# **Employee Benefits in State and Local Governments, 1998**



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### **Preface**

This bulletin presents results of a 1998 Bureau of Labor Statistics (BLS) survey of the incidence and detailed provisions of selected employee benefit plans in State and local governments. The survey provides representative data for 16.5 million employees. Appendix A provides a detailed description of the coverage and statistical procedures used in the survey.

The survey of State and local governments was first conducted in 1987. Between 1979 and 1986, the survey provided benefits data on full-time employees in medium and large establishments—those with either 100 or 250 employees or more, depending on the industry; coverage of service industries was limited. The 1987 survey examined benefits provided to full-time employees in State and local governments with 50 employees or more. In 1988, 1989, 1991, 1993, 1995, and 1997, expanded surveys of medium and large establishments covered full-time employees in establishments employing 100 workers or more in all private industries.

Beginning in 1990, the Employee Benefits Survey included both full-time and part-time employees in all private industries (regardless of employment) and in State and local governments. In that year, the survey covered small private establishments and State and local governments. At the present time, small private establishments and State and local governments are surveyed in even-numbered years (except for 1996, when only small private establishments were surveyed), and medium and large private establish-

ments are surveyed in odd-numbered years.

Chapter 1 provides a summary of key findings for major benefits, such as time off; disability; medical, dental, and vision care; life insurance; and defined benefit pension and defined contribution retirement plans. The remaining chapters provide definitions of key terms and general information on benefit provisions, along with the respective benefit tables.

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This survey would not have been possible without the cooperation of the government jurisdictions that provided the data included in this bulletin. The Bureau thanks these respondents for their cooperation.

The public may access Employee Benefits Survey data from the BLS Internet site at http://stats.bls.gov/ebshome.htm. Questions on the data in this publication should be referred to Office of Compensation Levels and Trends staff at (202) 691-6199 or via email at: OCLTINFO@bls.gov. Sensory impaired individuals may obtain information in this publication upon request. The Bureau may be reached by voice phone at: (202) 691-5200 or through the Federal Information Relay Service at 1-800-877-8339.

Pictured on the cover of this bulletin is *Happy Birth-day, Miss Jones* by Norman Rockwell, © March 17, 1956, The Curtis Publishing Company.

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# Chapter 1. Results of the 1998 Survey

The Bureau's 1998 survey of State and local governments provides data on employee work schedules and on the incidence and detailed characteristics of employee benefits paid for, at least in part, by the employer. These benefits include holidays, vacations, personal, funeral, jury duty, military, family, and sick leave; short-term disability, long-term disability, and life insurance; medical, dental, and vision care; and retirement plans. Because the survey data are limited to formal plans, this bulletin may understate the extent of such benefits as military and jury duty leave.

Data are also collected on the incidence of several other benefits, including severance pay, child-care assistance, wellness programs, employee assistance programs, and educational assistance. Information is also obtained on flexible benefits plans, reimbursement accounts, and unpaid family leave.

For the 1998 survey of benefits in State and local governments, BLS collected information on both full-time and part-time employees. Employees are classified as full-time or part-time in accordance with their employers' practices. Part-time workers typically are scheduled to work fewer hours per week than full-time workers engaged in the same type of work activity. In addition, data are collected on the incidence of employee benefits by union status, type of government, and broad geographic region.

Major survey highlights are reported in this chapter. Detailed data on the provisions of the benefits studied appear in chapters 2-8.

In 1998, benefits most frequently provided to full-time employees in State and local governments were paid sick leave, paid jury duty leave, unpaid family leave, and defined benefit pension plans. Few of these workers had survivor income benefits, paid family leave, or defined contribution retirement plans.

#### Time off

Paid holidays were provided to nearly three-fourths of all full-time State and local government employees, and averaged about 11 days per year. Paid vacation was provided to two-thirds of employees, and averaged 13 days per year after 1 year of service, 16 days after 5 years of service, 19 days after 10 years of service, and 22 days after 20 years of service. Nearly two-fifths of employees were provided paid personal leave, with the average being 3 days per year. Funeral leave, jury duty leave, and military leave were available to most employees.

Paid time-off benefits for full-time teachers differed from those provided to other white-collar workers and to blue-collar and service employees. Thirty-one percent of teachers received paid holidays, compared with 86 percent of other white-collar workers and 92 percent of blue-collar and service workers. Paid vacations were provided to 10 percent of teachers, compared with 83 percent of other white-collar employees and 92 percent of blue-collar and service workers. The incidence of leave among teachers differs from that of other government workers because most teachers are employed on a 9- or 10-month basis, usually for a specified number of school days. Unspecified days are usually unpaid. In contrast, 55 percent of teachers had paid personal leave compared with 31 percent of other white-collar and blue-collar and service workers. (See table 1.)

Unpaid family leave covered 95 percent of full-time employees, reflecting the implementation of the Federal Family and Medical Leave Act of 1993. This act obligates employers with more than 50 employees to provide 12 weeks of unpaid leave each year to employees for the birth or adoption of a child, or for care associated with an illness of the employee or a family member. In 1992, prior to the passage of the act, 59 percent of full-time employees had unpaid maternity and 44 percent had unpaid paternity leave benefits available.

#### **Disability benefits**

The definitions of paid sick leave and short-term disability (previously called sickness and accident insurance) were changed in 1995. Paid sick leave now includes plans that either specify a maximum number of days per year or unlimited days. Short-term disability now includes all insured, self-insured, and State-mandated plans available on a per-disability basis, as well as unfunded per-disability plans previously reported as sick leave.<sup>2</sup>

Almost all (96 percent) full-time employees had paid sick leave. Fewer employees had short-term disability (20 percent) or long-term disability coverage (34 percent).

#### **Health benefits**

Eighty-six percent of full-time employees participated in employer-sponsored medical care plans. In 1998, 51 percent of those participating were required to contribute towards the cost of single coverage, compared with 47 percent in 1994. In 1998, employee contributions averaged \$31.94 per month for individual coverage and \$152.46 for

family coverage. In 1994, these averages were \$30.20 and \$149.70, respectively.

Participation in nontraditional, or "managed care," plans continued to increase. In 1998, 75 percent of all full-time employees with medical care coverage were in nontraditional plans, compared with 62 percent in 1994. In 1998, 39 percent were in health maintenance organizations (HMOs), up from 30 percent in 1994; 35 percent were in preferred provider organizations (PPOs), compared with 30 percent in 1994. In contrast, only 25 percent of all medical care plan participants were in traditional fee-for-service plans in 1998, compared with 38 percent in 1994.

Participants in traditional fee-for-service plans and PPOs have a greater choice of health care providers than participants in HMO plans have, but bear a greater proportion of their health care costs. In 1998, the annual deductible, or the amount the participant pays each year before the plan reimburses any covered expenses, averaged \$226 for individuals in non-HMO plans, compared with \$186 in 1994. After the annual deductible is satisfied, the plan pays a percentage of covered medical expenses, known as coinsurance. In 1998, 65 percent of participants in traditional feefor-service plans were in plans with an 80 percent coinsurance rate. Although more generous than fee-forservice plans if a network provider is used, most PPO plans also have a coinsurance provision. For example, 32 percent of PPO plan participants were in plans that paid 80 percent of covered expenses, and 32 percent were in plans that paid 90 percent of covered expenses.

The amount of yearly out-of-pocket expenses participants have to pay in non-HMO plans is limited, with the cost of services above this limit paid by the plan. In 1998, these maximum out-of-pocket limits averaged \$1,027 for individuals and \$2,407 for families. Plans generally restrict total lifetime benefits to a maximum amount. Medical expenses above these lifetime maximums are not covered by the plan. For participants in plans with lifetime maximums, the average lifetime maximum was \$1.3 million.

#### Retirement benefits

Nearly all (98 percent) full-time employees participated in one or more employer-sponsored retirement plans in 1998. Retirement plans are typically classified as either defined benefit or defined contribution. In defined benefit plans, the benefit at retirement is specified by a formula, and the employer bears the investment risk to fund the benefit. In defined contribution plans, the employer's current cost (contribution) is specified, but the amount of retirement benefit is not known in advance. In 1998, 9 out of 10 full-time employees participated in defined benefit plans, the same as in 1994. In contrast, 14 percent participated in defined contribution plans in 1998, compared with 9 percent in 1994.

Almost all (99 percent) of defined benefit plan participants were in plans with retirement benefits based on a terminal earnings formula. Benefits under these formulas are based on a percentage of average earnings during a specified number of years at the end of a worker's career (or when earnings are highest) multiplied by the number of years of service recognized by the plan. For the majority (75 percent) of these participants, benefits were based on a flat percent of earnings, averaging 1.9 percent.

A majority (78 percent) of defined benefit plan participants were in plans that required an employee contribution. Few (7 percent) were in plans where benefits were integrated with Social Security.

In 1998, virtually all participation in defined contribution plans with an employer contribution was in money purchase pension (10 percent) and savings and thrift plans (5 percent).<sup>3</sup>

A third of full-time employees were able to defer a portion of their current earnings (and shelter the income from current income taxes) by contributing to a retirement plan in 1998. Only a quarter of full-time employees could make such deferrals in 1994.

#### Other findings

The EBS provides information on the percent of workers eligible for a number of other benefits. Of these benefits, job-related education assistance, such as reimbursing a secretary for taking a word processing course, was available to 63 percent of all full-time workers.

Two employer-subsidized health improvement benefits, employee assistance programs and wellness programs, were available to 70 percent and 35 percent, respectively, of all full-time workers.

Section 125 of the Internal Revenue Code governs flexible benefits plans, flexible spending (reimbursement) accounts, and premium conversion plans. In 1998, Section 125 plans were available to 55 percent of all full-time workers.

Section 125 flexible benefits plans, often called cafeteria plans, were available to 5 percent of all employees. Flexible benefits plans allow employees to determine how their employers' contributions will be allocated among the benefits offered. Employees are often able to purchase additional benefits on a salary reduction basis.

Reimbursement plans were available to 42 percent of all full-time employees. These plans help employees pay for expenses, such as childcare and medical care deductibles, not covered by other benefit plans. Accounts may be financed with employer funds, employee pretax funds, or both. Premium conversion plans, available to 9 percent of all full-time workers, are established solely for medical care plan participants to pay their share of medical care premiums with pretax dollars.

¹ There are a few exceptions to this general rule. The survey provides estimates on the availability of postretirement medical care and life insurance, dependent life insurance, supplemental life insurance, and long-term care insurance even if an employee or retiree must pay for such coverage fully. This is because the guarantee of insurability and availability of coverage at group premium rates can be considered a benefit. In addition, reimbursement accounts, salary reduction plans, and family leave plans are tabulated even if the employer bears no cost beyond administrative expenses.

<sup>2</sup> Sickness and accident insurance reported before 1995 included only insured, self-insured, and State-mandated plans providing payment for time away from work per disability.

<sup>3</sup> The following are definitions of major plan types and related terms associated with defined contribution plans. Data for defined contribution plans are included in tables 1, 2, 129, 131, 133, and 135.

Savings and thrift plans are retirement plans that allow employees to contribute a predetermined portion of earnings (usually pretax) to an individual account, all or part of which the employer matches. Employers may

match a fixed percent of employee contributions or a percent that varies by length of service, the amount employee contribution, or other factors. Contributions are invested as directed by the employee or employer. Although usually designed as a long-term savings vehicle, savings and thrift plans may allow preretirement withdrawals and loans.

Money purchase pension plans are retirement plans where fixed employer contributions (usually calculated as a percentage of employee earnings) are allocated to individual employee accounts but employees are usually not required to make contributions.

Simplified employee pension plans (SEPs) are individual accounts established by the employer for employees. SEPs are specifically designed for establishments with 25 or fewer employees and are rare in State and local governments.

Cash or deferred arrangements are the mechanism by which employees can contribute pretax dollars to their retirement plan.

Salary reduction is one type of cash or deferred arrangement through which employees voluntarily contribute funds to a retirement account on a pretax basis.

#### A Note on the Tables

The majority of the tables presented throughout this bulletin indicate the percent of all employees, or of a selected group of employees, covered by particular benefits and benefit features. Understanding the group of employees about whom data are being presented is the key to using these tables; this information is contained in the first row of each table. Some tables indicate the percent of all employees covered by the survey who have a certain benefit; other tables show the percent of employees covered by a certain benefit who have a certain plan feature. Rows where there are no participants reported are deleted from the tables.

For example, table 1 indicates that 86 percent of all full-time employees were covered by a medical care plan. In chapter 4, most of the tables present data on the percent of workers with medical care who are in plans with certain provisions. Workers with medical care equal 100 percent in these tables, with smaller percentages indicating the availability of plan features. For example, in table 46, 100 percent refers to those workers with medical care plans, and 25 percent indicates those workers with medical care covered by a traditional fee-for-service plan.

Another type of table estimate presented throughout the bulletin displays average benefit values rather than percentages of workers. These averages are presented for all covered workers; averages exclude workers without the plan provision.

Data calculations are discussed in more detail in the appendices.

Table 1. Summary: Participation¹ in selected employee benefit programs,² full-time employees, State and local governments, 1998 (In percent)

Benefit	All employees	White- collar employ- ees, except teachers	Teachers	Blue-collar and service employ- ees
Paid time off:				
Holidays	73 67 38 65 95 76	86 83 31 62 95 81	31 10 55 61 96 60 4	92 92 31 71 95 82 5
Unpaid family leave	95	95	94	96
Disability benefits <sup>3</sup> :				
Paid sick leave Short-term disability Long-term disability insurance	96 20 34	94 20 36	97 15 38	97 24 28
Survivor benefits:				
Life insuranceAccidental death and dismemberment	89 58	90 57	88 63	88 56
Survivor income benefits	1	1	1	1
Health care benefits:				
Medical care  Dental care  Vision care  Outpatient prescription drug	86 60 43	86 59 41	86 62 40	86 60 48
coverage	84	85	82	84

See footnotes at end of table.

Table 1. Summary: Participation<sup>1</sup> in selected employee benefit programs,<sup>2</sup> full-time employees, State and local governments, 1998 (In percent) — Continued

Benefit	All employees	White- collar employ- ees, except teachers	Teachers	Blue-collar and service employ- ees
Retirement income benefits:				
All retirement <sup>4</sup>	98	98	98	98
Defined benefit	90	89	92	91
Defined contribution <sup>5</sup>	5	15 5 11 ( <sup>6</sup> )	11 1 9	14 6 10 ( <sup>6</sup> )
Cash or deferred arrangements: With employer contributions Salary reduction Savings and thrift Money purchase pension Other <sup>7</sup>		14 6 5 ( <sup>6</sup> ) 9	10 5 1 3 5	13 7 6 1 7
No employer contributions	22	22	25	19

Only current employees are counted as participants. Participants in insurance and retirement benefits have met minimum length-of-service requirements and paid any required employee share of the benefit cost. Participants in all other benefits include all employees in occupations offered the benefit.

NOTE: Because of rounding, sums of individual items may not equal totals. Where applicable, dash indicates no employees in this category.

<sup>&</sup>lt;sup>2</sup> Employee benefit programs in this survey almost always include those sponsored by employers, who pay some share of the cost. Except for unpaid family leave, postretirement medical care and life insurance, dependent life insurance, supplemental life insurance, and some salary reduction plans, benefits for which the employees pay the full cost are excluded from the survey.

The definitions for paid sick leave and short-term disability (previously sickness and accident insurance) were changed for the 1995 survey. Paid sick leave now only includes plans that either specify a maximum number of days per year or unlimited days. Short-term disability now includes all insured, self-insured, and state-mandated plans available on a per disability basis as well as the unfunded per disability plans previously reported as sick leave. Sickness and accident insurance, reported in years prior to the 1995 survey, only included insured, self-insured, and state-mandated plans providing per disability benefits at less than full pay.

Includes defined benefit pension plans and defined contribution retirement plans. The total is less than the sum of the individual items because many employees participated in both types of

plans.

The total is less than the sum of the individual items because some employees participated in more than one type of plan.

Less than 0.5 percent.

<sup>7</sup> Includes required contributions made to money purchase pension plans on a pretax basis.

 $\label{eq:continuous_problem} \textbf{Table 2. Summary: Participation}^1 \ \textbf{in selected employee benefit programs,} ^2 \ \textbf{full-time employees, State} \\ \textbf{and local governments, 1998}$ 

All employees	White- collar employees, except teachers	Teachers	Blue-collar and service employees	
14,350,773	5,992,894	3,816,292	4,541,587	
10,511,550 9,573,133 5,385,290 9,300,825 13,689,964 10,926,088 601,802	5,133,962 4,995,339 1,871,303 3,713,404 5,715,640 4,877,461 206,023	1,181,941 379,784 2,089,338 2,341,767 3,660,917 2,303,870 150,290	4,195,647 4,198,011 1,424,649 3,245,655 4,313,407 3,744,757 245,489	
13,632,525	5,676,131	3,599,857	4,356,537	
13,749,441 2,894,309 4,884,899	5,638,508 1,203,507 2,169,897	3,717,491 581,650 1,448,555	4,393,443 1,109,152 1,266,446	
12,777,234 8,372,328 111,727	5,410,260 3,427,383 35,761	3,372,118 2,386,413 37,640	3,994,856 2,558,532 38,326	
12,308,171 8,650,696 6,107,920 12,043,429	5,146,767 3,535,117 2,428,980 5,110,783	3,267,551 2,380,255 1,514,808 3,138,270	3,893,853 2,735,324 2,164,132 3,794,377	
	employees  14,350,773  10,511,550 9,573,133 5,385,290 9,300,825 13,689,964 10,926,088 601,802  13,632,525  13,749,441 2,894,309 4,884,899  12,777,234 8,372,328 111,727  12,308,171 8,650,696 6,107,920	All employees collar employees, except teachers  14,350,773 5,992,894  10,511,550 5,133,962 9,573,133 4,995,339 5,385,290 1,871,303 9,300,825 3,713,404 13,689,964 5,715,640 10,926,088 601,802 206,023  13,632,525 5,676,131  13,749,441 5,638,508 1,203,507 4,884,899 2,169,897  12,777,234 5,410,260  8,372,328 1,203,507 2,169,897  12,777,234 5,410,260  8,372,328 3,427,383 111,727 35,761	All employees except teachers  14,350,773	

See footnotes at end of table.

Table 2. Summary: Participation<sup>1</sup> in selected employee benefit programs,<sup>2</sup> full-time employees, State and local governments, 1998 — Continued

Benefit	All employees	White- collar employees, except teachers	Teachers	Blue-collar and service employees
Retirement income benefits:				
All retirement <sup>4</sup>	14,070,816	5,888,600	3,736,934	4,445,282
Defined benefit	12,982,940	5,311,875	3,522,837	4,148,229
Defined contribution <sup>5</sup>	1,937,515 651,078 1,476,377 12,564	889,675 323,559 658,059 10,950	409,498 49,290 355,608	638,342 278,230 462,710 1,614
Cash or deferred arrangements: With employer contributions Salary reduction Savings and thrift Money purchase pension Other <sup>6</sup> No employer contributions	1,821,633 814,333 631,728 182,605 1,007,300 3,138,792	848,170 332,693 308,209 24,484 515,476	366,285 174,745 49,290 125,456 191,540	607,179 306,895 274,230 32,665 300,284 881,479

<sup>&</sup>lt;sup>1</sup> Only current employees are counted as participants. Participants in insurance and retirement benefits have met minimum length-of-service requirements and paid any required employee share of the benefit cost. Participants in all other benefits include all employees in occupations offered the benefit.

NOTE: Because of rounding, sums of individual items may not equal totals. Where applicable, dash indicates no employees in this category.

<sup>&</sup>lt;sup>2</sup> Employee benefit programs in this survey almost always include those sponsored by employers, who pay some share of the cost. Except for unpaid family leave, postretirement medical care and life insurance, dependent life insurance, supplemental life insurance, and some salary reduction plans, benefits for which the employees pay the full cost are excluded from the survey.

<sup>&</sup>lt;sup>3</sup> The definitions for paid sick leave and short-term disability (previously sickness and accident insurance) were changed for the 1995 survey. Paid sick leave now only includes plans that either specify a maximum number of days per year or unlimited days. Short-term disability now includes all insured, self-insured, and state-mandated plans available on a per disability basis as well as the unfunded per disability plans previously reported as sick leave. Sickness and accident insurance, reported in years prior to the 1995 survey, only included insured, self-insured, and state-mandated plans providing per disability benefits at less than full pay.

<sup>&</sup>lt;sup>4</sup> Includes defined benefit pension plans and defined contribution retirement plans. The total is less than the sum of the individual items because many employees participated in both types of plans.

<sup>&</sup>lt;sup>5</sup> The total is less than the sum of the individual items because some employees participated in more than one type of plan.

<sup>6</sup> Includes required contributions made to money purchase pension plans on a pretax basis.

Table 3. Other benefits: Eligibility for specified benefits, full-time employees, State and local governments, 1998 (In percent)

Benefit	All employees	White- collar employ- ees, except teachers	Teachers	Blue-collar and service employ- ees
Income continuation plans: Severance pay	29	24	33	32
Supplemental unemployment benefits	(¹)	(¹)	-	( <sup>1</sup> )
Family benefits:				
Employer assistance for child care	7	12	4	5
Employer provided funds On-site child care	2 3	2 5	1 3	1 2
Off-site child care	3	6	(1)	2
Adoption assistance Long-term care insurance	2 11	2 12	1 8	1 14
Flexible workplace	1	1	(1)	(1)
Health promotion programs: Wellness programs	35	39	31	33
Employee assistance programs	70	74	57	74
Fitness center	14	15	7	20
Miscellaneous benefits:  Job-related travel accident				
insurance	12	13	11	13
Nonproduction bonuses Subsidized commuting	33 6	37 7	17 2	42 8
Education assistance: Job-related	63	68	52	66
Not job-related	22	25	18	21
Section 125 cafeteria benefits <sup>2</sup> :	55	60	52	53
Flexible benefit plans	5	6	4	4
Reimbursement plans Premium conversion plans	42 9	46 7	39 9	38 10

NOTE: Because of rounding, sums of individual items may not equal totals. Where applicable, dash indicates no employees in this category.

Less than 0.5 percent.
 Includes all types of plans under Internal Revenue Code Section 125. Flexible benefits plans include reimbursement account features.

Table 4. Other benefits: Eligibility for specified benefits, full-time employees, State and local governments, 1998

Benefit	All employees	White- collar employees, except teachers	collar Teachers	
Total number of employees	14,350,773	5,992,894	3,816,292	4,541,587
Income continuation plans:				
Severance paySupplemental unemployment	4,186,078	1,444,627	1,266,775	1,474,677
benefits	25,609	6,801	-	18,808
Family benefits: Employer assistance for child				
care	1,071,720	690,164	156,208	225,348
Employer provided funds	231,004	139,443	42,755	48,806
On-site child care	501,515	302,617	110,268	88,629
Off-site child care	456,162	339,872	5,286	111,005
Adoption assistance	217,806	117,465	32,959	67,382
Long-term care insurance	1,650,008	733,741	301,399	614,868
Flexible workplace	78,628	62,414	3,066	13,148
Health promotion programs:				
Wellness programs	5,043,201	2,362,799	1,165,281	1,515,121
Employee assistance				
programs	9,977,009	4,424,328	2,175,250	3,377,432
Fitness center	2,077,316	914,403	267,145	895,769
Miscellaneous benefits:				
Job-related travel accident				
insurance	1,776,059	782,964	401,418	591,677
Nonproduction bonuses	4,797,079	2,236,802	649,912	1,910,364
Subsidized commuting	817,505	403,167	68,502	345,836
Education assistance:				
Job-related	9,053,611	4,074,726	1,991,157	2,987,727
Not job-related	3,150,538	1,483,894	691,529	975,115
Section 125 cafeteria benefits <sup>1</sup> :	7,940,982	3,584,846	1,970,157	2,385,979
Flexible benefit plans	714,083	382,044	150,955	181,084
Reimbursement plans	5,961,977	2,758,346	1,470,355	1,733,276
Premium conversion plans	1,264,921	444,456	348,847	471,619

<sup>&</sup>lt;sup>1</sup> Includes all types of plans under Internal Revenue Code Section 125. Flexible benefits plans include reimbursement account features.

 $\label{eq:NOTE:Because of rounding, sums of individual items may not equal totals. Where applicable, dash indicates no employees in this category.$ 

Table 5. Plan administration: Type of plan sponsor for selected employee benefit programs, full-time employees, State and local governments, 1998 (In percent)

Plan sponsor	Medical care	Life insurance	Funded short-term disability <sup>1</sup>	Long-term disability insurance	Defined benefit pension	Savings and thrift
All participants						
Total State government Local government Other <sup>2</sup>	100 34 66 -	100 33 67 -	100 35 65 -	100 36 64 -	100 91 8 1	100 11 89 -
White-collar, except teachers						
Total State government Local government Other <sup>2</sup>	100 41 59	100 38 62 -	100 39 61 -	100 41 59	100 93 7 1	100 10 90 -
Teachers						
Total State government Local government	100 23 77	100 28 72	100 8 92	100 35 65	100 100 ( <sup>3</sup> )	100 70 30
Blue-collar and service						
Total  State government  Local government  Other <sup>2</sup>	100 34 66 -	100 29 71 -	100 43 57 -	100 29 71 -	100 82 16 2	100 1 99 -

<sup>&</sup>lt;sup>1</sup> Includes participants in funded short-term disabliity plans only. See chapter 3 for further discussion of funded and unfunded short-term disability plans.
<sup>2</sup> Governments contribute to union-sponsored trust funds which provide benefits.

NOTE: Because of rounding, sums of individual items may not equal totals. Where applicable, dash indicates no employees in this category.

Table 6. Medical care benefits: Percent of full-time employees participating in employer-sponsored medical benefits by type of medical plan and requirement for employee contributions, State and local governments, 1990, 1992, 1994, and 1998

Type of plan and contribution requirement	1990	1992	1994	1998
Type of plan				
Total Traditional fee-for-service <sup>1</sup>	100 61	100 43	100 38	100 25
Preferred provider organization <sup>2</sup> Health maintenance	17	29	30	35
organization <sup>3</sup> Other <sup>4</sup>	22 ( <sup>5</sup> )	27 1	30 2	39 1
Requirement to contribute for single coverage				
Total Employee contribution not	100	100	100	100
required Employee contribution	62	57	49	49
required Not determinable	38 -	43 -	47 3	51 -
Requirement to contribute for family coverage				
Total Employee contribution not	100	100	100	100
required Employee contribution	35	28	22	25
required  Not determinable	65 -	72 -	71 7	75 -

 $<sup>^{\</sup>rm 1}$  These plans pay for specific medical procedures as expenses are incurred.

NOTE: The survey was not conducted in 1996. Because of rounding, sums of individual items may not equal totals. Where applicable, dash indicates no data were reported.

Table 7. Medical care benefits: Average monthly employee contributions for single and family medical coverage, by type of plan, full-time employees in State and local governments, 1990, 1992, 1994, and 1998

Type of plan	1990	1992	1994	1998
Individual coverage				
All plans Non-HMO plans <sup>1</sup> HMO plans	\$25.53 26.78 21.28	\$28.97 30.19 25.87	\$30.20 31.32 27.78	\$31.94 33.32 29.68
Family coverage <sup>2</sup>				
All plans Non-HMO plans <sup>1</sup> HMO plans	\$117.59 119.77 108.86	\$139.23 147.08 118.15	\$149.70 157.48 131.23	\$152.46 154.24 149.23

<sup>&</sup>lt;sup>1</sup> Non-HMO plans include traditional fee-for-service plans, preferred provider plans, and exclusive provider organization plans.

NOTE: The survey was not conducted in 1996. Average contributions are for plans stating a flat monthly cost. Because of rounding, sums of individual items may not equal totals.

<sup>&</sup>lt;sup>2</sup> Groups of hospitals and physicians that contract to provide comprehensive medical services at prearranged prices. To encourage use of organization members, the health plan limits reimbursement rates when participants use nonmember services.

<sup>&</sup>lt;sup>3</sup> Includes Federally qualified and other HMOs that deliver comprehensive health care on a prepayment rather than fee-for-service basis.

<sup>&</sup>lt;sup>4</sup> Includes exclusive provider organizations which are groups of hospitals and physicians that contract to provide comprehensive medical services. Participants are required to obtain services from members of the organization in order to receive plan benefits.

<sup>5</sup> Less than 0.5 percent.

If the amount of contribution varied by either size or composition of family, the rate for an employee with a spouse and one child was used.

Table 8. Non-health maintenance organizations: Average major medical provisions, full-time employees in State and local governments, 1990, 1992, 1994, and 1998

Type of plan and contribution requirement	1990	1992	1994	1998
Annual individual deductible <sup>1</sup> Annual family deductible	\$167 (²)	\$173 (²)	\$186 441	\$226 518
Annual out-of-pocket expense maximum³ Individual	992 1,859	908 1,856	941 1,947	1,027 2,407
Lifetime maximum <sup>4</sup>	858,646	986,071	988,246	1,325,916

<sup>&</sup>lt;sup>1</sup> Amount of covered expenses that an individual must pay before any expenses are paid by the plan. Further deductibles for specific medical services are excluded.

<sup>2</sup> Data not available.

NOTE: The survey was not conducted in 1996. Average limits are calculated only for participants in plans that specify the limit(s).

<sup>3</sup> Amount of covered expenses that an individual or family must pay, exclusive of deductibles, before the plan pays 100 percent of additional expenses. Expenses for certain medical services, such as mental health care, may not be subject to this limit.

4 Total amount of covered expenses the plan will pay for each individual. When the amount varied for

employees and dependents, the employee amount was used.

# Chapter 2. Work Schedules, Paid Time off, and Family Leave

Time off with pay is available to employees in several different forms—from a few days of personal leave to several weeks for vacations. The Employee Benefits Survey (EBS) covers the following paid time-off benefits: Holidays and vacations; and personal, family, funeral, jury duty, and military leave. Unpaid family leave is also surveyed. (Information on paid sick leave is discussed under Disability Benefits and appears in chapter 3.) Definitions of major plan types, key provisions, and related terms follow.

#### **Work Schedules**

Work schedules determine the starting and stopping time of work for individuals or groups of employees. Most fulltime employees are scheduled to work five 8-hour days.

#### Plan types

*Fixed work schedule.* Under these schedules, the start and end times for employees do not vary by day, and days worked do not vary by week.

Flexible work schedule. Employees on flexible work schedules have the opportunity to begin and end work within a range of hours. Limits on the amount of flexibility vary from plan to plan, but generally employees have to be at work during midday core hours.

Rotating work schedule. Start and end times for employees on rotating schedules do not vary day by day, but days worked do vary by week. For example, firefighters might work for 24 hours and be off for 48 hours.

Nonfixed work schedule. Under these schedules, employees' hours of work vary from day to day. Examples of occupations that normally have nonfixed work schedules are college and university level instructors.

#### Paid Holidays

Holidays are days of special religious, cultural, or patriotic significance on which work and business ordinarily ceases. Workers usually receive time off from work, at full or partial pay, for a specified number of holidays each year. Some

employers also include "personal holidays," such as an employee's birthday or "floating holidays" that vary from year to year as determined by the employer or employee. When a holiday falls on a scheduled day off, such as a Saturday or Sunday, another day off is often substituted. The following are typical paid holidays:

New Year's Day Memorial Day Independence Day Labor Day Thanksgiving Day Christmas Day

#### **Paid Vacations**

Vacations are time-off from work, normally taken in days or weeks. Vacation benefits usually start after a length-of-service requirement is fulfilled. The amount of time off may vary based on an employee's service with the employer or it may be a fixed number of days per year. The time off is usually paid at an employee's normal hourly rate or salary.

#### **Provisions**

*Carryover.* Vacation plans with carryover provisions allow employees to move a certain number of unused vacation days into the next leave year. Any unused vacation days above the carryover limit are lost.

Cash-in. Cash-in provisions allow employees covered by such plans to receive their normal daily earnings or some other amount for each unused vacation day up to a certain number of vacation days per year. Like carryover provisions, any unused vacation days above the cash-in limit are lost.

#### **Paid Personal Leave**

Personal leave allows an employee to be paid while absent from work for a variety of reasons not covered by other specific leave plans. Employees granted personal leave are usually eligible for 1 to 5 days per year and a few employees are provided as much personal leave as needed.

#### **Paid Funeral Leave**

Funeral leave provides time off from work due to a death in the family. Eligible employees usually receive a set number of days per occurrence. However, some plans vary the number of days off depending upon the employee's relationship to the deceased. For example, a plan may provide 3 days off for the death of a spouse, parent, or child, but only 1 day off for the death of other relatives. For employees who do not have a formal funeral leave plan, some employers may provide an informal benefit or allow employees to use other types of paid leave, such as paid sick leave days, to attend a funeral.

#### **Paid Jury Duty Leave**

Jury duty leave provides time away from work when an employee is summoned to serve as a juror. Paid time off for jury duty is usually provided "as needed." Employer payments commonly make up the difference between the employer's regular pay and the court's jury allowance.

#### **Paid Military Leave**

Military leave provides time away from work so employees can fulfill military commitments. Pay for military leave is either regular pay or the difference between an employee's regular earnings and the amount they receive from the military.

#### **Family Leave**

Family leave includes a variety of family-related paid or unpaid leave for maternity, adoption, care of a newborn child, and family illness. Also included is short-term leave, generally paid time off from work for reasons such as a child's medical appointment or parent-teacher conference. Paid family leave benefits are rare.

Family and Medical Leave Act of 1993 (FMLA). FMLA is a Federal law entitling employees up to 12 weeks of jobprotected, unpaid leave during any 12 months for the following reasons: Birth and care of the employee's child or placement for adoption or foster care of a child with the employee, care for an immediate family member, or the employee's own serious health condition. The FMLA applies to private sector employers engaged in commerce, that have 50 or more employees each working at least 20 calendar weeks or more in the current or preceding calendar year. State and local governments, including schools and most Federal government employees, are also covered.

<sup>&</sup>lt;sup>1</sup> For more information on paid personal, funeral, jury duty and military leave, see Hilery Simpson, "Paid Personal, Funeral, Jury Duty, and Military Leave: Highlights from the Employee Benefits Survey, 1979-1995," *Compensation and Working Conditions*, winter 1997, pp. 35-46.

<sup>&</sup>lt;sup>2</sup> For more information on unpaid family leave, see Paul Scheible, "Unpaid Family Leave," *Compensation and Working Conditions*, winter 1998, pp. 39-40.

Table 9. Work schedule: Percent of full-time employees by hours scheduled per week and per day,¹ State and local governments, 1998

Work schedule	All em- ploy- ees	White-collar em-ploy-ees, except teach-ers	Teach- ers	Blue- collar and service em- ploy- ees
Number (in thousands) with work schedule	14,351	5,993	3,816	4,542
	Percent			
Total	100	100	100	100
Hours per week:  Under 30	1 2 5 12 3 14 2 58 3	( <sup>2</sup> ) 1 5 11 2 16 1 63 1	1 5 12 21 7 23 4 25 1	1 2 1 5 2 5 ( <sup>2</sup> ) 79
Hours per day:  Under 7  7  Over 7 and under 8  8  Over 8 and under 9  9  Over 9 and under 10  10  Over 10	9 11 19 58 ( <sup>2</sup> ) ( <sup>2</sup> ) ( <sup>2</sup> ) ( <sup>2</sup> ) 1 2	7 11 19 62 ( <sup>2</sup> ) ( <sup>2</sup> ) ( <sup>2</sup> ) ( <sup>2</sup> )	18 22 34 25 ( <sup>2</sup> ) ( <sup>2</sup> ) - 1	4 3 6 80 1 ( <sup>2</sup> ) - 1 5

 $<sup>^{1}\,</sup>$  Work schedule data includes paid lunch and paid rest periods.  $^{2}\,$  Less than 0.5 percent.

NOTE: Because of rounding, sums of individual items may not equal totals. Where applicable, dash indicates no employees in this category.

Table 10. Work schedule: Percent of full-time employees by type of work schedule, State and local governments, 1998

Work schedule	All em- ploy- ees	White-collar em-ploy-ees, except teachers	Teach- ers	Blue- collar and service em- ploy- ees
Participants (in thousands)	14,351	5,993 Pei	3,816	4,542
Total  With fixed work schedule  With flexible work schedule	100 94 2	100 95 2	100 97 (1)	100 89 2
With rotating work schedule With non-fixed work schedule Other Data not available	3 1 (1) (1)	2 1 ( <sup>1</sup> )	( <sup>1</sup> ) 2 - -	8 (1) - (1)

<sup>1</sup> Less than 0.5 percent.

