Covered services and limits in health benefit plans for State and local government workers
Bureau of Labor Statistics
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The Bureau of Labor Statistics (BLS), through its National Compensation Survey (NCS), collects and publishes a variety of data on employment-related health benefits, including employer costs, worker access and participation, employer and employee premiums, and plan provisions. While the survey covers workers in both private industry and State and local governments, recent data on benefits for State and local government workers has been limited to information on employer costs, incidence, and employee contributions. In contrast, considerable detail on health plan provisions is available for private industry workers at the following links:

- Reference year 2008 data for private industry, which include all plan provisions captured in the survey -- http://www.bls.gov/ncs/ebs/detailedprovisions/2008/ebbl0042.pdf
- Reference year 2009 data for private industry, which include a subset of plan provisions captured in the survey -- http://www.bls.gov/ncs/ebs/detailedprovisions/2009/ebbl0045.pdf

Because of increased interest in benefits among State and local government workers, BLS compiled this summary, including some comparisons with private industry data. Readers should use caution when comparing these groups, however, as the mix of occupations and work activities differ considerably between State and local government and private industry.

BLS publishes data on the availability and cost of health benefits in State and local governments and private industry on a regular basis; complete data are available at http://www.bls.gov/ncs/ebs/benefits/2010/benefits_tab.htm. Some details from the 2010 data are provided here:

Provision	State and local government, 2010	Private industry, 2010
Percent of workers with access to (offered) medical benefits	88	71
Percent of workers participating in medical benefits	73	51
Percent of participants required to contribute toward individual medical coverage	64	80
Median employee contribution per month for individual medical coverage	$85.18	$99.07
Percent of participants required to contribute toward family medical coverage	87	89
Median employee contribution per month for family medical coverage	$354.66	$383.12

BLS has not published information on detailed health plan provisions for State and local government workers in over a decade. (The most recent data are from 1998; those data are available at http://www.bls.gov/ncs/ebs/sp/ebbl0018.pdf.) Comparing the 1998 data with the BLS 1997 survey of larger private sector employers (available at http://www.bls.gov/ncs/ebs/sp/ebbl0017.pdf), covered services were similar among the two groups but there were differences in the extent of employee cost sharing, as can be seen in this table:

Provision	Private industry establishments with 100 workers or more, 1997	State and local governments, 1998
Average annual deductible per individual	$268	$226
Average out-of-pocket expense maximum per individual	$1,578	$1,027
Average lifetime maximum	$1,089,175	$1,325,916

Detailed provisions of State and local government health plans for reference year 2011 are currently being captured, to be published in 2012. Because of broad interest in these data, BLS was able to identify a small number of State and local government plans from 2011; these plans were analyzed to provide the following highlights. It is important to note that these data are not from a statistically-selected sample of State and local plans; they are just highlights from a small number of State and local government plans. Where available, these data are contrasted with data for private sector establishments from 2008 or 2009.

- In-network individual deductibles for fee-for-service plans in State and local governments were similar to the private industry plan median of $500 in 2009.
- Coverage of physician office visits is universal in all plans. Copayments for physician office visits in State and local government plans were commonly about $15 per visit; among private industry plans in 2008, the median was $20 per visit.

BLS released data on coverage and limits imposed on several additional medical services in 2011, using 2009 private industry data. These same services were reviewed in a small number of State and local government plans, with the following highlights identified:

- Coverage for ambulance services, maternity care, durable medical equipment, physical therapy, and gynecological exams were most often mentioned in plan documents while coverage for diabetes care management, kidney dialysis, and sterilization were least often mentioned; this is similar to the results found among private industry plans. While most

of the studied services were not specifically excluded from coverage in the plan documents, infertility treatments were identified as an exclusion for 20 percent of private industry plan participants; some of the State and local government plans studied also excluded infertility treatments.

- For the State and local government plans, information on applicable copayments was noted for maternity care, diabetes care management, kidney dialysis, physical therapy, and gynecological exams. All of these services had similar copayments of approximately $20 per visit. However, the highest copayments varied significantly by benefit. For example, the highest copayment for maternity care was $100 while for kidney dialysis the highest copayment was $30.
- Data on chiropractic care were captured for the small set of State and local government plans; this service was not included in the private industry study. Coverage for chiropractic care was commonly found, often subject to both plan limits (such as a coinsurance) and limits that apply just to chiropractic care, such as a copayment per visit. Copayments ranged from $10 to $40 per visit.