

**AN INVESTIGATION OF GROUP MAJOR MEDICAL
EXPENSE INSURANCE EXPERIENCE**

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INTRODUCTION

THIS is a report on a special study of Major Medical Expense insurance by the Group Morbidity Committee. It is one of a series of special investigations conducted by that Committee, as the need and opportunity arise, to supplement its regular annual studies. The most recent previous special study, which collected more detailed information on hospital claims than is included in the regular annual report on that coverage, was presented in *TSA XII*, "A Reinvestigation of Group Hospital Expense Insurance."

Because of the great interest in Major Medical experience, the present study was conducted before it became possible to expand the scope of the Committee's regular annual studies to include Major Medical. It is expected that the results under this special study will enable the Committee to establish a standard for tabular claim experience under Major Medical Expense insurance and thus soon be in a position to study and report on experience under this coverage on an annual basis; tentative plans contemplate a regular annual study which will first cover experience of policy years ending in 1960 and possibly 1959.

The variety of benefit provisions under this coverage makes it difficult to study experience. Major Medical insurance is characterized by its coverage of a broad segment of medical expense—in and out of the hospital—when the treatment is either rendered or prescribed by a physician. Besides hospital, surgical and other physicians' expenses, it covers the expenses of laboratory and X-ray examination and treatment, private nursing, prescribed medicines and drugs and medical appliances. Major Medical coverage is also characterized by high maximum benefits, \$5,000, \$10,000 or even higher. Generally, the covered individual pays an initial amount of his medical expenses, the "deductible," before Major Medical benefits are payable. This deductible serves two purposes; first, to eliminate small claims where the cost of investigation and payment is high in relation to the amount of benefits provided and, second, to produce a reasonable premium for this broad, high-maximum-limit coverage. In other words, it diverts a portion of the premium outlay from the provision of benefits which are uneconomical to purchase and are readily budgetable by indi-

viduals and families to the provision of benefits for illnesses which involve medical costs which are catastrophic from that budgetary point of view.

The deductible may be applied per illness or injury, in which case a benefit period usually is related to the start of that disability; however, it may be applied to all medical expenses of an individual, in which case the benefit period generally is related to a calendar or other fiscal period. Under a calendar year plan, a carry-over provision is usually included to alleviate hardships for those individuals who suffer illnesses near the end of the year. Under this provision any charges which are incurred in the last three months of the year and which are used toward the satisfaction of the deductible may also be used toward the satisfaction of the new deductible in the following year.

Beyond the deductible the plan pays a major portion, usually 75% or 80%, of the remaining covered medical expenses with the claimant paying the 25% or 20% balance, the "coinsurance." The purpose of this coinsurance feature is that the individual insured have a significant financial interest in the amounts spent for the various items of medical care, thereby attempting to limit expenditures for unnecessary or luxury items which would otherwise waste medical facilities and raise premiums to prohibitive levels. Some additional limits are often used for this purpose—for example, a limit on the allowance for private room hospital accommodations or a limit on eligible charges, and an increase to 50% coinsurance, for certain psychiatric expenses.

Generally, medical expenses for normal pregnancies are excluded under the Major Medical benefit, but are often provided by a special maternity rider. However, the expenses of the severe complications of pregnancy usually are included as eligible for a Major Medical benefit.

Major Medical coverage is provided on either a supplementary or a comprehensive basis. When the coverage was first introduced it often was added to the benefits of a group who already had hospital and surgical coverage; the Major Medical coverage was designed to cover expenses beyond these and any other basic coverages. Under such supplementary plans, the deductible usually is applied after the basic plan benefits, before Major Medical benefits are payable, and the coinsurance applies only to covered medical expenses in excess of the basic plan benefits and the deductible.

Later, as Major Medical was extended to groups who had no basic hospital and surgical coverage, or as the benefits for groups covered by basic hospital and surgical coverages were redesigned and rewritten, a single, comprehensive plan of benefits which covered all medical expenses was devised, with a low deductible, often \$50 or \$100. In some cases no

deductible was applicable to certain types of expenses, such as hospital expenses, and the coinsurance was waived for the first \$200 to \$500 of such expenses.

The following continental U.S. figures published by L.I.A.A. and H.I.A.A. show the growth of these two types of plans since the early introduction of Major Medical coverage.

NUMBER OF INDIVIDUALS COVERED, EMPLOYEES AND DEPENDENTS COMBINED

YEAR	TOTAL IN-FORCE AT END OF YEAR		INCREASE IN IN-FORCE DURING YEAR	
	Comprehensive	Supplementary	Comprehensive	Supplementary
1953.....	*	1,042,000	*	510,000
1954.....	51,000	1,838,000	*	847,000
1955.....	830,000	3,925,000	779,000	2,087,000
1956.....	1,413,000	6,872,000	583,000	2,947,000
1957.....	3,135,000	9,279,000	1,722,000	2,407,000
1958.....	5,153,000	11,059,000	2,018,000	1,780,000
1959.....	6,453,000	13,900,000	1,300,000	2,841,000
1960.....	8,323,000	17,285,000	1,870,000	3,385,000

* Not available separately but included under Supplementary; however, these years had only minor amounts of the Comprehensive coverage.

During this period of development there was a wide diversification of plans of benefits and a rapid increase in the level of medical expenses which they were designed to cover. There was little mature experience on which to base reliable estimates of claim costs. The *Transactions* include much discussion of problems involved in this new coverage, but very few experience figures.

The pioneer study of Major Medical expenses was presented by Alan Thaler in *TSA III*, "Group Major Medical Expense Insurance." This paper developed basic statistics on the cost of various plans of Major Medical Expense insurance from a survey of the actual medical expenses during the years 1948 through 1950 of a segment of the employees of his company. Until experience under insured plans emerged, this was the only type of study on which an evaluation of the various features affecting claim costs could be based.

Charles Siegfried in his paper, "Some Considerations Involved in the Analysis of Major Medical Expense Insurance," in *TSA X* reviewed the objectives and problems in such studies. He outlined a study program as it was applied to the experience of one large group, and presented information on certain aspects of the claim costs.

The Group Morbidity Committee presented the results of a Special Major Medical Study in its 1956 Report. This was a pilot study covering experience in 1954, but was confined to claims on which the total of all medical expenses equaled or exceeded \$1,000. This early study probably included about 6% of the claims and 28% of the medical expenses that a \$100 limit would have encompassed.

Realizing the interest in, and the importance of Major Medical experience, the Committee decided to conduct a special study, more extensive in scope, which would give detailed claim data and would include exposure information. This is a report on the conduct and results of the study.

THE STUDY

The purpose of this study was to analyze, by type of expense and type of claimant, the medical charges involved in a year's claims under comprehensive Major Medical plans with low deductibles, and to obtain annual claim costs by relating these charges to the underlying exposures. As in the 1957 Hospital Study, the approach was to collect data on experience under a liberal plan or plans, and using this information to obtain relative claim costs for more restricted plans of benefits. This method allows the use of a limited amount of data to supply information on a variety of plans. However, care must be taken in interpreting the results of applying this technique because it may understate the differences in claim costs among various plans of benefits; it cannot evaluate the effect of the plan of insurance on the experience, since the various calculated benefits for each claim are based on medical expenses which actually had arisen under the one plan of insurance (a liberal one) covering that claim, nor can it consider the various underwriting aspects of the group that resulted in the choice of that particular plan.

The 1957 Hospital Study provided a sample of claims as a source of claim information. This was then applied to a much larger body of data, the regular annual study of the Committee, to derive claim frequency data. The Major Medical study in a similar manner provided a sample of claims. However, it lacked a large body of claim cost data, such as a regular annual study, and had to rely on the exposures obtained with the claim sample.

The period covered by the study was the calendar year 1957. Before the results may be used for current purposes, consideration must be given to increases since 1957 in the level of medical expenses and the utilization of medical facilities. While the Committee has collected no Major Medical insurance experience data on these increases, it is interesting to note that the companies contributing to this study estimate for their own purposes

that the level of claim experience during this period was increasing at a rate ranging from 5% to 12% per year. However, it must be noted that the rate of increase depends to a considerable extent on the plan of benefits under a particular case, and to some extent on the area. There have been marked variations in the rates of increase for the different components of medical care expenses and these components are of different relative importance under various plans of benefits.