NOTE: Because of rounding, sums of individual items may not equal totals. Where applicable, dash indicates no employees in this category.

Table 11. Paid holidays and vacations: Average number of days for full-time employees, State and local governments, 1998

ltem	All em- ploy- ees	White-collar em-ploy-ees, except teach-ers	Teach- ers	Blue- collar and service em- ploy- ees
Paid holidays  Paid vacation by minimum length of	11.4	11.4	11.9	11.2
service requirement:				
At 1 year <sup>2</sup>	12.6	13.2	16.1	11.6
At 3 years	13.6	14.2	17.0	12.7
At 5 years	15.6	16.0	18.5	14.8
At 10 years	18.6	19.0	20.3	18.0
At 15 years	21.1	21.6	21.6	20.4
At 20 years	22.3	22.5	23.2	22.0
At 25 years		23.3	23.3	22.8
At 30 years <sup>3</sup>	23.2	23.5	23.3	22.9

<sup>&</sup>lt;sup>1</sup> Employees are either granted a specific number of days after completion of the indicated length of service, or accrue days during the next 12-month period. The total number of days are assumed available for use immediately upon completion of the described length-of-service interval.

NOTE: Computation of average included partial days and excluded workers with zero holidays or vacation days. Methods used to calculate the average number of paid holidays have been revised, to count partial holidays more precisely. The average holidays in this table are not comparable to those reported in the 1992 and 1994 surveys of State and local governments.

<sup>&</sup>lt;sup>2</sup> Employees receiving vacation days, but none at 1 year of service, were included only for the service periods for which they receive vacations.

The average (mean) was essentially the same for longer lengths of service.

Table 12. Paid holidays: Percent of full-time employees by number of paid holidays provided each year, State and local governments, 1998

Number of days	All em- ploy- ees	White-collar em-ploy-ees, except teachers	Teach- ers	Blue- collar and service em- ploy- ees
Number (in thousands) with paid holidays	10,512	5,134 Pei	1,182 rcent	4,196
Total with paid holidays	100	100	100	100
Less than 6 days 6 days 7 days 7.1-7.9 days 8 days 8.1-8.9 days 9.1-9.9 days 10 days 11.1-10.9 days 12 days 12 days 13 days 13.1-13.9 days 14 days More than 14 days	2 3 2 (1) 3 1 5 (1) 18 2 17 2 18 3 12 2 8	1 1 (1) 4 (1) 7 (1) 16 2 21 3 19 3 11 2 3 6	10 10 4 - 5 1 3 - 16 3 6 2 3 2 2 ( <sup>1</sup> ) 1 3 3	1 3 3 (1) 2 1 5 (1) 21 2 20 2 15 1 2 5

<sup>&</sup>lt;sup>1</sup> Less than 0.5 percent.

Table 13. Paid vacations: Percent of full-time employees by number of paid vacation days provided for selected periods of service, State and local governments, 1998

White-Bluecollar collar ΑII emand employ-Vacation policy service ployees. emees except ployteachees ers Number (in thousands) with 9,573 4,995 paid vacations ..... 4,198 Percent Total with paid vacations<sup>1</sup> ...... 100 100 100 Vacation days by minimum length-of-service requirement<sup>2</sup> After 1 year of service: (3) Under 5 days ..... 1 6 5 days ..... 9 Over 5 and under 10 days ..... 3 3 10 days ..... 35 30 41 Over 10 and under 15 days ..... 33 30 15 days ..... 9 13 5 Over 15 and under 20 3 3 2 days ..... 20 days ..... 3 2 Over 20 days ..... 5 After 3 years of service: Under 5 days ..... 1 5 days ..... 1 2 Over 5 and under 10 days ..... 2 41 10 days ..... 31 25 Over 10 and under 15 33 days ..... 32 29 15 days ..... 15 19 12 Over 15 and under 20 7 9 4 days ..... 20 days ..... 3 3 4 Over 20 days ..... 8 9 6 After 5 years of service: (3) 1 5 days ..... 1 Over 5 and under 10  $(^{3})$ 2 days ..... 10 days ..... 12 19 15 Over 10 and under 15 days ..... 15 15 13 15 days ..... 34 33 37 Over 15 and under 20 days ..... 19 21 15 20 days ..... 5 6 4 10 11 Over 20 days ..... 9 After 10 years of service: 5 days ..... (3)(3)Over 5 and under 10  $(^{3})$ days ..... 1 1 10 days ..... 3 3

Table 13. Paid vacations: Percent of full-time employees by number of paid vacation days provided for selected periods of service, State and local governments, 1998 — Continued

Vacation policy	All em- ploy- ees	White-collar employ-ees, except teachers	Blue- collar and service em- ploy- ees
		Percent	t
After 10 years of service:  Over 10 and under 15 days	4 24 27 24	3 22 29 23	5 27 21 21
Over 20 and under 25 days	9 2 6	11 3 6	6 2 6
After 15 years of service: 5 days Over 5 and under 10	(3)	-	(3)
days 10 days Over 10 and under 15	(³) 3	( <sup>3</sup> ) 2	( <sup>3</sup> ) 4
days	1 9	1 8	2 11
days	16 32	15 33	14 33
days 25 days Over 25 and under 30	24 3	27 3	22 4
days 30 days Over 30 days	6 1 4	6 1 4	7 1 3
After 20 years of service: 5 days Over 5 and under 10	(3)	-	(3)
days 10 days Over 10 and under 15	( <sup>3</sup> ) 3	( <sup>3</sup> ) 2	(3)
days 15 days Over 15 and under 20	1 5	1 5	6
days 20 days Over 20 and under 25	6 25	7 25	6 28
days 25 days Over 25 and under 30	30 14	35 10	21 18
days 30 days Over 30 days	10 2 4	8 2 5	12 2 3
After 25 years of service: 5 days	(3)	-	(3)

See footnotes at end of table.

See footnotes at end of table.

Table 13. Paid vacations: Percent of full-time employees by number of paid vacation days provided for selected periods of service, State and local governments, 1998 — Continued

Vacation policy	All em- ploy- ees	White-collar employ-ees, except teachers	Blue- collar and service em- ploy- ees
		Percent	t
After 25 years of service:  Over 5 and under 10 days	(3) 3 1 5 5 21 28 15 12 7 4	(3) 2 1 5 5 21 32 13 11 6 5	( <sup>3</sup> ) 3 1 6 4 23 19 18 14 8 3
After 30 years of service <sup>4</sup> 5 days	(3) (3) 3 1 5 5 21 28 14 11 8 5	- (3) 2 1 5 5 20 32 13 10 6 6	(3) (3) 3 1 6 4 22 19 16 13 10 4

<sup>&</sup>lt;sup>1</sup> Employees receiving no paid vacations in their early years of service are included in the overall percentage of workers provided paid vacations; however, they are disregarded in computing the distributions by length-of-service up to the service period at which

NOTE: Data were insufficient to show teachers separately. Because of rounding, sums of individual items may not equal totals. Where applicable, dash indicates no employees in this category.

Table 14. Paid vacations: Percent of full-time employees by length of service required to take vacation, State and local governments, 1998

Length-of-service requirement	All em- ploy- ees	White-collar employ-ees, except teachers	Blue- collar and service em- ploy- ees
Number (in thousands) with paid vacations	9,573	4,995	4,198
	Percent		
Total with paid vacations	100 82 18 (1) 5 (1) 25 1 32 (1)	100 83 20 - 5 (1) 28 1 29 (1)	100 83 15 (1) 5 1 23 2 38 (1)
Without service requirement	18	17	17
Service requirement not determinable	(¹)	(¹)	-

<sup>&</sup>lt;sup>1</sup> Less than 0.5 percent.

NOTE: Data were insufficient to show teachers separately. Because of rounding, sums of individual items may not equal totals. Where applicable, dash indicates no employees in this category.

they become eligible for vacations.

<sup>2</sup> Employees either are granted a specific number of days after completion of the indicated length-of-service, or accrue days during the next 12 month period. The total number of days are assumed available for use immediately upon completion of the described length-of-service interval.

Less than 0.5 percent.
 Provisions were virtually the same after longer years of service.

Table 15. Paid vacations: Percent of full-time employees by unused vacation policy, State and local governments, 1998

Type of plan	All em- ploy- ees	White-collar em-ploy-ees, except teach-ers	Blue- collar and service em- ploy- ees
Number (in thousands) with paid vacations	9,573	4,995 Percent	4,198
<del>-</del>	400		
Total with paid vacations	100	100	100
Carryover only	72 1 8 13 5	75 ( <sup>1</sup> ) 10 9 5	68 1 6 18 6

<sup>&</sup>lt;sup>1</sup> Less than 0.5 percent.

NOTE: Data were insufficient to show teachers separately. Because of rounding, sums of individual items may not equal totals.

Table 16. Paid vacations: Average number of days for full-time employees by carryover and cash-in provisions, State and local governments, 1998

Paid vacation by minimum length of service requirement <sup>1</sup>	All plans	Carryover, cash-in, or both	Carryover only	Cash-in only	Carryover and cash-in	No carryover or cash-in
All employees						
After 1 year <sup>2</sup>	12.6	12.8	12.8	10.4	13.6	11.4
After 3 years	13.6	13.9	13.8	11.0	14.8	12.7
After 5 years	15.6	15.8	15.7	12.5	17.1	14.8
After 10 years	18.6	18.8	18.7	16.5	20.2	17.7
After 15 years	21.1	21.3	20.8	19.7	25.5	19.9
After 20 years	22.3	22.5	22.3	22.7	23.9	21.5
After 25 years	23.1	23.2	23.0	24.0	24.7	22.2
After 30 years <sup>3</sup>	23.2	23.4	23.2	24.0	25.1	22.4

<sup>&</sup>lt;sup>1</sup> Employees either are granted a specific number of days after completion of the indicated length of service, or accrue days during the next 12 month period. The total number of days are assumed available for use immediately upon completion of the described length-of-service interval.

<sup>2</sup> Employees receiving vacation days, but none at 1 year of service, were included only for the service periods for which

NOTE: Because of rounding, sums of individual items may not equal totals. Where applicable, dash indicates no employees in this category.

they receive vacations.

The average (mean) was essentially the same for longer lengths of service.

Table 17. Paid personal leave: Percent of full-time employees by number of paid personal leave days available per year, State and local governments, 1998

Number of days	All em- ploy- ees	White-collar em-ploy-ees, except teachers	Teach- ers	Blue- collar and service em- ploy- ees
Number (in thousands) with paid personal leave	5,385	1,871 Pei	2,089	1,425
Total with paid personal leave  1 day	100 10 29 33 14 8 5	100 13 20 33 16 13 4	100 7 42 34 6 2 5	100 9 22 30 21 10 6
	Average			
Average days per year	3.1	3.2	2.8	3.3

<sup>&</sup>lt;sup>1</sup> Personal leave provided as needed.

NOTE: Because of rounding, sums of individual items may not equal totals. Where applicable, dash indicates no employees in this category.

Table 18. Paid funeral leave: Percent of full-time employees by number of paid funeral leave days available per occurrence, State and local governments, 1998

Number of days	All em- ploy- ees	White-collar employ-ees, except teachers	Teach- ers	Blue- collar and service em- ploy- ees	
Number (in thousands) with paid funeral leave	9,301	3,713	2,342	3,246	
		Pel	rcent		
Total with paid funeral leave		100 (1) 7 55 10 24 2 2 (1)	100 1 5 31 10 44 7 2	100 1 5 60 10 20 1 3 (1)	
Number of days varies by relationship to deceased	22	20	22	23	
	Average				
Average days per occurrence	3.7	3.6	4.2	3.5	

NOTE: Because of rounding, sums of individual items may not equal totals. Where applicable, dash indicates no employees in this category.

Less than 0.5 percent.Funeral leave provided as needed.

Table 19. Paid jury-duty leave: Percent of full-time employees by number of paid jury-duty leave days available per occurrence, State and local governments, 1998

Number of days	All em- ploy- ees	White-collar employ-ees, except teachers	Teach- ers	Blue- collar and service em- ploy- ees
Number (in thousands) with paid jury-duty leave	13,690	5,716	3,661	4,313
		Pe	rcent	
Total with paid jury-duty leave Under 10 days 10 days Over 10 No maximum specified <sup>2</sup>	100 (1) 1 1 98	100 (1) 1 (1) 98	100 (1) 1 1 97	100 (1) 1 (1) 99

Less than 0.5 percent.

NOTE: Because of rounding, sums of individual items may not equal totals. Where applicable, dash indicates no employees in this category.

Table 20. Paid military leave: Percent of full-time employees by number of paid military leave days available per occurrence, State and local governments, 1998

Number of days	All em- ploy- ees	White-collar em-ploy-ees, except teach-ers	Teach- ers	Blue- collar and service em- ploy- ees
Number (in thousands) with paid military leave	10,926	4,877	2,304	3,745
Total with paid military leave Under 10 days 10 days Over 10 days No maximum specified <sup>2</sup>	100 1 14 70 15	100 (1) 14 74 12	100 - 13 66 21	100 2 13 69 16
		AVE	erage	
Average days per year	17.3	17.4	17.2	17.4

NOTE: Because of rounding, sums of individual items may not equal totals. Where applicable, dash indicates no employees in this category.

Table 21. Unpaid family leave: Percent of full-time employees by duration of benefits, State and local governments, 1998

Duration	All employees	White- collar employ- ees, except teachers	Teachers	Blue-collar and service employ- ees	
Number (in thousands) with unpaid family leave	13,633	5,676	3,600	4,357	
		Pei	rcent		
Total with unpaid family leave	100	100	100	100	
Under 12 weeks 12 weeks Over 12 weeks	( <sup>1</sup> ) 81 18	( <sup>1</sup> ) 81 18	1 81 18	1 81 19	
	Average				
Average weeks	18.4	17.2	21.9	17.0	

<sup>&</sup>lt;sup>1</sup> Less than 0.5 percent.

NOTE: Because of rounding, sums of individual items may not equal totals.

Jury-duty leave is provided as needed.

Less than 0.5 percent.Military leave is provided as needed.

# Chapter 3. Disability Benefits

Protection against loss of income due to a nonoccupational illness or injury is available to many workers. EBS collects data on three types of disability benefits: Paid sick leave, short-term disability (STD), and long-term disability (LTD). Definitions of major plan types, key provisions, and related terms follow.

#### **Paid Sick Leave**

Sick leave benefits provide paid time off while an employee temporarily cannot work due to a nonwork-related illness or injury.

#### Plan types and provisions

Annual plans. These plans specify a fixed number of days per year. Annual plans usually provide uniform benefits for all employees; however, benefits may increase with seniority, such as 12 days after 1 year of service, 18 days after 5 years, and 21 days after 10 years.

"As needed" plans. These plans do not specify a maximum number of days per year.

*Carryover.* Sick leave plans with a carry-over provision allow employees to accumulate unused sick leave from year to year. Most cumulative plans have a limit on the number of days that can be carried over to the following year.

*Cash-in.* Sick leave plans with a cash-in provision allow employees to turn in unused sick days for compensation, such as 1 day's pay for each unused sick leave day.

#### **Short-term Disability**

Short-term disability (STD) benefits provide for salary replacement, most often partial, for a 6- to 12-month period. Benefits are either paid as a percentage of employee earnings, such as 50 percent of predisability earnings, or a flat-dollar amount. STD benefits can vary by the amount of predisability earnings, length of service with the establishment, or length of disability.

#### Plan types and provisions

Funded plans. These plans are insured through a commer-

cial insurance company with the employer paying all or a portion of the premiums.

Self-insured plans. The employer assumes the role of an insurance company and is responsible for paying all benefit claims by using money set aside for that purpose. Self-insured plans are often administered through an Administrative Services Only (ASO) contract with an insurance company or other third party.

*Unfunded plans*. Employers pay expenses out of current operating revenue and do not set money aside, as with a self-insured plan. Unfunded plans were reported as sick leave prior to the 1995 Employee Benefits Survey.<sup>2</sup>

State temporary disability plans. Workers in New York and New Jersey are covered by mandatory temporary disability plans that are at least partially employer financed. Both of these State plans pay benefits based on a proportion of the worker's earnings for up to 26 weeks, with a limit on the weekly benefit. Hawaii requires that employers provide a minimum level of temporary disability income protection for up to 26 weeks.

Waiting periods. Unlike sick leave, short-term disability plans usually require a waiting period, for example 7 days, before benefits are payable. Waiting periods may be shortened or eliminated if a participant is disabled due to an injury or is hospitalized. The waiting period is effectively eliminated when short-term disability benefits are coordinated with sick leave since short-term disability benefits usually begin once sick leave benefits end.

#### Long-term Disability

Long-term disability (LTD) benefits provide a monthly cash amount to eligible employees who, due to illness or injury, are unable to work for an extended period of time. Benefits are usually paid as a fixed percent of predisability earnings up to a set limit. Most participants have a waiting period of 3 or 6 months, or until sick leave and STD benefits end, before benefit payments begin. LTD payments generally continue until retirement, a specified age, or for a period that varies by the employee's age at the time of disability.

Table 22. Paid sick leave: Percent of full-time employees by type of provision, State and local governments, 1998

Provision	All em- ploy- ees	White-collar employ-ees, except teachers	Teach- ers	Blue- collar and service em- ploy- ees
Number (in thousands) with paid sick leave	13,749	5,639	3,717	4,393
		Pei	cent	
Total with paid sick leave	100	100	100	100
Sick leave provision: Specified number of days <sup>1</sup> As needed <sup>2</sup> Other basis <sup>4</sup>	99 1 ( <sup>3</sup> )	99 ( <sup>3</sup> ) ( <sup>3</sup> )	100 - -	97 3 ( <sup>3</sup> )

<sup>1</sup> Employees earn or accrue a specified number of sick leave days per year. This number may vary by length of service.
2 Plan does not specify maximum number of days.

NOTE: Because of rounding, sums of individual items may not equal totals. Where applicable, dash indicates no employees in this category.

<sup>3</sup> Less than 0.5 percent.

Less than 0.5 percent.

Includes formal plans that change from a specified number of days per year to a specified number of days per absence after a certain service period.

Table 23. Paid annual sick leave: Percent of full-time employees by number of days, State and local governments, 1998

Sick leave policy <sup>1</sup>	All employees	White-collar employ-ees, except teachers	Teachers	Blue-collar and service employees
Number (in thousands) with paid annual sick leave	13,576	5,610	3,717	4,248
		Per	cent	
Total with paid annual sick leave <sup>2</sup>	100	100	100	100
After 1 year of service: Total	100 ( <sup>3</sup> ) 9 68 21 1	100 ( <sup>3</sup> ) 8 71 21 1 ( <sup>3</sup> )	100 - 8 63 24 3 1	100 ( <sup>3</sup> ) 11 69 19 -
After 3 years of service: Total Under 5 days 5 and under 10 days 10 and under 15 days 15 and under 30 days 30 and under 60 days 60 days or more	100 ( <sup>3</sup> ) 8 68 21 1	100 ( <sup>3</sup> ) 7 71 21 1 ( <sup>3</sup> )	100 - 8 63 24 4 2	100 - 10 69 20 -
After 5 years of service:  Total	100 ( <sup>3</sup> ) 8 68 22 1	100 (3) 7 70 22 1 (3)	100 - 8 63 24 4 2	100 - 10 68 21 -
After 10 years of service:  Total	100 ( <sup>3</sup> ) 8 67 23 1	100 ( <sup>3</sup> ) 7 69 23 1 ( <sup>3</sup> )	100 - 8 63 24 4 2	100 - 10 66 23 ( <sup>3</sup> )
After 15 years of service: Total Under 5 days 5 and under 10 days 10 and under 15 days 15 and under 30 days 30 and under 60 days 60 days or more	100 ( <sup>3</sup> ) 8 67 23 1	100 ( <sup>3</sup> ) 7 69 22 1 ( <sup>3</sup> )	100 - 8 63 24 4 2	100 - 10 66 23 ( <sup>3</sup> )
After 20 years of service: Total Under 5 days	100 ( <sup>3</sup> )	100 ( <sup>3</sup> )	100 -	100

See footnotes at end of table.

Table 23. Paid annual sick leave: Percent of full-time employees by number of days, State and local governments, 1998 — Continued

Sick leave policy <sup>1</sup>	All employees	White-collar employ-ees, except teachers	Teachers	Blue-collar and service employees
	Percent			
After 20 years of service: 5 and under 10 days 10 and under 15 days 15 and under 30 days 30 and under 60 days 60 days or more	8 67 23 1	7 70 22 1 ( <sup>3</sup> )	8 63 24 4 2	10 66 23 ( <sup>3</sup> )
After 25 years of service <sup>4</sup> Total Under 5 days 5 and under 10 days 10 and under 15 days 15 and under 30 days 30 and under 60 days 60 days or more	100 ( <sup>3</sup> ) 8 67 23 1	100 ( <sup>3</sup> ) 7 69 22 1 ( <sup>3</sup> )	100 - 8 63 24 4 2	100 - 10 66 23 ( <sup>3</sup> )

<sup>&</sup>lt;sup>1</sup> Employees receiving partial pay only or no sick leave in their early years of service are included in the overall percentages of workers provided sick leave; however, they are disregarded in computing the distributions by length of service up to the service period at which they become eligible for full sick leave pay.

<sup>2</sup> Employees are either granted a specific number of days after completion of the indicated least of service, or accrue days during the payt 12-month period. The total number of days

NOTE: Because of rounding, sums of individual items may not equal totals. Where applicable, dash indicates no employees in this category.

length of service, or accrue days during the next 12-month period. The total number of days are assumed available for use immediately upon completion of the described length-of-service interval.

3 Less than 0.5 percent.

<sup>4</sup> Provisions were virtually the same after longer periods of service.

Table 24. Paid annual sick leave: Average number of days at full pay for full-time employees, State and local governments, 1998

Sick leave policy	All em- ploy- ees	White-collar employ-ees, except teachers	Teach- ers	Blue- collar and service em- ploy- ees
Paid annual sick leave days¹ by minimum length-of-service: After 1 year	13.3 13.5 13.5 13.6 13.7 13.7	12.4 12.6 12.6 12.8 12.8 12.8	13.9 14.0 14.1 14.2 14.2 14.2	13.9 14.1 14.2 14.3 14.4 14.5

<sup>&</sup>lt;sup>1</sup> Employees are either granted a specific number of days after completion of the indicated length of service, or accrue days during the next 12-month period. The total number of days are assumed available for use

NOTE: Computation of average excluded days at partial pay and workers with only partial pay days or zero days of sick leave.

Table 25. Paid annual sick leave: 1 Percent of full-time employees by unused sick leave policy and carryover provisions, State and local governments, 1998

Number (in thousands) with paid annual sick leave	Unused sick leave and carryover provisions	All em- ploy- ees	White-collar employ-ees, except teachers	Teach- ers	Blue- collar and service em- ploy- ees
Total with paid annual sick leave		13,576	5,610	3,717	4,248
leave       100       100       100       100         Carryover only       82       83       84       78         Cash-in only       (2)       1       (2)       (2)         Carryover and cash-in       12       11       9       15         Unused benefit lost       3       3       4       3         Data not available       3       2       2       4         Total with carryover provisions       100       100       100       100         Unlimited accumulation       56       58       52       57         Limit on total number of days accumulated       43       41       47       42         Under 10 days       (2)       (2)       -       (2)         10 days       (2)       -       1       -         11-19 days       1       (2)       1       1         20 days       (2)       (2)       -       1       1         21-24 days       (2)       (2)       -       1       1         20 days       (2)       (2)       -       (2)       (2)       -       (2)       (2)       -       (2)       (2)       -       (2)			Per	cent	
Cash-in only         (2)         1         (2)         (2)         1         (2)         (2	•	100	100	100	100
provisions         100         100         100         100           Unlimited accumulation         56         58         52         57           Limit on total number of days accumulated         43         41         47         42           Under 10 days         (²)         (²)         -         (²)         -         (²)         1         -         -         1         -         1         -         1         -         -         1         -         -         1         - <t< td=""><td>Cash-in only  Carryover and cash-in  Unused benefit lost</td><td>(<sup>2</sup>) 12 3</td><td>1 11 3</td><td>(<sup>2</sup>) 9 4</td><td>(²) 15 3</td></t<>	Cash-in only  Carryover and cash-in  Unused benefit lost	( <sup>2</sup> ) 12 3	1 11 3	( <sup>2</sup> ) 9 4	(²) 15 3
Limit on total number of days accumulated Total		100	100	100	100
accumulated         43         41         47         42           Under 10 days         (2)         (2)         -         (2)           10 days         (2)         -         1         -           11-19 days         1         (2)         1         1           20 days         (2)         (2)         -         1           21-24 days         (2)         (2)         -         (2)           25 days         (2)         (2)         -         (2)           25 days         1         1         (2)         2           50 days         (2)         (2)         -         -           51-64 days         2         3         (2)         2           65 days         (2)         (2)         -         -           51-64 days         2         3         (2)         2           65 days         (2)         1         (2)         (2)           66-79 days         1         1         (2)         (2)           90-99 days         4         4         4         5           100-109 days         1         1         1         1           110-119 days <td>Unlimited accumulation</td> <td>56</td> <td>58</td> <td>52</td> <td>57</td>	Unlimited accumulation	56	58	52	57
	accumulated Total	(2) (2) (1) (2) (2) (2) (2) (2) (2) (2) (2) (2) (2	(2) (2) (2) (2) (2) (2) (4) (1) (2) 4 (1) (2) 6 1 18	1 1 1 - - (2) (2) (2) (2) (2) (2) (2) (2) 4 1 (2) 4 2 30	(2) 1 1 (2) (2) 1 2 (2) 1 (2) 5 1 (2) 9 16
Outer	Other <sup>3</sup>	1	1	1	(2)

<sup>&</sup>lt;sup>1</sup> Paid sick leave plans with a specified number of days available each year.

<sup>2</sup> Less than 0.5 percent.

NOTE: Because of rounding, sums of individual items may not equal totals. Where applicable, dash indicates no employees in this category.

immediately upon completion of the described length-of-service interval.

The average (mean) was virtually the same after longer years of

<sup>&</sup>lt;sup>3</sup> Carryover provisions vary by length of service.

Table 26. Paid annual sick leave1: Average number of days at full pay for full-time employees by accumulation policy, State and local governments, 1998

Sick leave policy	All em- ploy- ees	White-collar em-ploy-ees, except teach-ers	Teach- ers	Blue- collar and service em- ploy- ees
Sick leave days by minimum length-of-service requirement: <sup>2</sup>				
After 1 year of service: Cumulative plan Noncumulative plan	12.3	12.4	12.6	11.9
	37.9	12.9	40.5	73.4
After 3 years of service: Cumulative plan Noncumulative plan	12.4	12.5	12.7	12.1
	40.1	15.3	43.1	75.0
After 5 years of service: Cumulative plan Noncumulative plan	12.5	12.6	12.8	12.2
	40.3	15.3	43.2	75.4
After 10 years of service: Cumulative plan Noncumulative plan	12.6	12.7	12.8	12.3
	40.7	15.5	43.2	76.8
After 15 years of service: Cumulative plan Noncumulative plan	12.6	12.7	12.8	12.3
	40.9	15.5	43.2	77.5
After 20 years of service:  Cumulative plan  Noncumulative plan	12.6	12.7	12.8	12.3
	41.7	15.9	43.2	79.8
After 25 years of service: <sup>3</sup> Cumulative plan  Noncumulative plan	12.6	12.7	12.8	12.3
	41.8	15.9	43.2	80.3
Data not available	(4)	(4)	(4)	(4)

<sup>&</sup>lt;sup>1</sup> Paid sick leave plans with a specified number of days available each

NOTE: Computation of average excluded days paid at partial pay and workers with only partial pay days or zero days of sick leave.

Table 27. Paid sick leave: Percent of full-time employees by length of service requirement for participation, State and local governments, 1998

Length of service requirement	All em- ploy- ees	White-collar employ-ees, except teachers	Teach- ers	Blue- collar and service em- ploy- ees
Number (in thousands) with paid annual sick leave	13,576	5,610	3,717	4,248
	Percent			
Total with paid annual sick leave	100 39	100 43	100 27	100 43
1 month	20 10 5 (1) 2 1 (1)	24 9 6 ( <sup>1</sup> ) 2 1 ( <sup>1</sup> )	17 9 1 - (1)	18 12 6 ( <sup>1</sup> ) 5 3 ( <sup>1</sup> )
Without service requirement	61	57	73	57
Data not available	(1)	(¹)	(¹)	(¹)

<sup>1</sup> Less than 0.5 percent.

NOTE: Because of rounding, sums of individual items may not equal totals. Where applicable, dash indicates no employees in this category.

year.

<sup>2</sup> Employees are either granted a specific number of days after completion of the indicated length of service, or accrue days during the next 12-month period. The total number of days are assumed available for use immediately upon completion of the described length-of-service interval.

3 The average (moss) was virtually the same at lenger years of same

The average (mean) was virtually the same at longer years of service.

<sup>4</sup> Less than 0.5 percent.

Table 28. Paid annual sick leave: Percent of full-time employees in plans allowing use of sick leave for other purposes, State and local governments, 1998

Other purposes	All em- ploy- ees	White-collar employ-ees, except teachers	Teach- ers	Blue- collar and service em- ploy- ees	
Number (in thousands) with	40.570	5.040	0.747	4.040	
paid annual sick leave	13,576	5,610	3,717	4,248	
	Percent				
Total with poid appual sick					
Total with paid annual sick leave	100	100	100	100	
Other purposes allowed <sup>1</sup>	93	94	90	94	
Funeral	43	47	39	42	
Doctors' appointments	85	90	81	83	
Personal business	20	17	29	14	
Care of sick child	79	84	79	73	
Other	3	2	4	2	
	_	_		_	
Other purposes not allowed	4	3	5	5	
Data not available	3	3	5	1	

<sup>&</sup>lt;sup>1</sup> This total is smaller than the sum of the components because some employees could use sick leave for more than one other purpose.

NOTE: Because of rounding, sums of individual items may not equal totals. Where applicable, dash indicates no employees in this category.

Table 29. Short-term disability: Method of funding, full-time employees, State and local governments,

Type of funding	All em- ploy- ees	White-collar employ-ees, except teachers	Blue- collar and service em- ploy- ees
Number (in thousands) with short-term disability	2,894	1,204 Percent	1,109
Total with short-term disability	100	100	100
Unfunded1	24 15 41 12 8 1	25 14 39 13 8 1	21 18 37 15 9 ( <sup>2</sup> )

<sup>&</sup>lt;sup>1</sup> Includes per disability sick leave plans, formerly reported under sick leave.

<sup>2</sup> Less than 0.5 percent.

NOTE: Data were insufficient to show teachers separately. Because of rounding, sums of individual items may not equal totals. Where applicable, dash indicates no employees in this category.

Table 30. Short-term disability: Method of payment, full-time employees, State and local governments,

Method of payment	All em- ploy- ees	White-collar employ-ees, except teachers	Blue- collar and service em- ploy- ees
Number (in thousands) with funded short-term disability	2,206	908 Percent	878
Total with funded short-term disability	100 6 90 2	100 4 93 3	100 11 87 ( <sup>2</sup> )
Dollar amount varies <sup>1</sup> Other	1 1	(2)	1 · 1

<sup>&</sup>lt;sup>1</sup> Benefits may vary by earnings, length of service, or length of disability.

<sup>2</sup> Less than 0.5 percent.

NOTE: Data were insufficient to show teachers separately. Because of rounding, sums of individual items may not equal totals. Where applicable, dash indicates no employees in this category.

Table 31. Short-term disability: Eligibility requirements, full-time employees, State and local governments, 1998

Eligibility requirement	All em- ploy- ees	White-collar em-ploy-ees, except teach-ers	Blue- collar and service em- ploy- ees
Number (in thousands) with funded short-term disability	2,206	908	878
		Percent	t
Total with funded short-term disability	100	100	100
With a service requirement  1 month	43 12 3 4 1 5 (1) 16 1 54 3	45 13 6 4 ( <sup>1</sup> ) 8 ( <sup>1</sup> ) 13 2	35 10 3 7 - 4 - 10 (1)
		Average	2
		, worage	
Average service requirement (in months)	6.7	6.3	5.5

<sup>&</sup>lt;sup>1</sup> Less than 0.5 percent.

NOTE: Data were insufficient to show teachers separately. Because of rounding, sums of individual items may not equal totals. Where applicable, dash indicates no employees in this category.

<sup>&</sup>lt;sup>2</sup> The average is presented for all covered workers; averages exclude workers without the plan provision.

Table 32. Long-term disability insurance: Benefit waiting period,1 full-time employees, State and local governments,

Length of waiting period	All em- ploy- ees	White-collar employ-ees, except teachers	Teach- ers	Blue- collar and service em- ploy- ees				
Number (in thousands) with long-term disability insurance	4,885	2,170	1,449	1,266				
	Percent							
	reiceill							
Total with long-term disability insurance	100	100	100	100				
Fixed duration  Less than 3 months  3 months  4 - 5 months  6 months  Greater than 6 months  Expiration of short-term disability benefits  Other	79 11 27 8 28 5	79 11 21 8 34 6	77 14 33 4 23 3	82 8 32 14 23 5				
Not determinable	2	3	1	3				
		Ave	rage <sup>2</sup>					
Average fixed duration (in months)	4.7	5.1	4.2	4.5				

<sup>&</sup>lt;sup>1</sup> Length of time between onset of disability and beginning of long-term disability insurance payments.

2 The average is presented for all covered workers; averages exclude

Table 33. Long-term disability insurance: Method of payment, full-time employees, State and local governments, 1998

Method of payment	All em- ploy- ees	White-collar em-ploy-ees, except teach-ers	Teach- ers	Blue- collar and service em- ploy- ees
Number (in thousands) with long-term disability insurance	4,885	2,170	1,449	1,266
		Pe	rcent	'
Total with long-term disability insurance	100 95 5 9 37 12 24 4 3 1	100 93 5 11 42 12 17 4 2 (1) 5	100 97 3 3 29 15 36 5 6	100 94 7 13 40 10 20 4 1 3 3
Dollar amount varies Not determinable	(¹) (¹)	(¹) (¹)	1 -	( <sup>1</sup> )
		Ave	rage <sup>2</sup>	
Average fixed percent of earnings	61.7	60.7	64.7	60.0

workers without the plan provision.

<sup>1</sup> Less than 0.5 percent.
2 The average is presented for all covered workers; averages exclude workers without the plan provision.

Table 34. Long-term disability insurance: Maximum benefits<sup>1</sup> based on percent of earnings formulas, full-time employees, State and local governments, 1998

All em- ploy- ees	White-collar employ-ees, except teachers	Teach- ers	Blue- collar and service em- ploy- ees
4,812	2,143	1,416	1,253
	Per	cent	
100 76 69 13 12 13 18 7	100 74 68 11 15 10 19 6	100 80 72 16 10 20 15	100 75 67 13 11 12 19 6
5 1 7	6 1 7	2 ( <sup>2</sup> ) 7	5 ( <sup>2</sup> ) 8
24			25
\$4,158		\$3,912	\$4,165
	em- ploy- ees 4,812 100 76 69 13 12 13 18 7 5 1 7 24	Collar employ-ees, except teachers  4,812 2,143  Pel  100 100  76 74 69 68 13 11 12 15 13 10 18 19 7 6 5 6 1 1 7 7 24 26  Ave	All employees, except teachers  4,812 2,143 1,416  Percent  100 100 100  76 74 80 69 68 72 13 11 16 12 15 10 13 10 20 18 19 15 7 6 9 5 6 2 1 1 1 (²) 7 7 7 24 26 20  Average4

 $<sup>^{\</sup>rm 1}$  Excludes limits on all disability income, which restrict long-term disability insurance payments if income from all sources exceeds a specified amount.

Table 35. Long-term disability insurance: Eligibility requirements, full-time employees, State and local governments, 1998

Length of service requirement	All em- ploy- ees	White-collar employ-ees, except teachers	Teach- ers	Blue- collar and service em- ploy- ees				
Number (in thousands) with long-term disability insurance	4,885	2,170	1,449	1,266				
	Percent							
Total with long-term disability insurance	100	100	100	100				
With a service requirement  1 month  2 months  3 months  6 months  7 - 11 months  12 months  Greater than 12 months  Without a service requirement	45 14 2 6 8 (1) 3 11	43 13 2 4 9 (1) 4 11	43 19 1 4 5 (1) (1) 14	48 11 2 13 11 - 4 8				
Not determinable	7	7	9	7				
		Ave	rage <sup>2</sup>					
Average service requirement (in months)	14.6	14.1	18.5	11.3				

<sup>1</sup> Less than 0.5 percent.

