

Employee Benefits in State and Local Governments, 1992



U.S. Department of Labor
Bureau of Labor Statistics
July 1994

Bulletin 2444



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U.S. Department of Labor
Robert B. Reich, Secretary

Bureau of Labor Statistics
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July 1994

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Preface

This bulletin presents the results of a 1992 Bureau of Labor Statistics survey on the incidence and detailed provisions of selected employee benefit plans in State and local governments. This survey provides representative data for 14 million employees. Appendix A provides a detailed description of the coverage and statistical procedures used in the survey.

Employee Benefits Surveys report on benefits provided to employees in private industries and State and local governments. 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 in the services 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 and 1989, 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 State and local governments. Also in that year, the survey began covering small private establishments (those employing fewer than 100 workers). Currently, small private establishments and State and local governments are surveyed in even-numbered years, and medium and large private establishments are surveyed in odd-numbered years.

Beginning in 1991, information on benefits provided to all workers in private industry and State and local government were compiled from the combined 1990-91 surveys.

Data for this bulletin were compiled and analyzed in the Division of Occupational Pay and Employee Benefits Levels

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Questions on the data in this publication should be referred to the staff of the Employee Benefits Survey at (202) 606-6222. Sensory impaired individuals may obtain information in this publication upon request. Voice phone: (202) 606-STAT (7828); TDD phone: (202) 606-5897; TDD message referral phone: 1-800-326-2577.

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Chapter 1. Incidence of Employee Benefit Plans

Among the most frequently observed benefits provided to State and local government workers were life insurance, medical care, defined benefit pension plans, and paid sick leave; these benefits were provided¹ to the majority of full-time workers. In contrast, benefits such as paid lunch period, paid parental leave, and sickness and accident insurance were less commonly offered to full-time workers.

The Bureau's Employee Benefits Survey for 1992 examines the benefits for employees of State and local governments. The survey collects information on work schedules and the incidence and detailed characteristics of employee benefits paid, at least in part, by the employer.² Benefits included in the survey are paid lunch and rest periods; holidays, vacations, and personal, funeral, jury-duty, military, parental, and sick leave; sickness and accident, long-term disability, and life insurance; medical, dental, and vision care; and retirement and capital accumulation plans. Because data presented in this bulletin are limited to formal plans, the extent of such benefits as rest periods and personal leave may be understated.³

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. In addition, information was obtained on flexible benefits plans, reimbursement accounts, and unpaid parental leave.

The survey collected information on both full-time and part-time employees. They were classified as either full- or part-time in accordance with practices of the surveyed governments. Part-time workers typically are scheduled to work

¹ Data were collected on the number of workers "participating" in benefit plans. In general, workers were considered participants in wholly employer-financed plans that required a minimum length of service, even if some workers had not met those requirements at the time of the survey. Where plans—such as medical care or life insurance—required the employee to pay part of the cost (contributory plans), workers were considered participants only if they elected the plan.

² 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 such coverage must be fully paid for by an employee or retiree. 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 parental leave plans are tabulated even if there is no employer cost involved, beyond administrative costs.

³ Data from this survey were first published in a February 16, 1994 news release, USDL 94-73. The reader is cautioned against comparisons of data presented here with the results of the 1990 government survey. Changes in several survey data collection techniques and differences in reported occupational group definitions are discussed in appendix A. In addition, the refinement of work schedule and leave reporting procedures have resulted in differences in the data between the two surveys, especially in chapter 2.

fewer hours per week than full-time workers engaged in the same type of work activity. Chapters 1-7 present data only for full-time employees; data on part-time employees are presented in chapter 8.

There are several notable differences in the incidence of benefits for full-time employees in State and local governments and for full-time employees in private establishments.⁴ For example:

- Defined benefit pension plans were available to 87 percent of full-time State and local government employees. In contrast, 59 percent of full-time employees in private, medium and large establishments participated in a defined benefit pension in 1991.
- Sickness and accident insurance was available to 22 percent of State and local government employees, while 45 percent of employees in private, medium and large establishments were offered this benefit in 1991.
- Sick leave was available to 95 percent of State and local government employees in contrast to 67 percent of the workers in medium and large private establishments.
- Unpaid maternity leave was more prevalent in State and local governments, where 59 percent of employees were offered this benefit. Thirty-seven percent of employees in medium and large private establishments were offered this benefit.

Time-off benefits

Virtually all full-time employees in State and local governments received jury-duty leave in 1992, while about two-fifths were offered personal leave, and one-tenth were offered a paid lunch period.⁵ Three-fourths had holidays, two-thirds had vacations and funeral leave, and just over one-half had paid rest periods.⁶

⁴ For more detailed comparisons of public and private sector benefits, see William J. Wiatrowski, "Comparing Employee Benefits in the Public and Private Sectors," *Monthly Labor Review*, December 1988, pp. 3-10; Allan P. Blostin and others, "Disability and Insurance Plans in the Public and Private Sectors," *Monthly Labor Review*, December 1988, pp. 9-17; and Lora Mills Lovejoy, "The Comparative Value of Pensions in the Public and Private Sectors," *Monthly Labor Review*, December 1988, pp. 18-26.

⁵ In addition to data on all full-time employees in State and local governments, data are presented separately for three occupational groups—white-collar employees, except teachers, teachers, and blue-collar and service employees. For further details on occupational groups, see appendix A.

⁶ Workers covered by a plan were labeled participants whether or not they used a benefit. For example, while the tables in this bulletin describe the provisions of sick or parental leave plans, they do not indicate the number of employees using these benefits or the amount of leave time taken.

For employees provided with paid time-off, the average provisions were:

- 4 minutes of paid lunch time per day;
- 2.6 days of personal leave per year;
- 14.2 holidays per year;
- 29 minutes of paid rest time per day;
- 12.4 days of vacation per year after 1 year of service, 18.4 days after 10 years, and 22.1 days after 20 years;
- 3.7 days of funeral leave per occurrence;
- Jury duty as needed.

There were pronounced differences in paid time-off benefits for teachers as compared with white-collar employees, except teachers, and blue-collar and service employees. As a group, teachers were offered fewer vacations and holidays than other workers; one-tenth of teachers were provided with paid vacations, and about two-fifths received paid holidays. This difference is because most teachers are employed on a 9- or 10-month basis, typically for a specified number of school days. Days not specified as school days are usually unpaid. In contrast, almost three-fifths of teachers had paid personal leave, compared with one-third of other employees.

The proportion of employees receiving unpaid parental leave was consistent for the three occupational groups, with approximately three-fifths of full-time workers receiving unpaid maternity leave, and about two-fifths offered unpaid paternity leave. Unpaid parental leave is separate from vacations, sick leave, and other time-off provisions that also may be available to new parents. Paid parental leave was rare.

Disability benefits

Employees may be protected from loss of income during short- and long-term illnesses by sickness and accident insurance, long-term disability benefits, and sick leave. Benefits for short-term disabilities included an average of 12 days of sick leave per year at 1 year of service for the more than nine-tenths of workers receiving sick leave. One-fifth of full-time workers had sickness and accident insurance, which also provides workers with income for short-term disabilities. Benefits are usually paid for 26 weeks, and are either a percentage of pay—commonly between 50 to 75 percent—or a flat amount per week.

Long-term disability insurance provides benefits for disabilities that outlast sickness and accident insurance and sick leave provisions. Benefits are paid for extended or permanent periods of disability, and typically replace 60, 65, or 67 percent of predisability pay. Nearly three-tenths of full-time employees had long-term disability insurance. White-collar workers and teachers were more likely to be covered by long-term disability insurance than were blue-collar and service employees.

Medical, dental, and vision care, and life insurance

Medical care was among the most widespread benefits pro-

vided to full-time employees in State and local governments in 1992 — 90 percent of workers participated in such plans. The availability of other health-related benefits was less prevalent—65 percent of full-time employees participated in a dental care plan, and 35 percent had vision care coverage. Health care benefits varied little among occupational groups. For full-time employees participating in medical care plans:

- Just below three-fifths were covered by non-traditional medical care plans, that is, health maintenance organizations or preferred provider organizations.
- Slightly over four-tenths were required to pay a plan premium for individual coverage, and just above seven-tenths contributed towards family coverage; the average monthly contribution was \$29 for individual coverage and \$139 for family coverage.
- Over eight-tenths of participants in traditional fee-for-service plans were subject to an annual deductible, which averaged \$173 in 1992.

Among dental care participants:

- Virtually all had coverage for preventive and restorative dental procedures, and seven-tenths had coverage for orthodontia.
- Three-fourths were covered by plans that limited the amount of payment each year by specifying an annual maximum benefit, typically \$1,000.

Life insurance protection was available to 89 percent of full-time employees in State and local governments in 1992. Among those with life insurance protection:

- Nearly three-fifths were covered by a flat dollar amount formula, averaging nearly \$16,000.
- Slightly more than one-half had insurance available on the lives of their spouses, with the vast majority having to pay the entire premium for such coverage.
- Just under one-half were in plans that continued coverage after retirement.

Defined benefit pension and defined contribution plans

Retirement income plans were widely available to full-time State and local government employees. Ninety-three percent of employees were offered a defined benefit pension, a defined contribution plan, or both.

Defined benefit pension plans specify a formula for determining an employee's annuity. Defined benefit pension plans covered 87 percent of all full-time employees. Such plans typically provide participants with benefits based on a flat percent of average earnings in the final years of employment times years of service.

Some of the frequently observed characteristics of defined benefit plans were:

- Two-thirds of full-time employees covered by pension plans were eligible for normal (unreduced) benefits at age 55 or earlier, usually after 30 years of service. Teachers were eligible more often than other participants for retirement before age 55.
- Nearly three-fourths of all participants helped finance their pension plans. Most employees paid 5 to 9 percent of earnings.
- Automatic post-retirement pension increases were included in plans covering half of all participants. These increases are designed to maintain the purchasing power of the pension benefits.
- About one-sixth (16 percent) of covered workers were in plans that included portability provisions, allowing employees to transfer pension credits from one plan to another.

Defined contribution plans specify employer and employee contributions, but do not guarantee future pension benefits. They were less common than defined benefit plans, with fewer than one-tenth of full-time State and local government employees receiving this benefit. Nearly all defined contribution plans for State and local government workers were retirement plans, generally in the form of a money purchase pension (plans providing retirement income based on fixed contribution rates plus earnings credited to the employee's account). Defined contribution plans generally take one of two forms—they either provide funds to finance retirement benefits, if funds can not be withdrawn easily; or they may be short-term capital accumulation plans, if periodic withdrawals are allowed.

Flexible benefits plans and reimbursement accounts

Flexible benefits plans allow employees to choose between several benefits, such as life insurance, medical care, and vacation days, and also between several levels of care within a given benefit. These plans, also known as cafeteria plans,

were offered to 5 percent of full-time workers in State and local governments in 1992.

Employer-sponsored reimbursement accounts were offered to one-half of full-time employees. Employees may contribute to these accounts to pay for expenses not covered by existing benefit plans, such as child-care expenses and medical care deductibles. Employees typically contribute on a pretax basis, and the employer may also contribute to the account.

Other benefits

The survey covered many benefits in addition to the major benefits just described. The following data show the proportion of employees offered these benefits, not the proportion who actually use the benefits.

The most widely offered benefits in this category were job-related education assistance and employee assistance programs. Both of these benefits were offered to about two-thirds of full-time employees. Education assistance includes full or partial reimbursement for tuition, books, and fees. Education assistance not related to the job was available to almost one-fifth of full-time employees. Employee assistance programs (EAP's) provide employee referral and counseling services for alcoholism, drug abuse, emotional difficulties, and other problems. The incidence of EAP's varied by occupational group: Just under one-half of teachers were eligible for such plans, as compared with seven-tenths of other employees. Nonproduction cash bonuses were offered to nearly two-fifths of full-time employees.

Other benefits were less frequently offered to full-time employees. Child-care benefits, which include either employer-subsidized facilities, or reimbursement for off-site child care, were offered to 8 percent of full-time employees. Eldercare, which provides benefits to care for elderly parents, was offered to 13 percent of full-time employees. Long-term care insurance, which covers extended home health care or nursing home stays, was offered to 5 percent of full-time employees.

A Note on the Tables

The majority of the tables presented throughout this bulletin show the percent of all employees, or of a selected group of employees, covered by particular benefits and benefit features. In using these tables, it is important to understand the group of employees about whom data are being presented; this information is contained in the title of each table. Some tables show the percent of all employees covered by the survey who have a certain benefit; other tables show the percent of employees covered by a specific benefit (e.g., medical care) a specific plan feature (e.g., a fee-for-service plan).

For example, table 1 shows that 90 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 covered by certain provisions. In this chapter, workers with medical care equal 100 percent in these tables, with smaller percents indicating the availability of plan features. For example, in table 37, 100 percent indicates those workers with medical care plans and 43 percent indicates those workers with medical care covered by a fee-for-service plan. A more detailed discussion of data calculation is found in appendix A.

Table 1. Summary: Percent of full-time employees participating¹ in selected employee benefit programs, State and local governments,² 1992

Employee benefit program	All employees ²	White-collar employees, except teachers ³	Teachers ³	Blue-collar and service employees ²	Employee benefit program	All employees ²	White-collar employees, except teachers ³	Teachers ³	Blue-collar and service employees ²
Paid:					Medical care—Continued				
Holidays	75	88	38	91	Family coverage:				
Vacations	67	87	10	91	Wholly employer financed	25	22	30	24
Personal leave	38	31	55	33	Partly employer financed	65	69	59	65
Lunch period	10	6	14	13	Dental care	65	65	65	64
Rest time	53	68	20	64	Employee coverage:				
Funeral leave	65	64	61	70	Wholly employer financed	46	45	46	47
Jury duty leave	97	97	98	97	Partly employer financed	19	20	19	17
Military leave	83	87	76	85	Family coverage:				
Sick leave	95	94	97	94	Wholly employer financed	31	30	32	33
Maternity leave	1	(*)	1	1	Partly employer financed	34	36	33	31
Paternity leave	1	(*)	1	1	Life insurance	89	89	87	89
Unpaid:					Wholly employer financed	75	76	73	77
Maternity leave	59	59	63	54	Partly employer financed	13	13	15	12
Paternity leave	44	46	44	40	All retirement ⁵	93	93	94	93
Sickness and accident insurance	22	25	15	23	Defined benefit pension	87	86	89	87
Wholly employer financed	16	18	13	17	Wholly employer financed	24	25	22	24
Partly employer financed	5	7	2	6	Partly employer financed	63	61	66	63
Long-term disability insurance	28	30	33	22	Defined contribution ⁶	9	10	8	9
Wholly employer financed	22	23	27	18	Types of plans:				
Partly employer financed	6	7	6	5	Savings and thrift	2	3	1	2
Medical care	90	91	90	89	Money purchase pension	7	7	7	8
Employee coverage:					Flexible benefits plans	5	5	7	4
Wholly employer financed	51	48	57	51	Reimbursement accounts	50	55	44	48
Partly employer financed	39	43	33	38					

¹ Participants are workers covered by a paid time off, insurance, retirement, or capital accumulation plan. Employees subject to a minimum service requirement before they are eligible for benefit coverage are counted as participants even if they have not met the requirement at the time of the survey. If employees are required to pay part of the cost of a benefit, only those who elect the coverage and pay their share are counted as participants. Benefits for which the employee must pay the full premium are outside the scope of the survey. Only current employees are counted as participants; retirees are excluded.

² See appendix A for scope of study.

³ See appendix A for definitions of the occupational groups.

⁴ Less than 0.5 percent.

⁵ 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 The total is less than the sum of the individual items because some employees participated in more than one type of plan.

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

Table 2. Other benefits: Percent of full-time employees eligible for specified benefits, State and local governments, 1992

Benefit	All employees	White-collar employees, except teachers	Teachers	Blue-collar and service employees
Income continuation plans:				
Severance pay	32	30	31	35
Supplemental unemployment benefits	(¹)	(¹)	-	(¹)
Family benefits:				
Employer assistance for child care	8	10	6	7
Adoption financial assistance	2	3	1	1
Eldercare	13	14	15	11
Long-term care insurance	5	6	5	3
Health promotion programs:				
In-house infirmary	17	18	16	14
Wellness programs	30	34	23	30
Employee assistance programs ..	63	70	47	68
Miscellaneous benefits:				
Employer-subsidized recreation facilities	15	15	19	12
Job-related travel accident insurance	15	17	13	13
Nonproduction bonuses	38	43	26	44
Prepaid legal services	7	8	7	7
Education assistance:				
Job related	66	73	57	64
Not job related	18	20	14	18

¹ Less than 0.5 percent.

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

Chapter 2. Work Schedules, Paid Time Off, and Parental Leave

The schedules worked by government employees, as well as a variety of plans that provided time off with pay to workers, vary greatly by occupational group. Flexible work schedules were found largely among white-collar employees, except teachers; while blue-collar and service workers were most likely to work rotating schedules. And, teachers, more than the other groups, were the most likely to have paid lunch as well as paid rest periods.

Survey coverage of paid leave benefits included provisions for lunch and rest periods; holidays and vacations; and personal, funeral, jury-duty, and military leave. Paid and unpaid parental leave were also surveyed. (Information on paid sick leave appears in chapter 3.)

Work schedules

The number of straight-time hours⁷ worked per week varied significantly by occupational group (table 3). Nearly two-thirds of white-collar employees, except teachers, worked a 40-hour week; the remainder generally worked 35 or 37.5 hours (7- or 7.5-hour days). Virtually all teachers worked from 30 to 40 hours per week, which included paid lunch and rest periods, as well as preparation and grading time if such activities were considered by the school to be a part of the teacher's workday. Additional hours for extracurricular activities were included only if considered part of the regular work schedule. Unlike the rest of the full-time government employees, virtually all of whom were scheduled to work 52 weeks per year, about three-quarters of teachers were scheduled to work 9 or 10 months. Almost all of the remainder worked 8 months.

A small proportion of teachers did not have fixed work schedules. This group, consisting of college and university-level instructors, were not required to work a set number of hours. Instead, they worked the hours necessary to complete their duties, including class instruction, research, and office hours. Such work schedules were rare for other employees.

Formal flexible work schedules were offered primarily to white-collar employees, except teachers (table 4). Ten percent of white-collar employees had formal flexible work arrangements, compared to 5 percent of blue-collar and service employees and 3 percent of teachers. These structured flextime arrangements give employees the opportunity to be-

gin and end work within a specified range of hours while meeting overall requirements for total hours of work. Limits on the amount of flexibility varied from plan to plan, but generally, employees were required to work a core number of hours during the day.

Four percent of blue-collar and service employees were required to work rotating work schedules. These schedules characteristically require long shifts of 10 to 24 hours followed by several shifts off. Such schedules were prevalent for occupations, such as police and firefighters, where operations are continuous. With few exceptions, all hours per week over 40, and hours per day over 8, in table 3 were attributable to rotating work schedules for police and firefighters in the blue-collar and service employee group. Rotating work schedules for white-collar employees were rare.

Paid lunch and rest periods

Formal paid lunch periods were provided to 6 percent of white-collar employees, except teachers and 68 percent were provided formal rest time, such as coffee breaks (table 5-6). In contrast, 14 percent of teachers received paid lunch time, and just 20 percent received paid rest time. Paid lunch time was provided to 13 percent of blue-collar and service employees while 64 percent had paid rest breaks.

The amount of time available for paid lunch averaged 34 minutes, as shown in the following tabulation. Paid rest time, averaging 29 minutes a day, was provided most commonly as two daily breaks of 10 or 15 minutes each.

	All partici- pants	White- collar, except teachers	Teachers	Blue- collar and service
Lunch time—average minutes per day	34	38	32	40
Rest time—average minutes per day	29	29	29	29

Paid holidays

Paid holidays were provided to about 9 out of 10 employees in both the white-collar, except teachers, group and the blue-collar and service group; these averaged 14.6 and 13.6 days per year, respectively. Floating holidays and "personal holidays," such as employee birthdays, were included in the holiday plans reported (tables 7-9).

Thirty-eight percent of teachers received formal paid holi-

⁷ Straight-time hours include paid lunch and rest periods and exclude all overtime hours. Regularly scheduled overtime was included in work schedule data for Employee Benefit Surveys prior to 1991.

days. Only when benefit documents specifically stated that teachers received paid holidays was the information tabulated as such. Teachers are typically employed for a fixed number of days—for example, 180—over a 9- or 10-month contract. For many teachers, school holidays are not included in the days contracted for and are therefore not designated as paid holidays.

When a holiday fell on a scheduled day off, such as a Saturday or Sunday, holiday policies varied somewhat by occupational group. Another day off was regularly granted to 87 percent of the white-collar participants, except teachers and to 92 percent of teachers. Most of the remaining participants in these 2 groups received either another day off or an additional day's pay, depending on when the holiday fell. For blue-collar and service participants, however, 80 percent were regularly granted another day off. The policy for 9 percent of participants depended on when the holiday fell, while 5 percent always received an additional day's pay. This difference may be attributed to the rotating work schedules of many blue-collar and service employees, who often are paid for a specified number of holidays whether they work them or not.

Paid vacations

Most white-collar employees, except teachers, and blue-collar and service employees were provided paid vacations (tables 7 and 10-13). Like holidays, the incidence among teachers was low (10 percent) because most were employed on a 9- or 10-month basis.

The average number of vacation days varied by length of service and occupational group. The average vacation time for all participants was 12.4 days at 1 year of service, 18.4 days at 10 years, and 22.1 days at 20 years. Vacations for white-collar employees, except teachers, were typically more generous than those for blue-collar and service employees at earlier lengths of service, but this difference virtually disappeared as years of service increased. Teachers receiving paid vacations generally showed less of an increase with length of service. Virtually all employees received their regular earnings during vacation periods.

Four out of 5 employees with vacation plans had to complete minimum service requirements before being allowed to take vacation. Teachers commonly had only a 1-month service requirement, while a 6- or 12-month requirement was more common for the other occupational groups.

In cases where holidays, vacation, sick leave days, or personal leave were combined under one leave category and could not be shown separately, the total amount of time off was reported as vacation time. These consolidated leave plans or "leave banks" have been adopted by a number of establishments, most notably those that must always remain open, such as hospitals. Three percent of full-time employees were covered by leave bank plans, which typically offered a greater average number of days than other plans.

Anniversary-year bonus vacation days, such as an extra week of vacation at 10 and 20 years of service, were included

in the count of regular vacation time.

Carryover and cash-in provisions for unused vacation time were also examined. Seventy-one percent of all workers covered were allowed to carry over at least some of their unused vacation days into the next year; 2 percent were restricted to cashing in some or all of their vacation days at the end of the year; and 9 percent had both cash-in and carryover provisions. Seventeen percent lost vacation days that were unused at the end of the year. White-collar employees, except teachers, were more likely to have carryover or cash-in provisions than were teachers or blue-collar employees.

The average number of vacation days varied depending on the cash-in/carryover provision. At nearly all lengths of service, a greater number of days were provided to those employees who could carryover unused vacation days. These employees averaged about 3 days more per year than employees without cash-in or carryover provisions.

Paid personal leave

Formal personal leave, which allows employees to be absent from work with pay for a variety of reasons not covered by other specific leave plans, was provided to two-fifths of the full-time employees (table 14). Over one-half of teachers received personal leave, while only about one-third of employees in the other occupational groups had this benefit. Most commonly, employees with this leave provision were eligible for 1 to 5 days; the average was 2.9 days per year. Teachers averaged 2.6 days and both of the other occupational groups averaged 3.0 days. A few employees were provided as much personal leave as needed.

Paid funeral leave, jury-duty leave, and military leave

Nearly two-thirds of all employees were eligible for paid leave to attend funerals of family members (table 15). Most received a set number of days per occurrence, with an average of 3.7 days. The average for teachers was slightly higher at 4.2 days per occurrence. One in 5 workers was in a plan where the number of days varied by relationship to the deceased, and they were included in the count for those with a set number of days. The maximum number of days off was reported for each plan that included this relationship provision. For some employees who were not covered by a separate funeral leave plan, employers provided an informal benefit or allowed employees to use other types of leave, such as paid sick leave days, to attend funerals. (See chapter 3.)

Paid leave for jury duty was nearly universal (table 16). Such leave was usually provided "as needed"; employer payments commonly made up the difference between an employees' regular pay and the court's jury allowance.

Pay provisions for absences from work to fulfill military training or duty commitments, was available to 87 percent of white-collar employees, except teachers, 85 percent of blue-collar and service employees, and 76 percent of teachers (table 17). The number is lowest for teachers because they often have unpaid time off in the summer. The most common pro-

vision was 3 weeks or more off per year, but 12 percent of the workers were provided paid military leave as needed. For workers with a specified number of days off, military leave averaged 17.0 workdays per year. The average number of days for teachers was slightly lower at 16.3 days. Pay for military leave was either regular pay or the difference between regular pay and military pay.⁸

Parental leave

Fifty-nine percent of all government workers were eligible for unpaid maternity leave; 44 percent were eligible for unpaid paternity leave (tables 18 and 19). Paid maternity and paternity leave was virtually nonexistent. Parental leave plans were defined as separate from an employee's other leave plans, such as sick leave and paid vacations, which might have been used by new parents. Unpaid maternity and paternity leave generally could be taken after regular paid leave was used, and could continue for a fixed period of time. Employees had a reasonable expectation of returning to their own or a similar job following leave, although this was not always specifically guaranteed.⁹

For plans that provided a fixed number of days of unpaid maternity or paternity leave, maximum maternity benefits

⁸ For further information on leave items in all sectors, see "Military and Other Leave Plans Limited in Small Establishments", *Monthly Labor Review*, February 1992.

⁹ For additional details on parental leave plans, see Joseph R. Meisenheimer, "Employer Provisions for Parental Leave," *Monthly Labor Review*, October 1989, pp. 20-24.

averaged 10.5 months and maximum paternity benefits averaged 10.9 months in duration. The higher average for paternity leave resulted from the fact that plans with both maternity and paternity leave often provided more days off than plans granting only maternity leave. The effect of this was greater on the average for paternity leave because of the relatively fewer workers involved survey wide. As shown below, the average varied slightly by occupational group:

	<i>Unpaid maternity leave (months)</i>	<i>Unpaid paternity leave (months)</i>
All participants	10.5	10.9
White-collar, except teachers	9.5	10.1
Teachers	11.0	10.8
Blue-collar and service	11.5	12.2

Individual plans differed considerably in the amount of unpaid time allowed, ranging from under 6 weeks to over 2 years. For teachers, who often work fewer days per year, the number of days of parental leave provided appears less generous. For a teacher with a 180-day contract, a year of parental leave was measured as 180 days, instead of the 260 days an employee with a regular work schedule would receive. Thus, the average of 11.0 months of unpaid maternity leave for teachers actually provides more than 1 full school year off.

Table 3. Work schedules: Percent of full-time employees by hours scheduled per week and per day, State and local governments, 1992

Work schedule	All employees	White-collar employees, except teachers	Teachers	Blue-collar and service employees
Total	100	100	100	100
Hours per week:				
Non-fixed work week ²	2	1	2	3
30	4	2	8	2
Over 30 and under 35	6	4	16	1
35	9	9	15	4
Over 35 and under 37.5	2	1	5	1
37.5	15	17	21	6
Over 37.5 and under 40	2	2	2	1
40	59	63	31	79
Over 40	2	1	(¹)	4
Non-fixed work week	1	1	2	(¹)
Hours per day:				
Non-fixed work day ²	1	(¹)	1	1
5	(¹)	(¹)	(¹)	1
Over 5 and under 6	1	(¹)	1	1
6	4	2	8	2
Over 6 and under 7	6	4	15	1
7	9	9	15	4
Over 7 and under 8	18	20	28	7
8	59	63	31	79
Over 8 and under 10	(¹)	(¹)	(¹)	1
10	(¹)	(¹)	-	1
Over 10	1	1	(¹)	3
Non-fixed work day	1	1	2	(¹)

¹ Work schedule data included paid lunch and paid rest periods.

² Work schedule for these employees are discretionary or undefined, such as college and university level instructors. Reported hours per week and per day were based on an estimated schedule and were included in the hours distributions above.

³ 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 4. Work schedules: Percent of full-time employees by type of work schedule, State and local governments, 1992

Work schedule type	All employees	White collar employees except teachers	Teachers	Blue-collar and service employees
Total	100	100	100	100
Fixed work schedule	91	88	94	90
Flexible work schedule	6	10	3	5
Rotating work schedule	2	1	-	4
Non-fixed work schedule	1	1	2	(¹)

¹ Less than 0.5 percent.

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

Table 5. Paid lunch time: Percent of full-time employees by minutes of paid lunch time per day, State and local governments, 1992

Minutes per day	All employees	White-collar employees, except teachers	Teachers	Blue-collar and service employees
Total	100	100	100	100
Provided paid lunch time	10	6	14	13
Under 30 minutes	1	(¹)	1	1
30 minutes	7	4	10	9
Over 30 minutes	2	2	3	2
Number of minutes not available	(¹)	(¹)	-	(¹)
Not provided paid lunch time	90	94	86	87

¹ 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 6. Paid rest time: Percent of full-time employees by minutes of paid rest time per day, State and local governments, 1992

Minutes per day	All employees	White-collar employees, except teachers	Teachers	Blue-collar and service employees
Total	100	100	100	100
Provided paid rest time	53	68	20	64
Under 15 minutes	(¹)	(¹)	-	1
15 minutes	2	2	1	2
20 minutes	3	4	1	4
Over 20 and under 30 minutes	(¹)	(¹)	-	(¹)
30 minutes	48	62	18	55
Over 30 minutes	(¹)	(¹)	(¹)	1
Number of minutes not available	(¹)	(¹)	-	(¹)
Not provided paid rest time	47	32	80	36

¹ 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 8. Paid holidays: Percent of full-time employees by number of paid holidays provided each year, State and local governments, 1992

Number of days	All employees	White-collar employees, except teachers	Teachers	Blue-collar and service employees
Total	100	100	100	100
Provided paid holidays	75	88	38	91
Under 6 days	2	1	6	1
6 days	2	2	4	2
7 days	2	2	2	2
7.1 - 7.9 days	(¹)	-	-	(¹)
8 days	2	2	2	3
8.1 - 8.9 days	1	1	(¹)	(¹)
9 days	5	6	3	5
9.1 - 9.9 days	(¹)	1	(¹)	(¹)
10 days	10	13	3	13
10.1 - 10.9 days	2	1	3	2
11 days	12	15	2	17
11.1 - 11.9 days	2	3	(¹)	2
12 days	14	19	2	18
12.1 - 12.9 days	2	3	1	2
13 days	8	9	(¹)	13
13.1 - 13.9 days	1	2	1	1
14 days	3	4	1	4
14.1 - 14.9 days	1	1	-	1
15 days	2	2	1	2
15.1 - 15.9 days	(¹)	(¹)	-	(¹)
16 days	1	1	1	1
17 days	1	1	2	(¹)
17.1 - 17.9 days	(¹)	-	(¹)	-
18 days	1	(¹)	1	(¹)
19 days	(¹)	(¹)	1	(¹)
20 days	1	(¹)	2	(¹)
More than 20 days	1	1	1	1
Not provided paid holidays	25	12	62	9

¹ 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 7. Paid holidays and vacations: Average number of days for full-time participants, State and local governments, 1992

Item	All participants	White-collar participants, except teachers	Teachers	Blue-collar and service participants
Paid holidays	14.2	14.6	14.4	13.6
Paid vacation by minimum length of service requirement: ¹				
After 1 year ²	12.4	13.0	12.9	11.6
After 3 years	13.5	14.0	13.5	12.9
After 5 years	15.5	15.9	14.6	15.0
After 10 years	18.4	18.8	15.9	18.1
After 15 years	20.3	20.7	16.8	20.2
After 20 years	22.1	22.3	17.8	22.1
After 25 years	22.7	23.0	18.0	22.7
After 30 years ³	22.9	23.2	18.0	23.0

¹ Employees either are granted a specified 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.

² Employees receiving vacation days, but none at 1 year of service, were included only for the service periods for which they receive vacations.

³ The average (mean) was essentially the same for longer lengths of service.

NOTE: Computation of average included partial days and excluded workers with zero holidays or vacation days.

Table 9. Paid holidays: Percent of full-time participants by policy on holidays that fall on a regularly scheduled day off, State and local governments, 1992

Holiday policy	All participants	White-collar participants, except teachers	Teachers	Blue-collar and service participants
Total	100	100	100	100
Holiday is not observed	2	3	2	2
Another day off is granted	85	87	92	80
Additional day's pay in lieu of holiday	2	1	(¹)	5
Another day off or day's pay, depending on when holiday falls ...	8	7	5	9
Another day off or holiday not observed, depending on when holiday falls	1	(¹)	-	1
Other provision applies ²	1	(¹)	(¹)	2
Holiday policy not determinable	1	1	1	1

¹ Less than 0.5 percent.

² Includes plans where the policy differs by holiday.

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

Table 10. Paid vacations: Percent of full-time employees by amount of paid vacation days provided for selected periods of service, State and local governments, 1992

Vacation policy	All employees	White-collar employees, except teachers	Teachers	Blue-collar and service employees	Vacation policy	All employees	White-collar employees, except teachers	Teachers	Blue-collar and service employees
Total	100	100	100	100	After 3 years of service:				
Provided paid vacations ¹	67	87	10	91	Over 30 days	(9)	1	-	1
Vacation days by minimum length-of-service requirement ²					After 5 years of service:				
After 1 year of service:					Under 5 days	(9)	(9)	-	-
Under 5 days	(9)	(9)	-	(9)	5 days	(9)	(9)	-	1
5 days	4	3	-	10	Over 5 and under 10 days	1	1	-	1
Over 5 and under 10 days	1	2	-	2	10 days	12	11	3	21
10 days	23	25	6	38	Over 10 and under 15 days	9	12	2	11
Over 10 and under 15 days	23	32	2	28	15 days	22	29	2	31
15 days	6	10	1	4	Over 15 and under 20 days	11	16	1	14
Over 15 and under 20 days	2	3	(9)	2	20 days	5	8	(9)	5
20 days	3	4	(9)	4	Over 20 and under 25 days	4	6	2	4
Over 20 and under 25 days	3	5	2	2	25 days	(9)	(9)	-	1
25 days	(9)	(9)	-	1	Over 25 and under 30 days	1	1	(9)	2
Over 25 and under 30 days	1	1	(9)	1	30 days	(9)	1	-	(9)
30 days	(9)	(9)	-	(9)	Over 30 days	1	1	-	1
Over 30 days	(9)	(9)	-	(9)	After 10 years of service:				
After 3 years of service:					Under 5 days	(9)	(9)	-	-
Under 5 days	(9)	(9)	-	(9)	5 days	(9)	(9)	-	(9)
5 days	1	1	-	1	Over 5 and under 10 days	(9)	(9)	-	(9)
Over 5 and under 10 days	1	1	-	1	10 days	3	2	3	5
10 days	22	21	4	41	Over 10 and under 15 days	1	1	(9)	3
Over 10 and under 15 days	20	27	3	24	15 days	17	22	1	25
15 days	11	18	1	10	Over 15 and under 20 days	17	25	3	19
Over 15 and under 20 days	4	6	(9)	4	20 days	15	18	1	24
20 days	3	5	(9)	4	Over 20 and under 25 days	7	10	2	7
Over 20 and under 25 days	4	6	2	3	25 days	3	4	-	3
25 days	(9)	(9)	-	1	Over 25 and under 30 days	2	2	(9)	3
Over 25 and under 30 days	1	1	(9)	2	30 days	(9)	1	-	(9)
30 days	(9)	(9)	-	(9)	Over 30 days	1	2	-	2
					After 15 years of service:				
					Under 5 days	(9)	(9)	-	-
					5 days	(9)	(9)	-	(9)

Table 10. Paid vacations: Percent of full-time employees by amount of paid vacation days provided for selected periods of service, State and local governments, 1992—Continued

Vacation policy	All employees	White-collar employees, except teachers	Teachers	Blue-collar and service employees	Vacation policy	All employees	White-collar employees, except teachers	Teachers	Blue-collar and service employees
After 15 years of service—Continued					After 25 years of service:				
Over 5 and under 10 days	(¹)	(¹)	-	-	Under 5 days	(¹)	(¹)	-	-
10 days	3	2	3	4	5 days	(¹)	(¹)	-	(¹)
Over 10 and under 15 days	1	1	(¹)	1	Over 5 and under 10 days	(¹)	(¹)	-	-
15 days	5	6	(¹)	10	10 days	2	1	3	3
Over 15 and under 20 days	11	15	2	12	Over 10 and under 15 days	1	1	(¹)	1
20 days	22	28	1	33	15 days	3	3	(¹)	5
Over 20 and under 25 days	15	22	3	16	Over 15 and under 20 days	2	3	(¹)	2
25 days	3	3	-	6	20 days	13	16	(¹)	19
Over 25 and under 30 days	4	6	(¹)	6	Over 20 and under 25 days	20	31	5	19
30 days	1	1	-	(¹)	25 days	12	13	1	20
Over 30 days	2	3	-	2	Over 25 and under 30 days	9	11	(¹)	14
After 20 years of service:					30 days	3	4	(¹)	4
Under 5 days	(¹)	(¹)	-	-	Over 30 days	2	4	-	3
5 days	(¹)	(¹)	-	(¹)	After 30 years of service ⁴				
Over 5 and under 10 days	(¹)	(¹)	-	-	Under 5 days	(¹)	(¹)	-	-
10 days	2	1	3	3	5 days	(¹)	(¹)	-	(¹)
Over 10 and under 15 days	1	1	(¹)	1	Over 5 and under 10 days	(¹)	(¹)	-	-
15 days	3	3	(¹)	5	10 days	2	1	3	3
Over 15 and under 20 days	2	3	(¹)	3	Over 10 and under 15 days	1	1	(¹)	1
20 days	16	22	(¹)	22	15 days	3	3	(¹)	5
Over 20 and under 25 days	23	35	5	22	Over 15 and under 20 days	2	3	(¹)	2
25 days	9	8	(¹)	19	20 days	12	16	(¹)	18
Over 25 and under 30 days	7	8	(¹)	11	Over 20 and under 25 days	20	31	5	19
30 days	1	2	-	1	25 days	11	12	1	18
Over 30 days	2	4	-	3	Over 25 and under 30 days	9	11	(¹)	13
					30 days	4	4	(¹)	7
					Over 30 days	3	4	-	3
					Not provided paid vacations	33	13	90	9

¹ 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 they become eligible for vacations.

² Less than 0.5 percent.

³ 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.

⁴ Provisions were virtually the same after longer years of service.

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

Table 11. Paid vacations: Percent of full-time participants by length of service required to take vacation, State and local governments, 1992

Length of service requirement	All participants	White-collar participants, except teachers	Teachers	Blue-collar and service participants
Total	100	100	100	100
With service requirement	83	84	62	85
1 month	24	26	43	19
2 months	(¹)	(¹)	-	(¹)
3 months	5	5	(¹)	5
4-5 months	(¹)	(¹)	-	(¹)
6 months	29	31	12	27
7-11 months	1	(¹)	2	2
1 year	24	20	5	32
Over 1 year	(¹)	(¹)	-	(¹)
Without service requirement	16	16	36	15
Service requirement not determinable	(¹)	(¹)	2	(¹)

¹ 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 13. Paid vacations: Average number of days for full-time participants by length of service and cash-in/carryover provisions, State and local governments, 1992

Vacation days by minimum length of service requirement ¹	All plans	Cash-in, carryover, or both	Carryover only	No cash-in or carryover
After 1 year	12.4	12.9	13.0	9.9
After 3 years	13.5	14.0	14.0	11.3
After 5 years	15.5	15.9	15.9	13.2
After 10 years	18.4	18.8	18.7	16.1
After 15 years	20.3	20.8	20.7	18.0
After 20 years	22.1	22.5	22.4	19.6
After 25 years	22.7	23.2	23.0	20.0
After 30 years ²	22.9	23.3	23.2	20.5

¹ Employees either are granted a specified 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.

² The average (mean) was essentially the same for longer lengths of service.

NOTE: Computations of average excluded workers with zero vacation days.