The groups included in the study were covered during all of the year 1957, under comprehensive Major Medical insurance which provided a calendar year benefit period and under which all medical expenses for an individual for the balance of the calendar year were covered once the deductible had been satisfied. The charges underlying each claim were studied; the amount of benefits paid did not enter the study. A claim was considered as all of the reported charges, including those used to satisfy the deductible, incurred in 1957 for an individual claimant once he had satisfied the deductible. Only the charges for medical care usually covered by Major Medical Expense insurance were included. Normal maternity charges were excluded, but information on the obstetrical and hospital portions of this type of expense is available in the papers on the Group Surgical Expense Insurance Study and the Group Hospital Expense Insurance Study published in *TSA X* and *TSA XII*, respectively.

Plans with a low deductible were chosen so as to include as large an area of medical expenses as possible. The lowest deductible which seemed practical for this purpose was \$50. However, in order to increase the amount of exposure available for the study, plans with a \$100 deductible also were included. The experience of all groups is included in tables, or portions thereof, covering charges beyond \$100. However, under a case with a \$100 deductible a claim with charges of less than \$100 normally would not be reported. In order to avoid the effect of this underreporting only claims under cases with a deductible of \$50 or less are included in tables, or portions thereof, covering total charges down to \$50; and only claims under cases with no deductible for hospital expenses are included in tables covering the first dollar of hospital charges.

There still remains an area of medical expense subject to underreporting; we feel that this was not large enough to affect the results of the study significantly. These are the claims under a case providing first-dollar hospital coverage with, for example, a \$100 deductible for non-hospital expenses. If a claim under such a plan involved \$200 of hospital charges and \$50 of non-hospital charges there is the possibility that the \$50, because it involved no benefits, was not reported. These claims, because their total reported charges exceed \$100, would be included in a "more than \$100"

line in a table, whether or not the \$50 was reported. However, we feel that since some benefits were payable, the total charges, including the \$50 in this example, would often have been reported.

Over half of the exposure included in the study was under cases which provided first-dollar hospital coverage (*i.e.*, no deductible applicable to hospital expenses) and over 10% of the total exposure was on cases which also provided first-dollar coverage for surgical expenses.

Exposure was collected separately for employees and dependents. Exposure was based on the number of employees covered, or on the number of employees covered with respect to their dependents (family units); the unit of exposure was years. Since dependent exposure information was available only in terms of employees insured with respect to their dependents, dependent spouse claims and dependent children claims were related to the same exposure.

Major Medical exposure information generally does not provide complete breakdowns of the data. For example, the age distribution of a group usually is available in total, males and females combined, and the sex distribution is available in total, all ages combined. Thus results can be presented by age only with both sexes combined and by sex only with all ages combined. As a result, experience of a group which is predominantly young females, for example, might fail to show the higher claim costs usually associated with females because of the younger ages involved.

Geographical area is considered an important feature in Major Medical claim costs, but unfortunately the information necessary to determine the variation in claim costs by area for this study was limited. Exposure information by area was not available, often because the case was scattered among various locations. Although area information was available on most of the individual claims entering the study, it does not indicate the variation in claim costs by area because claim costs are the product of average benefit and frequency and the latter obviously could not be determined without the appropriate exposure information. For example, the claims for Houston, Texas showed an average total charge of \$290, of which \$151 was hospital expense, while the corresponding New York City figures were \$430 and \$172. It would be wrong to conclude from this that Houston claim costs are considerably less than those of New York City; the data included in Table 8A indicate that claim costs of Houston are higher than those of New York City.

While the contributing companies usually obtain the salary distribution of their groups at issue, the variety of salary classes used made it impossible to show results by salary. However, it is to be noted that even

if a method of studying and presenting results by salary level were possible, there would be a problem of separating results by age to give effect to the tendency of the average salary to increase with the increase in age. This is similar to the age-sex problem, mentioned above.

Claim information has been shown separately by type of claimant: employee male or female, dependent wife, husband or child. (Because of the small number of husband claims involved, they were included with wives for the category "dependent spouse.") Claim information was available by age of the claimant and is thus shown. However, in the case of dependent's coverage, claim costs are desired in relation to the age of the employee rather than of his dependents since this generally is the basis of manual premium rate calculations; information on this basis is not available from the study.

The results of this study reflect variations in company practice in underwriting, administration and claim procedures as well as variations in experience among groups. It must be recognized that many groups might have significantly different claim costs from the averages shown in this report; furthermore, as pointed out previously, the experience may to some extent be affected by the plan of benefits under which the individuals were covered and different results might have been obtained under different plans of benefits. Furthermore, the results, where analyzed by one factor, are to some extent influenced by the effect of combinations of other factors—for example, by the interrelated effects of age, area, sex and salary level mentioned above.

THE TABLES

Tables 1 through 4 present claim charge information by type of medical expense. For each type of expense two items are shown: (1) the amount of this type of expense as a percentage of the total charges, and (2) the average amount of this type of expense per claim for those claims involving this type of expense. The number of claims involving a particular type of expense may be derived from these two figures and the total charges, if desired.

The types of expense considered were as follows:

Hospital Room and Board—This item included the total reported amount charged by the hospital for room and board, with no limit as to amount of daily charge nor as to total duration of confinement.

Hospital Special Charges—This item included the total amount charged by the hospital other than for room and board for medical care and treatment other than professional services. Included were costs of operating room, anaesthesia, X-ray, laboratory and drugs when charged by the hospital.

These hospital expense items were intended to include those expenses which normally would be eligible for benefits under a basic hospital expense insurance plan, including, for example, any charges by an outside anaesthetist.

Surgical—This item includes the total amount charged by the surgeon for surgical procedures. It includes fees for surgical assistants. The intention was to include those items which normally would be eligible for benefits under a basic surgical plan.

Other Physicians—This item covers charges by physicians (other than amounts included under "Surgical" above), including psychiatrists.

Laboratory and X-Ray—Included here are laboratory and X-ray, diagnostic and therapeutic charges incurred other than in the hospital.

Private Nursing—This item does not include general nursing charges made by the hospital.

Drugs and Medicines—This item includes charges for drugs and medicines other than those made by the hospital.

Other Medical Expenses—This item includes any covered medical expenses not included above, such as medical appliances and devices.

Under "Total Charges" three items are shown: (1) the total of the charges of all types, (2) the total number of claims, and (3) the average total charge per claim.

Note that if a claim qualifies for inclusion in a line of a table, all of its reported charges are included in that line.

The last three columns of these tables apply only to those claims involving hospital confinement; shown here are (1) the number of these claims, (2) the average duration of confinement, and (3) the average daily room and board rate charged by the hospital for these confinements.

Table 1 shows information by age of claimant for the adult claimants and in total for children. Each section of the table includes claims whose total eligible expenses exceed a specific amount. As mentioned previously, for the sections of the table showing charges that exceed \$50, only claims from cases with a deductible of \$50 or less are used; for charges exceeding the other specified amounts (\$100, \$300 and \$500), claims from all cases are used. Tables 5A and 5B show the differences in exposures underlying these two groups of claims. Thus, the complete data may be used for continuation purposes only after adjustment for this difference in exposure, as is done, for example, in Tables 7A and 7B.

For the employee sections of Table 1, "age" refers to the age of the employee and corresponds to the age distribution of the exposure as shown in Tables 5 and 6. For the dependent spouse section the age of the claimant is given and not the age of the employee insured with respect to this

dependent; for the dependent children section, no age information was available.

Table 1 indicates that hospital charges (room and board plus special charges) represent about one-half of the total charges of the claims studied. This varies from somewhat under 50% for the claims where total charges exceed the smaller minimums (\$50 or \$100) to over 50% for the claims where total charges exceed the \$500 minimum. Male employee and dependent children claimants show higher proportions than the female and dependent spouse claimants. While the longer average hospital confinements at the higher ages increase the proportion of medical expenses represented by hospital room and board charges, they are not matched by corresponding increases in the proportion represented by special charges. Actually the latter decreases so that the proportion going for total hospital charges varies little by age. However, there is a marked increase by age of claimant in the dollar amount of the average hospital charge, both room and board and special charges.

