment	Single dis- memberment	
				Maintained	Paid in—					
Construction industry, Associated General Contractors of America, and other employers (Northern California).  Carpenters.  January 1966.	1st of March, June, September, or December immediately fol- lowing Fund's semiannual work period in which employee had at least 400 hours' covered employ- ment.	Employee					Nonoccu- pational; occupa- tional.	—	Same as life insurance.	One- half of life in- surance.
		\$3,500	60	x	—					
		Spouse								
		\$500	—	—	—					
		Children								
		Attained age	Insurance							
		14 days to 6 months	\$ 100	—	—	—				
		6 months to 19 years	250							
Jewelry industry, Associated Jewelers, Inc., Jewelry Crafts Association, and other employers (New York, N. Y.).  Jewelry Workers, Local 1.  February 1966.	Immediately or 1st of following month.	\$1,000	60	—	Install- ments.	Nonoccu- pational.	—	Same as life insurance.	One- half of life in- surance.	
Honeywell Inc. (Minneapolis, Minn.).  Teamsters.  January 1966.	Immediately or 1st of following month.	Service	Insurance	60	—	Install- ments or lump sum (em- ployee may choose either).	—	—	—	
		Less than 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 to 7 years	2,000							
		7 to 8 years	2,250							
		8 years and over	2,500							

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

<sup>2</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.

Under Collective Bargaining, Early 1966

ACCIDENT AND SICKNESS							HOSPITALIZATION														
Cases covered	Amount	Duration of benefits			Benefits begin		Daily benefit or service	Duration	Extended coverage		Maximum room and board allowance	Extra allowance or service	Basis of payment per—		Emergency out-patient care benefit or service						
		Period	Except		Accident	Sickness			Days	Daily amount			Year	Disability							
			After age—	Benefits limited to—																	
— ( <sup>1</sup> )	— ( <sup>1</sup> )	— ( <sup>1</sup> )	— ( <sup>1</sup> )	— ( <sup>1</sup> )	— ( <sup>1</sup> )	— ( <sup>1</sup> )	Employee and dependents														
Optional plan A <sup>2</sup>																					
Provided by the Kaiser Foundation Health Plan. <sup>3</sup>																					
Optional plan B																					
							Ward accommodations.	70 days.	—	—	—	Full cost of specified services.	—	x	Required services provided.						
Nonoccupational.	Base weekly pay	Weekly benefit	52 weeks per disability.	—	—	1st day.	8th day.	Employee													
	\$40 to \$45 -----	\$25						\$25 <sup>4</sup>	70 days.	—	—	\$1,750	\$250	—	x	\$250					
	\$45 to \$50 -----	28						Dependents													
	\$50 to \$55 -----	31																			
	\$55 to \$60 -----	34																			
	\$60 to \$65 -----	37																			
	\$65 to \$70 -----	40																			
	\$70 to \$75 -----	43																			
	\$75 to \$80 -----	46																			
	\$80 to \$85 -----	49																			
\$85 to \$90 -----	52																				
\$90 and over -----	55																				
Nonoccupational.	Basic weekly wage of less than \$80, two-thirds of basic weekly wage, maximum—\$40 per week; basic weekly wage of \$80 or more, one-half of basic weekly wage, maximum—\$80 per week.	26 weeks per disability.	—	—	1st day.	8th day.	Employee and dependents														
								\$23	120 days.	—	—	\$2,760	Full cost of specified services.	—	x	Required services provided.					

<sup>3</sup> See appendix D.

<sup>4</sup> Payable irrespective of actual charges.

## Digest of Selected Health and Insurance Plans

COMPANY, UNION, AND DATE OF INFORMATION—Continued	INCOME LIMITS FOR SERVICE SURGICAL AND MEDICAL BENEFITS	SURGICAL				MEDICAL								
		Allowances for—			Covers cases in—	Allowance				Maximum compensation	Benefits begin		Number of visits paid for	Number of days paid for
		Most expensive operation	Tonsillectomy	Appendec- tomy		Home	Office	Hospital	Elsewhere		Sickness	Accident		
Construction industry, Associated General Contractors of America, and other employers (Northern California).  Carpenters. January 1966.	Employee and dependents													
	Optional plan A <sup>2</sup>													
	Provided by the Kaiser Foundation Health Plan. <sup>3</sup>													
	Optional plan B													
	—	\$750	Under age 18, \$75; over age 18, \$100.	\$200	Hospital, office, home, elsewhere.	\$5 ( <sup>4</sup> )	\$4 ( <sup>4</sup> )	\$4 for each day of confinement.	—	Home and office: \$300 per year.  Hospital: \$280 per disability.	3d visit.	1st visit.	1 per day. ( <sup>4</sup> )	Hos- pital: 70 per disa- bility.
						Dependents								
						—	—	Same as above.	—	\$280 per dis- ability.	1st day.	1st day.	—	70 per disa- bility.
Jewelry industry, Associated Jewelers, Inc., Jewelry Crafts Association, and other employers (New York, N. Y.).  Jewelry Workers. Local 1. February 1966.	—	Employee			Hospital, office, home.	Employee only								
		\$450	\$88.88	\$355.56		\$6 per visit.	\$4 per visit.	\$6 per visit.	—	Under age 60: \$150 per dis- ability.  Over age 60: \$150 per year.	3d visit.	1st visit.	—	—
		Dependents												
		\$300	\$66.66	\$266.66										
Honeywell Inc. (Minneapolis, Minn.). Teamsters. January 1966.	Individual cover- age, \$3,000; family coverage, \$4,200.	Employee and dependents			Hospital, office, home, elsewhere.	Employee and dependents								
		\$450	\$45	\$120		—	—	1st day, \$11.25; thereafter, \$3.75 per day.	—	\$682.50 per disability.	1st day.	1st day.	—	180 per disa- bility.

<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.

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

<sup>3</sup> See appendix D.

<sup>4</sup> Also payable for chiropractic care; maximum 12 visits per year.

Under Collective Bargaining, Early 1966.—Continued

Accident and sickness	MATERNITY BENEFITS				OTHER BENEFITS <sup>1</sup> (types and amounts)	FINANCING					
	Hospitalization			Surgical		Benefits for—					
	Daily benefit or service	Duration	Extra allowance or service	Schedule allowance for normal delivery		Employee		Employee's dependents			Amount employee contributes
						Company	Jointly	Company	Jointly	Employee	
—	Employee and dependents				x	—	x	—	—	None (company pays full cost).	
	Optional plan A <sup>2</sup>										
	Provided by the Kaiser Foundation Health Plan. <sup>3</sup>										
	Optional plan B										
	\$ 150 for room, board and extra services. <sup>5</sup>			—	Diagnostic X-ray and laboratory examination allowance (for cases in or out of hospital)—\$100 for each accident or all sicknesses during any 12 consecutive months. X-ray and radium therapy treatment allowance—\$750 per year. Additional accident expense allowance (for expenses in excess of those covered by other plan benefits incurred within 90 days after accident)—\$300. Dental care benefit—for other than prosthodontic care, 70 percent of schedule allowance; for prosthodontic care, 50 percent of schedule allowance.  ( <sup>6</sup> )						
Regular benefits for 6 weeks.	Employee				Employee only					None (company pays 7.33 percent of hourly rate; maximum \$2.15 per hour; plus \$3.03 per month).	
	<sup>7</sup> \$25	14 days.	\$250	\$150	Eye care benefit (for examination and one pair of glasses every two years)—full cost.						
	Dependent										
	<sup>7</sup> \$18	10 days.	\$180	\$100							
—	Employee and dependents				x	—	—	x	—	Employee's benefits: None (company pays full cost).  Dependents' benefits: Three-fourths of cost.	
	\$23	120 days.	Full cost of specified services.	\$75	Supplemental major medical expense benefit—75 percent of expenses not covered by other plan benefits incurred during a disability which are in excess of 2 percent of base wage <sup>8</sup> ; maximum—\$10,000 per disability.						

<sup>5</sup> If hospital charges are less than \$100, the difference may be applied to other expenses incurred; i. e., physician charges.

<sup>6</sup> Effective Mar. 1, 1966, a drug benefit based on \$1.50 deductible per prescription will become available.

<sup>7</sup> Payable irrespective of actual charges.

<sup>8</sup> Minimum \$100; maximum \$300.

## Digest of Selected Health and Insurance Plans

COMPANY, UNION, AND DATE OF INFORMATION	ELIGIBILITY REQUIREMENTS (when new employees become eligible)	LIFE INSURANCE				ACCIDENTAL DEATH AND DISMEMBERMENT			
		Amount	If permanently and totally disabled			Cases covered	Amount		
			Before age—	Insurance is—			Graduated according to—	Death or multidis- memberment	Single dis- memberment
Maintained	Paid in—								
Doll and toy industry National Associa- tion of Doll Manu- facturers, and other employers (New York, N. Y.).  Toy and Novelty Workers, Local 223.  January 1966.	Accident and sickness 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.  January 1966.	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 insurance.	One-half of life in- surance.
Association of Master Painters and Decorators of the City of New York, Inc.  Painters, District Council 9.  January 1966.	Regular benefits <sup>2</sup> 1st of month in which following requirements are met: 6 months' union member- ship; earned at least \$1,800 from contributing employers during preceding 12 months; and at least 1 day's covered employ- ment during pre- ceding 5 months.	\$1,000 <sup>2</sup>	60	x	—	Nonoccu- pational; occupa- tional.	—	Same as life insurance.	One-half of life in- surance.

<sup>1</sup> 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.

<sup>2</sup> Prior to qualifying for regular benefits, employee becomes eligible for \$100 life insurance on first of month following month in which he had 1 day's covered employment. Apprentice coverage—\$500; coverage of nonbeneficial members age 60 or over when becoming union members—\$100.

<sup>3</sup> Not available to apprentices.

Under Collective Bargaining, Early 1966

ACCIDENT AND SICKNESS							HOSPITALIZATION								
Cases covered	Amount	Duration of benefits			Benefits begin		Daily benefit or service	Duration	Extended coverage		Maximum room and board allowance	Extra allowance or service	Basis of payment per—		Emergency out-patient care benefit or service
		Period	Except		Accident	Sickness			Days	Daily amount			Year	Disability	
			After age—	Benefits limited to—											
Nonoccupational.	\$33 per week or one-half average weekly wage, maximum—\$50, whichever is greater. <sup>1</sup>	26 weeks per year.	—	—	4th day.	4th day.	Employee and dependents								
							Semi-private room.	21 days.	180	50 percent of cost of semi-private room.	—	Full cost of specified services for 1st 21 days; 50 percent of cost for additional 180 days.	—	x	\$7.25
Nonoccupational.	\$40 per week.	13 weeks per disability.	—	—	1st day.	8th day.	Employee								
							\$17	—	—	—	\$850	\$450, plus \$10 ambulance allowance per trip and \$20 per disability.	—	x	\$450
							Dependents								
							\$15	—	—	—	\$750	\$350, plus \$10 ambulance allowance per trip and \$20 per disability.	—	x	\$350
Nonoccupational. ( <sup>3</sup> )	\$10 per week. ( <sup>3</sup> )	13 weeks per disability. ( <sup>3</sup> )	60 ( <sup>3</sup> )	13 weeks during any 12 consecutive months. ( <sup>3</sup> )	1st day. ( <sup>3</sup> )	8th day. ( <sup>3</sup> )	Employee and dependents								
							Semi-private room.	21 days.	180	50 percent of cost of semi-private room.	—	Full cost of specified services for 1st 21 days; 50 percent of cost for additional 180 days.	—	x	\$7.25

Digest of Selected Health and Insurance Plans

COMPANY, UNION, AND DATE OF INFORMATION—Continued	INCOME LIMITS FOR SERVICE SURGICAL AND MEDICAL BENEFITS	SURGICAL				MEDICAL								
		Allowances for—			Covers cases in—	Allowance				Maximum compensation	Benefits begin		Number of visits paid for	Number of days paid for
		Most expensive operation	Tonsillectomy	Appendectomy		Home	Office	Hospital	Elsewhere		Sickness	Accident		
Doll and toy industry, National Association of Doll Manufacturers, and other employers (New York, N. Y.).  Toy and Novelty Workers, Local 223.  January 1966.	Single contract \$2,500; family, \$4,000.	Employee and dependents			Hospital, office, home, elsewhere.	Employee and dependents								
		\$250	Under age 12, \$45; over age 12, \$65.	\$125		—	—	1st 2 days, \$4 per visit; 3d through 21st day, \$4 per day; thereafter, \$14 per week.	—	\$452 per disability.	1st day.	1st day.	1st 2 days, 2 per day.	201 per disability.
Various employers, St. Louis, Mo., area.  Machinists, District 9.  January 1966.	—	Employee			Hospital, office, home, elsewhere.	Employee and dependents								
		\$300	\$45	\$150		—	—	\$4 per visit.	—	\$200 per year.	1st visit.	1st visit.	1 per day.	—
		Dependents												
		\$200	\$30	\$100										
Association of Master Painters and Decorators of the City of New York, Inc.  Painters, District Council 9.  January 1966.		Employee and dependents												
		Optional plan A												
		Provided by the Health Insurance Plan of Greater New York. <sup>2</sup>												
		Optional plan B												
		Provided by Group Health Insurance, Inc. <sup>3</sup>												

<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.  
<sup>2</sup> See appendix C.  
<sup>3</sup> See appendix B.