Less than 0.5 percent.
 Includes maximums that vary by length of service.
 The average is presented for all covered workers; averages exclude workers without the plan provision.

<sup>&</sup>lt;sup>2</sup> The average is presented for all covered workers; averages exclude workers without the plan provision.

# Chapter 4. Health Benefits

The Employee Benefits Survey (EBS) collects information on a variety of health benefits, including medical, prescription drug, dental, and vision care. Definitions of major plan types, key provisions, and related terms follow.

#### **Medical Care**

Medical care plans provide services or payments for services rendered in the hospital or by a physician. Those plans that provide only dental, vision, or prescription drug coverage are tabulated separately and described in their specific sections. Common plan types are fee-for-service plans, preferred provider organizations (PPOs), exclusive provider organizations (EPOs), and health maintenance organizations (HMOs).

# Plan types

Fee-for-service plans. Participants in fee-for-service plans receive medical care from the providers they choose. The plan reimburses either the provider or the individual for some or all of the cost of care received. Coinsurance, out-of-pocket expense maximums, and lifetime maximums are the main plan limitations.

*Preferred provider organizations.* PPOs are groups of hospitals and physicians that contract to provide comprehensive medical services. To encourage use of organization members, PPOs limit reimbursement when participants use nonmember services.

*Exclusive provider organizations*. EPOs have arrangements with specific providers to offer medical services. There is generally no reimbursement for the services of non-network providers.

Health maintenance organizations. HMOs provide comprehensive medical services for a prepaid fee. Most services are covered in full, with preventive care encouraged. HMOs are classified as either group/staff, with services provided by central facilities, or individual practice associations (IPAs), with providers working from their own offices. HMOs that use a combination of these models are referred to as a mixed model in this survey. Participants in HMO plans are rarely reimbursed for nonemergency services from non-HMO providers unless a point-of-service

feature is present. In these cases, enrollees may obtain care from non-HMO providers, but at lower reimbursement levels than if care is received from HMO providers.

# Plan financing

Commercial insurance company. A commercial insurer underwrites an employer's health costs and assumes all related risks in return for regular premium payments.

Self-insured plans. Unlike commercially insured plans, employers with self-insured plans assume the risk associated with their employees' medical coverage. To limit this risk, employers often purchase "stop-loss" insurance to cover claims that exceed a certain amount in a given year. Self-insured plans can be financed on a pay-as-you-go basis or through contributions to a trust fund established to pay benefits. Employers can either administer these plans directly or hire a firm to handle claims, dispute resolution, and other administrative tasks.

Administrative Services Only (ASO). Third party contracts to disburse the employer's funds to pay claims and handle other administrative details are commonly known as ASOs.

Blue Cross/Blue Shield organizations. BC/BS organizations are an extensive network of nonprofit health care insurers. Blue Cross plans provide hospital coverage; Blue Shield plans cover medical and surgical services.

*Independent Organizations*. Independent organizations are entities that combine the functions of financial intermediaries and health care providers.<sup>1</sup>

#### Limits on coverage

Deductible. A specified amount of covered medical expenses, such as \$200 per individual per year, that a participant must pay before the plan provides reimbursement. Some plans specify the limit on the amount of deductible that a family is expected to pay in a year. HMOs usually have no deductible.

Coinsurance. After the individual meets the deductible, the plan will pay a percentage of authorized expenses for the remainder of the plan year. Coinsurance rates are usually established as a percent of expenses to be paid by the

plan. For example, if the plan has a coinsurance rate of 90 percent, it will pay 90 percent of covered medical expenses, with the participant responsible for the remaining 10 percent.

Out-of-pocket expense maximum. This maximum is the annual limit on the amount of covered expenses that a participant or a family must pay after the deductible, if any, has been satisfied. Once reached, covered expenses are fully reimbursed for the rest of the year.

*Lifetime maximum.* The lifetime maximum limits the amount of covered expenses the plan is obligated to pay.

*Pre-existing condition clause.* A pre-existing condition is any ailment present at the time a participant enrolls for which a plan may limit or deny coverage for a specific time period following enrollment.

## Cost containment features

While health maintenance organizations were created around the concept of cost containment, many fee-for-service plans and preferred provider organizations now have cost containment features as well. These are designed to reduce costs of expensive medical services, such as hospitalization or surgery, by imposing certain requirements or restrictions on their coverage.

Preadmission certification. Some plans require prior authorization before a covered individual can be hospitalized on a nonemergency basis or before the delivery of certain health care benefits. Failure to obtain a preadmission certificate in nonemergency situations usually reduces or eliminates the health benefits provider's obligation to pay for the services rendered.

*Utilization or concurrent review.* This is the term given to the process of reviewing the appropriateness and quality of care provided to participants.

*Preadmission testing.* These are medical tests performed on an outpatient basis prior to admission in order to reduce the length of hospitalization. These tests are usually reimbursed at higher levels than if the tests were done during hospitalization.

Nonemergency weekend admission restriction. Plans that impose these restrictions limit reimbursement for nonemergency weekend hospital admissions.

*Hospital audit program.* Some fee-for-service plans contain provisions that provide financial incentives for participants who uncover overcharges in their hospital bills.

Second surgical opinion. When nonemergency inpatient surgery is prescribed, some plans require a second surgical

opinion to avoid unnecessary surgeries and to encourage nonsurgical alternatives when appropriate. If the participant does not seek a second surgical opinion prior to surgery, the plan generally reduces the benefits otherwise payable.

## Alternatives to hospitalization

As with cost containment features, alternatives to hospitalization are offered as a means of reducing costs.

Extended care facilities. These facilities provide skilled nursing care, rehabilitation, and convalescent services to patients who require less intensive treatment than that provided in a hospital.

*Home health care.* Such care programs provide skilled nursing and related services to patients in their own homes.

Hospice care. These services provide nursing care and psychological support to terminally ill patients and their families, either on an inpatient basis or in the patient's home.<sup>2</sup>

#### Mental health and substance abuse treatment

Mental health and substance abuse services include inpatient and outpatient care for psychiatric conditions and alcohol or drug dependency. The coverage for these conditions is generally more restrictive than that for general medical conditions.

*Detoxification.* This treatment involves supervised care by medical personnel designed to reduce or eliminate the symptoms of chemical dependency. Treatment can occur on an inpatient or outpatient basis.

Rehabilitation services. These services are intended to alter the behavior of substance abusers. They are usually provided after detoxification is complete. Treatment can occur on an inpatient or outpatient basis.<sup>3</sup>

# **Prescription Drugs**

Prescription drug plans provide coverage for outpatient prescription drugs. Prescription drugs dispensed during a hospital stay are covered with hospital miscellaneous charges.

*Name brand drugs.* Drugs that are under patent or protected by trademark and sold under an advertised proprietary brand name.

Generic drugs. Drugs marketed under their chemical name. Some plans use generic drugs as a cost-containment feature and provide more generous coverage for same-formula generic drugs than for brand name drugs.

*Mail order drugs*. As a cost-containment measure, some plans use mail order pharmacies that typically provide 3-month supplies of maintenance drugs used to treat an on-

going medical condition.

#### **Dental Care**

Dental care plans provide services or payments for preventive and restorative care and related dental services.

## Services and provisions

*Preventive services.* Such services include routine exams and x rays.

*Restorative services*. These services include fillings, dental surgery, endodontics (root canal therapy), periodontics (treatment of gum disease), crowns, and prosthetics (replace-

ment of missing teeth with bridgework or dentures).

*Orthodontia services*. These are services for the correction of malpositioned teeth.

Pretreatment authorization. When a procedure is expected to exceed a certain cost, such as \$300, pretreatment authorization must be obtained by the patient, usually from the dental claims administrator, before reimbursement will be made.<sup>4</sup>

## **Vision Care**

Vision care plans provide coverage for eyeglasses, and with few exceptions, eye exams and contact lenses.<sup>5</sup>

<sup>&</sup>lt;sup>1</sup>For more information on types of medical care plans and financing methods, see John J. Kane, Allan Blostin, and Jordan N. Pfuntner, "Changing Survey Strategies in the Evolution of Health Care Plans," *Compensation and Working Conditions*, September 1996, pp. 3-8.

<sup>&</sup>lt;sup>2</sup> Data from the 1989 EBS have been used to examine alternatives to hospitalization. For more information see Thomas P. Burke, "Alternatives to hospital care under employee benefit plans," *Monthly Labor Review*, December 1991, pp. 9-15.

<sup>&</sup>lt;sup>3</sup> For more information, see *Substance Abuse Provisions in Employee Benefit Plans*, Bulletin 2412 (Bureau of Labor Statistics, August 1992).

<sup>&</sup>lt;sup>4</sup>For more information, see Ann C. Foster, "Dental Care Benefits, 1995," *Compensation and Working Conditions*, summer 1998, pp. 45-49.

<sup>&</sup>lt;sup>5</sup>A detailed discussion of vision care benefits during the 1980-86 period appears in Rita S. Jain, "Employer-sponsored vision care brought into focus," *Monthly Labor Review*, September 1988, pp. 19-23.

Table 36. Medical care benefits: Requirements for employee contributions, by fee arrangement, full-time employees, State and local governments, 1998

	All	All employees			White-collar employees, except teachers			Teachers	<b>i</b>	Blue-collar and service employees		
Contributory status	All plans	Non- HMO plans	HMO plans	All plans	Non- HMO plans	HMO plans	All plans	Non- HMO plans	HMO plans	All plans	Non- HMO plans	HMO plans
Number with medical care coverage (in thousands)	12,308	7,509	4,799	5,147	2,985	2,162	3,268	2,234	1,033	3,894	2,291	1,603
Single coverage												
Total with single coverage for medical care	100	100	100	100	100	100	100	100	100	100	100	100
required Employee contributions	49	53	44	48	52	42	51	55	41	51	53	48
required	51	47	56	52	48	58	49	45	59	49	47	52
Family coverage												
Total with family coverage for medical care	100	100	100	100	100	100	100	100	100	100	100	100
required	25	26	24	21	22	21	29	29	27	28	28	27
Employee contributions required	75	74	76	79	78	79	71	71	73	72	72	73

Table 37. Medical care benefits: Amount and type of employee contribution for individual coverage, 1 by fee arrangement, full-time employees, State and local governments, 1998

Town and amount of	All	employe	es		White-collar employees, except teachers			Teachers	3		ollar and employee	
Type and amount of contribution	All plans	Non- HMO plans	HMO plans	All plans	Non- HMO plans	HMO plans	All plans	Non- HMO plans	HMO plans	All plans	Non- HMO plans	HMO plans
Number with contributory coverage (in thousands)	6,222	3,531	2,691	2,690	1,443	1,247	1,610	1,002	609	1,921	1,086	835
Total with contributory coverage	100	100	100	100	100	100	100	100	100	100	100	100
Flat monthly amount Less than \$5.00 \$5.00 - 9.99 \$10.00 - 14.99 \$15.00 - 19.99 \$20.00 - 29.99 \$30.00 - 39.99 \$40.00 - 49.99 \$50.00 - 59.99 \$60.00 - 69.99 \$70.00 - 79.99 \$80.00 - 89.99 \$100.00 - 124.99 \$125.00 or greater Composite rate <sup>3</sup> Varies <sup>4</sup> Other Flexible benefits <sup>5</sup> Percent of earnings Exists, but unknown	72 5 7 8 12 13 8 6 5 3 2 1 2 1 1 1 9 ( <sup>2</sup> ) 9 2 6	79 7 5 9 17 13 7 4 5 4 3 ( <sup>2</sup> ) 3 1 2 2 5 1 8 3 3	63 4 9 7 5 14 9 7 4 2 1 (2) (2) (2) (2) (1) 1 1 1 1 1 2 9	70 5 6 8 14 14 6 5 3 3 2 (²) 1 1 1 1 (²) 11 (²)	77 5 6 8 20 14 5 5 3 4 2 (²) 2 1 2 2 7 (²) 9 3 3	61 5 7 7 6 14 8 6 3 1 1 1 ( <sup>2</sup> ) ( <sup>2</sup> ) ( <sup>2</sup> ) ( <sup>2</sup> )	72 9 7 7 8 10 7 6 8 3 2 1 1 2 1 1 3 8 8 -	77 11 6 11 10 13 5 3 9 2 3 (²) 3 1 2 3 5 - 8 3 4	62 5 9 1 4 6 10 11 7 4 1 ( <sup>2</sup> ) - 2 15 - 10 6 4	75 4 6 9 12 15 10 6 4 3 2 1 2 ( <sup>2</sup> ) 1 ( <sup>2</sup> ) 6 1 7 2 9	82 5 2 8 19 12 11 5 5 4 3 1 4 ( <sup>2</sup> ) 2 ( <sup>2</sup> ) 4 2 6 2 4	66 2 11 10 2 19 8 7 3 1 2 1 - ( <sup>2</sup> ) - ( <sup>2</sup> ) 9 - 8 1 16
Average <sup>6</sup> flat monthly contribution in dollars	\$31.94	\$33.32	\$29.68	\$30.87	\$32.62	\$28.33	\$33.46	\$32.12	\$36.21	\$32.12	\$35.26	\$27.07

<sup>&</sup>lt;sup>1</sup> Plans providing services or payments for services rendered in the hospital or by a physician. Excludes plans that provided only dental, vision or prescription drug coverage.

Less than 0.5 percent.

<sup>3</sup> A composite rate is a set contribution covering more than one benefit area, for example, health care and life insurance. Cost data for individual plans cannot be determined.

4 Based on worker attributes. For example, employee contributions

may vary based on earnings, length of service, or age.

<sup>5</sup> Amount varies by options selected under a "cafeteria plan" or employer-sponsored reimbursement account.

<sup>6</sup> The average is presented for all covered workers and excludes

workers without the plan provision.

Table 38. Medical care benefits: Amount and type of employee contribution for family coverage,1 by fee arrangement, full-time employees, State and local governments, 1998

Type and amount of	All em		es		collar emp			Teachers			collar and s	
contribution	All plans	Non- HMO plans	HMO plans	All plans	Non- HMO plans	HMO plans	All plans	Non- HMO plans	HMO plans	All plans	Non- HMO plans	HMO plans
Number (in thousands) with contributory coverage	9,190	5,557	3,633	4,042	2,335	1,707	2,335	1,578	757	2,813	1,644	1,169
Total with contributory coverage	100	100	100	100	100	100	100	100	100	100	100	100
Flat monthly amount Less than \$20.00 \$20.00 - 29.99	80 3 2	85 3 2	72 3 2	79 2 1	85 2 2	71 3 1	79 4 2	83 5 2	70 2 2	82 3 3	87 2 3	75 4 2
\$30.00 - 39.99 \$40.00 - 49.99 \$50.00 - 59.99	1 5 4	1 6 3	1 4 5	1 3 4	1 3 4	1 3 4	2 6 2	2 8 2	1 3 ( <sup>2</sup> )	1 6 5	1 7 3	1 5 8
\$60.00 - 69.99 \$70.00 - 79.99 \$80.00 - 89.99	4 3 4	3 3 6	5 4 2	5 4 7	4 3 11	5 5 1	1 2 1	1 2 1	1 3	6 4 3	5 4 4	6 4 1
\$90.00 - 99.99 \$100.00 - 124.99 \$125.00 - 149.99	3 8 6	3 8 7	4 8 5	3 8 6	4 7 6	3 9 6	3 7 5	3 7 6	4 6 3	3 10 8	2 10 9	4 9 6
\$150.00 - 174.99 \$175.00 - 199.99 \$200.00 - 224.99	8 7 4	9 7 4	7 6 4	9 7 4	9 8 4	8 5 4	6 6 6	7 6 4	3 5 9	9 6 4	9 6 5	7 6 3
\$225.00 - 249.99 \$250.00 - 274.99 \$275.00 - 299.99	4 3 3	5 4 4	2 2 2	3 2 3	3 4 3	3 1 2	5 5 6	7 6 6	2 3 4	3 2 2	5 2 2	2 2 2
\$300.00 or greater	7 1 7	7 2 4	7 1 10	5 1 8	6 2 4	5 1 12	11 3 7	8 3 5	17 2 12	6 1 5	8 1 3	4 ( <sup>2</sup> ) 7
OtherFlexible benefits <sup>5</sup>	(²) 6	( <sup>2</sup> ) 5	8	( <sup>2</sup> )	( <sup>2</sup> ) 5	- 10	- 6	- 5	- 8	1 4	1 4	- 6
Percent of earnings Exists, but unknown	2 4	2 2	7	3	2 2	1 5	3	3	5 3	6	1 2	1 11
Average <sup>6</sup> flat monthly contribution in dollars	\$152.46	\$154.24	\$149.23	\$145.53	\$147.94	\$141.59	\$179.39	\$168.93	\$205.53	\$140.62	\$149.52	\$126.14

<sup>&</sup>lt;sup>1</sup> Plans providing services or payments for services rendered in the hospital or by a physician. Excludes plans that provided only dental, vision or prescription drug coverage. If the amount of contribution varied by either size or composition of family, the rate for an employee with a spouse and one child was used. For a small percentage of employees, the employee contributes the same amount for single and family express.

family coverage.

2 Less than 0.5 percent.

3 A composite rate is a set contribution covering more than one benefit area, for example, health care and life insurance. Cost data for individual plans cannot be

determined.

<sup>4</sup> Based on worker attributes. For example, employee contributions may vary

based on worker attributes. For example, employee contributions may vary based on earnings, length of service, or age.

5 Amount varies by options selected under a "cafeteria plan" or employer-sponsored reimbursement account.

6 The average is presented for all covered workers and excludes workers without the plan provision.

NOTE: Because of rounding, sums of individual items may not equal totals. Where applicable, dash indicates no employees in this category.

Table 39. Medical care benefits: Coverage for selected services, by type of plan, full-time employees, State and local governments, 1998

	All employees			White-collar employees, except teachers			Teachers			Blue-collar and service employees		
Categories of care	All plans	Non- HMO plans	HMO plans	All plans	Non- HMO plans	HMO plans	All plans	Non- HMO plans	HMO plans	All plans	Non- HMO plans	HMO plans
Number of employees (in												
thousands)	12,308	7,509	4,799	5,147	2,985	2,162	3,268	2,234	1,033	3,894	2,291	1,603
						Per	cent					
Hospital room and board	100	100	100	100	100	100	100	100	100	100	100	100
Inpatient surgery	100	100	100	100	100	100	100	100	100	100	100	100
Outpatient surgery <sup>1</sup>	100	100	100	100	100	100	100	100	100	100	100	100
Inpatient physician visits	100	100	100	100	100	100	100	100	100	100	100	100
Office physician visits	100	100	100	100	100	100	100	100	100	100	100	100
Diagnostic X-ray and laboratory	100	100	100	100	100	100	100	100	100	100	100	100
Extended care <sup>2</sup>	78	77	80	79	78	80	77	75	80	78	76	79
Home health care <sup>2</sup>	90	87	95	90	86	95	92	91	96	88	85	93
Hospice care	64	74	49	66	76	52	64	72	48	62	73	46
Inpatient mental health	99	99	99	99	99	98	100	100	99	99	99	100
Outpatient mental health	97	95	99	96	94	98	99	98	99	96	94	98
Inpatient alcohol detoxification <sup>3</sup>	100	99	100	99	99	100	100	100	100	100	99	100
Inpatient alcohol rehabilitation <sup>4</sup> Outpatient alcohol	83	91	69	81	90	68	86	92	72	82	91	69
rehabilitation <sup>4</sup>	90	93	86	88	91	85	92	95	85	90	93	86
Inpatient drug detoxification <sup>3</sup>	99	99	100	99	99	100	100	100	100	99	99	100
Inpatient drug rehabitation <sup>4</sup>	81	89	69	80	89	68	83	89	72	81	90	69
Outpatient drug rehabilitation <sup>4</sup>	88	90	85	88	90	85	88	90	85	89	92	86
Hearing care <sup>5</sup>	38	14	76	43	16	79	31	13	72	38	12	75
Physical exam	67	51	93	69	52	94	61	49	87	69	51	94
Well-baby care	73	62	91	75	63	92	68	58	89	75	63	91
Immunization and inoculation	57	35	90	56	32	90	54	38	90	59	37	90

<sup>&</sup>lt;sup>1</sup> Charges incurred in the outpatient department of a hospital and

NOTE: Where applicable, dash indicates no employees in this category.

Charges incurred in the outpatient department of a hospital and outside the hospital.
 Some plans provide this care only to a patient who was previously hospitalized and is recovering without need of the extensive care provided by a general hospital.
 Detoxification is the systematic use of medication and other methods under medical supervision to reduce or eliminate the effects of substance

abuse.

4 Rehabilitation is designed to alter abusive behavior in patients once they are free of acute physical and mental complications.

5 Plans provide, as a minimum, coverage for hearing examination

Table 40. Non-health maintenance organizations: Coverage for selected sevices, full-time employees, State and local governments, 1998

Category of care and extent of coverage	All em- ploy- ees	White-collar employ-ees, except teachers	Teach- ers	Blue- collar and service em- ploy- ees				
	Percent							
Hospital room and board								
Total with coverage	100 10 6	100 11	100 9 8	100 10				
Subject to separate limits plus major medical Major medical only <sup>2</sup>	30 54	28 57	34 50	28 56				
Inpatient surgery								
Total with coverage	100 25	100 21	100 29	100 25				
only¹  Subject to separate limits plus major medical	(³) 3	( <sup>3</sup> )	( <sup>3</sup> )	( <sup>3</sup> )				
Major medical only <sup>2</sup>	72	75	68	72				
Outpatient surgery <sup>4</sup>								
Total with coverage	100 20	100 17	100 24	100 21				
only <sup>1</sup> Subject to separate limits	7	7	5	7				
plus major medical Major medical only <sup>2</sup>	4 69	4 72	5 66	3 69				
Inpatient physician visits								
Total with coverage	100 19	100 17	100 20	100 21				
only <sup>1</sup>	1	2	1	1				
plus major medical Major medical only <sup>2</sup>	10 70	9 73	14 66	10 69				

See footnotes at end of table.

Table 40. Non-health maintenance organizations: Coverage for selected sevices, full-time employees, State and local governments, 1998 — Continued

Category of care and extent of coverage	All em- ploy- ees	White-collar em-ploy-ees, except teach-ers	Teach- ers	Blue- collar and service em- ploy- ees
		Pei	rcent	
Office physician visits				
Total with coverage	100 3	100 3	100 5	100 2
only <sup>1</sup>	30	31	25	32
plus major medical Major medical only <sup>2</sup>	19 49	19 47	18 52	19 47
Diagnostic x-ray and laboratory				
Total with coverage	100 22	100 21	100 23	100 21
Subject to separate limits only <sup>1</sup>	5	4	5	6
plus major medical Major medical only <sup>2</sup>	7 66	7 68	8 63	7 65

<sup>&</sup>lt;sup>1</sup> Separate limits apply to individual categories of care; e.g., separate Separate limits apply to individual categories of care, e.g., separate limits or benefits for hospitalization. Limits may be set in terms of dollar or day ceilings on benefits, a requirement that the participant pay a percentage of costs (coinsurance), or a requirement that the participant pay a specific amount (deductible or copayment) before reimbursement begins or services

are rendered.

Major medical limits apply to all benefits under the plan, not selected individual benefits. Major medical limits are deductibles and coinsurance percentages that must be paid by the participant before any plan benefits begin, and overall limits on plan benefits that can be paid.

Less than 0.5 percent.

<sup>4</sup> Charges incurred in the outpatient department of a hospital and outside

Table 41. Non-health maintenance organizations: Coverage for alternatives to hospital care, full-time employees, State and local governments, 1998

White-Bluecollar collar ΑII emand Category of care and extent of employ-Teachservice ploycoverage ees. ers emees except ployteachees ers Percent Extended care<sup>1</sup> Total with coverage ..... 100 100 100 100 Covered in full ..... 3 5 8 Subject to separate limits only<sup>2</sup> ..... 13 15 9 12 Subject to separate limits plus major medical ....... 57 59 53 58 Major medical only<sup>3</sup> ..... 25 22 30 25 Home health care<sup>1</sup> Total with coverage ..... 100 100 100 100 Covered in full ..... 13 13 12 12 Subject to separate limits only<sup>2</sup> ..... 13 13 13 15 Subject to separate limits plus major medical ....... 43 46 41 42 Major medical only<sup>3</sup> ..... 31 29 33 30 Hospice care Total with coverage ..... 100 100 100 100 Covered in full ..... 13 14 12 13 Subject to separate limits only<sup>2</sup> ..... 13 18 16 15 Subject to separate limits plus major medical ....... 36 35 38 35 Major medical only<sup>3</sup> ..... 32 36

NOTE: Because of rounding, sums of individual items may not equal totals. Where applicable, dash indicates no employees in this category.

Table 42. Non-health maintenance organizations: Coverage for mental health and substance abuse, full-time employees, State and local governments, 1998

Category of care and extent of coverage	All em- ploy- ees	White-collar employ-ees, except teachers	Teach- ers	Blue- collar and service em- ploy- ees
		Pei	rcent	
Inpatient mental health				
Total with coverage	100 5	100 7	100	100 5
only <sup>1</sup> Subject to separate limits plus major medical	18 68	16 69	17 69	21 66
Major medical only <sup>2</sup>	9	7	11	9
Outpatient mental health				
Total with coverage  Covered in full  Subject to separate limits	100 1	100 1	100 1	100 ( <sup>3</sup> )
only <sup>1</sup>	28	28	25	30
plus major medical Major medical only <sup>2</sup>	70 2	69 1	72 3	68 2
Inpatient alcohol detoxification <sup>4</sup>				
Total with coverage  Covered in full  Subject to separate limits	100 3	100 2	100 2	100 4
only <sup>1</sup>	24	24	22	27
plus major medical Major medical only <sup>2</sup>	61 12	63 11	64 12	57 12
Inpatient alcohol rehabilitation <sup>5</sup>				
Total with coverage	100 2	100 1	100 1	100 3
only <sup>1</sup>	30	29	29	33
plus major medical Major medical only <sup>2</sup>	60 8	63 7	61 9	57 8
Outpatient alcohol rehabilitation <sup>5</sup>				
Total with coverage  Covered in full  Subject to separate limits	100 5	100 7	100 3	100 4
only <sup>1</sup>	30	27	31	34
plus major medical Major medical only <sup>2</sup>	60 4	63 3	61 5	57 5

See footnotes at end of table.

<sup>&</sup>lt;sup>1</sup> Some plans provide this care only to a patient who was previously hospitalized and is recovering without need of the extensive care provided by a general hospital

a general hospital.

<sup>2</sup> Separate limits apply to individual categories of care; e.g., separate limits or benefits for extended care. Limits may be set in terms of dollar or day ceilings on benefits, a requirement that the participant pay a percentage of costs (coinsurance), or a requirement that the participant pay a specific amount (deductible or copayment) before reimbursement begins or services are rendered.

are rendered.

<sup>3</sup> Major medical limits apply to all benefits under the plan, not selected individual benefits. Major medical limits are deductibles and coinsurance percentages that must be paid by the participant before any plan benefits begin, and overall limits on plan benefits that can be paid.

Table 42. Non-health maintenance organizations: Coverage for mental health and substance abuse, full-time employees, State and local governments, 1998 — Continued

Category of care and extent of coverage	All em- ploy- ees	White-collar em-ploy-ees, except teach-ers	Teach- ers	Blue- collar and service em- ploy- ees
		Pei	rcent	
Inpatient drug detoxification <sup>4</sup>				
Total with coverage  Covered in full  Subject to separate limits	100 2	100 2	100 2	100 1
only <sup>1</sup>	24	24	21	27
plus major medical Major medical only <sup>2</sup>	61 13	63 11	64 13	57 15
Inpatient drug rehabilitation <sup>5</sup>				
Total with coverage  Covered in full  Subject to separate limits	100 2	100 1	100 1	100 3
only <sup>1</sup>	31	29	30	33
plus major medical Major medical only <sup>2</sup>	60 7	62 7	60 8	57 7
Outpatient drug rehabilitation <sup>5</sup>				
Total with coverage	100 5	100 8	100 3	100 4
Subject to separate limits only <sup>1</sup>	30	27	31	34
plus major medical Major medical only <sup>2</sup>	61 4	63 3	61 5	58 5

Separate limits apply to individual categories of care; e.g., separate limits or benefits for inpatient mental health. Limits may be set in terms of dollar or day ceilings on benefits, a requirement that the participant pay a percentage of costs (coinsurance), or a requirement that the participant pay a specific amount (deductible or copayment) before reimbursement begins or services are rendered.

Table 43. Health maintenance organizations: Coverage for selected services, full-time employees, State and local governments, 1998

Category of care and extent of coverage	All em- ploy- ees	White-collar em-ploy-ees, except teach-ers	Teach- ers	Blue- collar and service em- ploy- ees		
		Pei	rcent			
Hospital room and board						
Total with coverage	100 76 24	100 76 24	100 72 28	100 79 21		
Inpatient surgery						
Total with coverage  Covered in full  Subject to limits <sup>1</sup>	100 93 7	100 92 8	100 94 6	100 95 5		
Outpatient surgery <sup>2</sup>						
Total with coverage  Covered in full  Subject to limits <sup>1</sup>	100 88 12	100 86 14	100 86 14	100 92 8		
Inpatient physician visits						
Total with coverage	100 93 7	100 92 8	100 93 7	100 95 5		
Office physician visits						
Total with coverage  Covered in full  Subject to limits <sup>1</sup>	100 13 87	100 12 88	100 8 92	100 16 84		
Diagnostic x-ray and laboratory services						
Total with coverage Covered in full Subject to limits <sup>1</sup>	100 90 10	100 90 10	100 90 10	100 91 9		

Limits may be set in terms of dollar or day ceilings on benefits, a requirement that the participant pay a percentage of costs (coinsurance), or a requirement that the participant pay a specific amount (deductible or copayment) before reimbursement begins or services are rendered.
Charges incurred in the outpatient department of a hospital and outside

services are rendered.

<sup>2</sup> Major medical limits apply to all benefits under the plan, not selected individual benefits. Major medical limits are deductibles and coinsurance percentages that must be paid by the participant before any plan benefits begin, and overall limits on plan benefits that can be paid.

<sup>3</sup> Less than 0.5 percent.

Detoxification is the systematic use of medication and other methods under medical supervision to reduce or eliminate the effects of substance abuse.

abuse.

<sup>5</sup> Rehabilitation is designed to alter abusive behavior in patients once they are free of acute physical and mental complications

Charges incurred in the outpatient department of a hospital and outside of the hospital

Table 44. Health maintenance organizations: Coverage for alternatives to hospital care, full-time employees, State and local governments, 1998

Category of care and extent of coverage	All em- ploy- ees	White-collar employ-ees, except teachers	Teach- ers	Blue- collar and service em- ploy- ees		
	Percent					
Extended care <sup>1</sup>						
Total with coverage  Covered in full  Subject to limits <sup>2</sup>	100 20 80	100 16 84	100 24 76	100 22 78		
Home health care <sup>1</sup>						
Total with coverage	100 81 19	100 82 18	100 75 25	100 84 16		
Hospice care						
Total with coverage	100 66 34	100 71 29	100 58 42	100 64 36		

<sup>&</sup>lt;sup>1</sup> Some plans provide this care only to a patient who was previously hospitalized and is recovering without need of the extensive care provided by a general hospital

a general hospital.

<sup>2</sup> Limits may be set in terms of dollar or day ceilings on benefits, a requirement that the participant pay a percentage of cost (coinsurance), or a requirement that the participant pay a specific amount (deductible or copayment) before reimbursement begins or services are rendered.

Table 45. Health maintenance organizations: Coverage for mental health and substance abuse treatment, full-time employees, State and local governments, 1998

Category of care and extent of coverage	All em- ploy- ees	White-collar em-ploy-ees, except teachers	Teach- ers	Blue- collar and service em- ploy- ees
		Per	cent	
Inpatient mental health				
Total with coverage	100 9 91	100 8 92	100 9 91	100 11 89
Outpatient mental health				
Total with coverage	100 1 99	100 1 99	100 1 99	100 2 98
Inpatient alcohol detoxification <sup>2</sup>				
Total with coverage  Covered in full  Subject to limits <sup>1</sup>	100 43 57	100 46 54	100 35 65	100 46 54
Inpatient alcohol rehabilitation <sup>3</sup>				
Total with coverage	100 12 88	100 10 90	100 12 88	100 13 87
Outpatient alcohol rehabilitation <sup>3</sup>				
Total with coverage	100 5 95	100 7 93	100 3 97	100 4 96

See footnotes at end of table.

Table 45. Health maintenance organizations: Coverage for mental health and substance abuse treatment, full-time employees, State and local governments, 1998 — Continued

Category of care and extent of coverage	All em- ploy- ees	White-collar em-ploy-ees, except teachers	Teach- ers	Blue- collar and service em- ploy- ees
		Pei	rcent	
Inpatient drug detoxification <sup>2</sup>				
Total with coverage  Covered in full  Subject to limits <sup>1</sup>	100 43 57	100 44 56	100 34 66	100 45 55
Inpatient drug rehabilitation <sup>3</sup>				
Total with coverage  Covered in full  Subject to limits <sup>1</sup>	100 12 88	100 10 90	100 14 86	100 13 87
Outpatient drug rehabilitation <sup>3</sup>				
Total with coverage	100 5 95	100 6 94	100 3 97	100 4 96

Limits may be set in terms of dollar or day ceilings on benefits, a requirement that the participant pay a percentage of cost (coinsurance), or a requirement that the participant pay a specific amount (deductible or copayment) before reimbursement begins or services are rendered.
Detoxification is the systematic use of medication and other methods

<sup>&</sup>lt;sup>2</sup> Detoxification is the systematic use of medication and other methods under medical supervision to reduce or eliminate the effects of substance abuse.

abuse.

<sup>3</sup> Rehabilitation is designed to alter abusive behavior in patients once they are free of acute physical and mental complications.

Table 46. Medical care benefits: Fee arrangement and financial intermediary, full-time employees, State and local governments, 1998

Fee arrangement	All em- ploy- ees	White-collar em-ploy-ees, except teachers	Teach- ers	Blue- collar and service em- ploy- ees
Number (in thousands) with medical care	12,308	5,147	3,268	3,894
		Per	rcent	
Total with medical care	100	100	100	100
Traditional fee-for-service <sup>2</sup> Self insured <sup>3</sup> With administrative services only	25 12	22 11	32 14	23 12
contract <sup>4</sup> Without administrative services only	9	8	12	9
contract Not determinable Commercial insurance	2 ( <sup>5</sup> )	3 ( <sup>5</sup> )	1 ( <sup>5</sup> )	2 ( <sup>5</sup> )
company	4 9 ( <sup>5</sup> ) ( <sup>5</sup> )	4 8 ( <sup>5</sup> ) ( <sup>5</sup> )	6 12 ( <sup>5</sup> ) 1	2 8 ( <sup>5</sup> ) ( <sup>5</sup> )
Preferred provider organization <sup>8</sup>	35 16	35 16	35 13	35 18
contract <sup>4</sup> Without administrative services only	9	9	7	11
contract  Not determinable  Commercial insurance	6 ( <sup>5</sup> )	6 ( <sup>5</sup> )	5 ( <sup>5</sup> )	6 ( <sup>5</sup> )
company Blue Cross/Blue Shield	4 9	5 8	4 12	3 8

See footnotes at end of table.

Table 46. Medical care benefits: <sup>1</sup> Fee arrangement and financial intermediary, full-time employees, State and local governments, 1998 — Continued

Fee arrangement	All em- ploy- ees	White-collar employ-ees, except teachers	Teach- ers	Blue- collar and service em- ploy- ees
Total with medical care				
Preferred provider organization <sup>8</sup> Independent organization <sup>6</sup> Combined financed <sup>7</sup>	1 5 ( <sup>5</sup> )	1 5 ( <sup>5</sup> )	2 4 ( <sup>5</sup> )	1 5 ( <sup>5</sup> )
Health maintenance organization <sup>10</sup> Commercial insurance	39	42	32	41
company	6 7 25	6 6 29	6 7 18	6 7 27
Medical society <sup>9</sup>	25 1	1	1	( <sup>5</sup> )
Other <sup>11</sup>	1	1	1	1

<sup>&</sup>lt;sup>1</sup> Plans providing services or payments for services rendered in the hospital or by a physician. Excludes plans that provided only dental, vision, or prescription drug coverage.

or prescription drug coverage.