Compared with Mr. Thaler's results, the present study shows that the proportion of the total expenses represented by hospital charges was consistently higher (about 5 percentage points for employee claims and 10 percentage points for dependents' claims) than in 1948-50. This indicates the increasing importance of hospital charges in total Major Medical expenses.

Table 1 indicates that the relative importance of each type of expense varies little by age. Exceptions are surgery, which decreases somewhat by age, and private duty nursing, which accounts for a greater proportion of the total charges at the higher ages. This latter is more marked for male employee and dependent spouse claimants; however, this result might be an example of the effect of income on medical expenses which is not available from this study.

Tables 2A and 2B give information in the same form as Table 1, but do not show a split by age. In Table 2A only claims which include a charge for hospital confinement are used; Table 2B is similar to 2A but uses only claims which did not include a charge for hospital confinement.

Tables 2A and 2B indicate that about 90% of adults' claims and 95% of children's whose total charges are as high as \$300 involved a hospital confinement; these proportions are only 55%-60% and 70% for claims with total medical expenses exceeding \$50.

Table 3 shows the distribution of claims by size of non-hospital charges and by size of hospital charges. This table uses only claims on cases with a non-hospital or non-hospital-or-surgical expense deductible of exactly \$50, but with first-dollar-hospital or first-dollar-hospital-or-surgical cover-

TABLE 1—MALE EMPLOYEE
TOTAL CHARGES UNDER A COMPREHENSIVE MAJOR MEDICAL PLAN

TOTAL CHARGES	AGE OF CLAIMANT	HOSPITAL ROOM AND BOARD		HOSPITAL SPECIAL CHARGES		SURGICAL		OTHER PHYSICIANS		LABORATORY AND X-RAY		PRIVATE DUTY NURSING		DRUGS AND MEDICINES		OTHER MEDICAL EXPENSES		TOTAL CHARGES			CLAIMS WITH HOSPITAL CONFINEMENT		
		Per- cent of Total Charges	Average Charge per Claim	Per- cent of Total Charges	Average Charge per Claim	Per- cent of Total Charges	Average Charge per Claim	Per- cent of Total Charges	Average Charge per Claim	Per- cent of Total Charges	Average Charge per Claim	Per- cent of Total Charges	Average Charge per Claim	Per- cent of Total Charges	Average Charge per Claim	Per- cent of Total Charges	Average Charge per Claim	Amount	Num- ber of Claims	Average Total Charge per Claim	Num- ber of Claims	Average Duration (Days)	Average Daily Room and Board Rate Charged
More than \$50*	Under 40	22.9	111	24.5	105	20.8	138	20.4	77	2.8	34	1.1	158	6.2	39	1.3	34	830,145	2,831	293	1,704	7.7	14.43
	40-49	23.6	146	23.7	126	17.1	151	20.8	85	3.0	38	1.9	173	8.6	49	1.3	39	532,739	1,557	342	856	10.6	13.74
	50-59	25.1	187	22.3	143	14.0	182	21.1	97	2.9	38	4.4	311	9.1	56	1.1	34	576,065	1,417	407	773	12.6	14.88
	60 or over	26.1	250	22.3	187	14.9	215	18.3	110	2.3	36	6.7	460	7.9	66	1.5	44	377,063	712	530	393	15.5	16.15
	All	24.2	150	23.4	126	17.3	153	20.3	88	2.8	36	3.0	276	7.7	49	1.3	37	2,316,012	6,517	355	3,726	10.2	14.65
More than \$100	Under 40	23.5	121	24.8	119	21.0	155	20.0	95	2.5	37	1.2	171	5.7	45	1.3	35	991,136	2,683	369	1,930	8.3	14.50
	40-49	25.0	160	23.8	139	17.7	169	19.3	101	2.7	41	2.3	191	7.8	55	1.6	45	621,636	1,436	433	972	11.4	14.03
	50-59	25.5	198	22.6	158	14.4	184	20.4	115	2.8	42	4.2	282	8.8	65	1.3	38	676,816	1,364	496	868	13.2	15.10
	60 or over	26.1	255	22.0	196	14.8	223	18.6	132	2.1	39	7.4	442	7.6	74	1.4	45	424,708	675	629	434	15.7	16.27
	All	24.8	160	23.6	140	17.6	171	19.7	106	2.5	39	3.2	271	7.2	56	1.4	39	2,714,296	6,158	441	4,204	10.8	14.80
More than \$300	Under 40	26.2	184	25.5	176	23.0	213	16.9	138	1.5	38	1.7	189	3.9	54	1.3	41	708,822	1,107	640	1,012	12.3	14.94
	40-49	28.0	225	24.9	195	19.6	219	15.7	138	1.6	43	2.9	203	5.6	69	1.7	53	482,265	665	725	601	15.9	14.10
	50-59	28.5	259	24.0	209	15.9	230	17.1	158	1.9	44	5.1	287	6.1	75	1.4	43	552,266	881	811	610	16.7	15.53
	60 or over	28.2	314	23.2	251	16.1	276	15.7	173	1.3	37	8.4	454	5.7	89	1.4	49	371,025	380	976	332	19.1	16.43
	All	27.6	228	24.5	198	19.2	226	16.5	148	1.6	41	4.0	285	5.2	69	1.4	46	2,114,378	2,833	746	2,555	15.1	15.13
More than \$500	Under 40	27.8	282	25.4	257	21.6	286	16.8	185	1.4	41	2.4	205	3.4	65	1.2	48	475,885	499	954	466	18.3	15.47
	40-49	29.6	323	25.3	275	19.1	290	14.8	179	1.4	46	3.8	219	4.5	74	1.5	61	354,506	337	1,052	325	22.7	14.21
	50-59	29.4	340	24.3	274	15.8	280	16.1	193	1.7	48	6.2	306	5.1	78	1.4	48	447,763	409	1,095	388	21.7	15.70
	60 or over	29.0	400	23.8	327	16.4	334	14.5	213	1.1	36	9.8	491	4.0	86	1.4	53	315,816	239	1,321	229	24.0	16.66
	All	28.9	327	24.7	277	18.4	293	15.7	190	1.4	43	5.3	308	4.2	75	1.4	51	1,593,970	1,484	1,074	1,408	21.2	15.44

* Claims in the "More than \$50" section of this table are from cases with a deductible of \$50 or less.