Under Collective Bargaining, Early 1966—Continued

MATERNITY BENEFITS					OTHER BENEFITS <sup>1</sup> (types and amounts)	FINANCING					
Accident and sickness	Hospitalization			Surgical		Benefits for—					
	Daily benefit or service	Duration	Extra allowance or service	Schedule allowance for normal delivery		Employee		Employee's dependents			
						Company	Jointly	Company	Jointly	Employee	
	Employee and dependents				Employee only	x	—	x	—	—	None (company pays \$3.15 per week for each employee working at least 32 hours per week; \$0.085 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).
	\$80 for room, board and extra services.			\$75	Tuberculosis cash settlement allowance for pulmonary laryngeal or renal tuberculosis contracted for the first time—\$400. General medical examination in union physician's office (including X-rays, tests, and medicines)—without charge. Employee and dependents Medical examinations at fund's medical centers (including X-rays, tests, eye examinations, physiotherapy and rehabilitation treatment, and preventive immunizations)—without charge. Dental care benefit (for treatment at fund's dental centers)—without charge. Eyeglass benefit—one pair a year—full cost. Drug benefit (for drugs compounded by registered pharmacists at union pharmacies when prescribed by fund's medical center physicians)—without charge.						
Regular benefits for 6 weeks.	Employee				Employee only	x	—	x	—	—	None (company pays \$14.50 per month).
	\$17	—	\$450, plus \$10 ambulance allowance per trip and \$20 per disability.	\$75	Diagnostic X-ray and laboratory examination allowance for nonhospitalized cases—\$50 for any 1 injury or for all sicknesses during any 12 consecutive months.						
	Dependent										
	\$15	—	\$350, plus \$10 ambulance allowance per trip and \$20 per disability.	\$50							
Regular benefits for 13 weeks.	Employee and dependents					x	—	x	—	—	None (company pays 6 percent of weekly payroll).
				Optional plan A	Optional plan A						
				Provided by the Health Insurance Plan of Greater New York. <sup>2</sup>	Provided by the Health Insurance Plan of Greater New York. <sup>2</sup>						
				Optional plan B	Optional plan B						
			Provided by Group Health Insurance, Inc. <sup>3</sup>	Provided by Group Health Insurance, Inc. <sup>3</sup>							

## Digest of Selected Health and Insurance Plans

COMPANY, UNION, AND DATE OF INFORMATION	ELIGIBILITY REQUIREMENTS (when new employees become eligible)	LIFE INSURANCE					ACCIDENTAL DEATH AND DISMEMBERMENT			
		Amount	Before age—	If permanently and totally disabled		Cases covered	Amount			
				Insurance is—			Graduated according to—	Death or multidis- memberment	Single dis- memberment	
				Maintained	Paid in—					
Elgin National Watch Co. Watch Workers. April 1966.	Life insurance and accident and sickness benefits: Immediately or 1st of following month.  Other benefits: After 1 month's employment.	Service Insurance Less than 6 months ----- \$450 6 months to 1 year ----- 750 1 year and over ----- 1,500	—	—	—	—	—	—	—	
Pan American Petroleum Corp. Various unions. December 1965.	After 6 months' employment.	<sup>2</sup> \$1,000	60	25 percent.	Install- ments: 75 per- cent.	—	—	—	—	
Construction industry, various employers (Western Pennsylvania). Various unions. February 1966. ( <sup>4</sup> )	Upon completion of 6 months' con- tributions by em- ployer, covering minimum of 600 hours' work.	\$4,000	60	x	—	Nonoccu- pational; occu- pational.	—	Same as life insurance.	One- half of life in- surance.	
Trucking industry, local cartage and over-the-road freight, various associations and in- dividual employers, Central States, Southeast and South- west areas. Teamsters. April 1966. ( <sup>4</sup> )	1st of month fol- lowing 2 months of contributions by employer.	Employee			Install- ments.	Nonoccu- pational; occu- pational.	1st year ----- Thereafter -----	\$2,250 4,500	\$1,125 2,250	
1st year, \$2,250; thereafter, \$4,500.		60	—							
		Dependent spouse								
		1st year, \$250; thereafter, \$500.			—	—	—			

<sup>1</sup> Benefit for employee with 6 months' service or less is \$3 per day.

<sup>2</sup> Additional insurance provided on a contributory basis.

<sup>3</sup> No accident and sickness insurance benefit provided by plan; employees covered by paid sick-leave plan.

Under Collective Bargaining, Early 1966

ACCIDENT AND SICKNESS							HOSPITALIZATION										
Cases covered	Amount	Duration of benefits			Benefits begin		Daily benefit or service	Duration	Extended coverage		Maximum room and board allowance	Extra allowance or service	Basis of payment per—		Emergency out-patient care benefit or service		
		Period	Except		Accident	Sickness			Days	Daily amount			Year	Disability			
			After age—	Benefits limited to—													
Nonoccupational.	1st 120 days— Weekly earnings	Weekly benefit	150 days per disability.	—	—	8th day or 1st in hospital.	8th day.	Employee and dependents									
	\$40 to \$45	\$25.50		—	—			\$14	120 days.	—	—	\$1,680	\$210	—	x	\$210	
	\$45 to \$50	28.50		—	—			—	—	—	—	—	—	—	—	—	—
	\$50 to \$55	31.50		—	—			—	—	—	—	—	—	—	—	—	—
	\$55 to \$60	34.50		—	—			—	—	—	—	—	—	—	—	—	—
	\$60 to \$65	37.50		—	—			—	—	—	—	—	—	—	—	—	—
	\$65 to \$70	40.50		—	—			—	—	—	—	—	—	—	—	—	—
	\$70 to \$75	43.50		—	—			—	—	—	—	—	—	—	—	—	—
	\$75 to \$80	46.50		—	—			—	—	—	—	—	—	—	—	—	—
	\$80 to \$85	49.50		—	—			—	—	—	—	—	—	—	—	—	—
	\$85 to \$90	52.50		—	—			—	—	—	—	—	—	—	—	—	—
	\$90 to \$95	55.50		—	—			—	—	—	—	—	—	—	—	—	—
	\$95 to \$100	58.50		—	—			—	—	—	—	—	—	—	—	—	—
	\$100 and over	60.00		—	—			—	—	—	—	—	—	—	—	—	—
Thereafter—\$3 per day. (1)																	
(3)	(3)		(3)	(3)	(3)	(3)	(3)	Employee and dependents Comprehensive major medical expense benefit provided. See "Other Benefits" column.									
Nonoccupational.	\$40 per week.		26 weeks per disability.	—	—	8th day.	8th day.	Employee and dependents									
				—	—			\$25	70 days.	—	—	\$1,750	\$400, plus \$50 ambulance allowance.	—	x	\$50	
Nonoccupational.	1st year, \$25 per week; thereafter, \$50 per week.		13 weeks per disability.	—	—	1st day.	8th day.	Employee <sup>5</sup>									
								\$18	31 days.	—	—	\$558	\$200	—	x	\$25	
								Dependents <sup>5</sup>									
								\$17	31 days.	—	—	\$527	\$160	—	x	\$25	

<sup>4</sup> Benefits described are those available to the largest group of employees covered by the plan.  
<sup>5</sup> Employee insured less than 1 year and his dependents receive 50 percent of benefit.

COMPANY, UNION, AND DATE OF INFORMATION—Continued	INCOME LIMITS FOR SERVICE SURGICAL AND MEDICAL BENEFITS	SURGICAL				MEDICAL								
		Allowances for—			Covers cases in—	Allowance				Maximum compensation	Benefits begin		Number of visits paid for	Number of days paid for
		Most expensive operation	Tonsillectomy	Appendectomy		Home	Office	Hospital	Elsewhere		Sickness	Accident		
Elgin National Watch Co. Watch Workers. April 1966.	--	Employee and dependents			Hospital, office, home, elsewhere.	Employee and dependents								
		\$400	Under age 12, \$45; over age 12, \$80.	\$200		—	—	\$4 for each day of confinement. ( <sup>2</sup> )	—	\$400 per disability.	1st day.	1st day.	—	—
Pan American Petroleum Corp. Various unions. December 1965.		Employee and dependents				Employee and dependents								
		Comprehensive major medical expense benefit provided. See "Other Benefits" column.				Comprehensive major medical expense benefit provided. See "Other Benefits" column.								
Construction industry, various employers (Western Pennsylvania). Various unions. February 1966. ( <sup>4</sup> )	—	Employee and dependents			Hospital, office, home, elsewhere.	Employee and dependents								
		\$400	\$80	\$200		—	—	\$5 per day. ( <sup>5</sup> )	—	\$350 per disability.	1st day.	1st day.	—	70
Trucking industry, local cartage and over-the-road freight, various associations, and individual employers, Central States, Southeast and Southwest areas. Teamsters. April 1966. ( <sup>4</sup> )	—	Employee and dependents <sup>6</sup>			Hospital, office, home, elsewhere.	Employee and dependents								
		\$300	\$45	\$150		—	—	—	—	—	—	—	—	—

<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.

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

<sup>3</sup> No accident and sickness insurance benefit provided by plan; employees covered by paid sick-leave plan.

## Under Collective Bargaining, Early 1966—Continued

Accident and sickness	MATERNITY BENEFITS				OTHER BENEFITS <sup>1</sup> (types and amounts)	FINANCING									
	Hospitalization			Surgical		Benefits for—									
	Daily benefit or service	Duration	Extra allowance or service	Schedule allowance for normal delivery		Employee		Employee's dependents			Amount employee contributes				
						Company	Jointly	Company	Jointly	Employee					
—	Employee and dependents				—	x	—	x	—	Life insurance: None (company pays full cost).  Accident and sickness benefit: 0.8 percent of weekly gross earnings up to \$100 per week.  Hospital, surgical, and medical benefits: Benefits for employee only, \$0.60 per week; for employee and dependents, \$1.56.					
	\$250 maternity allowance.				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.										
— ( <sup>3</sup> )	Employee and dependents				—	x	—	x	—	Life insurance: None (company pays full cost).  Comprehensive major medical benefits: Employee only, \$5.06 per month; employee and dependents, \$14.75; each dependent child age 19 through 24, additional \$4.44.					
	\$100 maternity allowance.				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.										
Regular benefits for 6 weeks.	Employee and dependent				Employee only					x	—	x	—	—	None (company pays full cost—\$0.175 per hour worked).
	\$150 maternity allowance.				Identification allowance (for expenses involved in placing disabled employee under care of relatives or friends)—\$100.										
Regular benefits for 6 weeks.	Employee <sup>6</sup>				Employee and dependents					x	—	x	—	—	None (company pays \$7.30 per week).
	\$140 for room, board and extra services. <sup>6</sup>		\$75		Dental benefit—100 percent of fee schedule allowances.  Eye care benefit (for one examination, one pair of lenses per year, and one pair of frames every 2 years)—100 percent of fee schedule allowances.										
	Dependent <sup>6</sup>														
	\$120 for room, board and extra services. <sup>6</sup>		\$50												

<sup>4</sup> Benefits described are those available to the largest group of employees covered by the plan.

<sup>5</sup> Payable to surgeon for presurgery visits in hospital.

<sup>6</sup> Employee insured less than 1 year and his dependent receive 50 percent of benefit.

Digest of Selected Health and Insurance Plans

COMPANY, UNION, AND DATE OF INFORMATION	ELIGIBILITY REQUIREMENTS (when new employees become eligible)	LIFE INSURANCE				ACCIDENTAL DEATH AND DISMEMBERMENT			
		Amount	If permanently and totally disabled			Cases covered	Amount		
			Before age—	Insurance is—			Graduated according to—	Death or multidis- memberment	Single dis- memberment
				Maintained	Paid in—				
Distributors Association.  Longshoremen's and Warehousemen's Union, Locals 6 and 17.  January 1966.	Life and accidental death and dismemberment insurance: 1 year's employment, minimum of 1,500 hours of work.  Other benefits: 1st day of month following 30 days' employment from the 20th of one month to the 20th of following month.	\$ 1,000	60	x	—	Nonoccu- pational.	—	Same as life insurance.	One- half of life in- surance.
Truck Owners Association of California.  Teamsters.  March 1966.	After 30 days' employment.	\$ 2,000	60  After age 60.	x  For 1 year.	—  —	Nonoccu- pational.	—	Same as life insurance.	One- half of life in- surance.

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

<sup>2</sup> See appendix D.

<sup>3</sup> Benefits are reduced by amount employee receives under the California State temporary disability law (\$ 12 a day for 20 days).

<sup>4</sup> Plan pays 85 percent of actual charge up to maximum specified.

Under Collective Bargaining, Early 1966

ACCIDENT AND SICKNESS							HOSPITALIZATION									
Cases covered	Amount	Duration of benefits			Benefits begin		Daily benefit or service	Duration	Extended coverage		Maximum room and board allowance	Extra allowance or service	Basis of payment per—		Emergency out-patient care benefit or service	
		Period	Except		Accident	Sickness			Days	Daily amount			Year	Disability		
			After age—	Benefits limited to—												
— (1)	— (1)	— (1)	— (1)	— (1)	— (1)	— (1)	— (1)	Optional plan A								
								Employee and dependents								
								Provided by the Kaiser Foundation Health Plan <sup>2</sup>								
								Optional plan B								
								Employee								
								\$ 14	31 days.	—	—	\$ 434	\$ 300, plus 75 percent of additional charges; maximum—\$ 1,600.	—	x	\$ 300, plus 75 percent of additional charge; maximum—\$ 1,600.
								Dependents								
\$ 18.50	Same as above.	—	—	\$ 573.50	Same as above.	—	x	Same as above.								
— (1)	— (1)	— (1)	— (1)	— (1)	— (1)	— (1)	— (1)	Employee <sup>3</sup> and dependents								
								Semi-private room rate. (4)	70 days.	—	—	—	85 percent of cost of specified services, plus 85 percent of ambulance charges per trip; maximum—\$ 50.	—	x	Required services provided.

## Digest of Selected Health and Insurance Plans

COMPANY, UNION, AND DATE OF INFORMATION—Continued	INCOME LIMITS FOR SERVICE SURGICAL AND MEDICAL BENEFITS	SURGICAL				MEDICAL								
		Allowances for—			Covers cases in—	Allowance				Maximum compensation	Benefits begin		Number of visits paid for	Number of days paid for
		Most expensive operation	Tonsillectomy	Appendec- tomy		Home	Office	Hospital	Elsewhere		Sickness	Accident		
Distributors Association.  Longshoremen's and Warehousemen's Union, Locals 6 and 17.  January 1966.	Optional plan A													
	Employee and dependents													
	Provided by the Kaiser Foundation Health Plan. <sup>2</sup>													
	Optional plan B													
	Employee													
	—	\$ 350	\$ 52. 50	\$ 175	Hospital, office, home, elsewhere.	\$ 5 per visit.	\$5 per visit.	\$ 5 per visit.	—	\$ 350 per year.	Hospital: 1st visit.  Home and office: 2d visit.	1st visit.	1 per day.	—
Dependents														
	—	\$ 750	Under age 18, \$ 75; over age 18, \$ 100.	\$ 200	Same as above.	—	Same as above.	\$ 5 per day.	—	Office: \$ 250 per year.  Hospital: \$ 155 per disa- bility.	Office: 2d visit.  Hospital: 1st day.	Office: 1st visit.  Hospital: 1st day.	—	31 per disa- bility.
Truck Owners Association of California.  Teamsters.  March 1966.	Employee and dependents			Hospital, office, home, elsewhere.	Employee									
	\$ 750	Under age 18, \$ 75; over age 18, \$ 100.	\$ 200		\$ 10 per visit.  ( <sup>3</sup> )	\$5 per visit.  ( <sup>3</sup> )	1st visit, \$ 15; thereafter, \$ 5 per visit.  ( <sup>3</sup> ) ( <sup>4</sup> )	—	\$ 750 per disa- bility.  ( <sup>3</sup> ) ( <sup>4</sup> )	Hospital: 1st visit.  Home and office: 3d visit.	Hospital: 1st visit.  Home and office: 1st visit.	—	—	
	Dependents									—	\$ 355 per disa- bility.  ( <sup>3</sup> ) ( <sup>4</sup> )	1st visit.	1st visit.	—

<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.