<sup>2</sup> These plans pay for specific medical procedures as expenses are incurred.

<sup>4</sup> An arrangement where an establishment pays the cost of benefits, but hires another establishment to handle administrative services.

5 Less than 0.5 percent.

6 These organizations typically provide and finance all benefits, but are not affiliated with an insurance company or Blue Cross/Blue Shield.

<sup>7</sup> These are plans where the financing comes from two different kinds of financial intermediaries. For example, an establishment contracts with Blue Cross/Blue Shield to pay part of the benefits and a commercial company to pay the other benefits.
<sup>8</sup> A preferred provider organization (PPO) is a group of hospitals and

<sup>8</sup> A preferred provider organization (PPO) is a group of hospitals and physicians that contracts to provide comprehensive medical services. To encourage use by organization members, the health care plan limits reimbursement rates when participants use nonmember services.

9 Organizations of providers other than Blue Cross/Blue Shield.

<sup>10</sup> Delivers comprehensive health care on a prepayment rather than fee-for-service basis.

fee-for-service basis.

11 Includes exclusive provider organizations, which are groups of hospitals and physicians that contract to provide comprehensive medical services. Participants are required to obtain services from members of the organization in order to receive plan benefits.

incurred.

<sup>3</sup> Includes plans that are financed on a pay-as-you-go basis, plans financed through contributions to a trust fund established to pay benefits, and plans operating their own facilities if at least partially financed by employer contributions. Includes plans that are administered by a commercial carrier through Administrative Services Only (ASO) contracts.

Table 47. Health maintenance organizations: Summary of selected features, full-time employees, State and local governments, 1998

Selected features	All em- ploy- ees	White-collar em-ploy-ees, except teachers	Teach- ers	Blue- collar and service em- ploy- ees			
Number (in thousands) in HMO plans	4,799	2,162	1,033	1,603			
	Percent						
Total in HMO plans	100	100	100	100			
Model type: Group/staff <sup>1</sup> Individual practice	25	27	22	23			
association <sup>2</sup>	43	45	38	45			
Mixed model Not determinable	24 8	21 7	29 11	25 7			
Point of service feature <sup>3</sup> Federally qualified Limit on copayments <sup>4</sup> Preventive dental care <sup>5</sup> Vision screening or	18 62 33 14	16 64 36 12	25 56 34 11	17 62 30 19			
examinations	84	86	77	84			

<sup>1</sup> Care is provided at centralized locations.
2 Care is provided by doctors working out of their offices.
3 Enrollees may obtain care from non-HMO providers, with limited

reimbursement.

4 In these plans, HMO's limit the dollar amount the individual pays after which coverage is in full. For example, there is a copayment limit of \$1,000 after which the HMO covers all services at 100 percent.

5 Includes dental examinations and/or x-rays only.

Table 48. Non-health maintenance organizations: Amount and type of individual deductible, 1 full-time employees, State and local governments, 1998

	All	employe	es		ollar emp ept teach		Teachers				Blue-collar and service employees		
Deductible <sup>2</sup>	All non- HMO plans <sup>3</sup>	Fee- for- service plans	Pre- ferred pro- vider organi- zations	All non- HMO plans <sup>3</sup>	Fee- for- service plans	Pre- ferred pro- vider organi- zations	All non- HMO plans <sup>3</sup>	Fee- for- service plans	Pre- ferred pro- vider organi- zations	All non- HMO plans <sup>3</sup>	Fee- for- service plans	Pre- ferred pro- vider organi- zations	
Number (in thousands) in non-HMO plans	7,509	3,066	4,318	2,985	1,132	1,816	2,234	1,044	1,146	2,291	889	1,356	
		Percent											
Total in non-HMO plans	100	100	100	100	100	100	100	100	100	100	100	100	
Deductible specified Deductible on an annual	72	87	62	71	87	62	71	86	59	73	89	64	
basis <sup>4</sup> Based on earnings <sup>5</sup>	72 ( <sup>6</sup> )	87	62 ( <sup>6</sup> )	71 ( <sup>6</sup> )	87	62 1	71 ( <sup>6</sup> )	86	59 ( <sup>6</sup> )	73 ( <sup>6</sup> )	89	64 ( <sup>6</sup> )	
Flat dollar amount	71	87	61	71	87	61	71	86	59	73	89	64	
Less than \$100	6	10	2	3	7	1	8	13	4	6	11	3	
\$100 \$101 - \$149	20 2	30 1	12 3	18 2	28 1	12 2	23 1	35 2	11	20 4	29 ( <sup>6</sup> )	14 6	
\$150	4	3	4	4	3	5	3	4	3	4	\ 3	5	
\$151 - \$199	( <sup>6</sup> )	-	1	( <sup>6</sup> )	-	( <sup>6</sup> )	1	-	2	(6)	-	( <sup>6</sup> )	
\$200 \$201 - \$249	15 ( <sup>6</sup> )	19 -	13 ( <sup>6</sup> )	17 ( <sup>6</sup> )	23	13 ( <sup>6</sup> )	11	11	11	18 ( <sup>6</sup> )	24	15 1	
\$250	` ģ	9	` ģ	` 9	8	`1Ó	9	9	9	` ź	9	9	
\$300	6	7	5	8	9	7	5	7	4	4	6	3	
Over \$300 No deductible	9 28	7 13	11 38	10 29	9 13	11 38	10 29	4 14	15 41	8 27	7 11	9 36	
Not determinable	( <sup>6</sup> )	( <sup>6</sup> )	-	( <sup>6</sup> )	( <sup>6</sup> )	-	-	-	-	( <sup>6</sup> )	(6)	-	
						Ave	rage <sup>7</sup>						
Average annual deductible	\$226	\$190	\$265	\$252	\$211	\$291	\$213	\$168	\$276	\$206	\$189	\$223	

<sup>&</sup>lt;sup>1</sup> The deductible is the amount of covered expenses that an individual must pay before any charges are paid by the medical care plan. Deductibles that apply separately to a specific category of expense, such as a deductible for each hospital admission, were excluded from this abulation.

<sup>2</sup> Amount of deductible described is for each insured person. However,

many plans contain a maximum family deductible. In some plans, the individual and the family deductibles are identical. If the deductible applied

only to dependents' coverage, it was not tabulated.

3 These plans include fee-for-service, preferred provider organizations, and exclusive provider organizations. Data are not shown separately for

exclusive provider organizations.  $^4\,$  Deductibles are calculated on an annual basis, with the enrollee responsible for satisfying a new deductible requirement each plan year.

5 These plans have deductible requirement each plan year.

These plans have deductibles that vary by the amount of the participant's earnings.

 <sup>6</sup> Less than 0.5 percent.
 7 The average is presented for all covered workers; averages exclude workers without the plan provision.

Table 49. Non-health maintenance organizations: Relationship of individual and family deductibles, 1 full-time employees, State and local governments, 1998

	All employees			White- collar employees, except teachers			Teachers			Blue-collar and service employees		
Relationship of individual and family deductibles	All non- HMO plans <sup>2</sup>	Fee- for- service plans	Pre- ferred pro- vider organi- zations	All non- HMO plans <sup>2</sup>	Fee- for- service plans	Pre- ferred pro- vider organi- zations	All non- HMO plans <sup>2</sup>	Fee- for- service plans	Pre- ferred pro- vider organi- zations	All non- HMO plans <sup>2</sup>	Fee- for- service plans	Pre- ferred pro- vider organi- zations
Number (in thousands) in non-HMO plans	7,509	3,066	4,318	2,985	1,132	1,816	2,234	1,044	1,146	2,291	889	1,356
						Pei	rcent					
Total with non-HMO plans	100	100	100	100	100	100	100	100	100	100	100	100
Individual and family deductibles specified Family deductible is multiple of individual	69	84	59	67	83	57	69	82	58	71	87	62
deductible <sup>3</sup>	57 34 1	64 41 1	53 30 2	57 32 1	66 39 1	51 29 1	58 36 2	67 46 1	51 29 3	56 34 1	58 39 ( <sup>4</sup> )	56 32 1
3 times  Specified number of individual deductibles must be met to satisfy	20	20	20	21	22	19	20	19	19	19	17	20
family deductible <sup>5</sup>	12	20	6	10	17	6	11	16	7	15	29	7
Less than 3 individual deductibles 3 individual deductibles No individual and/or family	5 7	10 10	2 5	4 7	8 10	1 5	5 6	8 8	2 4	7 8	14 14	2 5
deductible	31 ( <sup>4</sup> )	16 ( <sup>4</sup> )	41 -	33 ( <sup>4</sup> )	17 ( <sup>4</sup> )	43 -	31 -	18 -	42 -	29 ( <sup>4</sup> )	13 ( <sup>4</sup> )	38 -

<sup>&</sup>lt;sup>1</sup> Deductibles are calculated on an annual basis with the enrollee

responsible for satisfying a new deductible requirement each plan year.

These plans include fee-for-service, preferred provider organizations, and exclusive provider organizations. Data are not shown separately for exclusive provider organizations.

<sup>3</sup> For example, the individual deductible requirement is \$100 while the

family deductible requirement is \$300. Includes some multiples not shown

separately.

4 Less than 0.5 percent.

5 For example, the individual requirement is \$100 and three individual deductibles must be met to satisfy the family requirement.

Table 50. Non-health maintenance organizations: Coinsurance rates, full-time employees, State and local governments, 1998

	All	employe	es		White-collar employees, except teachers			Teachers			Blue-collar and service employees		
Coinsurance	All non- HMO plans <sup>1</sup>	Fee- for- service plans	Pre- ferred pro- vider organi- zations	All non- HMO plans <sup>1</sup>	Fee- for- service plans	Pre- ferred pro- vider organi- zations	All non- HMO plans <sup>1</sup>	Fee- for- service plans	Pre- ferred pro- vider organi- zations	All non- HMO plans <sup>1</sup>	Fee- for- service plans	Pre- ferred pro- vider organi- zations	
Number (in thousands) in non-HMO plans	7,509	3,066	4,318	2,985	1,132	1,816	2,234	1,044	1,146	2,291	889	1,356	
						Pei	rcent						
Total with non-HMO plans	100	100	100	100	100	100	100	100	100	100	100	100	
With coinsurance <sup>2</sup> Coinsurance rate <sup>3</sup>	76	88	69	78	91	71	74	81	69	74	91	65	
80 percent	3 23 4	65 4 9 9	32 3 32 1	45 3 25 5	67 3 8 12	32 3 35 1	46 3 21 4	60 3 12 6	36 4 28 2	45 3 22 3	69 6 5 8	30 2 32 1	
Without coinsurance <sup>4</sup>	24	12	31	22	9	29	26	19	31	26	9	35	

These plans include fee-for-service, preferred provider organizations, and exclusive provider organizations. Data are not shown separately for exclusive provider organizations.
 Represents the initial coinsurance in plans that have 100 percent

the coinsurance rate shown is that which applies to the majority of benefits under the plan. Includes variable coinsurance rates not shown separately.

<sup>4</sup> Includes plans with overall benefit limitations, such as maximum dollar

coverage after the individual pays a specified dollar amount toward expenses. For example, the plan pays 80 percent until the individual's out-of-pocket expenses reach \$1,000, and then coverage is at 100 percent.

3 A few plans have more than one coinsurance rate. In those cases,

amounts and deductibles, where the coinsurance rate is 100 percent.

Table 51. Non-health maintenance organizations: Maximum out-of-pocket expense provisions, full-time employees, State and local governments, 1998

	All	employe	ees		ollar emp ept teach			Teachers	5		ollar and employee	
Type and amount of out-of-pocket expense provision	All non- HMO plans <sup>1</sup>	Fee- for- service plans	Pre- ferred pro- vider organi- zations	All non- HMO plans <sup>1</sup>	Fee- for- service plans	Pre- ferred pro- vider organi- zations	All non- HMO plans <sup>1</sup>	Fee- for- service plans	Pre- ferred pro- vider organi- zations	All non- HMO plans <sup>1</sup>	Fee- for- service plans	Pre- ferred pro- vider organi- zations
Number (in thousands) with non-HMO plans	7,509	3,066	4,318	2,985	1,132	1,816	2,234	1,044	1,146	2,291	889	1,356
						Pei	cent					
Total with non-HMO plans	100	100	100	100	100	100	100	100	100	100	100	100
With limit on out-of-pocket expense With an annual dollar maximum on	75	81	72	77	85	73	72	74	72	75	84	70
out-of-pocket expense <sup>2</sup> Per individual:	73	77	71	75	81	71	71	71	72	72	78	69
Less than \$400 \$400 \$401 - \$499 \$500 \$501 - \$999 \$1,001 - \$1,499 \$1,500 \$1,501 - \$1,999	8 6 ( <sup>3</sup> ) 11 14 13 4 4 2	12 9 1 10 10 16 3 5 3	5 4 - 13 16 11 5 4 2	7 5 ( <sup>3</sup> ) 13 16 13 5 4 2	13 8 1 10 12 16 5 5 3	3 4 - 15 17 11 6 3 1	7 9 1 10 13 12 2 6 2 4	11 12 1 9 9 14 ( <sup>3</sup> ) 5 1	4 6 - 11 15 11 3 7 3 4	10 5 ( <sup>3</sup> ) 10 14 13 4 3 3	13 8 ( <sup>3</sup> ) 10 9 17 2 5 6	9 3 - 11 16 11 5 2 1 2
Greater than \$2,000 Per family:	6	3	7	6	4	7	6	5	7	5	1	8
Less than \$1,000 \$1,000 \$1,001 - \$1,999 \$2,000 \$2,001 - \$2,999 \$3,000 Greater than \$3,000 No family maximum Family maximum	7 4 9 5 4 5 8 25	8 4 7 4 1 6 6 32	7 3 11 5 5 5 9 19	5 3 11 5 4 5 9 26	7 4 11 6 2 4 7 35	4 3 11 5 6 7 9 20	8 5 7 5 3 4 6 26	9 5 4 3 - 5 3 31	7 5 10 7 5 4 8 22	9 3 9 3 6 9 21	9 5 4 3 1 11 7 31	10 3 12 4 5 4 11
cannot be computed <sup>4</sup> Annual maximum on out-of-pocket expense	7	8	6	5	6	5	8	12	5	7	7	6
based on earnings Annual maximum on out-of-pocket expense varies by coinsurance	1	2	- (3)	1	1	-	(3)	1	-	1	3	-
rate <sup>5</sup> Other No out-of-pocket expense	( <sup>3</sup> )	( <sup>3</sup> )	( <sup>3</sup> )	1 ( <sup>3</sup> )	2 	1 1	1	1 1	(3)	( <sup>3</sup> )	3 1	( <sup>3</sup> )
required <sup>6</sup>	14	4	21	13	2	20	14	6	20	16	3	22
expense	11	15	8	9	13	7	14	20	8	10	13	8

See footnotes at end of table.

Table 51. Non-health maintenance organizations: Maximum out-of-pocket expense provisions, full-time employees, State and local governments, 1998 — Continued

	All	employe	es		collar emp			Teachers	3		ollar and employee	
Type and amount of out-of-pocket expense provision	All non- HMO plans <sup>1</sup>	Fee- for- service plans	Pre- ferred pro- vider organi- zations									
						Ave	rage <sup>7</sup>					
Average annual dollar maximum on individual out-of-pocket expense Average annual dollar maximum on family out-of-pocket expense	\$1,027 2,407	\$917 2,185	\$1,110 2,559	\$1,032 2,499	\$939 2,191	\$1,093 2,703	\$1,032 2,211	\$896 1,989	\$1,159 2,366	\$1,014 2,449	\$912 2,340	\$1,090 2,528

<sup>1</sup> These plans include fee-for-service, preferred provider organizations, and exclusive provider organizations. Data are not shown separately for

out-of-pocket limit of \$1,000. Thus, if two individuals each reach \$1,000 in their out-of-pocket expenses, and two other family members reach \$900 and \$800 respectively in out-of-pocket expenses, the family out-of-pocket limit would not have been met. A family dollar maximum cannot be computed in this example.

All covered expenses are paid at 100 percent.

exclusive provider organizations.  $^2$  Deductible amounts were excluded from computation of the out-of-pocket dollar limits. With rare exceptions, an out-of-pocket limit was specified on an annual basis. Few workers were in plans where the expense limit applied to a disability or a period other than a year. Charges for certain services, such as mental health care, may not be counted toward the out-of-pocket maximum.

Less than 0.5 percent.

These are plans where a family maximum is stated in such a way that it cannot be computed. For example, the individual out-of-pocket expense is limited to \$1,000 per year and the family out-of-pocket expense is limited to three individuals. The family out-of-pocket expense cannot be computed because each of the three individuals must separately reach an

<sup>5</sup> Some plans reimburse medical expenses at more than one coinsurance rate. They impose a limit on out-of-pocket expenses by specifying a maximum on covered medical expenses beyond which all expenses are paid at 100 percent.

<sup>7</sup> The average is presented for all covered workers; averages exclude workers without the plan provision.

Table 52. Non-health maintenance organizations: Maximum benefit provisions, full-time employees, State and local governments, 1998

Maximum <sup>1</sup>	All employees	White- collar employ- ees, except teachers	Teachers	Blue- collar and service employees
Number (in thousands) with non-HMO plans	7,509	2,985	2,234	2,291
		Per	cent	
Total with non-HMO plans	100	100	100	100
With maximum limits	65 63 2 2 1 41 18 ( <sup>3</sup> ) 1 ( <sup>3</sup> ) 35	63 62 2 2 1 43 13 1 1 ( <sup>3</sup> ) 37	69 66 - 2 - 40 23 - 2 1 31	63 62 3 2 2 37 18 ( <sup>3</sup> ) 1 ( <sup>3</sup> ) 37
Average lifetime maximum	\$1,325,916			\$1,334,577

<sup>1</sup> Maximum described is for each insured person. Where the maximum differed for employees and dependents, the employee maximum was tabulated.
2 Includes other lifetime maximum limits not shown separately.
3 Less than 0.5 percent.
4 The record of the lifetime and the lifetime workers without the

The average is presented for all covered workers; averages exclude workers without the plan provision.

Table 53. Non-health maintenance organizations: Average major medical provisions, full-time employees, State and local governments, 1998

Average <sup>1</sup>	All employees	White-collar employ-ees, except teachers	Teachers	Blue- collar and service employees
Annual deductible <sup>2</sup> IndividualFamily	\$226	\$252	\$213	\$206
	518	547	514	485
Annual out-of-pocket expense maximum <sup>3</sup> IndividualFamily	1,027	1,032	1,032	1,014
	2,407	2,499	2,211	2,449
Lifetime maximum <sup>4</sup>	1,325,916	1,231,618	1,434,908	1,334,577

<sup>&</sup>lt;sup>1</sup> The average is presented for all covered workers; averages exclude workers without the plan provision.

<sup>2</sup> The deductible is the amount of covered expenses that an individual or family must pay

NOTE: Where applicable, dash indicates no employees in this category.

<sup>&</sup>lt;sup>2</sup> The deductible is the amount of covered expenses that an individual or family must pay before any charges are paid by the medical care plan. Deductibles that apply separately to a specific category of expense, such as a deductible for each hospital admission, were excluded from this tabulation.

<sup>3</sup> The out-of-pocket expense maximum is the amount an individual or family must pay

<sup>&</sup>lt;sup>3</sup> The out-of-pocket expense maximum is the amount an individual or family must pay before the plan will pay 100 percent of additional charges. Deductible amounts were excluded from computation of the out-of-pocket dollar limits. Usually, out-of-pocket limits were specified on an annual basis. Charges for certain services, such as mental health care, may not be counted toward the out-of-pocket maximum.
<sup>4</sup> The maximum is the total amount of expenses that the plan will pay. Maximum

<sup>&</sup>lt;sup>4</sup> The maximum is the total amount of expenses that the plan will pay. Maximum described is for each insured person. Where the maximum differed for employees and dependents, the employee maximum was tabulated.

Table 54. Preferred provider organizations: Summary of selected features, full-time employees, State and local governments, 1998

Type of services and incentives	All em- ploy- ees	White-collar employ-ees, except teachers	Teach- ers	Blue- collar and service em- ploy- ees
Number (in thousands) in PPO plans	4,318	1,816	1,146	1,356
		Pei	rcent	
Total with PPO plans	100	100	100	100
Services subject to PPO incentive: Hospital room and board Surgery	88 94 87 94	84 93 83 92 36	91 96 92 98 37	89 96 89 95 26
Type of PPO incentives: <sup>2</sup> Coinsurance rate differs Lower annual deductible Higher lifetime maximum benefit limit Lower catastrophic maximum limit Lower hospital deductible Office visits copayment Outpatient prescription drugs copayment Discounted for PPO <sup>3</sup>	77 43 14 51 19 59 19	80 45 13 55 24 60 22 11	69 40 14 41 13 54 20 16	81 42 16 56 17 60
Not determinable	3	4	2	2

<sup>&</sup>lt;sup>1</sup> A preferred provider organization (PPO) is a group of hospitals and physicians that contract to provide comprehensive medical services. To encourage use by organization members, the health care plan limits reimbursement rates when participants use nonmember services.

Table 55. Preferred provider organizations: Coinsurance rate for preferred service providers versus other service providers, full-time employees, State and local governments, 1998

Coinsurance rate comparison	All em- ploy- ees	White-collar employ-ees, except teachers	Teach- ers	Blue- collar and service em- ploy- ees	
Number (in thousands) in PPO					
plans	4,318	1,816	1,146	1,356	
	Percent				
Total with PPO plans  Overall coinsurance rate	100	100	100	100	
differs	77	80	69	81	
100 vs 80	18	19	15	20	
90 vs 80	6	7	5	6	
100 vs 70	4	4	5	3	
90 vs 70	19	21	18	19	
80 vs 70	5	5	8	3	
80 vs 60	8	8	5	9	
80 vs 50	3	2	5	3	
Other coinsurance rate	13	14	8	17	
Overall coinsurance rate					
does not differ	17	13	27	15	
Not determinable	5	7	4	4	

<sup>&</sup>lt;sup>1</sup> A preferred provider organization (PPO) is a group of hospitals and physicians that contract to provide comprehensive medical services. To encourage use by organization members, the health care plan limits reimbursement rates when participants use nonmember services.

NOTE: Because of rounding sums of individual items may not equal totals.

reimbursement rates when participants use nonmember services.

<sup>2</sup> Sum of individual items is greater than the total because many plan participants were in plans with more than one incentive.

participants were in plans with more than one incentive.

The amount of total expenses incurred by the individual is discounted under the PPO. For example, under the non-PPO, total expenses are \$10,000; under the PPO, total expenses are discounted by 10 percent.

Table 56. Medical care benefits: Availability of managed care benefits, full-time employees, State and local governments,

Managed care plan	All em- ploy- ees	White-collar employ-ees, except teachers	Teach- ers	Blue- collar and service em- ploy- ees
Number (in thousands) with				
medical care	12,308	5,147	3,268	3,894
	Percent			
Total with medical care	100	100	100	100
With managed care benefits Traditional fee-for-service with managed care	91	92	87	92
features <sup>1</sup> Preferred provider	16	14	19	14
organization <sup>2</sup> Exclusive provider	35	35	35	35
organization <sup>3</sup> Prepaid health maintenance	1	1	1	1
organization4 Without managed care	39 9	42 8	32 13	41 8

<sup>&</sup>lt;sup>1</sup> Fee-for-service plans with preadmission certification or mandatory second surgical opinion features.

<sup>2</sup> A preferred provider organization (PPO) is a group of hospitals and

Table 57. Non-health maintenance organizations: Availability of selected cost containment features, full-time employees, State and local governments, 1998

Cost containment features	All em- ploy- ees	White-collar em-ploy-ees, except teach-ers	Teach- ers	Blue- collar and service em- ploy- ees
Number (in thousands) in non-HMO plans	7,509	2,985	2,234	2,291
	Percent			
Total with non-HMO plans	100	100	100	100
With cost containment features	76	73	76	78
Preadmission certification requirementUtilization or concurrent	61	61	60	60
review Preadmission testing	33 38	35 36	28 39	34 41
Nonemergency weekend admission restriction Hospital audit program	10 6	10 6	10 6	9 8

NOTE: Sum of individual items may be greater than the total because many participants were in plans with more than one type of cost containment feature.

physicians that contract to provide comprehensive medical services. To

physicians that contract to provide comprehensive medical services. To encourage use by organization members, the health care plan limits reimbursement rates when participants use nonmember services.

3 An exclusive provider organization is a group of hospitals and physicians that contract to provide comprehensive medical services. Participants are required to obtain services from members of the organization

to receive plan benefits.

4 A health maintenance organization provides a prescribed set of benefits to enrollees for a fixed payment.

Table 58. Non-health maintenance organizations: Prehospitalization certification requirements, full-time employees, State and local governments, 1998

Preadmission requirements	All em- ploy- ees	White-collar em-ploy-ees, except teach-ers	Teach- ers	Blue- collar and service em- ploy- ees
Number (in thousands) with preadmission certification	4,545	1,828	1,341	1,376
		Pei	rcent	
Total with preadmission certification	100	100	100	100
Plan does not impose penalty	2 98 6 53 5 21 3 3 21 21 15	2 98 6 53 5 25 3 2 17 21 15	3 97 5 49 6 17 3 2 20 24 18	1 99 7 57 4 20 3 3 27 19 12
separate deductible per admission OtherPenalty not determinable	( <sup>1</sup> ) 1 17	1 ( <sup>1</sup> ) 17	- 1 19	1 ( <sup>1</sup> ) 16

<sup>&</sup>lt;sup>1</sup> Less than 0.5 percent.

Table 59. Non-health maintenance organizations: Second surgical opinion provisions, full-time employees, State and local governments, 1998

Second surgical opinion requirements	All em- ploy- ees	White-collar employ-ees, except teachers	Teach- ers	Blue- collar and service em- ploy- ees
Number (in thousands) in non-HMO plans	7,509	2,985	2,234	2,291
Total with non-HMO plans	100	100	100	100
With second surgical opinion program	63	66	62	60
non-compliance With penalties for	42	46	41	39
non-compliance Coinsurance reduced	21	20	21	21
50 percent Other Lower schedule of	9 4	11 3	8 4	7 4
payments Deductible imposed	( <sup>1</sup> ) 7	( <sup>1</sup> ) 6	( <sup>1</sup> ) 8	( <sup>1</sup> ) 9
Penalty not determinable	1	1	2	1
No second surgical opinion program <sup>2</sup>	37	34	38	40

<sup>&</sup>lt;sup>1</sup> Less than 0.5 percent.
<sup>2</sup> Includes plans in which documentation does not detail a second surgical opinion program. By definition, managed care plans, such as preferred provider organizations integrate second surgical opinion programs as part of their structure. These managed care plans are quite often responsible for initiating the second surgical opinion program. When this occurs, that program was not tabulated.

Table 60. Non-health maintenance organizations: Start of plan benefits for hospital room and board, full-time employees, State and local governments, 1998

Start of coverage	All em- ploy- ees	White-collar employ-ees, except teachers	Teach- ers	Blue- collar and service em- ploy- ees
Number (in thousands) in non-HMO plans with hospital room and board coverage	7,509	2,985	2,234	2,291
		Pei	rcent	
Total in non-HMO plans with hospital room and board coverage	100	100	100	100
First dollar coverage only <sup>1</sup>	16	15	16	17
First dollar coverage then major medical <sup>2</sup>	30 54	28 57	34 50	28 56

<sup>&</sup>lt;sup>1</sup> Includes plans in which all expenses were reimbursed for the full semiprivate room rate up to a specified dollar amount, or for a limited or unlimited number of days.

Table 61. Non-health maintenance organizations: Types of limitations on hospital room and board coverage, full-time employees, State and local governments, 1998

Type of limit	All em- ploy- ees	White-collar employ-ees, except teachers	Teach- ers	Blue- collar and service em- ploy- ees
Number (in thousands) in non-HMO plans with hospital room and board coverage	7,509	2,985	2,234	2,291
		Per	rcent	
Total in non-HMO plans with hospital room and board coverage	100	100	100	100
Covered in full	10 36 21 2 23 21 2	11 32 20 1 18 17	9 42 20 2 30 28 2 ( <sup>2</sup> )	10 35 21 2 23 20 3
Limit on dollars Other Major medical limits only	1 ( <sup>2</sup> ) 54	1 ( <sup>2</sup> ) 57	- 50	1 ( <sup>2</sup> ) 56

<sup>&</sup>lt;sup>1</sup> Major medical limits apply to all benefits under the plan, not selected individual benefits. Major medical limits are deductibles and coinsurance percentages that must be paid by the participant before any plan benefits begin, and overall limits on plan benefits that can be paid.

<sup>2</sup> Less than 0.5 percent.

NOTE: Sum of individual items is greater than the total because some participants were in plans with more than one type of limit. Where applicable, dash indicates no employees in this category.

<sup>&</sup>lt;sup>2</sup> Major medical limits apply to all benefits under the plan, not selected individual benefits. Major medical limits are deductibles and coinsurance percentages that must be paid by the participant before any plan benefits begin, and overall limits on plan benefits that can be paid.

Table 62. Hospital room and board coverage: Copayment provisions,1 by type of plan, full-time employees, State and local governments, 1998

	All	employe	es		ollar emp	,		Teachers	3		ollar and employee	
		Non-HM	IO plans		Non-HM	O plans		Non-HM	IO plans		Non-HM	10 plans
Type of copayment provision	HMO plans²	Fee- for- service plans <sup>3</sup>	Pre- ferred pro- vider organi- zation <sup>4</sup>	HMO plans <sup>2</sup>	Fee- for- service plans <sup>3</sup>	Pre- ferred pro- vider organi- zation <sup>4</sup>	HMO plans <sup>2</sup>	Fee- for- service plans <sup>3</sup>	Pre- ferred pro- vider organi- zation <sup>4</sup>	HMO plans²	Fee- for- service plans <sup>3</sup>	Pre- ferred pro- vider organi- zation <sup>4</sup>
Number (in thousands) with separate copayment	908	576	884	419	228	364	233	166	248	256	182	272
	Percent											
Total with separate copayment	100	100	100	100	100	100	100	100	100	100	100	100
Per confinement \$50 \$100 \$150 \$200 \$250 \$300 \$400 \$500 Greater than \$500 Other Limited to maximum amount per year <sup>6</sup> Copayment per day Copayment limited to a	81 10 39 7 8 6 3 - 4 1 2 8 3 18	70 3 19 4 16 2 - 5 - 21 15 6	87 1 41 7 32 4 (5) (5) (5) - 2 3 35 9	82 14 32 6 10 8 3 - 6 1 2 6 3 18	76 4 35 6 10 2 - 2 - 16 8 6 20	87 ( <sup>5</sup> ) 42 11 24 7 ( <sup>5</sup> ) ( <sup>5</sup> ) ( <sup>5</sup> ) - 4 1 29 7	79 3 49 10 4 2 7 - 3 2 ( <sup>5</sup> ) 6 6	53 3 9 5 1 1 - - - 32 30 2 46	85 4 45 2 34 - - - - - 7 35 14	82 10 41 6 9 7 1 - 2 2 3 14 1 18	80 (5) 7 2 38 2 - 14 - 16 9 8 14	89 (5) 35 7 41 3 1 (5) (5) 1 42 6
specified number of days	-	6	(5)	-	(5)	(5)	-	-	-	-	19	1

<sup>&</sup>lt;sup>1</sup> A copayment is the amount of covered expenses that an individual must pay before any charges are paid by the medical care plan.

Delivers comprehensive health care on a pregament

reimbursement rates when participants use nonmember services.  $\begin{tabular}{c} 5 \\ \hline \end{tabular}$  Less than 0.5 percent.

Delivers comprehensive health care on a prepayment rather than fee-for-servce basis.

These plans pay for specific medical procedures as expenses are

incurred.

4 A preferred provider organization (PPO) is a group of hospitals and physicians that contracts to provide comprehensive medical services. To encourage use by organization members, the health care plan limits

<sup>6</sup> Limits placed on the maximum copayment an individual pays during the year. For example, an individual is subject to a copayment of \$100 per confinement with a limit of \$300 per year.

Table 63. Non-health maintenance organizations: Start of plan benefits for extended care facilities, full-time employees, State and local governments, 1998

Start of coverage	All em- ploy- ees	White-collar em-ploy-ees, except teachers	Teach- ers	Blue- collar and service em- ploy- ees	
Number (in thousands) in non-HMO plans with extended care benefits	5,749	2,329	1,673	1,747	
	Percent				
Total in non-HMO plans with extended care benefits	100	100	100	100	
First dollar coverage only <sup>1</sup>	18	19	17	17	
First dollar coverage then major medical <sup>2</sup>	57 25	59 22	53 30	58 25	

<sup>&</sup>lt;sup>1</sup> Includes plans in which all expenses were reimbursed for the full semiprivate room rate, up to a specified dollar amount, or for a limited or unlimited number of days.

Table 64. Non-health maintenance organizations: Types of limitations on extended care facilities, full-time employees, State and local governments, 1998

Type of limit	All em- ploy- ees	White-collar employ-ees, except teachers	Teach- ers	Blue- collar and service em- ploy- ees
Number (in thousands) in non-HMO plans with extended care benefits	5,749	2,329	1,673	1,747
	Percent			
Total in non-HMO plans with extended care benefits	100	100	100	100
Covered in full	5	3	8	4
major medical <sup>1</sup>	70	74	62	71
Limit on days	60	65	50	63
Limit on dollars	9	8	11	9
Separate coinsurance Limited to maximum percentage rate of prior hospital	5	4	5	7
confinement	4	5	1	6
Other limits	2	2	_ 1	2
Limits not determinable Major medical limits only	(²) 25	(²) 22	( <sup>2</sup> ) 30	(²) 25

<sup>&</sup>lt;sup>1</sup> Major medical limits apply to all benefits under the plan, not selected individual benefits. Major medical limits are deductibles and coinsurance percentages that must be paid by the participant before any plan benefits begin, and overall limits on plan benefits that can be paid.

NOTE: Sum of individual items is greater than the total because some participants were in plans with more than one type of limit. Where applicable, dash indicates no employees in this category.

unlimited number of days.

Major medical limits apply to all benefits under the plan, not selected individual benefits. Major medical limits are deductibles and coinsurance percentages that must be paid by the participant before any plan benefits begin, and overall limits on plan benefits that can be paid.

Less than 0.5 percent.

Table 65. Non-health maintenance organizations: Limitations on days of extended care facility coverage, full-time employees, State and local governments, 1998

Day limits	All em- ploy- ees	White-collar employ-ees, except teachers	Teach- ers	Blue- collar and service em- ploy- ees
Number (in thousands) in non-HMO plans with day limits on extended care	3,192	1,448	708	1,036
		Pei	rcent	
Total in non-HMO plans with day limits on extended care	100	100	100	100
First dollar coverage¹ for a limited number of days per confinement	21 4 4 10 3 3 34 8 1 6 4 2 13	26 5 6 12 2 27 6 2 4 3 2	13 - 2 7 4 36 12 2 10 1 1	19 5 3 8 3 42 9 ( <sup>3</sup> ) 6 7 3 18
First dollar coverage <sup>1</sup> for a limited number of days per year	9	7	18	7
a limited number of days per year	37 12 ( <sup>3</sup> ) 10 6 8	41 13 ( <sup>3</sup> ) 14 5 10	37 17 ( <sup>3</sup> ) 9 4 6	32 9 ( <sup>3</sup> ) 6 9 8
per lifetime	1	(3)	1	1

See footnotes at end of table.

Table 65. Non-health maintenance organizations: Limitations on days of extended care facility coverage, full-time employees, State and local governments, 1998 — Continued

Day limits	All em- ploy- ees	White-collar employ-ees, except teachers	Teach- ers	Blue- collar and service em- ploy- ees
		Pei	rcent	
Total in non-HMO plans with day limits on extended care Days not determinable	1	-	2	(3)

 $<sup>^{\</sup>rm 1}$  Includes plans in which all expenses were reimbursed for the full semiprivate room rate, up to a specified dollar amount, or for a limited or

NOTE: Sum of individual items is greater than the total because some participants were in plans with more than one type of day limit. Where applicable, dash indicates no employees in this category.

unlimited number of days.

2 Major medical limits apply to all benefits under the plan, not selected individual benefits. Major medical limits are deductibles and coinsurance percentages that must be paid by the participant before any plan benefits begin, and overall limits on plan benefits that can be paid.