Table 12. Paid vacations: Percent of full-time participants by unused vacation policy, State and local governments, 1992

Policy	All participants	White-collar participants, except teachers	Teachers	Blue-collar and service participants
Total	100	100	100	100
Carryover only	71	76	61	65
Cash-in only	2	2	-	3
Carryover and cash-in	9	9	1	10
Unused benefit lost	17	12	38	21
Data not available	1	1	-	(¹)

¹ 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 14. Paid personal leave: Percent of full-time employees by number of paid personal leave days provided per year, State and local governments, 1992

Number of days	All employees	White-collar employees, except teachers	Teachers	Blue-collar and service employees
Total	100	100	100	100
Provided personal leave	38	31	55	33
1 day	5	5	5	4
2 days	12	6	24	8
3 days	13	9	20	11
4 days	5	5	3	5
5 days	4	4	2	4
More than 5 days	1	1	1	1
No maximum specified ¹	(¹)	(¹)	(¹)	(¹)
Varies by length of service ²	2	2	(¹)	2
Number of days not available	(¹)	(¹)	(¹)	-
Not provided personal leave	62	69	45	67

¹ Workers were provided as much personal leave as they needed.

² Less than 0.5 percent.

³ The maximum number of days provided was included in the distribution of personal leave days.

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

Table 15. Paid funeral leave: Percent of full-time employees by number of paid funeral leave days available per occurrence, State and local governments, 1992

Number of days	All employees	White-collar employees, except teachers	Teachers	Blue-collar and service employees
Total	100	100	100	100
Provided paid funeral leave	65	64	61	70
1 day	1	(¹)	(¹)	1
2 days	3	4	1	4
3 days	31	33	20	38
4 days	10	11	7	11
5 days	18	14	30	13
More than 5 days	1	1	2	1
No maximum specified ²	1	1	1	1
Not provided paid funeral leave	35	36	39	30
Number of days varies by relationship to deceased ³	21	21	20	21

¹ Less than 0.5 percent.

² Workers were provided as much funeral leave as needed.

³ The maximum number of days provided for any occurrence was included in the distribution of funeral leave days.

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

Table 17. Paid military leave: Percent of full-time employees by number of paid military leave days available per year, State and local governments, 1992

Number of days	All employees	White-collar employees, except teachers	Teachers	Blue-collar and service employees
Total	100	100	100	100
Provided paid military leave	83	87	76	85
Under 10 days	(¹)	(¹)	(¹)	1
10 days	14	15	14	11
11-14 days	6	6	4	7
15 days	25	24	22	28
16-19 days	6	7	5	5
20 days	2	2	2	2
21-24 days	13	15	8	15
25-29 days	(¹)	(¹)	-	(¹)
30 days	4	4	2	4
More than 30 days	1	1	1	1
No maximum specified ²	12	10	16	10
Number of days not available	1	1	1	(¹)
Not provided paid military leave	17	13	24	15

¹ Less than 0.5 percent.

² Military leave is 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 16. Paid jury-duty leave: Percent of full-time employees by number of paid jury-duty leave days available per occurrence, State and local governments, 1992

Number of days	All employees	White-collar employees, except teachers	Teachers	Blue-collar and service employees
Total	100	100	100	100
Provided paid jury-duty leave	97	97	98	97
Maximum days specified	1	1	2	1
No maximum specified ¹	96	96	96	96
Not provided paid jury-duty leave	3	3	2	3

¹ Jury-duty leave is 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. Parental leave: Percent of full-time employees by parental leave policy, State and local governments, 1992

Employer leave policy	All employees	White-collar employees, except teachers	Teachers	Blue-collar and service employees
Total	100	100	100	100
Eligible for parental leave ¹	61	62	65	55
Eligible for maternity leave	61	62	65	55
Paid days only	(¹)	(¹)	1	(¹)
Unpaid days only	58	59	63	54
Both unpaid and paid days	(¹)	(¹)	1	(¹)
Information not available on type of days	2	2	1	1
Not eligible for maternity leave	(¹)	(¹)	-	(¹)
Eligible for paternity leave	45	48	46	40
Paid days only	(¹)	(¹)	1	(¹)
Unpaid days only	43	46	43	39
Both unpaid and paid days	(¹)	(¹)	1	(¹)
Information not available on type of days	1	1	1	1
Not eligible for paternity leave	16	14	20	15
Not eligible for parental leave	39	38	35	45

¹ Parental leave includes plans providing maternity leave only, paternity leave only, and both maternity and paternity leave.

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 19. Unpaid maternity and paternity leave: Percent of eligible full-time employees by duration of benefits, State and local governments, 1992

Duration	All eligible employees	White-collar employees, except teachers	Teachers	Blue-collar and service employees
Unpaid maternity leave				
Total	100	100	100	100
Under 1 month	(¹)	(¹)	(¹)	-
Over 1 but under 2 months	14	14	12	15
Over 2 but under 3 months	8	9	6	8
3 months	2	2	2	2
Over 3 but under 4 months	1	1	(¹)	(¹)
4 months	6	6	6	7
Over 4 but under 5 months	6	8	4	5
Over 5 but under 6 months	1	2	-	1
6 months	8	11	3	11
Over 6 but under 7 months	(¹)	(¹)	-	-
7 months	4	6	2	3
Over 7 but under 8 months	1	-	2	(¹)
Over 8 but under 9 months	8	5	17	5
9 months	1	(¹)	2	(¹)
Over 9 but under 10 months	3	1	8	2
10 months	1	(¹)	2	-
Over 10 but under 11 months	(¹)	1	(¹)	(¹)
11 months	(¹)	(¹)	-	(¹)
Over 11 but under 12 months	1	1	-	1
12 months	20	23	13	24
Over 12 but under 24 months	4	2	10	1
24 months	1	1	2	1
Over 24 months	10	8	10	14
Average months	10.49	9.45	11.00	11.51
Unpaid paternity leave				
Total	100	100	100	100
Under 1 month	1	1	1	(¹)
Over 1 but under 2 months	13	13	10	16
Over 2 but under 3 months	10	11	8	12
3 months	2	2	2	2
Over 3 but under 4 months	1	1	-	(¹)
4 months	7	7	8	7
Over 4 but under 5 months	6	7	4	6
Over 5 but under 6 months	1	2	-	1
6 months	7	9	2	8
Over 6 but under 7 months	(¹)	(¹)	-	(¹)
7 months	6	8	4	4
Over 7 but under 8 months	1	-	2	-
Over 8 but under 9 months	5	3	11	3
9 months	1	(¹)	2	1
Over 9 but under 10 months	3	1	8	2
10 months	1	(¹)	4	-
Over 10 but under 11 months	(¹)	1	(¹)	(¹)
11 months	(¹)	-	(¹)	-
Over 11 but under 12 months	(¹)	1	-	(¹)
12 months	20	22	14	21
Over 12 but under 24 months	3	1	10	1
24 months	1	(¹)	2	1
Over 24 months	11	10	8	17
Average months	10.86	10.08	10.75	12.23

¹ Includes only plans that allowed a fixed number of unpaid leave days.

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.

Chapter 3. Disability Benefits

Of the three types of disability benefits offered by State and local governments, paid sick leave was the most prevalent, covering 95 percent of full-time employees. Sickness and accident and long-term disability insurance covered 22 percent and 28 percent of employees, respectively.

Paid sick leave and sickness and accident insurance provide protection against loss of income during temporary absences from work due to illness or accident. During more extended periods of disability, workers' income may be continued through long-term disability insurance plans.

In 1992, short-term disability protection was available to 96 percent of all surveyed full-time employees through sick leave, or sick leave and sickness and accident insurance (table 20). Few employees had sickness and accident insurance only. Sick leave usually continues all of the worker's normal earnings; sickness and accident insurance usually replaces 50 to 75 percent of pay.

Twenty-one percent of the workers had sick leave plans coordinated with sickness and accident insurance. Coordination is accomplished by either delaying insurance benefits until sick leave pay has ended, or paying both benefits concurrently. When payments are made from both sources, sick leave pay is reduced by the amount of the insurance benefits so that the total benefit does not exceed full salary. Employers offering sickness and accident insurance generally allow slightly fewer sick leave days than those without such insurance. At 5 years of service, for example, annual sick leave plans coordinated with sickness and accident insurance granted an average of 12.2 sick days at full pay while plans without sickness and accident insurance granted an average of 12.8 days.

Long-term disability insurance (LTD), which typically pays 60, 65, or 67 percent of earnings, was available to 28 percent of employees. Coverage was more prevalent among white-collar employees and teachers than among blue-collar and service employees. Long-term disability insurance payments usually begin after sick leave and sickness and accident insurance are exhausted, or after a 3- or 6-month wait, and continue until retirement age or a specified number of months, depending on the worker's age at the time of disability.

Paid sick leave

Ninety-five percent of the full-time State and local government employees were covered by paid sick leave plans, which nearly always allowed a specified number of days off per year (annual sick leave plans). Other methods of granting sick leave accounted for 3 percent of the employees. These

methods included providing a specified number of days per illness (per-disability plans), providing time off as needed, or offering a combination of annual and per-disability benefits (tables 21-27).

Because annual sick leave plans do not renew benefits after each illness, virtually all of the employees with such plans could carry over and accumulate unused sick leave from year to year (cumulative plans). Typically, a plan granted a fixed number of days per year with unused days carried over into the next year. Just over one-half of workers with carryover provisions were allowed to accumulate an unlimited amount of sick leave. Where limits applied, they ranged widely, but often fell between 30 and 240 days.

On average, employees with annual sick leave plans were eligible for about 12 days per year at 1 year of service. Average benefits increased only slightly with longer service.

About two-thirds of workers had sick leave plans that did not specify a minimum length of service as a requirement for benefits. If service requirements were specified, 1 month was most common. Sick leave benefits were nearly always provided on the first day of illness, without any waiting period.

Nearly all State and local government employees covered by a paid sick leave plan could use their sick days for other purposes. The most common purposes allowed were for doctor's appointments and to care for a sick child.

Sickness and accident insurance

Twenty-two percent of full-time employees were protected by sickness and accident insurance against income losses due to short-term disabilities. By group, 25 percent of white-collar employees, except teachers, 23 percent of blue-collar and service employees, and 15 percent of teachers participated. About three-quarters of participants had their sickness and accident insurance fully paid by their employer (tables 28-30).

Sickness and accident insurance paid either a percent of employee earnings or, less commonly, a scheduled dollar amount. The percent of earnings was always fixed—between 50 to 75 percent. Earnings-based plans often placed limits on the weekly benefit, commonly between \$100 and \$300 per week. Plans having dollar schedules nearly always specified a flat weekly amount (typically ranging from \$100 to \$275). The maximum duration of payments for each disability was generally fixed, most often at 26 weeks.

Most employees with sickness and accident insurance had to meet service requirements to qualify for benefits. The most

prevalent requirements were 1 month, 3 months, and 1 year of service.

Sickness and accident insurance, unlike sick leave, often requires a waiting period before benefits begin. When required, waiting periods were typically 1 to 7 days. Waiting periods could be shortened or eliminated entirely for employees involved in an accident or hospitalized.

State and local government workers in New Jersey and New York were covered by mandatory State temporary disability insurance plans when government entities elected coverage. Both of these plans, which were at least partially employer financed, pay benefits based on a percent of the worker's earnings. Benefits were provided for up to 26 weeks and were limited to 50 percent of earnings to a maximum of \$170 per week in New York and 67 percent to a maximum of \$288 in New Jersey during 1992.¹⁰ The State of Hawaii, at that time, required a minimum level of temporary disability income protection—55 percent of earnings to a maximum of \$291 per week for up to 26 weeks.

Long-term disability insurance

Of the full-time employees covered by the survey, 28 percent had LTD coverage. Nearly one-third of white-collar employees and teachers had LTD coverage compared to just over one-fifth of blue-collar and service employees. However, some employees not covered by LTD insurance were eligible for an immediate disability pension through their retirement plan. (See chapter 6.)

Long-term disability insurance provides a monthly benefit to employees who, due to illness or injury, are unable to work for an extended period of time (tables 31-35). Generally, LTD benefit payments begin after 3 or 6 months of disability and continue until retirement age, or for a specified number of months, depending on the employee's age at the time of disability. In most instances, the LTD payments take the form of a percent of predisability earnings.

One-fifth of employees with LTD coverage were required to contribute towards the cost of their plan. Of those with jointly-financed LTD plans, one-fifth could choose from various options under a "flexible benefits plan," with employee contributions varying by the mix of benefits selected. (See

¹⁰ California and Rhode Island have State-sponsored temporary disability insurance plans, but these plans require no employer contribution and, thus, are not included in the survey.

chapter 7 for additional information on these plans, otherwise known as cafeteria plans.) About one-half paid a composite rate that included premiums for at least one other insurance benefit. The remainder either contributed a monthly amount per \$100 of covered earnings,¹¹ paid a flat percent of earnings, or paid an amount that varied by earnings.

Service requirements were imposed upon about half of the LTD participants before they were covered by their plan. Most of those participants had requirements of 1 year or less.

One-fifth of the full-time participants had to wait 3 months, and about one-third had to wait 6 months, after the disability occurred before beginning to receive LTD payments. For another one-fourth of participants, LTD benefits commenced after sick leave and sickness and accident insurance benefits ended.

Slightly more than 9 out of 10 participants received their LTD benefit as a fixed percent of predisability earnings. The most prevalent benefit was 60 percent of monthly pay. Most of these plans set a limit on maximum monthly payments, commonly ranging up to \$7,500. The average maximum was \$3,341.

Some plans imposed a maximum on all sources of disability income. One-fifth of the participants were in such plans. Benefits are affected only if the amount payable from the LTD plan plus income from outside sources, including rehabilitative employment and all Social Security payments, exceeded a specified percentage (most commonly 70 percent) of predisability earnings.

Survivor benefits, payable to an eligible dependent upon the death of a disabled employee, were available to a minority of the LTD participants. These benefits usually took the form of a lump-sum payment or a percent of the monthly LTD benefit paid for a limited time, generally not more than 6 months.

LTD plans that included coverage for disabilities due to mental illness covered the majority of participants. However, about one-half of these plans placed limits upon coverage. In most cases, benefits were provided for a specified period (usually 24 months) and then ceased unless the participant was institutionalized at the end of the limiting period.

¹¹ Covered earnings are that portion of a worker's earnings to which the replacement rate formula is applied. For example, if an LTD plan pays 60 percent of earnings with a maximum monthly benefit of \$3,000, covered earnings would be \$5,000 (\$3,000 is 60 percent of \$5,000).

Table 20. Short-term disability coverage: Percent of full-time employees by participation in sickness and accident insurance plans and paid sick leave plans, State and local governments, 1992

Type of plan	All employees	White-collar employees, except teachers	Teachers	Blue-collar and service employees
Total	100	100	100	100
With short-term disability coverage ..	96	94	97	96
Sickness and accident insurance only	1	1	(¹)	2
Paid sick leave only	74	70	82	73
Combined sickness and accident insurance/paid sick leave	21	24	15	21
Without short-term disability coverage	4	6	3	4

¹ 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 21. Paid sick leave: Percent of full-time employees by type of provision, State and local governments, 1992

Provision	All employees	White-collar employees, except teachers	Teachers	Blue-collar and service employees
Total	100	100	100	100
Provided paid sick leave	95	94	97	94
Sick leave provided on:				
An annual basis only ¹	92	92	95	89
A per disability basis only ²	1	1	(³)	1
Both an annual and per disability basis	(³)	1	(³)	(⁴)
As needed basis ⁴	1	(³)	1	3
Policy not available	(³)	(³)	1	(³)
Not provided paid sick leave	5	6	3	6

¹ Employees earn a specified number of sick leave days per year. This number may vary by length of service.

² Employees earn a specified number of sick leave days for each illness or disability. This number may vary by length of service.

³ Less than 0.5 percent.

⁴ 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.

Table 22. Paid sick leave: Percent of full-time employees by sick leave provision, State and local governments, 1992

Sick leave policy ¹	All employees	White-collar employees, except teachers	Teachers	Blue-collar and service employees	Sick leave policy ¹	All employees	White-collar employees, except teachers	Teachers	Blue-collar and service employees
Total	100	100	100	100					
Provided paid sick leave ²	95	94	97	94					
Sick leave provided annually ⁴	92	93	96	90					
After 1 year of service:									
Under 5 days	(³)	(³)	(³)	(³)	After 10 years of service: -Continued				
5 and under 10 days	8	5	11	9	30 and under 60 days	(³)	(³)	1	(³)
10 and under 15 days	64	65	67	61	60 days or more	(³)	(³)	(³)	1
15 and under 30 days	19	21	17	18	After 15 years of service:				
30 and under 60 days	(³)	(³)	1	(³)	Under 5 days	(³)	(³)	(³)	(³)
60 days or more	(³)	(³)	(³)	(³)	5 and under 10 days	8	5	12	7
After 5 years of service:					10 and under 15 days	62	63	63	58
Under 5 days	(³)	(³)	(³)	(³)	15 and under 30 days	22	24	19	22
5 and under 10 days	7	5	12	7	30 and under 60 days	1	1	1	(³)
10 and under 15 days	63	64	65	60	60 days or more	(³)	(³)	(³)	1
15 and under 30 days	21	23	18	21	After 20 years of service: ⁵				
30 and under 60 days	(³)	(³)	1	(³)	Under 5 days	(³)	(³)	(³)	(³)
60 days or more	(³)	(³)	(³)	(³)	5 and under 10 days	8	5	12	7
After 10 years of service:					10 and under 15 days	62	63	63	58
Under 5 days	(³)	(³)	(³)	(³)	15 and under 30 days	22	24	19	22
5 and under 10 days	8	5	12	7	30 and under 60 days	1	1	1	(³)
10 and under 15 days	62	63	63	59	60 days or more	(³)	(³)	(³)	1
15 and under 30 days	22	24	19	22	Sick leave provided on a per disability basis ⁶	1	1	1	2
					As needed basis ⁷	1	(³)	1	3
					Policy not available	(³)	(³)	1	(³)
					Not provided paid sick leave	5	6	3	6

¹ Some plans grant sick leave at partial pay, either in addition or as an alternative to full-pay provisions. 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.

² The total is less than the sum of the individual breakdowns because some employees had annual and per disability plans.

³ Less than 0.5 percent.

⁴ 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 avail-

able for use immediately upon completion of the described length-of-service interval.

⁵ Provisions were virtually the same after longer years of service.

⁶ Employees are granted a specific number of sick leave days for each illness or disability after completion of the described length-of-service interval.

⁷ 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.

Table 23. Paid annual sick leave: Average number of days at full pay for full-time participants, State and local governments, 1992

Sick leave policy	All participants	White-collar participants, except teachers	Teachers	Blue-collar and service participants
Paid annual sick leave days ¹ by minimum length-of-service requirement:				
After 1 year	12.2	12.6	11.8	12.1
After 3 years	12.7	12.9	12.5	12.4
After 5 years	12.6	12.9	12.3	12.6
After 10 years	12.8	13.1	12.5	12.8
After 15 years	12.8	13.1	12.5	12.8
After 20 years ²	12.9	13.1	12.5	12.8

¹ 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.

² The average (mean) was virtually the same after longer years of service.

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

Table 24. Paid annual sick leave: Average number of days at full pay for full-time participants by sickness and accident insurance coordination, State and local governments, 1992

Sick leave policy	All participants	White-collar participants, except teachers	Teachers	Blue-collar and service participants
Sick leave days by minimum length-of-service requirement ²				
After 1 year of service:				
With sickness and accident insurance	12.0	12.3	11.6	11.6
Without sickness and accident insurance	12.3	12.6	11.9	12.2
After 3 years of service:				
With sickness and accident insurance	12.2	12.5	11.6	12.0
Without sickness and accident insurance	12.8	13.0	12.7	12.5
After 5 years of service:				
With sickness and accident insurance	12.2	12.5	11.5	12.1
Without sickness and accident insurance	12.8	13.0	12.5	12.7
After 10 years of service:				
With sickness and accident insurance	12.2	12.5	11.5	12.2
Without sickness and accident insurance	13.0	13.2	12.7	12.9
After 15 years of service:				
With sickness and accident insurance	12.2	12.5	11.5	12.2
Without sickness and accident insurance	13.0	13.3	12.7	13.0
After 20 years of service ³				
With sickness and accident insurance	12.2	12.5	11.5	12.2
Without sickness and accident insurance	13.0	13.3	12.7	13.0

¹ Paid sick leave plans with a specified number of days available each year.

² 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 (mean) was virtually the same at longer years of service.

NOTE: Computation of average excluded days paid 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 participants by unused sick leave policy and carryover provisions, State and local governments, 1992

Unused sick leave policy and carryover provisions	All participants	White-collar participants, except teachers	Teachers	Blue-collar and service participants
Unused sick leave policy				
Total	100	100	100	100
Carryover only	90	91	92	87
Cash-in only	(²)	(²)	(²)	(²)
Carryover and cash-in	9	8	6	12
Unused benefit lost	1	1	2	1
Carryover provisions				
Total	100	100	100	100
Unlimited accumulation	58	61	55	57
Limit on total number of days accumulated	41	39	44	43
Under 25 days	1	1	1	1
25 days	(²)	(²)	-	(²)
30 - 39 days	1	1	(²)	2
40 - 49 days	2	1	1	3
50 - 59 days	(²)	1	-	1
60 - 69 days	3	3	2	3
70 - 79 days	1	(²)	(²)	2
80 - 89 days	(²)	1	(²)	(²)
90 - 99 days	4	3	4	4
100 - 109 days	1	1	1	2
110 - 119 days	(²)	(²)	1	(²)
120 - 129 days	6	7	5	7
130 days	2	3	1	2
131 - 149 days	1	1	(²)	1
150 - 179 days	3	2	3	2
180 days	4	3	6	4
181 - 199 days	1	1	2	(²)
200 days	3	2	7	1
201 - 239 days	2	1	3	2
240 days	(²)	(²)	(²)	(²)
Over 240 days	3	2	5	3
Days not available	3	4	2	2
Other ³	(²)	(²)	1	-

¹ Paid sick leave plans with a specified number of days available each year.

² Less than 0.5 percent.

³ Carryover provisions vary by length of service.

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

Table 26. Paid sick leave: Percent of full-time participants by length-of-service requirement for participation, State and local governments, 1992

Length-of-service requirement	All participants	White-collar participants, except teachers	Teachers	Blue-collar and service participants
Total	100	100	100	100
With service requirement	35	41	24	38
1 month	25	30	21	22
2 months	(¹)	(¹)	(¹)	1
3 months	4	4	1	6
4-5 months	(¹)	(¹)	(¹)	-
6 months	4	5	(¹)	6
7-11 months	(¹)	(¹)	(¹)	-
1 year	2	1	(¹)	5
Over 1 year	(¹)	(¹)	-	(¹)
Without service requirement	64	59	75	61
Data not available	1	(¹)	1	1

¹ 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 27. Paid sick leave: Percent of full-time participants in annual plans allowing use of sick leave for other purposes, State and local governments, 1992

Other purposes	All participants	White-collar participants, except teachers	Teachers	Blue-collar and service participants
Total	100	100	100	100
Other purposes allowed ¹	96	97	96	93
Funeral	45	47	48	40
Doctors' appointments	86	88	85	84
Personal business	17	13	27	11
Care of sick child	71	75	71	66
Other purposes not allowed	4	3	3	6
Data not available	(²)	(²)	(²)	1

¹ This total is smaller than the sum of the components because some employees could use sick leave for more than one other purpose.

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 28. Sickness and accident insurance: Percent of full-time participants by type and duration of payments, State and local governments, 1992

Type of payment	Total	Maximum weeks of coverage								
		Total	Less than 13	13	14-25	26	27-51	52	Greater than 52	Varies by service
All participants										
All types	100	100	1	1	8	47	1	20	12	10
Fixed percent of earnings	77	77	()	1	7	38	1	11	10	7
50	29	29	-	()	1	13	()	7	1	7
55	7	7	-	-	-	7	-	-	-	-
60	17	17	-	()	7	7	()	()	2	()
65	1	1	-	-	-	-	()	()	1	-
66	3	3	-	-	-	3	()	-	-	-
67	13	13	()	()	-	9	()	2	1	-
70	7	7	-	-	-	()	-	1	6	-
75	1	1	-	-	()	-	-	1	-	()
Fixed weekly dollar benefit	22	22	()	-	()	9	-	9	1	3
Less than \$100	4	4	()	-	()	3	-	()	()	-
\$100-\$124	3	3	-	-	-	2	-	()	-	-
\$125-\$149	9	9	-	-	-	2	-	7	-	-
\$150-\$174	()	()	-	-	-	-	-	()	-	-
\$200-\$224	2	2	()	-	-	1	-	()	()	-
\$225-\$249	()	()	-	-	-	-	-	1	()	-
\$250-\$274	4	4	-	-	-	1	-	-	-	3
\$275-\$299	()	()	-	-	()	-	-	-	-	-
\$300 or more	()	()	-	-	-	()	-	-	()	-
Weekly dollar benefit varies	1	1	-	1	-	()	-	()	()	-
By earnings	1	1	-	1	-	()	-	()	()	-
By service or length of disability ..	()	()	-	-	-	-	-	()	()	-
White-collar, except teachers										
All types	100	100	()	1	9	44	1	23	11	11
Fixed percent of earnings	80	80	()	1	9	40	1	9	10	10
50	25	25	-	-	()	9	-	5	1	10
55	5	5	-	-	-	5	-	-	-	-
60	21	21	-	()	9	10	()	()	1	()
65	2	2	-	-	-	-	()	-	2	-
66	4	4	-	-	-	4	()	-	-	-
67	17	17	()	()	-	12	()	2	2	-
70	5	5	-	-	-	-	()	1	5	-
75	1	1	-	-	()	-	-	1	-	()
Fixed weekly dollar benefit	19	19	()	-	-	4	-	14	()	1
Less than \$100	1	1	-	-	-	1	-	-	-	-
\$100-\$124	1	1	-	-	-	1	-	()	-	-
\$125-\$149	14	14	-	-	-	2	-	12	-	-
\$200-\$224	1	1	()	-	-	()	-	1	()	-
\$250 or more	2	2	-	-	-	()	-	-	-	1
Weekly dollar benefit varies	()	()	-	()	-	()	-	()	-	-
By earnings	()	()	-	()	-	()	-	()	-	-
By service or length of disability ..	()	()	-	-	-	-	-	()	-	-

See footnotes at end of table.

Table 28. Sickness and accident insurance: Percent of full-time participants by type and duration of payments, State and local governments, 1992—Continued

Type of payment	Total	Maximum weeks of coverage								Varies by service
		Total	Less than 13	13	14-25	26	27-51	52	Greater than 52	
Teachers										
All types	100	100	2	1	2	60	3	24	6	2
Fixed percent of earnings	89	89	1	1	2	53	3	23	4	2
50	53	53	-	1	2	30	1	19	-	1
55	17	17	-	-	-	17	-	-	-	-
60	6	6	-	-	1	2	-	-	4	-
65	2	2	-	-	-	-	2	-	-	-
66	2	2	-	-	-	1	(1)	-	-	-
67	7	7	1	-	-	3	-	3	-	-
70	1	1	-	-	-	1	-	(1)	-	-
75	1	1	-	-	-	-	-	(1)	-	1
Fixed weekly dollar benefit	11	11	1	-	-	7	-	1	2	-
Less than \$100	8	8	1	-	-	6	-	-	1	-
\$100-\$124	2	2	-	-	-	1	-	1	-	-
\$200 or more	1	1	-	-	-	-	-	-	1	-
Blue-collar and service										
All types	100	100	(1)	3	8	44	1	15	16	12
Fixed percent of earnings	65	65	(1)	1	8	27	1	8	14	6
50	20	20	-	-	(1)	8	-	4	2	6
55	3	3	-	-	-	3	-	-	-	-
60	17	17	-	1	7	7	(1)	(1)	1	(1)
65	(1)	(1)	-	-	-	-	(1)	-	-	-
66	2	2	-	-	-	2	(1)	-	-	-
67	11	11	(1)	(1)	-	8	-	2	1	-
70	11	11	-	-	-	-	-	1	11	-
75	1	1	-	-	-	-	-	1	-	-
Fixed weekly dollar benefit	31	31	(1)	-	1	16	-	6	2	6
Less than \$100	5	5	-	-	(1)	5	-	(1)	(1)	-
\$100-\$124	5	5	-	-	-	4	-	1	-	-
\$125-\$149	7	7	-	-	-	3	-	4	-	-
\$150-\$174	(1)	(1)	-	-	-	-	-	(1)	-	-
\$200-\$224	4	4	(1)	-	-	2	-	1	1	-
\$225-\$249	(1)	(1)	-	-	-	-	-	(1)	-	-
\$250-\$274	8	8	-	-	-	2	-	-	-	6
\$275-\$299	(1)	(1)	-	-	(1)	-	-	-	-	-
\$300 or more	1	1	-	-	-	(1)	-	-	1	-
Weekly dollar benefit varies	3	3	-	1	-	1	-	1	1	-
By earnings	2	2	-	1	-	1	-	-	-	-
By service or length of disability ..	1	1	-	-	-	-	-	1	1	-

¹ 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 29. Sickness and accident insurance: Percent of full-time participants with benefits based on percent of earnings formula by maximum weekly benefit, State and local governments, 1992

Type of payment	Total	Maximum weekly benefit									No maximum
		Total with maximum	Less than \$100	\$100 to \$149	\$150 to \$199	\$200 to \$249	\$250 to \$299	\$300 to \$349	\$350 to \$399	\$400 or more	
All participants											
Total	100	72	(¹)	12	13	1	19	2	1	25	28
Fixed percent of earnings	100	72	(¹)	12	13	1	19	2	1	25	28
50	38	27	(¹)	3	12	-	-	-	-	11	11
55	9	9	-	-	-	-	3	-	-	5	-
60	22	18	-	8	-	-	5	-	-	5	4
65	1	1	-	-	-	-	-	-	-	1	(¹)
66	4	2	-	-	-	1	-	1	-	1	2
67	17	15	-	(¹)	(¹)	-	11	1	(¹)	2	2
70	9	1	-	-	(¹)	-	-	-	1	(¹)	8
75	1	-	-	-	-	-	-	-	-	-	1
White-collar, except teachers											
Total	100	69	-	14	8	(¹)	22	4	(¹)	21	31
Fixed percent of earnings	100	69	-	14	8	(¹)	22	4	(¹)	21	31
50	32	17	-	3	8	-	-	-	-	7	14
55	6	6	-	-	-	-	2	-	-	4	-
60	26	22	-	11	-	-	6	-	-	5	4
65	2	2	-	-	-	-	-	-	-	2	-
66	5	3	-	-	-	(¹)	-	-	-	1	3
67	21	18	-	(¹)	(¹)	-	14	2	(¹)	2	3
70	7	(¹)	-	-	-	-	-	-	(¹)	(¹)	6
75	1	-	-	-	-	-	-	-	-	-	1
Teachers											
Total	100	88	1	9	26	1	9	-	1	42	12
Fixed percent of earnings	100	88	1	9	26	1	9	-	1	42	12
50	60	55	1	9	24	-	-	-	-	21	4
55	19	19	-	-	-	-	6	-	-	13	-
60	7	4	-	-	-	-	(¹)	-	-	3	3
65	2	-	-	-	-	-	-	-	-	-	2
66	2	1	-	-	-	1	-	-	-	-	(¹)
67	8	8	-	-	1	-	2	-	1	4	-
70	1	1	-	-	1	-	-	-	-	-	(¹)
75	1	-	-	-	-	-	-	-	-	-	1
Blue-collar and service											
Total	100	63	-	10	11	1	21	1	1	18	37
Fixed percent of earnings	100	63	-	10	11	1	21	1	1	18	37
50	31	20	-	-	11	-	-	-	-	9	11
55	4	4	-	-	-	-	3	-	-	1	-
60	25	22	-	10	-	-	5	-	-	6	4
65	(¹)	-	-	-	-	-	-	-	-	-	(¹)
66	3	2	-	-	-	1	-	(¹)	-	1	1
67	17	14	-	-	-	-	13	(¹)	-	1	2
70	18	1	-	-	-	-	-	-	1	-	16
75	2	-	-	-	-	-	-	-	-	-	2

¹ 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 30. Sickness and accident insurance: Percent of full-time participants by length-of-service requirement for participation,¹ State and local governments, 1992

Length-of-service requirement	All participants	White-collar participants, except teachers	Teachers	Blue-collar and service participants
Total	100	100	100	100
With service requirement	57	58	57	57
1 month	13	9	24	11
3 months	12	16	7	10
4-5 months	9	11	2	9
6 months	8	9	1	9
1 year	14	11	19	17
Over 1 year	2	2	3	1
Without service requirement	28	28	23	31
Service requirement not determinable	15	15	20	11

¹ Length of time employees must be on the job before they are covered by a plan that is at least partially employer financed. There is frequently an administrative time lag between completion of the requirement and the actual start of participation. If the lag was 1 month or more, it was included in the service requirement. Minimum age requirements are rare.

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

Table 31. Long-term disability insurance: Percent of full-time participants by method of determining payment, State and local governments, 1992

Method	Total	With maximum coverage	Type of maximum provision			Without maximum coverage
			Plan maximum only ¹	Disability income maximum only ²	Plan and disability income maximum	
All participants						
All methods	100	78	57	1	19	22
Fixed percent of earnings	92	70	50	1	19	22
Less than 50 percent	2	(⁰)	-	-	(⁰)	2
50 percent	15	8	3	(⁰)	4	7
60 percent	35	29	21	(⁰)	7	6
65 or 67 percent	33	27	20	-	6	6
70 percent	3	2	1	-	(⁰)	1
More than 70 percent	2	2	1	-	(⁰)	-
Other percent	3	3	3	-	-	-
Percent varies by earnings	4	4	4	-	-	-
Percent varies by service	2	2	2	-	-	-
Percent varies during disability	1	1	1	-	(⁰)	-
Scheduled dollar amount varies by earnings	(⁰)	(⁰)	(⁰)	-	-	-
Other ⁴	1	-	-	-	-	1
White-collar, except teachers						
All methods	100	75	59	1	16	25
Fixed percent of earnings	92	68	52	1	16	24
Less than 50 percent	1	(⁰)	-	-	(⁰)	1
50 percent	17	7	3	1	4	10
60 percent	37	30	24	-	6	7
65 or 67 percent	28	22	18	-	5	5
70 percent	3	2	2	-	1	1
More than 70 percent	3	3	2	-	(⁰)	-
Other percent	3	3	3	-	-	-
Percent varies by earnings	4	4	4	-	-	-
Percent varies by service	3	3	3	-	-	-
Percent varies during disability	(⁰)	(⁰)	(⁰)	-	-	-
Scheduled dollar amount varies by earnings	(⁰)	(⁰)	(⁰)	-	-	-

See footnotes at end of table.

Table 31. Long-term disability insurance: Percent of full-time participants by method of determining payment, State and local governments, 1992—Continued

Method	Total	With maximum coverage	Type of maximum provision			Without maximum coverage
			Plan maximum only ¹	Disability income maximum only ²	Plan and disability income maximum	
Teachers						
All methods	100	85	63	1	21	15
Fixed percent of earnings	89	75	54	1	20	14
Less than 50 percent	5	-	-	-	-	5
50 percent	10	8	3	-	5	3
60 percent	28	28	19	1	8	(³)
65 or 67 percent	41	35	27	-	7	6
70 percent	1	1	1	-	(³)	(³)
More than 70 percent	1	1	1	-	-	-
Other percent	3	3	3	-	-	-
Percent varies by earnings	7	7	7	-	-	-
Percent varies during disability	3	3	2	-	1	-
Scheduled dollar amount varies by earnings	(³)	(³)	(³)	-	-	-
Blue-collar and service						
All methods	100	72	47	1	24	28
Fixed percent of earnings	96	68	43	1	24	28
Less than 50 percent	1	1	-	-	1	-
50 percent	17	10	4	1	5	7
60 percent	38	28	20	-	9	10
65 or 67 percent	30	24	16	-	8	7
70 percent	5	1	1	-	-	4
More than 70 percent	2	2	1	-	1	-
Other percent	2	2	2	-	-	-
Percent varies by earnings	1	1	1	-	-	-
Percent varies by service	3	3	3	-	-	-
Percent varies during disability	1	1	(³)	-	(³)	-
Scheduled dollar amount varies by earnings	(³)	(³)	(³)	-	-	-
Other ⁴	(³)	-	-	-	-	(³)

¹ Includes flat dollar maximums and dollar maximums that vary by years of service.

² Includes ceilings on income during disability that limit the total amount payable from the long-term disability insurance plus other income, such as dependent Social Security.

³ Less than 0.5 percent.

⁴ Includes flat dollar amounts and scheduled percent of earnings varying by length of disability.

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

Table 32. Long-term disability insurance: Percent of full-time participants with benefits based on percent of earnings formula by maximum monthly benefit, State and local governments, 1992

Type of payment	Total	Total with maximum ¹	Maximum monthly benefit										Other maximum ²	Data not available
			\$1500 or less	\$1501-\$2000	\$2001-\$2500	\$2501-\$3000	\$3001-\$3500	\$3501-\$4000	\$4001-\$5000	\$5001-\$7500	\$7501-\$10,000	\$10,001 or more		
All participants														
Total	100	73	17	10	3	8	2	11	12	5	3	(³)	2	27
Fixed percent of earnings	92	66	13	8	3	8	2	11	12	4	2	(³)	1	27
Less than 50 percent	2	-	-	-	-	-	-	-	-	-	-	-	-	2
50 percent	15	6	2	1	(³)	1	(³)	-	1	-	-	(³)	-	9
60 percent	35	28	7	6	1	4	1	1	6	1	(³)	-	1	7
65 or 67 percent	33	26	2	1	1	3	(³)	8	5	3	2	(³)	-	7
70 percent	3	2	-	-	-	(³)	1	-	(³)	-	(³)	-	-	1
More than 70 percent	2	2	1	-	-	-	-	1	-	(³)	-	-	-	-
Other percent	3	3	3	-	-	-	-	-	-	-	-	-	-	-
Percent varies by earnings	4	4	3	-	-	-	-	-	-	1	-	-	-	-
Percent varies by service	2	2	-	2	-	-	-	-	-	(³)	(³)	-	-	-
Percent varies during disability	1	1	-	-	-	(³)	-	-	(³)	-	-	-	1	(³)
White-collar, except teachers														
Total	100	71	14	10	2	11	2	8	13	7	2	1	1	29
Fixed percent of earnings	93	63	11	7	2	11	2	8	13	5	2	1	1	29
Less than 50 percent	1	-	-	-	-	-	-	-	-	-	-	-	-	1
50 percent	18	5	2	1	(³)	1	(³)	-	(³)	-	-	(³)	-	13
60 percent	38	29	5	6	1	5	2	2	6	1	(³)	-	1	8
65 or 67 percent	28	22	1	(³)	1	4	(³)	4	6	4	1	(³)	-	6
70 percent	3	2	-	-	-	1	(³)	-	1	-	1	-	-	1
More than 70 percent	3	3	(³)	-	-	-	-	2	-	(³)	-	-	-	-
Other percent	3	3	3	-	-	-	-	-	-	-	-	-	-	-
Percent varies by earnings	4	4	2	-	-	-	-	-	-	1	-	-	-	-
Percent varies by service	3	3	-	3	-	-	-	-	-	(³)	(³)	-	-	-
Percent varies during disability	(³)	(³)	-	-	-	(³)	-	-	-	-	-	-	(³)	-

See footnotes at end of table.

Table 32. Long-term disability insurance: Percent of full-time participants with benefits based on percent of earnings formula by maximum monthly benefit, State and local governments, 1992—Continued

Type of payment	Total	Total with maximum ¹	Maximum monthly benefit										Data not available	
			\$1500 or less	\$1501-\$2000	\$2001-\$2500	\$2501-\$3000	\$3001-\$3500	\$3501-\$4000	\$4001-\$5000	\$5001-\$7500	\$7501-\$10,000	\$10,001 or more		Other maximum ²
Teachers														
Total	100	81	23	11	5	3	3	15	11	3	4	-	2	19
Fixed percent of earnings	90	72	17	11	5	3	3	15	10	1	4	-	1	18
Less than 50 percent	5	-	-	-	-	-	-	-	-	-	-	-	-	5
50 percent	10	6	2	2	1	-	(³)	-	1	-	-	-	-	4
60 percent	28	26	10	7	2	1	1	(³)	4	-	(³)	-	1	2
65 or 67 percent	42	34	3	2	3	2	1	15	5	1	4	-	-	7
70 percent	1	1	-	-	-	(³)	1	-	-	-	-	-	-	(³)
More than 70 percent	1	1	(³)	-	-	-	-	-	-	(³)	-	-	-	-
Other percent	3	3	3	-	-	-	-	-	-	-	-	-	-	-
Percent varies by earnings	7	7	6	-	-	-	-	-	-	1	-	-	-	-
Percent varies during disability	3	2	-	-	-	1	-	-	(³)	-	-	-	1	1
Blue-collar and service														
Total	100	66	13	9	3	8	2	10	12	6	1	(³)	1	34
Fixed percent of earnings	96	62	12	6	3	8	2	10	12	6	1	(³)	1	34
Less than 50 percent	1	-	-	-	-	-	-	-	-	-	-	-	-	1
50 percent	17	7	2	1	(³)	1	(³)	-	2	-	-	(³)	-	10
60 percent	38	27	6	5	2	4	1	2	7	(³)	(³)	-	1	11
65 or 67 percent	31	23	1	1	1	3	(³)	8	3	5	-	(³)	-	8
70 percent	5	1	-	-	-	-	1	-	-	-	1	-	-	4
More than 70 percent	2	2	1	-	-	-	-	1	-	-	-	-	-	-
Other percent	2	2	2	-	-	-	-	-	-	-	-	-	-	-
Percent varies by earnings	1	1	1	-	-	-	-	-	-	(³)	-	-	-	-
Percent varies by service	3	3	-	3	-	-	-	-	-	-	(³)	-	-	-
Percent varies during disability	1	(³)	-	-	-	-	-	-	-	-	-	-	(³)	(³)

¹ Maximum payment from plan before offsets are deducted. Excludes disability income maximum provisions, which do not restrict LTD payments unless the level of income guaranteed by the plan plus other nonoffsetting income exceeds a specified percentage of predisability earnings or flat dollar amount.

