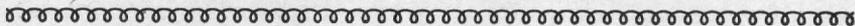


L13.3:214



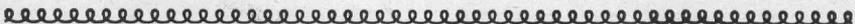
# Maternity Benefits

## UNDER UNION CONTRACT

### *Health Insurance Plans*



UNITED STATES DEPARTMENT OF LABOR  
WOMEN'S BUREAU • BULLETIN 214



Health Insurance Plans  
UNDER LABOR CONTRACT  
Merits & Benefits



UNITED STATES DEPARTMENT OF LABOR  
BUREAU OF LABOR RELATIONS

## LETTER OF TRANSMITTAL

UNITED STATES DEPARTMENT OF LABOR,  
WOMEN'S BUREAU,  
Washington, April 15, 1947.

Sir: I have the honor to present a report on maternity benefits received by women workers under health insurance plans established by union-management agreement. The study analyzes the experience of women under eight plans and tries to evaluate the benefits they received in relation to the costs they incurred. The field work and the writing of the report were done by Jennie Mohr of the Bureau's Research Division.

Respectfully submitted.

FRIEDA S. MILLER, *Director.*

HON. L. B. SCHWELLENBACH,  
*Secretary of Labor.*

---

## CONTENTS

---

	Page
Letter of Transmittal.....	III
Introduction.....	1
General Description of Eight Plans.....	5
The Experience of Claimants.....	7
Number, Occupation, and Age of Claimants.....	7
Income Maintenance.....	8
Benefits for Payment of Medical Services.....	10
Benefits for Miscarriage.....	13
Payment of Premiums by Workers.....	14
What the Records Show.....	15

# MATERNITY-BENEFITS UNDER UNION- CONTRACT HEALTH INSURANCE PLANS

## INTRODUCTION

The purpose of this study is to examine the experience of a group of women workers who received maternity benefits under union-contract health insurance plans, to find out how much and what kind of assistance such plans offer, how extensively the plans were used for maternity needs, and, as far as possible, the extent to which the plans compensated the workers for economic losses they incurred by not working because of maternity.

The report considers eight industrial health insurance plans included in union agreements as well as the women who filed maternity claims and received benefits under these plans. It presents the number of maternity claims filed, the types of benefits allowed, and the amount of money received in benefits. Some evaluation is given of the relation between benefits received and wage losses incurred by the workers.

## THE BROAD PROBLEM OF MEDICAL CARE

It seems advisable, before discussing individual plans, to indicate their place within the field of medical care for workers. Over a period of years workers in this country have become increasingly aware of the problems involved in obtaining adequate medical care for themselves and their families. They have been learning what is meant by "adequate medical care" and the relationship between medical care and economic status. They have learned also that, regardless of economic status, there are specific needs that must be met if they are to have "adequate medical care." What are these needs, and how can they be satisfied?

A worker's standard of living is determined largely by his earnings. When disabling illness occurs, those earnings are threatened and frequently cut off. Thus a major need is the maintenance of income during periods of disability. There is usually little or no financial backlog to provide maintenance for the worker who has temporarily lost his wages through illness. Food, clothing, shelter, and the other necessities must be provided, whether or not the pay check comes in. Secondly, the special demands of illness must be met: doctors' services, hospital and nursing care, medicines, and special treatments. These are an additional drain on a family's limited financial resources. It is an old story that such needs are often not satisfied because there is no money to pay for them.

Illness comes irregularly, often suddenly. It is unpredictable, not only in terms of when it strikes, but also in terms of how long-lasting, how serious, and how expensive it will be. Because illness is unpre-

dictable, it cannot be planned for in a family budget in the same way in which other more regular items can be anticipated. A way must therefore be found to regularize the provision for medical care and to protect the worker and his family from the loss of earnings when the wage earner is disabled.

The establishment of prepayment health plans is one way of meeting the problem. These plans vary widely in their functions, coverage, and costs. But they are all alike in providing illness or accident benefits in exchange for regular weekly or monthly payments of a specified amount. Costs for these benefits can thus be budgeted regularly over a period of time, thereby reducing, if not eliminating, the sudden financial demands of unexpected disablement.

The two basic needs—maintenance of income and provision of medical care—may be met by prepayment plans. For the former, many plans issue health insurance policies which provide cash benefits over a specified number of weeks for each case of disability. These policies, issued to groups of employed persons, usually establish the amount of the weekly benefits in relation to the wages of the workers. Frequently the benefits are scheduled according to a scale of wages within the group and generally amount to something less than the weekly wage.

There are two main types of prepayment plans for medical care. One is a health insurance indemnity plan, which pays specified sums of money to the worker to be used for specified medical services. Services covered by such payments may include one or more of the following: hospitalization, extra hospital expenses, doctors' visits, surgeons' fees, or special services. Schedules of payments indicate the amounts that will be made available for each of these services: the maximum daily amount for hospital room and board, the number of doctors' visits that will be paid for and the amount per visit, the maximum sum in payment of particular surgical operations, and either a flat amount or a percentage of the daily hospital benefit that will be paid for hospital extras. These payments are sent directly to the worker, who is responsible for the full medical costs whether or not they exceed the amount of the benefits.

The second type of prepaid medical-care plan provides the actual medical services rather than the money with which members pay for services. The organization supplying the services may be created by doctors, by consumers of medical services, or by employers. Whatever form the plan takes, it offers specified types of medical care in exchange for regular prepayments by members.

Thus, in answering the question of how workers may protect themselves from the financial drain accompanying illness or accident, one finds that prepayment health plans offer:

- (1) Weekly cash benefits in partial recompense for wage loss;
- (2) Provision for medical care in either of two forms:
  - (a) Cash benefits for certain types and amounts of medical care,
  - or*
  - (b) Medical services in the form of medical and hospital care, rather than money with which to pay medical bills.