3 Less than 0.5 percent.

Table 66. Health maintenance organizations: Extent of coverage for extended care facilities, full-time employees, State and local governments, 1998

Type of coverage	All em- ploy- ees	White-collar employ-ees, except teachers	Teach- ers	Blue- collar and service em- ploy- ees	
Number (in thousands) in HMO plans with extended care benefits	3,843	1,740	831	1,272	
	Percent				
<b>-</b>					
Total in HMO plans with extended care benefits	100	100	100	100	
Covered in full	20 77 64 2 9 3 34 8 4 5 9 4 (1)	16 81 66 1 7 2 38 8 5 4 12 4 ( <sup>1</sup> )	24 71 61 2 9 6 26 12 2 3 7 3 ( <sup>1</sup> )	22 74 63 2 10 1 33 6 4 7 6	
a day limit applies	3	3	5	3	

<sup>1</sup> Less than 0.5 percent.

Table 67. Non-health maintenance organizations: Extent of coverage for surgical services, full-time employees, State and local governments, 1998

Type of surgery and extent of coverage	All em- ploy- ees	White-collar employ-ees, except teachers	Teach- ers	Blue- collar and service em- ploy- ees
Number (in thousands) in non-HMO plans with inpatient surgery  Number (in thousands) in non-HMO plans with outpatient surgery	7,509 7,509	2,985 2,985	2,234	2,290
		Pei		
Inpatient surgery				
Total in non-HMO plans with inpatient surgery	100	100	100	100
Covered in full	25 3 2 1 (1) (1) 72	21 3 2 (1) 1 (1) 75	29 4 3 1 (1) (1) 68	25 3 2 1 (1) - 72
Outpatient surgery <sup>3</sup>				
Total in non-HMO plans with outpatient surgery	100	100	100	100
Covered in full	20	17	24	21
Subject to limits other than major medical	11 2 1 8 (1) 69	11 2 (1) 9 (1) 72	10 3 1 7 (1) 66	10 2 (1) 8 - 69

NOTE: Sum of individual items is greater than the total because some participants were in plans with more than one type of limit. Where applicable, dash indicates no employees in this category.

Less than 0.5 percent.
Major medical limits apply to all benefits under the plan, not selected individual benefits. Major medical limits are deductibles and coinsurance percentages that must be paid by the participant before any plan benefits begin, and overall limits on plan benefits that can be paid.
3 Charges incurred in the outpatient department of a hospital and outside of the hospital.

of the hospital.

Table 68. Health maintenance organizations: Extent of coverage for physician's office visits, full-time employees, State and local governments, 1998

Type of coverage	All em- ploy- ees	White-collar employ-ees, except teachers	Teach- ers	Blue- collar and service em- ploy- ees
Number (in thousands) in HMO plans with physician's office visits coverage	4,799	2,162	1,033	1,603
		Per	cent	
Total in HMO plans with physician's office visits coverage	100	100	100	100
Covered in full	13 86 6 38 2 30 11 ( <sup>1</sup> ) 2	12 86 5 41 2 26 12 -	8 91 4 34 1 42 9	16 82 7 36 1 27 10 1

<sup>&</sup>lt;sup>1</sup> Less than 0.5 percent.

Table 69. Outpatient prescription drug benefits: Summary of coverage, full-time employees, State and local governments, 1998

Selected features	All em- ploy- ees	White-collar employ-ees, except teachers	Teach- ers	Blue- collar and service em- ploy- ees
Number of employees (in thousands) with outpatient prescription drug coverage	12,043	5,111 Pai	3,138	3,794
		rei	Cent	
Total with outpatient prescription drug coverage	100	100	100	100
Coverage for brand name drugs	99	99	99	98
Higher reimbursement for generic drugs Coverage for mail order drugs <sup>1</sup> Higher reimbursement for	52 47	51 50	52 42	52 48
prescriptions filled at selected pharmacies	21	22	22	19

 $<sup>^{\</sup>rm 1}$  Programs that provide drugs for maintenance purposes, that is, drugs required on a continuous basis.

NOTE: Sum of individual items is greater than the total because some participants were in plans with more than one type of coverage. Where applicable, dash indicates no employees in this category.

Table 70. Outpatient prescription drug benefits: Brand name drug provisions in non-health maintenance organization plans, full-time employees, State and local governments, 1998

Type of coverage	All em- ploy- ees	White-collar employ-ees, except teachers	Teach- ers	Blue- collar and service em- ploy- ees
Number of employees (in thousands) in non-HMO plans with outpatient brand name drug coverage	6,749	2,693	2,018	2,038
		Pei	rcent	
Total in non-HMO plans with outpatient brand name drug coverage	100	100	100	100
Covered in full	( <sup>1</sup> )	(¹)	(¹)	(¹)
Subject to the major medical limits of plan	50	52	55	43
Subject to copayment per prescription	50 6 8 (1) 4 6 15 10	45 4 5 1 3 6 16 9	50 7 11 1 3 8 8 12 ( <sup>1</sup> )	56 6 7 (1) 5 5 20 11
Subject to a separate yearly deductible	4	4	4	4
Subject to a separate coinsurance rate	6	8	5	5
Subject to a separate yearly maximum	1	1	(¹)	(¹)
Difference in cost between generic and brand name drugs <sup>2</sup>	16	18	12	18
Other	4	6	4	3

<sup>&</sup>lt;sup>1</sup> Less than 0.5 percent.

NOTE: Sum of individual items is greater than the total because some participants were in plans with more than one type of coverage. Where applicable, dash indicates no employees in this category.

Table 71. Outpatient prescription drug benefits: Brand name drug provisions in health maintenance organization plans, full-time employees, State and local governments, 1998

Type of coverage	All em- ploy- ees	White-collar employ-ees, except teachers	Teach- ers	Blue- collar and service em- ploy- ees	
Number of employees (in thousands) in HMO plans with outpatient brand name drug coverage	4,548	2,049	966	1,533	
		Pei	rcent		
Total in HMO plans with outpatient brand name drug coverage	100	100	100	100	
Covered in full	3	2	3	5	
Subject to copayment per prescription	80 11 26 1 1 2 29 10 ( <sup>1</sup> )	81 13 26 1 1 2 27 10 ( <sup>1</sup> )	77 7 23 1 2 2 31 10 1	82 10 28 1 1 3 30 9 ( <sup>1</sup> )	
Subject to a separate yearly deductible	2	3	2	1	
Subject to a separate yearly maximum	2	3	(¹)	1	
Difference in cost between generic and brand name drugs <sup>2</sup>	13	14	16	12	
Other	4	6	3	3	

<sup>1</sup> Less than 0.5 percent.

NOTE: Sum of individual items is greater than the total because some participants were in plans with more than one type of coverage. Where applicable, dash indicates no employees in this category.

<sup>&</sup>lt;sup>2</sup> These are plans where the individual participant is required to use a generic equivalent when available; if a generic equivalent is not chosen, the individual must pay the difference in total cost between the brand name and generic drug plus the cost to the individual. For example, if an individual is subject to a \$5 copayment for generic drugs and the brand name equivalent is purchased, the individual must pay the difference in total cost between the brand name and generic drug, plus the \$5 copayment.

<sup>&</sup>lt;sup>2</sup> These are plans where the individual participant is required to use a generic equivalent when available; if a generic equivalent is not chosen, the individual must pay the difference in total cost between the brand name and generic drug plus the cost to the individual. For example, if an individual is subject to a \$5 copayment for generic drugs and the brand name equivalent is purchased, the individual must pay the difference in total cost between the brand name and generic drug, plus the \$5 copayment.

Table 72. Mental health care benefits: Comparison of coverage for hospital room and board and outpatient care with other illnesses, full-time employees, State and local governments, 1998

Relationship to coverage for other illnesses	All em- ploy- ees	White-collar employ-ees, except teachers	Teach- ers	Blue- collar and service em- ploy- ees	
	Percent				
Hospital room and board					
Total covered	100	100	100	100	
Covered the same Covered differently	13 87	12 88	11 89	14 86	
Outpatient care <sup>1</sup>					
Total covered	100	100	100	100	
Covered the same Covered differently	6 94	6 94	6 94	5 95	

<sup>&</sup>lt;sup>1</sup> Includes treatment in one or more of the following: outpatient department of a hospital, residential treatment center, organized outpatient clinic, day-night treatment center, or doctor's office. If benefits differed by location of treatment, the location offering the most beneficial coverage was tabulated.

Table 73. Mental health care benefits: Separate limits on coverage, full-time employees, State and local governments, 1998

Coverage limitation	All em- ploy- ees	White-collar employ-ees, except teachers	Teach- ers	Blue- collar and service em- ploy- ees
Number (in thousands) with inpatient mental health care benefits	12,201	5,073 4,941	3,256	3,872
	Percent			
Hospital room and board				
Total with mental health care benefits	100	100	100	100
No separate limits <sup>1</sup>	17 83 66 26 14 11 2	17 83 67 25 13 12	17 83 63 32 18 6	18 82 67 21 11 13
Outpatient care <sup>3</sup>				
Total with mental health care benefits	100	100	100	100
No separate limits <sup>1</sup>	6 94 60 34 25 33 2	6 94 60 34 25 34 2	7 93 57 40 27 27 3	5 95 63 31 23 36 2

<sup>1</sup> These include plans that provide coverage without any separate limits; they also include plans that provide coverage subject to only the major medical limits of the plan.

NOTE: Sum of individual items is greater than total because some participants were in plans with more than one type of limit.

<sup>&</sup>lt;sup>2</sup> Separate limitations indicate that mental health care benefits are more restrictive than benefits for other treatments. For example, if a plan limits inpatient mental health care to 30 days per year, that plan contains separate limits. The total is less than the sum of the individual items because many plans had more than one type of limitation.

plans had more than one type of limitation.

<sup>3</sup> Includes treatment in one or more of the following: outpatient department of a hospital, residential treatment center, organized outpatient clinic, day-night treatment center, or doctor's office. If benefits differed by location of treatment, doctor's office care was tabulated.

Table 74. Mental health care benefits: Separate limits on coverage in health maintenance organizations, full-time employees, State and local governments, 1998

Coverage limitation	All em- ploy- ees	White-collar employ-ees, except teachers	Teach- ers	Blue- collar and service em- ploy- ees
Number (in thousands) with inpatient mental health care benefits	4,734 4,731	2,116	1,022 1,025	1,597 1,578
	Percent			<u> </u>
Hospital room and board				
Total with mental health care benefits	100	100	100	100
No separate limits <sup>1</sup>	14 86 79 8 12 14 ( <sup>3</sup> )	13 87 80 10 10 16 ( <sup>3</sup> )	15 85 74 10 22 10	15 85 80 6 8 15 ( <sup>3</sup> )
Outpatient care <sup>4</sup>				
Total with mental health care benefits	100	100	100	100
No separate limits <sup>1</sup>	7 93 82 11 8 59	7 93 82 13 9 56 ( <sup>3</sup> )	10 90 79 11 11 60 2	7 93 85 7 6 61 ( <sup>3</sup> )

<sup>1</sup> These include plans that provide coverage without any separate limits; they also include plans that provide coverage subject to only the major medical limits of the plan.

NOTE: Sum of individual items is greater than total because some participants were in plans with more than one type of limit. Where applicable, dash indicates no employees in this category.

Table 75. Mental health care benefits: Separate limits on coverage in non-health maintenance organizations, full-time employees, State and local governments, 1998

omprejees, etais and recai gerenments, rece						
Coverage limitation	All em- ploy- ees	White-collar employ-ees, except teachers	Teach- ers	Blue- collar and service em- ploy- ees		
Number (in thousands) with inpatient mental health care benefits	7,467 7,154	2,957 2,814	2,234	2,276		
	Percent					
Hospital room and board						
Total with mental health care benefits	100	100	100	100		
No separate limits <sup>1</sup>	19 81 57 37 15 8	20 80 57 36 15 9	18 82 57 42 16 4	20 80 57 32 14 11 3		
Outpatient care <sup>3</sup>						
Total with mental health care benefits	100	100	100	100		
No separate limits <sup>1</sup>	5 95 46 50 36 15	5 95 44 50 36 17 3	6 94 47 53 35 11	4 96 47 48 36 18		

<sup>1</sup> These include plans that provide coverage without any separate limits; they also include plans that provide coverage subject to only the major medical limits of the plan.

NOTE: Sum of individual items is greater than total because some participants were in plans with more than one type of limit. Where applicable, dash indicates no employees in this category.

Separate limitations indicate that mental health care benefits are more restrictive than benefits for other treatments. For example, if a plan limits inpatient mental health care to 30 days per year, that plan contains separate limits. The total is less than the sum of the individual items because many plans had more than one type of limitation.

Less than 0.5 percent.

Includes treatment in one or more of the following: department of a hospital, residential treatment center, organized outpatient clinic, day-night treatment center, or doctor's office. If benefits differed by location of treatment, doctor's office care was tabulated.

Separate limitations indicate that mental health care benefits are more restrictive than benefits for other treatments. For example, if a plan limits inpatient mental health care to 30 days per year, that plan contains separate limits. The total is less than the sum of the individual items because many

plans had more than one type of limitation.  $$^3$  Includes treatment in one or more of the following: outpatient department of a hospital, residential treatment center, organized outpatient clinic, day-night treatment center, or doctor's office. If benefits differed by location of treatment, doctor's office care was tabulated.

Table 76. Alcohol and drug abuse treatment benefits: Relationship between provisions, full-time employees, State and local governments, 1998

Relationship of coverage	All em- ploy- ees	White-collar employ-ees, except teachers	Teach- ers	Blue- collar and service em- ploy- ees
Number (in thousands) with medical care	12,308	5,147	3,268	3,894
		Pei	rcent	
Total	100	100	100	100
Covered together <sup>1</sup>	80	80	77	84
Covered separately but with the same limits <sup>2</sup> Other <sup>4</sup>	( <sup>3</sup> ) 20	( <sup>3</sup> ) 20	1 22	( <sup>3</sup> ) 16

<sup>&</sup>lt;sup>1</sup> These are plans where all limits that apply to alcohol abuse treatment also apply to drug abuse treatment. When care is received for one of these types of treatment, it reduces the availability of care from the other. For example, if alcohol and drug abuse are limited to 30 days per year and 20 days are used for alcohol abuse, then there are 10 days left for drug abuse.

Table 77. Substance abuse treatment benefits: Relationship to coverage for other illnesses, full-time employees, State and local governments, 1998

Relationship to coverage for other illnesses	All em- ploy- ees	White-collar em-ploy-ees, except teachers	Teach- ers	Blue- collar and service em- ploy- ees
	Ī	Pei	rcent	
Alcohol abuse				
Total with inpatient detoxification1  Covered the same Covered differently  Total with inpatient rehabilitation2  Covered the same  Covered differently	100 31 69 100 11 89	100 33 67 100 11 89	100 26 74 100 12 88	100 31 69 100 10
Total with outpatient rehabilitation <sup>3</sup>	100 11 89	100 11 89	100 11 89	100 12 88
Drug abuse				
Total with inpatient detoxification¹ Covered the same Covered differently	100 31 69	100 33 67	100 28 72	100 31 69
Total with inpatient rehabilitation <sup>2</sup> Covered the same  Covered differently	100 10 90	100 10 90	100 12 88	100 10 90
Total with outpatient rehabilitation <sup>3</sup>	100 11 89	100 11 89	100 11 89	100 12 88

Detoxification is the systematic use of medication and other methods under medical supervision to reduce or eliminate the effects of substance abuse.

These are plans where alcohol and drug abuse are subject to separate and identical limits. For example, alcohol abuse treatment is limited to 30 days per year and drug abuse treatment is limited to a separate 30 days per year.

Less than 0.5 percent.

Includes plans where alcoholism coverage differs from drug coverage; and where some limits for alcohol and drug abuse treatment are separate and identical and different limits reduce the availability of care from the other; and where there is no coverage for alcohol and drug abuse treatment.

Rehabilitation is designed to alter the abusive behavior in patients once they are free of acute physical and mental complications.

<sup>3</sup> Includes treatment in one or more of the following:

department of a hospital, residential treatment center, organized outpatient clinic, day-night treatment center, or doctor's office. If benefits differed by location of treatment, the location offering the most beneficial coverage was tabulated

Table 78. Alcohol abuse treatment benefits: Separate limits on coverage, full-time employees, State and local governments, 1998

Coverage limitation	All em- ploy- ees	White-collar employ-ees, except teachers	Teach- ers	Blue- collar and service em- ploy- ees
Number (in thousands) with inpatient detoxification benefits	12,254	5,116	3,261	3,878
benefits	10,168	4,160	2,810	3,197
Number (in thousands) with outpatient rehabilitation benefits	11,062	4,551	2,999	3,512
	Percent			
Inpatient detoxification <sup>1</sup>				
Total with inpatient detoxification benefits	100	100	100	100
No separate limits <sup>2</sup>	34 66 48 24 11 7 2	35 65 48 22 11 7	30 70 46 31 14 4 2	35 65 50 20 10 9
Inpatient rehabilitation <sup>4</sup>				
Total with inpatient rehabilitation benefits	100	100	100	100
No separate limits <sup>2</sup> Subject to separate limits <sup>3</sup> Days Dollars Coinsurance Copayment Other	14 86 62 30 14 10 2	13 87 63 29 13 11	16 84 57 37 16 6	15 85 65 25 13 13

Table 78. Alcohol abuse treatment benefits: Separate limits on coverage, full-time employees, State and local governments, 1998 — Continued

Coverage limitation	All em- ploy- ees	White-collar employ-ees, except teachers	Teach- ers	Blue- collar and service em- ploy- ees
Outpatient rehabilitation <sup>5</sup>				
Total with outpatient rehabilitation benefits  No separate limits <sup>2</sup>	100 16	100 18	100 15	100 16
Subject to separate limits <sup>3</sup>	84	82	85	84
Days	53	53	52	55
Dollars	35	34	41	30
Coinsurance	17	16	19	16
Copayment	15	15	14	18
Other	2	2	3	2

Detoxification is the systematic use of medication and other methods under medical supervision to reduce or eliminate the effects of substance abuse.

abuse.

<sup>2</sup> These include plans that provide coverage without any separate limits; they also include plans that provide coverage subject to only the major medical limits of the plan.

medical limits of the plan.

<sup>3</sup> Separate limitations indicate that alcohol abuse treatment benefits are more restrictive than benefits for other treatments. For example, if a plan limits inpatient rehabilitation care to 30 days per year, but the limit on inpatient care for any other type of illness is greater than 30 days per year, the plan contains separate limits. The total is less than the sum of the individual items because many plans had more than one type of limitation.

individual items because many plans had more than one type of limitation.

<sup>4</sup> Rehabilitation is designed to alter the abusive behavior in patients once they are free of acute physical and mental complications.

<sup>5</sup> Includes treatment in one or more of the following: outpatient

<sup>&</sup>lt;sup>5</sup> Includes treatment in one or more of the following: outpatient department of a hospital, residential treatment center, organized outpatient clinic, day-night treatment center, or doctor's office. If benefits differed by location of treatment, the location offering the most beneficial coverage was tabulated.

Table 79. Drug abuse treatment benefits: Separate limits on coverage, full-time employees, State and local governments, 1998

Coverage limitation	All em- ploy- ees	White-collar employ-ees, except teachers	Teach- ers	Blue- collar and service em- ploy- ees
Number (in thousands) with inpatient detoxification benefits	12,238	5,108	3,261	3,869
inpatient rehabilitation benefits	10,023	4,134	2,728	3,162
Number (in thousands) with outpatient rehabilitation benefits	10,892	4,532	2,877	3,483
		Per	cent	
Inpatient detoxification <sup>1</sup>				
Total with inpatient detoxification benefits	100	100	100	100
No separate limits <sup>2</sup> Subject to separate limits <sup>3</sup> Days Dollars Coinsurance Copayment Other	34 66 48 23 11 7 2	34 66 48 22 11 7	32 68 46 29 12 4	35 65 50 19 9
Inpatient rehabilitation <sup>4</sup>				
Total with inpatient rehabilitation benefits	100	100	100	100
No separate limits <sup>2</sup> Subject to separate limits <sup>3</sup> Days Dollars Coinsurance Copayment Other	14 86 62 30 13 11 2	12 88 63 29 13 11 2	16 84 57 36 14 6	14 86 66 25 13 13

Table 79. Drug abuse treatment benefits: Separate limits on coverage, full-time employees, State and local governments, 1998 — Continued

Coverage limitation	All em- ploy- ees	White-collar employ-ees, except teachers	Teach- ers	Blue- collar and service em- ploy- ees
Outpatient rehabilitation <sup>5</sup>				
Total with outpatient rehabilitation benefits	100	100	100	100
No separate limits <sup>2</sup>	16	17	15	16
Subject to separate limits <sup>3</sup>	84	83	85	84
Days	54	53	54	55
Dollars	34	34	40	30
Coinsurance	17	16	18	16
Copayment	16	15	14	18
Other	2	2	3	2

Detoxification is the systematic use of medication and other methods under medical supervision to reduce or eliminate the effects of substance abuse.

abuse.

<sup>2</sup> These include plans that provide coverage without any separate limits; they also include plans that provide coverage subject to only the major medical limits of the plan.

medical limits of the plan.

<sup>3</sup> Separate limitations indicate that drug abuse treatment benefits are more restrictive than benefits for other treatments. For example, if a plan limits inpatient rehabilitation care to 30 days per year, but the limit on inpatient care for any other type of illness is greater than 30 days per year, the plan contains separate limits. The total is less than the sum of the individual items because many plans had more than one type of limitation.

individual items because many plans had more than one type of limitation.

4 Rehabilitation is designed to alter the abusive behavior in patients once they are free of acute physical and mental complications.

they are free of acute physical and mental complications.

<sup>5</sup> Includes treatment in one or more of the following: outpatient department of a hospital, residential treatment center, organized outpatient clinic, day-night treatment center, or doctor's office. If benefits differed by location of treatment, the location offering the most beneficial coverage was tabulated.

Table 80. Alcohol abuse treatment benefits: Separate limits on coverage in health maintenance organizations, full-time employees, State and local governments, 1998

Coverage limitation	All em- ploy- ees	White-collar employ-ees, except teachers	Teach- ers	Blue- collar and service em- ploy- ees
Number (in thousands) with inpatient detoxification benefits	4,799	2,162	1,033	1,603
inpatient rehabilitation benefits	3,321	1,470	746	1,105
Number (in thousands) with outpatient rehabilitation benefits	4,111	1,848	883	1,381
		Per	cent	
Inpatient detoxification <sup>1</sup>				
Total with inpatient detoxification benefits	100	100	100	100
No separate limits <sup>2</sup>	51 49 39 8 11 5 ( <sup>4</sup> )	53 47 39 8 11 6 ( <sup>4</sup> )	44 56 36 14 18 6	53 47 41 5 8 5 ( <sup>4</sup> )
Inpatient rehabilitation <sup>5</sup>				
Total with inpatient rehabilitation benefits	100	100	100	100
No separate limits <sup>2</sup> Subject to separate limits <sup>3</sup> Days Dollars Coinsurance Copayment Other	16 84 69 15 13 14	14 86 70 16 13 16 ( <sup>4</sup> )	21 79 57 22 18 11	17 83 75 9 11 14 ( <sup>4</sup> )

Table 80. Alcohol abuse treatment benefits: Separate limits on coverage in health maintenance organizations, full-time employees, State and local governments, 1998 — Continued

Coverage limitation	All em- ploy- ees	White-collar em-ploy-ees, except teachers	Teach- ers	Blue- collar and service em- ploy- ees
Outpatient rehabilitation <sup>6</sup> Total with outpatient rehabilitation benefits  No separate limits <sup>2</sup> Subject to separate limits <sup>3</sup> Days Dollars Coinsurance Copayment Other	100 20 80 67 14 5 25	100 20 80 68 15 5 22 ( <sup>4</sup> )	100 21 79 63 20 7 29 2	100 20 80 69 8 5 26

Detoxification is the systematic use of medication and other methods under medical supervision to reduce or eliminate the effects of substance abuse.

abuse. 

<sup>2</sup> These include plans that provide coverage without any separate limits; they also include plans that provide coverage subject to only the major medical limits of the plan.

medical limits of the plan.

<sup>3</sup> Separate limitations indicate that alcohol abuse treatment benefits are more restrictive than benefits for other treatments. For example, if a plan limits inpatient rehabilitation care to 30 days per year, but the limit on inpatient care for any other type of illness is greater than 30 days per year, the plan contains separate limits. The total is less than the sum of the individual items because many plans had more than one type of limitation.

<sup>4</sup> Less than 0.5 percent.

<sup>&</sup>lt;sup>5</sup> Rehabilitation is designed to alter the abusive behavior in patients once they are free of acute physical and mental complications.
<sup>6</sup> Includes treatment in one or more of the following: outpatient

<sup>&</sup>lt;sup>6</sup> Includes treatment in one or more of the following: outpatient department of a hospital, residential treatment center, organized outpatient clinic, day-night treatment center, or doctor's office. If benefits differed by location of treatment, the location offering the most beneficial coverage was tabulated.

Table 81. Drug abuse treatment benefits: Separate limits on coverage in health maintenance organizations, full-time employees, State and local governments, 1998

White-Bluecollar collar ΑII emand employ-Teach-Coverage limitation service ployees. ers emees except ployteachees ers Number (in thousands) with inpatient detoxification benefits ..... 4,799 2,162 1,033 1,603 Number (in thousands) with inpatient rehabilitation benefits ..... 3,311 1,466 746 1,100 Number (in thousands) with outpatient rehabilitation benefits ..... 4,098 1,848 874 1,376 Percent Inpatient detoxification<sup>1</sup> Total with inpatient 100 100 100 detoxification benefits .... 100 No separate limits<sup>2</sup> ...... 50 52 44 53 Subject to separate limits<sup>3</sup> 50 48 56 47 40 40 36 41 Days ..... Dollars ..... 8 8 14 5 Coinsurance ..... 11 18 8 11 Copayment ..... 5 6 6 5 (4)(4) Other ..... (4)1 Inpatient rehabilitation5 Total with inpatient 100 100 rehabilitation benefits ...... 100 100 No separate limits<sup>2</sup> ....... 16 16 13 23 Subject to separate limits<sup>3</sup> 84 87 77 84 69 70 56 76 Days ..... Dollars ..... 15 16 22 9 13 13 18 11 Coinsurance ..... Copayment ..... 14 16 11 14 (4) (4)Other .....

See footnotes at end of table.

Table 81. Drug abuse treatment benefits: Separate limits on coverage in health maintenance organizations, full-time employees, State and local governments, 1998 — Continued

Coverage limitation	All em- ploy- ees	White-collar employ-ees, except teachers	Teach- ers	Blue- collar and service em- ploy- ees
Outpatient rehabilitation <sup>6</sup> Total with outpatient rehabilitation benefits  No separate limits <sup>2</sup> Subject to separate limits <sup>3</sup> Days  Dollars	100	100	100	100
	20	19	21	20
	80	81	79	80
	68	69	64	69
	14	15	20	8
Coinsurance	5	5	7	5
	25	22	29	27
	1	( <sup>4</sup> )	2	1

Detoxification is the systematic use of medication and other methods under medical supervision to reduce or eliminate the effects of substance abuse.

abuse.

<sup>2</sup> These include plans that provide coverage without any separate limits; they also include plans that provide coverage subject to only the major medical limits of the plan.

<sup>&</sup>lt;sup>3</sup> Separate limitations indicate that drug abuse treatment benefits are more restrictive than benefits for other treatments. For example, if a plan limits inpatient rehabilitation care to 30 days per year, but the limit on inpatient care for any other type of illness is greater than 30 days per year, the plan contains separate limits. The total is less than the sum of the individual items because many plans had more than one type of limitation.

Less than 0.5 percent.

<sup>&</sup>lt;sup>5</sup> Rehabilitation is designed to alter the abusive behavior in patients once they are free of acute physical and mental complications.

<sup>&</sup>lt;sup>6</sup> Includes treatment in one or more of the following: outpatient department of a hospital, residential treatment center, organized outpatient clinic, day-night treatment center, or doctor's office. If benefits differed by location of treatment, the location offering the most beneficial coverage was tabulated.

Table 82. Alcohol abuse treatment benefits: Separate limits on coverage in non-health maintenance organizations, full-time employees, State and local governments, 1998

Coverage limitation	All em- ploy- ees	White-collar employ-ees, except teachers	Teach- ers	Blue collar and service em- ploy- ees
Number (in thousands) with inpatient detoxification benefits	7,455	2,953	2,228	2,274
benefits	6,847	2,690	2,065	2,092
Number (in thousands) with outpatient rehabilitation benefits	6,951	2,703	2,117	2,131
	Percent			
Inpatient detoxification <sup>1</sup>				
Total with inpatient detoxification benefits	100	100	100	100
No separate limits <sup>2</sup>	22 78 54 34 12 8 2	21 79 54 33 12 9	24 76 51 39 12 4 2	22 78 56 31 11 11
Inpatient rehabilitation4				
Total with inpatient rehabilitation benefits	100	100	100	100
No separate limits <sup>2</sup> Subject to separate limits <sup>3</sup> Days Dollars Coinsurance Copayment Other	13 87 58 37 14 9	12 88 59 37 14 9	14 86 56 42 15 4	14 86 60 33 13 13

Table 82. Alcohol abuse treatment benefits: Separate limits on coverage in non-health maintenance organizations, full-time employees, State and local governments, 1998 — Continued

Coverage limitation	All em- ploy- ees	White-collar employ-ees, except teachers	Teach- ers	Blue collar and service em- ploy- ees
Outpatient rehabilitation <sup>5</sup> Total with outpatient rehabilitation benefits  No separate limits <sup>2</sup> Subject to separate limits <sup>3</sup> Days Dollars Coinsurance Copayment Other	100	100	100	100
	14	16	13	13
	86	84	87	87
	45	42	47	46
	47	47	50	45
	24	24	24	23
	10	9	7	12
	3	3	3	3

Detoxification is the systematic use of medication and other methods under medical supervision to reduce or eliminate the effects of substance abuse.

abuse.

<sup>2</sup> These include plans that provide coverage without any separate limits; they also include plans that provide coverage subject to only the major medical limits of the plan.

<sup>&</sup>lt;sup>3</sup> Separate limitations indicate that alcohol abuse treatment benefits are more restrictive than benefits for other treatments. For example, if a plan limits inpatient rehabilitation care to 30 days per year, but the limit on inpatient care for any other type of illness is greater than 30 days per year, the plan contains separate limits. The total is less than the sum of the individual items because many plans had more than one type of limitation.

individual items because many plans had more than one type of limitation.

<sup>4</sup> Rehabilitation is designed to alter the abusive behavior in patients once they are free of acute physical and mental complications.

<sup>5</sup> Includes treatment in one or more of the following: outpatient

<sup>&</sup>lt;sup>5</sup> Includes treatment in one or more of the following: outpatient department of a hospital, residential treatment center, organized outpatient clinic, day-night treatment center, or doctor's office. If benefits differed by location of treatment, the location offering the most beneficial coverage was tabulated.

Table 83. Drug abuse treatment benefits: Limits on coverage in non-health maintenance organizations, full-time employees, State and local governments, 1998

Coverage limitation	All em- ploy- ees	White-collar employ-ees, except teachers	Teach- ers	Blue- collar and service em- ploy- ees
Number (in thousands) with inpatient detoxification benefits	7,439	2,946	2,228	2,266
inpatient rehabilitation benefits	6,712	2,668	1,982	2,062
Number (in thousands) with outpatient rehabilitation benefits	6,794	2,684	2,003	2,107
	Percent			
Inpatient detoxification <sup>1</sup>				
Total with inpatient detoxification benefits	100	100	100	100
No separate limits <sup>2</sup> Subject to separate limits <sup>3</sup> Days Dollars Coinsurance Copayment Other	23 77 53 33 11 8 2	21 79 54 32 12 9	26 74 50 36 10 4 2	22 78 56 30 11 11
Inpatient rehabilitation <sup>4</sup>				
Total with inpatient rehabilitation benefits	100	100	100	100
No separate limits <sup>2</sup> Subject to separate limits <sup>3</sup> Days Dollars Coinsurance Copayment Other	13 87 59 37 13 9	12 88 59 37 14 9	14 86 58 41 13 4 3	13 87 60 33 13 13

Table 83. Drug abuse treatment benefits: Limits on coverage in non-health maintenance organizations, full-time employees, State and local governments, 1998 — Continued

Coverage limitation	All em- ploy- ees	White-collar em-ploy-ees, except teachers	Teach- ers	Blue- collar and service em- ploy- ees
Outpatient rehabilitation <sup>5</sup> Total with outpatient rehabilitation benefits  No separate limits <sup>2</sup> Subject to separate limits <sup>3</sup> Days Dollars Coinsurance Copayment Other	100	100	100	100
	14	16	12	13
	86	84	88	87
	46	43	49	46
	47	47	49	44
	24	24	23	23
	10	10	8	12
	3	3	3	3

Detoxification is the systematic use of medication and other methods under medical supervision to reduce or eliminate the effects of substance abuse.

abuse. 

<sup>2</sup> These include plans that provide coverage without any separate limits; they also include plans that provide coverage subject to only the major medical limits of the plan.

medical limits of the plan.

3 Separate limitations indicate that drug abuse treatment benefits are more restrictive than benefits for other treatments. For example, if a plan limits inpatient rehabilitation care to 30 days per year, but the limit on inpatient care for any other type of illness is greater than 30 days per year, the plan contains separate limits. The total is less than the sum of the individual items because many plans had more than one type of limitation.

4 Rehabilitation is designed to alter the abusive behavior in patients once

<sup>4</sup> Rehabilitation is designed to alter the abusive behavior in patients once they are free of acute physical and mental complications.
5 Includes treatment in one or more of the following: outpatien:

<sup>&</sup>lt;sup>5</sup> Includes treatment in one or more of the following: outpatient department of a hospital, residential treatment center, organized outpatient clinic, day-night treatment center, or doctor's office. If benefits differed by location of treatment, the location offering the most beneficial coverage was tabulated.

Table 84. Mental health care and substance abuse treatment benefits: Application to out-of-pocket expense provisions<sup>1</sup> in non-health maintenance organizations, full-time employees, State and local governments, 1998

Type of coverage	All em- ploy- ees	White-collar employ-ees, except teachers	Teach- ers	Blue- collar and service em- ploy- ees
		Pei	rcent	
Inpatient mental health care				
TotalApplied to out-of-pocket	100	100	100	100
limits  Not applied to out-of-pocket	58	60	55	60
limits	42	40	45	40
Outpatient mental health care				
Total	100	100	100	100
Applied to out-of-pocket limits	37	36	35	41
Not applied to out-of-pocket limits	63	64	65	59
Inpatient alcohol detoxification				
Total	100	100	100	100
Applied to out-of-pocket limits Not applied to out-of-pocket	66	68	65	62
limits	34	32	35	38
Inpatient alcohol rehabilitation				
Total Applied to out-of-pocket	100	100	100	100
limits	61	64	61	58
Not applied to out-of-pocket limits	39	36	39	42
Outpatient alcohol rehabilitation				
Total	100	100	100	100
Applied to out-of-pocket limits Not applied to out-of-pocket	45	46	44	45
limits	55	54	56	55

Table 84. Mental health care and substance abuse treatment benefits: Application to out-of-pocket expense provisions<sup>1</sup> in non-health maintenance organizations, full-time employees, State and local governments, 1998 — Continued

Type of coverage	All em- ploy- ees	White-collar em-ploy-ees, except teach-ers	Teach- ers	Blue- collar and service em- ploy- ees		
	Percent					
Inpatient drug detoxification						
Total	100	100	100	100		
Applied to out-of-pocket limits	68	69	70	63		
Not applied to out-of-pocket limits	32	31	30	37		
Inpatient drug rehabilitation						
Total Applied to out-of-pocket	100	100	100	100		
limits  Not applied to out-of-pocket	62	65	63	58		
limits	38	35	37	42		
Outpatient drug rehabilitation						
Total	100	100	100	100		
Applied to out-of-pocket limits	46	47	46	46		
Not applied to out-of-pocket limits	54	53	54	54		

<sup>1</sup> Each total relates to a plan's overall out-of-pocket limits. In addition, the specified inpatient benefit and hospital room and board must be subject to the plan's overall limits while the specified outpatient benefit and office physician's care must be subject to the plan's overall benefits. For example, the total for inpatient mental health care includes the following: there is a plan out-of-pocket limit, and both inpatient mental health care and hospital room and board are subject to the plan's overall limits.