² Includes maximums that vary with years of service.

³ 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 33. Long-term disability insurance: Percent of full-time participants by benefit waiting period,¹ State and local governments, 1992

Length of waiting period	All participants	White-collar participants, except teachers	Teachers	Blue-collar and service participants
Total	100	100	100	100
Less than 3 months	8	7	9	6
3 months	19	20	14	22
4-5 months	7	8	3	11
6 months	30	29	33	26
7-11 months	1	1	-	1
1 year or more	9	12	1	13
Varies ²	25	19	36	20
Other	(³)	(³)	1	(³)
Not determinable	2	2	2	2

¹ Length of time between onset of disability and beginning of LTD payments.

² Benefits commence after expiration of paid sick leave and/or sickness and accident insurance benefits.

³ 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 34. Long-term disability insurance: Percent of full-time participants by duration of benefits, State and local governments, 1992

Duration	All participants	White-collar participants, except teachers	Teachers	Blue-collar and service participants
Total	100	100	100	100
For life	2	2	2	2
To retirement age	21	17	27	20
Varies by age when disability occurs ¹	66	68	64	63
One-time reduction	16	17	18	13
Gradual reduction	49	51	46	51
Other ²	2	3	2	2
Provision not determinable	9	11	5	13

¹ The duration of benefits may be reduced gradually according to an age schedule or reduced once at a specified age.

² Includes durations that vary by length of service.

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

Table 35. Long-term disability insurance: Percent of full-time participants by length-of-service requirement for participation,¹ State and local governments, 1992

Length-of-service requirement	All participants	White-collar participants, except teachers	Teachers	Blue-collar and service participants
Total	100	100	100	100
With service requirement	37	43	25	41
1 month	6	7	4	10
2 months	(³)	(³)	(³)	-
3 months	3	4	1	4
6 months	8	11	1	10
7-11 months	(³)	(³)	1	(³)
1 year	10	10	5	14
Over 1 year and under 2 years ...	2	4	1	(³)
2 years	1	1	1	(³)
3 years	5	3	10	1
Over 3 years	2	2	1	1
Without service requirement	41	42	44	36
Participation not available to new employees	(³)	(³)	-	(³)
Service requirement not determinable	22	15	31	23

¹ Length of time employees must be on the job before they are covered by a plan that is at least partially employer financed. There is frequently an administrative time lag between completion of the requirement and the actual start of participation. If the lag was 1 month or more, it was included in the service requirement.

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.

Chapter 4. Medical, Dental, and Vision Care

Medical Care

Ninety percent of full-time employees in State and local governments participated in a medical care plan in 1992. There was virtually no difference in participation rates among the three occupational groups studied. Of those workers with medical care insurance:

- Just under three-fifths were covered by non-traditional medical care plans, that is, health maintenance organizations (HMO's) or preferred provider organizations (PPO's);
- Slightly over four-tenths were required to pay a plan premium for individual coverage; approximately seven-tenths paid part of the cost for family coverage;
- Over eight-tenths of participants in traditional fee-for-service plans were subject to an annual deductible; the average annual deductible was \$173;
- Over eight-tenths of the participants in fee-for-service plans had an annual limit on individual out-of-pocket expenses; the average limit was \$908;
- Mental health coverage, and alcohol and drug abuse treatment, though available to nearly all participants, had more restrictive provisions than other ailments;
- Three-fourths of workers covered by non-HMO plans were required to get preadmission certification before entering a hospital.

Coverage of selected categories of medical care

With few exceptions, coverage was provided in medical care plans for hospital room and board, physicians' visits in the hospital, office visits, surgery, x-ray and laboratory services, mental health care, and inpatient alcohol and drug detoxification benefits (table 36). Coverage was somewhat less extensive for inpatient and outpatient substance abuse rehabilitation benefits, and out-of-hospital prescription drugs.

Among benefits less frequently provided were hearing care (33 percent of participants), routine physical exams (47 percent), well-baby care (56 percent), and immunizations and inoculations (49 percent).

Funding arrangements

In 1992, 43 percent of full-time medical plan participants in State and local governments were covered by a fee-for-service medical plan (table 37). These plans pay for specific medical procedures as expenses are incurred. And, for the first time since BLS began conducting this survey, the ma-

jority of medical care participants were enrolled in non-traditional health care plans, namely HMO's and PPO's.

There are generally three arrangements for financing plan benefits: Self-insured plans, commercially insured plans, and Blue Cross/Blue Shield plans. Self-insured plans (where the plan sponsor—typically the employer—bore the financial risk for making plan payments) and Blue Cross/Blue Shield plans each covered two-fifths of fee-for-service participants. Commercially insured plans covered one-seventh of the fee-for-service participants. In addition, a small proportion of fee-for-service participants had their benefits financed by more than one source.

Preferred provider organizations (PPO's) covered 29 percent of medical care participants in State and local governments in 1992. PPO's offer a higher benefit for services rendered by designated health care providers, such as hospitals and physicians who agree in advance to a given fee schedule, although participants are free to choose any provider. This survey presents a comparison of benefits between the preferred provider and non-preferred provider options.

Twenty-seven percent of medical care participants covered by the survey were enrolled in health maintenance organizations (HMO's). HMO's provide a prescribed set of benefits to enrollees for a fixed payment. The HMO thus bears the risk associated with delivering care.¹² HMO's are classified in this survey as either group/staff, with services provided in central facilities, or as individual practice associations (IPA's), with providers working from their own offices. The following tabulation shows the percent of HMO participants by type of plan in 1992:

<i>Plan type</i>	<i>Percent of participants</i>
Group/staff.....	50
Individual Practice Association.....	47
Combination.....	3

Payment arrangements

Medical plan provisions were examined to determine the extent of coverage for each type of medical service. In this survey, each category of medical care is classified under one of four payment arrangements: Full coverage, coverage with internal (separate) limitations only, coverage with overall limitations only, or coverage with internal and overall limitations (table 36).

¹² For a more detailed discussion on HMO's, see Thomas P. Burke and Rita S. Jain, "Trends in Employer-provided Health Care Benefits," *Monthly Labor Review*, February 1991, pp. 24-30.

Full coverage for HMO's indicates no restrictions on the number of days of care, no dollar maximums on benefits, and no required payments by the covered individual. In a fee-for-service plan, when a benefit is covered in full, all expenses up to the usual, customary, and reasonable charges (UCR), or the prevailing hospital semiprivate rate, are borne by the plan.

Internal or separate limitations restrict the level of coverage for a particular type of medical service, independent of other plan provisions. An example of a separate limit is a maximum of 45 days of hospitalization per year for mental health care.

Overall limitations are deductibles, coinsurance requirements, maximum benefit levels, or other provisions that apply to many, if not all, types of medical care provided under the plan. Examples of overall limits include a requirement that the employee pay the first \$100 of expenses in a year, regardless of the source of the expense, before the plan will begin payments (deductible); a requirement that the employee pay 20 percent of covered expenses beyond the deductible (coinsurance); a \$1,000 limit on the amount the employee must pay, after which the plan pays 100 percent of covered expenses (maximum out-of-pocket expense); and a lifetime ceiling on plan payments of \$1 million (maximum).

HMO's generally do not impose any overall limits on the benefits they provide. Traditional fee-for-service plans, on the other hand, almost always impose overall limitations on their benefits. PPO's also impose overall limits, but may alter or reduce those limits if services are received from designated providers.

Internal and overall limitations may apply to the same category of care. For example, a plan may impose a separate limit of 365 days per confinement on fully paid hospital room and board coverage, with protection beyond that point subject to overall plan coinsurance rates and maximum dollar limitations.

The payment arrangement (full coverage, internal, overall, or combined limitations) varied significantly by service. It was most prevalent for medical care participants to have their hospital room and board benefits subject to both internal and overall limits (37 percent). Other services for which a plurality of plan participants had coverage subject to both internal and overall limits were: Stays in an extended care facility, inpatient and outpatient mental health care, and alcohol and drug abuse coverage.

Such services as inpatient and outpatient surgery and diagnostic x-ray and laboratory services were frequently covered in full (49 percent for inpatient surgery and 48 percent for both outpatient surgery and diagnostic x-rays and laboratory services). Additionally, a high proportion of participants received full coverage for physicians' visits in the hospital (41 percent) and hospital room and board (26 percent). Such high percentages of fully paid benefits are largely attributable to coverage by HMO's and PPO's.

Finally, physicians' office visits were generally subject to overall limits only, usually under traditional fee-for-service

plans. Under such an arrangement, the employee must satisfy the deductible and meet the coinsurance requirement before any benefits are paid.

Overall limitations

Deductible. Plans with overall limitations nearly always require a participant to meet a specified deductible before eligibility for benefit payments. This approach is designed to discourage unnecessary use of medical services. In 1992, 76 percent of full-time participants in State and local governments were in plans with overall limits (tables 38-42). Eighty-four percent of the participants in plans with overall limitations had coverage subject to an annual flat-dollar deductible. Of the participants with overall limitations, however, 18 percent were in plans where the deductible did not apply to hospital room and board expenses.

The most prevalent individual annual deductible was \$100, applying to one-third of the participants subject to overall limits. Slightly less than one-third of participants were required to pay deductibles of \$200 or more. The average annual deductible in 1992 was \$173 for all workers, with little variation between occupational groups.

When a medical care plan covered an employee and family, a family deductible was often specified in addition to individual deductibles. After the family deductible is met, no additional individual deductibles apply during that year. Three-fourths of participants with overall limitations were in plans that specified limits on the number of persons in the family who are required to satisfy an annual deductible. Most commonly, family deductibles were equal to two or three times the individual deductibles.

Coinsurance. Once the deductible has been met, the plan almost always pays a specified percentage of covered medical expenses, with the employee paying the remainder (coinsurance). The percentage of expenses paid by the plan varied greatly between traditional fee-for-service plans and PPO's. PPO's offer a higher benefit for services rendered by designated health care providers (such as hospitals and physicians), although participants retain the option of choosing any provider. Eighty-two percent of participants in traditional fee-for-service plans with overall limitations had their expenses paid at 80 percent. In contrast, 50 percent of PPO enrollees had their expenses paid at 80 percent if they chose network providers, 21 percent had expenses paid at 90 percent, and 20 percent had their expenses paid at 100 percent. Those workers who had their expenses paid at 100 percent, however, were generally subject to a yearly deductible and a lifetime plan maximum.

Just over one-tenth of participants were in plans where the coinsurance rate was different for hospital room and board expenses than for other expenses. In such cases, the percent of hospital expenses paid by the plan was generally higher, often 100 percent.

Out-of-pocket ceiling. Eighty-four percent of full-time participants in plans with overall limitations had their coinsurance increase to 100 percent after they paid out a specified dollar amount for covered expenses (maximum out-of-pocket expense). Sixty-seven percent of participants in plans with overall limits had an annual individual out-of-pocket expense maximum of \$1,000 or less. Maximum out-of-pocket ceilings were also specified for family expenses in plans covering 47 percent of participants with overall limitations. Annual out-of-pocket ceilings averaged \$908 for individuals and \$1,856 for families.

Seventy-five percent of participants with overall limitations were in plans that both required an annual deductible and placed a maximum on out-of-pocket expenses. These two items represent the total that the plan requires an individual to pay for covered medical expenses in a calendar year. In 1992, the annual deductible plus the annual out-of-pocket expense maximum averaged \$1,090 per individual.¹³

Maximum benefit limits. Plans with overall limitations often place a ceiling on the amount payable by the plan, usually a lifetime maximum. In 1992, lifetime maximums applied to seven-tenths of the participants in plans with overall limitations. A maximum of \$1 million applied to three-quarters of participants subject to a lifetime maximum. A small proportion of participants were in plans with a lifetime maximum of greater than \$1,000,000; the average lifetime maximum was \$986,071. There was some variation in the average lifetime maximums between occupational groups. Teachers had the highest average lifetime maximum (\$1,010,738), while blue-collar and service workers had the lowest (\$926,011). Plans that did not impose a maximum on plan payments covered three-tenths of the participants subject to overall limitations.

Hospital coverage

Virtually all medical plan enrollees covered by the survey had benefit provisions for hospital room and board charges (tables 43-44). Thirty-four percent of full-time participants were in plans where hospital room and board expenses were covered at a percentage of the semiprivate room rate, generally at 80 percent. In these types of plans, the individual was typically subject to a yearly deductible before the percentage rate would go into effect. Twenty-three percent of participants had hospital room and board expenses covered at the full semiprivate room rate for a limited period, followed by a percentage of the semiprivate room rate, almost always 80 percent.

Thirty-one percent of participants with hospital room and board coverage were in plans in which expenses were reimbursed for the full semiprivate room rate for an unlimited number of days without being subject to either a separate

deductible or separate dollar maximum. Such full service hospital benefits were commonly provided by HMO's.

Significant differences in hospital room and board coverage were evident by type of medical care provider. While just over eight-tenths of HMO participants had hospital room and board covered in full without any limitations, full coverage was virtually non-existent for hospitalization in non-HMO's.

Increasingly, medical care participants are required to pay a separate copayment for hospital care, to discourage unnecessary hospitalization. Twenty-two percent of participants with hospital room and board coverage were subject to a separate copayment. Non-HMO participants were more likely to be subject to a hospital copayment (25 percent) than HMO participants (14 percent).

When copayments were required for hospitalization, it was usually on a per admission basis. For all participants, these copayments usually were \$250 or less; 12 percent of HMO participants, however, were subject to copayments of more than \$300.

Alternatives to hospitalization

A number of plans provide coverage for less expensive alternatives to hospital stays to hold down costs. These alternatives include extended care facilities, home health care, and hospices (table 36). Participant coverage often differed between HMO's and non-HMO's.

Coverage for stays in extended care facilities was available to just over four-fifths of participants. These facilities provide skilled nursing care, rehabilitation, and convalescent services to patients requiring less intensive treatment than would otherwise be provided in a hospital. Nine-tenths of HMO participants had coverage for stays in an extended care facility; one-fourth were in plans that provided unlimited coverage. In comparison, although 8 of 10 non-HMO participants were in plans that provided coverage for extended care benefits, very few had full coverage.

Home health care, providing skilled nursing and related care to patients in their own homes, was available to 87 percent of participants. Home health care benefits were provided to virtually all HMO participants (97 percent); these benefits were provided less extensively to non-HMO participants (83 percent). The higher incidence of coverage for home health care benefits in HMO's occurs because federally qualified HMO's are required to provide this benefit, and the vast majority of HMO participants in the survey belong to federally qualified plans. When home health care benefits were provided in HMO's, coverage was typically unlimited. Unlimited coverage was rare in non-HMO's.

Plans, especially non-HMO's, often limited the duration of stays in an extended care facility and the number of visits of home health care services. Coverage in an extended care facility was commonly limited to 60 days per confinement, while home health care services were frequently restricted to 100 visits per year.

Hospice care, another alternative to hospitalization, was

¹³ This average is slightly different from the sum of the individual averages because some participants have only an annual deductible or only an annual maximum out-of-pocket expense limitation. The combined average includes only those participants with both provisions.

provided to 54 percent of full-time participants. A hospice offers nursing care and psychological support to terminally ill patients, usually defined as having 6 months or less to live. Plans often placed ceilings on maximum dollar amounts payable during a hospice stay.¹⁴

Surgical coverage

Virtually all participants had medical plans that based payments for in-hospital surgery on the "usual, customary, and reasonable" (UCR) charges for the particular procedure performed (tables 45-46).¹⁵ Forty-nine percent of participants were covered for the full UCR charges for in-hospital surgical benefits. Forty-eight percent of participants were covered at a percentage of the UCR charge; the majority of these participants were covered at 80 percent of the UCR charges, usually after any required overall plan deductible.

In-hospital surgery was covered according to a schedule establishing a maximum amount payable for each procedure for 2 percent of full-time enrollees. Charges exceeding the scheduled maximums, however, were generally covered, subject to the plan's overall deductible and coinsurance.

Eighty-seven percent of participants were in plans where outpatient surgery was covered in a manner identical to in-hospital surgery, whether in full, a percent of UCR charges, or subject to a schedule of maximum payments. For HMO enrollees, both inpatient and outpatient surgery were almost always covered in full.

With the steady rise in medical care costs, health care insurers are encouraging enrollees to substitute less expensive outpatient services, such as outpatient surgery, for inpatient hospital services. To encourage the use of outpatient surgery, non-HMO health care providers have increasingly begun to provide higher reimbursement rates for outpatient rather than inpatient surgery.¹⁶ Seventeen percent of participants in non-HMO's had coverage for outpatient surgery treated differently (generally with a higher reimbursement) than for inpatient surgery.

Slightly over two-fifths of medical care participants with coverage for inpatient surgery had to satisfy either a separate deductible or were subject to the overall plan deductible prior to receiving benefits. When outpatient surgery was provided in those plans, one-fifth of participants were not required to pay any deductible before receiving benefits. Generally, when deductibles are not applicable for in-hospital surgery, neither are they for outpatient surgery.

Cost containment

In addition to data on the extent of coverage for specific

¹⁴ For a more detailed discussion on alternatives to hospitalization, see Thomas P. Burke, "Alternatives to Hospital Care under Employee Benefit Plans," *Monthly Labor Review*, December 1991, pp. 9-15.

¹⁵ The "usual, customary, and reasonable" charge is defined as being not more than the physician's usual charge; within the customary range of fees charged in the locality; and reasonable, based on the medical circumstances.

¹⁶ For more information on incentives for outpatient surgery, see Robert B. Grant, "Outpatient Surgery: Helping to Contain Health Care Costs," *Monthly Labor Review*, November 1992, pp. 33-36.

medical services, the survey looked at the availability of medical plans with either benefit management programs, managed care plans, or review boards. Such programs were designed to ensure that the services rendered are medically necessary and provided in the most appropriate health setting. These programs developed at least partly in response to the rapid rise in medical care costs during the 1980's.

Ninety-three percent of medical care participants were covered by "managed care" provisions (table 47). This includes all participants in HMO's and PPO's, where care is managed by directing patients to specific providers or services. In addition, 84 percent of fee-for-service participants were in plans with at least one managed care feature, such as hospital preadmission certification, preadmission testing, and second surgical opinion.

Advanced managed care programs can consist of four or more features such as: Preadmission review of all hospital admissions for non-emergency or non-maternity care, concurrent review to monitor care while hospitalized, discharge planning to coordinate a continued course of treatment in a more appropriate health care setting, and a mandatory second surgical opinion for certain selected procedures.

Among the features studied in 1992, 76 percent of the non-HMO participants were required to receive precertification before being admitted to a hospital (table 48). A deductible per hospital admission or a reduction in the coinsurance paid by the plan were the most prevalent penalties for non-compliance. Most commonly, the deductibles ranged from \$200 to \$500. When the coinsurance rate paid by the plan was reduced for non-compliance, the reduction was most often to 50 percent of charges.

Less prevalent cost containment features in non-HMO plans included incentives for the employee to audit hospital bills (6 percent) and more restrictive benefits for nonemergency weekend admissions (6 percent). In plans where there were penalties imposed for nonemergency weekend admissions, it was nearly universal for no benefits to be provided.

Forty percent of participants had their care subject to utilization review. This process consists of reviewing care provided to patients for appropriateness and quality.

Benefit provisions for preadmission testing, a means of decreasing the length of hospitalization, covered 39 percent of the non-HMO participants. Generally, plans covered 100 percent of charges for preadmission testing.

In non-HMO plans, second surgical opinion provisions were applicable to seven-tenths of participants with inpatient surgical benefits (table 49). The majority of plan enrollees were assessed penalties for not obtaining second opinions. These penalties generally applied only to selected procedures. The most prevalent penalty was to reduce the coinsurance rate if a second opinion was not sought.

HMO's by their very nature emphasize preventive, cost efficient medical care. As such, built-in forms of utilization review, including second surgical opinions, are automatically provided.

Preferred provider organizations

The previous section concentrated on managed care features within traditional fee-for-service plans. This section will discuss PPO's, that is, plans where care is managed by directing patients to specific providers or services. This survey represents the first time that the benefit provisions of PPO's versus non-PPO's are compared.

PPO's provide incentives for receiving medical services and supplies from designated providers. Certain medical services are more likely to be subject to these incentives than are other services. For example, surgery, physicians' visits in the hospital, and office visits were subject to an incentive using preferred providers for about 80 percent of PPO participants (table 50). It was less likely for participants with hospital room and board coverage to be treated more generously if care was received at specified hospitals (68 percent). Twenty-six percent of PPO participants were provided higher benefits for outpatient prescription drugs if they used the designated providers.

When a PPO option was available, nearly all plans paid a higher percentage of expenses if the participant received care from the designated providers. In such plans, it was most prevalent for the plan to pay 100 percent of covered charges if the individual used the PPO provider and 80 percent if the individual chose a non-PPO provider. Another common arrangement was for plans to pay 80 percent of covered expenses if the participants stayed within the PPO network and 60 percent if they went outside of the network.

About one-third of workers covered by a PPO had a different annual deductible based on who provided care. Enrollees in PPO's might be subject to a yearly deductible of \$100 if they received care from a preferred provider, but subject to a \$200 deductible if they did not. There are also plans in which participants are not required to pay a deductible for network services, but must pay one if they do not go to the designated providers.

Forty-one percent of PPO participants were subject to a different catastrophic maximum if they stayed within the network. For example, PPO enrollees may be required to pay \$1,000 in expenses, after which, the plan covers all charges at 100 percent. However, if they seek care from a non-network provider, the limit on expenses might be \$2,000.

PPO's also encouraged the use of network providers by reducing charges for certain services. Four in 10 PPO participants were in plans subject to a modest copayment for physicians' office visits of perhaps \$10 per visit. However, visits to non-preferred doctors were usually covered under overall limits, requiring satisfaction of an annual deductible and a coinsurance paid by the enrollee. Five percent of PPO participants were covered by similar provisions for outpatient prescription drugs.

Prescription drug benefits

Eighty-eight percent of participants had medical plans that provided coverage for outpatient prescription drugs (table 36). Inpatient prescription drugs are always covered under

hospital miscellaneous services, generally in the same fashion as room and board charges. Outpatient prescription drugs, when provided, are covered under a separate provision of the medical plan or a separate outpatient prescription drug plan.

Coverage for outpatient prescription drugs differed by type of medical plan. Usually in non-HMO plans, outpatient prescription drugs were covered under overall limitations only; that is, before any benefits were provided, the participant was subject to a yearly deductible or a coinsurance requirement. However, in HMO's, prescriptions were usually subject to a minimal copayment, commonly \$5 per prescription.

Non-HMO participants were slightly more likely to have prescription drug coverage than HMO participants. It was rare for either HMO or non-HMO participants to have prescription drugs covered in full (6 percent for HMO's and 1 percent for non-HMO's).

Prescriptions can often be filled using either a brand name drug or a generic drug, which is less expensive than its brand name counterpart. Twenty-nine percent of the participants with prescription drug coverage received a higher reimbursement for obtaining generic rather than brand name prescription drugs.

Mail order drug programs were available to 15 percent of employees with prescription drug coverage. These programs provide drugs that are required on a continuous basis. In such arrangements, participants often receive a higher reimbursement or are charged less for mail order drugs than for drugs purchased directly from a pharmacy.¹⁷

Mental health coverage

Mental health coverage, though available to nearly all full-time participants, was frequently subject to more restrictive limitations than other illnesses (table 51). Of those with mental health benefits, 85 percent had more restrictive hospital coverage for mental illness than for other ailments. Plans commonly limited the duration of hospital stays (often to 30 or 60 days per year for mental health care, compared to 120, 365, or unlimited days for other illnesses).¹⁸ They also frequently imposed a separate, lower, dollar maximum on all mental health expenses, such as a lifetime maximum of \$50,000.

Even more restrictive was coverage for mental health care outside the hospital (psychiatric office visits). Virtually all participants with mental health care coverage were subject to special limits for outpatient care in 1992. Outpatient mental health care was commonly covered for fewer visits per year than other outpatient services, subject to special maximum dollar limits on annual payments, and covered at a

¹⁷ For a more comprehensive discussion on prescription drug coverage, see Cathy Baker and Natalie Kramer, "Employer-sponsored Prescription Drug Benefits," *Monthly Labor Review*, February 1991, pp. 31-35.

¹⁸ In some plans, a limited number of days of mental health care in the hospital was covered at the full semiprivate rate. After these limits were reached, mental health care was then subject to overall plan limits such as deductibles and coinsurances.

coinsurance rate of 50 percent rather than the usual 80 percent paid by the plan for other illnesses. Also, outpatient mental health care expenses often could not be used to meet the employee's maximum out-of-pocket expense limitation. Therefore, reimbursement for these expenses did not increase to 100 percent even when the out-of-pocket expense limitation was met.¹⁹

Alcohol and drug abuse treatment

Alcohol and drug abuse treatment benefits covered nearly all full-time medical participants (tables 52-54). Ninety-six percent of participants with alcohol abuse treatment benefits received the same benefits for both alcohol and drug abuse treatment. Benefits provided under substance abuse care include both detoxification and rehabilitation. Detoxification involves supervised care by medical personnel designed to reduce or eliminate the symptoms of chemical dependency. Rehabilitation is designed to provide a variety of services intended to alter the behavior of substance abusers. Such services are generally provided once detoxification has been completed.

While virtually all participants covered by alcohol abuse treatment benefits were eligible for inpatient (in-hospital) detoxification, 73 percent had coverage for inpatient rehabilitation. (Detoxification is generally considered medically necessary, and thus it is included in nearly all medical plans. There is a greater tendency to exclude inpatient rehabilitation, because it requires less constant and less immediate care.) Outpatient alcohol abuse treatment, generally rehabilitative care, was available to 74 percent of participants with alcoholism coverage. Coverage patterns were similar for drug abuse treatment benefits.

As was true with mental health care, plans were more restrictive in covering substance abuse treatment than other illnesses.²⁰ Participants were more than three times as likely to have inpatient detoxification treated the same as any other inpatient confinement than to have inpatient rehabilitation covered the same as any other illness (35 percent and 10 percent). Fourteen percent of the participants with alcoholism treatment coverage had outpatient care treated the same as other conditions.

Specific limitations for substance abuse treatment most commonly included restrictions on the number of days of inpatient hospital care per year, the number of outpatient visits per year, reduced coinsurance levels for outpatient treatment, ceilings on out-of-pocket limits not applying to outpatient care, and maximum dollar amounts per year or per lifetime. A typical limitation on inpatient care was 30 days per year. Similarly, outpatient care might be restricted to 20 or

30 visits per year at a coinsurance rate of 50 percent. Dollar maximums were often combined between inpatient and outpatient care, with \$50,000 per lifetime a common limit.²¹

Finally, limitations on days and dollars were often combined for alcohol and drug abuse care. For example, plans often limit coverage to 30 days per year and to \$50,000 per lifetime for both alcohol and drug abuse treatment. Day and dollar limits for alcohol and drug abuse treatment may also apply to mental health care. For example, mental health care and alcohol and drug abuse treatment often were subject to the same lifetime dollar maximum.

Health maintenance organizations

Health maintenance organizations provide a fixed set of medical benefits for a prepaid fee. The survey tabulated the details of three categories of medical care provided by HMO's—physicians' office visits, out-of-hospital prescription drugs, and extended care facilities.

Sixty-three percent of HMO participants were required to pay a copayment for office visits, typically \$5 or \$10 per visit, before treatment was received (table 55). Virtually all of the remaining participants received coverage in full. In general, HMO's did not limit the number of physicians' visits.

Out-of-hospital prescription drug benefits were available to 86 percent of HMO participants. Most of these workers had to pay a copayment per prescription, commonly \$5 or greater.

Finally, extended care treatment facility benefits were provided to 89 percent of HMO participants. Most commonly, the number of days of coverage was limited; typical limits were 100 days per year.

Other medical benefits

The 1992 survey of State and local governments measured the incidence of several other services provided through medical care plans (table 56). Included in these other services were routine physical examinations, well-baby care, and coverage for birthing centers. Forty-seven percent of medical care participants were in plans that covered at least some of the costs for routine physical examinations, 56 percent had coverage for well-baby care, and 14 percent had incentives for child deliveries in lower cost birthing centers rather than in hospitals. HMO's almost always included coverage for hearing care, physical examinations, well-baby care, and immunizations and inoculations. The main reason for such a high incidence of these services is that HMO's are required to include these benefits to qualify under the Health Maintenance Organization Act of 1973, as amended.²²

¹⁹ A detailed examination of mental health care provisions in employer-provided health care plans is provided by Allan P. Blosstin in "Mental Health Benefits Financed By Employers," *Monthly Labor Review*, July 1987, pp. 23-27.

²⁰ The designation of substance abuse coverage as more restrictive than that for other illnesses results from a comparison of types of coverage. For instance, if a plan limits inpatient substance abuse care to 30 days per year but the limit on inpatient care of any other type of illness is greater than 30 days per year, that plan contains separate, more restrictive, limits.

²¹ For more detailed discussion of employer-provided substance abuse coverage, see Marc E. Kronson, "Substance Abuse Coverage Provided by Employer Medical Plans," *Monthly Labor Review*, April 1991, pp. 3-10. In addition, see *Substance Abuse Provisions in Employee Benefit Plans*, Bulletin 2412, Bureau of Labor Statistics, August 1992.

²² Under this act, an HMO must provide certain coverage, such as home health care, physical examinations, and children's eye and ear examinations. Under certain circumstances, employers may be required to offer employees medical care coverage through federally qualified HMO's.

Employee contributions

Forty-three percent of full-time participants in State and local governments were required to pay part of the cost for their individual medical coverage in 1992 (tables 57-59). Seventy-two percent of participants shared in the cost for family coverage. Teachers were more likely to have both their individual and family coverage fully employer financed than the other two occupational groups. Sixty-three percent of teachers had their individual coverage wholly employer financed compared with 53 and 57 percent, respectively for white-collar workers, except teachers, and blue-collar and service workers. Thirty-four percent of teachers were in plans where family coverage was fully employer paid, compared with 24 percent for white-collar workers, except teachers, and 27 percent for blue-collar and service participants.

Data on the amount of an employee's contributions for medical benefits occasionally were not available because a single payroll deduction applied to both medical care and one or more other benefits. Where the amount was reported, employee premiums for individual and family coverage averaged \$29 and \$139 a month, respectively.

Medical care premiums for individual coverage showed some variation by type of plan. Forty-six percent of full-time participants in HMO's were required to contribute for single coverage compared to 42 percent for non-HMO's. Similar differences were seen for family coverage. Under HMO's, 76 percent of the participants were required to contribute towards family coverage, compared to 71 percent for non-HMO's. The average premiums for individual and family coverage were higher for participants in non-HMO's than for those in HMO's; in fact, average employee contributions for family coverage in non-HMO's were \$29 per month higher than in HMO's. Individual premiums were just over \$4 per month higher for non-HMO participants than for HMO participants.

Of employees required to contribute toward the cost of their medical care coverage in 1992, nearly one-half could do so with pretax dollars. These employees had the advantage of reducing their taxable income while purchasing medical coverage. Pretax contributions may be required, optional, or offered as part of a flexible benefits arrangement.

Participation requirements

Medical care plans typically required that only a short eligibility period, if any, be served by new employees before coverage began (table 60). For those required to complete a minimum length of service, it was usually 3 months or less. The service requirement was not determinable for two-fifths of participants, usually because plan documents (typically prepared by a health coverage provider) did not include the employer's eligibility provisions. The data in table 60 should be interpreted with this limitation in mind.

Coverage for retired workers

Although the Consolidated Omnibus Budget Reconciliation Act of 1985 requires employers to offer continued health

care benefits for employees who are retired, laid off, or otherwise separated from employment, workers may be charged all of the premium costs at group rates. In addition, the continuation period stipulated by the law is limited.²³ The survey of State and local governments focused on coverage for retired employees that was financed wholly or partly by the employer (tables 61-62).

Fifty-one percent of medical care participants worked for employers who financed at least part of their medical care after retirement. The vast majority of workers were in plans that provided postretirement coverage regardless of their age. An eligibility requirement was commonly imposed for retiree coverage; it was usually either a stated length of service or qualification for the employer's pension plan.

The level of medical care coverage for retirees under age 65 was generally the same as for active workers. Although benefit provisions were reduced for some retirees upon reaching age 65, more commonly there was no change in benefit levels apart from coordination with Medicare.

Finally, coverage was more likely to be partly paid by the retiree than to be wholly employer financed. This was true both for retirees under age 65 and those age 65 and over.

Employee and plan payments

The preceding sections of this chapter have focused on various benefit provisions found in employer-provided health care plans. These data have been used by the Bureau of Labor Statistics to create a model of employee expenses for selected health care services.²⁴ The model incorporates benefit provisions and selected scenarios of health care expenses, designed to represent different levels of health care usage and different types of health care services. The results of the model are estimates of what the employee and the plan would pay over the course of a year for specified medical services.

There are several factors that affect the percentage of total medical care expenses paid by the employee and the plan during the course of the year. Two of these factors are the amount of expenses and the type of health care provider.

Amount of expenses. In scenario 1, the employee had \$673 in total health care expenses (table 63). As described earlier, various types of medical services are subject to overall limits, either alone or in combination with internal limits.

When overall limits are present, the employee must satisfy an annual deductible and meet the coinsurance requirement before any benefits are paid. In 1992, the annual deductible averaged \$173 and the individual usually had to meet a 20-percent coinsurance requirement.

²³ The act requires employers who maintain health insurance plans to continue coverage to terminated workers for up to 18 months. Workers may be charged up to 102 percent of the premium cost. Based on a 1989 change to this law, employees disabled at the time of termination can have benefits continued for up to 29 months, and can be charged up to 150 percent of the premium cost after 18 months.

²⁴ For more information regarding out-of-pocket expenses for medical services, see Allan P. Blostin, Robert B. Grant and William J. Wiatrowski, "Employee Payments for Health Care Services," *Monthly Labor Review*, November 1992, pp. 17-32.

With annual expenses of \$673, the deductible and coinsurance requirements significantly affect what the employee and the plan pay for health care expenses. In this scenario, the employee paid, on average, 36 percent of the cost of total health care expense.

In scenario 2, the employee incurred \$7,085 in total health care expenses. In this scenario, the plan paid, on average, 88 percent of total expenses. Because total charges in this scenario were much higher than in scenario 1, the deductible had much less of an effect on the employee's cost. In addition, the presence of limits placed on an employee's liability for catastrophic expenses in many health care plans held down out-of-pocket costs. Individuals with large expenses are more likely to reach the catastrophic expense limit (most frequently \$1,000) than individuals with lower expenses. After this limit is reached, plans typically pay 100 percent of covered charges.

Type of health plan. The percentage of the cost paid by the employee and the plan varied by type of health care plan. Table 63 shows that, in both scenarios, the employee paid a much lower percentage of total expenses in HMO's than in non-HMO's. In scenario 1, the employee paid an average of 45 percent of total expenses under non-HMO's compared with an average of 13 percent for HMO's. The pattern was similar for scenario 2, with employees averaging 16 percent of total expenses under non-HMO's and 3 percent in HMO's. In HMO's, enrollees rarely were subject to an annual deductible or required to pay a portion of expenses (coinsurance requirement) for health care services. Doctor's office visits frequently required a copayment, most often \$5 or \$10 per visit. Most other services were generally covered in full. In contrast, the expenses of non-HMO participants frequently were subject to an annual deductible and a coinsurance requirement. Thus, participants in HMO's typically paid a lower percentage of total expenses than those in non-HMO's.

Dental Care

Dental care benefits were available to 65 percent of full-time employees in State and local governments in 1992 (tables 64-69).²⁵ Among the 3 occupational groups, there were no observable differences in participation. Dental care may be offered as a part of a comprehensive medical and dental plan, or as a separate plan in addition to medical coverage. Often, employers offered a series of medical plans from which to choose, as well as a separate dental plan that can accompany any medical plan. Of the participants in dental plans:

- The most prevalent means of coverage was for plans to reimburse a percent of the usual, customary, and reasonable charge for all dental procedures;

²⁵ For tabulation purposes, plans that provided only preventive dental care benefits were not included as having full dental care coverage. Data for preventive dental care benefits are found in table 56.

- Three-tenths were required to contribute toward the cost of their individual coverage, and just over one-half were required to contribute toward the cost of family coverage;
- Nearly one-half were in plans that specified a yearly deductible amount before any benefits were paid by the plan;
- Three-fourths were covered by plans that limited the amount of payment each year by specifying an annual maximum benefit.

Where dental benefits are included in a single plan with medical care benefits, it was not possible to distinguish which portion of the employee's contribution, if applicable, went towards dental coverage. Employee contribution data were examined in stand-alone dental plans, that is, those offered separately from medical plans. When such plans required an employee contribution, that contribution was typically under \$15 per month for individual coverage and under \$25 per month for family coverage.

Seventy-nine percent of participants covered by dental care plans received benefits through a fee-for-service plan, which reimburses patients or providers only after services are received (table 37). Such plans were most commonly self-insured or obtained through a dental society. The remaining participants had their dental benefits provided through either a health maintenance organization or a preferred provider organization.

Dental plans nearly always covered preventive and restorative services, and seven-tenths of participants were in plans that also covered orthodontic expenses, at least for children. Preventive care typically includes dental examinations, prophylaxis (cleaning), and x rays. Restorative procedures include such basic services as fillings, periodontal care, and endodontic care, and such major services as inlays, crowns, and prosthetics.²⁶

Dental payments were generally based on a proportion of the usual, customary, and reasonable charge for a procedure. The proportion covered by a plan often depended on the type of procedure performed. Less costly procedures such as examinations and x rays were usually covered at 100 percent. Fillings, surgery, endodontics, and periodontics were more likely to be covered at 80 percent. The most expensive procedures—inlays, crowns, prosthetics, and orthodontia—were often covered at 50 percent of the usual, customary, and reasonable charge.

Slightly more than one-tenth of dental plan participants were offered reimbursement based on a schedule of cash allowances for preventive and restorative services. In this type of arrangement, each procedure is subject to a specified maximum dollar amount that can be paid to the participant or dentist. Orthodontic care was rarely subject to this type of schedule.

²⁶ Periodontal care is the treatment of tissues and bones supporting the teeth. Endodontics involves the treatment of the tooth pulp, such as root canal work. Prosthetics deals with the construction and fitting of bridges and dentures.

Incentive schedules were found infrequently. Under such an arrangement, the percent of dental expenses paid by the plan increases each year if the participant is examined regularly by a dentist.

Finally, one-tenth of participants were in plans requiring a copayment, after which benefits were paid in full, for such services as surgery, crowns, endodontics, and prosthetics. A small number of participants were required to pay a copayment for examinations and x rays. Copayments were commonly \$5 or \$10 per procedure for preventive care, though higher copayments often applied to major dental services.

Forty-six percent of dental participants were in plans that specified a deductible amount before any benefits were paid by the plan. The most frequently observed individual deductible was \$25 per year, with the average being \$40. Dental plans often placed a limit on the amount of deductibles for each family (usually three times the individual deductibles). A few plans required the participant to pay a one-time deductible rather than a deductible every year.

Plans that limited the amount of payment each year by specifying an annual maximum benefit covered 75 percent of dental plan participants. The most common limit was \$1,000 per year, and the average was \$1,135. Among participants in plans with orthodontic services, 70 percent had orthodontic benefits subject to a separate lifetime maximum. These orthodontic maximums, which were usually either \$1,000 or \$1,500, averaged \$1,047.²⁷

Forty-four percent of dental participants were in plans that had preauthorization clauses. This cost containment technique requires participants to obtain authorization before undergoing expensive treatment. When required, it was commonly for procedures costing \$200 or more.