TABLE 1—FEMALE EMPLOYEE
TOTAL CHARGES UNDER A COMPREHENSIVE MAJOR MEDICAL PLAN

TOTAL CHARGES	AGE OF CLAIMANT	HOSPITAL ROOM AND BOARD		HOSPITAL SPECIAL CHARGES		SURGICAL		OTHER PHYSICIANS		LABORATORY AND X-RAY		PRIVATE DUTY NURSING		DRUGS AND MEDICINES		OTHER MEDICAL EXPENSES		TOTAL CHARGES			CLAIMS WITH HOSPITAL CONFINEMENT		
		Percent of Total Charges	Average Charge per Claim	Percent of Total Charges	Average Charge per Claim	Percent of Total Charges	Average Charge per Claim	Percent of Total Charges	Average Charge per Claim	Percent of Total Charges	Average Charge per Claim	Percent of Total Charges	Average Charge per Claim	Percent of Total Charges	Average Charge per Claim	Percent of Total Charges	Average Charge per Claim	Amount	Number of Claims	Average Total Charge per Claim	Number of Claims	Average Duration (Days)	Average Daily Room and Board Rate Charged
More than \$50*	Under 40	21.4	109	22.0	96	24.1	141	21.1	78	2.9	32	.4	41	6.7	39	1.4	34	373,474	1,286	290	737	7.4	14.69
	40-49	21.6	154	21.9	131	23.9	185	18.6	85	2.7	33	1.8	124	8.1	49	1.4	46	182,796	477	384	258	9.6	16.05
	50-59	24.0	215	18.2	129	15.9	157	23.6	96	3.1	33	3.4	289	10.4	55	1.4	44	118,568	326	364	132	14.7	14.62
	60 or over	23.2	198	19.5	141	20.2	179	21.7	98	3.1	43	3.3	384	6.9	43	2.1	41	23,124	58	399	27	10.9	18.06
	All	22.0	133	21.3	109	22.5	154	20.9	83	2.9	32	1.3	125	7.7	45	1.4	38	697,962	2,147	325	1,154	8.8	15.11
More than \$100	Under 40	22.6	120	22.2	107	24.1	155	20.2	93	2.6	33	.5	47	6.3	44	1.5	35	460,680	1,296	355	871	8.2	14.75
	40-49	21.8	155	21.8	138	23.4	193	19.1	99	2.7	35	1.6	115	8.2	56	1.4	46	212,180	485	437	299	9.7	16.05
	50-59	25.8	220	19.3	146	16.2	165	21.5	115	2.6	35	3.6	279	9.6	63	1.4	45	132,899	285	466	156	14.5	15.18
	60 or over	24.2	194	20.3	137	19.3	225	21.3	114	3.0	43	3.5	296	6.5	48	1.9	44	25,662	55	467	32	11.0	17.63
	All	23.0	141	21.6	119	22.5	166	20.2	98	2.6	34	1.3	117	7.3	50	1.5	39	831,421	2,121	392	1,358	8.6	16.41
More than \$300	Under 40	26.2	177	23.3	154	28.3	224	14.6	119	1.6	36	.6	52	3.8	51	1.6	43	319,556	514	622	471	11.9	14.94
	40-49	24.5	196	23.6	184	26.9	248	14.2	126	1.9	42	2.0	115	5.3	66	1.6	52	168,028	232	724	211	12.2	16.11
	50-59	30.9	284	21.0	194	18.3	227	15.3	155	1.6	41	4.6	279	6.8	85	1.5	50	102,802	122	843	112	18.6	15.29
	60 or over	26.6	279	20.8	199	21.4	321	18.4	155	2.5	52	4.2	296	4.2	52	1.9	51	21,025	27	779	20	15.7	17.78
	All	26.5	199	22.9	169	26.0	233	14.8	127	1.7	30	1.8	125	4.7	61	1.6	46	611,411	895	683	814	13.0	15.38
More than \$500	Under 40	27.4	238	23.7	204	28.4	279	13.3	143	1.6	41	.8	60	3.0	52	1.8	53	220,024	262	840	255	16.0	14.86
	40-49	25.5	242	24.2	229	27.8	295	12.9	140	1.7	42	2.3	123	4.2	70	1.4	53	136,109	150	907	143	15.0	16.11
	50-59	32.6	371	20.9	240	18.5	267	13.6	179	1.4	42	5.6	279	5.8	95	1.6	52	85,164	77	1,106	75	24.4	15.23
	60 or over	29.2	315	23.1	250	24.7	389	13.2	142	1.6	39	5.1	296	2.6	41	.5	28	17,276	17	1,016	16	17.5	18.02
	All	27.9	262	23.3	219	26.2	285	13.2	148	1.6	42	2.3	142	3.9	65	1.6	52	458,573	506	906	489	17.0	15.37

* Claims in the "More than \$50" section of this table are from cases with a deductible of \$50 or less.

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TABLE 1—DEPENDENT SPOUSE

TOTAL CHARGES UNDER A COMPREHENSIVE MAJOR MEDICAL PLAN

TOTAL CHARGES	AGE OF CLAIMANT	HOSPITAL ROOM AND BOARD		HOSPITAL SPECIAL CHARGES		SURGICAL		OTHER PHYSICIANS		LABORATORY AND X-RAY		PRIVATE DUTY NURSING		DRUGS AND MEDICINES		OTHER MEDICAL EXPENSES		TOTAL CHARGES			CLAIMS WITH HOSPITAL CONFINEMENT		
		Percent of Total Charges	Average Charge per Claim	Percent of Total Charges	Average Charge per Claim	Percent of Total Charges	Average Charge per Claim	Percent of Total Charges	Average Charge per Claim	Percent of Total Charges	Average Charge per Claim	Percent of Total Charges	Average Charge per Claim	Percent of Total Charges	Average Charge per Claim	Percent of Total Charges	Average Charge per Claim	Amount	Number of Claims	Average Total Charge per Claim	Number of Claims	Average Duration (Days)	Average Daily Room and Board Rate Charged
More than \$50*	Under 40	22.2	109	24.0	105	21.1	134	20.2	79	1.9	28	1.3	128	8.0	45	1.3	33	1,091,157	3,568	307	2,238	8.1	13.47
		23.1	156	21.7	127	18.4	160	19.9	89	2.1	31	4.2	294	9.2	56	1.4	34	683,490	1,792	381	1,017	10.7	14.75
	50-59 or 60 or over	23.3	188	20.1	136	15.4	165	21.5	93	2.7	38	4.5	266	11.3	62	1.2	34	462,514	1,180	392	572	12.2	15.33
		23.1	217	17.9	147	12.9	203	21.8	110	2.3	39	9.8	453	10.8	75	1.4	45	162,468	350	464	173	11.6	18.71
All	22.7	137	22.2	117	18.7	148	20.5	86	2.2	31	3.3	248	9.1	53	1.3	34	2,399,629	6,890	348	4,000	9.5	14.36	
More than \$100	Under 40	23.3	118	24.1	115	21.3	146	19.4	94	1.9	30	1.5	150	7.2	51	1.3	35	1,319,329	3,556	371	2,609	8.7	13.57
		23.4	162	22.2	138	19.5	173	18.6	100	2.0	33	4.1	284	8.8	64	1.4	34	791,647	1,730	458	1,152	11.0	14.89
	50-59 or 60 or over	24.3	205	20.6	154	15.6	180	20.9	113	2.4	40	4.4	280	10.5	73	1.3	39	564,697	1,159	487	672	13.0	15.89
		24.0	232	18.3	160	13.0	212	20.8	127	2.2	40	10.1	484	10.1	82	1.5	46	186,055	335	555	192	13.6	17.06
All	23.5	146	22.5	129	19.1	160	19.6	101	2.0	34	3.4	256	8.5	61	1.4	36	2,861,728	6,780	422	4,625	10.1	14.52	
More than \$300	Under 40	25.8	176	24.5	165	23.6	205	16.4	132	1.2	34	2.1	156	5.0	59	1.4	41	948,833	1,502	632	1,393	12.9	13.64
		26.3	220	23.2	191	21.5	231	14.8	133	1.4	37	5.2	289	6.1	73	1.5	40	626,754	824	761	751	14.6	15.03
	50-59 or 60 or over	27.6	266	22.2	205	17.6	229	16.6	151	1.9	50	5.4	292	7.3	90	1.4	43	453,752	543	836	473	16.5	16.09
		27.1	301	19.3	211	14.6	265	17.4	181	1.4	43	12.0	545	6.5	97	1.7	53	154,877	163	950	139	17.2	17.50
All	26.3	210	23.3	182	21.1	218	16.1	139	1.4	39	4.4	266	5.9	72	1.5	42	2,184,216	3,032	720	2,756	14.2	14.76	
More than \$500	Under 40	27.7	257	24.3	227	22.6	269	15.9	175	1.1	37	3.0	175	4.1	65	1.3	50	645,415	718	899	693	18.4	14.01
		27.4	281	23.6	240	21.9	274	13.4	151	1.2	41	6.3	215	4.8	71	1.4	44	501,301	507	989	489	18.4	15.26
	50-59 or 60 or over	29.5	342	22.7	262	18.1	282	14.9	182	1.5	53	6.5	319	5.4	89	1.4	49	371,503	332	1,119	320	21.0	16.30
		28.3	387	19.3	264	15.6	315	15.3	216	1.1	40	14.0	575	4.6	98	1.8	61	131,236	102	1,287	96	21.7	17.82
All	28.1	289	23.3	240	20.8	275	14.9	172	1.2	42	5.7	294	4.6	74	1.4	49	1,649,455	1,659	994	1,598	19.1	15.14	

* Claims in the "More than \$50" section of this table are from cases with a deductible of \$50 or less.