Table 85. Medical care plans: Eligibility requirements, full-time employees, State and local governments, 1998

Eligibility requirement	All em- ploy- ees	White-collar employ-ees, except teachers	Teach- ers	Blue- collar and service em- ploy- ees
Number (in thousands) with medical care	12,308	5,147	3,268	3,894
	,		cent	
Total	100	100	100	100
With a service requirement  1 month	38 24 5 8 (1) 1 (1) (1) 60 2	41 26 5 8 (1) 1 (1) (1) (1)	28 23 2 (1) (1) (1) - 70 2	43 23 7 11 (1) 1 (1) - 55 2

<sup>&</sup>lt;sup>1</sup> Less than 0.5 percent.

Table 86. Non-health maintenance organizations: Pre-existing condition provisions,<sup>1</sup> full-time employees, State and local governments, 1998

Pre-existing provisions	All em- ploy- ees	White-collar employ-ees, except teachers	Teach- ers	Blue- collar and service em- ploy- ees		
Number (in thousands) in non-HMO plans	7,509	2,985	2,234	2,291		
	Percent					
Total with non-HMO plans	100	100	100	100		
Pre-existing condition clause	50	51	44	54		
No pre-existing condition clause  Not determinable	49 2	46 3	55 1	46 (²)		

 $<sup>^{\</sup>rm 1}$  A pre-existing condition is any ailment present at the time the participant enrolls in the plan. Plans will typically deny or limit coverage of such conditions for a specific time period following enrollment.  $^{\rm 2}$  Less than 0.5 percent.

Table 87. Dental care benefits: Eligibility requirements, full-time employees, State and local governments, 1998

Eligibility requirement	All em- ploy- ees	White-collar em-ploy-ees, except teach-ers	Teach- ers	Blue- collar and service em- ploy- ees
Number (in thousands) with dental care	8,651	3,535	2,380	2,735
		Pei	rcent	
Total with dental care	100	100	100	100
With a service requirement  1 month	35 19 5 7 ( <sup>1</sup> ) 1 4 ( <sup>1</sup> )	38 21 5 7 (1) 1 4 (1)	23 18 2 2 - (1) (1)	43 18 6 10 - 2 7 ( <sup>1</sup> )
requirement Not determinable	63 2	61 1	75 2	54 3

<sup>&</sup>lt;sup>1</sup> Less than 0.5 percent.

Table 88. Dental care benefits: Fee arrangement and financial intermediary, full-time employees, State and local governments, 1998

Fee arrangement	All em- ploy- ees	White-collar employ-ees, except teachers	Teach- ers	Blue- collar and service em- ploy- ees
Number (in thousands) with dental care	8,651	3,535 Pei	2,380 cent	2,735
Total with dental care	100	100	100	100
Traditional fee-for-service <sup>1</sup> Self insured <sup>2</sup> Commercial insurance	81 28	81 30	80 25	82 27
company	9 10 2 ( <sup>5</sup> ) 33 ( <sup>5</sup> )	8 8 2 ( <sup>5</sup> ) 33 ( <sup>5</sup> )	8 10 3 - 33	9 12 1 1 32 ( <sup>5</sup> )
Preferred provider organization <sup>7</sup> Self insured <sup>2</sup>	10 3	10 4	10 1	9 3
company	2 3 ( <sup>5</sup> ) 2	2 2 - 3	1 7 ( <sup>5</sup> ) 1	3 ( <sup>5</sup> ) - 2

Table 88. Dental care benefits: Fee arrangement and financial intermediary, full-time employees, State and local governments, 1998 — Continued

Fee arrangement	All em- ploy- ees	White-collar em-ploy-ees, except teach-ers	Teach- ers	Blue- collar and service em- ploy- ees	
	Percent				
Total with dental care					
Health maintenance organization <sup>8</sup> Commercial insurance company Blue Cross/Blue Shield Independent organization <sup>3</sup> Dental society <sup>6</sup>	9 2 ( <sup>5</sup> ) 5 2	9 1 ( <sup>5</sup> ) 6 1	10 2 - 4 3	10 3 1 5	

<sup>&</sup>lt;sup>1</sup> These plans pay for specific dental procedures as expenses are incurred.

<sup>2</sup> Includes plans that are financed on a pay-as-you-go basis, plans

These organizations typically provide and finance all benefits, but are not affiliated with an insurance company or Blue Cross/Blue Shield.

<sup>4</sup> These are plans where the financing comes from two different kinds of

Less than 0.5 percent.

6 Organizations of providers other than Blue Cross/Blue Shield.

financed through contributions to a trust fund established to pay benefits, and plans operating their own facilities if at least partially financed by employer contributions. Includes plans that are administered by a commercial carrier through Administrative Services Only (ASO) contracts.

financial intermediaries. For example, an establishment contracts with Blue Cross/Blue Shield to pay part of the benefits and a commercial company to pay the other benefits.

<sup>&</sup>lt;sup>7</sup> A preferred provider organization (PPO) is a group of hospitals and dentists that contracts to provide comprehensive dental services. To encourage use of organization members, the dental care plan limits reimbursement rates when participants use nonmember services.

8 Delivers comprehensive dental care on a prepayment rather than

fee-for-service basis.

Table 89. Dental care benefits: Coverage for selected procedures, full-time employees, State and local governments, 1998

				Type o	f dental pro	cedure			
Extent of coverage	Exams	X-rays	Surgery <sup>1</sup>	Fillings	Periodon- tal care	Endodon- tics	Crowns	Prosthet- ics	Ortho- dontia <sup>2</sup>
Number (in thousands) with dental care	8,651	8,651	8,651	8,651	8,651	8,651	8,651	8,651	8,651
except teachers  Teachers  Blue-collar and service	3,535 2,380	3,535 2,380	3,535 2,380	3,535 2,380	3,535 2,380	3,535 2,380	3,535 2,380	3,535 2,380	3,535 2,380
employees	2,735	2,735	2,735	2,735	2,735	2,735	2,735	2,735	2,735
					Percent				
All employees									
Total  Covered <sup>3</sup> In full <sup>4</sup> Scheduled cash allowance Subject to copayment <sup>6</sup> Percent of usual,  customary and  reasonable charge  Other <sup>7</sup> Not covered Not determinable	100 100 17 9 2 68 5 ( <sup>5</sup> )	100 100 17 9 2 68 5 ( <sup>5</sup> )	100 100 4 13 12 66 6 ( <sup>5</sup> )	100 100 11 10 7 68 6	100 98 4 10 13 67 6 2	100 100 3 10 13 68 6 ( <sup>5</sup> ) ( <sup>5</sup> )	100 97 1 10 14 68 6 2 ( <sup>5</sup> )	100 96 1 10 14 71 1 4	100 75 ( <sup>5</sup> ) 11 12 53 1 25
White collar, except teachers									
Total  Covered <sup>3</sup> In full <sup>4</sup> Scheduled cash allowance Subject to copayment <sup>6</sup> Percent of usual, customary and	100 100 16 10 2	100 100 16 10 2	100 100 3 13 13	100 100 9 11 7	100 98 3 11 14	100 100 2 11 14	100 97 1 11 15	100 95 1 11 15	100 78 ( <sup>5</sup> ) 13 14
reasonable charge Other <sup>7</sup> Not covered Not determinable	70 4 ( <sup>5</sup> )	70 4 ( <sup>5</sup> )	68 4 ( <sup>5</sup> )	70 4 - -	67 4 2 -	69 4 ( <sup>5</sup> ) ( <sup>5</sup> )	68 4 2 ( <sup>5</sup> )	68 1 5 -	53 1 22 -

Table 89. Dental care benefits: Coverage for selected procedures, full-time employees, State and local governments, 1998 — Continued

	Type of dental procedure								
Extent of coverage	Exams	X-rays	Surgery <sup>1</sup>	Fillings	Periodon- tal care	Endodon- tics	Crowns	Prosthet- ics	Ortho- dontia
	Percent								
Teachers									
Total	100	100	100	100	100	100	100	100	100
Covered <sup>3</sup>	100	100	100	100	99	100	98	97	69
In full <sup>4</sup>	19	19	4	10	6	4	1	1	( <sup>5</sup> )
Scheduled cash allowance	7	6	11	7	7	8	7	7	8
Subject to copayment <sup>6</sup> Percent of usual, customary and	2	2	12	8	13	13	14	15	10
reasonable charge	64	64	63	65	64	66	67	74	52
Other <sup>7</sup>	10	10	11	12	11	12	11	3	2
lot covered	-	-	-	-	1	( <sup>5</sup> )	1	3	31
lot determinable	-	-	-	-	-	-	1	-	-
Blue-collar and service									
Total	100	100	100	100	100	100	100	100	100
Covered <sup>3</sup>	100	100	100	100	98	99	97	96	76
In full <sup>4</sup>	16	16	6	13	4	4	1	1	(5)
Scheduled cash allowance	11	11	15	11	12	12	12	12	11
Subject to copayment <sup>6</sup> Percent of usual, customary and	3	2	10	5	12	13	13	13	12
reasonable charge	68	68	67	68	68	69	70	71	54
Other <sup>7</sup>	4	3	3	3	3	3	3	(5)	1
lot covered	( <sup>5</sup> )	( <sup>5</sup> )	(5)	-	2	1 1	2	` 4	24
lot determinable	-			-	-	( <sup>5</sup> )	( <sup>5</sup> )	-	-

<sup>&</sup>lt;sup>1</sup> Excludes plans that limited coverage to accidental injuries, removal of impacted wisdom teeth, or repair of jaw.

Participants were included as having coverage for orthodontia in

generally applied once per lifetime.

7 Includes plans that provide care based on an incentive schedule or discounted benefit. An incentive schedule is a reimbursement arrangement in which the percentage of dental expenses paid by the plan. increases if regular dental appointments are scheduled. Discounted benefits are available if obtained from an approved provider.

NOTE: Where applicable, dash indicates no employees in this category. Because of rounding, sums of individual items may not equal totals.

cases where benefits were limited to children.

<sup>3</sup> Sum of individual items is greater than total because some participants were in plans with more than one limit.

4 Includes plans that paid the full cost with no deductible or maximum.

dollar amount.

Less than 0.5 percent.

<sup>6</sup> Participant pays a specific amount per procedure and plan pays all remaining expenses. In the case of orthodontia, the copayment is

Table 90. Dental care benefits: Percent of charges paid by plan for selected procedures, full-time employees, State and local governments, 1998

Demonstratives of a second	Type of dental procedure									
Percent of usual, customary, and reasonable charge	Exams	X-rays	Surgery <sup>1</sup>	Fillings	Periodon- tal care	Endodon- tics	Crowns	Prosthet- ics	Ortho- dontia	
Number of employees (in thousands) in dental plans with coverage based on a										
percentage of charges White-collar employees,	5,851	5,868	5,740	5,893	5,779	5,898	5,902	6,105	4,595	
except teachers Teachers Blue-collar and service	2,464 1,532	2,474 1,535	2,406 1,506	2,462 1,557	2,386 1,533	2,446 1,568	2,406 1,586	2,412 1,762	1,872 1,236	
employees	1,854	1,858	1,829	1,874	1,860	1,884	1,909	1,932	1,487	
					Percent					
All employees										
Total with dental care based on a percentage of charges <sup>2</sup>	100 1 1 1 14 ( <sup>3</sup> ) 82	100 1 1 1 14 ( <sup>3</sup> ) 81	100 6 3 3 58 8	100 4 3 3 60 8	100 13 4 3 54 7	100 10 4 3 56 7	100 57 10 ( <sup>3</sup> ) 16 ( <sup>3</sup> )	100 68 10 ( <sup>3</sup> ) 9 ( <sup>3</sup> )	100 67 18 4 4 -	
White- collar employees, except teachers			-							
Total with dental care based on a percentage of charges <sup>2</sup>	100 2 ( <sup>3</sup> ) 1 14 ( <sup>3</sup> ) 83	100 2 ( <sup>3</sup> ) 1 15 ( <sup>3</sup> ) 82	100 6 1 4 57 8 19	100 4 1 3 60 8 19	100 11 1 4 54 8 14	100 11 1 4 54 7 14	100 56 8 1 17 ( <sup>3</sup> ) 8	100 68 8 1 9 ( <sup>3</sup> )	100 68 17 3 3	
Teachers										
Total with dental care based on a percentage of charges <sup>2</sup>	100 1 3 1 15 ( <sup>3</sup> ) 80	100 1 3 1 15 ( <sup>3</sup> ) 80	100 8 6 2 52 5 23	100 5 6 2 52 5 24	100 15 6 2 51 5	100 10 6 2 55 4 19	100 53 13 ( <sup>3</sup> ) 18 ( <sup>3</sup> ) 4	100 65 13 ( <sup>3</sup> ) 11 ( <sup>3</sup> )	100 61 25 8 2 -	
Blue-collar and service  Total with dental care based on a percentage of charges <sup>2</sup>	100 1	100 1	100 4	100 2	100 12	100 10	100 63	100 70	100 72	

Table 90. Dental care benefits: Percent of charges paid by plan for selected procedures, full-time employees, State and local governments, 1998 — Continued

Demonst of viewel avestoment	Type of dental procedure										
Percent of usual, customary, and reasonable charge	Exams	X-rays	Surgery <sup>1</sup>	Fillings	Periodon- tal care	Endodon- tics	Crowns	Prosthet- ics	Ortho- dontia		
	Percent										
Blue-collar and service 60	1 2 12 1 82	1 2 13 1 81	3 4 63 10 13	3 3 67 9 12	5 4 56 9 8	5 4 59 9 8	9 ( <sup>3</sup> ) 15 1 6	9 ( <sup>3</sup> ) 7 1 6	13 4 5 - 5		

Excludes plans that limited coverage to accidental injuries, removal of impacted wisdom teeth, or repair of jaw.
 Includes other percentages not presented separately.
 Less than 0.5 percent.
 Includes plans that paid 100 percent of charges, but imposed a

deductible and limited payment to a maximum dollar amount.

Table 91. Dental care benefits: Amount of individual deductibles,1 full-time employees, State and local governments,

Type of deductible	All em- ploy- ees	White-collar employ-ees, except teachers	Teach- ers	Blue- collar and service em- ploy- ees
Number (in thousands) with dental care	8,651	3,535	2,380	2,735
	Percent			
Total with dental care	100	100	100	100
Subject to separate dental deductible <sup>2</sup>	42	44	37	46
Yearly deductible only \$25 \$50 Other	41 20 18 3	42 18 20 4	37 22 12 3	43 20 20 3
Lifetime deductible only	1	1	(3)	1
Both yearly and lifetime deductibles	1	1	(3)	1
No deductible	58	56	63	54
	Average <sup>4</sup>			
Average employee yearly deductible	\$40	\$42	\$37	\$39

Amount of deductible described is for each insured person. In some plans, the individual and family deductibles are identical. Excludes separate deductibles for orthodontic procedures.
 A single deductible may not apply to all covered dental procedures. If separate deductibles applied to different procedures, the sum of the deductible applied to different procedures, the sum of the deductible applied.

amounts was tabulated.

3 Less than 0.5 percent.

4 The average is presented for all covered workers; averages exclude

workers without the plan provision.

Table 92. Dental care benefits: Relationship of yearly family deductibles to yearly individual deductibles, full-time employees, State and local governments, 1998

Relationship	All em- ploy- ees	White-collar em-ploy-ees, except teach-ers	Teach- ers	Blue- collar and service em- ploy- ees
Number (in thousands) with dental care	8,651	3,535	2,380	2,735
	,			
		Per	rcent	
Total with dental care	100	100	100	100
With individual and family deductible	26	26	23	31
Family deductible is: 2 times individual deductible	6	4	10	6
deductible Other	20 1	21 1	13 1	24 1
No individual or family deductible	74	74	77	69

Table 93. Dental care benefits: Services covered by deductible 1 provision, full-time employees, State and local governments, 1998

Categories of care	All em- ploy- ees	White-collar employ-ees, except teachers	Teach- ers	Blue- collar and service em- ploy- ees
Number of employees (in thousands) with a dental deductible	3,593	1,495 Pei	881	1,217
Total with a dental deductible	100	100	100	100
All categories <sup>2</sup> All except exams and x-rays All except exams, x-rays, and	17 35	17 31	15 40	18 38
orthodontia All except orthodontia	36 7	38 10	37 2	32 8
All except exams and orthodontia Other <sup>4</sup>	( <sup>3</sup> ) 4	( <sup>3</sup> ) 4	- 6	( <sup>3</sup> ) 4

<sup>&</sup>lt;sup>1</sup> Includes plans with both a yearly deductible only, and a yearly and lifetime deductible.

<sup>2</sup> This applies to all categories of care covered by the plan. The

 $\label{eq:NOTE:Power} \begin{tabular}{ll} NOTE: Because of rounding, sums of individual items may not equal totals. \\ Where applicable, dash indicates no employees in this category. \\ \end{tabular}$ 

categories of dental care are exams, x-rays, surgery, fillings, periodontal care, endodontics, crowns, prosthetics, and orthodontia.

3 Less than 0.5 percent.

<sup>4</sup> Includes other category combinations.

Table 94. Dental care benefits: Maximum benefit provisions,1 full-time employees, State and local governments, 1998

Dollar amount <sup>2</sup>	All em- ploy- ees	White-collar employ-ees, except teachers	Teach- ers	Blue- collar and service em- ploy- ees
Number (in thousands) with dental care	8,651	3,535	2,380	2,735
	Percent			
Total with dental care	100	100	100	100
Yearly maximum specified <sup>3</sup> Less than \$1,000 \$1,000 \$1,001-\$1,499 Greater than \$1500 No yearly maximum Maximum provision not determinable	74 8 32 8 15 11 24	73 7 28 9 16 12 25 2	75 5 39 8 15 9 24 1	73 11 31 5 14 12 25 3
Average yearly maximum	\$1,279	\$1,314	\$1,258	\$1,254

<sup>&</sup>lt;sup>1</sup> Includes all covered dental procedures except orthodontia. Amount of

NOTE: Because of rounding, sums of individual items may not equal totals. Where applicable, dash indicates no employees in this category.

Table 95. Orthodontic care benefits: Maximum benefit provisions, full-time employees, State and local governments,

Dollar amount <sup>1</sup>	All em- ploy- ees	White-collar em-ploy-ees, except teach-ers	Teach- ers	Blue- collar and service em- ploy- ees	
Number (in thousands) with orthodontic care	6,489	2,750	1,650	2,089	
	Percent				
Total with orthodontic care	100	100	100	100	
Lifetime maximum specified Less than \$1,000 \$1,000 \$1,001-\$1,499 \$1,500 Greater than \$1,500	77 19 26 8 14 11	76 20 22 7 17 10	77 17 26 8 14 13	78 18 30 9 12 9	
No lifetime maximum	23	24	23	22	
	Average <sup>2</sup>				
Average lifetime maximum	\$1,279	\$1,327	\$1,304	\$1,200	

<sup>&</sup>lt;sup>1</sup> Coverage for orthodontia procedure may also be subject to scheduled allowance, deductible, or coinsurance provisions in addition to maximum

maximum specified is for each insured person.

<sup>2</sup> Coverage for dental procedures may also be subject to scheduled allowance, deductible, or coinsurance provisions in addition to maximum

dollar limitations.

3 If separate yearly maximums applied to different procedures, the sum of the maximums was tabulated. Maximums applied to dental expenses only.

<sup>4</sup> The average is presented for all covered workers; averages exclude

workers without the plan provision.

dollar limitations.

<sup>2</sup> The average is presented for all covered workers; averages exclude workers without the plan provision.

Table 96. Dental care benefits: Pretreatment authorization provisions, full-time employees, State and local governments, 1998

Preauthorization provision	All em- ploy- ees	White-collar employ-ees, except teachers	Teach- ers	Blue- collar and service em- ploy- ees	
Number (in thousands) with dental care	8,651	3,535	2,380	2,735	
	Percent				
Total with dental care	100	100	100	100	
Preauthorization required Minimum expense requiring preauthorization:	47	44	53	45	
\$100	2	2	2	3	
\$101-\$199	5	4	10	2	
\$200	7	5	10	7	
Greater than \$200	26	27	25	25	
Dollar amount unspecified	7	7	6	9	
Preauthorization not required	52	54	46	53	
Provision not determinable	2	2	1	2	
	Average <sup>1</sup>				
Average minimum expense requiring preauthorization	\$262	\$272	\$247	\$265	

 $<sup>^{\</sup>rm 1}$  The average is presented for all covered workers; averages exclude workers without the plan provision.

Table 97. Vision care benefits: Coverage for selected services, full-time employees, State and local governments,

Type of vision benefit	Total	Covered <sup>1</sup>	Covered in full	Sched- uled allowance	Copay- ment	Other <sup>2</sup>	Not covered	Not deter- minable
		Percent						
All employees								
Eye exam	100	98	33	21	38	8	2	(3)
Contact lenses <sup>4</sup>	100	94	5	65	17	14	6	(3)
Eyeglasses	100	100	16	49	27	14	-	( ³ )
White-collar employees, except teachers								
Eye exam	100	99	34	21	39	6	1	(3)
Contact lenses <sup>4</sup>	100	95	5	63	20	11	5	(3)
Eyeglasses	100	100	21	41	28	12	-	( ³ )
Teachers								
Eye exam	100	98	42	16	34	6	2	(3)
Contact lenses <sup>4</sup>	100	93	8	65	13	17	6	` í
Eyeglasses	100	100	12	57	22	17	-	(3)
Blue-collar and service								
Eye exam	100	98	25	26	40	11	2	(3)
Contact lenses <sup>4</sup>	100	93	3	67	17	14	7	(3)
Eyeglasses	100	100	13	52	29	14	-	(3)
								. ,

 $<sup>^{\</sup>mbox{\scriptsize 1}}$  The total is less than the sum of individual items because many participants are in plans with more than one type of limitation.

2 Includes plans subject to coinsurance and retail discount.

3 Less than 0.5 percent.

4 Includes plans that provide coverage for elected contact

is normally provided under the surgical portion of the medical plan and is not described in this table.

lenses; medically necessary contact lenses, i.e., cataract surgery,

# Chapter 5. Life Insurance

Life insurance provides a benefit in the event of death or dismemberment. Benefits are usually distributed as a lump sum but can also be paid out in the form of an annuity. Definitions of major plan types, key provisions, and related terms follow.<sup>1</sup>

### **Basic Life Insurance**

A basic life insurance plan provides the beneficiary a set sum of money upon the death of a covered employee. Benefit amounts are usually based on a multiple-of-earnings formula or a flat-dollar formula.

#### Benefit formulas

Multiple-of-earnings benefit plans. These plans link the benefit amount to employees' earnings. This link enables the level of protection to increase automatically as income rises. Benefit formulas can be a fixed multiple or a multiple that varies by earnings or length of service.

Dollar-amount benefit plans. These plans provide a fixed life insurance benefit amount. Insurance amounts ranging from \$5,000 to \$25,000 are common in such plans. Like multiple-of-earnings benefit plans, dollar-amount benefits can be a flat amount or can vary by earnings or length of service.

#### Variations in benefit formulas

*Fixed multiple-of-earnings formula*. Under this formula, benefits are calculated by multiplying the employee's annual earnings by a factor, such as one or two.

Multiple varies by earnings formula. Benefit calculations under this formula use multiples that are based on employee earnings. For example, employees earning up to \$30,000 per year might receive a benefit equal to 1 times annual earnings, whereas employees earning more than \$30,000 per year might receive a benefit equal to 2 times annual earnings.

Multiple varies by service formula. Under this formula, benefits are calculated using multiples that are based on employee length of service. Participants covered by these plans often have a limit placed on the amount of coverage available, for example \$50,000.

#### Provisions and related terms

Accidental death and dismemberment insurance (AD&D). Often referred to as double indemnity, this type of life insurance plan provides benefits to the employee or the employee's beneficiary in the event of accidental death or bodily dismemberment. The AD&D benefit commonly equals the basic life insurance benefit in the case of death and a portion of the life benefit for dismemberment.

Survivor coverage. This plan provides a monthly income to surviving members of a deceased employee's family. These benefits are in addition to other benefits, such as basic life insurance and survivor pension benefits. Survivor income payments are generally a percentage of the employee's pay or a flat-dollar amount. Benefits usually continue for 24 months, although some continue until a specific event occurs, such as the surviving spouse remarries or reaches age 65, or surviving children reach a given age.

Retiree life insurance. When the employee has retired from active work, basic life insurance may be continued, usually in a lesser amount. Should the retiree die while still insured, the plan pays the face amount to the employee's named beneficiary.

Life insurance benefit reduction. Life insurance benefits may be reduced for older active workers to offset the higher cost of insurance extended to these workers. Such reductions generally begin near age 65. There may be one reduction at a given age, or several reductions at different ages.

Supplemental life insurance. A supplemental plan is an option that increases the benefit amount of a basic life insurance plan. Employees may participate only if they are also enrolled in one or more basic life insurance plans. Supplemental plans may be partially or fully employee financed.

Dependent life insurance. This plan provides life insurance coverage to the spouse or dependent children, or both, of a covered employee. These policies may be fully employee financed, fully employer financed, or jointly financed.

<sup>&</sup>lt;sup>1</sup>For more information, see Ann C. Foster, "Life Insurance," *Compensation and Working Conditions*, winter 1997, pp. 47-50.

Table 98. Life insurance: Summary of provisions, full-time employees, State and local governments, 1998

ltem	All em- ploy- ees	White-collar em-ploy-ees, except teach-ers	Teach- ers	Blue- collar and service em- ploy- ees
Number (in thousands) with basic life insurance	12,777	5,410	3,372	3,995
	Percent			
Total with basic life insurance	100	100	100	100
Multiple of earnings benefit With AD&D	40 65	42 63	34 71	43 63
With survivor coverage  Dollar amount benefit  Benefits reduced for older	1 57	1 54	65	1 54
active workersSupplemental coverage	34	36	30	33
available  Dependent coverage	59	63	53	58
available Required employee	51	56	40	54
contribution	18	17	21	17

Table 99. Life insurance: Method of determining basic coverage, full-time employees, State and local governments, 1998

Туре	All em- ploy- ees	White-collar employ-ees, except teachers	Teach- ers	Blue- collar and service em- ploy- ees	
No combined the comment of the					
Number (in thousands) with basic life insurance	12,777	5,410	3,372	3,995	
	Percent				
Total with basic life insurance	100	100	100	100	
Multiple of earnings benefit Fixed multiple of	40	42	34	43	
earnings <sup>1</sup>	36	36	32	38	
Multiple varies by service	4	5	2	5	
Dollar amount benefit	57	54	65	54	
Flat dollar amount Dollar amount varies by	55	52	63	52	
earnings	2	2	2	1	
Dollar amount varies by service	(2)	(2)		(2)	
Other	3	4	1	3	

<sup>1</sup> Includes participants in plans in which insurance equaled a multiple of earnings, plus or minus a specified amount.

<sup>2</sup> Less than 0.5 percent.

Table 100. Life insurance: Dollar benefit amounts, full-time employees, State and local governments, 1998

Amount of insurance	All employ- ees	White- collar em- ployees, except teachers	Teach- ers	Blue-collar and service employ-ees	
Number (in thousands) with dollar amount of basic life insurance	7,260	2,919	2,186	2,155	
	Percent				
Total with dollar amount of basic life insurance	100	100	100	100	
Flat dollar amount	97 9 15 26 7 10 11 7 11 ( <sup>1</sup> ) 3	96 9 16 27 8 11 11 5 9 1	98 16 12 18 5 9 8 12 18 -	97 4 15 31 8 10 16 7 6 (1)	
	Average <sup>2</sup>				
	1				
Average flat dollar amount of basic life insurance	\$18,922	\$17,664	\$21,737	\$17,739	

<sup>&</sup>lt;sup>1</sup> Less than 0.5 percent.

Table 101. Life insurance: Multiple of earnings benefit amounts, full-time employees, State and local governments, 1998

Formula	All em- ploy- ees	White-collar employ-ees, except teachers	Teach- ers	Blue- collar and service em- ploy- ees	
Number (in thousands) with multiple of earnings basic life insurance	5,150	2,272	1,151	1,728	
	Percent				
Total with multiple of earnings formula	100 89 1 42 15 20 1 8 2 1	100 87 2 39 14 22 1 8 1 1 13	100 93 - 33 25 16 3 14 3 ( <sup>2</sup> ) 6	100  89 (2) 52 11 20 1 4 1 (2) 11	
	Average <sup>3</sup>				
Average flat multiple of earnings formula	1.6	1.6	1.7	1.4	

<sup>&</sup>lt;sup>1</sup> Includes participants in plans in which insurance equaled a multiple of earnings, plus or minus a specified amount.

<sup>&</sup>lt;sup>2</sup> The average is presented for all covered workers; averages exclude workers without the plan provision.

Less than 0.5 percent.
 The average is presented for all covered workers; averages exclude workers without the plan provision.

Table 102. Life insurance: Dependent coverage, full-time employees, State and local governments, 1998

Coverage	All em- ploy- ees	White-collar employ-ees, except teachers	Teach- ers	Blue- collar and service em- ploy- ees
Number (in thousands) with basic life insurance	12,777	5,410	3,372	3,995
	Percent			
Total with basic life insurance	100	100	100	100
With dependent coverage Employer paid Jointly paid Flexible benefits¹ No dependent coverage Not determinable	51 8 39 2 3 38 10	56 7 42 2 5 36 8	40 3 33 2 2 2 44 15	54 12 38 2 2 2 36 10

<sup>&</sup>lt;sup>1</sup> Coverage selected under a "cafeteria plan" or reimbursement account may be financed by the employer, employee, or both.

Table 103. Life insurance: Supplemental coverage, full-time employees, State and local governments, 1998

Coverage	All em- ploy- ees	White-collar employ-ees, except teach-	Teach- ers	Blue-collar and service employ-
Number (in thousands) with		ers		ees ———
basic life insurance	12,777	5,410	3,372	3,995
		Pei	rcent	
Total with basic life insurance	100	100	100	100
With supplemental coverage Employee paid	59 52 3 4 31 10	63 54 3 6 29 9	53 46 5 2 35 12	58 53 2 3 32 10

<sup>&</sup>lt;sup>1</sup> Coverage selected under a "cafeteria plan" or reimbursement account may be financed by the employer, employee, or both.

Table 104. Life insurance: Accidental death and dismemberment insurance: Method and amount of coverage, full-time employees, State and local governments, 1998

Amount of coverage <sup>1</sup>	All em- ploy- ees	White-collar employ-ees, except teachers	Teach- ers	Blue- collar and service em- ploy- ees
Number (in thousands) with AD&D insurance	8,372	3,427	2,386	2,559
		Pei	rcent	
Total with AD&D insurance	100	100	100	100
Multiple of life insurance	83 4 1 12	83 4 2 10	83 1 1 15	82 6 1 11

 $<sup>^{1}\,</sup>$  Benefits shown are payable for accidental death and are the maximum payable for dismemberment.

Table 105. Life insurance: Eligibility requirement, full-time employees, State and local governments, 1998

Length-of-service requirement	All em- ploy- ees	White-collar employ-ees, except teachers	Teach- ers	Blue- collar and service em- ploy- ees
Number (in thousands) with basic life insurance	12,777	5,410	3,372	3,995
	Percent			
Total with basic life insurance	100	100	100	100
With service requirement	30 16 4 5 1 3 ( <sup>1</sup> ) 68 2	31 17 5 6 1 3 1 67 2	21 17 2 1 (1) (1) -76 3	37 15 6 8 2 6 1 61 2
		Ave	rage <sup>2</sup>	
Average service requirement (in months)	3.2	3.2	1.5	4.0

<sup>1</sup> Less than 0.5 percent.

<sup>&</sup>lt;sup>2</sup> The average is presented for all covered workers; averages exclude workers without the plan provision.

Table 106. Life insurance: Basic life insurance employee contributions, full-time employees, State and local governments, 1998

Type of contribution	All em- ploy- ees	White-collar employ-ees, except teachers	Teach- ers	Blue- collar and service em- ploy- ees
Number (in thousands) with basic life insurance	12,777	5,410	3,372	3,995
basic life irisurance	12,777	3,410	3,372	3,993
		Pei	rcent	
Total with basic life insurance	100	100	100	100
With required employee contribution	18 4 (1) 3 6 2 1 1 1	17 3 1 3 5 3 1 1 1	21 6 (1) 2 8 4 1 (1) 78	17 5 (1) 2 6 1 1 1 82

Less than 0.5 percent.
 A composite rate is a set contribution covering more than one benefit area, for example, health care and life insurance. Such coverage is usually financed by the employer.

3 Coverage selected under a "cafeteria plan" or reimbursement account

may be financed by the employer, employee, or both.

# Chapter 6. Defined Benefit Plans

Defined benefit plans provide employees with guaranteed retirement benefits based on predetermined benefit formulas. A participant's retirement age, length of service, and preretirement earnings may also affect the benefits received. Definitions, key provisions, and related terms follow.

#### **Benefit formulas**

Terminal earnings formulas. Benefits are based on a percentage of average earnings during a specified number of years at the end of a worker's career (or when earnings are highest) multiplied by the number of years of service recognized by the plan.

Career-earnings formulas. Benefits are based on a percentage of an average of career earnings for every year of service recognized by the plan.

Dollar amount formulas. Benefits are based on a dollar amount for each year of service recognized by the plan.

Cash account formulas. Benefits are computed as a percent of each employee's account balance. Employers specify a contribution, and a rate of interest on that contribution, that will provide a predetermined amount at retirement.

Percent of contribution formulas. Benefits are based on employer, and, occasionally, employee contributions. Benefits equal a percent of total contributions.

#### **Normal retirement**

Normal retirement is the age at which plan participants could retire and receive all accrued benefits.

#### Early retirement

Early retirement is the age (or a combination of age and service) at which plan participants could retire and receive all accrued benefits less a reduction for the years prior to their normal retirement age.<sup>1</sup>

### Benefit payment methods

Payments from defined benefit plans may be in the form of a straight-life annuity, joint-and-survivor annuity, percent of unreduced accrued benefit, or a lump sum. *Straight life annuity.* A periodic payment made for the life of the retiree, with no additional payments to survivors.

Joint and survivor annuity. The Employee Retirement Income Security Act of 1974 (ERISA) requires defined benefit pension plans that offer an annuity as a payment option to provide a qualified joint and survivor annuity (QJSA) as the normal benefit payment for married participants. A QJSA is an immediate annuity for the life of the participant and a survivor annuity for the life of the participant's spouse. The amount of the survivor annuity may not be less than 50 percent nor more than 100 percent of the amount payable during the time that the participant and spouse are both alive, unless the participant and spouse both elect an alternative amount. The annuity payable for the life of the participant is lower than that for a straight-life annuity, to account for the increased length of time over which payments will be made. This reduction may be a percent of the straight-life benefit, such as 10 percent, or may be based on the life expectancy of the participant and spouse (the socalled actuarial reduction).2

Percent of unreduced accrued benefit. Under this method, the participant's pension is not reduced to adjust for survivor benefits. The participant will receive an amount equal to the straight-life annuity and the spouse will receive a proportion of that amount, often 50 percent, should the participant die.

*Lump-sum payment.* If allowed by the plan, the participant may opt for a full lump sum, with no further benefits received from the plan. If a plan provides for a partial lump-sum payment, the participant will usually receive a reduced annuity as well.

#### Vesting

Vesting refers to the amount of time a participant must work before earning a nonforfeitable right to a pension benefit. Once vested, the accrued benefit will be retained even if the worker leaves the establishment before reaching retirement age. Vesting methods include cliff and graduated vesting.

Cliff vesting. No vesting occurs until an employee satisfies the service requirements for 100-percent vesting, for example, after 5 years of employment. *Graduated vesting*. An employee's nonforfeitable percentage of employer contributions increases over time until vesting reaches 100 percent.

# Integration with Social Security

Defined benefit plans may "integrate" retirement benefits with Social Security benefits. Under this approach the employer's contribution to Social Security (FICA taxes) is taken into account when computing plan benefits. Integration may be accomplished by an offset or a step-rate method.

*Offset*. Part of a participant's Social Security benefit is subtracted from the benefit otherwise payable by the plan. The maximum allowable offset is half of the annual Social Security benefit.

Step-rate. Lower benefit rates are applied to earnings up to the specified taxable Social Security wage base (that is, the earnings subject to Social Security tax) in a given year.<sup>3</sup>

# **Portability**

Portability is a participant's ability to maintain and transfer accumulated pension benefits when changing jobs. Portability provisions in defined benefit plans generally cover

portability of assets, portability of credited service, or both.