## THE INCLUSION OF MATERNITY BENEFITS IN HEALTH INSURANCE PLANS

This study concerns the maternity benefits provided under certain types of health insurance indemnity plans. Many plans exclude maternity cases from coverage, although clearly the woman worker who is an expectant mother faces problems, both of income maintenance and of medical care, just as surely as does the ill or injured worker. The economic demands of maternity, unlike those of many illnesses or accidents, can of course be anticipated to some extent. At the same time, unpredictable costs frequently arise, and the problems of meeting wage loss, medical bills, and added expenses in the home make it particularly necessary to include maternity cases in plans covering working women.

Even when maternity benefits are provided, they usually are governed by special regulations not applicable to other benefits. A large proportion of plans which do include maternity benefits require a waiting period of 9 months before a member is eligible for them; general waiting periods for all other benefits, if they are required, are much shorter. In plans which provide weekly cash payments, such benefits run for a shorter time in maternity cases than in others—typically for a 6-week period compared with a 13-week period in general cases of illness or injury. Plans providing cash benefits for hospitalization limit the number of payable hospitalization-days for maternity cases to 10, 12, or 14, whereas for other disabilities 3 weeks, a month, or sometimes longer periods are allowed. Such longer periods of hospitalization are generally not needed for maternity unless complications arise. Similarly, plans providing medical care directly often allow more limited benefits for maternity cases; limited services may be offered, or a special fee may be required.

To have a reasonably full picture of the part such plans play in providing some measure of economic security and health service for women workers during periods of maternity, it would be desirable to examine samples of all types of plans. The present study, however, is confined to health insurance plans which provide maternity benefits and which are included in union agreements.

The growth of union-contract health insurance plans has been confined almost entirely to recent years. Wartime conditions were a predominant factor in bringing health insurance plans under union agreements, although there is also a general growing concern on the part of unions for the health of their members. Both union officials and employers have indicated their expectation that such plans will continue to be included in contracts.

### SELECTION OF PLANS FOR STUDY

The eight plans selected for study are believed to be, on the whole, typical. No generalizations can or will be made, however, because of the small number of claims involved.

Before selecting the health insurance plans to be studied, the following requirements were decided upon as a basis for selection:

(1) Because the proportion of maternity claims to all claims is small, the plans should cover a large number of women workers.

(2) Some plans require the insured worker to wait 9 months to 1

year before she is eligible for maternity benefits. Therefore the plans either should have been in effect long enough for workers to be eligible for such benefits or should require no waiting period.

(3) Records of individual claims must be available.

(4) Both the unions and the employers, and in certain instances the insurance companies, must be willing to cooperate by making available both information about the plans and actual records of claims.

A list of union-agreement health insurance plans was obtained from various sources, including other branches of the United States Department of Labor, a consultant health insurance agency, research departments of national unions, and trade-union publications. When possible, information was obtained also on provisions of the plans, specifically on maternity benefits and on administrative procedures, to determine where records of individual claims could be obtained. The plans varied widely in coverage, some having been established by agreements between individual plants and local unions; others, by agreements of unions with trade associations having many company members.

In all, 256 plans in union agreements were listed, of which 137 were known to include maternity benefits. From these, 8 plans, covering 20,000 eligible women workers, were chosen for examination.

Administration of the insurance rests variously with the union, the employer, and the insurance company. Access to records was requested of officials having charge of them. From these records data were obtained concerning (1) the amounts of money paid to individual claimants for specific benefits, such as weekly allowances, hospital expenses, or surgical benefits, (2) the worker's age, wage rate, and, if possible, occupation, (3) the elapsed time between the worker's last day of work and childbirth, and, in some instances, (4) the actual amount of the hospital or doctor's bill for the maternity case.

## GENERAL DESCRIPTION OF EIGHT PLANS

Although the present study is concerned only with maternity benefits, a summary of the general provisions of the eight plans surveyed will be given, in order to show the place of maternity care within the total coverage for all disabilities. The number of women covered, the number of maternity claims, and the period included in the survey are listed for the eight plans on page 7. The plans will be referred to hereafter by number, as shown on this list. For each provision, the following description presents, first, the general terms covering all claims, second, special terms relating to maternity claims if such qualifications exist.

### ELIGIBILITY

Qualifications for coverage are specified in three plans: Plan 1 covers all employees who are union members in good standing; plan 3 covers office workers for hospitalization and surgical benefits but not for weekly cash payments for disability, whereas production workers are covered for all benefits; plan 6 covers production workers only. The remaining plans state merely that they cover "employees."

Maternity benefits are provided under plans 7 and 8 only if the woman worker is insured under a "husband-and-wife" or "family" type of contract. In practice, however, maternity benefits were given to some women who were insured under individual contracts.

### WAITING PERIOD

Employees hired after a plan becomes effective are generally subject to a waiting period before they are eligible for benefits. Plans 4 and 7 require new employees to wait 1 month; plans 2 and 6, 3 months; plans 5 and 8, 6 months; and plan 3, 6 months for half benefits and 12 months for full benefits. Plan 1 covers new employees immediately upon union affiliation.

For employees who had been hired before the effective date of the plan, the waiting period was usually waived, or time of employment prior to inauguration of the plan was counted as waiting time.

For maternity benefits, a waiting period of 9 months after initial enrollment is required under plans 1, 2, 4, 5, and 6. Plan 3 requires 12 months, as for general eligibility; plan 7 requires no waiting period for maternity benefits; and plan 8 requires 11 months for eligibility for hospitalization in maternity cases, although in some instances this requirement seems to have been waived.