TABLE 1—DEPENDENT CHILD(REN)
TOTAL CHARGES UNDER A COMPREHENSIVE MAJOR MEDICAL PLAN

TOTAL CHARGES	AGE OF CLAIMANT	HOSPITAL ROOM AND BOARD		HOSPITAL SPECIAL CHARGES		SURGICAL		OTHER PERSONS		LABORATORY AND X-RAY		PRIVATE DUTY NURSING		DRUGS AND MEDICINES		OTHER MEDICAL EXPENSES		TOTAL CHARGES		CLAIMS WITH HOSPITAL CONFINEMENT		Average Daily Room and Board Rate Charged	
		Per-cent of Total Charges	Aver-age Charge per Claim	Per-cent of Total Charges	Aver-age Charge per Claim	Per-cent of Total Charges	Aver-age Charge per Claim	Per-cent of Total Charges	Aver-age Charge per Claim	Per-cent of Total Charges	Aver-age Charge per Claim	Per-cent of Total Charges	Aver-age Charge per Claim	Per-cent of Total Charges	Aver-age Charge per Claim	Per-cent of Total Charges	Aver-age Charge per Claim	Num-ber of Claims	Aver-age Total Charge per Claim	Num-ber of Claims	Aver-age Duration (Days)		
More than	23.0	72	24.5	69	23.5	92	18.5	57	1.4	21	1.2	176	6.2	30	1.7	28	1,344,842	6,141	219	4,286	5.8	12.30
\$ 50*	23.4	81	24.9	81	24.3	107	15.2	47	1.3	22	1.4	155	5.6	34	1.9	30	1,510,665	5,402	280	4,361	6.5	12.56
\$100	29.3	193	25.1	164	23.0	198	13.9	112	1.0	23	2.6	254	3.2	48	1.9	48	803,829	1,286	623	1,222	14.9	12.95
\$300	33.5	355	25.5	272	19.4	215	12.7	163	.7	30	4.0	326	2.3	57	1.9	65	498,970	1,485	471	1,471	26.7	13.30

* Claims in the "More than \$50" section of this table are from cases with a deductible of \$50 or less.

TABLE 2A

TOTAL CHARGES UNDER A COMPREHENSIVE MAJOR MEDICAL PLAN
CLAIMS WITH HOSPITAL CONFINEMENT

TYPE OF CLAIMANT	TOTAL CHARGES	HOSPITAL ROOM AND BOARD		HOSPITAL SPECIAL CHARGES		SURGICAL		OTHER PHYSICIANS		LABORATORY AND X-RAY		PRIVATE DUTY NURSING		DRUGS AND MEDICINES		OTHER MEDICAL EXPENSES		TOTAL CHARGES			CLAIMS WITH HOSPITAL CONFINEMENT	
		Percent of Total Charges	Average Charge per Claim	Percent of Total Charges	Average Charge per Claim	Percent of Total Charges	Average Charge per Claim	Percent of Total Charges	Average Charge per Claim	Percent of Total Charges	Average Charge per Claim	Percent of Total Charges	Average Charge per Claim	Percent of Total Charges	Average Charge per Claim	Percent of Total Charges	Average Charge per Claim	Amount	Number of Claims	Average Total Charge per Claim	Average Duration (Days)	Average Daily Room and Board Rate Charged
Male Employee	More than \$ 50*	29.4	150	27.6	142	19.4	181	14.0	95	1.2	32	3.5	281	3.7	43	1.2	35	1,901,500	3,726	510	10.2	14.65
	\$100	29.2	160	27.1	150	19.6	187	14.2	102	1.3	33	3.6	274	3.7	44	1.3	36	2,307,164	4,204	549	10.8	14.80
	\$300	29.4	228	26.0	202	20.1	229	14.0	133	1.3	37	4.2	282	3.7	53	1.3	41	1,980,647	2,555	775	15.1	15.13
	\$500	30.0	327	25.6	281	19.0	294	13.9	172	1.3	41	5.3	303	3.6	66	1.3	48	1,535,355	1,408	1,090	21.2	15.44
Female Employee	More than \$ 50*	27.9	133	25.8	124	26.8	179	11.8	80	1.3	31	1.6	127	3.3	39	1.5	39	550,094	1,154	477	8.8	15.11
	\$100	28.2	141	25.5	129	26.2	180	12.4	88	1.4	31	1.5	116	3.3	38	1.5	38	682,812	1,358	503	8.6	16.41
	\$300	28.3	199	24.2	171	27.3	235	12.2	111	1.4	35	1.8	120	3.3	47	1.5	45	573,206	814	704	13.0	15.38
	\$500	29.0	262	24.0	220	27.0	286	11.9	135	1.4	39	2.2	138	2.9	51	1.6	52	444,714	489	905	17.0	15.37
Dependent Spouse	More than \$ 50*	27.9	137	26.3	129	21.6	167	13.6	89	1.1	30	3.6	239	4.5	47	1.4	35	1,957,745	4,000	489	9.5	14.36
	\$100	27.9	146	26.0	137	21.7	172	13.7	96	1.1	31	3.6	246	4.5	49	1.5	36	2,419,199	4,625	523	10.1	14.52
	\$300	28.0	210	24.7	184	22.2	222	13.7	124	1.2	35	4.3	251	4.4	58	1.5	42	2,050,749	2,756	744	14.2	14.76
	\$500	29.0	289	24.0	242	21.4	277	13.5	157	1.2	40	5.4	274	4.1	67	1.4	49	1,596,369	1,598	999	19.1	15.14
Dependent Child- (ren)	More than \$ 50*	27.3	72	28.0	74	25.1	100	12.7	53	.7	19	1.4	204	3.1	24	1.7	28	1,130,460	4,286	264	5.8	12.30
	\$100	26.6	81	27.5	85	25.7	110	12.7	57	.8	19	1.6	194	3.3	26	1.8	28	1,332,577	4,361	306	6.5	12.56
	\$300	30.4	193	25.9	165	23.5	198	12.2	101	.9	26	2.7	259	2.7	42	1.7	43	773,853	1,222	633	14.9	12.95
	\$500	34.1	355	26.0	273	19.7	274	11.6	150	.7	29	4.1	331	2.1	54	1.7	56	489,089	471	1,038	26.7	13.30

* Claims in the "More than \$50" lines of this table are from cases with a deductible of \$50 or less.

TABLE 2B
CLAIMS WITH NO HOSPITAL CONFINEMENT

TYPE OF CLAIMANT	TOTAL CHARGES	HOSPITAL ROOM AND BOARD		HOSPITAL SPECIAL CHARGES		SURGICAL		OTHER PHYSICIANS		LABORATORY AND X-RAY		PRIVATE DUTY NURSING		DRUGS AND MEDICINES		OTHER MEDICAL EXPENSES		TOTAL CHARGES			CLAIMS WITH HOSPITAL CONFINEMENT	
		Per- cent of Total Charges	Aver- age Charge per Claim	Per- cent of Total Charges	Aver- age Charge per Claim	Per- cent of Total Charges	Aver- age Charge per Claim	Per- cent of Total Charges	Aver- age Charge per Claim	Per- cent of Total Charges	Aver- age Charge per Claim	Per- cent of Total Charges	Aver- age Charge per Claim	Per- cent of Total Charges	Aver- age Charge per Claim	Per- cent of Total Charges	Aver- age Charge per Claim	Amount	Num- ber of Claims	Aver- age Total Charge per Claim	Aver- age Duration (Days)	Average Daily Room and Board Rate Charged
Male Em- ployee	More than \$ 50*			4.1	29	7.6	55	49.6	80	9.9	39	.9	201	26.3	55	1.6	47	414,422	2,791	148		
	\$100			3.2	34	6.3	68	51.1	111	9.4	46	.9	225	27.3	71	1.8	57	407,132	1,955	208		
	\$300			2.6	50	4.8	112	53.8	270	5.7	61	2.3	445	27.7	158	3.1	171	133,731	278	481		
	\$500			1.7	48	2.9	153	63.0	507	4.4	78	4.7	686	20.2	204	3.1	224	58,615	76	771		
Female Em- ployee	More than \$ 50*			4.3	31	6.6	49	54.8	86	8.7	33	.4	106	24.0	48	1.2	36	147,868	993	149		
	\$100			3.4	33	5.6	81	55.4	112	8.2	37	.4	147	25.6	61	1.4	44	148,609	763	195		
	\$300			3.4	69	7.2	152	52.9	259	6.5	63	1.4	539	26.3	150	2.3	72	38,205	81	472		
	\$500			1.3	60	.1	10	55.0	448	5.4	93	3.9	539	33.1	305	1.2	56	13,859	17	815		
Dependent Spouse	More than \$ 50*			3.7	30	5.7	51	51.2	82	7.1	32	1.9	352	29.7	58	.7	30	431,884	2,890	153		
	\$100			3.2	35	5.1	82	51.5	110	6.9	36	1.9	437	30.6	75	.8	33	442,529	2,155	205		
	\$300			2.0	47	4.9	107	52.5	259	5.4	57	5.9	871	28.4	162	.9	47	133,467	276	484		
	\$500			1.2	54	2.4	97	57.3	498	3.4	67	14.0	1,860	21.2	225	.5	39	53,086	61	870		
Dependent Child- (ren)	More than \$ 50*			6.3	25	15.4	58	49.0	65	5.1	22	.1	20	22.5	37	1.6	29	214,382	1,855	116		
	\$100			5.1	30	13.5	77	51.0	95	5.0	26	.1	37	22.7	51	2.6	50	178,088	1,041	172		
	\$300			2.5	54	11.7	206	58.4	289	3.5	44	.3	45	17.4	121	6.2	187	29,976	68	441		
	\$500			.6	28	5.1	500	67.9	560	1.6	39	.2	15	9.4	155	15.2	500	9,881	14	805		

* Claims in the "More than \$50" lines of this table are from cases with a deductible of \$50 or less.