Portability of assets. Participants can withdraw their accumulated pension benefits or transfer them to another retirement arrangement, or do both.

*Portability of credited service.* Participants are allowed to count the years of service with a previous employer when determining benefits from a later employer.<sup>4</sup>

## **Disability retirement**

Retirement resulting from a totally disabling injury or illness before a participant's eligibility for early or normal retirement. Plans providing disability retirement benefits may have a service requirement of 10 years or more. Benefits may be immediate or deferred.

## Postretirement pension increases

Benefits received by retired participants may be adjusted to account for loss of purchasing power due to inflation. Some plans specify automatic cost-of-living increases, usually based on changes in the Consumer Price Index. Some employers provide discretionary or ad hoc increases to adjust retiree benefits for inflation.<sup>5</sup>

<sup>&</sup>lt;sup>1</sup> For more information about early retirement provisions, see Ann C. Foster, "Early Retirement Provisions in Defined Benefit Pension Plans," *Compensation and Working Conditions*, December 1996, pp. 12-16.

<sup>&</sup>lt;sup>2</sup> For more information, see "Looking Out for #2: A Married Couple's Guide to Understanding Your Benefit Choices at Retirement from a Defined Benefit Plan," Publication 1566 (Washington, Department of the Treasury, Internal Revenue Service, 1991).

<sup>&</sup>lt;sup>3</sup> For more information, see Jules Lichtenstein, "Social Security Reform: Pension Plan Integration with Social Security" (Washington, American Association of Retired Persons, 1998) on the Internet at http://

**research.aarp.org/econ/fs70\_ss\_reform.html** (visited Dec. 7, 2000); and Avy D. Graham, "Coordinating private pension benefits with Social Security," *Monthly Labor Review*, March 1994, pp. 35-38.

<sup>&</sup>lt;sup>4</sup> For more information on portability provisions, see Ann C. Foster, "Portability of pension benefits among jobs," *Monthly Labor Review*, July 1994, pp. 45-50.

<sup>&</sup>lt;sup>5</sup> For more information on postretirement pension increases, see Harriet Weinstein, "Post-retirement Pension Increases," *Compensation and Working Conditions*, fall 1997, pp. 47-50.

Table 107. Defined benefit plans: Summary of plan provisions, full-time employees, State and local governments, 1998

Provisions	All em- ploy- ees	White-collar em-ploy-ees, except teach-ers	Teach- ers	Blue- collar and service em- ploy- ees
Number (in thousands) with defined benefit plan	12,983	5,312	3,523	4,148
		Pe	rcent	
Total with defined benefit plan	100	100	100	100
Basic provisions				
Employee contribution required	78 99	74 100	88 100	75 98
Social Security	7	7	5	9
Benefits subject to maximum <sup>1</sup>	22	21	18	27
Early retirement benefits available	87	89	92	81
Disability retirement benefits available  Portability provisions Availability of lump sum	97 43	96 43	97 41	98 46
benefits at retirement Automatic cost-of-living	7	7	7	7
increase	55	59	51	53
Other provisions				
Normal retirement supplement available Early retirement supplement	4	4	2	5
availableMinimum benefits provision	3 3	3 2	2 (²)	3 5
Early retirement requires employer approval	3	4	-	3
Deferred vested benefits available prior to normal retirement age	85	86	83	86
Lump-sum postretirement survivor benefits	15	17	12	16
Lump-sum preretirement survivor benefits				
Full pension restored if spouse predeceases	13	17	7	13
retiree	44 20	43 22	47 11	42 25

 $<sup>^{\</sup>rm 1}$  Provisions that restrict benefits, such as limits on the number of years of service included in benefit computations.  $^{\rm 2}$  Less than 0.5 percent.

Table 108. Defined benefit plans: Primary formula and availability of alternative formula, full-time employees, State and local governments, 1998

Benefit formula <sup>1</sup>	All em- ploy- ees	White-collar employ-ees, except teachers	Teach- ers	Blue- collar and service em- ploy- ees
Number (in thousands) with defined benefit plan	12,983	5,312		4,148
		Pei	rcent	
Total with defined benefit plan	100	100	100	100
Percent of terminal earnings With alternative formula Percent of career earnings Dollar amount formula Percent of contribution formula With alternative formula Cash account	99 11 ( <sup>2</sup> ) ( <sup>2</sup> ) ( <sup>2</sup> ) ( <sup>2</sup> )	100 10 ( <sup>2</sup> ) ( <sup>2</sup> )	100 16 - - - ( <sup>2</sup> )	97 7 1 ( <sup>2</sup> ) ( <sup>2</sup> ) ( <sup>2</sup> )

 $<sup>^{\</sup>rm 1}$  Alternative formulas are generally designed to provide a minimum benefit for employees with short service or low earnings.  $^{\rm 2}$  Less than 0.5 percent.

Table 109. Defined benefit plans: Terminal earnings formula, full-time employees, State and local governments, 1998

Terminal earnings	All em- ploy- ees	White-collar em-ploy-ees, except teach-ers	Teach- ers	Blue- collar and service em- ploy- ees	
Number (in thousands) with terminal earnings formula	12,833	5,287	3,520	4,026	
	Percent				
Total with terminal earnings formula	100	100	100	100	
Flat percent per year of service	75 (1) 3 2 20 8 33 8 25 19 6 (1)	74 (1) 2 1 22 8 32 8 26 21 6 (1)	82 - 5 1 18 8 42 6 18 15 4 -	70 1 3 3 19 9 26 11 30 21 9	
		Average <sup>2</sup>			
Average flat percent per year of service	1.88	1.89	1.86	1.89	

<sup>1</sup> Less than 0.5 percent.

<sup>&</sup>lt;sup>2</sup> The average is presented for all covered workers; averages exclude workers without the plan provision.

Table 110. Defined benefit plans: Definition of terminal earnings, full-time employees, State and local governments, 1998

White-Bluecollar collar ΑII emand Teach-**Terminal** employservice earnings ployees. ers emees except ployteachees ers Number (in thousands) with terminal earnings formula .. 12,833 5,287 3,520 4,026 Percent Total with terminal earnings formula ..... 100 100 100 100 One year ..... 6 7 9 67 Three years ..... 62 60 61 Last 3 ..... (1)1 24 20 26 26 High 3 ..... Of last 10 ..... 2 Of career ..... 21 23 23 18 Of other time period ..... 2 1 1 High consecutive 3 ...... 37 39 38 34 Of last 10 ..... 4 4 2 5 Of career ..... 33 35 36 28 Of other time period ..... 1 (1)1) 2 19 Five years ..... 19 20 18 (<sup>1</sup>) Last 5 ..... (1)13 High 5 ..... 13 14 11 Of last 10 ..... (1)(1)Of career ..... 10 13 13 14 Of other time period ..... (1)(1)High consecutive 5 ..... 6 7 5 6 Of last 10 ..... 2 1 4 Of career ..... 4 3 7 3 Of other time period ..... Other period<sup>2</sup> ..... 13 14 11

Table 111. Defined benefit plans: Types of earnings included in earnings-based formulas, full-time employees, State and local governments, 1998

Type of earnings	All em- ploy- ees	White-collar employ-ees, except teachers	Teach- ers	Blue- collar and service em- ploy- ees
Number (in thousands) with earnings-based formula	12,881	5,296	3,520	4,064
		Per	cent	
Total with earnings-based formula	100	100	100	100
Straight-time earnings only Straight-time earnings plus	94	94	99	90

<sup>1</sup> Less than 0.5 percent.

NOTE: Sums of individual items may be greater than totals because more than one type of earnings may be included in this definition. Where applicable, dash indicates no employees in this category.

<sup>1</sup> Less than 0.5 percent.

<sup>&</sup>lt;sup>2</sup> Formulas based on earnings during period other than 3 or 5 years' service, or period not immediately before retirement (for example, first 5 of last 10 years' service).

Table 112. Defined benefit plans: Integration with Social Security, full-time employees, State and local governments,

Intregration with Social Security	All em- ploy- ees	White-collar employ-ees, except teachers	Teach- ers	Blue- collar and service em- ploy- ees
Number (in thousands) with defined benefit pension	12,983	5,312	3,523	4,148
	Percent			
Total with defined benefit pension	100	100	100 5	100
Step-rate excess <sup>1</sup>	6	6	4	9
breakpoint Dollar amount	3	2	2	5
breakpoint Offset by Social Security <sup>2</sup>	3 1	4 2	2 2	3 1
Without integrated formula	82	85	83	79
Not covered under Social Security	10	8	12	12

<sup>&</sup>lt;sup>1</sup> Formula applies lower benefit rate to earnings subject to FICA (Social Security) taxes or below a specific dollar breakpoint.

Benefit as calculated by formula is reduced by portion of primary Social

Table 113. Defined benefit plans: Maximum benefit provisions, full-time employees, State and local governments,

Maximum benefit <sup>1</sup>	All em- ploy- ees	White-collar employ-ees, except teachers	Teach- ers	Blue- collar and service em- ploy- ees
Number (in thousands) with defined benefit plan	12,983	5,312	3,523	4,148
		Pei	rcent	
Total with defined benefit plan	100	100	100	100
Subject to maximum Limit on years of credited	22	21	18	27
service	13	14	10	14
Less than 30	1 3	(²) 3	- 5	3 2
31 - 34	(2)	-	-	(2)
35 36 - 39	6 1	( <sup>2</sup> )	3 2	7 ( <sup>2</sup> )
40	2	3		1
Greater than 40	( <sup>2</sup> )	(2)	-	1
Other maximum <sup>3</sup>	9	7	8	12
Not subject to maximum	78	79	82	73
	Average <sup>4</sup>			
Average credited service maximum (in years)	33.8	34.6	33.0	33.3

<sup>&</sup>lt;sup>1</sup> These maximum provisions are independent of Internal Revenue Code ceilings on pensions payable from defined benefit plans.

<sup>2</sup> Less than 0.5 percent.

NOTE: Sums of individual items may not equal totals because some benefit formulas contain a limit on years of credited service and another maximum provision. Where applicable, dash indicates no employees in this category.

Security payments, for example, 50 percent.

The benefit yielded under the formula is limited to a percent of terminal

earnings or to a flat dollar amount.

4 The average is presented for all covered workers; averages exclude workers without the plan provision.

Table 114. Defined benefit plans: Postretirement survivor benefits, full-time employees, State and local governments, 1998

Survivor benefit provisions	All em- ploy- ees	White-collar employ-ees, except teachers	Teach- ers	Blue- collar and service em- ploy- ees
Number (in thousands) with defined benefit plan	12,983	5,312	3,523	4,148
	Percent			
Total with defined benefit plan	100	100	100	100
With postretirement survivor benefits	100 93 10 3 1 78 1 77	100 94 11 2 1 80 2 78	100 91 7 3 - 81 ( <sup>2</sup> ) 81	100 92 11 4 3 74 2 72

<sup>&</sup>lt;sup>1</sup> An annuity that provides income during the lifetime of both the retiree and the surviving spouse. The accrued pension will usually be actuarially reduced at retirement because of the longer time that payments are expected to be made. Employees and their spouses are required to waive the spouse annuity in writing if they desire a pension during the employee's lifetime only or another option offered by the plan, such as guarantee of payment for a specified period.

Table 115. Defined benefit plans: Preretirement survivor benefits, full-time employees, State and local governments,

Survivor benefit provisions	All em- ploy- ees	White-collar employ-ees, except teachers	Teach- ers	Blue- collar and service em- ploy- ees
Number (in the uponds) with				
Number (in thousands) with defined benefit plan	12,983	5,312	3,523	4,148
		Pei	rcent	
Total with defined benefit plan	100	100	100	100
With preretirement survivor benefits <sup>1</sup> Equivalent to	89	90	90	87
joint-and-survivor annuity <sup>2</sup>	78	79	81	74
50 percent of employee's pension Other percent of employee's	25	30	20	23
pension <sup>3</sup>	9	7	7	14
Employee choice of percent	44	42	54	37
benefits Other <sup>4</sup> No preretirement survivor	5 6	5 6	5 5	6 7
benefits	11	10	10	13

<sup>&</sup>lt;sup>1</sup> Survivor annuity is based upon the benefit the employee would have

<sup>&</sup>lt;sup>2</sup> Less than 0.5 percent.

received if retirement had occurred on the date of death.

<sup>2</sup> The spouse annuity is computed as if the employee had retired with a joint-and-survivor annuity. That is, the accrued pension is first reduced because of the longer time that payments were expected to be made to both the retiree and the surviving spouse. The spouse's share is then the specified percent of the reduced amount.

Other percentages range from 51 - 100 percent of retiree's pension.

<sup>4</sup> Includes annuity based on a dollar amount formula or percent of

Table 116. Defined benefit plans: Requirements for normal retirement, full-time employees, State and local governments,

Requirements for normal retirement <sup>1</sup>	All em- ploy- ees	White-collar employ-ees, except teachers	Teach- ers	Blue- collar and service em- ploy- ees
Number (in thousands) with defined benefit plan	12,983	5,312	3,523	4,148
		Per	cent	
Total with defined benefit plan	100	100	100	100
No age requirement	41 7 27 6 1 (2) (2) (2) (2) (2) (2) (2) (2) (2) (2)	43 6 30 7 1 (2) (2) (2) (2) (2) (2) (2) (2) (2) (2)	39 5 26 8 - - - 23 (²) 2 - 9 11 1 1 1 - - 7 - 3 - 2 1	40 11 26 3 ( <sup>2</sup> ) (

Table 116. Defined benefit plans: Requirements for normal retirement, full-time employees, State and local governments, 1998 — Continued

Requirements for normal retirement <sup>1</sup>	All em- ploy- ees	White-collar employ-ees, except teachers	Teach- ers	Blue- collar and service em- ploy- ees
	Percent			
Total with defined benefit plan At age 62 30 years of service	(2) 9 3 (2) 2 3 13 (2) 3 5 4	(2) 8 2 (2) 2 3 15 (2) 3 6 5	- 12 3 - 5 4 11 ( <sup>2</sup> ) 3 4 4	1 9 5 ( <sup>2</sup> ) 1 3 14 1 4 5 4

<sup>&</sup>lt;sup>1</sup> Normal retirement is defined as the point at which the participant could retire and immediately receive all accrued benefits by virtue of service and earnings, without reduction due to age. If a plan had alternative age and service requirements, the earliest age and associated service were tabulated; if one alternative did not specify an age, it was the requirement tabulated.

Less than 0.5 percent.

In some plans, participants must also satisfy a minimum age or service

requirement.

Table 117. Defined benefit plans: Requirements for early retirement, full-time employees, State and local governments,

Requirements for early retirement <sup>1</sup>	All em- ploy- ees	White-collar employ-ees, except teachers	Teach- ers	Blue- collar and service em- ploy- ees
Number (in thousands) with defined benefit plan	12,983	5,312	3,523	4,148
		Per	cent	
Total with defined benefit plan	100	100	100	100
With early retirement available  No age requirement  Less than 20 years of	87 26	89 28	92 28	81 24
service	8 11 8	9 12 6	6 11 10	8 9 7
service	(2) 19 6 (2) 4 2 5 (2) 2 40 1 2 9 (2) 10 4 3 9	(2) 17 7 (2) 5 1 3 (2) 1 42 3 2 9 (2) 12 4 2 9 2	(2) 20 3 - 2 4 5 - 6 41 - 1 10 (2) 9 6 5 10 (2)	20 8 (2) 3 2 7 (2) (2) 35 1 2 9 (2) 8 4 2

Table 117. Defined benefit plans: Requirements for early retirement, full-time employees, State and local governments, 1998 — Continued

	_			
Requirements for early retirement <sup>1</sup>	All em- ploy- ees	White-collar employ-ees, except teachers	Teach- ers	Blue- collar and service em- ploy- ees
	Percent			
Total with defined benefit plan				
With early retirement available At age 60	1 (2) 1 (2) (2) (2) (2) 1 1 13	1 (2) 1 (2) (2) (2) (2) 1 1 11	(2) - (2) - - 2 2	1 (2) 1 - 1 1 1 1 1 1 19

<sup>&</sup>lt;sup>1</sup> Early retirement is defined as the point at which a worker could retire and immediately receive accrued benefits based on service and earnings but reduced for each year prior to normal retirement age. If a plan had alternative age and service requirements, the earliest age and associated service were tabulated; if one alternative did not specify an age, it was the requirement tabulated.

Less than 0.5 percent.

Less than 0.5 percent.
 Where no service requirement is specified for early retirement, the service required for full vesting, usually 5 years, applies.
 In most plans, participants must satisfy a minimum age or service

requirement.

Table 118. Defined benefit plans: Early retirement reduction, full-time employees, State and local governments, 1998

Early retirement reduction <sup>1</sup>	All em- ploy- ees	White-collar employ-ees, except teachers	Teach- ers	Blue- collar and service em- ploy- ees
Number (in thousands) with early retirement available	11,335	4,728	3,242	3,366
		Per	cent	
Total with early retirement available	100	100	100	100
Uniform percentage reduction <sup>2</sup> Less than 3.0 3.0 3.1 - 3.9 4.1 - 4.9 5.0 6.0 6.1 - 6.9 7.0 Greater than 7.0 Reduction varies By service By age Reduction differs each year <sup>4</sup> Reduction differs by age bracket <sup>5</sup>	43 11 9 1 4 7 7 ( <sup>3</sup> ) 1 57 6 51 31	40 10 9 (3) 4 9 6 - (3) 2 60 7 53 29	42 11 12 - 5 4 8 - 2 1 58 7 50 36	47 14 7 4 5 9 8 ( <sup>3</sup> ) - 2 53 4 49 30
	Average <sup>6</sup>			
Average uniform reduction percentage	3.8	3.8	3.9	3.7

1 Reduction for each year prior to normal retirement.

NOTE: Because of rounding, sums of individual items may not equal totals. Where applicable, dash indicates no employees in this category.

Table 119. Defined benefit plans: Method of calculating disability retirement benefits, full-time employees, State and local governments, 1998

Benefit provisions	All em- ploy- ees	White-collar employ-ees, except teachers	Teach- ers	Blue- collar and service em- ploy- ees
Number (in thousands) with defined benefit plan	12,983	5,312	3,523	4,148
	Percent			
Total with defined benefit plan	100	100	100	100
With disability retirement availableImmediate disability	97	96	97	98
retirement1	85	84	85	87
Unreduced normal benefits <sup>2</sup> Reduced normal	39	37	38	43
benefits <sup>3</sup>	6	5	8	6
Other than normal benefits <sup>4</sup>	38 1	40 1	37 2	36 1
retirement	12	13	12	11
Service when disabled Service to retirement	4	4	5	2
age	8	9	7	9
Disability retirement not available	3	4	3	2

<sup>&</sup>lt;sup>1</sup> Immediate disability pensions may be supplemented by additional allowances until an employee reaches a specified age or becomes eligible for Social Security.

The disabled worker's pension is computed under plan's normal benefit formula, based on years of service actually completed, and then reduced for early receipt.

The disabled worker's benefit is not computed by the plan's normal.

<sup>&</sup>lt;sup>2</sup> In specific cases, uniform percentage reductions may approximate actuarial reductions, such as early retirement at age 55 with a reduction of 6 percent per year between age 55 and the plan's normal retirement age of 62.

<sup>3</sup> Less than 0.5 percent.

Reduction schedule is related to actuarial assumptions of the life expectancy at age that pension payments begin.

expectancy at age that pension payments begin.

<sup>5</sup> Rate of reduction is held constant within age brackets, but differs among brackets, sometimes in approximation of an actuarial table. For example, benefits may be reduced by 6 percent for each year between age 60 and the plan's normal retirement age, and by 3 percent for each year retirement precedes age 60. Also includes some plans that reduce benefits arithmetically for each year immediately below normal retirement age and actuarially below a specified age, usually 55.

<sup>6</sup> The average is presented for all covered workers; averages exclude workers without the plan provision.

<sup>&</sup>lt;sup>2</sup> The disabled worker's pension is computed under the plan's normal benefit formula and is paid as if retirement had occurred on the plan's normal retirement date, either based on years of service actually completed or projected to a later date.

<sup>3</sup> The disabled worker's pension is computed under plan's normal benefit.

<sup>&</sup>lt;sup>4</sup> The disabled worker's benefit is not computed by the plan's normal benefit formula. The methods used include flat amount benefits, dollar amount formulas, percent of unreduced normal benefits less Social Security, and percent of earnings formula both with and without Social Security offsets.

Table 120. Defined benefit plans: Requirements for disability retirement, full-time employees, State and local governments,

Requirements for disability retirement <sup>1</sup>	All em- ploy- ees	White-collar employ-ees, except teachers	Teach- ers	Blue- collar and service em- ploy- ees
Number (in thousands) with defined benefit plan	12,983	5,312	3,523	4,148
		Per	rcent	
Total with defined benefit plan	100	100	100	100
With disability retirement available No minimum requirements No age requirement Less than 5 years of service 5 years of service 6 - 9 years of service 10 years of service 11 - 14 years of service 15 years of service Greater than 15 years of	97 9 56 4 26 2 23 ( <sup>2</sup> )	96 9 53 5 23 2 21 1	97 10 63 2 32 1 29	98 8 52 3 24 2 21 1
Service	( <sup>2</sup> ) 6 6 1 1 1	( <sup>2</sup> ) 7 7 - - 2	3 3 - ( <sup>2</sup> )	(2) 7 7 7 3 3 (2)
Receipt of long-term disability insurance benefits	6	4	7	8
Minimum vesting requirement <sup>3</sup>	19	22	13	20
Disability retirement not available	3	4	3	2

<sup>&</sup>lt;sup>1</sup> Non-occupational disability retirement is defined as the point at which participants retire due to an injury or illness before eligibility for early or normal retirement age. If a plan had alternative age and service requirements, the earliest age and associated service were tabulated; if one alternative did not specify an age, it was the requirement tabulated.

NOTE: Because of rounding, sums of individual items may not equal totals. Where applicable, dash indicates no employees in this category.

Table 121. Defined benefit plans: Vesting requirements, full-time employees, State and local governments, 1998

Vesting requirements	All em- ploy- ees	White-collar employ-ees, except teachers	Teach- ers	Blue- collar and service em- ploy- ees
Number (in thousands) with defined benefit plan	12,983	5,312	3,523	4,148
	Percent			
Total with defined benefit plan	100	100	100	100
Immediate full vesting Cliff vesting <sup>2</sup> With full vesting:	( <sup>1</sup> ) 100	- 100	- 100	( <sup>1</sup> ) 99
At any age Less than 5 years	99 4	100 6	100 2	98 4
5 years	48	46	51	47
6 - 9 years 10 years	5 40	7 40	4 41	5 38
More than 10 years	2	1	2	4
After specified age <sup>3</sup>	(1)	(1)	-	1
6 - 9 years Graduated vesting <sup>4</sup>	(1) (1)	(1) (1)	- -	1
With full vesting after: Less than 7 years More than 7 years	(¹) (¹)	(¹) (¹)	-	( <sup>1</sup> )

<sup>1</sup> Less than 0.5 percent.

Less than 0.5 percent.

An employee may be entitled to pension benefits after satisfying vesting service requirements, usually 5 years.

Less than 0.5 percent.
 Under a cliff vesting schedule, an employee is not entitled to any benefits accrued under a pension plan until satisfying the requirement for 100-percent vesting (usually after 5 years).
 Sponsors may exclude years of service completed before age 18 from counting towards satisfaction of minimum vesting standards.
 Graduated vesting schedules give an employee rights to a gradually increasing share of pension benefits determined by years of service, eventually reaching 100-percent vesting status (usually after 7 years).

Table 122. Defined benefit plans: Provisions for early receipt of deferred vested benefits, full-time employees, State and local governments, 1998

Receipt of deferred vested benefits	All em- ploy- ees	White-collar employ-ees, except teachers	Teach- ers	Blue- collar and service em- ploy- ees
Number (in thousands) with				
defined benefit plan	12,983	5,312	3,523	4,148
	Percent			
Total with defined benefit plan	100	100	100	100
Deferred vested benefits available prior to normal				
retirement age Reduced same as early	85	86	83	86
retirement	47	46	52	45
Other reduction	38	40	31	41
Actuarial reduction Uniform percent	38	40	31	41
reduction Other Deferred vested benefits not	( <sup>1</sup> )	- ( <sup>1</sup> )	-	(¹) (¹)
available prior to normal retirement age	15	14	17	14

<sup>&</sup>lt;sup>1</sup> Less than 0.5 percent.

NOTE: Because of rounding, sums of individual items may not equal totals. Where applicable, dash indicates no employees in this category.

Table 123. Defined benefit plans: Portability provisions, full-time employees, State and local governments, 1998

Portability provisions	All em- ploy- ees	White-collar employ-ees, except teachers	Teach- ers	Blue- collar and service em- ploy- ees
Number (in thousands) with defined benefit plan	12,983	5,312	3,523	4,148
	Percent			
Total with defined benefit plan	100	100	100	100
With portability provisions Transfer of service credits Transfer of service credits	43 42	43 42	41 41	46 43
and assets	1 57	2 57	- 59	2 54

Table 124. Defined benefit plans: Purchase of credits for prior government service, full-time employees, State governments, 1998

Purchase of credits	All em- ploy- ees	White-collar em-ploy-ees, except teach-ers	Teach- ers	Blue- collar and service em- ploy- ees
Number (in thousands) with defined benefit plan	12,254	5,092	3,518	3,644
		Per	cent	
Total with defined benefit plan	100	100	100	100
Employee allowed to purchase credit	72	73	77	65
Employee not allowed to purchase credit	28	27	23	35

NOTE: Because of rounding, sums of individual items may not equal totals. Where applicable, dash indicates no employees in this category.

Table 125. Defined benefit plans: Employee contribution requirements, full-time employees, State and local governments, 1998

Employee contributions	All em- ploy- ees	White-collar em-ploy-ees, except teachers	Teach- ers	Blue- collar and service em- ploy- ees
Number (in thousands) with defined benefit plan	12,983	5,312	3,523	4,148
	Percent			
Total with defined benefit plan	100	100	100	100
Employee contribution requiredPretax contribution	78	74	88	75
allowed	58	56	71	50
Pretax contribution not allowed	20	19	17	26
required	22	26	12	25

Table 126. Defined benefit plans: Amount of employee contribution, full-time employees, State and local governments, 1998

Employee contribution	All em- ploy- ees	White-collar employ-ees, except teachers	Teach- ers	Blue- collar and service em- ploy- ees
Number (in thousands) with contribution required	10,188	3,947	3,113	3,128
		Pei	rcent	
Total with contribution required	100	100	100	100
Flat percent of earnings	91 1 (1) 1 15 1 4 6 10 2 12 15 3 3 8 10 3	94 1 (1) 1 18 1 3 10 13 2 10 15 3 3 4 9 1	88 - 1 2 12 (1) 3 2 8 2 12 18 3 3 12 10 5 5 - 3	91 1 (1) 1 13 2 8 6 8 1 14 12 4 3 7 12 2 2 4 1
	Average <sup>2</sup>			
Average flat percent of earnings contribution	5.72	5.45	6.05	5.75

Less than 0.5 percent.

NOTE: Because of rounding, sums of individual items may not equal totals. Where applicable, dash indicates no employees in this category.

Table 127. Defined benefit plans: Eligibility requirements, full-time employees, State and local governments, 1998

			-	
Eligibility requirements <sup>1</sup>	All em- ploy- ees	White-collar employ-ees, except teachers	Teach- ers	Blue- collar and service em- ploy- ees
Number (in thousands) with defined benefit plan	12,983	5,312	3,523	4,148
		Pei	rcent	
Total with defined benefit plan	100	100	100	100
Plan participation available to new employees	100	100	100	100
service requirement Service requirement	10	10	10	9
only	9 ( <sup>2</sup> ) 3 3 3 ( <sup>2</sup> ) ( <sup>2</sup> )	9 ( <sup>2</sup> ) 2 4 3 ( <sup>2</sup> ) ( <sup>2</sup> )	10 ( <sup>2</sup> ) 5 1 3	8 1 1 2 4 ( <sup>2</sup> ) ( <sup>2</sup> )
No service requirement 1 year Age 21 <sup>3</sup> No service	( <sup>2</sup> ) ( <sup>2</sup> ) ( <sup>2</sup> )	( <sup>2</sup> ) ( <sup>2</sup> ) ( <sup>2</sup> )	- ( <sup>2</sup> )	( <sup>2</sup> )
requirement  1 year  Age 22 and over  1 - 11 months  1 year  No minimum age or	(2) (2) (2) (2) (2)	(2) (2) (2) (2) (2)	( <sup>2</sup> ) - ( <sup>2</sup> ) - ( <sup>2</sup> )	( <sup>2</sup> ) 1 -
service requirement Plan participation not	90	90	90	90
available to new employees	(2)	(²)		(²)
		Ave	rage <sup>4</sup>	
Average service requirement (in months)	8.3	7.7	7.7	9.5

Excludes administrative time lags.

The average is presented for all covered workers; averages exclude workers without the plan provision.

<sup>&</sup>lt;sup>2</sup> Less than 0.5 percent.

The Internal Revenue Code requires that nearly all plans must allow participation to full-time employees who have reached the age of 21 who have completed one year of service. Plans that provide immediate vesting of race completed one year of service. Plans that provide infiniediate vesting of accrued benefits may require up to three years. Church plans are exempt from the Internal Revenue Code.

4 The average is presented for all covered workers; averages exclude workers without the plan provision.

# Chapter 7. Flexible Benefits Plans and Reimbursement Accounts

Employers have traditionally offered their workers a variety of benefits, such as health benefits, life insurance, and paid leave. Starting in the 1980s, new approaches to providing benefits emerged, such as giving employees a choice of benefits and plan types. Commonly known as "cafeteria plans," they allow employees to design individually tailored benefit packages.¹ The Employee Benefits Survey (EBS) collects data on 3 types of arrangements: Flexible benefits plans, reimbursement accounts, and premium conversion plans. Definitions of major plan types, key provisions, and related terms follow.

Internal Revenue Code section 125. Flexible benefits plans, reimbursement accounts, and premium conversion plans are governed by section 125 of the Internal Revenue Code. Contributions must be made through a salary reduction agreement, and the plan must meet the nondiscrimination, election, and enrollment requirements specified under the Code.

#### Flexible Benefits Plans

Under flexible benefits plans, employers provide each worker with an amount of "benefits credits." (See definition below.) The employee uses these credits to purchase various benefits and plans to create a desired benefits package. Flexible benefits plans usually provide several options, including various levels of life insurance, separate dental choices, participation in fee-for-service medical plans (with varying deductibles and out-of-pocket maximums) or in alternative medical plans (such as health maintenance organizations or preferred provider organizations), among other options. If the benefits credits are not sufficient to pay for the desired benefit package, the employee may have the option to fund the difference with pretax contributions. Similarly, an employee who does not use all of his or her credits may receive cash in lieu of benefits or may deposit the unused credits into a reimbursement account. However, participants are often required to purchase some minimum level of coverage, such as a basic level of life and health insurance coverage.

Benefits credits. This is a fixed dollar amount provided to each worker to purchase various benefits, or an amount that

varies among workers according to earnings, length of service, size of family, or other characteristics.

#### **Reimbursement Accounts**

Reimbursement accounts, also known as "flexible spending accounts," are funded by employee pretax contributions to pay for health care deductibles, coinsurances, cost of services not covered by a health care plan, child-care expenses, and the nonmedical expenses that allow a person to work while ensuring a qualified dependent's well-being. Accounts may be partially funded by employers. Usually reimbursement accounts are a part of a flexible benefits plan, but can also be stand-alone. The following types of reimbursement accounts are common:

#### **Account types**

Health care accounts. Employees with health care reimbursement accounts may allocate pretax funds, up to a set limit, for either health care deductibles, coinsurances, or the costs of services not covered by their medical care plan (such as dental expenses and vision exams), or some combination thereof.

Dependent care accounts. Employees with dependent care reimbursement accounts may allocate pretax funds, up to a set limit, for childcare, elder care, or services to the disabled.

#### **Premium Conversion Plans**

Premium conversion plans allow medical plan participants to pay the required plan premium with pretax dollars. Unlike reimbursement accounts, premium conversion plan participants do not "deposit" pretax money for the purpose of being reimbursed in the future. Rather, their pretax contributions go directly to pay for plan premiums.

<sup>&</sup>lt;sup>1</sup> Individual benefit plans offered through a flexible benefits plan arrangement are analyzed and included in the tabulations for specific benefit plans and are included in the tables found in this bulletin.

Table 128. Stand-alone reimbursement accounts: Expenses covered, full-time employees, State and local governments, 1998

		White-		
Expenses	All em- ploy- ees	collar em- ploy- ees, except teach- ers	Teach- ers	Blue- collar and service em- ploy- ees
Number (in thousands) with				
reimbursement account	5,962	2,758	1,470	1,733
		Per	cent	
Total with reimbursement				
account1	100	100	100	100
Expenses known	91	87	96	92
Health premiums	88	86	94	89
Other health expenses	88	86	94	89
Dependent care expenses	90	87	94 2	90 1
Legal expenses Other premiums	23	20	2 35	18
Other breillians		20		10
Other	1 2	1 1	3	1

 $<sup>^{\</sup>rm 1}\,$  Total is less than the sum of individual items because many plans allow funds to be used for multiple purposes.

### **Chapter 8. Benefits by Selected Characteristics**

This chapter presents data on the frequency of employee benefits by level of government (that is, State or local), region, union status, and part-time employment. Key definitions are provided below.

#### Region

The incidence of employee benefits for full-time employees is presented for four geographic regions: Northeast, South, North Central, and West.

*Northeast.* Connecticut, Maine, Massachusetts, New Hampshire, New Jersey, New York, Pennsylvania, Rhode Island, and Vermont.

South. Alabama, Arkansas, Delaware, District of Columbia, Florida, Georgia, Kentucky, Louisiana, Maryland, Mississippi, North Carolina, Oklahoma, South Carolina, Tennessee, Texas, Virginia, and West Virginia.

North Central. Illinois, Indiana, Iowa, Kansas, Michigan,

Minnesota, Missouri, Nebraska, North Dakota, Ohio, South Dakota, and Wisconsin.

West. Alaska, Arizona, California, Colorado, Hawaii, Idaho, Montana, Nevada, New Mexico, Oregon, Utah, Washington, and Wyoming.

#### Union status

Occupations are categorized as union or nonunion at the time of data collection. To be categorized as union, an occupation must meet the following criteria: 1) A labor organization must be recognized as the bargaining agent for workers in the occupation; 2) wage and salary rates must be determined through collective bargaining or negotiations; and 3) settlement terms must be embodied in a signed, mutually binding collective bargaining agreement.

#### Part-time employees

Employees are classified as full-time or part-time in accordance with the practices of surveyed establishments.

Table 129. Summary: Participation<sup>1</sup> in selected employee benefit programs,<sup>2</sup> full-time employees, State and local governments, 1998 (In percent)

	State	Local
Benefit	governments	governments
Paid time off:		
Holidays Vacations Personal leave Funeral leave Jury duty leave Military leave Family leave	93 91 33 52 98 97 10	66 58 39 70 95 69 2
Unpaid family leave	97	94
Disability benefits <sup>3</sup> :		
Paid sick leave Short-term disability Long-term disability insurance	96 32 32	96 16 35
Survivor benefits:		
Life insurance Accidental death and	90	89
dismemberment Survivor income benefits	50 1	61 1
Health care benefits:		
Medical care  Dental care  Vision care  Outpatient prescription drug	88 63 47	85 59 41
coverage	90	82

See footnotes at end of table.

Table 129. Summary: Participation<sup>1</sup> in selected employee benefit programs,<sup>2</sup> full-time employees, State and local governments, 1998 (In percent) — Continued

Benefit	State governments	Local governments
Retirement income benefits:		
All retirement <sup>4</sup>	98	98
Defined benefit	88	91
Defined contribution <sup>5</sup>	16 1 15 -	13 6 9 ( <sup>6</sup> )
Cash or deferred arrangements: With employer contributions Salary reduction Savings and thrift Money purchase pension Other <sup>7</sup>	12 2 1 1 10	13 7 6 1
No employer contributions	22	22

Only current employees are counted as participants. Participants in insurance and retirement benefits have met minimum length-of-service requirements and paid any required employee share of benefit cost. Participants in all other benefits include all employees in occupations offered the benefit.

all employees in occupations offered the benefit.

<sup>2</sup> Employee benefit programs in this survey almost always include those sponsored by employers, who pay some share of the cost. Except for unpaid family leave, postretirement medical care and life insurance, dependent life insurance, supplemental life insurance, and some salary reduction plans, benefits for which the employees pay the full cost are excluded from the survey.