<sup>2</sup> See appendix D.

<sup>3</sup> Plan pays 85 percent of actual charges up to maximums specified.

<sup>4</sup> Plus 1 in-hospital consultation allowance per disability: Limited examination—\$ 15; complete examination—\$ 25.

## Under Collective Bargaining, Early 1966—Continued

MATERNITY BENEFITS					OTHER BENEFITS <sup>1</sup> (types and amounts)	FINANCING					
Accident and sickness	Hospitalization			Surgical		Benefits for—					Amount employee contributes
	Daily benefit or service	Duration	Extra allowance or service	Schedule allowance for normal delivery		Employee		Employee's dependents			
						Company	Jointly	Company	Jointly	Employee	
	Optional plan A				Employee and dependents	x	—	x	—	—	None (company pays full cost).
	Employee and dependent				Dental care benefit—73 percent of fee schedule allowance.						
	Provided by the Kaiser Foundation Health Plan. <sup>3</sup>				Optional plan A						
	Optional plan B				Provided by the Kaiser Foundation Health Plan. <sup>2</sup>						
	Employee only				Optional plan B						
—	—	—	—	\$ 87.50	<p>Diagnostic X-ray and laboratory test allowance for non-hospitalized cases—\$50 during any 12 consecutive months.</p> <p>Additional accident expense allowance (for expenses incurred within 90 days of accident)—\$300.</p> <p>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.</p> <p>For employee only:</p> <p>Supplemental major medical expense benefit—80 percent of expenses not covered by other plan benefits incurred during a calendar year which are in excess of \$100; maximum—\$10,000 during lifetime.</p>						
—	Employee and dependents				Employee and dependents	x	—	x	—	—	None (company pays \$30.73 per month).
	\$150 maternity allowance.				<p>Diagnostic X-ray and laboratory examination allowance for nonhospitalized cases: 85 percent of charge; maximum per test—amount specified in fee schedule; all tests—\$150 during any 12 consecutive months.</p> <p>Additional accident expense allowance (for expenses not covered by other plan benefits incurred within 3 months after date of accident)—85 percent of charges; maximum—\$400 per disability.</p> <p>Polio allowance (for expenses incurred within 3 years from date of first treatment, in lieu of all other plan benefits)—85 percent of charges; maximum—\$5,000.</p> <p>Supplemental major medical expense benefit: 75 percent of expenses not covered by other plan benefits incurred during a calendar year which are in excess of \$100; maximum—\$5,000 during lifetime.</p> <p>Dental care benefits—Fee schedule; maximum—\$600 per year. Oral examination and prophylaxis limited to twice a year; full mouth X-ray, once a year.</p> <p>Eye care benefit (for examination and glasses)—100 percent of fee schedule allowance.</p>						

## Digest of Selected Health and Insurance Plans

COMPANY, UNION, AND DATE OF INFORMATION	ELIGIBILITY REQUIREMENTS (when new employees become eligible)	LIFE INSURANCE				ACCIDENTAL DEATH AND DISMEMBERMENT			
		Amount	Before age—	If permanently and totally disabled		Cases covered	Amount		
				Insurance is—			Graduated according to—	Death or multidis- memberment	Single dis- memberment
				Maintained	Paid in—				
The Detroit Edison Co.  Utility Workers.  January 1966.	After 6 months' employment.	Amount equal to 1 year's base annual earnings.	60	One-half of amount.	Install- ment: One- half of amount.  (Employee may choose either.)	—	—	—	—
Deere and Co.  Automobile Workers.  March 1966.	Immediately or 1st of following month.	Service Insurance  Less than 1 month ----- \$ 1,000 1 month to 1 year ----- 6,000 1 year and over ----- One year's earnings: Minimum—\$ 6,000 Maximum—\$ 50,000	65	—	Install- ments.	Nonoccu- pational death and dismem- berment; occupa- tional dismem- berment only.	Service.	Same as life insurance.	One- half of life in- surance.
Coal industry (bitu- minous), various employers.  United Mine Workers.  February 1966.	Immediately or 1st of following month.	<sup>5</sup> \$1,000	At any age.	x	—	—	—	—	—

<sup>1</sup> No accident and sickness insurance benefit provided by plan; employees covered by paid sick-leave plan.

<sup>2</sup> Also payable for emergency treatment in clinic or doctor's office.

<sup>3</sup> Plus \$100 a month payable for 24 months to widow (or dependent widower), dependent unmarried children under 21, or to dependent parents. Thereafter, \$100 a month is payable to widow (or dependent widower) who is age 50 or over on date of employee's death until the earlier of death, remarriage or age 62 (not payable for any month widow can qualify for Mother's Insurance under Social Security).

Under Collective Bargaining, Early 1966

ACCIDENT AND SICKNESS							HOSPITALIZATION									
Cases covered	Amount	Duration of benefits			Benefits begin		Daily benefit or service	Duration	Extended coverage		Maximum room and board allowance	Extra allowance or service	Basis of payment per—		Emergency out-patient care benefit or service	
		Period	Except		Accident	Sickness			Days	Daily amount			Year	Disability		
			After age—	Benefits limited to—												
—	—	—	—	—	—	—	Employee and dependents									
( <sup>1</sup> )	( <sup>1</sup> )	( <sup>1</sup> )	( <sup>1</sup> )	( <sup>1</sup> )	( <sup>1</sup> )	( <sup>1</sup> )	Semi-private room.	365 days.	—	—	—	Full cost of specified services.	—	x	<sup>2</sup> \$20	
Nonoccupational.	Hourly earnings	Weekly benefit	52 weeks per disability.	—	—	1st day.	8th day, or if earlier, 1st in hospital, or day after out-patient surgery charge of \$25 is incurred.	Employee and dependents								
	Less than \$ 2. 60 _____	\$ 57. 50						Semi-private room.	365 days. <sup>4</sup>	—	—	—	Full cost of specified services.	—	x	Required services provided.
	\$ 2. 60 to \$ 2. 90 _____	65. 00						( <sup>4</sup> )				( <sup>4</sup> )				
	\$ 2. 90 to \$ 3. 20 _____	72. 50														
	\$ 3. 20 to \$ 3. 50 _____	80. 00														
	\$ 3. 50 to \$ 3. 80 _____	87. 50														
	\$ 3. 80 to \$ 4. 10 _____	95. 00														
	\$ 4. 10 to \$ 4. 40 _____	102. 50														
	\$ 4. 40 to \$ 4. 70 _____	110. 00														
	\$ 4. 70 and over _____	117. 50														
Occupational.	Difference between workmen's compensation benefit and above amounts.							Employee and dependents <sup>6</sup>								
—	—	—	—	—	—	—	—	Full payment for hospital care for whatever period care is required.							Required services provided.	

<sup>4</sup> Effective Oct. 1, 1966: In approved nursing homes, convalescent and long-term illness care for 730 days. Benefits reduced by 2 days for every 1 day in the hospital.  
<sup>5</sup> Funeral expense of \$ 350, additional \$ 650 in 11 equal monthly payments of \$ 50 and a 12th final payment of \$ 100; if no surviving dependent, benefit limited to funeral expense of \$ 350.  
<sup>6</sup> Widow and dependent children eligible for benefits during 12-month period that widows and survivors' benefits are received.

## Digest of Selected Health and Insurance Plans

COMPANY, UNION, AND DATE OF INFORMATION—Continued	INCOME LIMITS FOR SERVICE SURGICAL AND MEDICAL BENEFITS	SURGICAL				MEDICAL								
		Allowances for—			Covers cases in—	Allowance				Maximum compensation	Benefits begin		Number of visits paid for	Number of days paid for
		Most expensive operation	Tonsillectomy	Appendec- tomy		Home	Office	Hospital	Elsewhere		Sickness	Accident		
The Detroit Edison Co.  Utility Workers.  January 1966.	—	Employee and dependents			Hospital, office, home, elsewhere.	Employee and dependents								
		\$ 450	\$ 67	\$ 160					\$ 5 for each day of confinement.		\$ 1, 825 per disability.	1st day.	1st day.	—
Deere and Co.  Automobile Workers.  March 1966.	—	Employee and dependents			Hospital, office, home, elsewhere.	Employee								
		Reasonable and customary charge. <sup>3</sup>				\$ 3. 50 per visit.	\$ 2 per visit.	Reasonable and customary charge. <sup>3</sup>  ( <sup>4</sup> )	—	Home and office: \$ 350 or cost of 1 visit per day for 52 weeks, which- ever is greater.	1st day.	1st day.	1 per- day.	Hospi- tal: 365
						Dependents								
								Same as above. <sup>4</sup>	—	—	Same as above.	Same as above.	—	365 per disa- bility.
Coal industry (bitu- minous), various employers.  United Mine Workers.  February 1966.		Employee and dependents			Hospital, out-patient clinics, and specialist's office.	Employee and dependents <sup>7</sup>								
		Full payment provided. <sup>7</sup>				Full payment for medical care in the hospital and in out-patient clinics; also provides diagnosis and treatment by specialists in and out of hospital. <sup>8</sup>								

<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.

<sup>2</sup> No accident and sickness insurance benefit provided by plan; employees covered by paid sick-leave plan.

<sup>3</sup> Amount paid by plan is the amount an individual, whose annual income approximates that of the employee, would be charged.

<sup>4</sup> Effective Oct. 1, 1966: Also applicable to care in nursing home.

<sup>5</sup> Effective Oct. 1, 1966, prenatal and post-natal care allowance:  $\frac{2}{3}$  of amount payable to physician for obstetrical delivery.

## Under Collective Bargaining, Early 1966—Continued

Accident and sickness	MATERNITY BENEFITS				OTHER BENEFITS <sup>1</sup> (types and amounts)	FINANCING					
	Hospitalization			Surgical		Benefits for—					
	Daily benefit or service	Duration	Extra allowance or service	Schedule allowance for normal delivery		Employee		Employee's dependents			
						Company	Jointly	Company	Jointly	Employee	Amount employee contributes
( <sup>2</sup> )	Employee and dependents				<p>Anesthesia allowance for nonhospitalized cases except when used as part of emergency out-patient care—\$ 10 for each use.</p> <p>Operating room allowance for nonhospitalized cases except when used as part of emergency out-patient care—\$ 10 for each use.</p> <p>Diagnostic X-ray allowance (for diagnosis resulting in hospitalization within 30 days, or for examination occurring within 48 hours after discharge from hospital and in connection with disability causing hospitalization)—\$ 20.</p> <p>Ambulance allowance—\$ 20 per trip.</p> <p>Radiological therapy allowance—\$ 10 per treatment; maximum—\$ 100 per year.</p> <p>Supplemental major medical expense benefit: 80 percent of expenses not covered by other plan benefits incurred during any one disability which are in excess of \$ 100; maximum—\$ 10,000 per calendar year; \$ 20,000 during lifetime.</p>	—	x	—	x	—	<p>Life insurance: \$ 0.14 per week per \$ 1,000 of insurance in excess of \$ 1,000.</p> <p>Hospital, surgical, and medical benefits: 45 percent of cost.</p> <p>Major medical benefit: None (company pays full cost).</p>
Regular benefits for 6 weeks.	Employee					Employee only	x	—	x	—	None (company pays full cost).
	Semi-private room.	365 days.	Full cost of specified services.	Reasonable and customary charge. <sup>3</sup>	Laboratory and X-ray examination allowance for nonhospitalized cases—\$ 50 per disability.						
				( <sup>5</sup> )	Employee and dependents						
	Dependent				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.						
	\$ 110 for room, board and extra services.		Same as above.		Radiation therapy allowance (if treatment is administered by a physician or in out-patient department of hospital)—Amount equal to difference between medical benefits payable by plan and \$ 300.						
	Dependent only				( <sup>6</sup> )						
	Full payment for hospital and in-hospital surgical and medical care; also includes care in out-patient clinics and services of specialists, when required.				Rehabilitation benefit—special rehabilitation devices and care for severely handicapped and crippled miners and dependents; when required, medical care follow-up of discharged patients is provided.	x	—	x	—	None (company pays full cost). <sup>9</sup>	
					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.						

<sup>6</sup> Effective Oct. 1, 1966: Psychotherapeutic care and psychiatric care benefits for treatment out of hospital—\$ 300 per year.

<sup>7</sup> Widow and dependent children eligible for benefits during 12-month period that widows and survivors' benefits are received.

<sup>8</sup> Specified expensive drugs requiring long and continued use out of hospital are provided.

<sup>9</sup> Employer contributes \$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.

## Digest of Selected Health and Insurance Plans

COMPANY, UNION, AND DATE OF INFORMATION	ELIGIBILITY REQUIREMENTS (when new employees become eligible)	LIFE INSURANCE				ACCIDENTAL DEATH AND DISMEMBERMENT			
		Amount	If permanently and totally disabled			Cases covered	Amount		
			Before age—	Insurance is—			Graduated according to—	Death or multidis- memberment	Single dis- memberment
				Maintained	Paid in—				
Railroad industry, various employers.  Various nonoper- ating railway unions.  January 1966.	1st of month following 60 days' continuous active service.	\$ 4,000	—	x	—	—	—	—	
National Automobile Transporters Association.  Teamsters, National Truckaway and Driveaway Con- ference.  January 1966.	After 3 months' covered employ- ment.	Employee				Nonoccu- pational; occupa- tional.	1st year ----- Thereafter ----	\$ 2,250 \$ 4,500	\$ 1,125 \$ 2,250
1st year, \$ 2,250; thereafter, \$ 4,500.	60	—	Install- ments.						
Dependent spouse									
1st year, \$ 250; thereafter, \$ 500.	—	—	—						

<sup>1</sup> No accident and sickness benefit provided by plan; employees covered by Railroad Unemployment Insurance Act. See appendix A.

<sup>2</sup> Effective July 1, 1966: \$ 500 plus 80 percent of additional charges.