TABLE 3—MALE EMPLOYEE

TOTAL CHARGES UNDER A COMPREHENSIVE MAJOR MEDICAL PLAN: WITH FIRST-DOLLAR HOSPITAL COVERAGE

TOTAL NON-HOSPITAL CHARGES	TOTAL HOSPITAL CHARGES	HOSPITAL ROOM AND BOARD		HOSPITAL SPECIAL CHARGES		SURGICAL		OTHER PHYSICIANS		LABORATORY AND X-RAY		PRIVATE DUTY NURSING		DRUGS AND MEDICINES		OTHER MEDICAL EXPENSES		TOTAL CHARGES			CLAIMS WITH HOSPITAL CONFINEMENT		
		Percent of Total Charges	Average Charge per Claim	Percent of Total Charges	Average Charge per Claim	Percent of Total Charges	Average Charge per Claim	Percent of Total Charges	Average Charge per Claim	Percent of Total Charges	Average Charge per Claim	Percent of Total Charges	Average Charge per Claim	Percent of Total Charges	Average Charge per Claim	Percent of Total Charges	Average Charge per Claim	Amount	Number of Claims	Average Total Charge per Claim	Number of Claims	Average Duration (Days)	Average Daily Room and Board Rate Charged
\$0	\$ 1-\$100	34.1	24	65.9	32													8,483	173	49	123	2.0	11.72
	101- 300	41.6	82	58.4	87													12,732	86	148	86	5.4	11.45
	301- 500	70.7	271	29.3	113													2,301	6	384	6	15.7	17.30
	Over \$500	70.9	591	29.1	282													5,831	7	833	7	78.3	7.55
	All	47.5	63	52.5	57													29,347	272	108	222	6.1	10.33
\$1-\$50	\$ 0					32.6	18	42.0	17	14.7	14			10.1	14	.6	11	6,052	247	25			
	\$ 1- 100	18.4	25	42.1	29	11.9	26	21.8	18	2.1	14			3.2	12	.5	11	14,421	216	67	105	2.4	10.82
	101- 300	37.2	72	45.5	88	1.5	37	15.0	32	.2	11	.1	24	.5	8	.0	3	19,549	101	164	101	5.1	13.97
	301- 500	66.8	277	25.8	107			5.2	22	2.2	28							1,245	3	415	3	31.7	8.75
	Over \$500																						
All	26.1	51	37.0	48	9.7	21	21.0	21	3.1	14	.1	24	2.8	12	.2	11	41,267	567	73	209	4.1	12.47	
\$51-\$100	\$ 0					10.8	48	50.8	43	15.6	30	.3	35	21.7	27	.8	30	41,461	540	77			
	\$ 1- 100	12.1	26	26.9	33	23.1	53	24.4	38	3.5	19			8.4	20	1.6	17	25,872	210	122	118	2.1	12.32
	101- 300	33.1	82	35.9	90	8.7	60	18.3	54	1.3	18	.1	38	2.2	13	.4	14	50,369	203	249	203	6.3	13.13
	301- 500	44.6	195	37.9	156			15.5	69	.5	35			1.5	19			7,450	17	438	17	13.5	14.43
	Over \$500	53.1	455	39.2	336			7.4	64	.3	10							3,430	4	858	4	24.0	18.98
All	19.4	73	22.8	68	11.5	53	29.6	45	6.3	27	.1	36	9.6	23	.7	19	128,582	974	132	342	5.4	13.49	
\$101-\$300	\$ 0					4.4	48	51.5	86	13.7	45	.1	45	28.8	59	1.5	32	102,379	630	163			
	\$ 1- 100	8.3	30	16.3	35	22.4	87	28.5	68	4.7	31	.1	40	16.8	51	2.9	29	41,782	196	213	115	2.3	12.92
	101- 300	24.8	90	26.3	96	27.2	138	13.4	65	1.8	27	.4	57	4.4	33	1.7	25	183,691	504	364	503	6.4	14.02
	301- 500	34.7	203	30.6	180	1.9	157	17.0	118	1.3	24	.8	72	3.3	35	.4	17	62,027	106	585	106	13.5	15.01
	Over \$500	43.0	414	34.4	330	6.0	128	13.6	137	.7	17	.1	28	1.7	32	.5	43	47,105	49	961	49	25.3	16.36
All	20.6	117	20.7	106	17.0	117	24.3	81	4.7	37	.3	58	10.9	49	1.5	27	436,984	1,485	294	773	8.0	14.67	

TABLE 3—MALE EMPLOYEE—Continued

TOTAL NON-HOSPITAL CHARGES	TOTAL HOSPITAL CHARGES	HOSPITAL ROOM AND BOARD		HOSPITAL SPECIAL CHARGES		SURGICAL		OTHER PHYSICIANS		LABORATORY AND X-RAY		PRIVATE DUTY NURSING		DRUGS AND MEDICINES		OTHER MEDICAL EXPENSES		TOTAL CHARGES			CLAIMS WITH HOSPITAL CONFINEMENT		
		Per- cent of Total Charges	Average Charge per Claim	Per- cent of Total Charges	Average Charge per Claim	Per- cent of Total Charges	Average Charge per Claim	Per- cent of Total Charges	Average Charge per Claim	Per- cent of Total Charges	Average Charge per Claim	Per- cent of Total Charges	Average Charge per Claim	Per- cent of Total Charges	Average Charge per Claim	Per- cent of Total Charges	Average Charge per Claim	Amount	Number of Claims	Average Total Charge per Claim	Number of Claims	Average Duration (Days)	Average Daily Room and Board Rate Charged
\$301- \$500	\$ 0					2.7	55	50.9	193	8.3	62			32.9	141	5.2	193	26,172	71	369			
	\$ 1- 100	3.6	30	8.6	37	18.8	155	37.4	170	3.3	38			27.0	129	1.3	58	9,063	21	432	11	1.9	15.32
	101- 300	17.7	104	19.2	112	33.5	233	16.0	108	3.1	45	1.2	103	6.5	60	2.8	38	49,976	86	581	85	6.5	15.93
	301- 500	25.5	201	24.9	196	25.2	255	15.1	138	2.0	36	1.0	82	4.1	53	2.2	45	56,797	72	789	72	13.1	15.39
	Over \$500	34.4	388	30.0	338	14.9	240	14.4	175	1.2	38	1.0	63	3.4	57	.7	33	93,511	83	1,127	83	25.9	14.97
	All	23.7	222	22.3	201	20.1	225	19.9	155	2.7	45	.9	76	8.4	85	2.0	51	235,519	333	707	251	14.6	15.23
Over \$500	\$ 0					1.8	178	62.9	551	6.2	96	7.2	1,444	18.1	228	3.8	387	20,141	25	806			
	\$ 1- 100	4	22	4.0	35	6.6	141	37.4	320	.4	15	26.8	1,147	24.4	209			4,283	5	857	1	1.0	22.00
	101- 300	11.5	101	9.1	80	25.5	337	32.4	286	2.9	39	2.9	156	14.7	142	1.0	22	10,578	12	882	12	5.7	17.55
	301- 500	18.0	196	18.8	205	51.9	394	14.4	161	2.4	38	8.1	260	3.6	53	2.8	62	48,108	44	1,093	44	12.0	16.35
	Over \$500	30.2	684	23.9	540	16.2	470	11.1	271	1.0	51	13.4	623	3.2	98	1.0	51	301,740	133	2,269	133	38.7	17.66
	All	26.2	530	21.3	423	17.6	436	15.1	281	1.5	51	12.3	563	4.6	108	1.4	59	384,850	219	1,757	190	30.2	17.37
All	\$ 0					6.1	38	52.2	76	12.6	30	.8	273	26.2	54	2.1	58	196,205	1,513	130			
	\$ 1- 100	12.1	26	25.4	32	18.3	64	25.4	49	3.4	25	1.1	594	12.6	42	1.7	24	103,704	821	126	473	2.2	11.99
	101- 300	25.7	85	28.6	94	22.7	142	14.8	66	1.8	28	.6	73	4.3	35	1.5	27	327,095	992	330	990	6.2	13.85
	301- 500	28.4	203	25.8	186	20.8	261	15.3	127	1.8	33	2.8	172	3.5	44	1.6	44	177,928	248	717	248	13.4	15.17
	Over \$500	33.1	541	26.4	433	14.5	357	11.9	213	1.0	42	9.2	512	3.0	76	.9	46	451,617	276	1,636	276	33.3	16.25
	All	23.7	149	22.7	122	16.5	142	20.5	84	3.3	35	4.1	357	7.8	50	1.4	37	1,256,549	3,850	326	1,987	9.9	15.10