Finally, a small percentage of participants were covered by plans with only preventive dental care, which includes dental examinations, prophylaxis (cleaning), and x rays (table 56). Participants with only preventive dental care almost always had their benefits provided under HMO's.

²⁷ For more details on dental care benefits, see Rita S. Jain, "Employer-sponsored Dental Insurance Eases The Pain," *Monthly Labor Review*, October 1988, pp. 18-23.

Vision Care

The following table indicates the percent of full-time employees in State and local governments with vision care coverage in 1992:²⁸

All employees	35
White-collar employees, except teachers	34
Teachers	33
Blue-collar and service employees	38

Fifty-nine percent of participants covered by vision care provisions received benefits through a fee-for-service plan (table 37).

All participants eligible for vision benefits had coverage for eyeglasses; with few exceptions, coverage was provided for eye examinations as well (table 70). Ninety-two percent of vision care participants had coverage for contact lenses.

Twenty-eight percent of vision care participants had coverage for eyeglasses paid in full; the remainder had limits placed on their benefits. One prevalent limit was that coverage for eyeglasses was subject to a scheduled dollar allowance per benefit. Other plans required an employee copayment or offered a discount on the purchase of eyeglasses.

Three-fifths of vision care participants had their coverage for contact lenses subject to a scheduled dollar allowance per benefit. Just over one-fifth of participants were required to pay a copayment before coverage was provided for contact lenses. Contact lenses were rarely covered in full.

Eye examinations were commonly subject to either a dollar maximum per visit or a small copayment per visit. Thirty-eight percent of participants in vision care plans were provided full coverage for eye examinations.

Finally, 21 percent of participants were covered for eye examinations only (table 56). This coverage was not part of a regular vision care plan. Such limited benefits covered 67 percent of all participants enrolled in an HMO.²⁹

²⁸ Eyewear (eyeglasses and/or contact lenses) must be included for there to be vision care coverage. If a plan provided only eye examinations, for tabulation purposes, the plan was not considered as providing vision care coverage.

²⁹ For more details on vision care benefits, see Rita S. Jain, "Employer-sponsored Vision Care Brought Into Focus," *Monthly Labor Review*, September 1988, pp. 19-23.

Table 36. Medical care benefits: Percent of full-time participants by coverage for selected categories of care, State and local governments, 1992

Category of medical care	Total	Care provided					Care not provided
		All	Covered in full	Subject to internal limits only ¹	Subject to overall limits only ²	Subject to internal and overall limits	
All participants							
Hospital room and board	100	100	26	6	30	37	(³)
Extended care facility ⁴	100	84	9	30	12	33	16
Home health care ⁴	100	87	25	21	15	25	13
Hospice	100	54	16	11	12	15	46
Surgery							
Inpatient	100	100	49	1	47	3	(³)
Outpatient ⁵	100	100	48	2	47	3	(³)
Physician visits							
In hospital	100	100	41	1	48	10	(³)
Office	100	100	13	26	49	12	(³)
Diagnostic X-ray and laboratory	100	100	48	1	41	10	(³)
Prescription drugs—nonhospital	100	88	2	41	37	8	12
Mental health care							
In hospital	100	99	6	33	4	56	1
Outpatient	100	93	(³)	35	3	54	7
Alcohol abuse treatment							
Inpatient detoxification ⁶	100	99	17	25	11	47	1
Inpatient rehabilitation ⁷	100	72	4	26	4	38	28
Outpatient rehabilitation ⁷	100	74	2	31	5	36	26
Drug abuse treatment							
Inpatient detoxification ⁶	100	99	17	25	10	47	1
Inpatient rehabilitation ⁷	100	71	4	26	4	38	29
Outpatient rehabilitation ⁷	100	73	2	30	4	36	27
White-collar, except teachers							
Hospital room and board	100	100	25	6	33	36	-
Extended care facility ⁴	100	84	8	32	11	33	16
Home health care ⁴	100	87	24	23	14	25	13
Hospice	100	56	17	11	12	16	44
Surgery							
Inpatient	100	100	47	1	50	2	-
Outpatient ⁵	100	100	45	3	50	2	-
Physician visits							
In hospital	100	100	40	1	50	9	-
Office	100	100	12	27	50	11	(³)
Diagnostic X-ray and laboratory	100	100	47	2	42	9	-
Prescription drugs—nonhospital	100	88	2	39	39	7	12
Mental health care							
In hospital	100	99	6	33	4	57	1
Outpatient	100	93	(³)	36	2	54	7
Alcohol abuse treatment							
Inpatient detoxification ⁶	100	99	17	26	11	45	1
Inpatient rehabilitation ⁷	100	72	3	27	5	37	28
Outpatient rehabilitation ⁷	100	74	3	31	5	35	26
Drug abuse treatment							
Inpatient detoxification ⁶	100	99	17	26	11	45	1
Inpatient rehabilitation ⁷	100	71	3	27	5	37	29
Outpatient rehabilitation ⁷	100	73	3	30	5	35	27

See footnotes at end of table.

Table 36. Medical care benefits: Percent of full-time participants by coverage for selected categories of care, State and local governments, 1992—Continued

Category of medical care	Total	Care provided					Care not provided
		All	Covered in full	Subject to internal limits only ¹	Subject to overall limits only ²	Subject to internal and overall limits	
Teachers							
Hospital room and board	100	100	26	5	28	41	(³)
Extended care facility ⁴	100	83	7	29	15	31	17
Home health care ⁴	100	86	24	18	20	25	14
Hospice	100	51	14	10	13	15	49
Surgery							
Inpatient	100	100	48	1	46	5	(³)
Outpatient ⁵	100	100	49	2	45	4	(³)
Physician visits							
In hospital	100	100	39	(³)	47	14	(³)
Office	100	100	13	21	52	14	(³)
Diagnostic X-ray and laboratory	100	100	47	(³)	41	12	(³)
Prescription drugs—nonhospital	100	89	4	41	36	8	11
Mental health care							
In hospital	100	98	5	31	4	59	2
Outpatient	100	92	(³)	30	3	58	8
Alcohol abuse treatment							
Inpatient detoxification ⁶	100	99	15	25	11	49	1
Inpatient rehabilitation ⁷	100	71	3	25	4	39	29
Outpatient rehabilitation ⁷	100	72	2	27	5	38	28
Drug abuse treatment							
Inpatient detoxification ⁶	100	98	15	25	10	49	2
Inpatient rehabilitation ⁷	100	69	3	24	3	39	31
Outpatient rehabilitation ⁷	100	70	2	26	4	38	30
Blue-collar and service							
Hospital room and board	100	100	29	6	30	35	(³)
Extended care facility ⁴	100	84	11	30	9	35	16
Home health care ⁴	100	87	29	21	13	24	13
Hospice	100	53	17	12	10	14	47
Surgery							
Inpatient	100	100	52	1	45	3	(³)
Outpatient ⁵	100	100	51	3	43	3	(³)
Physician visits							
In hospital	100	100	44	1	46	9	(³)
Office	100	100	14	28	46	12	(³)
Diagnostic X-ray and laboratory	100	100	49	2	41	8	(³)
Prescription drugs—nonhospital	100	88	2	44	34	8	12
Mental health care							
In hospital	100	99	5	37	4	53	1
Outpatient	100	94	(³)	39	3	51	6
Alcohol abuse treatment							
Inpatient detoxification ⁶	100	100	18	25	9	47	(³)
Inpatient rehabilitation ⁷	100	73	5	26	3	39	27
Outpatient rehabilitation ⁷	100	75	2	34	5	34	25
Drug abuse treatment							
Inpatient detoxification ⁶	100	99	18	25	9	47	1
Inpatient rehabilitation ⁷	100	72	5	26	3	39	28
Outpatient rehabilitation ⁷	100	74	2	33	4	35	26

¹ Internal limits apply to individual categories of care, e.g., separate limits or benefits for hospitalization. Limits may be set in terms of dollar 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.

² Overall limits are expressed only in terms of total benefits payable under the plan, rather than for individual categories of care. Limits are set as deductibles, coinsurance percentages, and overall dollar limits on plan benefits.

³ Less than 0.5 percent.

⁴ 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.

⁵ Charges incurred in the outpatient department of a hospital and outside of the hospital.

⁶ Detoxification is the systematic use of medication and other methods under medical supervision to reduce or eliminate the effects of substance abuse.

⁷ Rehabilitation is designed to alter abusive behavior in patients once they are free of acute physical and mental complications.

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

Table 37. Health care benefits: Percent of full-time participants by arrangement for payment to providers and type of financial intermediary, State and local governments, 1992

Fee arrangement and financial intermediary	All participants			White-collar participants, except teachers			Teachers			Blue-collar and service participants		
	Medical care ¹	Dental care	Vision care	Medical care ¹	Dental care	Vision care	Medical care ¹	Dental care	Vision care	Medical care ¹	Dental care	Vision care
Total	100	100	100	100	100	100	100	100	100	100	100	100
Traditional fee-for-service	43	79	59	44	79	54	45	84	73	40	76	55
No intermediary--self insured ²	17	33	25	20	37	25	15	28	21	15	31	28
Commercial insurance company	7	14	5	6	11	5	7	15	5	8	19	6
Blue Cross-Blue Shield	18	11	6	16	8	5	22	15	10	16	11	5
Independent organization	1	2	2	1	2	2	2	2	2	1	2	1
Medical or dental society	-	19	21	-	20	18	-	24	35	-	13	14
Combined	1	1	(³)	2	1	(³)	(³)	-	-	1	(³)	(³)
Preferred provider organization ⁴	29	10	26	30	12	34	29	7	14	29	11	27
No intermediary--self insured ²	10	5	3	10	6	2	11	4	(³)	9	5	5
Commercial insurance company	5	3	3	5	3	3	4	2	3	6	3	3
Blue Cross-Blue Shield	7	2	1	6	3	1	7	1	(³)	7	3	1
Independent organization	1	-	8	1	-	13	1	-	6	(³)	-	4
Medical or dental society	-	(³)	12	-	(³)	16	-	-	5	-	(³)	13
Combined	7	-	-	8	-	-	6	-	-	7	-	-
Prepaid health maintenance organization ⁵	27	10	14	25	9	11	25	9	13	30	13	18
No intermediary--self insured ²	(³)	(³)	-	(³)	(³)	-	-	(³)	-	(³)	(³)	-
Commercial insurance company	5	2	4	5	2	3	4	1	1	6	3	7
Blue Cross-Blue Shield	2	(³)	2	2	(³)	1	2	(³)	2	3	1	3
Independent organization	19	7	8	18	6	7	19	8	9	21	8	8
Medical or dental society	-	(³)	-	-	(³)	-	-	(³)	-	-	1	-
Combined	(³)	-	-	-	-	-	-	-	-	(³)	-	-
Other ⁶	1	(³)	(³)	(³)	1	(³)	1	-	1	1	-	(³)

¹ Plans providing services or payments for services rendered in the hospital or by a physician.

² 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.

³ Less than 0.5 percent.

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

⁵ Includes federally qualified (those meeting standards of the Health Maintenance Organization Act of 1973, as amended) and other HMO's delivering comprehensive health care on a prepayment rather than fee-for-service basis.

⁶ 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.

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

Table 38. Medical care benefits: Percent of full-time participants in plans with overall limitations on benefits by amount of deductible, State and local governments, 1992

Type and amount of deductible ²	All participants	White-collar participants, except teachers	Teachers	Blue-collar and service participants
Total	100	100	100	100
Deductible specified	84	86	84	83
Deductible on an annual basis ³ ..	84	86	84	83
Based on earnings ⁴	(⁵)	(⁵)	(⁵)	(⁵)
Flat dollar amount	84	86	84	82
Less than \$50	(⁵)	(⁵)	1	(⁵)
\$50	8	6	11	6
\$51-\$99	1	1	1	1
\$100	33	32	33	34
\$101-\$149	4	6	2	3
\$150	5	6	4	4
\$151-\$199	1	1	1	2
\$200	14	17	10	16
\$201-\$249	(⁵)	(⁵)	(⁵)	(⁵)
\$250	7	6	9	7
\$300	5	6	6	4
Over \$300	5	5	5	5
No deductible	15	14	14	17
Not determinable	1	(⁵)	2	(⁵)
Average annual deductible	\$173	\$178	\$169	\$170

¹ 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 tabulation.

² Amount of deductible described is for each insured person. However, many plans contain a maximum family deductible. In some plans, the individual and family deductibles are identical. If the deductible applied only to dependents' coverage, it was not tabulated.

³ The basis of the deductible is the length of time within which a single deductible requirement applies. Some plans require that expenses equal to the deductible be incurred within a shorter period, such as 90 days.

⁴ These plans have deductibles that vary by the amount of the participant's earnings. A typical provision is 1 percent of annual earnings with a maximum deductible of \$150.

⁵ 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 39. Medical care benefits: Percent of full-time participants in plans with overall limitations on benefits by coinsurance rate, State and local governments, 1992

Coinsurance amount	All participants	White-collar participants, except teachers	Teachers	Blue-collar and service participants
Traditional-fee-for service				
Total	100	100	100	100
With coinsurance ¹	97	97	98	98
Coinsurance rate ²				
80 percent	82	82	79	83
85 percent	2	2	2	2
90 percent	10	9	14	9
Other percent	3	3	3	3
Varies ³	(⁴)	(⁴)	-	1
Without coinsurance ⁵	3	3	2	2
Preferred provider organizations				
Total	100	100	100	100
With coinsurance ¹	80	80	82	78
Coinsurance rate ²				
80 percent	50	51	47	51
85 percent	9	10	9	7
90 percent	21	19	25	20
Other percent	1	(⁴)	(⁴)	1
Varies ³	(⁴)	-	(⁴)	-
Without coinsurance ⁵	20	20	18	22

¹ Represents the initial coinsurance in plans that have 100 percent 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 expense reaches \$1,000, and then coverage is at 100 percent.

² A few plans have more than one coinsurance rate. In those cases, the coinsurance rate shown is that which applies to the majority of benefits under the plan.

³ The overall coinsurance rate varies by specified dollar amount of expenses. For example, 80 percent coverage up to \$5,000 and 90 percent thereafter.

⁴ Less than 0.5 percent.

⁵ Includes plans with overall benefit limitations, such as maximum dollar amounts and deductibles, where the coinsurance rate is 100 percent.

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

Table 40. Medical care benefits: Percent of full-time participants in plans with overall limitations on benefits by maximum out-of-pocket expense provisions, State and local governments, 1992

Provision	All participants	White-collar participants, except teachers	Teachers	Blue-collar and service participants
Total	100	100	100	100
With limit on out-of-pocket expense ..	84	86	82	84
With an annual dollar maximum on out-of-pocket expense ¹	83	84	80	83
Per individual:				
Less than \$400	5	6	6	5
\$400	15	14	17	14
\$401-\$499	1	1	-	(²)
\$500	7	7	7	8
\$501-\$749	10	11	7	11
\$750-\$999	10	10	7	14
\$1,000	19	20	18	17
\$1,001-\$1,499	4	4	5	3
\$1,500-\$1,999	4	4	4	4
\$2,000	4	3	5	4
\$2,001 or greater	3	3	4	2
Per family: ³				
Less than \$500	1	2	1	1
\$500-\$749	6	7	5	5
\$750-\$999	4	4	5	5
\$1,000	6	5	7	7
\$1,001-\$1,249	2	3	1	3
\$1,250-\$1,499	2	1	2	4
\$1,500	3	3	1	4
\$1,501-\$1,999	2	2	1	2
\$2,000	7	9	6	5
\$2,001-\$2,999	4	4	4	3
\$3,000	5	6	2	5
\$3,001 or greater	5	5	5	5
No family maximum	36	34	40	34
Annual maximum on out-of-pocket expenses varies by coinsurance rate	2	2	2	1
No out-of-pocket expense required ..	4	5	4	4
Other ⁴	1	(²)	1	1
No limit on out-of-pocket expenses ⁵ ..	10	9	11	11
Not determinable ⁶	1	(²)	2	(²)
Average dollar maximum on individual out-of-pocket expense ...	\$908	\$889	\$977	\$871
Average dollar maximum on family out-of-pocket expense	1,856	1,882	1,867	1,807

¹ 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. Under federally qualified HMO's, there is a limit on the amount of copayments the participant must pay, equal to a percentage of the total premium. These plans were excluded from the computation of the out-of-pocket dollar limits.

² Less than 0.5 percent.

³ In a few plans, family out-of-pocket expense could not be computed because no limit on family deductibles was given.

⁴ 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. For example, all inpatient expenses are covered at 80 percent and all outpatient expenses are covered at 90 percent. There is a limit on maximum covered expenses incurred by the individual of \$5,000, after which the plan pays 100 percent of all expenses.

⁵ All covered expenses are paid at 100 percent.

⁶ Includes plans where the limit on out-of-pocket expenses varies by the individual participants's earnings.

Table 41. Medical care benefits: Percent of full-time participants in plans with overall limitations on benefits by total annual deductible and maximum out-of-pocket expense, State and local governments, 1992

Dollar amount ¹	All participants	White-collar participants, except teachers	Teachers	Blue-collar and service participants
Total	100	100	100	100
Plan specifies annual deductible and out-of-pocket maximum ²	75	77	72	74
\$300-\$499	4	5	5	4
\$500	13	13	14	12
\$501-\$599	1	1	1	1
\$600	4	4	4	4
\$601-\$999	14	16	9	15
\$1,000	6	4	4	9
\$1,001-\$1,099	3	2	4	3
\$1,100	4	4	1	5
\$1,101-\$1,499	13	15	12	11
\$1,500-\$1,699	3	3	4	2
\$1,700-\$2,099	3	4	4	3
\$2,100 and greater	7	7	9	6
Based on earnings	(²)	(²)	-	(²)
Plan does not specify maximum annual out-of-pocket expense or annual deductible	25	23	28	26

¹ Total amount of deductible and out-of-pocket maximum is for each insured person. In some plans, the individual and family deductibles are identical.

² Under federally qualified HMO's, there is a limit on the amount of copayments the participant must pay, equal to a percentage of the total premium. These plans were excluded from the computation of the out-of-pocket dollar limits.

³ 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 42. Medical care benefits: Percent of full-time participants in plans with overall limitations on benefits by maximum benefit provisions, State and local governments, 1992

Type and dollar amount of maximum ¹	All participants	White-collar participants, except teachers	Teachers	Blue-collar and service participants
Total	100	100	100	100
With maximum limits	70	68	76	68
Lifetime maximum only	69	67	74	67
Less than \$250,000	3	3	2	3
\$250,000	4	3	5	5
\$250,001-\$499,999	(²)	(²)	(²)	(²)
\$500,000	4	5	2	5
\$500,001-\$999,999	1	1	1	(²)
\$1,000,000	53	51	58	50
More than \$1,000,000	4	4	6	3
Annual or disability maximum only	(²)	(²)	(²)	1
Both lifetime and annual or disability maximums	1	1	1	1
Other maximum	(²)	(²)	1	(²)
Without maximum limits	30	31	24	32
Not determinable	(²)	1	-	(²)
Average lifetime maximum	\$986,071	\$1,008,878	\$1,010,738	\$926,011

¹ Maximum described is for each insured person. Where the maximum differed for employees and dependents, the employee maximum was tabulated.

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 43. Medical care benefits: Percent of full-time participants in plans with hospital room and board coverage by type of benefit payments, State and local governments, 1992

Type of payment	All participants	White-collar participants, except teachers	Teachers	Blue-collar and service participants
Total	100	100	100	100
Full semiprivate rate ¹	31	30	31	33
Full semiprivate rate for unlimited days but subject to a separate deductible or separate dollar maximum	5	4	5	5
Full semiprivate rate for limited days	2	1	3	3
Full semiprivate rate for limited period, then percent of semiprivate rate	23	23	26	21
80 percent	21	22	23	19
Other	2	1	3	2
Percent of semiprivate rate	34	36	32	33
80 percent	22	23	20	23
85 percent	3	4	3	2
90 percent	7	7	7	7
Other	2	2	2	1
Varies	(²)	(²)	(²)	(²)
Percent of semiprivate rate for limited period, then subject to another percentage	3	3	3	4
Daily dollar allowance	(²)	(²)	(²)	(²)
Daily dollar allowance, plus percent of the full semiprivate rate	(²)	1	(²)	(²)

¹ Includes plans in which expenses were reimbursed for the full semiprivate room rate for an unlimited number of days without either a separate deductible or separate dollar maximum.

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 44. Medical care benefits: Percent of full-time participants in plans with hospital room and board coverage by copayment requirement¹ and type of plan, State and local governments, 1992

	All plans	Non-health maintenance organizations	Health maintenance organizations
All participants			
Total	100	100	100
Subject to a copayment	22	25	14
No copayment required	78	75	86
White-collar, except teachers			
Total	100	100	100
Subject to a copayment	23	26	12
No copayment required	77	74	88
Teachers			
Total	100	100	100
Subject to a copayment	21	23	15
No copayment required	79	77	85
Blue-collar and service			
Total	100	100	100
Subject to a copayment	21	24	14
No copayment required	79	76	86

¹ In these plans, a separate copayment is required for hospital care. The most prevalent type of copayment was on a per admission basis.

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

Table 45. Medical care benefits: Percent of full-time participants in plans with in-hospital surgical benefits by type of payment, State and local governments, 1992

Type of payment	All participants	White-collar participants, except teachers	Teachers	Blue-collar and service participants
Total	100	100	100	100
Full usual, customary, and reasonable charge ¹	49	47	48	52
Full usual, customary, and reasonable charge up to a specified amount, plus percent of additional charges	1	(²)	1	(²)
Full usual, customary, and reasonable charge up to a specified amount or subject to a deductible	1	1	1	1
Percent of usual, customary, and reasonable charge:				
80 percent	48	50	47	45
85 percent	29	32	26	29
90 percent	3	3	3	2
Other percent ³	7	7	7	7
Percent of usual, customary, and reasonable charge plus percent of additional charges based on plan's coinsurance rate	(²)	-	(²)	-
Dollar allowance per procedure, plus percent of additional charges:				
80 percent	2	1	2	2
Dollar allowance per procedure	(²)	1	(²)	1

¹ Includes full service benefits provided by health maintenance organizations or preferred provider organizations.

² Less than 0.5 percent.

³ Includes plans with overall benefit limitations, such as maximum dollar amounts and deductibles, where the coinsurance rate is 100 percent.

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

Table 46. Medical care benefits: Percent of full-time participants in plans with in-hospital surgical benefits by comparison with outpatient surgical coverage, by type of medical care provider, State and local governments, 1992

Outpatient surgery	All participants	White-collar participants, except teachers	Teachers	Blue-collar and service participants
All plans				
Total	100	100	100	100
Coverage the same as in-hospital surgery	87	88	86	85
Coverage differs from in-hospital surgery	13	12	14	15
Non-health maintenance organizations				
Total	100	100	100	100
Coverage the same as in-hospital surgery	83	85	83	79
Coverage differs from in-hospital surgery	17	15	17	21
Health maintenance organizations				
Total	100	100	100	100
Coverage the same as in-hospital surgery	97	98	96	97
Coverage differs from in-hospital surgery	3	2	4	3

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

Table 47. Medical care benefits: Percent of full-time participants by availability of managed care benefits, State and local governments, 1992

Managed care plan	All participants	White-collar participants, except teachers	Teachers	Blue-collar and service participants
Total	100	100	100	100
With managed care benefits	93	93	92	94
Traditional fee-for-service, with at least one cost containment feature ¹	36	38	38	34
Preferred provider organization ² ..	29	30	29	29
Exclusive provider organization ³ ..	1	(⁴)	1	1
Prepaid health maintenance organization ⁵	27	25	25	30
Without managed care	7	7	8	6

¹ Fee-for-service plans with at least one cost containment feature, including utilization review, pre-admission certification, mandatory second surgical opinion, pre-admission testing, and no or limited reimbursement for nonemergency weekend admission.

² A preferred provider organization (PPO) is a group of hospitals and physicians that contract to provide comprehensive medical services. To encourage use of 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 Less than 0.5 percent.

⁵ A health maintenance organization provides a prescribed set of benefits to enrollees for a fixed payment.

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

Table 48. Medical care benefits: Percent of full-time participants in non-health maintenance organization plans by coverage for selected cost containment features, State and local governments, 1992

Cost containment feature	All participants	White-collar participants, except teachers	Teachers	Blue-collar and service participants
No or limited reimbursement for nonemergency weekend admission to hospital	6	4	10	5
Prehospitalization testing provision	39	38	38	42
Incentive to audit hospital statement	6	6	4	8
Care subject to utilization review	40	40	41	38
Prehospital admission certification requirement	76	77	75	76
With penalty	75	75	73	75
No benefit	8	9	5	9
Deductible on hospital admission	33	34	30	35
Less than \$100	(¹)	(¹)	-	(¹)
\$100 - \$199	2	2	3	2
\$200 - \$299	15	15	12	17
\$300 - \$399	2	2	3	2
\$400 - \$500	13	14	10	14
Greater than \$500 ..	1	1	2	1
Reduced percent of charges paid by plan	26	25	29	24
Other penalty	10	9	12	8
No penalty	2	2	1	1

¹ 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 49. Medical care benefits: Percent of full-time participants in non-health maintenance organization plans with in-hospital surgical benefits by second surgical opinion provisions, State and local governments, 1992

Item	All participants	White-collar participants, except teachers	Teachers	Blue-collar and service participants
Total	100	100	100	100
With second surgical opinion provision	70	70	69	72
Without penalties for non-compliance	31	31	26	36
With penalties for non-compliance	39	39	43	35
For selected procedures ¹	27	27	31	23
No payment without second opinion	1	1	2	2
Reduced coinsurance without second opinion	25	26	29	21
For all procedures	6	6	6	5
Reduced coinsurance without second opinion	1	1	1	1
Other lower payments	5	5	4	5
Details of incentive not available	7	6	7	8
Without second surgical opinion provision	30	30	31	28

¹ Procedures most commonly mentioned were tonsillectomy, adenoidectomy, hysterectomy, surgery of the nose or back, removal of the gall bladder, and coronary bypass surgery.

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

Table 50. Percent of full-time participants in preferred provider organization¹ plans by provision of care and comparison with traditional fee-for-service plans, State and local governments, 1992

Item	All participants	White-collar participants, except teachers	Teachers	Blue-collar and service participants
Total	100	100	100	100
Services subject to PPO incentive:				
Hospital room and board	68	66	74	67
Surgery	79	76	76	84
Physician's in hospital visits	78	76	76	84
Office visits	80	77	78	85
Outpatient prescription drugs	26	23	30	28
Type of PPO incentive: ²				
Coinsurance rate differs	93	93	93	94
100 vs 80	39	40	35	42
90 vs 80	8	6	12	7
90 vs 70	6	5	5	7
80 vs 70	5	4	6	5
80 vs 60	10	9	11	10
100 vs 70	2	2	3	1
Other coinsurance differences	24	28	21	21
Lower annual deductible	34	33	31	37
Higher lifetime maximum benefit limit	13	13	10	15
Lower catastrophic maximum limit	41	42	40	41
Lower hospital deductible	11	12	10	9
Office visits copayment ³	39	41	35	40
Outpatient prescription drugs copayment ⁴	5	5	6	4
Other incentives	2	2	2	3
Not determinable	3	4	3	2

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

² Sum of individual items is greater than total because many participants were in plans with more than one incentive.

³ Under a PPO, physicians office visits may be subject to a modest copayment, for example, \$10 per visit; visits to non-preferred doctors were commonly covered under major medical benefits that usually required satisfaction of an annual deductible and then paid 80 percent of physicians charges.

⁴ Under a PPO, prescription drug coverage may be subject to a copayment per prescription, for example, \$5 per prescription; prescription drug coverage under non-preferred providers was often covered under major medical benefits that usually required satisfaction of an annual deductible and then paid 80 percent of charges.

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

Table 51. Medical care benefits: Percent of full-time participants in plans with mental health benefits by extent of benefits, State and local governments, 1992

Coverage limitation	All participants		White-collar participants, except teachers		Teachers		Blue-collar and service participants	
	Hospital care ¹	Outpatient care ²	Hospital care ¹	Outpatient care ²	Hospital care ¹	Outpatient care ²	Hospital care ¹	Outpatient care ²
Total ³	100	100	100	100	100	100	100	100
With coverage	100	93	100	93	99	92	100	94
Covered the same as other illnesses	15	2	15	2	16	1	14	2
Subject to separate limitations ⁴	85	91	85	91	83	91	85	92
Limit on days	66	42	66	40	66	43	65	45
Per year	56	42	57	40	53	42	58	45
Per confinement	11	(⁵)	10	(⁵)	14	(⁵)	8	(⁵)
Per lifetime	1	(⁵)	(⁵)	(⁵)	1	(⁵)	1	(⁵)
Limit on number of treatments	(⁵)	(⁵)	1	(⁵)	(⁵)	(⁵)	(⁵)	(⁵)
Limit on dollars	37	53	40	54	34	53	35	50
Per day	1	14	1	15	1	15	1	13
Per year	17	35	20	37	17	36	14	33
Per lifetime	31	27	32	28	28	25	30	27
Per other period	1	1	1	1	(⁵)	1	1	1
Coinsurance limit	14	41	14	43	13	43	14	38
50 percent	4	29	4	31	4	29	4	26
Other ⁶	9	12	10	11	9	14	9	12
Ceiling on out-of-pocket expenses does not apply	15	32	15	32	15	31	16	32
Separate copayment or deductible	7	23	8	23	7	19	7	26
Other limitations	(⁵)	(⁵)	(⁵)	(⁵)	(⁵)	-	(⁵)	(⁵)
Without coverage	(⁵)	7	(⁵)	7	1	8	(⁵)	6

¹ Excludes doctor's charges in the hospital.

² 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.

³ Includes all workers with some type of mental health care coverage.

⁴ 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, but the limit on inpatient care for any other type of illness is greater than 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 on mental health coverage.

⁵ Less than 0.5 percent.

⁶ Includes plans with reduced coinsurance other than 50 percent and plans where the rate of reimbursement varied during the treatment period.

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

Table 52. Medical care benefits: Percent of full-time participants in plans with substance abuse benefits by uniformity in coverage, State and local governments, 1992

Coverage limitation	All participants	White-collar participants, except teachers	Teachers	Blue-collar and service participants
Total	100	100	100	100
With alcohol abuse treatment benefits	100	100	100	100
Drug abuse treatment covered in the same manner	96	98	95	96
Drug abuse treatment covered differently	3	2	5	3
Drug abuse treatment benefits not provided	(¹)	(¹)	1	(¹)

¹ 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 53. Medical care benefits: Percent of full-time participants in plans with alcohol abuse treatment benefits by extent of benefits, State and local governments, 1992

Coverage limitation	All participants			White-collar participants, except teachers			Teachers			Blue-collar and service participants		
	Inpatient detoxification ¹	Inpatient rehabilitation ²	Out-patient care ³	Inpatient detoxification ¹	Inpatient rehabilitation ²	Out-patient care ³	Inpatient detoxification ¹	Inpatient rehabilitation ²	Out-patient care ³	Inpatient detoxification ¹	Inpatient rehabilitation ²	Out-patient care ³
Total ⁴	100	100	100	100	100	100	100	100	100	100	100	100
With coverage	100	73	74	100	72	75	100	72	73	100	74	75
Covered the same as other illnesses	35	10	14	33	9	14	36	9	12	37	12	14
Subject to separate limitations ⁵	65	63	61	67	64	60	64	63	61	63	62	61
Limit on days	48	46	32	48	45	31	48	47	33	47	46	34
Per year	36	35	29	36	34	28	34	34	30	38	38	31
Per confinement	10	7	(⁶)	9	6	(⁶)	13	10	(⁶)	9	5	(⁶)
Per lifetime	5	7	3	5	7	3	3	6	4	5	7	3
Limit on number of treatments	11	10	4	12	11	3	11	9	4	9	9	5
Limit on dollars	26	25	36	28	27	37	26	25	37	22	22	34
Per day	2	2	8	2	2	7	3	3	12	2	2	7
Per year	10	11	23	10	11	24	12	12	23	9	9	23
Per lifetime	21	20	19	23	22	21	21	21	19	18	18	17
Per other period	5	5	3	5	5	4	5	5	3	4	4	4
Coinsurance limit ⁷	9	9	21	9	8	22	9	9	23	8	8	17
Ceiling on out-of-pocket expenses does not apply	8	8	14	8	8	15	9	8	14	7	7	11
Separate copayment or deductible	6	6	6	6	7	6	5	6	5	6	6	8
Other limitations	(⁶)	(⁶)	1	1	1	2	-	-	1	(⁶)	(⁶)	(⁶)
Without coverage	(⁶)	27	26	-	28	25	(⁶)	28	27	(⁶)	26	25

¹ Detoxification is the systematic use of medication and other methods under medical supervision to reduce or eliminate the effects of substance abuse.

² Rehabilitation is designed to alter abusive behavior in patients once they are free of acute physical and mental complications.

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.

⁴ Includes all workers with some type of alcohol abuse treatment coverage.

⁵ 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, 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.

⁶ Less than 0.5 percent.

⁷ Coinsurance rate is lower than that applying to other medical services. In such cases, outpatient rehabilitation care is generally at a coinsurance rate of 50 percent.

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

Table 54. Medical care benefits: Percent of full-time participants in plans with drug abuse treatment benefits by extent of benefits, State and local governments, 1992

Coverage limitation	All participants			White-collar participants, except teachers			Teachers			Blue-collar and service participants		
	Inpatient detoxification ¹	Inpatient rehabilitation ²	Out-patient care ³	Inpatient detoxification ¹	Inpatient rehabilitation ²	Out-patient care ³	Inpatient detoxification ¹	Inpatient rehabilitation ²	Out-patient care ³	Inpatient detoxification ¹	Inpatient rehabilitation ²	Out-patient care ³
Total ⁴	100	100	100	100	100	100	100	100	100	100	100	100
With coverage	100	72	73	100	72	74	100	71	71	100	73	74
Covered the same as other illnesses	34	9	13	33	9	14	35	8	11	36	11	13
Subject to separate limitations ⁵	66	63	61	67	63	60	65	63	61	64	62	61
Limit on days	48	46	32	49	45	31	48	46	32	48	46	34
Per year	37	35	29	36	33	28	35	34	29	39	38	31
Per confinement	10	7	(⁶)	9	6	(⁶)	13	10	(⁶)	10	6	(⁶)
Per lifetime	5	7	2	5	7	2	3	5	3	5	7	2
Limit on number of treatments	11	10	4	12	11	3	10	9	4	9	9	5
Limit on dollars	26	26	36	28	27	37	26	26	37	23	23	34
Per day	2	2	9	2	2	7	3	3	13	2	2	7
Per year	10	11	23	10	11	24	12	12	22	9	9	23
Per lifetime	21	21	20	23	22	21	22	22	19	19	19	18
Per other period	5	5	3	5	5	4	5	5	3	4	4	4
Coinsurance limit ⁷	9	9	21	9	9	22	9	9	23	8	8	17
Ceiling on out-of-pocket expenses does not apply	9	8	14	8	8	16	10	9	14	8	8	12
Separate copayment or deductible	6	6	6	6	7	6	5	6	5	6	6	8
Other limitations	(⁶)	(⁶)	1	1	1	2	-	-	1	(⁶)	(⁶)	(⁶)
Without coverage	(⁶)	28	27	-	28	26	(⁶)	29	29	(⁶)	27	26

¹ Detoxification is the systematic use of medication and other methods under medical supervision to reduce or eliminate the effects of substance abuse.

² Rehabilitation is designed to alter abusive behavior in patients once they are free of acute physical and mental complications.

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.

⁴ Includes all workers with some type of drug abuse treatment coverage.

⁵ 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, 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.

⁶ Less than 0.5 percent.

⁷ Coinsurance rate is lower than that applying to other medical services. In such cases, outpatient rehabilitation care is generally at a coinsurance rate of 50 percent.

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

Table 55. Medical care benefits: Percent of full-time participants in health maintenance organizations by selected plan features, State and local governments, 1992

Item	All participants	White-collar participants, except teachers	Teachers	Blue-collar and service participants
Extended care facilities				
Total	100	100	100	100
Provided coverage	89	89	91	89
Limited number of days	60	59	63	59
Unlimited number of days	29	29	27	30
Not provided coverage	11	11	9	11
Physician's office visits				
Total	100	100	100	100
Provided coverage	100	100	100	100
Subject to copayment per visit	63	63	56	67
\$1 per visit	(¹)	(¹)	(¹)	(¹)
\$2 per visit	5	4	4	8
\$3 per visit	8	10	3	9
\$4 per visit	3	3	5	3
\$5 per visit	24	24	26	23
\$6 - \$9 per visit	4	5	3	4
\$10 per visit	16	16	14	18
More than \$10 per visit	1	2	2	1
Subject to other limits ²	2	1	6	(¹)
Covered in full	35	35	38	33
Outpatient prescription drugs				
Total	100	100	100	100
Provided coverage	86	86	86	85
Subject to a copayment per prescription	76	78	71	78
Less than \$2 per prescription	8	8	6	7
\$2 per prescription	4	3	6	3
\$2.01 - \$2.99 per prescription	1	(¹)	1	2
\$3 per prescription	12	13	8	14
\$3.01 - \$3.99 per prescription	(¹)	(¹)	(¹)	(¹)
\$4 per prescription	4	4	5	2
\$4.01 - \$4.99 per prescription	(¹)	(¹)	-	(¹)
\$5 per prescription	22	21	17	26
More than \$5 per prescription	21	21	23	21
Subject to unspecified copayment	5	6	5	3
Subject to other limits ²	3	3	4	2
Covered in full	6	5	11	5
Not provided coverage	14	14	14	15

¹ Less than 0.5 percent.

² Includes plans that require participants to pay a percentage of the charges incurred.

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

Table 56. Medical care benefits: Percent of full-time participants by type of plan and coverage for selected special benefits, State and local governments, 1992

Benefit item	All plans	Health maintenance organizations	Non-health maintenance organizations
All participants			
Hearing care ²	33	95	10
Routine physical examinations	47	98	28
Organ transplant	39	28	43
Well-baby care	56	98	40
Immunization and inoculation	49	98	32
Birthing center	14	(¹)	19
Preventive dental care	3	7	1
Vision examinations only ⁴	21	67	5
White-collar, except teachers			
Hearing care	33	94	12
Routine physical examinations ²	47	98	30
Organ transplant	39	33	42
Well-baby care	56	98	42
Immunization and inoculation	50	97	34
Birthing center	16	(¹)	22
Preventive dental care	3	6	2
Vision examinations only	20	67	4
Teachers			
Hearing care	30	97	8
Routine physical examinations	45	97	27
Organ transplant ²	41	23	47
Well-baby care	52	99	37
Immunization and inoculation	46	98	28
Birthing center	12	1	16
Preventive dental care	1	4	(¹)
Vision examinations only	22	70	5
Blue-collar and service			
Hearing care ⁵	36	95	10
Routine physical examinations	48	98	27
Organ transplant	37	25	42
Well-baby care ²	58	99	40
Immunization and inoculation	51	98	31
Birthing center	13	1	18
Preventive dental care	4	12	1
Vision examinations only	23	64	5

¹ Plans providing services or payments for services rendered in the hospital or by a physician. Excludes plans that provided only prescription drug coverage.

² Plans provide, as a minimum, coverage for hearing examination expenses.

³ Less than 0.5 percent.

⁴ Includes plans that only provide examinations and X-rays.

⁵ Includes plans that provide only examinations.