<sup>3</sup> Employees insured less than 1 year and dependents receive 50 percent of benefit.

Under Collective Bargaining, Early 1966

ACCIDENT AND SICKNESS							HOSPITALIZATION								
Cases covered	Amount	Duration of benefits			Benefits begin		Daily benefit or service	Duration	Extended coverage		Maximum room and board allowance	Extra allowance or service	Basis of payment per—		Emergency out-patient care benefit or service
		Period	Except		Accident	Sickness			Days	Daily amount			Year	Disability	
			After age—	Benefits limited to—											
— (1)	— (1)	— (1)	— (1)	— (1)	— (1)	— (1)	Employee and dependents								
							Semi-private room.	120 days.	—	—	—	\$ 500, plus 75 percent of additional charges, <sup>2</sup> plus \$ 25 ambulance allowance.	—	x	\$ 500, plus 75 percent of additional charges, <sup>2</sup> plus \$ 25 ambulance allowance.
Nonoccupational.	1st year, \$ 22.50 per week; thereafter, \$ 45.	13 weeks per disability.	—	—	1st day.	8th day.	Employee <sup>3</sup>								
							\$ 18	31 days.	—	—	\$ 558	\$ 200	—	x	\$ 200
							Dependents <sup>3</sup>								
							\$ 17	31 days.	—	—	\$ 527	\$ 160	—	x	\$ 160

## Digest of Selected Health and Insurance Plans

COMPANY, UNION, AND DATE OF INFORMATION—Continued	INCOME LIMITS FOR SERVICE SURGICAL AND MEDICAL BENEFITS	SURGICAL				MEDICAL								
		Allowances for—			Covers cases in—	Allowance				Maximum compensation	Benefits begin		Number of visits paid for	Number of days paid for
		Most expensive operation	Tonsillectomy	Appendec- tomy		Home	Office	Hospital	Elsewhere		Sickness	Accident		
Railroad industry, various employers.  Various nonoperating railway unions.  January 1966.	—	Employee and dependents			Hospital, office, home, elsewhere.	Employee								
		\$ 300 ( <sup>2</sup> )	\$ 45 ( <sup>2</sup> )	\$ 150 ( <sup>2</sup> )		\$ 5 per visit.	\$ 4 per visit.	\$ 4 per day.	—	Home and office: \$ 600 per year.  Hospital: \$ 480 per dis- ability.	Home and 4th visit.  Hospital: 1st day.	office: 2d visit.  Hospital: 1st day.	Home and office: 1 per day, 120 per year.	Hospit- tal: 120 per disa- bility.
		Dependents				—	—	\$ 4 per day.	—	\$ 480 per dis- ability.	1st day.	1st day.	—	120 per disa- bility.
National Automobile Transporters Association.  Teamsters, National Truckaway and Driveaway Conference.  January 1966.	—	Employee and dependent <sup>6</sup>			Hospital, office, home, elsewhere.	Employee and dependents								
		\$ 300	\$ 45	\$ 150		—	—	—	—	—	—	—	—	—

<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.

<sup>2</sup> Effective July 1, 1966: Allowance for most expensive operation, \$ 420; allowances for other procedures will also be increased.

<sup>3</sup> No accident and sickness benefit provided by plan; employees covered by Railroad Unemployment Insurance Act. See appendix A.

<sup>4</sup> Effective July 1, 1966: Anesthesia allowance—\$ 84 or one-fifth of surgical fee, whichever is less; diagnostic X-ray or laboratory examination allowance—\$ 100 per year; plus radiation therapy allowance—\$ 300 per year.

<sup>5</sup> "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.

## Under Collective Bargaining, Early 1966—Continued

Accident and sickness	MATERNITY BENEFITS				OTHER BENEFITS <sup>1</sup> (types and amounts)	FINANCING						
	Hospitalization			Surgical		Benefits for—						
	Daily benefit or service	Duration	Extra allowance or service	Schedule allowance for normal delivery		Employee		Employee's dependents			Amount employee contributes	
						Company	Jointly	Company	Jointly	Employee		
( <sup>3</sup> )	Employee and dependents					x	—	x	—	—	None (company pays \$ 25.72 per month).	
	Semi-private room.	10 days.	\$ 500, plus 75 percent of additional charges, plus \$ 25 ambulance charge.	\$ 90	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. <sup>4</sup>  Diagnostic X-ray or laboratory examination allowance for nonhospitalized cases—\$ 50 during any 6 consecutive months. <sup>4</sup>  Supplemental major medical expense benefit—75 percent of expenses incurred during any calendar year which are in excess of "deductible;" <sup>5</sup> maximum—\$ 5,000 during lifetime.  ( <sup>4</sup> )		x	—	x	—	—	None (company pays \$ 6.80 per week). <sup>9</sup>
Regular benefits for 6 weeks.	Employee <sup>6</sup>				Employee and dependents	x	—	x	—	—	None (company pays \$ 6.80 per week). <sup>9</sup>	
	\$ 140 for room, board and extra services.			\$ 75	Supplemental major medical expense benefit—75 percent <sup>7</sup> of expenses not covered by other plan benefits incurred during the first 2 years of a disability which are in excess of \$ 200; maximum—\$ 1,500 per disability. <sup>8</sup>							
	Dependent <sup>6</sup>											
	\$ 120 for room, board and extra services.			\$ 50								

<sup>6</sup> Employees insured less than 1 year and their dependents receive 50 percent of benefit.<sup>7</sup> Effective July 1, 1966: 80 percent.<sup>8</sup> Employees insured less than 1 year and their dependents receive 75 percent of 50 percent of charges not covered by other plan benefits incurred during the 1st 2 years of a disability which are in excess of \$ 100; maximum—\$ 750 per disability.<sup>9</sup> Effective Mar. 1, 1966: \$ 7.30 per week.

COMPANY, UNION, AND DATE OF INFORMATION	ELIGIBILITY REQUIREMENTS (when new employees become eligible)	LIFE INSURANCE				ACCIDENTAL DEATH AND DISMEMBERMENT						
		Amount	If permanently and totally disabled			Cases covered	Amount					
			Before age—	Insurance is—			Graduated according to—	Death or multidis- memberment	Single dis- memberment			
		Maintained	Paid in—									
Pennsylvania Power and Light Co.  Employees Inde- pendent Association.  January 1966.	Life insurance: Immediately or 1st of following month.  Accidental death and dismember- ment benefit: After 1 year's employment.  Other benefits: 1st of month fol- lowing 1 month's employment.	Before age 65:	Insurance		65	—	Install- ments.	Occupa- tional.	Earnings.	Same as life insurance.	One- half of life in- surance.	
		Annual straight- time earnings	When period of employment is <sup>1</sup> — 6 months to 1 year 1 year and over									
		Less than \$1,000 -----	\$1,000	\$2,000								
		\$1,000 to \$1,500 -----	1,500	3,000								
		\$1,500 to \$2,000 -----	2,000	4,000								
		\$2,000 to \$2,500 -----	2,500	5,000								
		\$2,500 to \$3,000 -----	3,000	6,000								
		\$3,000 to \$3,500 -----	3,500	7,000								
		\$3,500 to \$4,000 -----	4,000	8,000								
		\$4,000 to \$4,500 -----	4,500	9,000								
		\$4,500 to \$5,000 -----	5,000	10,000								
		\$5,000 to \$5,500 -----	5,500	11,000								
		\$5,500 to \$6,000 -----	6,000	12,000								
		\$6,000 to \$6,500 ----- and up	6,500	13,000								
		After age 65: <sup>2</sup>	Insurance									
		Years of service	Percent of annual earnings if over age—									
			65	66	67	68	69	70 and over				
		5 to 10 -----	50	45	40	35	30	25				
		10 to 15 -----	60	54	48	42	36	30				
		15 to 20 -----	70	63	56	49	42	35				
		20 to 25 -----	80	72	64	56	48	40				
		25 to 30 -----	90	81	72	63	54	45				
		30 and over -----	100	90	80	70	60	50				
American Telephone and Telegraph Co. (Long Lines Dept.).  Communication Workers.  January 1966.	After 6 months' employment.	Annual basic pay	Insurance		At any age.	With less than 5 years' service—for 1 year; with 5 to 10 years' service—for 2 years; with 10 to 15 years' service—for 3 years; for 15 years' service or more—for 1 year, then reduced 10 per- cent of initial amount annually for 5 years; minimum—\$1,500.	—	Nonoccu- pational; occupa- tional.	Earnings.	Same as life insurance.	One- half of life in- surance.	
		Less than \$3,000 -----	\$3,000									
		\$3,000 to \$4,000 -----	4,000									
		\$4,000 to \$5,000 -----	5,000									
		\$5,000 to \$6,000 -----	6,000									
		\$6,000 to \$7,000 -----	7,000									
		\$7,000 to \$8,000 -----	8,000									
		\$8,000 to \$9,000 -----	9,000									
		\$9,000 to \$10,000 ----- and up in increments of \$1,000	10,000 1,000									
Chicago Transit Authority.  Amalgamated Transit.  December 1965.	Life insurance and accident and sickness benefits: After 12 months' employment.  Other benefits: After 3 months' employment.	Service	Insurance		At any age.	For 1 year.	—	—	—	—	—	
		Less than 5 years -----	\$2,500									
		5 years or more -----	4,000									

<sup>1</sup> Employees with less than 6 months' service provided \$500 death benefit, regardless of earnings.

<sup>2</sup> \$500 guaranteed employee.

<sup>3</sup> No accident and sickness insurance benefit provided by plan; employees covered by paid sick-leave plan.

Under Collective Bargaining, Early 1966

ACCIDENT AND SICKNESS							HOSPITALIZATION								
Cases covered	Amount	Duration of benefits			Benefits begin		Daily benefit or service	Duration	Extended coverage		Maximum room and board allowance	Extra allowance or service	Basis of payment per—		Emergency out-patient care benefit or service
		Period	Except		Accident	Sickness			Days	Daily amount			Year	Disability	
			After age—	Benefits limited to—											
— ( <sup>3</sup> )	— ( <sup>3</sup> )	— ( <sup>3</sup> )	— ( <sup>3</sup> )	— ( <sup>3</sup> )	— ( <sup>3</sup> )	— ( <sup>3</sup> )	Employee and dependents								
							Semi-private room.	70 days.	—	—	—	Full cost of specified services.	—	x	Required services provided.
— ( <sup>3</sup> )	— ( <sup>3</sup> )	— ( <sup>3</sup> )	— ( <sup>3</sup> )	— ( <sup>3</sup> )	— ( <sup>3</sup> )	— ( <sup>3</sup> )	Employee and dependents <sup>4</sup>								
							Semi-private room.	120 days.	—	—	—	Full cost of specified services.	—	x	Required services provided.
Nonoccupational.	\$65 per week. <sup>5</sup>	26 weeks per disability.	—	—	8th day.	8th day.	Employee and dependents								
Occupational.	Difference between workmen's compensation benefit and above amount.							\$16	40 days.	80	\$8	\$1,280	Full cost of services for first 40 days; 50 percent of cost for additional 80 days.	—	x

<sup>4</sup> Associated Hospital Service of New York (Blue Cross plan); workers in other areas covered by different programs.

<sup>5</sup> Effective Dec. 1, 1966: \$67.50. Effective Dec. 1, 1967: \$70.

## Digest of Selected Health and Insurance Plans

COMPANY, UNION, AND DATE OF INFORMATION—Continued	INCOME LIMITS FOR SERVICE SURGICAL AND MEDICAL BENEFITS	SURGICAL				MEDICAL								
		Allowances for—			Covers cases in—	Allowance				Maximum compensation	Benefits begin		Number of visits paid for	Number of days paid for
		Most expensive operation	Tonsillectomy	Appendec- tomy		Home	Office	Hospital	Elsewhere		Sickness	Accident		
Pennsylvania Power and Light Co.  Employees Independent Association.  January 1966.	Individual cover- age, \$2,500; em- ployee and 1 or more dependents, \$4,000.  ( <sup>2</sup> )	Employee and dependents <sup>2</sup>			Hospital, office, home, elsewhere.  ( <sup>2</sup> )	Employee <sup>2</sup>								
		\$200	\$40	\$100		\$5 per visit.	\$4 per visit.	1st day, \$10; 2d day, \$5; there- after, \$3 per day.  ( <sup>3</sup> )	—	Home: \$105 per year.  Office: \$84 per year.  Hospital: \$219 per disability.  ( <sup>3</sup> )	Home and office: 4th visit.  Hospital: 1st day.	Home and office: 4th visit.  Hospital: 1st day.	Home and office: 21 per year.	Hos- pital: 70 per disa- bility.
		Dependents <sup>2</sup>				—	—	Same as above.	—	\$219 per disability.	1st day.	1st day.	—	Same as above.
American Telephone and Telegraph Co. (Long Lines Dept.).  Communication Workers.  January 1966.	Individual cover- age \$4,000; family coverage \$6,000.	Employee and dependents <sup>5</sup>			Hospital, office, home, elsewhere.	Employee and dependents <sup>5</sup>								
		\$500	Under age 12, \$65; over age 12, \$75.	\$175		—	—	1st through 7th day, \$7 per day; 8th through 14th day, \$6; 15th through 70th day, \$5; thereafter, \$4. <sup>6</sup>	—	\$571 per disability.  ( <sup>6</sup> )	1st day.	1st day.	—	120 per disa- bility.
Chicago Transit Authority.  Amalgamated Transit.  December 1965.	—	Employee and dependents			Hospital, office, home, elsewhere.	Employee only								
\$225	\$37.50	\$150	—	—		\$3.50 per visit.  ( <sup>9</sup> )	—	\$140 per year.  ( <sup>9</sup> )	1st day.	1st day.	1 per day.	40 per year.		

<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.

<sup>2</sup> Employee may have more liberal benefits for himself and his dependents by paying the additional cost.

<sup>3</sup> Plus 1 in-hospital consultation allowance per disability, \$10.

<sup>4</sup> No accident and sickness insurance benefit provided by plan; employees covered by paid sick-leave plan.

<sup>5</sup> United Medical Service, Inc., New York, N. Y. (Blue Shield plan); workers in other areas covered by different programs.

<sup>6</sup> If intensive medical care is required, 1st 2 days, \$20; 3d through 21st day, \$8; 22d through 70th day, \$5; thereafter, \$4; maximum—\$630.