### DEPENDENTS

Dependents are eligible for certain benefits under three of the plans. Plans 5 and 8 provide hospitalization only; and plan 7, hospitalization and surgical benefits. Plan 5 carries the cost as part of the premium paid by the employer. Workers under plans 7 and 8 may elect to cover their dependents, provided the worker pays full costs of such coverage.

### LIFE AND ACCIDENT INSURANCE

Life insurance: Six out of eight plans include life insurance. Two of them grant \$1,000 and four grant \$500.

Accidental death and dismemberment: This benefit is carried by six plans. Five pay a maximum sum of either \$1,000 or \$500, and one provides payment based on the employee's prior average earnings.

#### WEEKLY CASH BENEFITS

Weekly payments are provided by all plans. Benefits are paid at a flat rate for all employees, or as a given percentage of the individual worker's earnings, or are scaled according to wage brackets. Amounts of weekly benefits range from \$10 to \$35; in most instances, however, in which a scaled rate is provided, women's wages restrict benefits to the lowest or two lowest rates. Except in one plan which carries benefits for 52 weeks, benefits continue for 13 weeks per disability. Injury and illness compensable under Workmen's Compensation laws are excluded.

Weekly cash benefits for maternity are paid, under all the plans, in the same amount as for other claims, but for a period of only 6 weeks.

#### HOSPITALIZATION

Hospital care is covered in all plans. Two plans furnish hospitalization by arrangements with the Associated Hospital Service (Blue Cross). Benefits of \$4 or \$5 per day are payable for from 21 to 50 days per disability. The Blue Cross plans provide hospital care for 21 days per contract year.

Four plans specify a payment up to \$20 or \$25 for miscellaneous or special hospital expenses not covered by the hospitalization services. A fifth plan provides similar benefits, though the maximum amount could not be ascertained.

Hospitalization for maternity is provided for from 10 to 14 days, rather than for longer periods as in other types of cases.

#### SURGICAL BENEFITS

Six plans provide surgical benefits on a scale of payments for specified operations or treatments (plans 1, 3, 4, 5, 7, 8). Maximum payments range from \$112.50 to \$175 for individual operations.

Surgical benefits for maternity, provided by five plans, are usually \$25 for miscarriage, \$50 for delivery, and \$100 for Caesarean surgery or for operation for ectopic pregnancy.

#### OTHER BENEFITS

Plan 1 provides payments for a doctor's services at home, at the doctor's office, or in a hospital. Fifty visits per disability, with a maximum of three visits per week, are paid for at the rate of \$2 for office and \$3 for home calls. Plan 2 provides the services of the local Visiting Nurses Association.

The plan providing payment for doctors' visits excludes pregnancy cases from this benefit and also from surgical benefits for delivery.

#### PAYMENT OF PREMIUMS

Employers pay full costs of the insurance in six of the plans. Workers pay part of the costs in plans 7 and 8, approximately  $\frac{1}{4}$  and  $\frac{1}{2}$ , respectively. In addition, workers pay in full for the benefits provided their dependents under these two plans.

## THE EXPERIENCE OF CLAIMANTS

The following analysis relates to women receiving maternity benefits as insured individuals. It is based on records of maternity claims paid under the insurance policies to individual workers covered by the selected plans. The analysis does not include dependents of workers, who are not employees under the terms of the contracts. The following sections will discuss:

- Number, occupation, and age of claimants.
- Income maintenance.
- Benefits for payment of medical and hospital expenses.
- Benefits received when miscarriage occurs.
- Premium payments made by women workers under two plans.

### NUMBER, OCCUPATION, AND AGE OF CLAIMANTS

The number of women covered and the number of maternity claims paid differ considerably from one plan to another. Because of the small number of claims, records were obtained covering as long a period as possible rather than for a uniform period under all plans. The following tabulation shows, for each plan, the approximate average number of women workers eligible for benefits during the period surveyed, the number of maternity claims, and the length of time covered by the records.

Plan number	Number of women eligible (approximate)	Number of maternity claims	Period covered (months)
All plans.....	20,470	251	
1.....	15,000	149	12
2.....	590	10	26
3.....	100	6	23
4.....	250	6	13
5.....	1,480	9	26
6.....	600	4	18
7.....	1,500	32	18
8.....	950	35	12

The total number of claims actually considered is 185 rather than 251. Sixty-six of the claims under plan 1, included in the tabulation, have been omitted from the analysis because they were open cases on which information was not yet available. Twenty-five other open cases, under various plans, are, however, included in the section of the report on income maintenance, because on these cases weekly cash benefits had been paid in full; but because records on hospital and surgical benefits were incomplete in these twenty-five cases, they are excluded from the sections on these latter benefits.

Of the 185 women, 144, or over three-fourths, were factory workers. Nine were office workers. Occupations of 32 women were not recorded, though probably most, if not all, were also factory workers.

The women's ages ranged from 17 to 44 and averaged 28 years. The following shows the percent distribution:

<i>Age</i>	<i>Percent distribution</i>
All claimants.....	100
20 years and under.....	8
21-25 years.....	30
26-30 years.....	26
31-35 years.....	24
Over 35 years.....	12

### INCOME MAINTENANCE

Weekly cash benefits are designed to provide income maintenance by compensating partially for wages lost through disability. To determine how effectively this purpose is achieved, three factors must be taken into account: the actual amount of benefits, the length of time lost from work, and the relation of benefits to wages.

#### WEEKLY CASH BENEFITS

All but six claimants had received the full 6 weeks of benefits. (See p. 13.) The cash benefits ranged, with few exceptions, from \$10 to \$20 per week. As indicated earlier, any one of three methods was used for determining the amount of weekly benefits. The following tabulation for the 185 women who received benefits shows the three plans which provide a flat amount for all workers, the four with benefits based on scaled series of wage brackets, and the one plan which pays benefits equal to 60 percent of the individual worker's average earnings during the month immediately preceding the month in which she left work.