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

Table 57. Medical care benefits: Percent of full-time participants in contributory plans¹ by type and amount of employee contribution, State and local governments, 1992

Type and amount of contribution	All plans		Health maintenance organizations		Non-health maintenance organizations	
	Employee coverage	Family coverage ²	Employee coverage	Family coverage ²	Employee coverage	Family coverage ²
All participants						
Total	100	100	100	100	100	100
Flat monthly amount	83	85	81	80	84	87
Less than \$5.00	6	2	7	6	6	(¹)
\$5.00-\$9.99	9	1	8	(¹)	10	1
\$10.00-\$14.99	14	1	15	2	13	(¹)
\$15.00-\$19.99	10	1	10	2	10	1
\$20.00-\$29.99	13	3	19	4	11	2
\$30.00-\$39.99	9	3	6	6	10	2
\$40.00-\$49.99	5	2	6	4	5	2
\$50.00-\$59.99	5	4	1	6	6	4
\$60.00-\$69.99	4	6	3	6	4	6
\$70.00-\$79.99	2	3	(¹)	2	2	4
\$80.00-\$89.99	1	4	(¹)	2	1	4
\$90.00-\$99.99	1	2	1	1	1	3
\$100.00-\$124.99	1	8	2	7	1	8
\$125.00-\$149.99	(¹)	7	(¹)	4	(¹)	9
\$150.00-\$174.99	(¹)	7	-	3	(¹)	8
\$175.00-\$199.99	(¹)	8	-	5	(¹)	9
\$200.00 or greater	(¹)	21	-	20	(¹)	22
Composite rate ⁴	3	2	1	(¹)	3	3
Amount varies by employee ⁵	9	6	11	9	7	5
Amount varies by earnings	2	(¹)	1	(¹)	3	(¹)
Not determinable	6	8	7	10	6	8
White-collar, except teachers						
Total	100	100	100	100	100	100
Flat monthly amount	81	86	81	85	81	86
Less than \$5.00	6	2	10	7	4	(¹)
\$5.00-\$9.99	11	1	9	(¹)	11	1
\$10.00-\$14.99	13	1	15	3	13	(¹)
\$15.00-\$19.99	10	1	8	2	10	1
\$20.00-\$29.99	13	3	17	5	11	2
\$30.00-\$39.99	9	3	6	6	10	2
\$40.00-\$49.99	5	2	5	4	5	2
\$50.00-\$59.99	4	5	2	8	4	4
\$60.00-\$69.99	4	6	4	5	4	6
\$70.00-\$79.99	2	4	(¹)	3	2	5
\$80.00-\$89.99	(¹)	3	(¹)	2	(¹)	3
\$90.00-\$99.99	1	3	1	1	1	4
\$100.00-\$124.99	1	8	3	6	1	9
\$125.00-\$149.99	(¹)	9	(¹)	5	(¹)	11
\$150.00-\$174.99	(¹)	8	-	4	(¹)	9
\$175.00-\$199.99	(¹)	9	-	5	(¹)	10
\$200.00 or greater	(¹)	16	-	19	(¹)	15
Composite rate ⁴	2	2	(¹)	(¹)	3	3
Amount varies by employee ⁵	9	6	10	7	8	6
Amount varies by earnings	4	(¹)	2	(¹)	4	(¹)
Not determinable	7	7	7	7	7	8

See footnotes at end of table.

Table 57. Medical care benefits: Percent of full-time participants in contributory plans¹ by type and amount of employee contribution, State and local governments, 1992—Continued

Type and amount of contribution	All plans		Health maintenance organizations		Non-health maintenance organizations	
	Employee coverage	Family coverage ²	Employee coverage	Family coverage ²	Employee coverage	Family coverage ²
Teachers						
Total	100	100	100	100	100	100
Flat monthly amount	80	81	70	73	83	84
Less than \$5.00	8	1	6	5	8	-
\$5.00-\$9.99	8	1	7	-	8	2
\$10.00-\$14.99	14	(³)	12	1	15	-
\$15.00-\$19.99	4	1	5	1	3	2
\$20.00-\$29.99	10	3	11	4	10	3
\$30.00-\$39.99	8	2	9	3	8	1
\$40.00-\$49.99	7	2	9	1	6	2
\$50.00-\$59.99	6	2	2	3	7	2
\$60.00-\$69.99	6	5	6	6	6	5
\$70.00-\$79.99	3	1	(³)	2	4	1
\$80.00-\$89.99	1	2	1	(³)	1	2
\$90.00-\$99.99	1	2	1	1	1	2
\$100.00-\$124.99	1	8	-	6	1	8
\$125.00-\$149.99	(³)	6	-	4	(³)	6
\$150.00-\$174.99	1	6	-	3	1	7
\$175.00-\$199.99	-	4	-	2	-	5
\$200.00 or greater	(³)	33	-	29	(³)	35
Composite rate ⁴	3	2	1	(³)	3	2
Amount varies by employee ⁵	12	9	18	16	10	6
Amount varies by earnings	2	(³)	1	(³)	2	(³)
Not determinable	6	10	10	11	4	9
Blue-collar and service						
Total	100	100	100	100	100	100
Flat monthly amount	89	87	86	79	90	91
Less than \$5.00	6	2	5	6	6	1
\$5.00-\$9.99	9	(³)	6	1	10	(³)
\$10.00-\$14.99	14	1	17	1	12	(³)
\$15.00-\$19.99	16	1	15	2	17	1
\$20.00-\$29.99	16	2	26	3	11	1
\$30.00-\$39.99	10	4	6	8	12	2
\$40.00-\$49.99	5	3	6	5	4	1
\$50.00-\$59.99	6	6	1	4	8	6
\$60.00-\$69.99	2	7	1	7	3	7
\$70.00-\$79.99	1	4	(³)	2	1	5
\$80.00-\$89.99	1	5	(³)	2	1	7
\$90.00-\$99.99	1	1	1	(³)	1	1
\$100.00-\$124.99	1	8	2	9	(³)	7
\$125.00-\$149.99	(³)	6	(³)	4	(³)	7
\$150.00-\$174.99	(³)	6	-	2	(³)	8
\$175.00-\$199.99	(³)	9	-	6	(³)	11
\$200.00 or greater	-	19	-	15	-	21
Composite rate ⁴	3	2	1	1	3	3
Amount varies by employee ⁵	6	4	8	7	5	3
Amount varies by earnings	(³)	(³)	(³)	(³)	(³)	(³)
Not determinable	5	9	5	13	5	6

¹ 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.

² 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 coverage.

³ Less than 0.5 percent.

⁴ A composite rate is a set contribution covering more than one benefit area, for example, health care and sickness and accident insurance. Cost data for individual plans cannot be determined.

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

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

Table 58. Medical care benefits: Average monthly contribution of full-time participants in contributory plans, State and local governments, 1992

Type of coverage	All participants	White-collar participants, except teachers	Teachers	Blue-collar and service participants
All plans				
Employee coverage	\$28.97	\$28.08	\$33.80	\$26.79
Family coverage ¹	139.23	130.03	168.18	130.18
Health maintenance organizations				
Employee coverage	25.87	26.69	27.73	23.95
Family coverage ¹	118.15	111.59	150.34	107.49
Non-health maintenance organizations				
Employee coverage	30.19	28.64	35.54	28.13
Family coverage ¹	147.08	136.92	173.61	139.92

¹ 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 59. Medical care benefits: Percent of full-time participants by requirement for employee contribution and type of provider, State and local governments, 1992

Type and amount of contribution	All participants		White-collar participants, except teachers		Teachers		Blue-collar and service participants	
	Employee coverage	Family coverage	Employee coverage	Family coverage	Employee coverage	Family coverage	Employee coverage	Family coverage
Health maintenance organizations	100	100	100	100	100	100	100	100
Non-contributory	54	24	49	19	63	33	54	22
Contributory	46	76	51	81	37	66	46	78
Not determinable	-	(¹)	-	-	-	1	-	(¹)
Non-health maintenance organizations	100	100	100	100	100	100	100	100
Non-contributory	58	29	55	26	63	34	59	29
Contributory	42	71	45	74	37	66	41	71

¹ 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 60. Medical care benefits¹: Percent of full-time participants by length-of-service requirements for participation,² State and local governments, 1992

Length-of-service requirement	All participants	White-collar participants, except teachers	Blue-collar and service participants
Total	100	100	100
With service requirement	15	17	18
1 month	8	10	8
2 months	4	4	5
3 months	2	2	3
4-5 months	(³)	(³)	-
6 months	1	1	2
Greater than 6 months	(³)	(³)	(³)
Without service requirement	45	47	44
Service requirement not determinable	39	36	38
Service requirement not determinable ⁴	(³)	-	(³)

¹ 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.

² Length of time employees must be on the job before they are covered by a plan that is at least partially employer financed. There is frequently an administrative time lag between completion of the requirement and the actual start of participation. If the lag was 1 month or more, it was included in the service requirement. Minimum age requirements are rare.

³ Less than 0.5 percent.

⁴ Plans where service requirements were unknown, usually because plan documents (typically prepared by health care provider) did not specify the employer's eligibility provisions.

NOTE: Because of rounding, sums of individual items may not equal totals. Where applicable, dash indicates no employees in this category. Data for teachers could not be published separately.

Table 61. Medical care benefits¹: Percent of full-time participants by provision for coverage after retirement, State and local governments, 1992

Provision	All participants	White-collar participants, except teachers	Teachers	Blue-collar and service participants
Total	100	100	100	100
With employer-financed retiree coverage ²	51	52	47	52
For retirees under age 65 only	4	3	5	4
For retirees 65 and over only	(³)	(³)	(³)	(³)
For all retirees	47	49	43	48
Benefits cancelled on retirement or financed wholly by retiree	49	48	53	48

¹ 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.

² Includes plans financed wholly by employers and plans financed jointly by employers and employees.

³ 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 62. Medical care benefits¹: Percent of full-time participants with provisions for benefits after retirement by contributory status, State and local governments, 1992

Characteristic	All participants		White-collar participants, except teachers		Teachers		Blue-collar and service participants	
	Retiree under 65 ²	Retiree 65 and over	Retiree under 65 ²	Retiree 65 and over	Retiree under 65 ²	Retiree 65 and over	Retiree under 65 ²	Retiree 65 and over
Percent of participants with employer-financed retiree coverage ³	100	100	100	100	100	100	100	100
Retiree pays some cost	55	57	58	60	50	51	56	59
Retiree pays no cost	40	38	39	37	42	40	40	37
Not determinable	5	5	3	3	8	9	4	4

¹ 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.

² Provisions in this column apply to the period between retirement and age 65.

³ Tabulations cover plans in which insurance was continued for longer

than 1 month after retirement and where the employer wholly or partly financed the coverage. It excludes plans that provide only the retiree's share of premiums for medical insurance under Medicare (Part B).

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

Table 63. Medical care benefits: Percent and dollar amount of health care expenses paid by the individual and the plan for selected services,¹ by type of plan, full-time employees in State and local governments, 1992

Type of plan	Percentage paid			Dollars paid		
	Total	Individual	Plan	Total	Individual	Plan
Scenario 1: Total health care expenses = \$673						
All plans	100	36.0	64.0	\$673	\$242	\$431
Non-HMO	100	44.6	55.4	673	300	373
HMO	100	12.6	87.4	673	85	588
Scenario 2: Total health care expenses = \$7,085						
All plans	100	12.3	87.7	\$7,085	\$869	\$6,216
Non-HMO	100	15.7	84.3	7,085	1,112	5,973
HMO	100	2.8	97.2	7,085	199	6,886

¹ In scenario 1, a family of two had total health care expenses of \$673, consisting of 6 office visits (\$37 each), 3 lab tests (\$92 each), and 7 prescription drugs (\$25 each). In scenario 2, a family of four had total health care expenses of \$7,085, consisting of 8 office visits (\$37 each), 6

lab tests (\$92 each), 9 prescription drugs (\$25 each), a 6-day hospital confinement (\$342 per day for room and board and \$621 per day for ancillary charges), and 6 physicians in-hospital visits (\$39 each).

Table 64. Dental care benefits: Percent of full-time participants in contributory stand-alone plans¹ by type and amount of employee contribution, State and local governments, 1992

Type and amount of contribution	Employee coverage	Family coverage ²	Type and amount of contribution	Employee coverage	Family coverage ²
All participants			Teachers		
Total	100	100	Total	100	100
Flat monthly amount	70	73	Flat monthly amount	74	68
Less than \$2.00	16	3	Less than \$2.00	21	7
\$2.00-\$4.99	19	4	\$2.00-\$4.99	19	5
\$5.00-\$9.99	11	9	\$5.00-\$9.99	14	8
\$10.00-\$14.99	14	6	\$10.00-\$14.99	7	6
\$15.00-\$19.99	1	13	\$15.00-\$19.99	1	9
\$20.00-\$24.99	-	9	\$20.00-\$24.99	-	7
\$25.00 or greater	1	23	\$25.00 or greater	-	18
Composite rate ³	9	5	Composite rate ³	12	9
Amount varies by employee ⁴	19	13	Amount varies by employee ⁴	17	14
Amount varies by earnings	3	2	Amount varies by earnings	(⁵)	(⁵)
Not determinable	7	13	Not determinable	9	18
White-collar, except teachers			Blue-collar and service		
Total	100	100	Total	100	100
Flat monthly amount	67	75	Flat monthly amount	71	74
Less than \$2.00	11	1	Less than \$2.00	20	1
\$2.00-\$4.99	20	3	\$2.00-\$4.99	16	5
\$5.00-\$9.99	9	11	\$5.00-\$9.99	10	9
\$10.00-\$14.99	21	5	\$10.00-\$14.99	11	9
\$15.00-\$19.99	1	14	\$15.00-\$19.99	1	15
\$20.00-\$24.99	-	10	\$20.00-\$24.99	-	11
\$25.00 or greater	1	30	\$25.00 or greater	(⁵)	18
Composite rate ³	4	2	Composite rate ³	13	6
Amount varies by employee ⁴	19	12	Amount varies by employee ⁴	22	13
Amount varies by earnings	6	3	Amount varies by earnings	4	2
Not determinable	8	10	Not determinable	4	11

¹ Plans that exclusively provide dental benefits.

² 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 coverage.

³ A composite rate is a set contribution covering more than one benefit area, for example, health care and sickness and accident insurance. Cost

data for individual plans cannot be determined.

⁴ Amount varies by options selected under a "cafeteria plan" or employer-sponsored reimbursement account.

⁵ 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 65. Dental care benefits: Percent of full-time participants by extent of coverage for selected procedures, State and local governments, 1992

Extent of coverage	Type of dental procedure									
	Examina-tions	Dental X-rays	Fillings	Dental surgery ¹	Inlays	Crowns	Periodontal care	Endodon-tics	Prosthetics	Orthodon-tia ²
All participants										
Total	100	100	100	100	100	100	100	100	100	100
Covered	100	100	100	100	94	95	98	100	93	69
Scheduled cash allowance	16	16	15	13	14	12	14	12	12	(³)
Incentive schedule ⁴	6	6	6	7	5	6	6	6	(³)	(³)
Subject to copayment ⁵	3	1	3	10	9	11	10	11	12	10
Percent of usual, customary, and reasonable charge	75	76	74	69	64	64	66	68	67	59
Less than 50	(³)	(³)	(³)	(³)	(³)	(³)	(³)	(³)	(³)	1
50	1	1	4	7	38	37	10	7	47	34
51-59	-	-	-	-	(³)	(³)	-	-	(³)	(³)
60	1	1	2	3	5	5	3	2	5	4
61-74	(³)	1	3	2	1	1	2	2	2	(³)
75	1	1	2	2	2	2	2	2	2	1
80	14	15	42	42	15	15	39	41	9	2
85	(³)	(³)	1	1	(³)	(³)	2	1	(³)	-
90	2	2	3	4	1	1	3	3	(³)	(³)
100 ⁶	56	55	16	8	2	2	5	9	1	16
Discounted benefit ⁷	(³)	(³)	1	2	2	2	2	2	2	1
Subject to overall plan provisions only ⁸	(³)	(³)	(³)	(³)	(³)	(³)	(³)	(³)	(³)	-
Not covered	(³)	(³)	(³)	(³)	6	5	2	(³)	7	31
White-collar, except teachers										
Total	100	100	100	100	100	100	100	100	100	100
Covered	100	100	100	100	94	95	98	100	93	71
Scheduled cash allowance	18	18	16	13	15	12	16	13	13	(³)
Incentive schedule ⁴	5	5	5	5	4	4	5	5	(³)	(³)
Subject to copayment ⁵	2	1	4	11	8	12	9	12	12	9
Percent of usual, customary, and reasonable charge	75	76	73	69	65	66	67	69	67	61
Less than 50	(³)	(³)	(³)	(³)	(³)	(³)	1	(³)	(³)	1
50	1	1	3	6	40	39	7	6	47	34
51-59	-	-	-	-	(³)	(³)	-	-	(³)	(³)
60	1	1	2	2	5	5	3	3	5	4
61-74	(³)	(³)	3	3	2	2	3	3	2	(³)
75	1	1	2	3	2	2	2	2	2	1
80	13	15	44	43	15	15	40	41	9	2
85	-	-	1	1	(³)	(³)	2	2	(³)	-
90	2	2	5	5	1	1	5	5	(³)	(³)
100 ⁶	57	56	13	6	1	2	4	7	2	19
Discounted benefit ⁷	(³)	1	1	1	1	1	1	1	1	(³)
Subject to overall plan provisions only ⁸	(³)	(³)	(³)	(³)	(³)	(³)	(³)	(³)	(³)	-
Not covered	-	-	(³)	(³)	6	5	2	(³)	7	29

See footnotes at end of table.

Table 65. Dental care benefits: Percent of full-time participants by extent of coverage for selected procedures, State and local governments, 1992—Continued

Extent of coverage	Type of dental procedure									
	Examina-tions	Dental X-rays	Fillings	Dental surgery ¹	Inlays	Crowns	Periodontal care	Endodon-tics	Prosthetics	Orthodon-tia ²
Teachers										
Total	100	100	100	100	100	100	100	100	100	100
Covered	100	100	100	99	94	95	97	100	94	67
Scheduled cash allowance	13	13	12	10	11	10	11	10	8	(³)
Incentive schedule ⁴	10	11	10	10	8	9	10	10	1	-
Subject to copayment ⁵	4	1	3	10	9	10	9	10	12	9
Percent of usual, customary, and reasonable charge	72	74	72	67	63	64	63	67	70	58
Less than 50	-	-	-	-	(³)	(³)	-	-	(³)	(³)
50	2	2	4	8	36	35	9	8	50	38
51-59	-	-	-	-	-	-	-	-	-	(³)
60	1	1	3	2	6	6	3	2	6	4
61-74	(³)	2	3	2	1	1	2	2	1	(³)
75	1	1	1	1	1	1	1	1	1	1
80	19	20	44	43	19	19	42	42	10	3
85	(³)	(³)	(³)	1	(³)	(³)	1	1	(³)	-
90	2	2	2	2	(³)	(³)	2	2	(³)	(³)
100 ⁶	47	46	14	7	1	1	4	9	1	11
Discounted benefit ⁷	(³)	(³)	3	3	3	3	3	3	3	(³)
Subject to overall plan provisions only ⁸	-	-	-	(³)	(³)	(³)	(³)	(³)	(³)	-
Not covered	(³)	(³)	(³)	1	6	5	3	(³)	6	33
Blue-collar and service										
Total	100	100	100	100	100	100	100	100	100	100
Covered	100	100	100	100	93	94	99	100	92	69
Scheduled cash allowance	15	15	14	14	15	15	14	14	14	1
Incentive schedule ⁴	4	4	5	5	4	4	5	5	1	(³)
Subject to copayment ⁵	3	2	3	9	10	11	12	12	12	11
Percent of usual, customary, and reasonable charge	78	79	77	71	63	62	67	69	64	56
Less than 50	(³)	(³)	(³)	(³)	(³)	(³)	(³)	(³)	(³)	(³)
50	1	1	6	9	37	37	13	8	44	32
51-59	-	-	-	-	1	1	-	-	1	-
60	1	1	2	3	5	5	4	2	5	4
61-74	(³)	1	2	2	2	2	2	2	3	1
75	1	1	2	2	2	2	2	2	2	2
80	12	12	39	40	12	12	35	38	8	2
85	(³)	(³)	1	1	(³)	(³)	2	2	-	-
90	1	2	3	4	1	1	3	3	(³)	(³)
100 ⁶	62	62	22	10	3	2	7	13	1	15
Discounted benefit ⁷	(³)	(³)	1	1	2	2	1	1	2	1
Subject to overall plan provisions only ⁸	(³)	(³)	(³)	(³)	(³)	(³)	(³)	(³)	(³)	-
Not covered	-	-	(³)	(³)	7	6	1	(³)	8	31

¹ Excludes plans that limited coverage to accidental injuries, removal of impacted wisdom teeth, or repair of jaw.

² Participants were included as having coverage for orthodontia in cases where benefits were limited to children.

³ Less than 0.5 percent.

⁴ Reimbursement arrangement in which the percentage of dental expenses paid by the plan increases if regular dental appointments are scheduled.

⁵ Participant pays a specific amount per procedure and plan pays all remaining expenses. In the case of orthodontia, the copayment is generally

applied once per lifetime.

⁶ Includes plans that paid the full cost and plans that paid 100 percent of charges, but imposed a deductible and limited payment to a maximum dollar amount.

⁷ Benefits provided at a discount if obtained from an approved provider.

⁸ Reimbursement arrangement is the coinsurance provision used for all covered expenses under the plan.

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

Table 66. Dental care benefits: Percent of full-time participants by deductible provision¹, State and local governments, 1992

Type of deductible ²	All participants	White-collar participants, except teachers	Teachers	Blue-collar and service participants
Total	100	100	100	100
Subject to separate dental deductible ³	46	48	43	47
Yearly deductible only	45	48	42	45
Under \$25	1	1	1	(⁴)
\$25	25	27	25	22
\$26-\$49	(⁴)	(⁴)	(⁴)	(⁴)
\$50	16	17	12	18
\$51-\$99	1	(⁴)	1	(⁴)
\$100	2	1	2	4
Over \$100	1	1	(⁴)	(⁴)
Lifetime deductible only	(⁴)	(⁴)	(⁴)	1
Both yearly and lifetime deductibles	1	1	1	1
Subject to overall plan deductible	1	(⁴)	2	(⁴)
No deductible	53	51	56	53

¹ Excludes separate deductibles for orthodontic procedures.

² Amount of deductible described is for each insured person. In some plans, the individual and family deductibles are identical.

³ Deductibles may not apply to all covered dental procedures. If separate deductibles applied to different procedures, the sum of the deductible amounts was tabulated.

⁴ 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 67. Dental care benefits: Percent of full-time participants by yearly maximum amount of coverage,¹ State and local governments, 1992

Dollar amount ²	All participants	White-collar participants, except teachers	Teachers	Blue-collar and service participants
Total	100	100	100	100
Yearly maximum specified ³	75	77	75	73
Less than \$500	(⁴)	(⁴)	(⁴)	(⁴)
\$500	2	2	2	2
\$501-\$749	(⁴)	(⁴)	(⁴)	(⁴)
\$750	11	9	8	15
\$751-\$999	(⁴)	(⁴)	-	-
\$1,000	39	39	42	37
\$1,001-\$1,499	7	11	5	5
\$1,500	8	7	11	6
\$1,501-\$1,999	(⁴)	(⁴)	-	(⁴)
\$2,000	6	7	5	7
Greater than \$2,000	1	1	2	1
No yearly maximum	25	23	25	27
Average yearly maximum	\$1,135	\$1,155	\$1,143	\$1,097

¹ Includes all covered dental procedures except orthodontia. Amount of maximum specified is for each insured person.

² 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.

⁴ 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 68. Dental care benefits: Percent of full-time participants in plans with orthodontic benefits by lifetime maximum amount of coverage, State and local governments, 1992

Dollar amount ¹	All participants	White-collar participants, except teachers	Teachers	Blue-collar and service participants
Total	100	100	100	100
Lifetime maximum specified	70	73	72	66
Less than \$500	(²)	(²)	(²)	(²)
\$500	8	8	7	9
\$501-\$749	3	4	3	1
\$750	4	3	5	3
\$751-\$999	3	2	5	2
\$1,000	31	31	33	30
\$1,001-\$1,499	7	8	5	6
\$1,500	12	14	10	10
Greater than \$1,500	3	2	3	4
No lifetime maximum	30	27	28	34
Average lifetime maximum	\$1,047	\$1,050	\$1,032	\$1,057

¹ Coverage for orthodontia procedures may also be subject to scheduled allowance, deductible, or coinsurance provisions in addition to maximum dollar limitations.

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 69. Dental care benefits: Percent of full-time participants in plans with dental benefits by provision for preauthorization of treatment, State and local governments, 1992

Item	All participants	White-collar participants, except teachers	Teachers	Blue-collar and service participants
Total	100	100	100	100
Preauthorization required	44	47	50	37
Minimum expense requiring preauthorization				
\$100	10	9	11	10
\$101 - \$199	10	14	3	10
\$200	14	11	21	12
Greater than \$200	10	12	13	4
Dollar amount not determinable	(¹)	(¹)	1	(¹)
Preauthorization not required	56	53	50	63

¹ 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 70. Medical care benefits: Percent of full-time participants in plans with vision benefits by extent of coverage for selected benefits, State and local governments, 1992

Type of vision benefit	Total	Covered	Covered in full	Subject to internal limits					Subject to overall limitations only	Not covered	Not determinable
				Total ¹	Scheduled allowance	Coinsurance	Copayment	Retail discount ²			
All participants											
Examinations	100	100	38	61	27	1	34	-	(³)	(³)	-
Eyeglasses	100	100	28	72	41	1	26	6	-	-	(³)
Contact lenses	100	92	7	86	63	1	22	4	-	7	(³)
White-collar, except teachers											
Examinations	100	100	39	61	27	1	33	-	(³)	(³)	-
Eyeglasses	100	100	30	70	39	1	28	3	-	-	(³)
Contact lenses	100	92	9	83	60	1	24	2	-	8	(³)
Teachers											
Examinations	100	99	44	55	25	(³)	31	-	(³)	1	-
Eyeglasses	100	100	32	68	41	(³)	21	7	-	-	(³)
Contact lenses	100	92	4	89	68	(³)	21	6	-	7	(³)
Blue-collar and service											
Examinations	100	100	33	67	30	1	36	-	(³)	(³)	-
Eyeglasses	100	99	21	78	42	1	29	8	-	-	1
Contact lenses	100	93	7	86	64	1	21	5	-	7	-

¹ The total is less than the sum of the individual items because workers may participate in plans with more than one type of limitation.

² Provided at discount if purchased at an approved dealer.

³ 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.

Chapter 5. Life Insurance

Life insurance was provided to nine-tenths of all full-time employees in State and local governments in 1992 (tables 71-80). Among workers with life insurance:

- 8 percent were covered by a flat dollar amount formula, averaging nearly \$16,000;
- 15 percent were required to contribute toward the cost of coverage;
- 46 percent were in plans that continued coverage after retirement;
- 43 percent had dependent life insurance protection available;
- 55 percent had benefits supplementing basic coverage.

The details of employer-provided life insurance protection presented in this chapter include: The methods used to provide basic life insurance, the effect that age and retirement have on insurance, and the availability and amount of coverage for an employee's dependents³⁰. In addition, the chapter also looks at the prevalence of such related coverages as accidental death and dismemberment insurance, survivor income benefits, and supplemental life insurance.

Generally, the cost of basic life insurance in State and local governments was paid entirely by the employer. Where employee contributions were required, the most prevalent method was a dollar amount based on coverage. Typically, the cost was less than 20 cents per \$1,000 of coverage. The second most common method of specifying employee contributions was stated as a composite rate, that is, a set contribution covering more than one benefit. Cost data for individual plans that make up this rate could not be separated, because more than one benefit is covered by a single monthly rate.

Types and amounts of benefit formulas

The most widespread method for determining basic life insurance was a flat dollar amount of coverage. Such coverage was provided to 58 percent of life insurance plan participants and was more prevalent for teachers (67 percent) than the other two occupational groups. Teachers also had the highest average flat-dollar amount of life insurance

(\$18,088). Blue-collar and service participants had the lowest average flat dollar amount of life insurance (\$14,306).

Insurance protection of between \$5,000 and \$14,999 accounted for just over two-fifths of participants in plans specifying a flat dollar amount of insurance. A small percent of participants in such plans had coverage of \$50,000 or more; teachers more often had these larger benefits.

Two-fifths of full-time participants in State and local governments were provided basic life insurance that was linked to their pay. Coverage of this type provides participants with a level of protection that increases automatically with a rise in pay. Such formulas were much more common among white collar workers, except teachers than the other two occupational groups. The most common method of tying life insurance to pay was to multiply the employee's annual salary by a factor of 1 or 2 and round the product to the next \$1,000. For example, an employee whose annual pay was \$32,700 would receive \$66,000 of coverage under a plan providing two times pay (\$32,700 times two equals \$65,400, which is rounded up to \$66,000).

The average multiple-of-pay benefit formula was 1.8 times pay. Two-fifths of all participants in these plans had insurance equal to their annual pay. One-fifth had coverage equal to twice their annual pay.

Thirty-six percent of the full-time participants covered by multiple-of-pay plans had limits placed on the amount of life insurance available. The most prevalent limits were between \$50,000 and \$249,999. A small number of participants had limits of \$500,000 or more.

In addition to data on specific benefit formulas, survey data were used to compute average life insurance benefit amounts, based on assumed earnings levels. For the participants in each life insurance plan, a dollar amount of benefit was computed. These benefits were then averaged and weighted by current participation. For participants with assumed annual earnings of \$25,000, the average available life insurance was \$25,577.³¹ These data are from the 1990 Employee Benefits Survey of State and Local Governments; 1992 data are not yet available.

The increase in average benefit slowed as earnings increased, due to the prevalence of flat dollar benefit formulas, which do not change as earnings increase. For workers with assumed earnings of \$45,000, the average benefit was \$36,035.

³⁰ For a detailed examination of the history of employer-provided life insurance, see Michael Bucci, "Growth of Employer-sponsored Group Life Insurance," *Monthly Labor Review*, October 1991, pp. 25-32. Also, for a summary of life insurance benefits in the 1990 survey of small private establishments and government, see Glenn M. Grossman, "Life Insurance Benefits in Small Establishments and Government," Research Summary, *Monthly Labor Review*, October 1992, pp. 33-34.

³¹ For further details on these life insurance calculations, see Adam Z. Bellet, "Employer-sponsored Life Insurance: A New Look," *Monthly Labor Review*, October 1989, pp. 25-28.

Coverage for older active workers and retirees

Twenty-seven percent of participants were in plans where older active workers faced reduced benefits. Coverage is reduced to account for the increased cost of insuring older workers.³² Of those whose plans reduced coverage, the first reduction commonly was at either age 65 or 70. Reductions usually did not occur before age 65.

Many plans reduced coverage for older workers only once, typically to 50 percent of the original life insurance amount. Other plans reduced coverage in several stages. One common provision was to reduce coverage to 65 percent at age 65, then to 50 percent at age 70.

Basic life insurance coverage continued after retirement for 46 percent of the full-time participants in State and local governments in 1992. This coverage almost always continued for the remainder of the retiree's life, but the amount of the benefit was usually reduced at least once during retirement.³³

Related protection

Accidental death and dismemberment (AD&D) insurance was available to three-fourths of the life insurance plan participants and provides additional benefits if a worker dies or loses an eye or a limb in an accident. For virtually all of these workers, the AD&D benefit equaled the basic life insurance benefit for accidental death, and a portion of that benefit for dismemberment.³⁴

Benefits supplementing basic life insurance coverage were available to the majority of participants. Just over four-fifths of these employees were required to pay the full premium for such benefits. The typical supplemental plan provided term life insurance in multiples of one to three times annual pay,

³² Details on life insurance benefits for older workers are discussed in Stephanie Hyland, "Age-related Reductions in Life Insurance Benefits," *Monthly Labor Review*, February 1991, pp. 36-38.

³³ For more information on retiree life insurance, see Margaret Simons and Cynthia Thompson, "Life Insurance Benefits for Retired Workers," *Monthly Labor Review*, September 1990, pp. 17-21.

³⁴ For more information on accidental death and dismemberment benefits, see Cynthia Thompson, "Compensation For Death and Dismemberment," *Monthly Labor Review*, September 1989, pp. 13-17.

at the employee's option. Supplemental coverage was more common among employees who had their basic insurance determined by a flat dollar amount of coverage than those with a multiple-of-pay formula.

Life insurance coverage for dependents was available to two-fifths of participants, three-fourths of whom were required to pay the entire premium to obtain coverage. The remainder had either partly or entirely employer-paid coverage.

A flat dollar amount was the most prevalent method used to provide dependent coverage. In 1992, such plans averaged \$3,765 for spouse coverage and \$2,661 for children. Dependent coverage based on a flat dollar amount was most common for blue-collar and service participants. Among plans without a flat dollar amount of coverage, the employee often had the option to select specific benefits.

Plans providing a monthly income to surviving members of an employee's family were rare. These survivor income benefits were in addition to other benefits, such as basic life insurance and survivor pension benefits. Survivor income payments were generally a percentage of the employee's pay or a flat dollar amount. Benefits usually continued for 24 months, although some continued until a specific event occurred, such as the surviving spouse remarrying or reaching age 65, or surviving children reaching a given age³⁵.

Service requirements

Twenty-seven percent of all life insurance participants were required to work a minimum period to qualify for the plan. Eligibility requirements to join the life insurance plan were most prevalent for blue-collar and service workers (33 percent). The most common service requirement was 1 month, followed by 3 months. Thirty-seven percent of participants had a service requirement that could not be determined. Readers are cautioned to consider this high rate of not determinable eligibility requirements when interpreting these data.

³⁵ For more information on survivor benefits, see David Ott, "Employer-provided Survivor Benefits," *Monthly Labor Review*, June 1991, pp. 13-18.

Table 71. Life insurance: Percent of full-time participants by method of determining amount of basic life insurance and frequency of related coverages, State and local governments, 1992

Item	All participants	White-collar participants, except teachers	Teachers	Blue-collar and service participants
Total	100	100	100	100
Basic life insurance ¹	99	100	99	99
Based on earnings	40	45	32	41
Multiple ²	38	42	31	39
Graduated schedule	2	3	2	2
Flat amount	58	53	67	58
Flat amount based on service	(³)	(³)	1	(³)
Other	1	1	(³)	1
With accidental death and dismemberment coverage	74	74	72	77
With survivor income benefit ⁴	1	(³)	1	1
Supplemental benefits available	55	58	53	54
Wholly employee paid	47	51	43	47
With dependent coverage	43	46	39	42
Wholly employee paid	33	37	28	32

¹ A few participants received only accidental death and dismemberment insurance or survivor income benefits.

² Includes participants in plans in which insurance equaled a multiple of earnings, plus or minus a specific amount.

³ Less than 0.5 percent.

⁴ Consists of monthly income, usually a percent of earnings, for the spouse or dependent children for a specified period after death of employee.

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

Table 72. Life Insurance: Percent of full-time participants in plans with multiple-of-earnings formulas¹ by amount of basic insurance and maximum coverage provisions, State and local governments, 1992

Formula	Total	In plans without maximum coverage	In plans with maximum coverage						Not determinable	
			All	Less than \$50,000	\$50,000-\$99,999	\$100,000-\$249,999	\$250,000-\$499,999	\$500,000-\$999,999		\$1,000,000 or more
All participants										
Total	100	53	36	7	9	13	2	4	(9)	11
Life insurance is equal to annual earnings times: ²										
Less than 1.0	1	1	1	(9)	(9)	(9)	(9)	-	-	-
1.0	40	19	16	2	5	8	1	1	(9)	5
1.1-1.4	1	-	1	-	1	-	-	-	-	(9)
1.5	14	11	2	1	-	1	(9)	-	-	1
1.6-1.9	(9)	-	(9)	-	-	(9)	-	-	-	-
2.0	21	13	5	(9)	1	3	1	(9)	-	3
2.5	2	(9)	(9)	-	-	(9)	(9)	-	-	2
3.0	16	8	8	4	3	(9)	(9)	-	-	-
More than 3.0	4	(9)	4	-	-	-	(9)	-	-	(9)
Multiple varying with earnings	(9)	(9)	-	-	-	-	-	-	-	-
White-collar, except teachers										
Total	100	52	36	6	10	12	3	4	(9)	12
Life insurance is equal to annual earnings times: ²										
Less than 1.0	2	2	1	(9)	(9)	(9)	(9)	-	-	-
1.0	40	18	16	2	5	7	1	1	(9)	5
1.1-1.4	1	-	1	-	1	-	-	-	-	(9)
1.5	15	12	2	1	-	1	(9)	-	-	1
1.6-1.9	(9)	-	(9)	-	-	(9)	-	-	-	-
2.0	20	12	6	(9)	(9)	4	1	(9)	-	2
2.5	3	(9)	(9)	-	-	(9)	(9)	-	-	2
3.0	16	8	8	3	4	(9)	(9)	-	-	-
More than 3.0	3	-	3	-	-	-	(9)	3	-	(9)
Multiple varying with earnings	(9)	(9)	-	-	-	-	-	-	-	-
Teachers										
Total	100	57	32	8	8	14	2	1	-	11
Life insurance is equal to annual earnings times: ²										
1.0	35	17	14	1	4	7	1	(9)	-	4
1.1-1.4	2	-	2	-	2	-	-	-	-	1
1.5	17	13	3	2	-	2	(9)	-	-	-
2.0	26	15	7	(9)	2	4	1	(9)	-	4
2.5	3	-	(9)	-	-	(9)	-	-	-	3
3.0	17	12	5	5	(9)	-	-	-	-	-
Multiple varying with earnings	(9)	(9)	-	-	-	-	-	-	-	-

See footnotes at end of table.

Table 72. Life Insurance: Percent of full-time participants in plans with multiple-of-earnings formulas¹ by amount of basic insurance and maximum coverage provisions, State and local governments, 1992—Continued

Formula	Total	In plans without maximum coverage	In plans with maximum coverage						Not determinable	
			All	Less than \$50,000	\$50,000-\$99,999	\$100,000-\$249,999	\$250,000-\$499,999	\$500,000-\$999,999		\$1,000,000 or more
Blue-collar and service										
Total	100	51	40	8	9	14	1	8	(²)	10
Life insurance is equal to annual earnings times: ³										
Less than 1.0	1	(²)	1	1	-	-	(²)	-	-	-
1.0	45	23	18	3	4	10	(²)	1	(²)	5
1.1-1.4	(²)	-	(²)	-	(²)	-	-	-	-	(²)
1.5	10	8	1	(²)	-	1	(²)	-	-	1
1.6-1.9	(²)	-	(²)	-	-	(²)	-	-	-	-
2.0	18	12	3	(²)	(²)	2	-	(²)	-	3
2.5	1	(²)	(²)	-	-	(²)	(²)	-	-	1
3.0	16	7	9	4	4	1	-	-	-	(²)
More than 3.0	8	1	7	-	-	-	-	7	-	(²)
Multiple varying with earnings	(²)	(²)	-	-	-	-	-	-	-	-

¹ Includes participants in plans in which insurance equaled a multiple of earnings, plus or minus a specific amount. In such cases, only the multiple of earnings was included in the tabulation.

² Less than 0.5 percent.

³ When the multiple-of-earnings formula varied with age, the maximum multiple was tabulated. A few plans varied the multiple-of-earnings for-

mula according to service; in these cases, a participant was assumed to have 15 years of service.

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

Table 73. Life insurance: Percent of full-time participants in plans with flat dollar insurance¹ by amount of basic insurance, State and local governments, 1992

Amount of insurance	All participants	White-collar participants, except teachers	Teachers	Blue-collar and service participants
Total	100	100	100	100
Less than \$2,000	(²)	(²)	-	(²)
\$2,000-\$4,999	13	13	15	10
\$5,000-\$9,999	21	19	21	21
\$10,000-\$14,999	23	25	17	27
\$15,000-\$19,999	11	13	5	15
\$20,000-\$24,999	11	12	13	7
\$25,000-\$29,999	8	7	5	11
\$30,000-\$34,999	4	3	7	3
\$35,000-\$39,999	1	(²)	1	1
\$40,000-\$44,999	2	1	4	1
\$45,000-\$49,999	(²)	-	(²)	(²)
\$50,000-\$54,999	6	6	11	2
\$55,000 and over	1	1	1	1
Average flat dollar amount	\$15,848	\$15,263	\$18,088	\$14,306

¹ Excludes participants in plans where insurance was a flat amount based on service.

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 74. Life insurance: Average benefit amounts for full-time participants by specified annual earnings, State and local governments, 1990

Occupational group ¹	Annual salary			
	\$25,000	\$35,000	\$45,000	\$55,000
All participants	\$25,577	\$31,001	\$36,035	\$40,899
Regular participants	25,967	31,798	37,200	42,468
Teachers	24,928	29,301	33,648	37,606
Police and firefighters	24,018	29,443	33,336	37,614

¹ Data in this table are from the 1990 survey of State and local governments. Occupational groups are slightly different than those used in 1992.