<sup>3</sup> The definitions for paid sick leave and short-term disability (previously sickness

<sup>3</sup> The definitions for paid sick leave and short-term disability (previously sickness and accident insurance) were changed for the 1995 survey. Paid sick leave now only includes plans that either specify a maximum number of days per year or unlimited days. Short-term disability now includes all insured, self-insured, and state-mandated plans available on a per disability basis as well as the unfunded per disability plans previously reported as sick leave. Sickness and accident insurance, reported in years prior to the 1995 survey, only included insured, self-insured, and state-mandated plans providing per disability benefits at less than full pay.

<sup>4</sup> Includes defined benefit pension plans and defined contribution retirement plans. The total is less than the sum of the individual items because many employees participated in both types of plans.

6 Less than 0.5 percent.

participated in both types of plans.

<sup>5</sup> The total is less than the sum of the individual items because some employees participated in more than one type of plan.

 $<sup>^{7}\,</sup>$  Includes required contributions made to money purchase pension plans on a pretax basis.

Table 130. Other benefits: Eligibility for specified benefits, full-time employees, State and local governments, 1998 (In percent)

Benefit	State governments	Local governments
Income continuation plans: Severance pay Supplemental unemployment benefits	23	31 (¹)
Family benefits:  Employer assistance for child care  Employer provided funds  On-site child care  Off-site child care  Adoption assistance  Long-term care insurance  Flexible workplace	20 4 9 10 5 20 1	3 1 2 1 (1) 8 (1)
Health promotion programs: Wellness programs Employee assistance programs Fitness center	57 86 23	27 64 12
Miscellaneous benefits: Job-related travel accident insurance	25 46 11 87 46	8 29 4 54 13
Section 125 cafeteria benefits <sup>2</sup> :	81	46
Flexible benefit plansReimbursement plansPremium conversion plans	5 65 12	5 33 8

Less than 0.5 percent.
 Includes all types of plans under Internal Revenue Code Section 125.
 Flexible benefits plans include reimbursement account features.

Table 131. Summary: Participation<sup>1</sup> in selected employee benefit programs, full-time employees, by geographic region, State and local governments, 1998 (in percent)

Benefit	Northeast	South	North Central	West
Paid time off:				
Holidays	75 62 71 75 94 76 4	71 70 16 53 97 84	73 65 50 67 95 63 11	76 68 24 74 94 78 3
Unpaid family leave	97	95	94	95
Disability benefits <sup>2</sup> :				
Paid sick leave Short-term disability Long-term disability insurance	96 26 10	96 13 30	97 17 53	94 31 44
Survivor benefits:				
Life insurance	89 45 ( <sup>3</sup> )	92 70 1	89 60 1	82 49 -
Health care benefits:				
Medical care Dental care Vision care Outpatient prescription drug	84 76 57	85 39 26	86 61 40	88 81 62
coverage	81	84	84	87

See footnotes at end of table.

Table 131. Summary: Participation<sup>1</sup> in selected employee benefit programs, full-time employees, by geographic region, State and local governments, 1998 (in percent) — Continued

Benefit	Northeast	South	North Central	West
Retirement income benefits:				
All retirement <sup>4</sup>	97	98	98	99
Defined benefit	93	87	90	95
Defined contribution <sup>5</sup>		19 9 14 -	9 2 7 ( <sup>3</sup> )	9 5 4 -
Cash or deferred arrangements: With employer contributions Salary reduction Savings and thrift Money purchase pension Other <sup>6</sup>		21 9 8 ( <sup>3</sup> ) 12	8 2 2 ( <sup>3</sup> ) 6	7 5 5 - 2
No employer contributions	21	19	22	27

<sup>&</sup>lt;sup>1</sup> Only current employees are counted as participants. Participants in insurance and retirement benefits have met minimum length-of-service requirements and paid any required employee share of benefit cost. Participants in all other benefits include all employees in occupations offered the benefit

state-mandated plans providing per disability benefits at less than full pay.

3 Less than 0.5 percent.

4 Includes defined benefit pension plans and defined contribution retirement plans. The total is less than the sum of the individual items because many employees participated in both types of plans.

types of plans.

The total is less than the sum of the individual items because some employees participated in more than one type of plan.

participated in more than one type of plan.

<sup>6</sup> Includes required contributions made to money purchase pension plans on a pretax basis.

employees in occupations offered the benefit.

<sup>2</sup> The definitions for paid sick leave and short-term disability (previously sickness and accident insurance) were changed for the 1995 survey. Paid sick leave now only includes plans that either specify a maximum number of days per year or unlimited days. Short-term disability now includes all insured, self-insured, and state-mandated plans available on a per disability basis as well as the unfunded per disability plans previously reported as sick leave. Sickness and accident insurance, reported in years prior to the 1995 survey, only included insured, self-insured, and

Table 132. Other benefits: Eligibility for specified benefits, full-time employees, by geographic region, State and local governments, 1998 (In percent)

Benefit	Northeast	South	North Central	West
Income continuation plans:			40	4.0
Severance pay Supplemental unemployment	54	11	46	13
benefits	-	-	1	-
Family benefits:				
Employer assistance for child care	16	5	2	10
Employer provided funds	10	2		4
On-site child care	4	3	2	7
Off-site child care	11	1	-	3
Adoption assistance	3	-	3	1
Long-term care insurance	(1)	3	13	38
Flexible workplace	1	(1)	-	1
Health promotion programs:				
Wellness programs	34	32	34	44
Employee assistance				
programs	76	67	65	74
Fitness center	10	13	20	15
Miscellaneous benefits:				
Job-related travel accident				
insurance	9	6	15	25
Nonproduction bonuses	49	39	21	22
Subsidized commuting Education assistance:	5	2	2	17
Job-related	67	58	62	70
Not job-related	25	18	23	24
,				
Section 125 cafeteria benefits <sup>2</sup> :	42	74	41	54
Flexible benefit plans	3	1	5	14
Reimbursement plans	36	60	26	34
Premium conversion plans	3	13	10	6

<sup>1</sup> Less than 0.5 percent.
2 Includes all types of plans under Internal Revenue Code Section 125. Flexible benefits plans include reimbursement account features.

Table 133. Summary: Participation¹ in selected employee benefit programs,² by union status, full-time employees, State and local governments, 1998 (In percent)

Benefit	Union employees	Nonunion employees
Paid time off:		
Holidays	72	75
Vacations	60	73
Personal leave	52	23
Funeral leave	70	59
Jury duty leave	96	95
Military leave	74	78
Family leave	6	2
Unpaid family leave	97	93
Disability benefits <sup>3</sup> :		
Paid sick leave	97	95
Short-term disability	23	17
Long-term disability insurance	31	37
Survivor benefits:		
Life insurance Accidental death and	88	90
dismemberment	52	64
Survivor income benefits	1	1
Health care benefits:		
Medical care	86	86
Dental care	74	47
Vision care	57	29
Outpatient prescription drug	51	29
coverage	85	83

See footnotes at end of table.

Table 133. Summary: Participation<sup>1</sup> in selected employee benefit programs,<sup>2</sup> by union status, full-time employees, State and local governments, 1998 (In percent) — Continued

Benefit	Union employees	Nonunion employees
Retirement income benefits:		
All retirement <sup>4</sup>	98	98
Defined benefit	96	85
Defined contribution <sup>5</sup>	7	20
Savings and thrift	2	8
Money purchase pension Simplified employee pension	5 -	15 ( <sup>6</sup> )
Cash or deferred arrangements:		
With employer contributions	6	20
Salary reduction	4	8
Savings and thrift Money purchase pension	2 2	7 (6)
Other <sup>7</sup>	2	12
No employer contributions	23	21

<sup>&</sup>lt;sup>1</sup> Only current employees are counted as participants. Participants in insurance and retirement benefits have met minimum length-of-service requirements and paid any required employee share of benefit cost. Participants in all other benefits include all employees in occupations offered the benefit.

Includes defined benefit pension plans and defined contribution retirement plans. The total is less than the sum of the individual items because many employees participated in both types of plans.

<sup>5</sup> The total is less than the sum of the individual items because some employees

Employee benefit programs in this survey almost always include those sponsored by employers, who pay some share of the cost. Except for unpaid family leave, postretirement medical care and life insurance, dependent life insurance, supplemental life insurance, and some salary reduction plans, benefits for which the employees pay the full cost are excluded

from the survey.  $^3$  The definitions for paid sick leave and short-term disability (previously sickness and accident insurance) were changed for the 1995 survey. Paid sick leave now only includes plans that either specify a maximum number of days per year or unlimited days. Short-term disability now includes all insured, self-insured, and state-mandated plans available on a per disability basis as well as the unfunded per disability plans previously reported as sick leave. Sickness and accident insurance, reported in years prior to the 1995 survey, only included insured, self-insured, and state-mandated plans providing per disability benefits at less than

participated in more than one type of plan.

<sup>&</sup>lt;sup>6</sup> Less than 0.5 percent.

Includes required contributions made to money purchase pension plans on a pretax

Table 134. Other benefits: Eligibility for specified benefits, by union status, full-time employees, State and local governments, 1998 (In percent)

Benefit	Union employees	Nonunion employees
Income continuation plans: Severance pay Supplemental unemployment benefits	42 (1)	17 ( <sup>1</sup> )
Family benefits:  Employer assistance for child care  Employer provided funds On-site child care  Off-site child care  Adoption assistance  Long-term care insurance  Flexible workplace	9 1 3 5 2 15	6 2 4 2 1 8
Health promotion programs: Wellness programs Employee assistance programs Fitness center	73	35 66 17
Miscellaneous benefits: Job-related travel accident insurance	8 65	11 32 4 61 21
Section 125 cafeteria benefits <sup>2</sup> :  Flexible benefit plans  Reimbursement plans  Premium conversion plans		63 4 49 10

<sup>1</sup> Less than 0.5 percent.

Less than 0.5 percent.

Includes all types of plans under Internal Revenue Code Section 125.

Flexible benefits plans include reimbursement account features.

Table 135. Summary: Participation¹ in selected employee benefit programs,² part-time employees, State and local governments, 1998 (In percent)

Benefit	All employees	White- collar employ- ees, except teachers	Teachers	Blue-collar and service employ- ees
Paid time off:				
Holidays	19 18 38	32 29 18 37 48 27	12 1 12 30 34 21 3	39 19 22 44 62 33 1
Unpaid family leave	56	51	43	67
Disability benefits <sup>3</sup> :				
Paid sick leave Short-term disability Long-term disability insurance	43 9 7	42 10 12	23 5 1	55 10 7
Survivor benefits:				
Life insurance	42 31	53 44	21 14	41 27
Health care benefits:				
Medical care  Dental care  Vision care	37 31 17	50 45 15	21 15 11	33 26 24
Outpatient prescription drug coverage	33	48	22	25

See footnotes at end of table.

Table 135. Summary: Participation<sup>1</sup> in selected employee benefit programs,<sup>2</sup> part-time employees, State and local governments, 1998 (In percent) — Continued

Benefit	All employees	White- collar employ- ees, except teachers	Teachers	Blue-collar and service employ- ees
Retirement income benefits:				
All retirement <sup>4</sup>	62	71	52	59
Defined benefit	59	69	44	56
Defined contribution <sup>5</sup>	5 1 4 ( <sup>6</sup> )	2 1 1 ( <sup>6</sup> )	8 - 8 -	6 1 4 ( <sup>6</sup> )
Cash or deferred arrangements: With employer contributions Salary reduction Savings and thrift Money purchase pension Other <sup>7</sup>	4 1 1 ( <sup>6</sup> ) 3	1 1 1 ( <sup>6</sup> ) ( <sup>6</sup> )	8 - - - 8	5 2 1 1 3
No employer contributions	15	14	20	14

Only current employees are counted as participants. Participants in insurance and retirement benefits have met minimum length-of-service requirements and paid any required employee share of benefit cost. Participants in all other benefits include all employees in occupations offered the benefit.

<sup>&</sup>lt;sup>2</sup> Employee benefit programs in this survey almost always include those sponsored by employers, who pay some share of the cost. Except for unpaid family leave, postretirement medical care and life insurance, dependent life insurance, supplemental life insurance, and some salary reduction plans, benefits for which the employees pay the full cost are excluded from the survey.

<sup>&</sup>lt;sup>3</sup> The definitions for paid sick leave and short-term disability (previously sickness and accident insurance) were changed for the 1995 survey. Paid sick leave now only includes plans that either specify a maximum number of days per year or unlimited days. Short-term disability now includes all insured, self-insured, and state-mandated plans available on a per disability basis as well as the unfunded per disability plans previously reported as sick leave. Sickness and accident insurance, reported in years prior to the 1995 survey, only included insured, self-insured, and state-mandated plans providing per disability benefits at less than full pay.

<sup>&</sup>lt;sup>4</sup> Includes defined benefit pension plans and defined contribution retirement plans. The total is less than the sum of the individual items because many employees participated in both types of plans.

<sup>&</sup>lt;sup>5</sup> The total is less than the sum of the individual items because some employees participated in more than one type of plan.

<sup>6</sup> Less than 0.5 percent.

Includes required contributions made to money purchase pension plans on a pretax basis.

Table 136. Other benefits: Eligibility for specified benefits, part-time employees, State and local governments, 1998 (In percent)

Benefit	All employees	White- collar employ- ees, except teachers	Teachers	Blue-collar and service employ- ees
Income continuation plans: Severance pay	16	12	8	25
Family benefits:  Employer assistance for child care  Employer provided funds On-site child care  Off-site child care  Adoption assistance  Long-term care insurance  Flexible workplace	7 3 5 2 1 15 ( <sup>1</sup> )	5 2 4 ( <sup>1</sup> ) 1 16 ( <sup>1</sup> )	14 8 14 - 21	6 1 1 4 1 10
Health promotion programs: Wellness programs Employee assistance programs Fitness center	27 43 12	29 37 7	37 49 18	20 47 12
Miscellaneous benefits: Job-related travel accident insurance	7 7 5 39 16	7 6 2 43 22	9 3 8 35 14	6 11 6 39 9
Section 125 cafeteria benefits <sup>2</sup> :	24	28	22	23
Flexible benefit plansReimbursement plans Premium conversion plans	3 20 1	4 24 -	2 20 -	3 17 3

 $\label{eq:NOTE:Decay} \mbox{NOTE: Because of rounding, sums of individual items may not equal totals.} \mbox{ Where applicable, dash indicates no employees in this category.}$ 

Less than 0.5 percent.
 Includes all types of plans under Internal Revenue Code Section 125. Flexible benefits plans include reimbursement account features.

### Appendix A: Technical Note

#### Scope of survey

The Employee Benefits Survey (EBS)—the Bureau of Labor Statistics (BLS) survey of the incidence and characteristics of employee benefit plans—is conducted jointly with the Bureau's Employment Cost Index (ECI). The portion of the EBS sample from which these EBS estimates are made covers all State and local government establishments<sup>1</sup> in the United States.

The industrial and establishment size coverage of the survey varies on a rotating basis. All surveys cover full-time and part-time workers in all 50 States and the District of Columbia. In the past, EBS data were collected for small private establishments (those employing fewer than 100 workers) and State and local governments of all employment sizes in even-numbered years. In odd-numbered years, data were collected for medium and large private establishments (those employing 100 workers or more). This survey of State and local governments will be the last conducted on a rotating basis. There was no survey done of small private establishments in 1998. Thereafter, the EBS will be integrated into the National Compensation Program.<sup>2</sup> The format of the new benefit survey is under development.

The industrial coverage, establishment size coverage, and geographic coverage for the survey were different prior to 1990. Surveys conducted from 1979 to 1986 covered only medium and large private establishments and excluded most of the service industries. Establishments employing at least 50, 100, or 250 workers, depending on the industry, were included. The survey conducted in 1987 consisted of State and local governments with 50 or more employees. The surveys in 1988 and 1989 included all private-sector establishments that employed 100 or more employees. All surveys conducted from 1979 to 1989 excluded part-time employees and establishments in Alaska and Hawaii.

Data in Appendix B indicate the estimated number of full- and part-time employees within the scope of the survey, the number of responding sample establishments, and the number of sampled (and responding) occupational quotes<sup>3</sup> within those establishments that are actually studied for each major industry division.

#### Occupational groups

Narrowly defined occupations selected for study are classified into one of the following three broad occupational groups:

White-collar, except teachers. Includes professional, technical, executive, administrative, managerial, clerical, administrative support, and related occupations.

Teachers. Includes all personnel in primary and secondary schools, junior colleges, colleges, and universities whose primary duty is teaching or a closely related activity, such as research and counseling. This category includes professors, lecturers, teachers, instructors, athletic coaches, department heads, librarians, and research scientists (if considered faculty).

Blue-collar and service. Includes precision production, craft, and repair occupations; machine operators and inspectors; transportation and moving occupations; handlers, equipment cleaners, helpers, and laborers; and service occupations, such as police officers and firefighters.

Excluded from the survey are self-employed persons, proprietors, major stockholders, members of a corporate board who are not otherwise officers of the corporation, volunteers, unpaid workers, family members who are paid token wages, the permanently disabled, partners in unincorporated firms, and U.S. citizens working overseas.

#### Benefit areas

BLS requests that establishments provide data for sampled occupations on work schedules and plan details in each of the following benefit areas: Paid holidays, paid vacations, paid personal leave, paid funeral leave, paid military leave, paid jury duty leave, paid and unpaid family leave, paid sick leave, short-term disability benefits, long-term disability insurance, medical care, dental care, vision care, life insurance, defined benefit pension plans, defined contribution plans, flexible benefit plans, and reimbursement accounts.

Data are also collected on the incidence of the following additional benefits: Severance pay, supplemental unemployment benefits, travel accident insurance, nonproduction cash bonuses, child care, adoption assistance, long-term care insurance, flexible workplace, wellness programs, fitness centers, job-related and nonjob-related educational assistance, employee assistance programs, and subsidized commuting.

#### Sample design

The Bureau of Labor Statistics is in the process of integrating three compensation surveys—The Employee Benefits

Survey (EBS), the Employment Cost Index (ECI), and the Occupational Compensation Survey (OCS)—into a single survey with a common sample design and sample of establishments, the National Compensation Survey (NCS). During the first phase of integration, the NCS focused on measures of occupational earnings. During the next phase, the EBS and the ECI will be incorporated into the NCS.

This publication is the last survey of State and local governments appearing in its current format. New benefit incidence and provision publications are being developed under the NCS.

Beginning in 1997, the method of selecting samples for private industry establishments in the ECI and EBS changed from an industry-based sample to an area-based sample. This new sampling methodology is being phased in over 5 years as the ECI and EBS are integrated into the NCS. The majority of the 1997 EBS sample was selected using traditional industry-based techniques, as described below. A small portion of the sample was selected under the new cross-area, cross-industry design. After the 1997 survey of medium and large private establishments and the 1998 survey of State and local governments, future surveys will be based on the new sample design.

The State Unemployment Insurance (UI) reports for the 50 States and the District of Columbia comprise the list of establishments from which the sample is selected (called the sampling frame). The sample design for this survey and the Employment Cost Index (ECI) is a 2-stage probability sample of detailed occupations. The first stage of sample selection is a probability sample of establishments; the second stage is a probability sample of occupations within those establishments.

The sample of establishments, which has traditionally been a subset of the ECI sample that covers government establishments at the time of selection, is selected by first stratifying the sampling frame by industry group, and then by region and establishment employment. The industry groups usually consist of three-digit Standard Industrial Classification groups, as defined by the Office of Management and Budget.

The number of sample establishments allocated to each stratum (defined by industry) reflects the ratio of employment in the stratum to employment in all sampling frame establishments. Thus, a stratum that contains 1 percent of the total employment within the scope of the survey receives approximately 1 percent of the total sample establishments. Some industries are sampled at a higher rate than other industries because of publication requirements or highly variable data.

Each sampled establishment within an industry group (stratum) has a probability of selection proportional to its employment. For example, consider two establishments, A and B, with respective employment of 5,000 and 1,000. Establishment A is five times more likely to be selected than establishment B.

At the beginning of each visit by a BLS field economist

to a sampled establishment, a second-stage probability sample of occupations is selected. Data are then collected for these sampled occupations. The number of occupations selected from an establishment is four, six or eight, depending on the employment size of the establishment. The probability of an occupation being selected is proportional to its employment size within the establishment.

The narrowly defined occupations are based on the 1990 Census of Population classification system developed by the Bureau of the Census. These narrowly defined occupations are then classified into the three occupational groups shown in this bulletin.

#### **Data collection**

BLS field economists visit or contact sampled establishments by telephone to collect data for the survey. To reduce the reporting burden, respondents are asked to provide documents describing their flexible benefits plans; reimbursement accounts; defined benefit pensions; defined contribution plans; medical, dental, and vision care plans; and insurance plans. BLS analyzes these plans in Washington to garner the required data on plan provisions. When these booklets were unavailable, a few questions about specific benefit provisions were asked directly of the employer. Data on paid leave benefits generally are obtained directly from the employer at the time of the visit.

#### **Data calculation**

Tabulations in this bulletin show the percent of all employees who receive specified benefits, such as paid holidays or medical care, as well as information on the provisions of many of these benefits. To present provision data, tabulations generally indicate the percent of all employees receiving a benefit (participants) who are covered by specified features. For example, a tabulation may show the percent of workers with medical care benefits who are covered by a health maintenance organization.

The majority of tables in the bulletin indicate the percent of employees covered by a particular benefit plan or provision. In addition, average benefit provisions, such as the average number of paid holidays per year, are presented. In some cases, tabulations indicate both the percent of employees with a given provision and the average value of that provision. For example, EBS tabulations indicate the percent of employees in fee-for-service medical care plans who must pay selected deductibles (such as \$100, \$150, and \$200 per year), as well as the average deductible. (All tabulations of averages include only those employees actually covered by the provision being averaged.)

Most tables in this bulletin also include the number of employees receiving the benefit. This provides the reader with additional information on the prevalence of various benefit plans and provisions.

#### Survey estimation methods

The survey design uses an estimator that assigns the in-

verse of each sample unit's probability of selection as a weight to the unit's data at each of the two stages of sample selection. Three weight-adjustment factors are applied to the establishment data. The first factor is introduced to account for establishment nonresponse, a second factor for occupational nonresponse, and a third poststratification factor is introduced to adjust the estimated employment totals to actual counts of the employment by industry for the survey reference date.

The general form of the estimator for a population total Y is:

$$Y = \sum_{i=1}^{n'} \frac{f \, 2_i \, f \, 1_i}{P_i} \quad \sum_{j=1}^{o_i} \frac{Y_{ij} f_{ij}}{P_{ij}}$$

where,

n' = number of responding sample establishments;

o<sub>i</sub> = occupation sample size selected from the i<sup>th</sup> establishment:

 $Y_{ij}$  = value for the characteristics of the  $j^{th}$  selected occupation in the  $i^{th}$  selected establishment;

P<sub>i</sub> = the probability of including the i<sup>th</sup> establishment in the sample;

 $P_{ij} = the probability of including the j<sup>th</sup> occupation in the sample of occupations from the i<sup>th</sup> establishment:$ 

f1<sub>i</sub> = weight adjustment factor for nonresponse for the i<sup>th</sup> establishment:

f<sub>ij</sub> = weight adjustment factor for nonresponse for the j<sup>th</sup> occupation in the i<sup>th</sup> establishment;

f2<sub>i</sub> = weight adjustment factor for poststratification totals for the i<sup>th</sup> establishment.

Appropriate employment or establishment totals are used to calculate the proportion, mean, or percentage that is desired.

#### Reliability of estimates

The statistics in this bulletin are estimates derived from a sample of usable occupation quotes selected from the responding establishments. They are not tabulations based on data from all employees in State and local government establishments within scope of the survey. Consequently, the data are subject to sampling and nonsampling errors.

Sampling errors are the differences that can arise between results derived from a sample and those computed from observations of all units in the population being studied. When probability techniques are used to select a sample, as in the Employee Benefits Survey, statistical measures called "standard errors" can be calculated to measure possible sampling errors. No estimates of sample error were calculated for this survey.

Nonsampling errors also affect survey results. They can be attributed to many sources: Inability to obtain information about all establishments in the sample; definitional difficulties; differences in the interpretation of questions; inability or unwillingness of respondents to provide correct information; mistakes in recording or coding the data; and other errors of collection, response, processing, coverage, and estimation for missing data.

Computer edits of the data and professional review of both individual and summarized data reduce the nonsampling errors in recording, coding, and processing the data. However, to the extent that the characteristics of nonrespondents are not the same as those of respondents, nonsampling errors are introduced in the development of estimates. Because the influence of these limitations on the EBS estimates is unknown, reliability measurements are incomplete.

include civilian workers of all establishment sizes.

<sup>&</sup>lt;sup>1</sup>BLS defines an establishment as an economic unit that produces goods or services (such as a factory or a store) at a single location. A government establishment may be a branch agency, for example, or a general government office.

<sup>&</sup>lt;sup>2</sup> Surveys conducted in 1999 and 2000 will include private industry establishments of all sizes. Future plans for 2001 and beyond call for surveys to

<sup>&</sup>lt;sup>3</sup> Data are collected individually for narrowly defined occupations that are sampled within establishments. All of the employees in the detailed occupation selected may not be surveyed. Data for a group (manageable number) of employees in the detailed occupation that included the selected employee position are collected. This group is called a quote.

Table A-1. Number of establishments and full-time occupational quotes studied and estimated number of full-time workers within scope of survey, State and local governments, United States, 1998

		Number of occupational quotes studied <sup>2</sup>				
Industry division <sup>1</sup>	Number of establishments studied	All employees	White- collar employees, except teachers	Teachers	Blue-collar and service employ-ees	
All industries - State and local All industries - State Health services - State Educational services -	803 264 39	3,581 1,213 193	1,674 695 111	739 124 4	1,168 394 78	
StatePublic administration - State	70 155	405 615	211 373	110 10	84 232	
All industries - Local Health services - Local Educational services -	539 57	2,368 241	979 164	615 1	774 76	
Local Public administration - Local	247 235	1,178 949	357 458	611 3	210 488	
	Estimated number of full-time workers within scope of survey					
All industries - State and local All industries - State Health services - State Educational services - State Public administration - State		14,350,773 3,809,444 357,244 1,346,360 2,105,839	5,992,894 2,200,123 198,016 680,053 1,322,053	3,816,292 447,210 12,825 400,337 34,048	4,541,587 1,162,111 146,403 265,970 749,737	
All industries - Local Health services - Local Educational services -		10,541,329 648,411	3,792,771 408,155	3,369,081 748	3,379,477 239,507	
LocalPublic administration -		5,773,487 4,119,432	1,521,843 1,862,773	3,358,524 9,809	893,120 2,246,849	

<sup>&</sup>lt;sup>1</sup> As defined in the 1987 edition of the *Standard Industrial Classification Manual*, U.S. Office of Management and Budget. Indusry data are shown for informational purposes only and are subject to larger than normal sample error. See section on reliability of estimates.

These figures refer to all respondents to the survey, whether or

not they provided data for all items studied. See the section on survey response.

Table A-2. Number of establishments and part-time occupational quotes studied and estimated number of part-time workers within scope of survey, State and local governments, United States, 1998

		Number of occupational quotes studied <sup>2</sup>				
Industry division <sup>1</sup>	Number of establishments studied	All employees	White- collar employees, except teachers	Teachers	Blue-collar and service employ-	
All industries - State and local All industries - State	803 264	402 68	144 30	95 28	163 10	
Health services - State Educational services - State	39 70	11 45	6	- 28	5 3	
Public administration - State	155	12	10	-	2	
All industries - Local  Health services - Local  Educational services -	539 57	334 39	114 21	67 -	153 18	
Local Public administration - Local	247 235	222 73	66 27	66 1	90 45	
	Estimated number of part-time workers within scope of survey					
All industries - State and local All industries - State Health services - State Educational services - State Public administration - State		2,152,325 265,846 19,758 214,612 31,476	840,609 96,731 8,913 62,241 25,577	477,988 134,231 - 134,231	833,729 34,884 10,846 18,140 5,898	
All industries - Local Health services - Local Educational services -		1,886,479 76,907	743,877 38,887	343,757 -	798,845 38,020	
LocalPublic administration -		1,193,036 616,537	352,378 352,612	340,039 3,718	500,619 260,207	

<sup>&</sup>lt;sup>1</sup> As defined in the 1987 edition of the *Standard Industrial Classification Manual*, U.S. Office of Management and Budget. Indusry data are shown for informational purposes only and are subject to larger than normal sample error. See section on reliability of estimates.

These figures refer to all respondents to the survey, whether or

not they provided data for all items studied. See the section on survey response.

### Appendix B: Survey Response

#### Information on 1998 survey response

Data for the 1998 Employee Benefits Survey of State and local governments were collected from June 1998 to November 1998, reflecting an average reference period of June 1998. There were approximately 16.5 million workers in State and local governments within the scope of the survey. A sample of 1,011 government establishments was chosen from Unemployment Insurance reports with reference dates from 1988 to 1995. (A description of sampling procedures appears in appendix A.) Respondents were asked for information as of the time of the data collection contact.

The following summary is a composite of establishment responses to the survey:

Number		
1,011 73 135 803		

The 803 responding government establishments (tables A1-A2) yielded 3,983 occupational observations (quotes) for which data were collected.

There were four procedures used to adjust for missing data from partial and full refusals. First, imputations for the number of plan participants are made for cases in which this number is not reported (for example, approximately 32 percent of participants in health plans, 10 percent of participants in retirement plans, and 6 percent of participants in life insurance plans). Each of these participant values is imputed by selecting a similar plan from another establishment with similar employment in a similar industry. The

participant rate from this selected plan is then used to approximate the number of participants for the plan that is missing a participation value.

Second, imputations for plan provisions are made when they are not available in a responding establishment. These plan provisions are imputed by selecting a plan from another establishment with similar characteristics. Provisions from this selected plan are then used to represent the missing data. Imputations were necessary for about 8 percent of the participants in short-term disability plans; 13 percent of flexible benefits plan participants; 19 percent of medical, dental, and vision care participants; 7 percent of long-term disability insurance participants; 8 percent of retirement plan participants; and 1 percent of life insurance plan participants.

For establishments that refuse, or are unable, to provide the minimum amount of usable data, a weight adjustment is made using the sample unit employment. This technique assumes that the mean value of the nonrespondents equals the mean value of the respondents at some "detailed" cell level. These cells are defined in a manner that groups establishments together that are homogeneous with respect to the characteristics of interest. In most cases, these cells are the same as those used for sample selection.

For establishments that refuse, or are unable, to provide data for a specific occupation, a similar cell approach is used to make adjustments to the sampled occupation weights in responding establishments. The characteristics of interest include the major occupation group of the unreported occupations.

#### Standard errors

Standard errors are not available for the 1998 survey year.

## Appendix C: Availability of Survey Data

The tables published in this bulletin present the major findings of the Employee Benefits Survey (EBS) of State and local governments. EBS data are also available in research articles, special bulletins and reports, short publications, and electronic media.

#### **Articles**

Articles based on EBS data are published periodically in *Compensation and Working Conditions* and the *Monthly Labor Review*, published by the Bureau of Labor Statistics. The following is a list of recent articles:

Blostin, Allan P., "An Overview of the EBS and the NCS," *Compensation and Working Conditions*, spring 1999, pp. 2-5.

Graham, Avy D. and Scheible, Paul, "BLS Retirement Plan Surveys Look to the Future," *Compensation and Working Conditions*, spring 1999, pp. 6-13.

Blostin, Allan P. and Díaz, Iris S., "Health Insurance Provisions Captured by the EBS and the NCS," *Compensation and Working Conditions*, spring 1999, pp. 14-18.

Weinstein, Harriet and Wiatrowski, William J., "Multiemployer Pension Plans," *Compensation and Working Conditions*, spring 1999, pp. 19-23.

Foster, Ann C., "Factors Affecting Employer-provided Retirement Benefits," *Compensation and Working Conditions*, winter 1998, pp. 10-17.

Scheible, Paul, "Unpaid Family Leave," *Compensation and Working Conditions*, winter 1998, pp. 39-40.

Moore, James H., "Hospital Room and Board Benefits," *Compensation and Working Conditions*, summer 1998, pp. 23-30.

Foster, Ann C., "Dental Care Benefits, 1995," *Compensation and Working Conditions*, summer 1998, pp. 45-49.

Blostin, Allan P. and Pfuntner, Jordan N., "Employee Medical Care Contributions on the Rise," *Compensation and Working Conditions*, spring 1998, pp. 46-51.

Foster, Ann C., "Employee Benefits in the United States, 1994-95," *Compensation and Working Conditions*, spring 1998, pp. 56-61.

Wiatrowski, William J., "Family Retirement Benefits," *Compensation and Working Conditions*, spring 1998, pp. 12-17.

Weinstein, Harriet G., "Linking Retirement Plan Measures," *Compensation and Working Conditions*, spring 1998, pp. 52-55.

Foster, Ann C., "Life Insurance," *Compensation and Working Conditions*, winter 1997, pp. 47-50.

Simpson, Hilery, "Paid Personal, Funeral, Jury Duty, and Military Leave: Highlights from the Employee Benefits Survey, 1979-95," *Compensation and Working Conditions*, winter 1997, pp. 35-46.

Weinstein, Harriet G., "Post-retirement Pension Increases," *Compensation and Working Conditions*, fall 1997, pp. 47-50.

Foster, Ann C., "Public and Private Sector Defined Benefit Pension Plans: A Comparison," *Compensation and Working Conditions*, summer 1997, pp. 37-43.

Simpson, Hilery, "Short-term Disability Benefits," *Compensation and Working Conditions*, summer 1997, pp. 52-56.

Foster, Ann C., "Employee Benefits in the United States, 1993-94," *Compensation and Working Conditions*, spring 1997, pp. 46-50.

Simpson, Hilery, "Paid Lunch and Paid Rest Time Benefits: Highlights from the Employee Benefits Survey, 1979-93," *Compensation and Working Conditions*, December 1996, pp. 18-23.

Foster, Ann C., "Early Retirement Provisions in Defined Benefit Pension Plans," *Compensation and Working Conditions*, December 1996, pp. 12-17.

Blostin, Allan P., Kane, John J., and Pfuntner, Jordan N., "Changing Survey Strategies in the Evolution of Health Care Plans," *Compensation and Working Conditions*, September 1996, pp. 3-10.

Foster, Ann C., "Employee Contributions for Medical Care Coverage," *Compensation and Working Conditions*, September 1996, pp. 51-53.

Wiatrowski, William J., "Counting the Incidence of Employee Benefits," *Compensation and Working Conditions*, June 1996, pp. 10-18.

Foster, Ann C., "Defined Contribution Retirement Plans Become More Prevalent," *Compensation and Working Conditions*, June 1996, pp. 42-44.

Foster, Ann C., "Employee participation in savings and thrift plans, 1993," *Monthly Labor Review*, March 1996, pp. 17-22.

Bucci, Michael and Grant, Robert B., "Employer-sponsored health insurance: what's offered, what's chosen?" *Monthly Labor Review*, October 1995, pp. 38-44.

#### **Special Bulletins and Reports**

Special bulletins and reports focus on a single topic or combine related themes. Recent publications include:

Employee Benefits in Medium and Large Private Establishments, 1997, Bulletin 2517 (Bureau of Labor Statistics, September 1999).

Employee Benefits in Small Private Establishments, 1996, Bulletin 2507 (Bureau of Labor Statistics, April 1999).

Employee Benefits in Medium and Large Private Establishments, 1995, Bulletin 2496 (Bureau of Labor Statistics, April 1998).

#### **Issues in Labor Statistics**

*Issues in Labor Statistics* is one of a series of BLS occasional reports that present information of current interest. Recent reports on employee benefits include:

*Employer-sponsored Childcare Benefits*, Summary 98-9, August 1998.

Unpaid Family Leave, Summary 95-4, January 1995.

The public may access EBS data from the Bureau of Labor Statistics Internet site at http://stats.bls.gov/ebshome.htm. Questions about the data in this publication should be directed to staff at (202) 691-6199; by e-mail at ocltinfo@bls.gov; or by writing the Employee Benefits Survey, Bureau of Labor Statistics, 2 Massachusetts Avenue, N.E. Room 4175, Washington, DC 20212-0001. Sensory impaired individuals may obtain information in this publication upon request. Voice phone: (202) 691-5200; or through the Federal Information Relay Service at: 1-800-877-8339.