## Under Collective Bargaining, Early 1966—Continued

Accident and sickness	MATERNITY BENEFITS				OTHER BENEFITS <sup>1</sup> (types and amounts)	FINANCING					Amount employee contributes
	Hospitalization			Surgical		Benefits for—					
	Daily benefit or service	Duration	Extra allowance or service	Schedule allowance for normal delivery		Employee		Employee's dependents			
						Company	Jointly	Company	Jointly	Employee	
—	Employee and dependents					—	x	—	—	x	Employee's benefits: Life insurance—\$0.40 per month per \$1,000 of insurance in excess of \$500.  Other benefits—None (company pays full cost).  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.
( <sup>4</sup> )	Semi-private room.	10 days.	Full cost of specified services.	\$60 ( <sup>2</sup> )	X-ray radium treatment allowance (for treatment of specified conditions in or out of hospital)—not available for surgical cases.  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 disability.	—	x	—	—	x	
—	Employee and dependents					—	x	x	—	—	Life and accidental death and dismemberment insurance: \$0.40 a month per \$1,000 of life insurance in excess of \$2,000.  Hospital, surgical and medical benefits: One-half of cost.  Major medical benefit: None (company pays full cost).
	\$100 for room, board and extra services.	( <sup>7</sup> )		\$90 ( <sup>7</sup> )	Supplemental 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; <sup>8</sup> maximum during lifetime—employee and dependent under age 65, \$20,000 each; each dependent of active employee over age 65, \$5,000.	—	x	x	—	—	
—	Employee and dependents					—	x	—	—	x	Employee's benefits: Hospital and surgical—\$2.25 per month.  Other benefits—None (company pays full cost).  Dependents' benefit: Full cost—one dependent, \$9 per month; two dependents or more—\$14 per month.
	\$120 for room, board and extra services.			\$75		—	x	—	—	x	

<sup>7</sup> Associated Hospital Service of New York and United Medical Service, Inc., New York (Blue Cross and Blue Shield plans); workers in other areas covered by different programs.

<sup>8</sup> Deductible is 4 percent of annual basic pay; minimum—\$100, maximum—\$500.

<sup>9</sup> Plus in-hospital consultation allowances; \$25 per disability; \$50 per year.

## Digest of Selected Health and Insurance Plans

COMPANY, UNION, AND DATE OF INFORMATION	ELIGIBILITY REQUIREMENTS (when new employees become eligible)	LIFE INSURANCE					ACCIDENTAL DEATH AND DISMEMBERMENT			
		Amount	If permanently and totally disabled				Cases covered	Amount		
			Before age—	Insurance is—		Graduated according to—		Death or multidis- memberment	Single dis- memberment	
		Maintained	Paid in—							
Twin City Lines Inc. (Minneapolis, Minn.).  Amalgamated Transit.  March 1966.	After 6 months' employment.	Service Insurance Less than 5 years ----- \$1,500 5 to 10 years ----- 2,000 10 years and over ----- 2,500	60 and insured 1 year.	—	Install- ments.	—	—	—	—	
Retail, wholesale, and warehouse industries, various employers (New York, N. Y.).  Retail, Wholesale and Department Store Union, District 65 (65 Security Plan).  January 1966.	After 90 days' employment.	Average weekly earnings <sup>2</sup>  Less than \$75 ----- \$1,000 \$2,000 \$2,500 \$3,000 \$75.01 to \$100 ----- 1,500 2,500 3,000 3,500 \$100.01 to \$125 ----- 2,000 3,000 3,500 4,000 \$125.01 to \$150 ----- 2,500 3,500 4,000 4,500 \$150.01 to \$175 ----- 3,000 4,000 4,500 5,000 \$175.01 and over ----- 3,500 4,500 5,000 5,500  20 25 30 35  Less than \$75 ----- \$3,500 \$4,000 \$4,500 \$5,000 \$75.01 to \$100 ----- 4,000 4,500 5,000 5,500 \$100.01 to \$125 ----- 4,500 5,000 5,500 6,000 \$125.01 to \$150 ----- 5,000 5,500 6,000 6,500 \$150.01 to \$175 ----- 5,500 6,000 6,500 7,000 \$175.01 and over ----- 6,000 6,500 7,000 7,500  ( <sup>3</sup> )	At any age.	For 1 year from date weekly accident and sickness benefit is exhausted.	—	Nonoccu- pational; occupa- tional.	—	\$1,000	\$500	
New York Shipping Association, Inc. (Port of New York).  Longshoremen's Association.  March 1966.	Accident and sickness benefit: Eligibility re- quirements of New York State temporary disability law.  Other benefits: After 700 hours' employment during previous fiscal year.	\$5,000	—	—	—	Nonoccu- pational; occupa- tional.	—	Same as life insurance.	One- half of life in- surance.	

<sup>1</sup> No accident and sickness insurance benefit provided by plan; employees covered by paid sick-leave plan.

<sup>2</sup> Earnings classes are inclusive.

<sup>3</sup> Additional burial benefit provided.

Under Collective Bargaining, Early 1966

ACCIDENT AND SICKNESS							HOSPITALIZATION								
Cases covered	Amount	Duration of benefits			Benefits begin		Daily benefit or service	Duration	Extended coverage		Maximum room and board allowance	Extra allowance or service	Basis of payment per—		Emergency out-patient care benefit or service
		Period	Except		Accident	Sickness			Days	Daily amount			Year	Disability	
			After age—	Benefits limited to—											
— ( <sup>1</sup> )	— ( <sup>1</sup> )	— ( <sup>1</sup> )	— ( <sup>1</sup> )	— ( <sup>1</sup> )	— ( <sup>1</sup> )	— ( <sup>1</sup> )	Employee								
							\$20	31 days.	—	—	\$620	Full cost of services.	—	x	Required services provided.
							Dependents								
							\$17	31 days.	—	—	\$527	Full cost of services.	—	x	Required services provided.
Nonoccupational.	1st 13 weeks, two-thirds of average weekly earnings; thereafter, 50 percent of average weekly earnings. Maximum—\$75 per week. <sup>4</sup>	26 weeks per disability.	—	—	1st day.	8th day.	Employee and dependents								
							Semi-private room.	120 days.	180	50 percent of cost of semi-private room.	—	Full cost of specified services for 1st 120 days; 50 percent of cost for additional 180 days.	—	x	\$7.25
Occupational.	Difference between workmen's compensation benefit and above amount.														
Nonoccupational.	\$55, if working in New York; \$50, if working in New Jersey.	26 weeks per disability.	--	—	1st day.	8th day.	Employee								
							\$24	70 days.	—	—	\$1,680	\$400, plus 75 percent of additional charges.	—	x	\$400, plus 75 percent of additional charges.
							Dependents								
							\$20	70 days.	—	—	\$1,400	\$400, plus 75 percent of additional charges. <sup>5</sup>	—	x	\$400, plus 75 percent of additional charges. <sup>5</sup>

<sup>4</sup> Available to employee after 90 days' employment. Employee with at least 4 weeks but less than 90 days' employment receives benefits required by New York State temporary disability law. See appendix A.  
<sup>5</sup> Collateral dependents, if covered, receive a less liberal benefit.

Digest of Selected Health and Insurance Plans

COMPANY, UNION, AND DATE OF INFORMATION—Continued	INCOME LIMITS FOR SERVICE SURGICAL AND MEDICAL BENEFITS	SURGICAL				MEDICAL								
		Allowances for—			Covers cases in—	Allowance				Maximum compensation	Benefits begin		Number of visits paid for	Number of days paid for
		Most expensive operation	Tonsillectomy	Appendectomy		Home	Office	Hospital	Elsewhere		Sickness	Accident		
Twin City Lines Inc. (Minneapolis, Minn.). Amalgamated Transit- March 1966.	—	Employee			Hospital, office, home, elsewhere.	Employee only								
		\$ 300	\$ 45	\$ 150		\$ 3 per visit.	\$ 2 per visit.	\$ 3 per visit.	\$ 3 per visit.	\$ 150 per disability.	Hospital: 1st visit.	Hospital: 1st visit.	1 per day.	—
		Dependents									Elsewhere: 2d visit.	Elsewhere: 1st visit.	( <sup>2</sup> )	
Retail, wholesale, and warehouse industries, various employers (New York, N. Y.).  Retail, Wholesale and Department Store Union, District 65 (65 Security Plan). January 1966.	Employee and dependents				Employee and dependents									
	Optional plan A				Optional plan A									
	Provided by the Health Insurance Plan of Greater New York <sup>4</sup>				Provided by the Health Insurance Plan of Greater New York <sup>4</sup>									
	Optional plan B				Optional plan B <sup>5</sup>									
—	\$ 250	Under age 12, \$45; over age 12, \$65.	\$ 125	Hospital, office, home, elsewhere.	\$ 6 per visit.	\$ 4 per visit.	\$ 5 per visit.	—	Unlimited.	1st visit.	1st visit.	1 per day.	—	
New York Shipping Association, Inc. (Port of New York).  Longshoremen's Association. March 1966.	—	Employee			Hospital, office, home, elsewhere.	Employee and dependents								
		\$ 400	\$ 85	\$ 200		—	—	—	—	—	—	—	—	—
		Dependents					( <sup>7</sup> )							
	\$ 350	\$ 85	\$ 200											

<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.  
<sup>2</sup> If disabled for at least 7 days, employee is entitled to 3 visits within 31 days after returning to work.  
<sup>3</sup> No accident and sickness insurance benefit provided by plan; employees covered by paid sick-leave plan.  
<sup>4</sup> See appendix C.

Under Collective Bargaining, Early 1966—Continued

MATERNITY BENEFITS					OTHER BENEFITS <sup>1</sup> (types and amounts)	FINANCING																													
Accident and sickness	Hospitalization		Surgical	Schedule allowance for normal delivery		Benefits for—																													
	Daily benefit or service	Duration				Extra allowance or service	Employee		Employee's dependents																										
			Company				Jointly	Company	Jointly	Employee	Amount employee contributes																								
(3)	Employee			Employee only	—	x	—	x	—	One-half cost of benefits; contribution varies according to his life insurance coverage.  <table border="0"> <tr> <td></td> <td>Monthly contribution</td> <td></td> </tr> <tr> <td></td> <td>Type of coverage</td> <td></td> </tr> <tr> <td></td> <td>No</td> <td>With</td> </tr> <tr> <td></td> <td>Amount of life insurance</td> <td>dependents</td> <td>dependents</td> </tr> <tr> <td>\$1,500</td> <td>-----</td> <td>\$7.15</td> <td>\$12.35</td> </tr> <tr> <td>\$2,000</td> <td>-----</td> <td>7.72</td> <td>12.92</td> </tr> <tr> <td>\$2,500</td> <td>-----</td> <td>8.28</td> <td>13.49</td> </tr> </table>		Monthly contribution			Type of coverage			No	With		Amount of life insurance	dependents	dependents	\$1,500	-----	\$7.15	\$12.35	\$2,000	-----	7.72	12.92	\$2,500	-----	8.28	13.49
		Monthly contribution																																	
		Type of coverage																																	
	No	With																																	
	Amount of life insurance	dependents	dependents																																
\$1,500	-----	\$7.15	\$12.35																																
\$2,000	-----	7.72	12.92																																
\$2,500	-----	8.28	13.49																																
	\$200 for room, board and extra services.		\$75	Diagnostic X-ray and laboratory examination allowance for nonhospitalized cases—\$50 per disability.																															
	Dependent																																		
	\$170 for room, board and extra services.		\$50																																
Regular benefits for 6 weeks.	Employee and dependent			Employee and dependents	x	—	x	—	—	None (company pays full cost).																									
	\$125 for room, board and extra services.	Optional plan A			Optional plan A																														
		Provided by the Health Insurance Plan of Greater New York <sup>4</sup>			Provided by the Health Insurance Plan of Greater New York. <sup>4</sup>																														
		Optional plan B			Optional plan B																														
		Optional plan B			X-ray therapy allowance for cases in or out of hospital—\$6.50 per treatment; maximum—\$150 per year.																														
Optional plan B			Allergy diagnosis (scratch tests) allowance for cases in or out of hospital—\$25 during life of plan.																																
			<sup>6</sup> \$125	Allergy treatment allowance for cases in or out of hospital—\$50 per year (if less than 13 treatments—\$4 per treatment).																															
				X-ray and laboratory examination allowance for cases in or out of hospital—maximum \$150 per year.																															
				Ambulance allowance for transportation from home to hospital—\$20.																															
				Pharmacy and optical services—special rates.																															
—	Dependent			Employee and dependents	x	—	x	—	None (company pays \$0.08 to the Medical Center's fund and \$0.225 per man-hour worked to the welfare fund).																										
	\$125 for room, board and extra services.			Supplemental major medical expenses benefit—80 percent of expenses not covered by other plan benefits incurred during a disability which are in excess of \$100; maximum—\$5,000 during lifetime.																															
				Employee only																															
				Dental care benefit—without cost, at ILA-NYSA Medical Center.																															

<sup>5</sup> Allowances are payable irrespective of actual charge.

<sup>6</sup> Plus \$125 for medical care.

<sup>7</sup> Free diagnostic medical services provided at ILA-NYSA Medical Centers.

## Digest of Selected Health and Insurance Plans

COMPANY, UNION, AND DATE OF INFORMATION	ELIGIBILITY REQUIREMENTS (when new employees become eligible)	LIFE INSURANCE				ACCIDENTAL DEATH AND DISMEMBERMENT			
		Amount	Before age—	If permanently and totally disabled		Cases covered	Amount		
				Insurance is—			Graduated according to—	Death or multidis- memberment	Single dis- memberment
				Maintained	Paid in—				
Maritime industry, various employers, Atlantic and Gulf Coasts.  Maritime Union.  January 1966.	200 days' covered employment in a period of 12 con- secutive quarters  <u>and</u>  100 days' covered employment dur- ing preceding 4 consecutive cal- endar quarters or calendar year  <u>or</u>  30 days' covered employment dur- ing preceding 6 months. <sup>1</sup>	\$ 3,500	60	For 1 year, then reduced \$ 150 monthly to minimum of \$ 1,500.	—	Nonoccu- pational; occupa- tional.	—	Same as life insurance.	One- half of life in- surance.
Maritime industry, various employers, Atlantic and Gulf Coasts.  Marine Engineers.  April 1966.	Regular engineers: 30 days' covered employment dur- ing 6 consecu- tive months.	\$ 5,000	60	x	—	Nonoccu- pational; occupa- tional.	—	Same as life insurance.	One- half of life in- surance.

<sup>1</sup> Partial benefits are provided to employees who do not meet these requirements.