Plan number	Basis for determining benefits	Weekly benefit rate	Number of women who received benefits
1.....	60 percent of earnings.....	<sup>1</sup> \$16.59	83
2.....	Flat rate.....	10.50	10
3.....	Flat rate.....	10.00	6
4.....	Weekly wage bracket.....	20.00	1
		16.50	5
5.....	Weekly wage bracket.....	17.00	7
		14.00	2
6.....	Flat rate.....	10.50	4
7.....	Weekly wage bracket.....	20.00	1
		15.00	17
		10.00	14
8.....	Weekly wage bracket.....	20.00	1
		15.00	34

<sup>1</sup> Represents average amount received.

The distribution of benefits for the 83 women claimants under plan 1 is as follows:

<i>Benefit rate</i>	<i>Number of women</i>
Less than \$10.....	8
\$10, less than \$15.....	28
\$15, less than \$20.....	24
\$20, less than \$25.....	18
\$25 and over.....	5

## AMOUNT OF TIME LOST FROM WORK

The total amount of time lost from work because of maternity cannot be determined from an examination of the maternity-claims records. In many instances the workers had not yet returned to work; in some the date of return had not been recorded; in others the workers had given up their jobs. Fifteen records indicate the date work was resumed. Seven showed the women had suffered miscarriages and had returned to work after being out from 12 days to 3 months. The remaining eight cases, which show periods of absence ranging from almost 2 months to about 1 year and 8 months, are too few to be significant.

The elapsed time between the worker's last day of work and the date of the child's birth (or miscarriage) is more frequently known, however, since both dates are available for 156 of the 185 claims. For each of the 156 claims the number of weeks between these two dates was recorded, and the average number of weeks then computed. The elapsed time, ranging from less than 1 week to 33 weeks, averaged 17 weeks when miscarriage cases were included and 18 weeks when they were excluded.

A distribution of the elapsed time follows:

Number of weeks between worker's last day of work and date of child's birth	Women claimants	
	Number	Percent
All women <sup>1</sup> .....	148	100
5 or less.....	7	5
6-10.....	14	10
11-15.....	39	26
16-20.....	30	20
21-25.....	30	20
26-30.....	19	13
Over 30.....	9	6

<sup>1</sup> Excludes miscarriage cases.

One case is on record of a birth occurring 1 day after the woman stopped working; another, 2 days afterward. One woman had remained at work until the very day of a premature birth.

Standards for the employment of women during pregnancy require a prenatal leave of absence. The Women's Bureau recommends a leave of 6 weeks before and 2 months after childbirth, with additional time upon the physician's recommendation. Many employers have put into practice this or a similar policy. Unions have recommended this policy for inclusion in their contracts. Six States have passed laws prohibiting the employment of women for specified periods, before and after childbirth, ranging from 2 weeks to 4 months before birth and from 3 to 6 weeks after birth. Unfortunately, because only eight plans are involved, one cannot say whether the present records, according to which over five-sixths of the women took more than 10 weeks' leave before childbirth, are representative of the experience of all women workers who stop working because of maternity.

## RELATION OF WAGE LOSS TO TOTAL WEEKLY BENEFITS

The relation between maternity benefits paid and wages lost by the women claimants cannot be determined for two reasons: first,

the total time lost from work is not known; second, where compensation is based on wages, the methods of defining the wages do not yield exact or comparable figures.

In five of the eight plans the amount of weekly cash benefits paid is determined by the workers' wages. No generalizations can be made, however, concerning these wages because of the small number of plans and of workers involved, the uneven distribution of workers among the plans, and the differences in methods of recording wages for purposes of settling claims. Wages are sometimes computed as average weekly earnings and sometimes as basic rates. One plan, in which benefits are based on the individual's average earnings, uses as a base the month immediately preceding the month in which the worker left. Whatever the method used, however, in few instances was the reported wage over \$40 a week, and often it was under \$30.

It may be pointed out, however, that the 6-week period covered by weekly benefits is one-third the average length of time the claimants lost before their children were born. And, as shown above, over 90 percent were out for longer than 6 weeks before childbirth (for only 1 woman was this period exactly 6 weeks). How much longer after childbirth the wage loss continued or what proportion of the women returned to their employment is not known. It must also be considered that, regardless of whether the weekly benefits are a flat amount, or are based on average earnings, on base rates of pay, or otherwise computed, they are less than the full amount of wages. These two factors taken together—the length of time of unemployment in relation to number of weeks compensated, and the relation of benefits to wages—show that for these women, as for all workers disabled over a comparable period of time, the weekly benefits fall considerably below the actual wage loss.

### BENEFITS FOR PAYMENT OF MEDICAL SERVICES

#### HOSPITALIZATION<sup>1</sup>

Among the women who received weekly maternity benefits, 87 also received hospitalization benefits under six of the plans. Hospitalization benefits for 8 miscarriage cases are discussed on page 13. Among the 79 other women for whom the amount in hospitalization benefits is known, benefits ran as follows: \$20-\$30, 5; \$31-\$40, 21; \$41-\$50, 43; \$51-\$60, 10. Thirty-two women, 40 percent of the total number, received \$50, 6 of them under plans providing \$5 a day for 14 days and 26 under one providing \$5 a day for 12 days.

Special questions of eligibility for hospitalization benefits arise in the two other plans, which are under the Blue Cross and in which part of the premium is paid by the worker. In plans 7 and 8 a woman may elect to come under either a single or a family plan. Hospitalization for maternity cases is not included under the former type of plan. For this reason 13 women covered by plan 7 were not eligible for hospitalization, although 4 of them were probably eligible as dependents of their husbands who were employed in the same plant and covered under the same plan. Nineteen women were eligible for

<sup>1</sup> Excludes miscarriage cases. See separate presentation on p. 13.

hospital benefits under the terms of their own family-type contracts under plan 7.