Note.—Claims from cases with a \$50 deductible for non-hospital expenses, no deductible for hospital expenses.

TABLE 3—FEMALE EMPLOYEE—Continued

TOTAL NON-HOSPITAL CHARGES	TOTAL HOSPITAL CHARGES	HOSPITAL ROOM AND BOARD		HOSPITAL SPECIAL CHARGES		SURGICAL		OTHER PHYSICIANS		LABORATORY AND X-RAY		PRIVATE DUTY NURSING		DRUGS AND MEDICINES		OTHER MEDICAL EXPENSES		TOTAL CHARGES			CLAIMS WITH HOSPITAL CONFINEMENT		
		Per-cent of Total Charges	Average Charge per Claim	Per-cent of Total Charges	Average Charge per Claim	Per-cent of Total Charges	Average Charge per Claim	Per-cent of Total Charges	Average Charge per Claim	Per-cent of Total Charges	Average Charge per Claim	Per-cent of Total Charges	Average Charge per Claim	Per-cent of Total Charges	Average Charge per Claim	Per-cent of Total Charges	Average Charge per Claim	Amount	Number of Claims	Average Total Charge per Claim	Number of Claims	Average Duration (Days)	Average Daily Room and Board Rate Charged
\$301-\$500	\$ 0	.....	.....	.....	.....	9.7	193	51.5	204	9.7	97	.....	.....	28.0	124	1.1	30	7,941	21	378	.....	.....	.....
	\$ 1-100	1.5	16	7.1	28	16.6	81	22.6	88	3.6	35	.....	.....	42.3	166	6.3	62	1,959	5	392	2	1.0	16.00
	101-300	18.0	107	17.1	101	41.6	281	12.7	104	1.9	39	1.7	66	4.9	47	2.1	32	22,976	39	589	39	6.4	16.62
	301-500	24.4	195	25.0	200	33.7	293	9.0	76	2.1	32	1.1	54	2.8	40	1.9	48	29,621	37	801	37	11.3	17.24
	Over \$500	38.4	431	28.4	319	17.4	241	10.8	129	1.9	44	.4	72	2.2	57	.5	45	17,983	18	1,124	16	27.4	15.74
	All	22.7	195	20.6	171	29.5	267	15.0	117	2.8	47	1.0	61	6.7	72	1.7	40	80,480	118	682	94	11.8	16.50
Over \$500	\$ 0	.....	.....	.....	.....	.....	.....	47.6	389	2.5	41	.....	.....	48.8	398	1.1	52	4,894	6	816	.....	.....	.....
	\$ 1-100	.....	.....	13.8	100	.....	.....	9.0	65	.....	.....	74.6	539	.....	.....	2.6	19	723	1	723	.....	.....	.....
	101-300	13.9	124	16.5	149	44.0	398	15.1	164	3.0	33	.8	45	4.3	58	2.4	66	5,425	6	904	6	7.0	17.76
	301-500	18.2	197	18.0	196	44.3	480	8.8	117	.7	17	3.8	112	.6	19	5.6	111	11,924	11	1,084	11	10.8	18.25
	Over \$500	35.3	648	23.3	426	17.9	376	12.2	247	2.4	97	4.6	236	2.7	69	1.6	89	56,737	31	1,830	31	37.3	17.40
	All	28.8	479	20.5	333	22.4	405	14.0	229	2.2	64	4.6	214	5.3	117	2.2	88	79,703	55	1,449	48	27.5	17.45
All	\$ 0	.....	.....	.....	.....	6.0	39	55.9	82	11.1	35	.0	10	25.7	51	1.3	42	68,095	500	136	.....	.....	.....
	\$ 1-100	12.7	29	24.5	34	18.2	59	24.3	50	3.4	23	1.8	272	13.1	41	2.0	25	30,224	219	138	134	2.1	13.72
	101-300	24.5	90	25.6	93	30.1	152	11.7	62	1.5	28	.7	51	3.9	33	2.0	29	102,621	283	363	281	5.8	15.55
	301-500	26.8	199	24.7	181	31.5	279	9.5	80	1.5	27	1.2	71	2.4	35	2.4	58	63,701	87	732	86	11.8	16.93
	Over \$500	36.6	555	24.6	372	17.4	318	12.0	196	2.2	75	3.4	223	2.6	63	1.2	81	78,672	52	1,513	52	32.8	16.92
	All	21.9	136	20.0	108	21.6	144	21.2	79	3.7	34	1.4	118	8.4	46	1.8	39	343,313	1,141	301	553	8.4	16.24

NOTE.—Claims from cases with a \$50 deductible for non-hospital expenses, no deductible for hospital expenses.