<sup>2</sup> Benefit not payable during any period for which benefits are payable under a Seaman's War Risk Insurance policy.

<sup>3</sup> Seamen receive free medical and surgical care in Marine hospitals and out-patient clinics, under the United States Maritime law.

<sup>4</sup> Plus \$ 12 per day for 20 days, if confined to a hospital.

Under Collective Bargaining, Early 1966

ACCIDENT AND SICKNESS							HOSPITALIZATION													
Cases covered	Amount	Duration of benefits		Benefits begin		Daily benefit or service	Duration	Extended coverage		Maximum room and board allowance	Extra allowance or service	Basis of payment per—		Emergency out-patient care benefit or service						
		Period	Except		Accident			Sickness	Days			Daily amount	Year		Disability					
			After age—	Benefits limited to—																
Nonoccupational; occupational.  ( <sup>2</sup> )	1st 20 weeks of hospital confinement—\$40 per week if married, \$30 if unmarried; next 32 weeks, \$35 per week if married, \$25 if unmarried; thereafter: Months benefit	Period of hospital confinement.	—	—	1st day in hospital.	1st day in hospital.	\$16	70 days.	—	—	\$1,120	\$320	—	x	—					
	Less than 15 _____ \$70																			
	15 _____ 75																			
	16 _____ 80																			
	17 _____ 85																			
	18 _____ 90																			
	19 _____ 95																			
20 and over _____ 100																				
Nonoccupational; occupational.  ( <sup>4</sup> )	\$50 per week.	39 weeks.	—	—	8th day or 1st in hospital.	8th day or 1st in hospital.	\$20	70 days.	—	—	\$1,400	\$500	—	x	—					

Digest of Selected Health and Insurance Plans

COMPANY, UNION, AND DATE OF INFORMATION—Continued	INCOME LIMITS FOR SERVICE SURGICAL AND MEDICAL BENEFITS	SURGICAL				MEDICAL								
		Allowances for—			Covers cases in—	Allowance				Maximum compensation	Benefits begin		Number of visits paid for	Number of days paid for
		Most expensive operation	Tonsillectomy	Appendectomy		Home	Office	Hospital	Elsewhere		Sickness	Accident		
Maritime industry, various employers, Atlantic and Gulf Coasts.  Maritime Union. January 1966.	—	Dependents only <sup>2</sup>			Hospital. <sup>3</sup>	Employee and dependents <sup>2</sup>								
		\$ 300	\$ 45	\$ 150		—	—	—	—	—	—	—	—	—
Maritime industry, various employers, Atlantic and Gulf Coasts.  Marine Engineers. April 1966.	—	Dependents only <sup>2</sup>			Hospital, office, home, elsewhere. <sup>3</sup>	Dependent only <sup>2</sup>								
		\$ 300	\$ 45	\$ 150		—	\$5 per day.	\$ 5 per day.	\$5 per day.	\$ 350 per disability and for all disabilities during any 12-month period.	3d visit retro-active to 1st if hospitalized.  or 1st in hospital.	1st visit.	—	—

<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.  
<sup>2</sup> Seamen receive free medical and surgical care in Marine hospitals and out-patient clinics, under the United States Maritime law.  
<sup>3</sup> Emergency surgical care in doctor's office also provided.  
<sup>4</sup> Payable irrespective of actual charges.

Under Collective Bargaining, Early 1966—Continued

Accident and sickness	MATERNITY BENEFITS				OTHER BENEFITS <sup>1</sup> (types and amounts)	FINANCING					
	Hospitalization			Surgical		Benefits for—					
	Daily benefit or service	Duration	Extra allowance or service	Schedule allowance for normal delivery		Employee		Employee's dependents			Amount employee contributes
						Company	Jointly	Company	Jointly	Employee	
—	Dependent only			Employee and dependents	x	—	x	—	—	None (company pays full cost).	
	\$200 for room, board and extra services. <sup>4</sup>			—	Eye care benefit (for examination and glasses every 2 years)—full cost.						
—	Dependent only			Employee only	x	—	x	—	—	None (company pays \$1.18 per man per day on payroll).	
	\$100 for room, board and extra services.		\$75	Transportation allowance for transporting body of employee, who dies outside of United States to United States—\$1,000 (at fund's discretion).							
				Dependents only							
				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							
				Eye care benefit (for examination and glasses every 2 years)—by contract optometrists—full cost; by other optometrists—examination only, \$2; examination, basic frames and lenses, \$9, and \$4 additional for bifocal lenses.							

## Digest of Selected Health and Insurance Plans

COMPANY, UNION, AND DATE OF INFORMATION	ELIGIBILITY REQUIREMENTS (when new employees become eligible)	LIFE INSURANCE				ACCIDENTAL DEATH AND DISMEMBERMENT			
		Amount	Before age—	If permanently and totally disabled		Cases covered	Amount		
				Insurance is—			Graduated according to—	Death or multidis- memberment	Single dis- memberment
Maintained	Paid in—								
Hotel Association of New York City, Inc.  New York Hotel and Motel Trades Council.  December 1965.	Accident and sickness benefit: After 4 weeks <sup>1</sup> covered employ- ment.  Other benefits: After 6 months <sup>1</sup> covered employ- ment.	\$1,000	60	x	—	Nonoccu- pational; occupa- tional.	—	Same as life insurance.	One-half of life in- surance.
Pacific Maritime Association.  Longshoremen's and Warehouse- men's Union.  December 1965.	On July 1, if em- ployed 800 hours in previous pay- roll year or 400 in last half or previous payroll year; on January 1 if employed 400 hours in first half of preceding payroll year. <sup>1</sup>	\$2,000	—	—	—	Nonoccu- pational; occupa- tional.	—	Same as life insurance.	One-half of life in- surance.

<sup>1</sup> 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.

<sup>2</sup> 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.

Under Collective Bargaining, Early 1966

ACCIDENT AND SICKNESS							HOSPITALIZATION								
Cases covered	Amount	Duration of benefits			Benefits begin		Daily benefit or service	Duration	Extended coverage		Maximum room and board allowance	Extra allowance or service	Basis of payment per—		Emergency out-patient care benefit or service
		Period	Except		Accident	Sickness			Days	Daily amount			Year	Disability	
			After age—	Benefits limited to—											
Nonoccupational.	\$33 per week.	20 weeks per disability.	—	—	1st day.	8th day.	Employee and dependents								
							Semi-private room.	21 days.	180	50 percent of cost of semi-private room.	—	Full cost of specified services for 1st 21 days; 50 percent of cost for additional 180 days.	—	x	\$7.25
Nonoccupational.	\$53 per week. <sup>2</sup>	26 weeks per year.	—	—	1st day.	8th day.	Optional plan A <sup>3</sup>								
							Employee and dependents								
							Provided by the Kaiser Foundation Health Plan. <sup>4</sup>								
							Optional plan B <sup>3</sup>								
							Employee								
							\$27.50	70 days.	—	—	\$1,925	\$400	—	x	—
Dependents															
Same as above.	35 days.	—	—	\$962.50	\$280	—	x	—							

<sup>3</sup> These optional plans are available to the majority of employees under ILWU-PMA welfare plan.

<sup>4</sup> See appendix D.

COMPANY, UNION, AND DATE OF INFORMATION—Continued	INCOME LIMITS FOR SERVICE SURGICAL AND MEDICAL BENEFITS	SURGICAL				MEDICAL													
		Allowances for—			Covers cases in—	Allowance				Maximum compensation	Benefits begin		Number of visits paid for	Number of days paid for					
		Most expensive operation	Tonsillectomy	Appendectomy		Home	Office	Hospital	Elsewhere		Sickness	Accident							
Hotel Association of New York City, Inc. New York Hotel and Motel Trades Council. December 1965.	—	Employee			Employee: Hospital, health center. Dependents: Hospital, office, home, elsewhere.	Employee													
		Provided by New York Hotel Trades Council and Hotel Association of New York City, Inc., Health Center. <sup>2</sup>				Provided by New York Hotel Trades Council and Hotel Association of New York City, Inc., Health Center, Inc., Plan and Union Family Medical Fund of the Hotel Industry of New York City. <sup>2</sup>													
		Dependents				Dependents													
		\$300	Child—\$50. Adult—\$65.	\$125															
Pacific Maritime Association. Longshoremen's and Warehousemen's Union. February 1966.	Employee and dependents																		
	Optional plan A <sup>6</sup>																		
	Provided by the Kaiser Foundation Health Plan. <sup>7</sup>																		
	Optional plan B <sup>6</sup>																		
		\$300	Under age 15, \$45; over age 15, \$52.50.	\$150	Hospital, office, home, elsewhere.	\$7.50	\$5	\$5 for each day of confinement.	—	Hospital: \$350 per disability. Home and office: Unlimited.	1st visit.	1st visit.	Home and office: 1 per day.	Hospital: 70 per disability.					
						\$5	\$3	Same as above.	—	Hospital: \$175 per disability. Home and office: Unlimited.	2d visit.	Same as above.	Same as above.	Hospital: 35 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.  
<sup>2</sup> Surgical and medical care are provided in the hospital. Complete ambulatory, diagnostic, and therapeutic services are provided at the Health Center and Family Medical offices.  
<sup>3</sup> Available only to employee insured for life, accidental death and dismemberment, and hospitalization.  
<sup>4</sup> The benefits provided include general medical and specialists care; standard laboratory and other diagnostic procedures, including X-rays and refractions; physical therapy, rehabilitation, X-ray therapy, and injection therapy; the services of medical-social workers; visiting nurses; and ambulance service. Drug prescriptions are sold at or below cost; and eyeglasses, surgical appliances, and special orthopedic shoes at reduced rates through referral to outside agencies. The Center's diagnostic services are also available to patients under the care of private physicians.

Under Collective Bargaining, Early 1966—Continued

Accident and sickness	MATERNITY BENEFITS				OTHER BENEFITS (types and amounts)	FINANCING					
	Hospitalization			Surgical		Benefits for—					
	Daily benefit or service	Duration	Extra allowance or service	Schedule allowance for normal delivery		Employee		Employee's dependents			Amount employee contributes
						Company	Jointly	Company	Jointly	Employee	
Regular benefits for 6 weeks. (3)	Employee and dependents				Provided by New York Hotel Trades Council and Hotel Association of New York City, Inc., Health Center Plan and the Union Family Medical Fund of the Hotel Industry of New York City. <sup>4</sup>	x	—	x	—	—	
	\$80 for room, board and extra services.			Provided by New York Hotel Trades Council and Hotel Association of New York City, Inc., Health Center, Inc. Plan and Union Family Medical Fund of the Hotel Industry of New York City. <sup>2</sup>							
	Dependent										
	Same as above.			Provided by Union Family Medical Fund of the Hotel Industry of New York City. <sup>2</sup>							
	Dependent only				Dependents under age 15	—	x	—	x	—	1 percent of annual earnings. <sup>8</sup> (Company pays \$0.211 per man-hour worked).
	Optional plan A <sup>6</sup>				Dental care benefit—Full cost.						
	Provided by the Kaiser Foundation Health Plan. <sup>7</sup>				Optional plan A <sup>6</sup>						
	Optional plan B <sup>6</sup>				Employee and dependents						
	Provided by the Kaiser Foundation Health Plan. <sup>7</sup>				Optional plan B <sup>6</sup>						
	\$125 for room, board and extra services.			\$125	Employee and dependents						
					Diagnostic X-ray and laboratory examination allowance for nonhospitalized cases: Employee—\$85 per condition per 6 months. Dependent—\$50 per condition per 6 months.						
					Supplemental major medical expense benefit—100 percent of excess of other plan benefits and \$250; maximum \$700 per disability.						
					Dependent only						
					Dread disease benefit (in lieu of all other plan benefits)—for expenses incurred during 1st 2 years after onset of illness—\$2,000.						

<sup>5</sup> Employer pays to Insurance Fund 2.7 percent of payroll; and to Family Medical Fund, if employee works less than 32 hours a week—\$0.025 per hour worked, or if employee works 32 hours or more—\$1 per week, plus 0.8 percent of payroll.

<sup>6</sup> These optional plans are available to the majority of employees under ILWU-PMA welfare plan.

<sup>7</sup> See appendix D.

<sup>8</sup> In California 1 percent of first \$7,400 of annual earnings contributed to the State's temporary disability fund.

## Digest of Selected Health and Insurance Plans

COMPANY, UNION, AND DATE OF INFORMATION	ELIGIBILITY REQUIREMENTS (when new employees become eligible)	LIFE INSURANCE					ACCIDENTAL DEATH AND DISMEMBERMENT			
		Amount	Insurance	Before age—	If permanently and totally disabled		Cases covered	Amount		
					Maintained	Paid in—		Graduated according to—	Death or multidis- memberment	Single dis- memberment
Restaurant industry, various employers (New York, N. Y.).  Hotel and Restaurant Employees, Local 89.  December 1965.	After 6 months' employment.	Base weekly earnings	Insurance	60	x	—	Nonoccu- pational; occupa- tional.	Earnings.	Same as life insurance.	One-half life 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							
Realty Advisory Board on Labor Relations, Inc. (New York, N. Y.).  Building Service Employees.  January 1966.	After 30 days' employment.	\$1,000		60	x	—	—	—	—	—
Retail drug industry various associations and employers (New York, N. Y.).  Retail, Wholesale and Department Store Union, Local 1199.  December 1965.	Accident and sickness benefit: Immediately or 1st of following month.  Other benefits: After 3 months' covered employ- ment.	Average weekly earnings	Length of coverage under plan	Insurance	60	x	—	Nonoccu- pational.	Average weekly earnings	
		\$37.50 to \$50 -----	Less than 1 year -----	\$500	After age 60.	For 3 months; up to \$2,000 for additional 9 months.	—	( <sup>2</sup> )	\$37.50 to \$49.99 -----	\$500
		\$50 to \$75 -----	1 to 2 years -----	500					\$50 and over less than 1 year's plan coverage -----	500
			2 to 3 years -----	1,000					1 to 2 years' plan cover- age -----	250
			3 years and over -----	1,500					2 to 3 years' plan cover- age -----	500
		\$75 and over -----	Less than 1 year -----	2,000					3 years' plan cover- age -----	750
			1 to 2 years -----	500					3 years' plan coverage and over -----	1,000
			2 to 3 years -----	1,000					( <sup>2</sup> )	( <sup>2</sup> )
			3 to 4 years -----	1,500					( <sup>2</sup> )	( <sup>2</sup> )
			4 to 5 years -----	2,000					( <sup>2</sup> )	( <sup>2</sup> )
			5 to 6 years -----	2,500					( <sup>2</sup> )	( <sup>2</sup> )
			6 to 7 years -----	3,000					( <sup>2</sup> )	( <sup>2</sup> )
			7 years and over -----	3,500					( <sup>2</sup> )	( <sup>2</sup> )
			( <sup>2</sup> )	4,000					( <sup>2</sup> )	( <sup>2</sup> )

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

<sup>2</sup> Not available if employee earns less than \$37.50 per week.