Under plan 8 an 11-month waiting period is required by the Blue Cross plan in use. Because of this requirement, together with the election of the single-coverage plan in some instances, 19 women did not receive hospitalization benefits. Of the remaining 16 women who did receive these benefits, 5 had transferred to individual policies after leaving work. The inference is that these 5 women were also ineligible for hospital care under the group plan, though it was not possible to obtain further records on these individuals.

Aside from ineligibility under the terms of plans 7 and 8, the most frequent known cause of failure to receive hospitalization benefits appears to be failure to send in a hospital bill. A summary of reasons for not receiving these benefits, under all plans except 7 and 8, follows.

No hospital bill received.....	18
Known to be not hospitalized.....	1
Received Emergency Maternity and Infant Care.....	2
Reason unknown.....	12

<sup>1</sup> May include some cases that were not hospitalized.

<sup>2</sup> One not certainly known to have received E. M. I. C.

Although records give the maximum rate allowed per day and the total amount paid for hospitalization benefits, it is not possible to determine the actual number of days for which the women were hospitalized. Three of the plans provide hospitalization at \$4 per day for a maximum of 14 days for maternity; two provide \$5 per day for 14 days; one provides \$5 per day for 12 days; and the two plans using the Blue Cross provide 10 days. A patient using a hospital in which the daily rate charged exceeds that allowed by the plan must herself pay the difference for each day of hospitalization, whether or not she remains hospitalized for the maximum time allowed. A patient using a hospital which charges less than the plan's maximum daily rate is allowed only the actual charge. The records indicate the total amount paid for hospitalization but not the number of days the worker was hospitalized. Thus, for example, under a plan allowing \$5 a day for 12 days, a record of \$40 for hospital benefits does not show whether the woman spent 10 days in a hospital charging \$4 or 8 days in one charging \$5.

#### HOSPITAL EXTRAS

The five plans which allow lump sums for payment of extra hospital charges covered 35 of the 185 women claimants. Twenty women received benefits for extras, most of them in amounts ranging from \$10 to \$15. One woman received a \$25 benefit, four received \$20, and one woman received the minimum amount of \$3. Five cases were still open at the time the records were obtained.

#### RELATION OF HOSPITAL BENEFITS TO HOSPITAL COSTS

From the records of two plans the actual hospital costs as shown in hospital bills were available for 72 cases. As the following tabulations indicate, most of the bills were between \$50 and \$100, whereas most of the benefits amounted to \$50 or less. In 75 percent of the cases

the benefits were \$50 or less, whereas in only 4 percent of the cases were the bills this low.

Hospital costs		Hospital benefits <sup>1</sup>	
Amount	Number of cases	Amount	Number of cases
All cases.....	72	All cases.....	72
Under \$51.....	3	Under \$21.....	1
\$51-\$75.....	40	\$21-\$25.....	1
\$76-\$100.....	18	\$26-\$30.....	1
\$101-\$125.....	4	\$31-\$35.....	7
\$126-\$150.....	5	\$36-\$40.....	8
\$151-\$175.....	2	\$41-\$45.....	10
		\$46-\$50.....	26
		\$51-\$55.....	3
		\$56-\$60.....	11
		\$61-\$65.....	2
		\$66-\$70.....	2

<sup>1</sup> Under one plan, covering 9 cases, these benefits included payments, ranging from \$10 to \$25, for hospital extras.

Three women who received hospitalization benefits under their union plans also received benefits from the Blue Cross Service to which presumably they had independently subscribed:

One woman, with a \$55 hospital benefit and an \$84 bill, received also \$60 for hospitalization under the Blue Cross.

One woman, with a \$50 benefit and an \$80.36 bill, received the difference of \$30.36 from Blue Cross.

One woman with a \$45 benefit and a \$58.50 bill, received \$58.50 for hospital expenses from Blue Cross.

#### SURGICAL BENEFITS <sup>2</sup>

A customary scale of benefits for surgical services for maternity cases, followed by four of the five plans covering this item, allows a maximum payment of \$25 for miscarriage, \$50 for ordinary delivery, and \$100 for Caesarean operation or ectopic pregnancy. The fifth plan pays, respectively, \$18.75, \$37.50, and \$75.

Like hospitalization benefits, the surgical benefits listed are the maximum amount, paid in full only if the charges are equal or higher. For only three of the deliveries, however, was less than the maximum benefit paid. As will be seen later, the actual charge was sometimes considerably higher than the benefit.

Again it was found that not all women claimed the benefits for which they were eligible. Among 58 closed cases covered by surgical benefits, 13 women who had not filed claims failed to receive benefits. One of these women, and possibly two more, received benefits from the Government's Emergency Maternity and Infant Care program (E.M.I.C.) and did not get insurance payments. Another did not receive surgical benefits because she was delivered at home by a midwife.

#### SURGICAL BENEFITS AND DOCTORS' BILLS

Few records indicated the amount of physicians' fees. Information was available on 9 cases under one plan which provides a \$50 surgical benefit and on 27 cases under another plan which provides

<sup>2</sup> Excludes miscarriage cases. See separate presentation on p. 14.

no surgical benefits. Among the former, the doctors' bills ranged in amount from \$65 to \$100; four were for \$75, and three for \$100.

The physicians' bills submitted by 27 claimants, despite the fact that their plan did not provide benefits either for surgical care or for physicians' visits on maternity cases, called for the following fees: under \$50, 5; \$50-\$74, 11; \$75-99, 6; \$100 or over, 5.