Table 75. Life insurance: Percent of full-time participants by provisions for age-related reduction of basic life insurance benefits for current employees, State and local governments, 1992

Provision	All participants	White-collar participants, except teachers	Teachers	Blue-collar and service participants
Total	100	100	100	100
Life insurance changes	27	29	24	26
Life insurance benefits do not change	48	51	42	48
Not determinable	26	20	35	25

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

Table 76. Life insurance: Percent of full-time participants in basic life insurance plans by effect of retirement on coverage, State and local governments, 1992

Effect of retirement	All participants	White-collar participants, except teachers	Teachers	Blue-collar and service participants
Total	100	100	100	100
Insurance continues ¹	46	49	42	47
Insurance discontinued immediately	52	50	57	52
Not determinable	1	1	2	2

¹ Includes plans in which coverage is fully paid by retiree.

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

Table 77. Life insurance: Percent of full-time participants with accidental death and dismemberment insurance by amount of benefit,¹ State and local governments, 1992

Item	All participants	White-collar participants, except teachers	Teachers	Blue-collar and service participants
Total	100	100	100	100
Multiple of life insurance benefit	94	96	94	90
Less than 1 times	8	10	6	9
1 times	84	85	87	80
1.1 - 1.9 times	(²)	(²)	-	-
2 times	1	1	2	1
Flat amount	5	4	6	7
Other ³	1	(²)	-	3

¹ Benefits shown are payable for accidental death and are the maximum payable for dismemberment.

² Less than 0.5 percent.

³ Includes plans where benefits are based on a scheduled amount graduated by earnings.

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

Table 78. Life insurance: Percent of full-time participants in plans with multiple of earnings and flat dollar amounts of insurance by availability of supplemental benefits, State and local governments, 1992

Item	All participants	White-collar participants, except teachers	Teachers	Blue-collar and service participants
Multiple of earnings	100	100	100	100
With supplemental benefits	44	43	38	49
Without supplemental benefits	48	48	51	45
Data not available	9	10	11	5
Flat amount	100	100	100	100
With supplemental benefits	63	71	59	59
Without supplemental benefits	35	28	39	40
Data not available	1	1	2	1

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

Table 79. Life insurance: Percent of full-time participants with dependent coverage by type of coverage, State and local governments, 1992

Type of coverage	All participants	White-collar participants, except teachers	Blue-collar and service participants
Total	100	100	100
Death of spouse	100	100	100
Flat benefit	51	51	57
Benefit varies	16	19	15
Amount of coverage not determinable ¹	33	30	28
Insurance on spouse not provided	(²)	(²)	(²)
Death of child	100	100	100
Flat benefit	43	41	49
Benefit varies	20	26	17
Amount of coverage not determinable ¹	36	33	34

¹ In these plans there is dependent coverage, but the amount of coverage can not be determined.

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. Data for teachers could not be published separately.

Table 80. Life insurance: Percent of full-time participants by length-of-service requirements for participation,¹ State and local governments, 1992

Length-of-service requirement	All participants	White-collar participants, except teachers	Blue-collar and service participants
Total	100	100	100
With service requirement	27	30	33
1 month	10	12	12
2 months	2	1	4
3 months	7	9	8
4-5 months	(²)	(²)	-
6 months	2	2	4
1 year	5	6	6
Over 1 year	(²)	(²)	-
Without service requirement	36	38	29
Service requirement not determinable	37	32	37
Not applicable - plan not available to new employees	(²)	(²)	(²)

¹ Length of time employees must be on the job before they are covered by a plan that is at least partially employer financed. There is frequently an administrative time lag between completion of the requirement and the actual start of participation. If the lag was 1 month or more, it was included in the service requirement. Minimum age requirements are rare.

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. Data for teachers could not be published separately.

Chapter 6. Defined Benefit Pension and Defined Contribution Plans

Ninety-three percent of the full-time employees in State and local governments—approximately 12 million employees—had retirement plans in 1992 through defined benefit or defined contribution plans. Defined benefit pension plans use predetermined formulas to calculate a retirement benefit, and obligate the employer to provide those benefits. Benefits generally are based on salary, years of service, or both.

Defined contribution plans typically specify the level of employer and employee contributions to a plan, but not the formula for determining eventual benefits as in a defined benefit pension plan. Instead, individual accounts are set up for participants, and benefits are based on amounts credited to these accounts, plus investment earnings. The risk of fluctuation in investment earnings, however, is borne by the employee.

As in the Bureau's first survey of State and local governments in 1987, defined benefit pension plans continue to dominate, covering 87 percent of the full-time employees. Other major findings include:

- Defined contribution plans covered 9 percent of full-time employees, including 3 percent who participated in both types of plans;
- Money purchase pension plans were the most prevalent defined contribution plans available; few savings and thrift plans were reported;
- A large majority of participants in retirement plans were enrolled in only one plan, usually a defined benefit plan (table 81);
- Virtually all defined contribution plans in State and local governments were used for retirement purposes; plans used for capital accumulation purposes were rare;
- Forty-five percent of full-time government employees were covered by salary reduction arrangements, such as 401(k) and 403(b) plans, which allow participants to make pretax contributions to retirement plans.

Defined Benefit Plans

Nine of 10 full-time employees in State and local governments participated in defined benefit pension plans in 1992. In contrast, only 1 of 10 full-time government employees was covered by a defined contribution plan.

Benefit formulas

Nearly all of the full-time employees covered by defined benefit pension plans were subject to terminal earnings-based formulas (table 82). Such formulas pay a percent of the employee's annual earnings per year of service, based on earnings in the final years of employment. For 65 percent of the participants in these plans, terminal earnings were defined as a 3-year average (table 83). Three-fifths of those in plans that used a 3-year average were subject to formulas that used the employee's highest average earnings for 3 consecutive years.

Terminal-earnings formulas typically provided participants with a flat percent of earnings per year of service (table 84). The rates averaged 1.9 percent for all full-time participants, with no variation among occupational groups.

Terminal earnings was the primary basis of pension formulas for nearly all government employees. Three additional computational methods, career-earnings formulas, dollar-amount formulas, and percent-of-contributions formulas, were used as the primary basis for less than 1 percent of the employees. Career-earnings formulas specify a percent of earnings averaged over the employee's career. Dollar-amount formulas specify a dollar amount to be paid for each year of service. Percent-of-contributions formulas specify a periodic contribution by an employer, and occasionally by an employee, with benefits as a percent of total contributions.

Twenty-nine percent of all full-time pension plan participants were eligible to receive benefits under either a primary or an alternative formula, depending on which provided the greater benefit. Alternative formulas were often used to provide a minimum level of benefits for persons with short service or low earnings. For example, a plan may have a primary formula of 1.5 percent of terminal earnings times years of service, and an alternative formula of \$25 per month for each year of service. In this case, the alternative formula would provide a higher benefit for persons with terminal earnings of less than \$20,000 a year. In 1992, when a pension plan participant had both a primary and an alternative formula, the primary formula was always based on terminal earnings while the alternative formulas were split rather evenly between a second terminal-earnings formula and dollar-amount formulas, which specify a flat dollar amount times years of service.

Pension benefits and Social Security payments

Unlike the private sector, employees in State and local governments are not universally covered by Social Security. Instead, individual governments have the option of electing Social Security coverage. In 1992, 78 percent of full-time participants in government pensions were covered by Social Security; there was little variation among occupational groups (table 85).

State and local government pension plans do not explicitly integrate (coordinate) pension benefits with Social Security as frequently as private pension plans do. In medium and large private establishments in 1991, 54 percent of full-time pension plan participants were covered by plans that integrated regular pension benefits with Social Security payments. In State and local governments in 1992, only 10 percent of full-time pension plan participants were covered by such plans. This is partly explained by the absence of Social Security coverage for some government employees, but, even among pension plan participants covered under Social Security, only 13 percent were affected by integrated formulas.

Integration of pension benefits with Social Security can occur through an offset provision or an "excess" formula. With an offset provision, part of the employee's Social Security payment, for example, 1 percent times years of service, is subtracted from the pension benefit. The maximum offset is usually limited to 50 percent of the Social Security payment. In an excess formula, a lower pension benefit rate is applied to earnings below a specified level (either the Social Security taxable wage base—usually the career average—or a dollar amount equal to a past Social Security wage base) and higher rates above that level (step-rate excess formula). For example, a plan may provide a benefit equal to 1 percent of earnings up to the Social Security taxable wage base and 1.5 percent of earnings above the base for each year of service. Among employees with integration features, excess formulas were predominant.³⁶

Maximum benefit provisions

The Employee Retirement Income Security Act of 1974 (ERISA) and subsequent amendments place ceilings on the amount of annual pension benefits payable from private sector defined benefit plans. These restrictions largely affect relatively high-paid employees. However, many individual plans in governments as well as in the private sector have provisions that restrict benefit levels for all participants. Twenty percent of full-time participants in government pension plans are limited in the number of years of service that will be included in benefit computations (table 86). Maximums of 21 to 35 years were most prevalent. In addition to these limits on years of service, 19 percent of full-time participants had annual pensions that were limited to a specified percentage of terminal earnings.

³⁶ For a comprehensive analysis of private benefit formulas with Social Security integration characteristics, see Donald Bell and Diane Hill, "How Social Security Payments Affect Private Pensions," *Monthly Labor Review*, May 1984, pp. 15-20.

Replacement rates

A commonly used indicator of pension benefits measures the percentage of an employee's final annual earnings that is "replaced" by a pension payment. To calculate replacement rates for government defined benefit pension plans in 1992, the maximum benefit under each surveyed plan, reduced for early retirement when applicable, was determined for employees retiring at age 55 and age 65.³⁷ These benefit levels were then expressed as percents of earnings in the last year of employment. For example, employees retiring at age 65 earning \$35,000 in their final year of service had three-fifths of earnings ($\$35,000 \times .601 = \$21,035$) replaced by their pension and primary Social Security benefits after 20 years of plan participation (table 87). The calculations assume employees retired on January 1, 1992, and final earnings are for 1991.³⁸

For employees retiring at age 65, table 87 shows how replacement rates vary depending upon Social Security coverage. This table first presents employer-sponsored pension benefits only for employees covered by Social Security; then all retirement income for these workers, that is, employer-sponsored pension benefits plus primary Social Security payments (primary means excluding benefits for spouse and other dependents); and, finally, employer-sponsored pension benefits for employees not covered by Social Security.³⁹ For pension formulas that are integrated with Social Security and for computation of Social Security benefits, the worker is assumed to have retired at age 65 (the earliest age at which full primary Social Security benefits are available) and to have paid into Social Security for the same number of years as years of participation used for pension calculations. Average replacement rates for employees retiring at age 55, however, reflect only the pension payments, because Social Security does not pay benefits at age 55 (table 88).

Chart 1 compares pension benefit replacement rates at age 65 based on a final salary of \$35,000 over several assumed lengths of service for those who are and are not covered by Social Security. Because pension benefit formulas were almost entirely based on a percent of earnings, replacement rates vary only slightly as earnings increase.

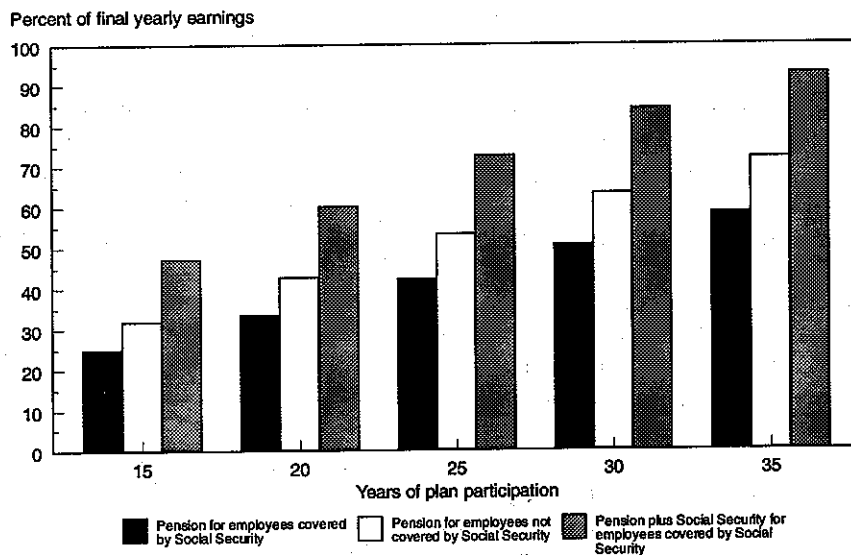
Employees who are not covered by Social Security have significantly different replacement rates under employer-sponsored pension plans than those who do. Generally, employees without Social Security receive consistently higher pension benefits. A government employee age 65 with 30 years of service, final earnings of \$35,000, and no Social

³⁷ For a discussion of pension replacement rates in the private sector, see Donald G. Schmitt, "Today's Pension Plans: How Much Do They Pay?" *Monthly Labor Review*, December 1985, pp. 19-25. For an expanded analysis on the subject, including information on pension replacement rates for retirees and their survivors, see William J. Wiatrowski, "New Survey Data on Pension Benefits," *Monthly Labor Review*, August 1991, pp. 8-22.

³⁸ Earning histories, necessary for applying the pension formulas, were constructed for each final earnings level based on data provided by the Social Security Administration.

³⁹ The Social Security benefit for a spouse, which is 50 percent of the primary benefit, is paid in addition to the primary benefit while both partners are alive (unless the spouse is eligible for a larger primary benefit).

Chart 1. Replacement rates for retirement at age 65 under pension plans based on final yearly earnings of \$35,000 by years of plan participation and Social Security coverage, State and local governments, 1992



Security coverage had 63 percent of earnings replaced. The same employee with Social Security coverage had 51 percent of earnings replaced by the employer's pension plan. These higher pension benefits do not, however, fully compensate for the lack of Social Security coverage. When total income replacement from employer pensions plus Social Security is compared to the pension benefits provided by governments not participating in Social Security, replacement rates for participants with Social Security were significantly higher—8 to 107 percent—than replacement rates for participants not covered by Social Security (table 87).

Employees retiring at age 55 with 30 years of service and final earnings of \$35,000 had pension replacement rates similar to those of employees retiring at age 65 with the same service and earnings. This reflects the high incidence of government employees eligible to retire and receive unreduced retirement pensions at age 55 or earlier, provided they had sufficient years of service.

Total replacement rates (employer pensions plus Social Security) decreased as earnings increased, regardless of years of plan participation, reflecting that Social Security benefits decline as a proportion of preretirement earnings. For example, workers earning \$15,000 in their final year had seven-tenths of earnings replaced after 20 years of participation; just over one-half of earnings were replaced for workers at the highest earnings level computed. Also, at 30 years of participation, the total replacement rate covered nearly all of the earnings at \$15,000 but only three-fourths of the earnings at \$55,000. The primary Social Security benefit payment was larger than the average government pension at lower earnings levels with fewer years of service. Pension benefits were proportionately greater components of retirement income as earnings and service increased.

The replacement rates just discussed apply to employees who do not provide benefits for a surviving spouse. These benefits for individual employees are called a "straight-life annuity." Benefit rates differ, however, when the employee elects coverage for his or her spouse ("joint-and-survivor annuity"). The following tabulation indicates the average percentage of final salary that pension benefits would replace after 30 years of plan participation, based on whether a survivor benefit was elected. As noted earlier, pension replacement rates for government workers vary only slightly as earnings increase.

<i>Final Annual Salary</i>	<i>Straight-life annuity</i>	<i>Joint-and-survivor annuity</i>	<i>Survivor annuity</i>
Age 55			
\$15,000	49.7	44.8	23.7
\$35,000	49.8	44.9	23.8
\$55,000	50.0	45.1	23.8
Age 65			
\$15,000	53.1	47.7	25.2
\$35,000	53.4	47.9	25.4
\$55,000	53.6	48.0	25.4

At age 55, the average pension for individual employees (straight-life annuity) equals 50 percent of final annual salary of \$55,000. The replacement rate diminishes slightly, commonly a reduction of about 10 percent, to account for survivor benefits. Should the retiree die, the benefit for the surviving spouse ("survivor annuity") is just over half that paid to the retiree. (Details on how survivor benefits are calculated appear later in this section.)

Normal retirement

Two-thirds of full-time employees covered by defined benefit pension plans in State and local governments could retire at age 55 or earlier upon meeting service requirements and still receive normal (unreduced) pensions (table 89). Forty-one percent of all participants could retire at any age after satisfying a service requirement, usually 30 years. Another 24 percent of participants could retire at age 55 with full benefits after satisfying the service requirement; the most common service requirement for these workers was 30 years.

Age and service requirements for normal retirement differ considerably between the public sector and private industry. The most notable difference was in the number of plans without age requirements. In 1991, only 8 percent of the full-time private sector pension participants in medium and large establishments could retire at any age after satisfying a service requirement, compared to 41 percent of those in the public sector in 1992.

For government employees with pension coverage, age and service requirements varied slightly among occupational groups.⁴⁰ One-fifth of white-collar participants, except teachers, and one-fifth of blue-collar and service participants could retire at age 55 after satisfying a service requirement, typically 30 years. Similarly, one-third of teachers could retire at age 55 after reaching a specific level of service, usually 30 years.

Seven percent of all participants were covered by plans permitting normal retirement after the sum of age plus service reached a specific amount, such as 80. Plans that featured such a provision often offered other normal retirement opportunities at specified age and service requirements.

Early retirement

Ninety-five percent of teachers in defined benefit pension plans could retire before normal retirement age and receive an immediate, but reduced pension (tables 90 and 91). Eighty-seven percent of other government pension participants were in such plans. Early retirement was almost always at the employee's option; less than 0.5 percent of participants were in plans that required employer approval for early retirement benefits.

The amount of an early retirement pension is reduced because benefits begin at an earlier age and the retiree is expected to receive plan payments over a longer period of time. Early retirement benefits are generally calculated using the normal retirement formula. The benefit is then reduced by a percentage (factor) for each year between the actual and normal retirement ages. If a plan's normal retirement age is 62, for example, and the reduction factor is 6 percent, a person retiring at age 59 would receive 82 percent

of the normal formula amount. In addition to the 18-percent reduction for early retirement, the annuity in this example would be based on fewer years of service and possibly lower earnings than at age 62.

The reduction factor may be uniform or may vary by age or service. Actuarial reductions, those based on an employee's life expectancy, were used to determine reduction factors in plans covering 24 percent of participants with early retirement opportunities. In these plans, reduction factors differed for each year of retirement, based on the employee's life expectancy at that age. Other methods of reducing benefits approximate an actuarial reduction. For 32 percent of the participants, the reduction factor differed for age brackets of several years instead of changing each year. Nearly two-fifths of the participants had uniform reduction factors, most commonly 3, 5, or 6 percent for each year of early retirement. In plans with a lower uniform reduction, such as 2 or 3 percent per year, the employer subsidizes some of the early retirement benefit by making the reduction less severe than if benefits were computed actuarially.

Forty-one percent of all participants were covered by plans permitting early retirement at age 55; in most instances, at least 10 years of service was required. When service requirements were satisfied, 47 percent of participants could retire earlier than age 55. Many of these participants could retire with reduced benefits at any age, generally after 10 and 25 years of service.

Disability retirement

A career-ending disability might entitle an employee to a pension before retirement age. When a disability satisfies a pension plan's definition of total disability, benefits often begin immediately. If other sources of disability income, such as long-term disability insurance, are provided, disability retirement benefits may possibly be deferred until the other forms of income have ceased.

Disability retirement provisions were nearly universal in 1992, covering 94 percent of pension plan participants in State and local governments (table 92). To be eligible for disability retirement benefits, participants often had to meet a service requirement, generally 5 or 10 years.

Ninety-five percent of full-time workers with disability retirement coverage were in plans with immediate benefits. Workers with deferred benefits were often given long-term disability insurance (LTD) benefits that typically provided 50, 60, or 67 percent of earnings at the time of disability. This was more than was generally provided by pension plans with immediate disability retirement. Furthermore, most deferred retirement benefits were greater than immediate pensions, primarily because the time during which LTD benefits were paid was typically added to an employee's length of service for computation of pension benefits. (See chapter 3 for details of LTD benefit plans.)

Eligibility for disability retirement benefits usually depended on length of service; generally 5 years or more were

⁴⁰ Prior to 1992, the survey of State and local governments provided separate data on the benefits available to police and firefighters. This occupational breakout was discontinued after the 1990 survey. For information on the pension benefits provided to police and firefighters, see Michael Bucci, "Police and Firefighter Pension Plans," *Monthly Labor Review*, November 1992, pp. 37-40.

required. Five percent of the participants, however, had no age or service requirement, and 3 percent had to meet the qualifications of their LTD plans, which usually imposed service requirements of 6 months or less.

Postretirement pension increases

Inflation can severely erode the purchasing power of a fixed pension throughout a worker's retirement years. To guard against this, some pensions are adjusted on a discretionary basis while others are subject to automatic increases specified in the pension plans. Approximately three-fifths of the participants were in plans that increased pensions for current retirees at least once during the 1987-91 period. Unlike the private sector, where most of the postretirement increases in medium and large establishments in 1991 were discretionary, most increases in State and local governments in 1992 were automatic (tables 93 and 94).

Because the survey counts the number of current employees covered by defined benefit pension plans and not the number of retirees, the survey cannot specify the proportion of annuitants actually receiving postretirement pension increases. Thus, the measures discussed in this section describe the incidence of postretirement increases among active plan participants.

Half of all pension participants were in plans that provided for automatic increases in pension benefits to compensate for increases in the cost of living (table 94). Three-fourths of these participants were in plans that based increases on rises in the BLS Consumer Price Index (CPI); most of the remainder participated in plans granting automatic increases of 1 to 3 percent each year, independent of CPI changes.

For participants in plans that based adjustments on the CPI, there was usually a ceiling that limited periodic increases to 3 percent or less. Nearly all the affected participants were in plans that called for these periodic adjustments to be made annually. Lifetime ceilings on increases were rare, affecting only 3 percent of participants.

In 1992, 10 percent of the participants were in pension plans granting ad hoc increases (table 93). Unlike automatic adjustments, these increases were not directly linked to a cost-of-living index. Instead, retirees' current pensions were usually increased by a percent of the present benefit, commonly a uniform amount. During the 1987-91 period, most pension plans granting ad hoc increases provided one increase, commonly no greater than 8 percent of the current pension amount.

Portability

For the first time, survey data in State and local governments were available on the portability of pension benefits, that is, the ability to transfer years of credited service or accumulated benefits from one employer to another. In 1992, 16 percent of full-time employees with a defined benefit pension plan were covered by a portability provision (table 93). Nearly all of these participants were in government units cov-

ered by single employer plans offering reciprocity agreements with related government establishments. If an employee moved to a job covered by a different pension plan, benefits from the prior plan, usually in the form of years of credited service, were transferred. For example, a reciprocity agreement may exist between a plan covering State employees and plans covering employees who work for a large city within the State.

Participation and vesting

For nearly all full-time government workers, participation began immediately or shortly after being hired (table 95). Service requirements in excess of 6 months or minimum age requirements were rare, covering only 1 percent of plan participants. In contrast, three-tenths of the full-time private sector pension plan participants in medium and large establishments in 1991 had immediate coverage when they were hired; another one-fourth could participate regardless of age but had to meet a service requirement, usually 1 year.

Government units have restructured their retirement systems from time to time. Some jurisdictions have changed their plans from noncontributory to contributory, while others have created plans to cover employees hired on or after the effective date of change. In 1992, 6 percent of participants were under a pension plan that new employees could not join.

Even when an employee leaves an employer without qualifying for either a normal, early, or disability retirement benefit, a pension may ultimately be paid. If certain conditions are satisfied at the time of separation, workers have a guaranteed right (vested interest) to all or a portion of their accrued pension benefits and may begin receiving benefits years later.

Although all State and local government employees are entitled to vested benefits, wide variations exist as to when this occurs. Nearly one-half of the participants were required to work 5 years or less before benefits were guaranteed, while another one-half needed more than 5 years of service, usually 10 years, of plan participation (table 96). "Cliff" vesting, where no vesting occurs until an employee satisfies the service requirement for 100-percent vesting, was the vesting schedule for nearly all plan participants. Immediate full vesting and graduated vesting, where the percentage of an employee's benefit that is guaranteed increases over time, were rare.

Unreduced vested benefits begin at the normal retirement age stated in the plan, based on the benefit formula in effect when an employee leaves the plan. As an alternative, terminated and vested participants may receive a reduced pension prior to normal retirement age if the participant had satisfied the early retirement service requirement before leaving the plan. Plans used identical reduction factors to determine the pension for both terminated employees and early retirees for 66 percent of the participants with early receipt opportunities (table 97).

Postretirement survivor benefits

All government pension plan participants had survivor annuity options available to them in 1992.⁴¹ The typical survivor benefit found in government pension plans provides a joint-and-survivor annuity option that pays the surviving spouse a monthly amount. When this type of benefit is paid, the employee will generally receive a lower benefit during retirement to account for the likely increase in the length of time payments are made. When a retiree dies, the spouse receives a benefit payable for life.

Nearly all of the participants were in plans offering a joint-and-survivor annuity that provides a surviving spouse with payments equalling at least 50 percent of the retiree's adjusted pension (table 98). Joint-and-survivor annuities reflect an actuarial or arithmetic reduction of the employee's pension. The vast majority of participants had a choice of two or more alternative percentages (usually 50, 67, 75, and 100 percent), to be continued to the spouse, with corresponding reductions in the retiree's annuity.

Five percent of all participants were in plans paying survivors a portion of the retiree's accrued benefit. In these plans, there is no reduction to the employee's pension to account for survivor benefits.

Although defined benefit pension plans typically pay their benefits in the form of annuities covering the life of the retiree and spouse, some plans offer an option in the form of a lump-sum payment. These payments provide the employee with the actuarial equivalent of the annuity. Lump-sum payments at retirement, studied in the State and local governments survey for the first time in 1992, were available to 5 percent of pension participants (table 93). In most of these plans, a partial lump-sum with reduced annuity was available. If a full lump-sum distribution is taken, the participant receives no further benefits from the pension plan. If a partial distribution is made, the participant generally receives a reduced annuity for the remainder of his life.

Preretirement survivor benefits

Eighty-six percent of the participants were in plans providing survivor benefits to the spouse if an employee died before retirement (table 99). Participants generally had to be vested before benefits were available. For nearly two-thirds of participants, a surviving spouse would receive an annuity equivalent to the amount payable if the employee had retired on the day prior to death with a joint-and-survivor form of payment in effect. Nearly all survivor pensions of this nature were based on an early retirement benefit. The most common preretirement survivor annuities were 50 and 100 percent.

An alternative method of determining preretirement survivor benefits is based on a portion of the employee's earnings or accrued benefit (the benefit earned as of the date of

⁴¹ Survivor benefits are discussed in more detail in Donald Bell and Avy Graham, "Surviving Spouse's Benefits in Private Pension Plans," *Monthly Labor Review*, April 1984, pp. 23-31.

the employee's death). This benefit is usually unreduced for early retirement.

Employee costs

Unlike the private sector, where the full cost of defined benefit pension plans was paid by the employer for 95 percent of full-time plan participants in medium and large establishments in 1991, 73 percent of full-time government pension plan participants had to pay part of the cost of their plans in 1992. Virtually all had to pay a specified percent of earnings, commonly 3 to 9 percent (table 100). However, 34 percent of contributory plan participants were allowed to have regular contributions deducted from their salaries on a pretax basis.

Flat contribution rates varied by occupational group, with teachers frequently paying 6 to 8 percent and the other groups contributing 3 to 9 percent. The average employee contribution as a flat percent of earnings was 6.3 percent for teachers, 5.6 percent for white-collar participants, and 5.7 percent for blue-collar and service participants.

Defined Contribution Plans

Nine percent of full-time State and local government employees participated in employer-financed defined contribution plans in 1992. Virtually all of these plans were designed solely to provide retirement income. Employee withdrawals of employer contributions were limited to separation from service, death, disability, hardship, age 59 1/2, or retirement.

The most frequently observed defined contribution plans were money purchase pension plans, where fixed contributions are periodically placed in an employee's account and benefits are based on how much money has accumulated at retirement. Money purchase plans covered 7 percent of employees. Typically, plans were funded by employer contributions specified as a percent of the worker's pay, such as 3 percent. Savings and thrift plans, in which an employee voluntarily contributes funds and the employer matches some or all of the employee's contributions, covered only 2 percent of employees.

Salary reduction arrangements provide another source of retirement savings. Authorized under several sections of the Internal Revenue Code, these arrangements allow State and local government employees to contribute a portion of their salary to an employer-sponsored plan and defer income taxes on these contributions and accumulated earnings until withdrawal. Forty-five percent of full-time government employees participated in plans with salary reduction features in 1992, unchanged from 1990, but significantly higher than the 28-percent participation rate reported in the 1987 governments survey (table 101).

Most of the increase since 1987 in the number of pension plan participants making regular pretax contributions reflects changes in required contributions to government pension plans. Twenty-six percent of full-time government em-

employees participated in either defined benefit or money purchase pension plans in which they were required to make contributions to the plan, but contributions were not subject to income taxation until withdrawal. Contributions in these cases are a requirement for receiving any retirement income; in fact, membership in the plan was often a condition of employment.

Seventeen percent were in "freestanding" plans; that is, employees were permitted to defer a portion of their salary to

a retirement account, but employers made no contribution.⁴² Two percent participated in savings and thrift plans with matching employer contributions, but less than 0.5 percent could supplement their money purchase pension plan accounts with pretax money.

⁴² Only plans sponsored or administered by State and local governments were included in the survey. Situations where governments disseminated information on tax-deferred investments to employees, but did not administer the plan, were excluded from these tabulations.

Table 81. Retirement and capital accumulation plans: Percent of full-time participants by selected plan types and combinations of plans, State and local governments, 1992

Type of plan	All participants	White-collar participants, except teachers	Teachers	Blue-collar and service participants
Defined benefit	100	100	100	100
With:				
No other plan	97	98	97	97
Savings and thrift	1	1	(¹)	1
Money purchase	2	1	3	3
Other combinations	(¹)	(¹)	(¹)	-
Money purchase pension	100	100	100	100
With:				
No other plan	62	69	66	50
Defined benefit	22	11	33	29
Savings and thrift plan	15	20	1	21
Other combinations	(¹)	1	-	-

¹ 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 83. Defined benefit pension plans:¹ Percent of full-time participants in plans with terminal earnings formulas by definition of terminal earnings, State and local governments, 1992

Definition of terminal earnings	All participants	White-collar participants, except teachers	Teachers	Blue-collar and service participants
Total	100	100	100	100
Final year	(¹)	-	-	(¹)
Three years	65	65	67	63
Last 3	7	9	3	7
High 3	18	19	18	17
Of last 5	(¹)	(¹)	(¹)	(¹)
Of last 10	1	1	1	1
Of career	17	18	16	16
Other	(¹)	(¹)	(¹)	(¹)
High consecutive 3	40	36	46	40
Of last 5	(¹)	(¹)	-	(¹)
Of last 10	4	3	2	6
Of career	36	33	44	33
Five years	19	18	20	20
Last 5	2	3	1	2
High 5	5	4	6	4
Of last 10	1	1	2	2
Of last 15	(¹)	(¹)	1	(¹)
Of career	3	3	4	2
High consecutive 5	12	12	13	13
Of last 10	2	3	1	3
Of career	10	9	12	10
Other period ³	16	17	13	16

¹ Excludes supplemental pension plans.

² Less than 0.5 percent.

³ 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).

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

Table 82. Defined benefit pension plans:¹ Percent of full-time participants by method of determining retirement payments, State and local governments, 1992

Basis of payment ²	All participants	White-collar participants, except teachers	Teachers	Blue-collar and service participants
Total	100	100	100	100
Terminal earnings formula	100	100	100	99
No alternative formula	71	69	76	69
Terminal earnings alternative	12	15	7	14
Dollar amount alternative ³	16	16	17	16
Career earnings formula	(¹)	(¹)	-	(¹)
No alternative formula	(¹)	(¹)	-	(¹)
Dollar amount formula ³	(¹)	-	-	(¹)
No alternative formula	(¹)	-	-	(¹)
Percent of contributions formula	(¹)	-	-	(¹)
No alternative formula	(¹)	-	-	(¹)

¹ Excludes supplemental pension plans.

² Alternative formulas are generally designed to provide a minimum benefit for employees with short service or low earnings.

³ Includes formulas based on dollar amounts for each year of service and flat monthly benefits varying by service.

⁴ 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 84. Defined benefit pension plans:¹ Percent of full-time participants in plans with percent of terminal earnings benefit formulas by type and amount of formula, State and local governments, 1992

Type and amount of formula ²	All participants	White-collar participants, except teachers	Teachers	Blue-collar and service participants
Total	100	100	100	100
Flat percent per year of service	74	73	81	70
Less than 1.00	1	(¹)	-	2
1.00-1.24	3	1	5	2
1.25-1.49	2	2	2	2
1.50-1.74	21	20	22	20
1.75-1.99	4	6	3	3
2.00-2.24	36	36	42	31
2.25-2.49	1	1	1	1
2.50-2.74	7	6	7	9
2.75 or greater	(¹)	(¹)	-	(¹)
Percent per year varies:	26	27	19	30
By service	18	20	13	20
By earnings	8	8	6	10

¹ Excludes supplemental pension plans.

² If a plan contained more than one terminal earnings formula, a primary formula was selected and tabulated.

³ 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 85. Defined benefit pension plans:¹ Percent of full-time participants by provision for integration of pension with Social Security benefit, State and local governments, 1992

Provision	Type of benefit formula ²		Provision	Type of benefit formula ²	
	Total ³	Terminal earnings		Total ³	Terminal earnings
All participants			Teachers		
Total	100	100	Total	100	100
With integrated formula	10	10	With integrated formula	6	6
Offset by Social Security payment ⁴	2	2	Offset by Social Security payment ⁴	1	1
Based on service ⁵	(⁶)	(⁶)	Based on service ⁵	-	-
Not based on service ⁷	2	2	Not based on service ⁷	1	1
Percent of payment	2	2	Percent of payment	1	1
Step-rate excess ⁸	8	8	Step-rate excess ⁸	6	6
Integrated with a Social Security breakpoint	4	4	Integrated with a Social Security breakpoint	2	2
Integrated with a specific dollar breakpoint	4	4	Integrated with a specific dollar breakpoint	3	3
Other intergrated formula	(⁶)	(⁶)	Without integrated formula	69	69
Without integrated formula	68	68	Not covered under Social Security	24	24
Not covered under Social Security	22	22			
White-collar, except teachers			Blue-collar and service		
Total	100	100	Total	100	100
With integrated formula	10	10	With integrated formula	12	12
Offset by Social Security payment ⁴	2	2	Offset by Social Security payment ⁴	1	1
Based on service ⁵	(⁶)	(⁶)	Based on service ⁵	(⁶)	(⁶)
Not based on service ⁷	2	2	Not based on service ⁷	1	1
Percent of payment	2	2	Percent of payment	1	1
Step-rate excess ⁸	8	8	Step-rate excess ⁸	10	10
Integrated with a Social Security breakpoint	3	3	Integrated with a Social Security breakpoint	6	6
Integrated with a specific dollar breakpoint	5	5	Integrated with a specific dollar breakpoint	4	4
Other intergrated formula	(⁶)	(⁶)	Other intergrated formula	(⁶)	(⁶)
Without integrated formula	70	70	Without integrated formula	64	65
Not covered under Social Security	20	20	Not covered under Social Security	24	24

¹ Excludes supplemental pension plans.

² If a plan contained more than one benefit formula, each integrated formula was tabulated. Participants were included as under nonintegrated formulas only if none of the formulas was integrated.

³ Includes plans with benefit formulas based on career earnings, dollar amounts for each year of service and flat monthly benefits varying by service, and a percent of employee or employer contributions.

⁴ Benefit as calculated by formula is reduced by portion of primary Social Security payments.

⁵ Offset is equal to the product of a percent of primary Social Security payments and the participant's years of service with the employer. A maxi-

mum offset is frequently applied, for example, 50 percent.

⁶ Less than 0.5 percent.

⁷ Benefit formula includes a reduction by a specified percent of primary Social Security payments or a specific dollar amount.

⁸ Formula applies lower benefit rate to earnings subject to FICA (Social Security) taxes or below a specific dollar breakpoint.

NOTE: Sums of individual items may not equal totals either because of rounding or because more than one benefit formula within a plan was integrated. Where applicable, dash indicates no employees in this category.

Table 86. Defined benefit pension plans:¹ Percent of full-time participants by maximum benefit provisions,² State and local governments, 1992

Maximum benefit provision	Type of benefit formula ³		Maximum benefit provision	Type of benefit formula ³	
	Total ⁴	Terminal earnings		Total ⁴	Terminal earnings
All participants			Teachers		
Total	100	100	Total	100	100
Subject to maximum	38	38	Subject to maximum	30	30
Limit on years of credited service ...	20	20	Limit on years of credited service ...	15	15
Less than 20	2	2	Less than 20	(⁵)	(⁵)
20	(⁵)	(⁵)	20	1	1
21-24	3	3	21-24	2	2
25	2	2	25	(⁵)	(⁵)
30	6	6	30	5	5
31-34	(⁵)	(⁵)	31-34	(⁵)	(⁵)
35	2	2	35	2	2
36-39	(⁵)	(⁵)	40	2	2
40	1	1	41-44	(⁵)	(⁵)
41-44	1	1	45	-	-
45	3	3	More than 45	3	3
More than 45	1	1	Other maximum ⁶	17	17
Other maximum ⁶	19	19	Not subject to maximum	70	70
Not subject to maximum	62	62	Blue-collar and service		
White-collar, except teachers			Total	100	100
Total	100	100	Subject to maximum	43	44
Subject to maximum	39	39	Limit on years of credited service ...	24	24
Limit on years of credited service ...	21	21	Less than 20	2	3
Less than 20	4	4	20	(⁵)	(⁵)
20	(⁵)	(⁵)	21-24	3	3
21-24	3	3	25	3	3
25	2	2	30	7	7
30	6	6	31-34	-	-
31-34	(⁵)	(⁵)	35	4	4
35	2	2	36-39	(⁵)	(⁵)
36-39	(⁵)	(⁵)	40	(⁵)	(⁵)
40	1	1	41-44	1	1
41-44	1	1	45	5	5
45	4	4	More than 45	(⁵)	(⁵)
More than 45	(⁵)	(⁵)	Other maximum ⁶	21	21
Other maximum ⁶	20	20	Not subject to maximum	57	56
Not subject to maximum	61	61			

¹ Excludes supplemental pension plans.

² These maximum provisions are independent of Internal Revenue Code ceilings on pensions payable from defined benefit plans.

³ If a plan contained more than one benefit formula, each formula containing a maximum benefit provision was tabulated. Participants were included as under formulas without maximum benefit provisions only if none of the formulas contained a maximum.

⁴ Includes plans with benefit formulas based on career earnings, dollar amounts for each year of service and flat monthly benefits varying by service, and a percent of employee or employer contributions.

⁵ Less than 0.5 percent.

⁶ The benefit yielded under the formula is limited to a percent of terminal earnings, sometimes coordinated with primary Social Security payments, or to a flat dollar amount.

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

Table 87. Defined benefit pension plans:¹ Average replacement rates for specified final earnings and years of service for retirement at age 65,² State and local governments, 1992

Final annual earnings	Years of plan participation ³						
	10	15	20	25	30	35	40
Pension only -- participants with Social Security							
\$15,000	16.4	24.8	33.4	42.0	50.2	57.9	65.1
\$25,000	16.4	24.8	33.4	42.1	50.4	58.1	65.3
\$35,000	16.5	24.9	33.5	42.3	50.6	58.3	65.5
\$45,000	16.5	24.9	33.6	42.4	50.7	58.4	65.7
\$55,000	16.5	25.0	33.7	42.5	50.8	58.5	65.8
\$65,000	16.6	25.1	33.8	42.5	50.9	58.6	65.8
Pension plus Social Security ⁴ -- participants with Social Security							
\$15,000	43.9	57.2	70.5	83.8	96.7	107.2	114.4
\$25,000	37.0	50.1	63.4	76.7	89.5	100.1	107.4
\$35,000	34.0	47.1	60.1	72.6	84.1	92.8	100.2
\$45,000	32.3	45.0	57.2	68.6	78.1	86.6	94.0
\$55,000	30.6	42.7	54.2	64.5	73.8	82.1	89.5
\$65,000	28.5	40.0	51.1	61.2	70.4	78.6	85.9
Pension only -- participants not covered under Social Security							
\$15,000	21.2	31.9	42.8	53.3	63.2	72.0	79.5
\$25,000	21.2	31.9	42.8	53.3	63.2	71.9	79.5
\$35,000	21.2	31.9	42.8	53.3	63.2	71.9	79.5
\$45,000	21.2	31.9	42.8	53.3	63.2	71.9	79.5
\$55,000	21.2	31.9	42.8	53.3	63.2	71.9	79.5
\$65,000	21.2	31.9	42.8	53.3	63.2	71.9	79.5
Pension only -- all participants							
\$15,000	17.5	26.4	35.5	44.5	53.1	61.0	68.4
\$25,000	17.5	26.4	35.6	44.6	53.2	61.2	68.5
\$35,000	17.5	26.5	35.7	44.7	53.4	61.3	68.7
\$45,000	17.6	26.5	35.7	44.8	53.5	61.4	68.7
\$55,000	17.6	26.6	35.8	44.9	53.6	61.5	68.8
\$65,000	17.6	26.6	35.8	44.9	53.6	61.5	68.9
Pension plus Social Security ⁴ -- all participants ⁵							
\$15,000	38.7	51.4	64.1	77.0	89.2	99.3	106.6
\$25,000	33.4	45.9	58.7	71.5	83.6	93.8	101.2
\$35,000	31.0	43.6	56.1	68.3	79.4	88.1	95.6
\$45,000	29.7	42.0	53.9	65.2	74.8	83.3	90.7
\$55,000	28.5	40.2	51.6	62.0	71.4	79.9	87.2
\$65,000	26.8	38.2	49.2	59.4	68.8	77.1	84.5

¹ Excludes supplemental pension plans.