<sup>3</sup> If disability occurs within first 30 days' employment, benefit is 50 percent of average weekly pay (maximum—\$55) for 20 weeks.

Under Collective Bargaining, Early 1966

ACCIDENT AND SICKNESS							HOSPITALIZATION								
Cases covered	Amount	Duration of benefits			Benefits begin		Daily benefit or service	Duration	Extended coverage		Maximum room and board allowance	Extra allowance or service	Basis of payment per—		Emergency out-patient care benefit or service
		Period	Except		Accident	Sickness			Days	Daily amount			Year	Disability	
			After age—	Benefits limited to—											
Nonoccupational.	One-half average weekly wage— minimum—\$20 per week. maximum—\$55 per week.	26 weeks per disability.	—	—	1st day.	8th day.	Employee and dependents								
							Semi-private room.	21 days.	180	50 percent of cost of semi-private room.	—	Full cost of specified services for 1st 21 days; 50 percent of cost for additional 180 days.	—	x	\$7.25
— ( <sup>1</sup> )	— ( <sup>1</sup> )	— ( <sup>1</sup> )	— ( <sup>1</sup> )	— ( <sup>1</sup> )	— ( <sup>1</sup> )	— ( <sup>1</sup> )	Employee and dependents								
							Semi-private room.	21 days.	180	50 percent of cost of semi-private room.	—	Full cost of specified services for 1st 21 days; 50 percent of cost for additional 180 days.	—	x	\$7.25
Nonoccupational.	Two-thirds of average weekly pay— maximum—\$90 per week. <sup>3</sup>	26 weeks per disability. <sup>3</sup>	—	—	1st day.	8th day.	Employee earning less than \$75 per week and dependents								
							Semi-private room.	21 days.	180	50 percent of cost of semi-private room.	—	Full cost of specified services for 1st 21 days; 50 percent of cost for additional 180 days.	—	x	\$10
							Employee earning \$75 per week or more and dependents								
							Same as above.	120 days.	Same as above.	—	Full cost of specified services for 1st 120 days; 50 percent of cost for additional 180 days.	—	x	Same as above.	

Digest of Selected Health and Insurance Plans

COMPANY, UNION, AND DATE OF INFORMATION—Continued	INCOME LIMITS FOR SERVICE SURGICAL AND MEDICAL BENEFITS	SURGICAL				MEDICAL								
		Allowances for—			Covers cases in—	Allowance				Maximum compensation	Benefits begin		Number of visits paid for	Number of days paid for
		Most expensive operation	Tonsillectomy	Appendectomy		Home	Office	Hospital	Elsewhere		Sickness	Accident		
Restaurant industry, various employers (New York, N. Y.). Hotel and Restaurant Employees, Local 89. December 1965.	Provided by the Health Insurance Plan of Greater New York. <sup>2</sup>	Employee only			—	Employee only Provided by the Health Insurance Plan of Greater New York. <sup>2</sup>								
Realty Advisory Board on Labor Relations, Inc. (New York, N. Y.). Building Service Employees. January 1966.	—	Employee and dependents			Hospital, office, home, elsewhere.	Employee								
		\$250	Under age 12, \$30; over age 12, \$50.	\$125		\$5	\$3	\$5	—	\$250 per year.	Home and office: 3d visit.	3d visit.	—	—
						Dependent spouse only								
						—	—	Same as above.	—	Same as above.	1st visit.	1st visit.	—	—
Retail drug industry various associations and employers, (New York, N. Y.). Retail, Wholesale, and Department Store Union, Local 1199. December 1965.	—	Employee and dependents <sup>3 4</sup>			Hospital, office, home, elsewhere. ( <sup>3</sup> )	Employee and dependents <sup>4 5</sup>								
		\$300	\$75	\$150		\$5 per day.	\$4 per day.	\$5 per day.	\$5 per day.	\$300 per disability.	2d day.	1st day.	—	—

<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.  
<sup>2</sup> See appendix C.  
<sup>3</sup> Not available if employee earns less than \$50 per week.  
<sup>4</sup> 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.

## Under Collective Bargaining, Early 1966—Continued

Accident and sickness	MATERNITY BENEFITS				OTHER BENEFITS <sup>1</sup> (types and amounts)	FINANCING					
	Hospitalization			Surgical		Benefits for—					
	Daily benefit or service	Duration	Extra allowance or service	Schedule allowance for normal delivery		Employee		Employee's dependents			Amount employee contributes
						Company	Jointly	Company	Jointly	Employee	
Regular benefits for 6 weeks.	Employee				Employee only	x	—	x	—	—	None (company pays 5 percent of monthly payroll).
	\$80 for room, board and extra services.			Provided by the Health Insurance Plan of Greater New York. <sup>2</sup>	Provided by the Health Insurance Plan of Greater New York. <sup>2</sup>						
	Dependents										
	Same as above.										
—	Employee and dependent				Employee only	x	—	x	—	—	None (company pays full cost).
	\$80 for room, board and extra services.		\$75	Optical benefit allowance—full cost of eye examination and one pair of eyeglasses, every 2 years.							
Regular benefits for 6 weeks.	Employee and dependents					x	—	x	—	—	None (company pays 3.5 percent of monthly payroll). <sup>4</sup>
	\$125 for room, board and extra services. <sup>6</sup>		\$125 ( <sup>3</sup> <sup>4</sup> )	Dental care benefit—special rates. X-ray and laboratory benefit for nonhospitalized cases—\$100 per year. <sup>5,7</sup> Eye care benefit—full cost of eye examination and one pair of glasses, every 2 years. <sup>5</sup> Blood bank services—special rates.	( <sup>4</sup> )		( <sup>4</sup> )				

<sup>5</sup> Not available to part-time employee earning less than \$60 per week.<sup>6</sup> Not available if employee earns less than \$37.50 per week.<sup>7</sup> In lieu of cash X-ray and laboratory benefit, worker may obtain a service X-ray and laboratory benefit by joining the Health Insurance Plan of Greater New York and paying part of the cost.

## Digest of Selected Health and Insurance Plans

COMPANY, UNION, AND DATE OF INFORMATION	ELIGIBILITY REQUIREMENTS (when new employees become eligible)	LIFE INSURANCE					ACCIDENTAL DEATH AND DISMEMBERMENT			
		Amount	Before age—	If permanently and totally disabled		Cases covered	Amount			
				Insurance is—			Graduated according to—	Death or multidis- memberment	Single dis- memberment	
				Maintained	Paid in—					
Retail trade industry, various employers (New York, N. Y.).  Retail Clerks.  December 1965.	Accident and sickness benefit: Eligibility re- quirements of N. Y. State tem- porary disability law. <sup>1</sup>  Other benefits: After 30 days' <sup>1</sup> covered employ- ment and 30 days' <sup>1</sup> union member- ship.	Years of service  1----- \$ 500 2----- 1,000 3----- 1,500 4----- 2,000	65	x	—	Nonoccu- pational; occupa- tional.	Service.	Same as life insurance.	One-half of life insurance.	
Laundry industry, various employers (New York, N. Y.).  Clothing Workers.  December 1965.	Accident and sickness benefit: After 4 weeks' <sup>1</sup> covered employ- ment.  Other benefits: After 6 months' <sup>1</sup> covered employ- ment.	Service and earnings  Amount Less than 3 years' service, irrespective of earnings ---- \$ 2,000 3 years' service or more and annual earnings of— Under \$ 3,380----- 2,000 \$ 3,380 to \$ 3,900----- 3,000 \$ 3,900 and over----- 4,000	At any age.	x	—	—	—	—		

<sup>1</sup> See appendix A.

<sup>2</sup> Employee's weekly earnings	Daily benefit
Less than \$65-----	\$ 24
\$65 to \$75-----	26
\$75 and over-----	28

Under Collective Bargaining, Early 1966

ACCIDENT AND SICKNESS						HOSPITALIZATION									
Cases covered	Amount	Duration of benefits		Benefits begin		Daily benefit or service	Duration	Extended coverage		Maximum room and board allowance	Extra allowance or service	Basis of payment per—		Emergency out-patient care benefit or service	
		Period	Except		Accident			Sickness	Days			Daily amount	Year		Disability
			After age—	Benefits limited to—											
Nonoccupational.	One-half average weekly wage— minimum—\$20 per week, maximum—\$45 per week.	20 weeks per disability.	60	20 weeks during any 12 consecutive months.	8th day.	8th day.	Employee and dependents								
							\$20	31 days.	—	—	\$620	\$200	—	x	\$200
Nonoccupational.	50 percent of weekly wage— minimum—\$10 per week, maximum—\$55 per week.	Accident: 13 weeks per year. Sickness: 13 weeks per year.	—	—	7th day retro-active to 1st.	14th day retro-active to 8th.	Employee and dependents								
							Varies according to employee's earnings. ( <sup>2</sup> )	Accident: 31 days. Sickness: 31 days.	—	—	Accident: \$868. Sickness: \$868.	\$250	( <sup>3</sup> )	( <sup>4</sup> )	—

<sup>3</sup> Room and board allowance.

<sup>4</sup> Extra service allowance.

Digest of Selected Health and Insurance Plans

COMPANY, UNION, AND DATE OF INFORMATION—Continued	INCOME LIMITS FOR SERVICE SURGICAL AND MEDICAL BENEFITS	SURGICAL				MEDICAL								
		Allowances for—			Covers cases in—	Allowance				Maximum compensation	Benefits begin		Number of days paid for	Number of visits paid for
		Most expensive operation	Tonsillectomy	Appendectomy		Home	Office	Hospital	Elsewhere		Sickness	Accident		
Retail trade industry, various employers (New York, N. Y.). Retail Clerks. December 1965.	—	Employee and dependents			Hospital, office, home, elsewhere.	Employee and dependents								
		\$ 400	\$ 60	\$ 200		—	—	—	—	—	—	—	—	—
Laundry industry, various employers (New York, N. Y.). Clothing Workers. December 1965.	—	Employee and dependents			Hospital, office, home, elsewhere.	Employee and dependents								
		\$ 300	\$ 45	\$ 150		Provided by the Amalgamated Laundry Workers Health Center. <sup>2</sup>								

<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.

<sup>2</sup> 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.

Under Collective Bargaining, Early 1966—Continued

MATERNITY BENEFITS					OTHER BENEFITS (types and amounts)	FINANCING				
Accident and sickness	Hospitalization			Surgical Schedule allowance for normal delivery		Benefits for---				
	Daily benefit or service	Duration	Extra allowance or service			Employee		Employee's dependents		
						Company	Jointly	Company	Jointly	Employee
					Amount employee contributes					
Employee and dependents					x	—	x	—	—	None (company pays full cost).
	\$ 140 for room, board and extra services.		\$ 75	Poliomyelitis and Asian Flu vaccinations—full cost. Eye glass allowance (for examination and glasses)—\$5.75.						
Employee only										
				Physical evaluation and detection examination (provided annually)—full cost.						
Employee and dependents					x	—	x	—	—	None (company pays 3.85 percent of payroll).
	—	—	—	\$ 100 <sup>3</sup> Provided by the Amalgamated Laundry Workers Health Center. <sup>2</sup>						

Payable irrespective of actual charge.

## Digest of Selected Health and Insurance Plans

COMPANY, UNION, AND DATE OF INFORMATION	ELIGIBILITY REQUIREMENTS (when new employees become eligible)	LIFE INSURANCE					ACCIDENTAL DEATH AND DISMEMBERMENT			
		Amount	Insurance	Before age—	If permanently and totally disabled		Cases covered	Amount		
					Insurance is—			Graduated according to—	Death or multidis- memberment	Single dis- memberment
					Maintained	Paid in—				
The Prudential In- surance Company of America.  Insurance Workers.  January 1966.	Immediately or 1st of following month.	Annual earnings <sup>1</sup>		65	Until age 65, then reduced 20 percent and by like amount annually thereafter until amount in effect equals \$1,000.	—	Nonoccu- pational; occupa- tional.	Earnings.	Same as life insurance.	One-half of life in- surance.
		Less than \$2,500 ----- \$5,000 \$2,500.01 to \$3,500 ----- 7,000 \$3,500.01 to \$4,500 ----- 9,000 \$4,500.01 to \$5,500 ----- 11,000 \$5,500.01 to \$6,500 ----- 13,000 \$6,500.01 to \$7,500 ----- 15,000 \$7,500.01 to \$10,000 ----- 20,000 \$10,000.01 to \$12,500 ----- 25,000 \$12,500.01 to \$15,000 ----- 30,000 \$15,000.01 to \$23,334 ----- 35,000 \$23,334.01 and over ----- 1 1/2 times annual salary; max- imum \$40,000.								
Maritime industry, various employers, Atlantic and Gulf Coasts.  Seafarers.  January 1966.	1 day's covered employment in past 6 months, and 90 days in last calendar year.	\$4,000		—	—	—	—	—	—	—
Construction industry, various employers <sup>6</sup> (New York, N. Y.).  Carpenters. <sup>7</sup>  March 1966.	After 6 months <sup>1</sup> covered employ- ment.	\$3,000		60	x	—	Nonoccu- pational; occupa- tional.	—	Same as life insurance.	One-half of life in- surance.

<sup>1</sup> Earnings classes are inclusive.<sup>2</sup> No accident and sickness insurance benefit provided by plan; employees covered by paid sick-leave plan.<sup>3</sup> See supplemental major medical expense benefit in "Other Benefits" column for maximum amount payable.<sup>4</sup> Seamen receive free medical and surgical care in Marine hospitals and out-patient clinics, under the United States Maritime law.