### BENEFITS FOR MISCARRIAGE

Of the 185 women who received maternity benefits, 16<sup>3</sup> had miscarriages. In one instance miscarriage occurred on the day the worker left the job, in two others it occurred the following day. Six miscarriages occurred within 1 month after leave was taken, and one not until 21 weeks later. In six cases the date of miscarriage is not known.

#### CASH BENEFITS

Ten of the sixteen women received the full 6-week disability benefit, in amounts ranging from \$37.80 to \$175.98. The distribution of these benefits is included in the distribution of weekly benefits for all maternity cases, shown on page 8.

Payments to six women receiving less than 6 weeks' benefits were as follows:

Plan number	Case number	Weekly benefit rate	Total cash benefits paid	Total length of time away from work
1	45	\$15.84	\$70.06	Unknown.
2	5	10.50	3.00	Terminated employment.
	8	10.50	7.50	12 days.
8	12	15.00	40.71	3 weeks, 6 days.
	14	15.00	64.29	5 weeks, 3 days.
	25	15.00	17.14	2 weeks, 2 days.

Benefit payments to eligible workers generally do not begin until the second week of disability (except in case of accident). This requirement may account for the fact that the total benefits paid do not cover the total length of time away from work, when this is less than the maximum allowance of 6 weeks.

Case 5 in plan 2, listed above, was recorded as "either miscarriage or not pregnant." Disability, for which only \$3 was received in benefits, was ended 9 days after leave was taken. Case 72 in plan 1, covering a worker who received the full 6 weeks' benefits and \$40 for hospitalization, was recorded as "threatened miscarriage."

#### HOSPITALIZATION BENEFITS

Thirteen women were eligible for such benefits under the terms of their policies. Eight received benefits varying in total amount from \$12 to \$60. Among the remaining five women were two who, for undetermined reasons, received no benefits, two for whom information was not available, and one who did not go to the hospital.

The \$60 benefit went to a woman who had an ectopic pregnancy. Aside from the hospitalization benefit this worker, under plan 1, received a 6-week cash benefit as well as a \$60 surgical benefit for the

<sup>3</sup> Includes one ectopic pregnancy.

necessary operation. The latter payment, despite the plan's exclusion of maternity cases from surgical benefits, was apparently made under the general provisions for surgical care. (For the one Caesarean operation recorded, however, the plan did not make a surgical allowance.)

#### SURGICAL BENEFITS

Of the six women eligible for benefits, only two received them; three women, again for undetermined reasons, failed to receive them; and one woman's case was still open.

#### PAYMENT OF PREMIUMS BY WORKERS

Under six plans premiums are paid in full by the employers. Plans 7 and 8 require the workers to pay 25 and 50 percent, respectively, of the costs of their own insurance and also the full premiums for hospitalization of dependents. Premium rates vary within each of these plans. Rates are determined in part by elected coverage—the worker herself, the worker and her husband, or the worker, her husband, and children; in part, rates are determined by the worker's wage bracket. Special wartime provisions had been made in one plan for women whose husbands were serving in the armed forces.

Amounts actually paid by the women claiming maternity benefits varied in one plan from 16 to 49 cents a week, in the other from \$1.97 to \$3.22 a month. Approximately two-thirds of the women had each paid a total of \$20 or less in premiums, from the time they originally were covered by the plan to the time they stopped working. Under one plan 35 women had paid total premiums averaging \$16.71 each and received maternity benefits averaging \$123 each, which represented weekly cash benefits paid to all 35 women and surgical benefits claimed by 27 of them. In addition the women received hospitalization benefits, the value of which could not be ascertained. Under the other plan 31 women had paid average total premiums of \$15.65. A comparison of premiums paid with maternity benefits received, available for only 11 of these women, showed total premiums averaging \$13.52<sup>4</sup> and benefits in weekly payments and in surgical fees averaging \$96.82, plus hospitalization benefits of unreported value.

Costs to workers who pay part of their premiums should be considered in relation to all benefits received, not to maternity benefits alone. Records on such total benefits were available for one of these two plans. It was found that benefits for other disabilities had been paid, within the period studied, to 7 of the 35 women who received maternity benefits. Amounts ranged from \$22.86 to \$252.14.

<sup>4</sup> Premium payments by these 11 women, among the first to receive such benefits under the plan, were of shorter duration than those by the total group of 31 women; hence, probably, the difference in average total premium payments between \$13.52 and \$15.65.

### WHAT THE RECORDS SHOW

Because this study covers only eight plans, it does not permit of general conclusions. The eight plans all show, however, a fair similarity in the maternity benefits offered. Weekly cash benefits running for 6 weeks and furnishing partial compensation for wage loss are found in all the plans studied. Hospitalization benefits are more or less comparable in all the plans, but payment may be hedged about by eligibility qualifications not applicable to weekly cash benefits. Surgical benefits may be excluded entirely; most of the plans in which they do occur use the same standard schedule of payment for maternity cases.

The following paragraphs summarize the information obtained from the records:

1. Of the 20,000 women covered by these plans, 251 received benefits for maternity.

2. There is no doubt that the aid afforded to women through maternity benefits lifts some part of the economic load from their shoulders. Under most of the plans the workers did not pay premiums. Several women who did share costs with employers also received benefits for other disabilities, in addition to the maternity benefits. It should be remembered, however, that these women were among the first to receive maternity benefits under the plans and therefore had paid relatively few premiums before receiving these benefits.

3. The average 18-week period of absence from work before childbirth seems long in comparison with the 6-week period for which weekly cash benefits are paid. Moreover, the duration of postnatal absence from work has not been taken into account. It would be desirable to discover whether the average 18-week prenatal leave is characteristic of a larger and more representative group of women workers.