² Retirement annuity as a percent of earnings in the final year of work. The maximum pension available to an employee, not reduced for early retirement or joint-and-survivor annuity, was calculated under each pension plan using the earnings and service assumptions shown. This benefit level was then expressed as a percent of earnings in the last year of employment.

These calculations assume employees retired on January 1, 1992, and final earnings are for 1991. Earnings histories, necessary for applying the pension formulas, were constructed for each final earnings level based on data provided by the Social Security Administration.

For pension formulas that are integrated with Social Security and for

computation of Social Security benefits, the worker is assumed to have retired at age 65 after having paid into Social Security for the same number of years as years of participation used for pension calculations. Computations exclude participants in cash account pension plans or plans with benefits based on career contributions.

³ Time spent satisfying service requirements for plan participation was excluded from the calculation of replacement rates, unless the pension plan specified that such time was to be included in benefit computations.

⁴ Excludes benefits for spouses and other dependents.

⁵ Includes participants in government units not participating in Social Security; table reflects only employer-sponsored pension benefits for these employees.

Table 88. Defined benefit pension plans:¹ Average replacement rates for specified final earnings and years of service for retirement at age 55,² State and local governments, 1992

Final annual earnings	Years of plan participation ³						
	10	15	20	25	30	35	40
Pension only -- participants with Social Security							
\$15,000	11.3	16.7	22.6	31.2	46.6	54.4	61.9
\$25,000	11.3	16.7	22.6	31.3	46.7	54.4	61.9
\$35,000	11.3	16.7	22.6	31.3	46.7	54.5	62.1
\$45,000	11.3	16.7	22.7	31.3	46.8	54.6	62.2
\$55,000	11.3	16.7	22.7	31.4	46.9	54.7	62.2
\$65,000	11.3	16.8	22.8	31.4	47.0	54.7	62.3
Pension only -- participants not covered under Social Security							
\$15,000	18.1	27.0	35.3	43.9	59.9	69.9	78.6
\$25,000	18.1	27.0	35.3	43.9	59.9	69.9	78.6
\$35,000	18.1	27.0	35.3	43.8	59.9	69.9	78.6
\$45,000	18.1	27.0	35.3	43.8	59.9	69.9	78.6
\$55,000	18.1	27.0	35.3	43.8	59.9	69.9	78.6
\$65,000	18.1	27.0	35.3	43.8	59.9	69.9	78.6
Pension only -- all participants							
\$15,000	12.6	18.5	25.2	34.1	49.7	58.1	65.9
\$25,000	12.6	18.6	25.2	34.2	49.8	58.1	65.9
\$35,000	12.7	18.6	25.2	34.2	49.8	58.1	66.0
\$45,000	12.7	18.6	25.3	34.2	49.9	58.2	66.0
\$55,000	12.7	18.6	25.3	34.2	50.0	58.2	66.1
\$65,000	12.7	18.6	25.3	34.3	50.0	58.3	66.1

¹ Excludes supplemental pension plans.

² Retirement annuity as a percent of earnings in the final year of work. The maximum pension available to an employee, not reduced for joint-and-survivor annuity, was calculated under each pension plan using the earnings and service assumptions shown. This benefit level was then expressed as a percent of earnings in the last year of employment.

These calculations assume employees retired on January 1, 1992 and final earnings are for 1991. Earnings histories, necessary for applying the

pension formulas, were constructed for each final earnings level based on data provided by the Social Security Administration. Computations exclude participants in cash account pension plans or plans with benefits based on career contributions.

³ Time spent satisfying service requirements for plan participation was excluded from the calculation of replacement rates, unless the pension plan specified that such time was to be included in benefit computations.

Table 89. Defined benefit pension plans:¹ Percent of full-time participants by minimum age and associated service requirements for normal retirement,² State and local governments, 1992

Age and service requirement ³	All participants	White-collar participants, except teachers	Teachers	Blue-collar and service participants	Age and service requirement ³	All participants	White-collar participants, except teachers	Teachers	Blue-collar and service participants
Total	100	100	100	100	Age 56-59—Continued				
No age requirement	41	41	41	42	30 years' service	(¹)	(¹)	-	-
20 years' service	1	(¹)	(¹)	3	Age 60	8	10	2	11
21-24 years' service	1	(¹)	-	2	No service requirement	(¹)	1	(¹)	(¹)
25 years' service	4	4	4	4	1-4 years' service	1	1	1	1
26-29 years' service	2	2	1	1	5 years' service	5	7	1	6
30 years' service	26	26	26	25	10 years' service	1	(¹)	-	2
35 years' service	7	8	9	5	20 years' service	(¹)	(¹)	-	-
More than 35 years' service	1	1	1	1	25 years' service	(¹)	(¹)	-	-
Age 50	1	1	-	2	30 years' service	1	1	-	2
5 years' service	1	1	-	1	Age 62	10	13	5	10
20 years' service	(¹)	(¹)	-	1	No service requirement	(¹)	1	(¹)	(¹)
25 years' service	(¹)	-	-	(¹)	1-4 years' service	(¹)	1	-	(¹)
30 years' service	(¹)	(¹)	-	(¹)	5 years' service	3	3	3	2
Age 51-54	(¹)	-	-	(¹)	10 years' service	3	4	(¹)	4
25 years' service	(¹)	-	-	(¹)	15 or 20 years' service	1	1	(¹)	1
Age 55	24	21	34	20	25 years' service	3	4	(¹)	3
No service requirement	(¹)	(¹)	-	(¹)	30 years' service	(¹)	(¹)	1	-
5 years' service	1	1	(¹)	2	Age 65	8	7	9	8
10 years' service	(¹)	-	-	(¹)	No service requirement	1	(¹)	(¹)	3
20 years' service	1	1	(¹)	1	5 years' service	2	2	2	1
21-24 years' service	(¹)	-	-	(¹)	10 years' service	5	4	7	4
25 years' service	4	5	5	3	Sum of age plus service ⁵	7	7	8	7
30 years' service	17	14	27	13	Equals fewer than 80	1	1	1	(¹)
More than 30 years' service	1	(¹)	2	(¹)	Equals 80	2	2	2	2
Age 56-59	(¹)	(¹)	-	-	Equals 85	2	2	3	2
					Equals 90	1	(¹)	1	1
					Equals 91-94	2	2	1	2

¹ Excludes supplemental pension plans.

² 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.

³ 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.

⁴ Less than 0.5 percent.

⁵ In some plans, participants must also satisfy a minimum age or service requirement.

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

Table 90. Defined benefit pension plans:¹ Percent of full-time participants by minimum age and associated service requirements for early retirement,² State and local governments, 1992

Age and service requirement ³	All participants	White-collar participants, except teachers	Teachers	Blue-collar and service participants	Age and service requirement ³	All participants	White-collar participants, except teachers	Teachers	Blue-collar and service participants
Total	100	100	100	100					
Participants in plans permitting early retirement	89	88	95	85	Age 55—Continued				
No age requirement	26	24	31	24	5 years' service	12	13	9	12
1-4 years' service	6	4	10	5	6-9 years' service	2	3	1	1
10 years' service	6	6	6	5	10 years' service	7	7	8	7
20 years' service	1	1	3	(⁴)	15 years' service	4	3	5	3
25 years' service	10	11	10	8	20 years' service	4	3	5	3
30 years' service	3	2	2	6	25 years' service	8	9	8	8
More than 30 years' service ..	(⁴)	(⁴)	1	(⁴)	30 years' service	1	1	(⁴)	(⁴)
Less than age 55	21	19	24	19	Age 56-59	(⁴)	(⁴)	-	-
No service requirement ⁵	1	1	2	(⁴)	10 years' service	(⁴)	(⁴)	-	-
5 years' service	7	9	4	8	Age 60	1	2	-	1
10 years' service	1	2	(⁴)	(⁴)	No service requirement ⁵	(⁴)	(⁴)	-	(⁴)
15 years' service	2	1	5	1	1-5 years' service	(⁴)	(⁴)	-	(⁴)
20 years' service	6	4	5	8	10 years' service	1	2	-	1
25 years' service	1	1	-	1	20 years' service	(⁴)	(⁴)	-	-
30 years' service	4	2	8	1	Age 62	1	(⁴)	-	2
Age 55	41	43	39	38	10 years' service	1	(⁴)	-	2
No service requirement ⁵	3	3	2	4	Sum of age plus service ⁶	(⁴)	(⁴)	-	(⁴)
1-4 years' service	1	1	1	(⁴)	Equals 75	(⁴)	-	-	(⁴)
					Equals 80	(⁴)	(⁴)	-	-
					Participants in plans without early retirement	11	12	5	15

¹ Excludes supplemental pension plans.

² 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.

³ 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.

⁴ Less than 0.5 percent.

⁵ Where no service requirement is specified for early retirement, the service required for full vesting, usually 5 years, applies.

⁶ In most plans, participants must also satisfy a minimum age or service requirement.

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

Table 91. Defined benefit pension plans:¹ Percent of full-time participants in plans permitting early retirement by reduction factor for immediate start of payments, State and local governments, 1992

Reduction for each year prior to normal retirement age	All participants	White-collar participants, except teachers	Teachers	Blue-collar and service participants
Total	100	100	100	100
Uniform percentage ²	37	36	41	35
Less than 3.0	3	3	4	2
3.0	8	10	8	7
3.1-3.9	(³)	(³)	(³)	(³)
4.0	2	1	2	4
4.1-4.9	3	3	3	3
5.0	9	9	8	8
6.0	10	8	16	8
6.7	1	1	-	2
Percentage varies by age	56	58	48	61
Reduction differs for each year of early retirement ⁴	24	28	14	29
Reduction differs by age bracket ⁵	32	30	35	31
Percentage varies by service	6	6	7	5
Other basis ⁶	1	(³)	4	(³)

¹ Excludes supplemental pension plans.

² In specific cases, uniform percentage reductions may approximate actuarial reductions, such as early retirement at age 55 with a reduction of 6 percent a year between age 55 and the plan's normal retirement age of 62.

³ Less than 0.5 percent.

⁴ Reduction schedule is related to actuarial assumptions of the life expectancy at age that pension payments begin.

⁵ 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 age 65, and by 3 percent for each year retirement precedes age 60. Also includes some plans which reduce benefits arithmetically for each year immediately below normal retirement age and actuarially below a specified age, usually 55.

⁶ Reduced amount was not derived from normal retirement formula.

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

Table 92. Defined benefit pension plans:¹ Percent of full-time participants by provisions for disability retirement, State and local governments, 1992

Characteristic	All participants	White-collar participants, except teachers	Teachers	Blue-collar and service participants
Total with disability retirement benefits	94	95	93	94
Minimum requirements for disability retirement²				
Total	100	100	100	100
No minimum requirement	5	4	3	6
No age requirement	91	92	91	89
1 year's service	2	3	(³)	2
2-4 years' service	3	4	4	1
5 years' service	44	43	46	44
6-9 years' service	1	(³)	(³)	1
10 years' service	40	40	41	40
11-14 years' service	1	2	-	1
15 years' service	(³)	(³)	-	(³)
More than 15 years' service	(³)	(³)	-	(³)
Age 40-49	1	-	-	2
10 years' service	1	-	-	2
Age 50 or more	1	1	2	(³)
10 years' service	1	(³)	2	(³)
More than 10 years' service	(³)	(³)	-	-
Receipt of long-term disability benefits	3	3	4	2
Benefit provisions				
Total	100	100	100	100
Immediate disability retirement ⁴	95	95	92	97
Unreduced normal formula ⁵	61	61	55	65
Reduced normal formula ⁶	7	8	7	8
Other than normal formula ⁷	27	26	30	24
Deferred disability retirement	5	5	8	3
With benefits based on:				
Service when disabled	1	1	1	(³)
Service plus credit to retirement date	5	4	7	3

¹ Excludes supplemental pension plans.

² 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.

³ Less than 0.5 percent.

⁴ Immediate disability pensions may be supplemented by additional allowances until an employee reaches a specified age or becomes eligible for Social Security.

⁵ 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.

⁶ The disabled worker's pension is computed under the plan's normal benefit formula, based on years of service actually completed, and then reduced for early receipt.

⁷ 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 formulas both with and without Social Security offsets.

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

Table 93. Defined benefit pension plans:¹ Percent of full-time participants by selected plan features, State and local governments, 1992

Item	All participants	White-collar participants, except teachers	Teachers	Blue-collar and service participants
Lump sum payment or ad hoc increase provided between 1987-91	10	8	13	8
Portability of plan benefits	16	18	12	18
Lump-sum distribution of pension benefits at retirement allowed	5	6	5	5

¹ Excludes supplemental pension plans.

Table 95. Defined benefit pension plans:¹ Percent of full-time participants by age and length-of-service requirements for participation,² State and local governments, 1992

Age and service requirement provision ³	All participants	White-collar participants, except teachers	Teachers	Blue-collar and service participants
Total	100	100	100	100
Plan participation available to new employees	94	93	94	95
With minimum age and/or service requirement	4	6	2	5
Service requirement only	4	5	2	4
3 months or less	(⁴)	(⁴)	-	(⁴)
6 months	4	5	2	4
1 year	(⁴)	(⁴)	-	(⁴)
3 years	(⁴)	(⁴)	-	(⁴)
Age 20 or less	(⁴)	(⁴)	-	(⁴)
No service requirement	(⁴)	(⁴)	-	(⁴)
1 year of service	(⁴)	(⁴)	-	-
Age 21	(⁴)	(⁴)	-	(⁴)
1 year of service	(⁴)	(⁴)	-	(⁴)
Over 1 year of service	(⁴)	(⁴)	-	(⁴)
Age 22 or older	(⁴)	(⁴)	-	(⁴)
1 year of service	(⁴)	(⁴)	-	(⁴)
Without minimum age and/or service requirement	90	87	93	90
Participation not available to new employees	6	7	6	5

¹ Excludes supplemental pension plans.

² Excludes administrative time lags.

³ If a plan had alternative participation requirements, one of which was service only, the service only requirement was tabulated.

⁴ 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 94. Defined benefit pension plans:¹ Percent of full-time participants by provision for automatic postretirement adjustments, State and local governments, 1992

Characteristic of adjustment	All participants	White-collar participants, except teachers	Teachers	Blue-collar and service participants
Total with automatic postretirement adjustment in normal retirement benefit	52	54	53	49
Amount of adjustment				
Total	100	100	100	100
100 percent of change ²	61	62	61	60
Less than 100 percent of change ³ ...	15	13	15	18
Adjustment independent of CPI change	14	15	16	11
Amount of adjustment not determinable	10	10	8	12
Maximum periodic increase				
Total	100	100	100	100
No maximum	20	19	18	23
With maximum	80	81	82	77
Less than 2 percent	3	4	4	1
2 percent	19	19	21	17
2.1-2.9 percent	2	2	3	2
3 percent	34	34	35	33
3.1-3.9 percent	1	1	1	(⁴)
4 percent	9	11	5	10
5 percent	10	7	13	13
Over 6 percent	1	2	1	1
Maximum lifetime increase				
Total	100	100	100	100
No maximum	97	99	97	94
With lifetime maximum	3	1	3	6
Frequency of adjustment				
Total	100	100	100	100
Every 12 months	97	96	96	99
Other period	3	4	4	1
Data not available	(⁴)	(⁴)	-	-

¹ Excludes supplemental pension plans.

² A maximum periodic increase is usually specified.

³ Includes adjustment provisions which do not go into effect until after a specific percent rise in the CPI.

⁴ Less than 0.5 percent.

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

Table 96. Defined benefit pension plans:¹ Percent of full-time participants by type of vesting schedule, State and local governments, 1992

Type of vesting schedule	All participants	White-collar participants, except teachers	Teachers	Blue-collar and service participants
Total ²	100	100	100	100
Immediate full vesting	1	1	3	1
Cliff vesting ³	98	98	97	97
Full vesting:				
At any age	97	98	97	97
Less than 5 years' service	5	6	3	5
5 years' service	44	42	49	43
6-9 years' service	2	4	1	2
10 years' service	45	45	44	46
More than 10 years' service	1	(⁴)	(⁴)	2
After specified age ⁵	(⁴)	(⁴)	-	1
6-9 years' service	(⁴)	(⁴)	-	(⁴)
More than 10 years' service	(⁴)	-	-	(⁴)
Graduated vesting ⁶	1	(⁴)	-	2
Full vesting after:				
10 years' service	(⁴)	(⁴)	-	1
15 years' service	(⁴)	(⁴)	-	(⁴)
Other ⁷	(⁴)	(⁴)	-	1

¹ Excludes supplemental pension plans.

² Because plans may adopt alternative vesting schedules, sums of participants covered by individual vesting schedules may exceed 100 percent.

³ 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.

⁴ Less than 0.5 percent.

⁵ Sponsors may exclude years of service completed before age 18 from counting towards satisfaction of minimum vesting standards.

⁶ 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.

⁷ Participants in this group were in plans which call for 50-percent vesting after 5 years of service if age plus service equals 45. Thereafter, the vested percentage increases 10 percentage points each of the next 5 years.

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

Table 97. Defined benefit pension plans:¹ Percent of full-time participants with provision for early receipt of deferred vested benefits² by comparison of reduction factors with early retirement, State and local governments, 1992

Reduction for each year prior to normal retirement age	All participants			White-collar participants, except teachers			Teachers			Blue-collar and service participants		
	Total	Reduction factor for early retirement is--		Total	Reduction factor for early retirement is--		Total	Reduction factor for early retirement is--		Total	Reduction factor for early retirement is--	
		Same	Different		Same	Different		Same	Different		Same	Different
Total	100	66	34	100	65	35	100	65	35	100	68	32
Uniform percentage ³	22	21	1	20	20	(⁴)	23	23	-	22	21	1
Less than 3.0	(⁴)	(⁴)	-	(⁴)	(⁴)	-	1	1	-	(⁴)	(⁴)	-
3.0	6	5	(⁴)	7	6	(⁴)	6	6	-	4	3	(⁴)
3.1-3.9	(⁴)	(⁴)	-	(⁴)	(⁴)	-	(⁴)	(⁴)	-	(⁴)	(⁴)	-
4.0	2	2	(⁴)	2	1	(⁴)	2	2	-	4	4	-
4.1-4.9	(⁴)	(⁴)	-	(⁴)	(⁴)	-	(⁴)	(⁴)	-	(⁴)	(⁴)	-
5.0	7	7	-	8	8	-	6	6	-	7	7	-
6.0	5	5	(⁴)	3	3	-	8	8	-	4	3	1
6.7	1	1	-	(⁴)	(⁴)	-	-	-	-	2	2	-
Percentage varies by age ...	76	42	33	78	44	34	71	35	35	77	47	31
Reduction differs for each year of early retirement ⁵	51	18	33	56	22	34	42	6	35	54	24	31
Reduction differs by age bracket ⁶	25	25	-	22	22	-	29	29	-	23	23	-
Percentage varies by service	1	1	-	1	1	-	2	2	-	1	1	-
Other basis ⁷	1	1	-	(⁴)	(⁴)	-	4	4	-	(⁴)	(⁴)	-

¹ Excludes supplemental pension plans.

² Receipt of benefits prior to normal retirement age for plan participants who terminated employment with vested rights to future benefits.

³ In specific cases, uniform percentage reductions may approximate actuarial reductions, such as early receipt of benefits at age 55 with a 6 percent a year reduction between age 55 and the plan's normal retirement age of 62.

⁴ Less than 0.5 percent.

⁵ Reduction schedule is related to actuarial assumptions of the life expectancy at age that pension payments begin.

⁶ 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 6.7 percent for each year between age 60 and the plan's normal retirement age, and by 3.3 percent for each year retirement preceded 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.

⁷ Reduced benefit was not derived from normal retirement formula.

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

Table 98. Defined benefit pension plans:¹ Percent of full-time participants by type of postretirement survivor annuity, State and local governments, 1992

Type of annuity for surviving spouse	All participants	White-collar participants, except teachers	Teachers	Blue-collar and service participants
Total	100	100	100	100
Spouse's share of joint-and-survivor annuity ² only	94	93	97	93
50 percent of retiree's pension ...	3	2	2	4
51-99 percent of retiree's pension	3	3	3	4
100 percent of retiree's pension .	1	(³)	1	1
Alternative percentages at retiree's option ⁴	87	87	91	84
Spouse's share of joint-and-survivor annuity plus portion of retiree's pension	(⁵)	(⁵)	-	(⁵)
Portion of retiree's accrued pension only	5	6	3	6
Other ⁵	1	1	(⁵)	1

¹ Excludes supplemental pension plans.

² 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 length of 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 payments for a specified period.

³ Less than 0.5 percent.

⁴ Alternate percentages were usually 50, 67, or 100 percent.

⁵ Includes annuities based on a percentage of employees final earnings.

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

Table 99. Defined benefit pension plans:¹ Percent of full-time participants by type of preretirement survivor annuity, State and local governments, 1992

Type of annuity for surviving spouse	All participants	White-collar participants, except teachers	Teachers	Blue-collar and service participants
Total	100	100	100	100
Preretirement survivor annuity provided	86	84	93	82
Equivalent of joint-and-survivor annuity ²	65	61	73	62
Based on early retirement ³	63	60	72	61
Less than 50 percent of employee pension	1	1	(⁴)	(⁴)
50 percent of employee pension	24	22	30	22
51-99 percent of employee pension	4	4	3	6
100 percent of employee pension	24	23	28	22
Alternative percentages of pension at employee's option ⁵	10	10	12	10
Based on normal retirement ⁶ ...	1	1	1	1
Portion of accrued employee benefit	13	15	8	14
Reduced for early retirement	3	4	2	4
Unreduced for early retirement	10	11	6	10
Based on service projected to normal retirement date	(⁴)	(⁴)	-	(⁴)
Other annuity ⁷	8	8	12	6
No preretirement survivor annuity provided	14	16	7	18

¹ Excludes supplemental pension plans.

² 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 length of 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.

³ Survivor annuity is based upon the benefit the employee would have received if early retirement had occurred on the date of death.

⁴ Less than 0.5 percent.

⁵ Alternative percentages were usually 50 or 100 percent.

⁶ Survivor annuity is based on the benefit the employee would have received if eligible for normal retirement on the date of death.

⁷ Includes annuity based on a dollar amount formula or percent of earnings.

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

Table 100. Defined benefit pension plans:¹ Percent of full-time participants in contributory plans by type and amount of employee contribution, State and local governments, 1992

Type and amount of contribution	All participants	White-collar participants, except teachers	Teachers	Blue-collar and service participants
Total	100	100	100	100
Flat percent of earnings	91	91	92	92
Less than 1.00 percent	1	1	-	(²)
1.00-1.49 percent	1	2	-	1
2.00-2.49 percent	(²)	1	(²)	(²)
2.50-2.99 percent	(²)	-	-	(²)
3.00 percent	8	10	5	9
3.01-3.99 percent	7	6	7	8
4.00 percent	3	2	1	5
4.01-4.99 percent	4	6	1	4
5.00 percent	10	12	8	10
5.01-5.99 percent	3	2	4	4
6.00 percent	11	9	13	11
6.01-6.99 percent	17	17	23	14
7.00 percent	4	6	2	4
7.01-7.99 percent	3	3	3	2
8.00 percent	10	7	16	8
8.01-8.99 percent	5	5	1	7
9.00 percent	1	1	1	1
9.01-9.99 percent	2	1	4	(²)
10.00 percent	1	(²)	2	-
10.01-10.99 percent	(²)	(²)	-	(²)
11.01-11.99 percent	(²)	(²)	-	(²)
Percent varies by earnings	7	8	8	6
Above specified dollar amount	1	(²)	1	1
Above Social Security wage base	6	7	6	5
Dollar amount varies by earnings	(²)	(²)	-	(²)
Other ³	1	1	(²)	3

¹ Excludes supplemental plans.

² Less than 0.5 percent.

³ Includes flat dollar amounts.

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

Table 101. Cash or deferred arrangements:¹ Percent of full-time employees participating in plans permitting employee contributions with pretax dollars, State and local governments, 1992

Item	All employees	White-collar employees, except teachers	Teachers	Blue-collar and service employees
Percent of all employees in plans with cash or deferred arrangement	45	47	42	43
Salary reduction plans ²	20	22	19	18
Savings and thrift plans	2	3	1	2
Supplemental contributions to money purchase pension plans	(²)	(²)	(²)	(²)
Freestanding accounts ⁴	17	19	17	15
Other ⁵	(²)	(²)	(²)	-
Regular contributions to pension plans on a pretax basis	26	27	24	26
Defined benefit plans ⁶	21	22	22	20
Money purchase pension plans ..	5	5	2	7

¹ Tabulations show percent of employees participating in plans that allow income, and associated tax, to be deferred. Not all participants may elect to have their income deferred. Includes employee contributions to retirement plans under several sections of the Internal Revenue Code (IRC). Excludes pretax contributions for insurance, dependent care, and other expenses under IRC section 125.

² Employee may elect to make pretax contributions to a long-term savings or retirement account.

³ Less than 0.5 percent.

⁴ Employer contributions are not made to the plan.

⁵ Employee may allocate funds in a flexible benefits plan to a retirement account.

⁶ Required employee contributions to a defined benefit pension plan are made on a pretax basis, but an account separate from the pension plan is not established for these savings.

NOTE: Sums of individual items may not equal totals either because of rounding or because some employees participate in more than one type of plan. Where applicable, dash indicates no employees in this category.

Chapter 7. Plan Administration

The survey explored how insurance and retirement benefits were administered and financed, in addition to providing data on individual benefit plans, and whether benefits were offered independently or as part of a flexible benefits program.

Plan sponsor

Although full-time employees of State governments constituted about one-quarter of the surveyed workforce, the proportion of workers in State-administered plans was higher than in locally-administered plans for many benefits (table 102). In many instances, local government employees participated in statewide insurance or retirement plans. However, plan sponsorship varied significantly from benefit to benefit. About three-fifths of medical care and life insurance participants were in plans sponsored by a local government; teachers and blue-collar and service workers were twice as likely to be in a local, rather than a State government plan. Sickness and accident insurance plans were more likely to be State-sponsored, but sponsorship of long-term disability insurance plans was evenly divided.

State sponsorship of benefit plans was most noticeable in retirement benefits. Eighty-nine percent of participants in defined benefit pension plans were covered by State-sponsored plans; such plans were most prevalent for teachers whose retirement coverage was virtually all State sponsored. Local governments often provide their own insurance benefits while contributing to a State retirement plan.

Plan financing

Generally, there were many more participants in wholly employer-financed plans than in partly employer-financed plans (table 103). Employee contributions were most often required for defined benefit pension and for family medical care coverage. Nearly three-fourths of defined benefit pension plan participants were required to contribute toward the cost of their plan. A similar number of medical care plan participants were required to contribute toward the cost of family coverage.

In comparison to the employees of private sector establishments, State and local government employees are much more likely to be required to contribute toward the cost of their pension plan. One in 20 private sector defined benefit pension plan participants—regardless of the establishment size—were required to contribute to their plan, while three-fourths of State and local government workers had to make contributions.

Flexible benefits plans and reimbursement accounts

Employers have traditionally offered their workers benefit plans in a number of areas, such as medical care, life insurance, and retirement benefits, with employees choosing between one or more plans in a benefit area. For example, employees may be offered a choice between a traditional fee-for-service medical plan and a health maintenance organization, but plans in each benefit area are offered separately. In recent years, new approaches to offering benefits have emerged. BLS currently collects data on two such arrangements for offering benefits—flexible benefits plans and reimbursement accounts.

Flexible benefits plans. Often called cafeteria plans, these plans were offered to 5 percent of full-time government employees in 1992 (table 104). In a flexible benefits plan, employers provide each worker with an amount of “benefits credits.” These credits may be a fixed dollar amount provided to each worker, or the amount may vary among workers according to earnings, length of service, family status, or other factors. The employee then chooses from various benefits and benefit levels, using credits to purchase the desired benefits. If the credits are not sufficient to pay for the coverage chosen, employees may be able to fund the difference with pretax contributions, as was the case for a majority of employees with such arrangements in 1992.

The most common flexible benefits choices were among separate dental benefits, various levels of life insurance, participation in fee-for-service medical care plans (with varying deductibles and out-of-pocket maximums) or in health maintenance organizations, and varying levels of long-term disability insurance. Additionally, some employees could choose separate vision plans, accidental death and dismemberment insurance, and short-term disability coverage. About one-third of plans allowed unused credits to be deposited into reimbursement accounts, and about one-fifth could convert credits to cash in lieu of benefits. One-half of flexible benefits plans required employees to purchase minimum levels of coverage, commonly a basic level of life insurance.

Reimbursement accounts. This approach to benefits was offered to one-half of full-time employees covered by the 1992 State and local government survey, up from the three-tenths recorded in 1990. These accounts, also called flexible spending accounts, provide funds from which employees pay for expenses not covered by their regular benefits

package. Commonly, medical care reimbursement accounts are used to pay for plan premiums, deductibles, the employee's coinsurance, and for services not covered under a medical care plan. Dependent care accounts are used to reimburse the employee for expenses associated with the care of dependent children and adults.

Virtually all reimbursement accounts were funded solely by employee pretax money. Reimbursement accounts may be part of a flexible benefits plan or they may stand alone.

Just over half of employees eligible for reimbursement accounts could allocate funds for health expenses not covered by their medical care plan. (Table 105.) Three-fourths of eligible employees could allocate funds for the payment of their share of health care premiums. About one-third of

eligible employees had accounts specifically limited to pretax payment of health care premiums only (also known as "premium conversion plans"). About three-fifths of eligible employees could use reimbursement accounts to pay for dependent care expenses, generally including both child care and the care of elderly and disabled relatives.

Individual benefit plans offered through a flexible benefits plan were analyzed and included in the tabulations for specific benefit areas in this bulletin.⁴³

⁴³ For information on flexible benefits plans in medium and large establishments, see Joseph R. Meisenheimer and William Wiatrowski, "Flexible Benefits Plans: Employees Who Have a Choice," *Monthly Labor Review*, December 1989, pp. 17-23.

Table 102. Plan administration: Percent of full-time participants in selected employee benefit programs by type of plan sponsor, State and local governments, 1992

Plan sponsor	Health care	Life insurance	Sickness and accident insurance	Long-term disability insurance	Defined benefit pension
All participants					
Total	100	100	100	100	100
State sponsored	41	42	60	50	89
Local government sponsored	59	58	39	50	11
Other ¹	(²)	(²)	1	-	1
White-collar, except teachers					
Total	100	100	100	100	100
State sponsored	49	48	59	55	89
Local government sponsored	51	52	40	45	11
Other ¹	(²)	(²)	(²)	-	(²)
Teachers					
Total	100	100	100	100	100
State sponsored	35	37	65	52	97
Local government sponsored	65	63	35	48	3
Blue-collar and service					
Total	100	100	100	100	100
State sponsored	35	37	59	38	80
Local government sponsored	65	63	38	62	18
Other ¹	(²)	(²)	3	-	2

¹ Governments contribute to union-sponsored trust funds which provide benefits.

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 103. Plan financing: Percent of full-time participants in selected employee benefit programs by source of financing, State and local governments, 1992

	Sickness and accident insurance	Long-term disability insurance	Medical care for employee	Medical care for family	Dental care for employee	Dental care for family	Life insurance	Defined benefit pension
All participants								
Total	100	100	100	100	100	100	100	100
Wholly employer financed	75	79	57	28	71	48	85	28
Partly employer financed	25	21	43	72	29	52	15	72
White collar, except teachers								
Total	100	100	100	100	100	100	100	100
Wholly employer financed	74	77	53	24	69	45	85	29
Partly employer financed	26	23	47	76	31	55	15	71
Teachers								
Total	100	100	100	100	100	100	100	100
Wholly employer financed	86	82	63	34	70	50	83	25
Partly employer financed	14	18	37	66	30	50	17	75
Blue-collar and service								
Total	100	100	100	100	100	100	100	100
Wholly employer financed	72	79	57	27	73	51	86	28
Partly employer financed	28	21	43	73	27	49	14	72

Table 104. Flexible benefits plans and reimbursement accounts:¹ Percent of full-time employees eligible, State and local governments, 1992

Coverage	All elig- ible em- ployees	White- collar employ- ees, ex- cept teachers	Teach- ers	Blue-col- lar and service employ- ees
Total	100	100	100	100
Provided flexible benefits and/or reimbursement accounts	51	55	46	49
Flexible benefits plan with reimbursement accounts	4	4	5	3
Flexible benefits plan with no reimbursement accounts	1	1	2	1
Freestanding reimbursement accounts	46	50	39	45
Not provided flexible benefits or reimbursement accounts	49	45	54	51

¹ Flexible benefits plans, also known as flexible compensation and cafeteria plans, allow employees to choose between two or more benefits or benefit options in determining their individual benefit packages. Reimbursement (flexible spending) accounts, which are used to finance benefits or expenses unpaid by insurance or benefit plans, may be part of a flexible benefits program or stand alone (freestanding accounts). These accounts may be financed by the employer, employee, or both. The employee contribution is usually made through a salary reduction arrangement.

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

Table 105. Reimbursement accounts: Percent of full-time employees eligible by expenses covered, State and local governments, 1992

Coverage	All elig- ible em- ployees	White- collar employ- ees, ex- cept teachers	Teach- ers	Blue-col- lar and service employ- ees
Health care premiums	75	72	77	79
Health care premiums only	35	32	36	38
Health care expenses	53	56	53	49
Dependent care	61	65	56	58
Legal expenses	2	3	2	1

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

Chapter 8. Benefits by selected characteristics

Of the 12.5 million full-time workers within the scope of this survey, about 8.9 million were employed by local governments and 3.6 million by States (about 71 and 29 percent, respectively). For the first time, the differences in the incidence of benefits for full-time State and local government workers are presented in this chapter (tables 106 and 107). The incidence of union status and benefits for part-time government employees are presented here for the first time.

Many differences in the incidence of benefits among the two types of governments, particularly in paid leave, may be attributed to the greater influence of data for teachers on the local government segment (also see chapter 2). Just over four-fifths of all full-time teachers in public schools were employed by local governments, comprising about one-third of total full-time employment.

Also for the first time, incidence of employee benefits for State and local government workers by union status is available (tables 108-111). About one-half of full-time employees in State and local governments were covered by collective bargaining agreements. About two-fifths of white-collar workers, except teachers, just over one-half of blue-collar and service workers, and three-fifths of teachers were under such agreements.

Incidence of benefits for part-time workers in governments is also included in this chapter.⁴⁴ Part-time workers within the scope of the Employee Benefits Survey were far less likely to be covered by benefit plans than full-time workers (tables 112-113). Part-time workers account for about one-tenth of the State and local government workforce. About one-half of the 1.4 million part-time workers were white-collar employees, except teachers; blue-collar and service workers accounted for another two-fifths; and part-time teachers comprised the remaining one-tenth.

Benefits by type of government

About nine-tenths of full-time State employees received paid vacations and holidays compared to local governments, where three-fifths of the full-time employees received holidays and two-thirds received vacations. This difference is largely due to the effect teachers have on the local govern-

ment data. State employees were also more likely to be eligible for unpaid maternity and paternity leave: Nearly 7 in 10 had maternity leave, compared to 6 in 10 for local government, and nearly 6 in 10 had paternity leave, compared to 4 in 10 for local government. In contrast, local government employees were more likely to receive paid funeral leave, paid personal leave, and paid lunch time.

There was little variation in incidence of insurance and retirement benefits among State and local governments. As noted in chapter 7, local government employees participated in statewide insurance and retirement plans in many instances. State government employees were more likely to have sickness and accident insurance than local government employees, but as in paid leave this difference was largely due to the influence of teachers on local government data. In other insurance and retirement benefits the differences in incidence between the two types of government were slight.

State government employees were at least three times as likely than local government employees to be eligible for such benefits as child care, adoption assistance, long-term care insurance, employer-subsidized recreation facilities, and non-job related education assistance. They were also about twice as likely to be eligible for wellness programs, in-house infirmaries, job-related travel accident insurance, and job-related education assistance. Finally, State employees were proportionately more likely to receive employee assistance programs, nonproduction bonuses, and reimbursement accounts than their local government counterparts by a ratio of 3 to 2.

Benefits by union status

The incidence of benefits provided to full-time government workers varied depending on whether the workers were covered by collective bargaining agreements.⁴⁵ There was no clear pattern to these variations, however. For example, nonunion employees were more likely to receive paid vacations while union employees were more likely to receive paid funeral leave. Similar to the earlier comparisons of data for State and local government employees, many of these differences are due to the presence of teachers—an occupation that is about two-thirds unionized.

⁴⁴ Data on part-time employees in small private establishments are available in *Employee Benefits in Small Private Establishments, 1992* (Bureau of Labor Statistics, Bulletin 2441, April 1994). Data on part-time employees in medium and large establishments are available in *Employee Benefits in Medium and Large Establishments, 1991* (Bureau of Labor Statistics, Bulletin 2422, May 1993).

⁴⁵ Occupations are categorized as union or nonunion at the time of data collection. To be categorized as union, the occupations 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.

A similar proportion of union and nonunion workers received medical care, retirement, and life insurance coverage. Union workers were more likely to receive dental insurance than nonunion workers. Nonunion workers, however, were more likely to receive defined contribution plans.

The incidence of other benefits also varied by type of benefit. Union workers were more likely to receive severance pay, eldercare, employee assistance programs, legal assistance, and educational assistance, while nonunion employees were more likely to receive employer-subsidized recreation facilities. Incidence for other benefits were similar for union and nonunion workers.

Benefits for part-time employees

The number of hours per day and hours per week that part-time employees were scheduled to work varied widely. Most common were work schedules of between 3 and 5 hours per day, typically 5 days per week. Total hours worked per week were frequently between 15 and 20 hours.

Paid time off was the most prevalent type of benefit program available to the part-time workforce. About half of all part-time employees were eligible for paid sick leave and paid jury duty leave, and about one-third were eligible for paid holidays, paid rest time, paid funeral leave, and paid military leave. Paid vacation benefits were provided to one-fourth of part-time workers.

When paid time-off benefits were provided to part-time employees, there were often differences between the number of days off part-time workers and full-time workers received. Part-time workers typically received either fewer days, prorated benefits based on the relationship of the part-time to the full-time work schedule, or both. For example, at 20 years of service, part-time workers with paid vacations received an average of 18.9 days, compared to 22.1 days for their full-time counterparts. However, the average number of paid holidays part-time workers received was 16.0 days,

while the full-time workforce had 14.2 days available.⁴⁶

Other types of leave were less common. Only about one-fifth of part-time employees were eligible for paid personal leave and almost none were eligible for a paid lunch period. Unpaid maternity leave was available to one-third of part-time workers and unpaid paternity leave was available to one-fourth of part-time workers.

Medical and dental care and life insurance were the most prevalent insurance benefits among part-time employees—each available to about two-fifths of the workers. In contrast, sickness and accident insurance was available to about one-seventh, and long-term disability insurance to less than one-tenth of part-time employees.

One-half of part-time workers were eligible to participate in a retirement plan. As with full-time workers, defined benefit pension plans were the most prevalent type of retirement plans. Often, part-time employees had to satisfy a minimum work requirement, such as 6 hours per day or 20 days per month, to be eligible for pension benefits. The service credit for such workers was typically prorated based on the relationship of part-time to full-time work schedules. For example, an employee scheduled to work 30 hours per week, where full-time employees work 40 hours per week, would receive credit for three-fourths of 1 year toward retirement benefits.