Under Collective Bargaining, Early 1966

ACCIDENT AND SICKNESS							HOSPITALIZATION								
Cases covered	Amount	Duration of benefits			Benefits begin		Daily benefit or service	Duration	Extended coverage		Maximum room and board allowance	Extra allowance or service	Basis of payment per—		Emergency out-patient care benefit or service
		Period	Except		Accident	Sickness			Days	Daily amount			Year	Disability	
			After age—	Benefits limited to—											
— ( <sup>2</sup> )	— ( <sup>2</sup> )	— ( <sup>2</sup> )	— ( <sup>2</sup> )	— ( <sup>2</sup> )	— ( <sup>2</sup> )	— ( <sup>2</sup> )	Employee and dependents								
Full cost of 1st \$500 of expenses and 80 percent of expenses in excess of \$500. <sup>3</sup>															
Nonoccupational.	1st 39 weeks, \$56 per week; thereafter, if confined to hospital, \$3 per day.	If not confined to hospital: 39 weeks per year. If confined to hospital: Unlimited.	—	—	1st day.	After 1 week retro-active to 5th day.	Dependents only <sup>4</sup>								
							\$15 <sup>5</sup>	Unlimited.	—	—	—	\$200 during 1st 31 days; thereafter, \$200.	—	x	—
Nonoccupational; occupational.	50 percent of weekly wage. Maximum—\$65 per week.	26 weeks.	—	—	1st day.	8th day.	Employee and dependents								
							Semi-private room.	70 days.	—	—	—	Full cost of specified services.	—	—	Required services provided.

<sup>5</sup> Payable irrespective of actual charge.

<sup>6</sup> Plan not included in previous Digest.

<sup>7</sup> Benefits described are those available to workers earning \$125 within a month or \$1,500 during the 12-month period immediately prior to incurring a disability. Reduced benefits are payable to workers earning less.

Digest of Selected Health and Insurance Plans

COMPANY, UNION, AND DATE OF INFORMATION—Continued	INCOME LIMITS FOR SERVICE SURGICAL AND MEDICAL BENEFITS	SURGICAL			Covers cases in—	MEDICAL								
		Allowances for—				Allowance				Maximum compensation	Benefits begin		Number of visits paid for	Number of days paid for
		Most expensive operation	Tonsillectomy	Appendectomy		Home	Office	Hospital	Elsewhere		Sickness	Accident		
The Prudential Insurance Company of America. Insurance Workers. January 1966.	—	Employee and dependents			Hospital, office, home, elsewhere.	Employee and dependents								
		\$600	Under age 18, \$60; over age 18, \$80.	\$160		—	—	—	—	—	—	—	—	—
Maritime industry, various employers, Atlantic and Gulf Coasts. Seafarers. January 1966.	—	Dependents only <sup>5</sup>			Dependents: Hospital, office, home, elsewhere.	Employee.								
		\$300	\$50	\$150		Free medical examinations, including diagnostic and laboratory services, provided at the SIU Health Center. <sup>5</sup>								
						Dependents								
						—	—	\$4 per day.	—	\$124 per disability.	1st day.	1st day.	—	—
									Plus <sup>(6)</sup>					
						Free medical examinations, including diagnostic and laboratory services, provided at the SIU Health Center.								
Construction industry, various employers <sup>8</sup> (New York, N. Y.). Carpenters. <sup>9</sup> March 1966.	—	Employee and dependents			Hospital, office, home, elsewhere.	Employee and dependents								
		\$400	\$60	\$200		\$6	\$5	\$6	—	\$300 per disability during any one 6-month period.	3d visit.	1st visit.	1 per day.	—

<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.  
<sup>2</sup> No accident and sickness insurance benefit provided by plan; employees covered by paid sick-leave plan.  
<sup>3</sup> Payable to newly insured employees after 2 years of coverage.  
<sup>4</sup> The "deductible" varies, according to earnings, from \$50 to \$250.  
<sup>5</sup> Seamen receive free medical and surgical care in Marine hospitals and out-patient clinics, under the United States Maritime law.

Under Collective Bargaining, Early 1966—Continued

Accident and sickness	MATERNITY BENEFITS				OTHER BENEFITS (types and amounts)	FINANCING					
	Hospitalization			Surgical		Benefits for—					
	Daily benefit or service	Duration	Extra allowance or service	Schedule allowance for normal delivery		Employee		Employee's dependents			Amount employee contributes
						Company	Jointly	Company	Jointly	Employee	
(2)	Employee				Employee and dependents	—	x	—	x	—	Life and accidental death and dismemberment insurance: \$0.125 weekly per \$1,000 of insurance in excess of 1st \$8,000.  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.
	\$175 maternity allowance. <sup>3</sup>				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"; <sup>4</sup> maximum—\$10,000 per year, \$20,000 during lifetime.						
	Dependent										
	\$250 maternity allowance.										
	Dependent only				Employee only <sup>5</sup>	x	—	x	—	—	None (company pays \$2.69 per day per man working aboard ship).
	\$200 maternity allowance. <sup>7</sup>				Special equipment benefit (for aids necessary for recovery such as wheelchair)—full cost.						
	Employee and dependents					x	—	x	—	—	None (company pays full cost).
	\$168 for room, board and extra services.		\$100		X-ray and laboratory expense benefits—\$50 during any one 12-month period.  Dental care benefit—fee schedule.  Drug benefit—full cost of amount in excess of \$0.50 per prescription.						

<sup>6</sup> Plus blood transfusion allowance for 6 transfusions, \$37.50 for each transfusion.

<sup>7</sup> Payable irrespective of actual charges. If a multiple birth occurs, entire maternity benefit paid for each child.

<sup>8</sup> Plan not included in previous Digest.

<sup>9</sup> Benefits described are those available to workers earning \$125 within a month or \$1,500 during the 12-month period immediately prior to incurring a disability. Reduced benefits are payable to workers earning less.

## Appendix A

### Temporary Disability Insurance

In 1966, 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, and Rhode Island and under the railroad act, the temporary disability insurance programs are coordinated with unemployment insurance and are administered by the same agency. The railroad program is administered by the Railroad Retirement Board; the other three by State employment security agencies. The New York temporary disability statute is administered by the State Workmen's Compensation Board. Except under the railroad program, 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 \$7,400 of annual wages is paid by employees covered by the State Disability Fund; no contribution is made by employers. In the case of private plans, no employee may be charged more than 1 percent of the first \$7,400 of annual wages; the employer pays any remaining cost.

Benefit formula. Weekly benefits range from \$25 to \$80 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, if no unemployment insurance benefit year has been established, as the first 4 of the last 5 calendar quarters preceding disability beginning in the second or third month of a quarter, or the first 4 of the last 6 calendar quarters preceding disability beginning in the first month of a quarter. If the worker has an unexpired unemployment insurance benefit year, the base period is the unemployment insurance base period.

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

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

#### New Jersey

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

**Financing.** Workers covered by the State plan pay 0.5 percent of the first \$3,000 of annual earnings; employers normally pay a basic 0.25 percent on the first \$3,000. The employer's contribution may 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 12 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. 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 are due to the same or related causes and are 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 in the last 8 weeks of covered employment, subject to a maximum of \$55 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 consecutive weeks or more of covered employment with one employer (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, 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 \$4,800 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 55 percent of the individual's average weekly wage, up to 50 percent of the State's 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 \$12 to \$47, 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. Following the waiting period of 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 14 consecutive weeks beginning 6 weeks prior to expected childbirth, or the week of childbirth if it occurs more than 6 weeks prior to the expected date, 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 4 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 act. The daily benefit amount ranges from \$4.50 to \$10.20. Qualifying wages during the base period must equal \$750. 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 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.

## Appendix B

### Group Health Insurance, Inc.

Group Health Insurance, Inc., is a nonprofit medical and surgical insurance organization in the New York City area. Over 1,000,000 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 nearly 11,000 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.<sup>1</sup> 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 the 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 program 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 in-hospital care of pulmonary tuberculosis and upon psychiatric treatment.

<sup>1</sup> 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 700,000 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, and 2 in Nassau County. Services of general physicians and specialists in 15 specialties 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 (private, municipal, State and Federal), and among tenants in housing developments. The minimum size of participating groups is 10; dependents must also be included in the coverage. "Dependents" mean spouse, unmarried children under 19 years of age, and unmarried children over 19 who before that age become incapable of self-sustaining employment because of retardation or physical handicap. 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.**<sup>1</sup> The plan provides preventive and 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.<sup>2</sup>

The treatment of mental and nervous disorders by a psychiatrist is excluded from HIP benefits. Cases covered by workmen's compensation, the Veterans Administration program, 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 1 visit a day and of 100 visits for any 1 illness or injury. The exclusions noted above for in-area HIP subscribers also apply to out-of-area subscribers.

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<sup>1</sup> The plan provides for supplementation of Medicare benefits which became effective in July 1966.

<sup>2</sup> The plan provides the following additional benefits to employees in the fur manufacturing and retailing industry represented by the Meat Cutters (Furriers Joint Council of New York) and their dependents and to employees covered by the Publishers Association of New York City—Typographers, Local 6 Plan and their dependents.

Anesthesia allowance—80 percent of charges; maximum—\$50 if less than 2 hours are required; otherwise, \$100.

Drug and appliance allowance—80 percent of charges in excess of \$50 per year; maximum—\$1,000 per year; \$2,500 during lifetime.

The following benefit is provided only to employees in the fur manufacturing industry and their dependents: Private duty nursing care during hospital confinements: 80 percent of charges after 1st 72 hours of care; maximum—504 hours per disability.

## Appendix D

### Kaiser Foundation Health Plan

Medical care and hospitalization are provided through the Kaiser Foundation Health Plan to over 1,300,000 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. Persons may convert to individual coverage after dropping out of a group. 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.<sup>1</sup>

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.<sup>3</sup> 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.<sup>4</sup> 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, and for care required because of an interrupted pregnancy, such as miscarriage.<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 Health Plan hospital or office, expenses are reimbursed up to \$500 for emergency care until the person's condition permits travel to a Health Plan facility.<sup>6</sup>

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.<sup>7</sup> These services are available at the rehabilitation center at Vallejo, Calif. Care during the contagious stage is not provided. In cases of other quarantinable diseases, services are available for diagnosis and house calls only, with reimbursement up to \$300 for medical and hospital charges in hospitals that maintain contagious disease wards. 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>1</sup> Pacific Maritime Association and International Longshoremen's and Warehousemen's Union (ILWU-PMA Fund). The Distributor's Association of Northern California and International Longshoremen's and Warehousemen's Union, and the construction industry (northern California) as provided by the Carpenters Health and Welfare Trust Fund for California.

<sup>2</sup> This benefit is provided without cost to workers covered by the plans listed in footnote 1. However, workers in the construction industry are charged \$1 per visit.

<sup>3</sup> In northern California workers and dependents are charged \$3.50 for daytime house calls and \$5 for night-time house calls. In southern California the charge for house calls is \$5. In each region, the ILWU-PMA Fund pays part of these charges.

<sup>4</sup> Active workers and dependents are provided 111 full days of hospital care per disability, except those in southern California are provided 125 full days.

<sup>5</sup> Workers and dependents are charged \$60 for complete maternity care and care of child, and not more than \$40 for care due to an interrupted pregnancy. For workers covered by the ILWU-PMA Plan, charges for maternity care are paid for by the fund.

<sup>6</sup> Emergency care in southern California is reimbursed up to \$1,000.

<sup>7</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 capital letters. Unions not affiliated with AFL-CIO are noted as independent (Ind.).

ALUMINUM WORKERS International Union.  
AMALGAMATED TRANSIT Union.  
International Union, United AUTOMOBILE, Aerospace 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, Wine and Allied WORKERS' International Union of America.  
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.  
LITHOGRAPHERS and Photoengravers International Union.  
International LONGSHOREMEN'S ASSOCIATION.  
International LONGSHOREMEN'S AND WAREHOUSEMEN'S UNION (Ind.).

International Association of MACHINISTS and Aerospace Workers.  
National MARINE ENGINEERS' Beneficial Association.  
National MARITIME UNION of America.  
Amalgamated MEAT CUTTERS and Butcher Workmen of North America.  
NEW YORK HOTEL AND MOTEL TRADES COUNCIL (association of various unions in hotel and motel field).  
OIL, CHEMICAL AND ATOMIC WORKERS International Union.  
National Brotherhood of PACKINGHOUSE and Dairy 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.  
International Brotherhood of TEAMSTERS, Chauffeurs, Warehousemen and Helpers of America (Ind.).  
TEXTILE WORKERS Union of America (TWUA).  
TOBACCO WORKERS International Union.  
International Union of Dolls, TOYS, Playthings, Novelties and Allied Products of the United States and Canada.

International Typographical Union (TYPOGRAPHERS).  
UNITED MINE WORKERS of America (Ind.).  
UNITED SHOE WORKERS of America.  
UPHOSTERERS' International Union of North America.  
UTILITY WORKERS Union of America.  
American WATCH WORKERS Union (Ind.).  
International WOODWORKERS of America.

## BLS PUBLICATIONS ON EMPLOYEE BENEFIT PLANS

Bulletin number		Price
Pensions		
1485	Private Pension Plan Benefits (1966).	55 cents
1477	Digest of 50 Selected Pension Plans for Salaried Employees, Summer 1965.	40 cents
1435	Digest of 100 Selected Pension Plans Under Collective Bargaining, Late 1964.	50 cents
1407	Labor Mobility and Private Pension Plans (June 1964).	45 cents
1394	Unfunded Private Pension Plans (May 1964).	30 cents
1334	Pension Plans Under Collective Bargaining: Benefit for Survivors, Winter 1961-62.	25 cents
1326	Multiemployer Pension Plans Under Collective Bargaining, Spring 1960.	65 cents
	Changes in Pension Plans for Salaried Employees, <u>Monthly Labor Review</u> , April 1966 (Reprint).	Free
	Changes in Negotiated Pension Plans, 1961-64, <u>Monthly Labor Review</u> , September 1965 (Reprint 2479).	Free
	Relationship of Employee Hiring Ages to the Cost of Pension Plans (July 1965).	Free
Health and Insurance		
1377	Digest of 50 Selected Health and Insurance Plans for Salaried Workers, Spring 1963.	\$1.00
1296	Health and Insurance Plans Under Collective Bargaining: Life Insurance and Accidental Death and Dismemberment Benefits, Early Summer 1960.	25 cents
1293	Health and Insurance Plans Under Collective Bargaining: Major Medical Benefits, Fall 1960.	20 cents
	Adapting Group Health Insurance to Medicare, <u>Monthly Labor Review</u> , May 1966 (Reprint).	Free
Other		
1483	Financing Supplemental Unemployment Benefit Plans (May 1966).	20 cents
1425-3	Supplemental Unemployment Benefit Plans and Wage Employment Guarantees (June 1965).	70 cents
1325	Digest of Profit-Sharing, Savings, and Stock Purchase Plans, Winter 1961-62.	30 cents