4. The actual relation of benefits to wages cannot be shown, largely because of the variety of methods used to define wages for the purpose of determining benefits. Whatever the method, however, because most of the women came within either the lowest or next to the lowest wage bracket, they did not receive the maximum cash benefits permissible under the various plans.

5. According to the records examined, hospitalization and surgical benefits were less widely received than were weekly cash benefits. Many women, apparently, did not avail themselves of hospitalization and surgical benefits to which they were entitled.

The failure on the part of women to claim hospital and surgical benefits for which they are eligible is of considerable interest. Probably in some unrecorded instances other arrangements, such as use of the Federal program for Emergency Maternity and Infant Care or of community facilities, had been made to insure proper care. But it may be that further education on the subject is needed to give workers

a clear knowledge of what benefits their policies entitle them to and why it is important to get those benefits.

6. Where hospital costs are known, they are almost always higher than the amount paid in benefits. This situation may arise from a number of factors: the limitations on the daily rate permitted and the services included under this rate, the wartime shortage of hospital space and personnel which may have shortened the hospital stay, or the provision in the plan for a longer period of hospitalization than was generally found necessary. Because of the limitations on daily rate and on services covered, a woman may incur an additional hospital bill without having exhausted the total hospitalization benefit.

7. To evaluate the benefits received under health insurance plans, a number of questions require exploration. Among them are the following:

(a) Are the experiences of the women under these eight plans representative of circumstances found elsewhere;

(b) What actual wage losses are incurred, in comparison with benefits received, and how much time is actually lost from work;

(c) What are the total maternity costs, including hospital and medical costs;

(d) To what extent can the economic needs of the women be reconciled with insurance practice requirements, in determining amounts and periods of benefits.

These questions require a broad study of programs for maternity care, including both indemnity plans and direct medical service plans.

## PUBLICATIONS OF THE WOMEN'S BUREAU

For complete list of publications, write the Women's Bureau.

Single copies of these publications—or a small supply for special educational purposes—may be secured through the Women's Bureau without charge, as long as the free supply lasts. These bulletins *may be purchased* direct from the Superintendent of Documents, Washington 25, D. C., at prices listed. A discount of 25 percent on orders of 100 or more copies is allowed. Leaflets may be secured from the Women's Bureau.

### BULLETINS AVAILABLE FOR DISTRIBUTION, PUBLISHED SINCE 1940

- No.
157. The Legal Status of Women in the United States of America, January 1938, *United States Summary*. 1941. 89 pp. 15¢. No. 157-A. *Cumulative Supplement*, 1938-1945. 31 pp. 1946. 10¢. Leaflet—Women's Eligibility for Jury Duty. July 1945.
  175. Earnings in the Women's and Children's Apparel Industry in the Spring of 1939. 91 pp. 1940. 15¢.
  176. Application of Labor Legislation to the Fruit and Vegetable Canning and Preserving Industries. 162 pp. 1940. 20¢.
  177. Earnings and Hours in Hawaii Woman-Employing Industries. 53 pp. 1940. 10¢.
  178. Women's Wages and Hours in Nebraska. 51 pp. 1940. 10¢.
  180. Employment in Service and Trade Industries in Maine. 30 pp. 1940. 10¢.
  182. Employment of Women in the Federal Government, 1923 to 1939. 60 pp. 1941. 10¢.
  183. Women Workers in Their Family Environment. (City of Cleveland, State of Utah.) 82 pp. 1941. 15¢.
  185. The Migratory Labor Problem in Delaware. 24 pp. 1941. 10¢.
  186. Earnings and Hours in Pacific Coast Fish Canneries. 30 pp. 1941. 10¢.
  187. Labor Standards and Competitive Market Conditions in the Canned-Goods Industry. 34 pp. 1941. 10¢.
  188. Office Work in 5 Cities in 1940:
    1. Houston (10¢); 2. Los Angeles (10¢); 3. Kansas City (15¢); 4. Richmond (15¢); 5. Philadelphia (15¢); Chart, Salary Rates in 5 Cities.
  189. Part 1. Women's Factory Employment in an Expanding Aircraft Production Program. 12 pp. 1942. 5¢. (See Bull. 192-1.)  
Part 4. Employment of and Demand for Women Workers in the Manufacture of Instruments—Aircraft, Optical and Fire-Control, and Surgical and Dental. 20 pp. 1942. 5¢.
  190. Recreation and Housing for Women War Workers: A Handbook on Standards. 40 pp. 1942. 10¢. (See also Special Bulls. 11 and 17.)
  191. State Minimum-Wage Laws and Orders, 1942: An Analysis. 52 pp. and 6 folders. 1942. 20¢. Supplements through 1946. Mimeo. Progress of Minimum-Wage Legislation, 1943-1945.
  192. Reports on employment of women in wartime industries:
    1. Aircraft Assembly Plants (10¢); 2. Artillery Ammunition Plants (5¢); 3. Manufacture of Cannon and Small Arms (10¢); 4. Machine Tool Industry (10¢); 5. Steel (10¢); 6. Shipyards (20¢); 7. Foundries (10¢); 8. Army Supply Depots (10¢); 9. Cane-Sugar Refineries (10¢).
  195. Women Workers in Argentina, Chile, and Uruguay. 15 pp. 1942. 5¢.
  196. "Equal Pay" for Women in War Industries. 26 pp. 1942. 10¢.
  197. Women Workers in Some Expanding Wartime Industries—New Jersey, 1942. 44 pp. 1943. 10¢.
  198. Employment and Housing Problems of Migratory Workers in New York and New Jersey Canning Industries, 1943. 35 pp. 1944. 10¢.
  199. Successful Practices in the Employment of Nonfarm Women on Farms in the Northeastern States. 44 pp. 1944. 10¢.