Nearly one-half of part-time employees were eligible for employee assistance programs, two-fifths had job-related education assistance, one-fourth were eligible to participate in reimbursement accounts, and about one-fifth were eligible for eldercare, wellness programs, and recreation facilities. The incidence of other benefits, such as child care, long-term care insurance, prepaid legal services, and educational assistance not related to the job, was rare.

⁴⁶ The higher average holidays for part-time workers reflects the influence of holidays provided to part-time public school employees, other than teachers.

Table 106. Summary: Percent of full-time employees participating¹ in selected employee benefit programs, by type of government entity, State and local governments,² 1992

Employee benefit program	All employees	State employees	Local employees
Paid holidays	75	92	68
Paid vacations	67	87	59
Paid personal leave	38	29	42
Paid lunch period	10	4	13
Paid rest period	53	72	46
Paid funeral leave	65	52	70
Paid jury duty leave	97	98	97
Paid military leave	83	96	78
Paid sick leave	95	96	94
Paid maternity leave	1	(³)	1
Paid paternity leave	1	-	1
Unpaid maternity leave ...	59	66	56
Unpaid paternity leave ...	44	56	39
Sickness and accident insurance	22	28	19
Long-term disability insurance	28	31	28
Medical care	90	92	89
Dental care	65	64	65
Life insurance	89	88	89
All retirement ⁴	93	95	92
Defined benefit pension	87	87	87
Defined contribution	9	10	8

¹ Participants are workers covered by a paid time off, insurance, or retirement plan. Employees subject to minimum service requirements before they are eligible for benefit coverage are counted as participants even if they have not met the requirement at the time of the survey. If employees are required to pay part of the cost of a benefit, only those who elect the coverage and pay part of the cost are counted as participants.

² See appendix A for scope of study.

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.

Table 107. Other benefits: Percent of full-time employees eligible for specified benefits, by type of government entity, State and local governments, 1992

Benefit	All employees	State employees	Local employees
Flexible benefits	5	5	5
Reimbursement accounts	50	71	41
Severance pay	32	26	34
Employer assistance for child care	8	22	2
Adoption financial assistance	2	6	(¹)
Eldercare	13	13	13
Long-term care insurance	5	11	3
In-house infirmary	17	28	12
Wellness programs	30	48	23
Employee assistance programs	63	85	55
Employer-subsidized recreation facilities	15	29	9
Job-related travel accident insurance	15	25	10
Nonproduction bonuses	38	49	34
Prepaid legal services	7	5	8
Job-related educational assistance	66	90	56
Non-job-related educational assistance	18	38	10

¹ Less than 0.5 percent.

Table 108. Summary: Percent of full-time union employees participating¹ in selected employee benefit programs, State and local governments,² 1992

Employee benefit program	All employees ³	White-collar employees, except teachers ³	Teachers ³	Blue-collar and service employees ³	Employee benefit program	All employees ³	White-collar employees, except teachers ³	Teachers ³	Blue-collar and service employees ³
Paid:									
Holidays	76	90	44	96	Medical care—Continued				
Vacations	61	85	7	95	Family coverage:				
Personal leave	48	43	59	40	Wholly employer financed	37	34	43	34
Lunch period	12	6	15	15	Partly employer financed	55	58	48	58
Rest time	53	76	18	68	Dental care	79	80	77	79
Funeral leave	73	69	72	78	Employee coverage:				
Jury duty leave	98	98	99	97	Wholly employer financed	62	66	60	61
Military leave	84	88	75	88	Partly employer financed	17	14	18	18
Sick leave	95	94	97	94	Family coverage:				
Maternity leave	1	1	2	1	Wholly employer financed	51	55	49	50
Paternity leave	1	1	2	1	Partly employer financed	27	25	29	28
Unpaid:									
Maternity leave	76	81	76	70	Life insurance	90	88	90	91
Paternity leave	58	67	53	56	Wholly employer financed	78	79	76	79
					Partly employer financed	12	8	14	12
Sickness and accident insurance	26	34	16	29	All retirement ⁴	92	90	93	92
Wholly employer financed	19	26	13	19	Defined benefit pension	90	88	91	91
Partly employer financed	7	8	3	10	Wholly employer financed	25	22	27	26
					Partly employer financed	65	66	64	66
Long-term disability insurance	26	25	33	18	Defined contribution ⁵	5	4	5	5
Wholly employer financed	19	16	27	13	Types of plans:				
Partly employer financed	7	9	7	5	Savings and thrift	1	1	(⁶)	1
Medical care	92	92	91	92	Money purchase pension	4	3	5	4
Employee coverage:					Flexible benefits plans	5	5	8	3
Wholly employer financed	58	54	66	54	Reimbursement accounts	41	50	35	40
Partly employer financed	34	39	25	38					

¹ Participants are workers covered by a paid time off, insurance, retirement, or capital accumulation plan. Employees subject to a minimum service requirement before they are eligible for benefit coverage are counted as participants even if they have not met the requirement at the time of the survey. If employees are required to pay part of the cost of a benefit, only those who elect the coverage and pay their share are counted as participants. Benefits for which the employee must pay the full premium are outside the scope of the survey. Only current employees are counted as participants; retirees are excluded.

² See appendix A for scope of study.

³ See appendix A for definitions of the occupational groups.

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.

⁵ The total is less than the sum of the individual items because some employees participated in more than one type of plan.

⁶ 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 109. Summary: Percent of full-time nonunion employees participating¹ in selected employee benefit programs, State and local governments,² 1992

Employee benefit program	All employees ³	White-collar employees, except teachers ³	Teachers ³	Blue-collar and service employees ³	Employee benefit program	All employees ³	White-collar employees, except teachers ³	Teachers ³	Blue-collar and service employees ³
Paid:					Medical care—Continued				
Holidays	74	87	27	83	Family coverage:				
Vacations	73	88	16	86	Wholly employer financed	13	15	9	11
Personal leave	29	23	48	25	Partly employer financed	76	76	79	74
Lunch period	8	6	11	11	Dental care	51	57	45	46
Rest time	54	63	25	58	Employee coverage:				
Funeral leave	57	60	42	61	Wholly employer financed	30	33	23	30
Jury duty leave	97	97	98	97	Partly employer financed	22	24	22	16
Military leave	83	86	76	83	Family coverage:				
Sick leave	95	93	97	95	Wholly employer financed	11	14	5	11
Maternity leave	(⁴)	(⁴)	(⁴)	1	Partly employer financed	40	42	40	35
Paternity leave	(⁴)	(⁴)	-	(⁴)	Life insurance	88	90	83	87
					Wholly employer financed	73	74	67	74
Unpaid:					Partly employer financed	15	16	15	13
Maternity leave	42	46	42	33	All retirement ⁵	94	94	95	94
Paternity leave	29	34	29	19	Defined benefit pension	84	84	85	82
					Wholly employer financed	23	26	15	22
Sickness and accident insurance	17	19	14	16	Partly employer financed	61	58	70	59
Wholly employer financed	13	13	13	13	Defined contribution ⁶	13	13	13	14
Partly employer financed	4	5	1	2	Types of plans:				
Long-term disability insurance	31	33	32	28	Savings and thrift	4	4	2	5
Wholly employer financed	26	27	28	24	Money purchase pension	11	10	10	13
Partly employer financed	5	6	5	4	Flexible benefits plans	5	5	5	4
Medical care	88	90	87	85	Reimbursement accounts	58	57	60	59
Employee coverage:									
Wholly employer financed	45	45	41	46					
Partly employer financed	44	45	46	38					

¹ Participants are workers covered by a paid time off, insurance, retirement, or capital accumulation plan. Employees subject to a minimum service requirement before they are eligible for benefit coverage are counted as participants even if they have not met the requirement at the time of the survey. If employees are required to pay part of the cost of a benefit, only those who elect the coverage and pay their share are counted as participants. Benefits for which the employee must pay the full premium are outside the scope of the survey. Only current employees are counted as participants; retirees are excluded.

² See appendix A for scope of study.

³ See appendix A for definitions of the occupational groups.

⁴ Less than 0.5 percent.

⁵ 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 The total is less than the sum of the individual items because some employees participated in more than one type of plan.

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

Table 110. Other benefits: Percent of full-time union employees eligible for specified benefits, State and local governments, 1992

Benefit	All employees	White-collar employees, except teachers	Teachers	Blue-collar and service employees
Income continuation plans:				
Severance pay	41	37	42	44
Supplemental unemployment benefits	(¹)	(¹)	-	1
Family benefits:				
Employer assistance for child care	10	17	5	9
Adoption financial assistance	1	2	1	(¹)
Eldercare	17	19	19	14
Long-term care insurance	4	5	5	3
Health promotion programs:				
In-house infirmary	16	16	18	15
Wellness programs	30	34	24	31
Employee assistance programs ..	69	77	52	77
Miscellaneous benefits:				
Employer-subsidized recreation facilities	12	11	16	10
Job-related travel accident insurance	15	17	12	16
Nonproduction bonuses	37	47	20	44
Prepaid legal services	10	12	7	11
Education assistance:				
Job related	69	80	59	70
Not job related	20	25	13	23

¹ Less than 0.5 percent.

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

Table 111. Other benefits: Percent of full-time nonunion employees eligible for specified benefits, State and local governments, 1992

Benefit	All employees	White-collar employees, except teachers	Teachers	Blue-collar and service employees
Income continuation plans:				
Severance pay	23	25	14	24
Supplemental unemployment benefits	(¹)	(¹)	-	-
Family benefits:				
Employer assistance for child care	6	6	7	3
Adoption financial assistance	2	3	1	2
Eldercare	8	10	7	6
Long-term care insurance	6	7	6	4
Health promotion programs:				
In-house infirmary	17	20	14	13
Wellness programs	30	34	23	29
Employee assistance programs ..	58	66	39	57
Miscellaneous benefits:				
Employer-subsidized recreation facilities	18	17	24	15
Job-related travel accident insurance	14	17	16	8
Nonproduction bonuses	40	40	38	43
Prepaid legal services	4	5	6	2
Education assistance:				
Job related	62	70	54	55
Not job related	16	18	16	12

¹ Less than 0.5 percent.

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

Table 112. Summary: Percent of part-time employees participating¹ in selected employee benefit programs, State and local governments,² 1992

Employee benefit program	All employees ³	White-collar employees, except teachers ³	Teachers ³	Blue-collar and service employees ³	Employee benefit program	All employees ³	White-collar employees, except teachers ³	Teachers ³	Blue-collar and service employees ³
Paid:					Medical care—Continued				
Holidays	34	33	16	38	Family coverage:				
Vacations	26	34	2	22	Wholly employer financed	14	12	10	16
Personal leave	17	13	22	20	Partly employer financed	30	42	13	19
Lunch period	2	1	-	3	Dental care	37	46	18	31
Rest time	31	35	7	30	Employee coverage:				
Funeral leave	34	35	12	38	Wholly employer financed	27	33	12	24
Jury duty leave	52	46	50	58	Partly employer financed	10	13	6	7
Military leave	38	36	37	41	Family coverage:				
Sick leave	45	42	48	49	Wholly employer financed	16	13	12	19
Maternity leave	1	1	-	(*)	Partly employer financed	22	33	6	11
Paternity leave	1	1	-	(*)	Life insurance	41	53	22	31
					Wholly employer financed	38	51	19	28
Unpaid:					Partly employer financed	3	2	2	3
Maternity leave	32	29	20	38	All retirement ⁵	51	55	42	48
Paternity leave	24	25	15	24	Defined benefit pension	48	51	35	47
					Wholly employer financed	11	12	12	11
Sickness and accident insurance	14	12	8	17	Partly employer financed	37	40	23	36
Wholly employer financed	11	8	7	15	Defined contribution ⁶	4	3	7	3
Partly employer financed	3	4	1	2	Types of plans:				
Long-term disability insurance	9	9	15	8	Savings and thrift	1	2	3	-
Wholly employer financed	7	6	14	7	Money purchase pension	3	2	4	3
Partly employer financed	2	2	1	2	Flexible benefits plans	2	3	3	1
Medical care	43	54	22	35	Reimbursement accounts	25	21	27	28
Employee coverage:									
Wholly employer financed	31	37	16	26					
Partly employer financed	12	16	6	9					

¹ Participants are workers covered by a paid time off, insurance, retirement, or capital accumulation plan. Employees subject to a minimum service requirement before they are eligible for benefit coverage are counted as participants even if they have not met the requirement at the time of the survey. If employees are required to pay part of the cost of a benefit, only those who elect the coverage and pay their share are counted as participants. Benefits for which the employee must pay the full premium are outside the scope of the survey. Only current employees are counted as participants; retirees are excluded.

² See appendix A for scope of study.

³ See appendix A for definitions of the occupational groups.

⁴ Less than 0.5 percent.

⁵ 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 The total is less than the sum of the individual items because some employees participated in more than one type of plan.

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

Table 113. Other benefits: Percent of part-time employees eligible for specified benefits, State and local governments, 1992

Benefit	All employees	White-collar employees, except teachers	Teachers	Blue-collar and service employees
Income continuation plans:				
Severance pay	14	13	13	17
Supplemental unemployment benefits	-	-	-	-
Family benefits:				
Employer assistance for child care	2	2	3	3
Adoption financial assistance	-	-	-	-
Eldercare	17	18	17	16
Long-term care insurance	2	2	2	1
Health promotion programs:				
In-house infirmary	12	9	21	14
Wellness programs	19	15	39	18
Employee assistance programs ..	47	53	40	42
Miscellaneous benefits:				
Employer-subsidized recreation facilities	22	27	33	14
Job-related travel accident insurance	9	9	24	5
Nonproduction bonuses	12	10	17	14
Prepaid legal services	3	3	2	4
Education assistance:				
Job related	37	34	49	39
Not job related	7	7	20	4

Appendix A: Technical Note

Scope of survey

This survey of the incidence and characteristics of employee benefit plans is collected jointly with the Bureau's Employment Cost Index (ECI). The portion of the sample from which these estimates are made covers all State and local governments in the 50 States and the District of Columbia, regardless of employment.

The establishment size and geographic coverage for this survey is identical to the 1990 survey of State and local governments. The surveys conducted from 1979 to 1986 covered most private sector establishments that employed at least 50, 100, or 250 workers, depending on the industry. The survey conducted in 1987 consisted of State and local governments with 50 or more employees. The surveys conducted in 1988 and 1989 included all private sector establishments that employed 100 or more employees. All surveys conducted from 1979 to 1989 excluded establishments in Alaska and Hawaii and part-time workers.

Beginning in 1990, all surveys cover all full-time and part-time workers in all 50 States and the District of Columbia. In 1990 and subsequent even-numbered years, data are collected in small private establishments (those employing fewer than 100 workers) and State and local governments. In 1991 and subsequent odd-numbered years, data are collected in medium and large private establishments (those employing 100 workers or more).

Tables A-1 and A-2 show the estimated number of establishments and 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 quotes¹ within those establishments that were actually studied. Data in these tables are provided separately for State and local governments. In addition, local governments are further divided into health, education, and administrative units.

Occupational groups

Each of the narrowly defined occupations selected for study is 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.

¹ Data were collected individually for narrowly defined occupations that were sampled within establishments. All of the employees in the detailed occupations selected may not be surveyed. Data for a manageable number (group) of employees in the detailed occupations that included the employee position selected are collected. This group is called a quote.

Teachers. Includes all personnel in primary and secondary schools, junior colleges, colleges, and universities whose primary duty is teaching or closely related activities, such as research or 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.²

Employees excluded from the survey are volunteers, unpaid workers, persons permanently disabled, and U.S. citizens working overseas.

Benefit areas

Sampled establishments were requested to provide data for a sample of their occupations on work schedules and details of plans in each of the following benefit areas: Paid lunch periods, paid rest periods, paid holidays, paid vacations, paid personal leave, paid funeral leave, paid military leave, paid jury-duty leave, paid and unpaid parental leave, paid sick leave, sickness and accident insurance, long-term disability insurance, medical, dental, and vision care, life insurance, defined benefit pension plans, defined contribution plans, flexible benefits plans, and reimbursement accounts.

Data were also collected on the incidence of the following additional benefits: Severance pay, supplemental unemployment benefits, travel accident insurance, nonproduction cash bonuses, prepaid legal services, child care, adoption assistance, eldercare, in-house infirmaries, long-term care insurance, wellness programs, recreation facilities, job-related and non-job-related educational assistance, and employee assistance programs.

Sampling frame

The list of establishments from which the sample was selected (called the sampling frame) was the State Unemploy-

² In the 1987 and 1990 State and local government surveys, separate data were published for police officers and firefighters. Since that time, shifts in survey resources have resulted in a decrease in police officer and firefighter observations within the sample of occupations studied. Because of the smaller occupational sample, separate data for police officers and firefighters are no longer available.

ment Insurance (UI) reports for the 50 States and the District of Columbia. The reference date of the UI reports that were sampled varies by industry from 1986 to 1991. This is due to the nature of the sample selection and replacement, which is described below.

Sample design

The sample design for the Employment Cost Index (ECI) and this survey is a 2-stage probability sample of detailed occupations. The first stage of sample selection is a probability sample of establishments, while the second stage is a probability sample of occupations within the sampled establishments.

Establishment sample

The sample of 1,210 establishments was the subset of the ECI sample in State and local governments. The ECI sample is updated periodically over a 4-year cycle. Each year, new sample establishments are introduced into the survey in selected industries and replace the sample units that were previously selected in those same industries. Using this procedure, the entire sample is replaced approximately every 4 years.

The sample of establishments is selected by first stratifying the sampling frame by industry group (that is, State and local governments, and health services, education services, and public administration within local governments), and then by region and establishment employment. The industry groups, which are covered by the survey, usually consist of 3-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 contained 1 percent of the total employment within the scope of the survey received 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 was selected within an industry group (stratum) with a probability proportionate 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.

Occupational sample

At the beginning of each field visit by a Bureau field economist to collect data from a sampled establishment, a second stage probability sample of occupations is selected from the establishment. Data are then collected for these sampled occupations. The number of occupations selected from an establishment varies from four in the smallest establishments to eight in the largest establishments. The probability of an occupation being selected is proportionate to its employment

within the establishment. There were 5,823 (5,315 full-time and 508 part-time) sampled occupations that reported data from the 1,051 sampled establishments that cooperated in the survey.

The narrowly defined occupations are based on the Standard Occupational Classification (SOC) system as defined by the Department of Commerce. These narrowly defined occupations are then classified into the three occupational groups shown in this bulletin.

Data collection

Data for the survey were collected by visits or telephone calls by Bureau field economists to the sampled establishments. To reduce the reporting burden, respondents were asked to provide documents describing their flexible benefits plans, reimbursement accounts, defined benefit pension and defined contribution plans, medical, dental, and vision care plans, and insurance plans. These were analyzed by BLS staff in Washington to obtain the required data on plan provisions. Data on paid leave generally were obtained directly from the employer at the time of the visit.

Data were collected during the period of October 1991 to October 1992. Respondents were asked for information as of the time of the data collection visit.

Data calculation

The tables presented in this bulletin show the percent of employees who were covered by paid leave plans or unpaid parental leave plans; participated in medical, dental, and vision care plans; participated in insurance or retirement plans; or were eligible for flexible benefits plans, reimbursement accounts, or other selected benefits. Except in tables 2, 104, 105, 107, 110, 111, and 113, counts of workers covered by benefit plans included those who had not met possible minimum length-of-service requirements at the time of the survey.

Most of the tables in this bulletin show the percent of workers covered by individual benefit plans or plan provisions. Percentages are calculated in three ways. One technique, followed in tables 1, 3-6, 8, 10, 14-18, 20-22, 101, 106, 108, 109, and 112, shows the number of covered workers as a percent of all workers within the scope of the survey; tables 2, 104, 107, 110, 111, and 113 show the number of eligible workers as a percent of all workers.

A second approach is followed in tables 9, 11, 12, 19, 26, 27, 28, 30, 31, 33-37, 56, 60, 61, 65-67, 69-71, 75, 76, 80-82, 85, 86, 89, 90, 93, 95, 96, 98, 99, 102, and 103. These tables show the number of workers covered by specific features in a benefit area as a percent of all employees who participate in that general benefit area. They answer questions concerning the typical coverage provided to persons with a given medical, dental, and vision care, insurance, defined benefit pension, or defined contribution plan; for example, what percent of all employees with medical care receive mental health care coverage?

The third approach provides a close look at an important

plan feature (tables 29, 32, 38-55, 57, 59, 62, 64, 68, 72, 73, 77-79, 83, 84, 91, 97, 100, and 105). For example, what percent of all employees with accidental death and dismemberment benefits have coverage equal to their life insurance benefits? Tables 25, 92, and 94 use a combined approach, indicating in the first row of data the percent of persons whose plans feature a particular coverage, while the remainder of the table is based on all employees with that coverage.

This multilevel approach has the advantage of clearly pointing out typical benefit plan characteristics after the incidence of the benefit has been established. Any of the second or third types of tables, if desired, can be converted to the first type by multiplying each data cell by appropriate factors. For example, to calculate the percent of all employees in plans specifying a maximum payment for orthodontia, multiply the percent of those with orthodontia coverage subject to a maximum (70 percent from table 68) by the percent of dental care participants with orthodontia coverage (69 percent from table 65), and multiply that product by the percent of all employees who have dental care coverage (65 percent from table 1). In this example, 31 percent of employees are in plans that impose a maximum on orthodontia payments (.70 x .69 x .65).

Tables 7, 13, 23, 24, 58, 63, 74, 87, and 88 differ from other tables because they display average benefit values rather than percentages of workers. These tables present the averages for all covered employees; calculations exclude workers without the benefit.

Survey response

The following summary is a composite picture of the establishment responses to the survey:

Number of establishments:	
In sample	1,210
Out of business and out of scope	51
Refusing to respond	108
Responding fully or partially	1,051

There are three procedures used to adjust for missing data from partial schedules and total refusals. First, imputations for the number of plan participants are made for cases where this number was not reported (approximately 10 percent of participants in health care plans, 7 percent in retirement and capital accumulation plans, and less than 5 percent of participants in all other types of plans). Each of these participant values is imputed by selecting a similar plan from a similar establishment. 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 where they are not available in a partially responding establishment. These plan provisions are imputed by selecting a similar plan from a similar establishment. The plan provisions from this selected plan are then used to represent the plan that is missing plan provision data. This was done for about 24 percent of participants in sickness and accident insur-

ance plans, 3 percent of flexible benefits plan participants, 19 percent of medical, dental, and vision care participants, 7 percent of long-term disability insurance participants, 10 percent of retirement plan participants, and 5 percent of life insurance plan participants. Imputations were done for less than 1 percent of the participants in paid leave plans.

For other forms of missing data (totally unusable establishments and refusals), a weight adjustment is made using the sample unit employment. This technique assumes that the mean value of the nonrespondents is equal to 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.

One other form of missing data occurs when an establishment cooperates in the survey but refuses all information concerning one or more of the selected occupations. No adjustment was made for these missing data for this survey; however, methods to impute for these data will be explored for future surveys. If all sampled occupations in cooperating establishments had supplied the requested data, the estimates in this bulletin would represent 15.4 million employees instead of the 13.9 million employees that are represented.

Survey estimation methods

The survey design uses an estimator that assigns the inverse 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. Two weight adjustment factors are applied to the establishment data. The first factor is introduced to account for the establishment nonresponse and a second post-stratification factor is introduced to adjust the estimated employment totals to actual counts of the employment by type of government establishment for the survey reference date. These actual employment figures are obtained from the State Unemployment Insurance reports for April 1992.

The general form of the estimator for a population total Y is:

$$Y = \sum_{i=1}^{n'} \frac{f_2 f_1}{P_i} \sum_{j=1}^{o_i} \frac{Y_{ij}}{P_{ij}}$$

where n' = number of responding sample establishments;

o_i = occupation sample size selected from the i^{th} establishment;

Y_{ij} = value for the characteristics of the j^{th} selected occupation in the i^{th} selected establishment;

P_i = the probability of including the i^{th} establishment in the sample;

P_{ij} = the probability of including the j^{th} occupation in the sample of occupations from the i^{th} establishment;

$f1_i$ = weight adjustment factor for nonresponse for the i^{th} establishment;

$f2_i$ = weight adjustment factor for post-stratification totals for the i^{th} 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 5,823 usable occupation quotes selected from the 1,051 responding establishments, rather than tabulations based on data from all employees in all State and local governments. Consequently, the data are subject to sampling errors, as well as 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.

This evaluation of survey results involves the formation of confidence intervals that can be interpreted in the following manner: Assume that repeated random samples of the same size were drawn from a given population and an estimate of some value, such as a mean or percentage, was made from each sample. Then, the intervals described by one standard error below each sample's estimate and one standard error above would include the population's value for 68 percent of the samples. Confidence rises to 90 percent if the intervals surrounding the sample estimates are widened to plus and minus 1.6 standard errors, and to 95 percent if the intervals are increased to plus and minus 2 standard errors.

Chart A-1 provides standard errors for use in evaluating the estimates in the tables shown in chapters 1-9 of this bulletin containing percentage estimates. For example, table 1 shows that 67 percent of all full-time employees participated in paid vacation plans in 1992. Chart A-1 shows a standard error of approximately 2.35 percent for this estimate. Thus, at the 95-percent level, the confidence interval for this estimate is 62.3 percent to 71.7 percent (67 percent plus and minus 2 times 2.35 percent).

Standard errors for tables 7, 13, 23, 24, and 58 could not be generalized into graphic representation. They are presented as tables A-3, A-4, A-5, A-6, and A-7. For example, the first entry in table 23 shows an average of 12.2 days of paid annual sick leave after one year of service. The standard error for this estimate is 0.1 days.

Standard errors cannot be computed for tables 63, 74, 87, and 88. The rates shown in most of these tables are projections based on models of the plan provisions.

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.

Through the use of computer edits of the data and professional review of both individual and summarized data, efforts are made to 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 impact of these limitations on the EBS estimates is unknown, reliability measurements are incomplete.

For those readers interested in further mathematical details, the next section describes how chart A-1 was derived from 1992 survey data.

Mathematical details on estimates and generalized standard errors chart

Each estimator used in the production of the tables in this bulletin is approximately normally distributed.

Standard errors for the percentage estimates were computed from a representative portion of the 1992 survey estimates using methodology called "balanced repeated replication." Estimates are produced for each of 64 half-sample replicates, and the variability or standard error is calculated from the 64 half-sample estimates. To simplify their presentation, a curve was fitted to the standard error estimates, by regression techniques (chart A-1).

The curve's equation is:

$$S = Pe^{[a + b \{\ln(100-P)\} + c \{\ln(P)\ln(100-P)\}]}$$

where:

S = standard error

P = percentage estimate from the bulletin

e = exponential function

ln = natural logarithm function.

For the 1992 Employee Benefits Survey,

$$a = -6.0087, b = 1.0848, \text{ and } c = -0.0774.$$

These are regression coefficients. The curve fits the data with $R^2 = 0.83$ and no definite pattern in the residuals. Moreover, differences between this curve and curves based on previous years survey data are primarily due to the differences in sample size.

The equation of the curve was obtained empirically, by starting with the equation:

$$S = a P^b (100 - P)^c.$$

Chart A-1. Generalized standard errors, State and local governments, 1992

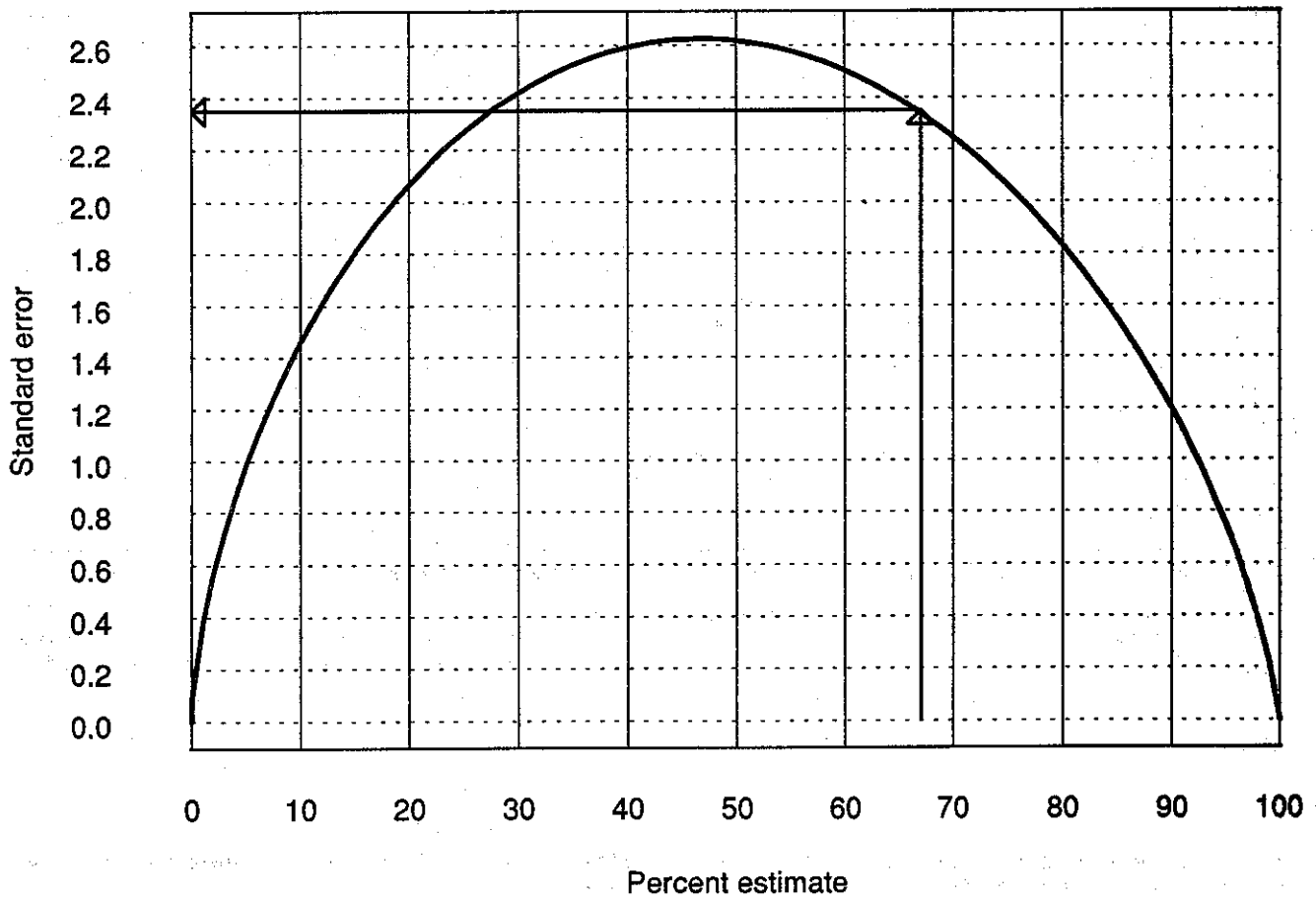


Table A1. Number of establishments and full-time occupational quotes studied and estimated number of full-time workers within scope of survey, State and local governments, United States, 1992

Industry division ¹	Number of establishments studied	Number of occupational quotes studied ²			
		Total	White-collar employees, except teachers	Teachers	Blue-collar and service
All establishments	1,051	5,315	2,392	1,338	1,585
State government establishments	337	1,728	1,009	224	485
Local government establishments	714	3,587	1,383	1,114	1,090
Health services	71	357	246	1	110
Educational services	396	2,112	588	1,105	419
Public administration	247	1,118	549	8	561
Estimated number of full-time workers within scope of survey					
All establishments		12,466,062	5,209,377	3,438,131	3,818,554
State government establishments		3,572,521	2,048,922	544,515	979,085
Local government establishments		8,893,541	3,160,455	2,893,616	2,839,470
Health services		537,656	363,335	804	173,517
Educational services		4,995,252	1,191,572	2,874,164	929,515
Public administration		3,360,633	1,605,548	18,648	1,736,437

¹ As defined in the 1987 edition of the *Standard Industrial Classification Manual*, U.S. Office of Management and Budget. Industry data are shown for informational purposes only and are subject to larger than normal sample error. See section on reliability of estimates.

² 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.

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

Table A2. 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, 1992

Industry division ¹	Number of establishments studied	Number of occupational quotes studied ²			
		Total	White-collar employees, except teachers	Teachers	Blue-collar and service
All establishments	1,051	508	213	53	242
State government establishments	337	65	30	21	14
Local government establishments	714	443	183	32	228
Health services	71	62	40	-	22
Educational services	396	261	100	31	150
Public administration	247	100	43	1	56
Estimated number of part-time workers within scope of survey					
All establishments		1,434,107	698,560	129,116	606,431
State government establishments		172,971	61,278	53,084	58,609
Local government establishments		1,261,136	637,282	76,031	547,823
Health services		95,989	66,163	-	29,826
Educational services		644,614	261,580	64,126	318,908
Public administration		520,533	309,538	11,905	199,089

¹ As defined in the 1987 edition of the *Standard Industrial Classification Manual*, U.S. Office of Management and Budget. Industry data are shown for informational purposes only and are subject to larger than normal sample error. See section on reliability of estimates.

² 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.

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

Table A-3. Standard errors for table 7 – Paid holidays and vacations: Average number of days for full-time participants, State and local governments, 1992

Item	All participants	White-collar participants, except teachers	Teachers	Blue-collar and service participants
Paid holidays	0.25	0.37	0.68	0.41
Paid vacation by minimum length of service requirement:				
After 1 year .....	.12	.17	.75	.15
After 3 years .....	.12	.16	.69	.16
After 5 years .....	.11	.17	.64	.16
After 10 years .....	.13	.15	.73	.23
After 15 years .....	.12	.15	.85	.20
After 20 years .....	.15	.16	1.07	.28
After 25 years .....	.17	.17	1.09	.31
After 30 years .....	.18	.18	1.09	.33

Table A-5. Standard errors for table 23 – Paid annual sick leave: Average number of days at full pay for full-time participants, State and local governments, 1992

Item	All participants	White-collar participants, except teachers	Teachers	Blue-collar and service participants
Paid annual sick leave days by minimum length of service requirement:				
After 1 year	0.1	0.1	0.3	0.1
After 3 years .....	.2	.1	.4	.1
After 5 years .....	.1	.1	.3	.2
After 10 years .....	.1	.1	.3	.2
After 15 years .....	.1	.1	.3	.2
After 20 years .....	.1	.1	.3	.2

Table A-4: Standard errors for table 13 – Paid vacations: Average number of days for full-time participants by length of service and cash-in/carryover provisions, State and local governments, 1992

Vacation days by minimum length of service requirement	All plans	Cash-in, carryover, or both	Carryover only	No cash-in or carryover
After 1 year	0.12	0.14	0.14	0.25
After 3 years .....	.12	.14	.12	.17
After 5 years .....	.11	.12	.13	.21
After 10 years .....	.13	.14	.15	.29
After 15 years .....	.12	.12	.13	.32
After 20 years .....	.15	.16	.19	.40
After 25 years .....	.17	.19	.21	.46
After 30 years .....	.18	.20	.22	.53

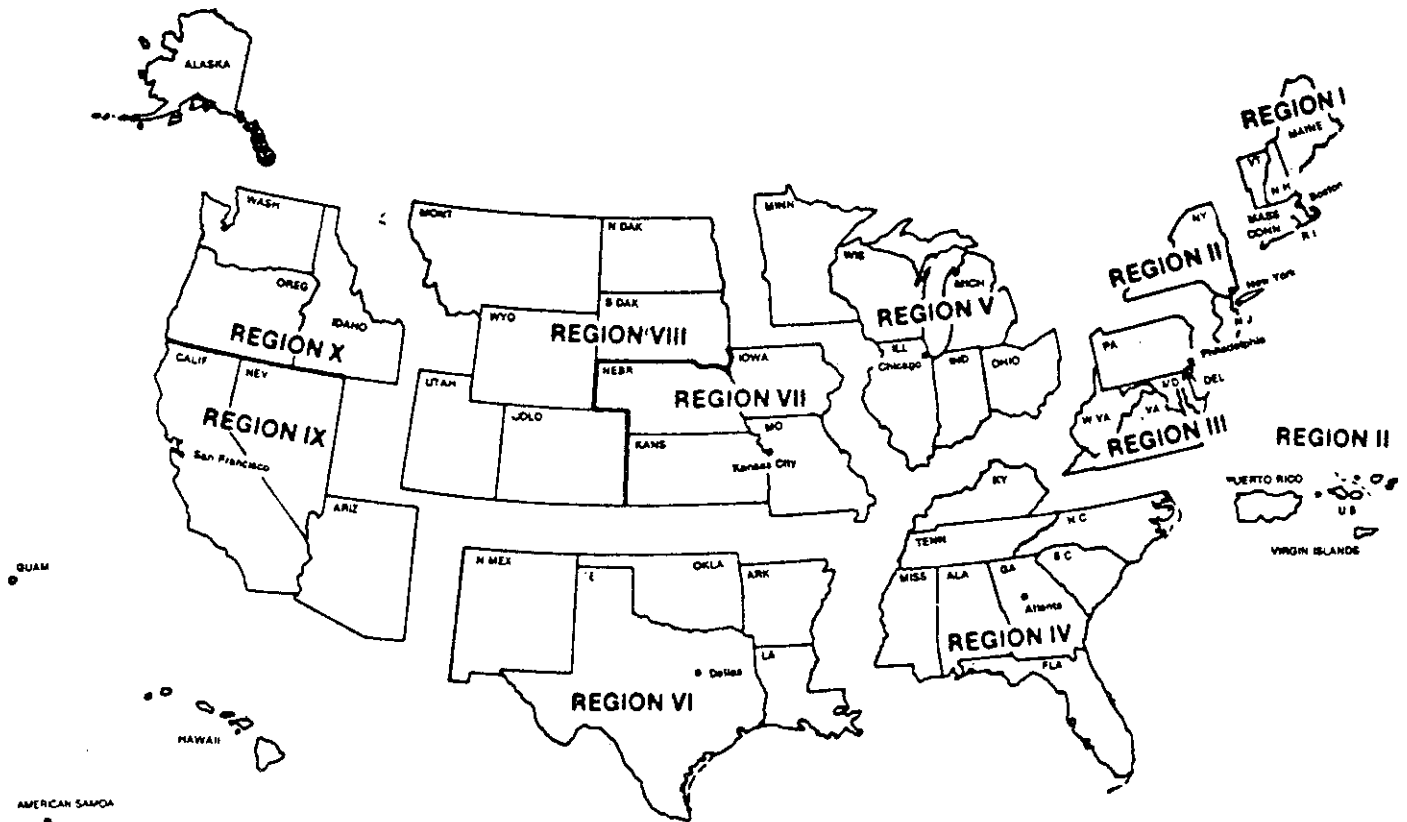
Table A-6. Standard errors for table 24 – Paid annual sick leave: Average number of days at full pay for full-time participants by sickness and accident insurance coordination, State and local governments, 1992

Item	All participants	White-collar participants, except teachers	Teachers	Blue-collar and service participants
After 1 year of service:				
With sickness and accident insurance ...	0.2	0.3	0.4	0.2
Without sickness and accident insurance ...	.1	.1	.4	.1
After 3 years of service:				
With sickness and accident insurance ...	.2	.3	.4	.3
Without sickness and accident insurance ...	.2	.1	.5	.2
After 5 years of service:				
With sickness and accident insurance ...	.3	.3	.4	.5
Without sickness and accident insurance ...	.1	.1	.4	.2
After 10 years of service:				
With sickness and accident insurance ...	.3	.3	.4	.5
Without sickness and accident insurance ...	.2	.2	.4	.2
After 15 years of service:				
With sickness and accident insurance ...	.3	.3	.4	.5
Without sickness and accident insurance ...	.2	.2	.4	.2
After 20 years of service:				
With sickness and accident insurance ...	.3	.3	.4	.5
Without sickness and accident insurance ...	.2	.2	.4	.2

Table A-7. Standard errors for table 58 -- Health care benefits: Average monthly contribution of full-time participants in contributory plans, State and local governments, 1992

Type of coverage	All participants	White-collar participants, except teachers	Teachers	Blue-collar and service participants
All plans				
Employee coverage	\$0.92	\$1.28	\$2.09	\$1.23
Family coverage	2.12	2.70	3.67	3.77
Health maintenance organizations				
Employee coverage	1.55	3.05	2.90	1.52
Family coverage	6.03	5.81	8.87	10.46
Non-health maintenance organizations				
Employee coverage	1.18	1.57	2.54	1.72
Family coverage	2.91	3.90	2.55	3.19

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