- No.  
 200. British Policies and Methods in Employing Women in Wartime. 44 pp. 1944. 10¢.  
 201. Employment Opportunities in Characteristic Industrial Occupations of Women. 50 pp. 1944. 10¢.  
 202. State Labor Laws for Women with Wartime Modifications, Dec. 15, 1944.  
     Part I. Analysis of Hour Laws. 110 pp. 1945. 15¢.  
     Part II. Analysis of Plant Facilities Laws. 43 pp. 1945. 10¢.  
     Part III. Analysis of Regulatory Laws, Prohibitory Laws, Maternity Laws. 12 pp. 1945. 5¢.  
     Part IV. Analysis of Industrial Home-Work Laws. 26 pp. 1945. 10¢.  
     Part V. Explanation and Appraisal. 66 pp. 1946. 15¢.  
 203. The Outlook for Women in Occupations in the Medical and Other Health Services.  
     No. 1—Physical Therapists. 14 pp. 1945. 10¢.  
     No. 2—Occupational Therapists. 15 pp. 1945. 10¢.  
     No. 3—Professional Nurses. 66 pp. 1946. 15¢.  
     No. 4—Medical Laboratory Technicians. 10 pp. 1945. 10¢.  
     No. 5—Practical Nurses and Hospital Attendants. 20 pp. 1945. 10¢.  
     No. 6—Medical Record Librarians. 9 pp. 1945. 10¢.  
     No. 7—Women Physicians. 28 pp. 1945. 10¢.  
     No. 8—X-Ray Technicians. 14 pp. 1945. 10¢.  
     No. 9—Women Dentists. 21 pp. 1945. 10¢.  
     No. 10—Dental Hygienists. 17 pp. 1945. 10¢.  
     No. 11—Physicians' and Dentists' Assistants. 15 pp. 1946. 10¢.  
     No. 12—Trends and Their Effect Upon the Demand for Women Workers. 55 pp. 1946. 15¢.  
 204. Women's Emergency Farm Service on the Pacific Coast in 1943. 36 pp. 1945. 10¢.  
 205. Negro Women War Workers. 23 pp. 1945. 10¢.  
 206. Women Workers in Brazil. 42 pp. 1946. 10¢.  
 207. The Woman Telephone Worker. 38 pp. 1946. 10¢.  
 207-A. Typical Women's Jobs in the Telephone Industry. (In press.)  
 208. Women's Wartime Hours of Work—The Effect on their Factory Performance and Home Life. 187 pp. 1947. 35¢.  
 209. Women Workers in Ten War Production Areas and Their Postwar Employment Plans. (Springfield-Holyoke, Baltimore, Dayton-Springfield, Detroit-Willow Run, Kenosha, Wichita, Mobile, Seattle-Tacoma, San Francisco-Oakland, and Erie County, N. Y.) 56 pp. 1946. 15¢.  
 210. Women Workers in Paraguay. 16 pp. 1946. 10¢.  
 211. Employment of Women in the Early Postwar Period, with Background of Prewar and War Data. 14 pp. 1946. 10¢.  
 212. Industrial Injuries to Women. (In press.)  
 213. Women Workers in Peru. (In press.)  
 214. Maternity-Benefits Under Union-Contract Health Insurance Plans. (In press.)  
 215. Women Workers in Power Laundries. (In press.)  
 216. Women Workers After VJ-Day in One Community—Bridgeport, Conn. (In press.)  
 217. International Work for Status of Women. (In press.)  
 218. Women's Occupations Through Seven Decades. (In press.)  
 219. Earnings for Women Factory Workers, 1946. (In press.)

## SPECIAL BULLETINS

- No.  
 2. Lifting and Carrying Weights by Women in Industry. Rev. 1946. 12 pp. 5¢.  
 3. Safety Clothing for Women in Industry. 11 pp. 1941. 10¢. Supplements:  
     Safety Caps for Women Machine Operators. 4 pp. 1944. 5¢. Safety  
     Shoes for Women War Workers. 4 pp. 1944. 5¢.  
 4. Washing and Toilet Facilities for Women War Workers. 11 pp. 1942. 5¢.  
 10. Women's Effective War Work Requires Good Posture. 6 pp. 1943. 5¢.  
 13. Part-Time Employment of Women in Wartime. 17 pp. 1943. 10¢.  
 14. When You Hire Women. 16 pp. 1944. 10¢.  
 15. Community Services for Women War Workers. 11 pp. 1944. 5¢.  
 19. The Industrial Nurse and The Woman Worker. 47 pp. 1944. 10¢.

## No.

20. Changes in Women's Employment During the War. 29 pp. 1944. 10¢.  
(Chart based on statistical data also available.)  
Bibliography on Night Work for Women. 1946. Multilith.

## LEAFLETS

- Standards for Employment of Women. Leaflet No. 1, 1946.  
Training for Jobs—For Women and Girls. Leaflet No. 1, 1947.  
Equal Pay for Women. Leaflet No. 2, 1947.  
Women White-Collar Workers, "Retool Your Thinking for Your Job Tomorrow."  
1945.  
Protect Future Wage Levels Now (on minimum-wage legislation). 1946.  
Unemployment Compensation—How It Works for Working Women. 1945.  
Why Women Work. 1946. Multilith.  
The Women's Bureau—Its Purpose and Functions. 1946.  
Your Job Future After College. 1947.

U. S. GOVERNMENT PRINTING OFFICE: 1947

---

For sale by the Superintendent of Documents, U. S. Government Printing Office, Washington 25, D. C.  
Price 10 cents

1917  
The Women's Bureau  
Bureau of Labor Statistics  
Department of Labor  
Washington, D. C.