TABLE 3—DEPENDENT SPOUSE

TOTAL CHARGES UNDER A COMPREHENSIVE MAJOR MEDICAL PLAN: WITH FIRST-DOLLAR HOSPITAL COVERAGE

TOTAL NON-HOSPITAL CHARGES	TOTAL HOSPITAL CHARGES	HOSPITAL ROOM AND BOARD		HOSPITAL SPECIAL CHARGES		SURGICAL		OTHER PHYSICIANS		LABORATORY AND X-RAY		PRIVATE DUTY NURSING		DRUGS AND MEDICINES		OTHER MEDICAL EXPENSES		TOTAL CHARGES			CLAIMS WITH HOSPITAL CONFINEMENT			
		Per-cent of Total Charges	Average Charge per Claim	Per-cent of Total Charges	Average Charge per Claim	Per-cent of Total Charges	Average Charge per Claim	Per-cent of Total Charges	Average Charge per Claim	Per-cent of Total Charges	Average Charge per Claim	Per-cent of Total Charges	Average Charge per Claim	Per-cent of Total Charges	Average Charge per Claim	Per-cent of Total Charges	Average Charge per Claim	Amount	Number of Claims	Average Total Charge per Claim	Number of Claims	Average Duration (Days)	Average Daily Room and Board Rate Charged	
\$0	\$ 0-\$100	40.0	25	60.0	31														8,583	168	51	138	2.1	11.59
	101-300	49.4	83	50.6	87														15,773	94	168	94	7.0	11.89
	301-500	66.4	249	33.6	126														1,875	5	375	5	30.6	8.14
	Over \$500	75.2	855	24.8	282														11,372	10	1,137	10	62.8	13.62
	All	55.9	85	44.1	60														37,603	277	136	247	7.0	12.13
\$1-\$50	\$ 0					31.4	18	40.3	18	9.1	14			18.7	14	.5	16	3,028	110	28				
	\$ 1-100	22.6	26	40.8	32	17.5	31	15.0	18	.7	9			2.9	16	.5	15	13,449	172	78	118	2.2	11.97	
	101-300	38.2	62	43.3	74	8.5	43	11.8	29	.0	5			.2	7	.0	4	12,825	75	171	75	4.8	12.92	
	301-500	31.8	110	57.1	198	7.6	26	3.5	24									1,385	4	346	4	8.0	13.78	
	Over \$500	98.4	801					1.6	10										611	1	611	1	180.0	3.34
All	27.8	44	37.8	47	14.4	29	15.4	20	1.2	12			3.1	14	.3	13	31,298	362	86	198	4.2	10.57		
\$51-\$100	\$ 0					4.8	30	54.4	44	11.9	27	.2	23	28.4	30	.3	16	36,660	479	77				
	\$ 1-100	14.2	30	27.3	36	28.8	57	17.2	31	2.2	16			7.3	21	3.0	19	28,592	217	132	136	2.4	12.46	
	101-300	30.1	72	37.0	89	15.7	62	13.4	45	.4	11			2.9	18	.5	19	48,033	200	240	200	5.3	13.63	
	301-500	40.6	178	41.5	183	2.4	87	13.0	64	.2	15			2.1	22	.2	20	8,390	19	440	19	15.5	11.51	
	Over \$500	69.7	606	19.8	173	4.6	80	1.0	18	.7	12			4.2	73			1,740	2	870	2	44.5	13.62	
All	18.7	65	23.8	67	14.4	54	26.3	42	4.2	24	.1	23	11.5	26	1.0	19	123,385	917	135	357	5.0	13.06		
\$101-\$300	\$ 0					3.3	46	53.3	90	9.4	37	.2	61	33.4	66	.4	23	114,674	689	166				
	\$ 1-100	7.9	27	17.0	36	19.2	74	31.0	72	2.9	19	.2	33	19.7	53	2.1	22	54,232	257	211	158	2.2	12.66	
	101-300	24.0	89	25.7	95	27.3	135	13.8	67	1.1	21	.5	46	5.9	39	1.7	26	197,624	535	369	534	6.8	13.19	
	301-500	32.4	191	31.9	188	18.1	176	12.4	92	1.0	25	.1	17	3.1	35	1.0	36	64,306	109	590	109	12.6	15.22	
	Over \$500	43.1	370	32.3	284	9.0	137	11.7	109	.8	23			2.4	37	.7	21	35,191	41	858	41	30.3	12.22	
All	18.9	105	19.7	98	17.8	118	25.2	81	3.3	30	.3	43	13.6	55	1.2	25	466,027	1,631	286	842	7.8	13.40		

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TABLE 3—DEPENDENT SPOUSE—Continued

TOTAL NON-HOSPITAL CHARGES	TOTAL HOSPITAL CHARGES	HOSPITAL ROOM AND BOARD		HOSPITAL SPECIAL CHARGES		SURGICAL		OTHER PHYSICIANS		LABORATORY AND X-RAY		PRIVATE DUTY NURSING		DRUGS AND MEDICINES		OTHER MEDICAL EXPENSES		TOTAL CHARGES			CLAIMS WITH HOSPITAL CONFINEMENT		
		Per-cent of Total Charges	Average Charge per Claim	Per-cent of Total Charges	Average Charge per Claim	Per-cent of Total Charges	Average Charge per Claim	Per-cent of Total Charges	Average Charge per Claim	Per-cent of Total Charges	Average Charge per Claim	Per-cent of Total Charges	Average Charge per Claim	Per-cent of Total Charges	Average Charge per Claim	Per-cent of Total Charges	Average Charge per Claim	Amount	Number of Claims	Average Total Charge per Claim	Number of Claims	Average Duration (Days)	Average Daily Room and Board Rate Charged
\$301- \$500	\$ 0					3.1	56	45.2	174	9.2	64	1.1	104	40.2	164	1.2	56	27,283	72	379			
	\$ 1- 100	5.2	32	8.9	38	17.2	128	34.5	148	4.6	40			27.6	133	2.0	22	11,110	26	427	18	3.8	8.44
	101- 300	19.0	113	18.2	108	29.7	211	17.4	113	2.9	44	2.7	87	8.0	60	2.1	35	65,251	110	593	109	7.6	14.85
	301- 500	25.3	196	24.9	192	28.9	255	12.7	107	1.4	29	1.5	67	5.2	62	2.1	39	79,740	163	774	103	12.6	15.59
	Over \$500	39.9	476	27.1	331	15.8	274	10.3	146	1.2	44	2.3	179	2.7	51	.7	34	69,456	58	1,198	58	28.7	16.58
	All	24.1	211	20.4	174	21.6	222	17.7	131	2.7	45	1.9	97	10.0	90	1.6	36	252,840	369	685	238	13.4	15.72
Over \$500	\$ 0					2.1	89	55.1	467	1.6	24	19.6	1,662	21.0	223	.6	97	16,951	20	848			
	\$ 1- 100	1.8	25	4.4	31	11.9	123	57.6	403	2.5	47			18.5	207	3.3	37	5,594	8	699	4	1.3	19.80
	101- 300	13.1	120	12.2	112	21.8	261	25.9	246	4.7	77	5.9	162	15.5	171	.9	36	27,507	30	917	30	7.2	16.78
	301- 500	17.4	200	18.0	207	29.7	367	16.3	225	1.2	37	11.6	255	3.5	68	2.3	65	48,252	42	1,149	42	14.0	16.68
	Over \$500	30.2	685	22.5	510	15.7	475	12.4	290	1.0	50	12.9	561	3.2	100	2.1	79	208,510	92	2,266	92	40.5	16.89
	All	24.5	447	19.3	344	17.6	387	17.4	295	1.4	52	12.2	457	5.6	125	2.0	71	306,814	192	1,598	168	26.5	16.86
All	\$ 0					3.9	36	52.3	80	9.2	35	2.0	329	32.1	60	.5	30	198,596	1,370	145			
	\$ 1- 100	12.8	27	23.7	34	19.4	62	25.4	57	2.4	20	.1	33	14.2	48	2.0	21	121,560	848	143	572	2.3	12.03
	101- 300	24.7	87	26.5	93	24.0	133	14.6	73	1.5	30	1.2	85	6.1	46	1.4	28	367,013	1,044	352	1,042	6.5	13.44
	301- 500	26.7	193	26.4	191	23.4	243	13.3	115	1.2	29	3.4	159	3.9	51	1.7	44	203,918	282	723	282	12.9	14.95
	Over \$500	35.4	570	24.6	399	14.4	353	11.4	209	1.0	44	8.7	493	2.9	74	1.6	62	326,880	204	1,602	204	37.0	15.40
	All	22.7	132	21.4	110	17.6	135	20.7	85	2.7	32	3.6	262	9.9	55	1.4	35	1,217,967	3,748	325	2,100	9.2	14.41

NOTE.—Claims from cases with a \$50 deductible for non-hospital expenses, no deductible for hospital expenses.

TABLE 3—DEPENDENT CHILD(REN)

TOTAL CHARGES UNDER A COMPREHENSIVE MAJOR MEDICAL PLAN: WITH FIRST-DOLLAR HOSPITAL COVERAGE

TOTAL NON-HOSPITAL CHARGES	TOTAL HOSPITAL CHARGES	HOSPITAL ROOM AND BOARD		HOSPITAL SURGICAL CHARGES		SURGICAL		OTHER PHYSICIANS		LABORATORY AND X-RAY		PRIVATE DUTY NURSING		DRUGS AND MEDICINES		OTHER MEDICAL EXPENSES		TOTAL CHARGES			CLAIMS WITH HOSPITAL CONFINEMENT		
		Per-cent of Total Charges	Average Charge per Claim	Per-cent of Total Charges	Average Charge per Claim	Per-cent of Total Charges	Average Charge per Claim	Per-cent of Total Charges	Average Charge per Claim	Per-cent of Total Charges	Average Charge per Claim	Per-cent of Total Charges	Average Charge per Claim	Per-cent of Total Charges	Average Charge per Claim	Per-cent of Total Charges	Average Charge per Claim	Amount	Num-ber of Claims	Average Total Charge per Claim	Num-ber of Claims	Average Duration (Days)	Average Daily Room and Board Rate Charged
\$0	\$ 1-\$100	40.7	24	59.3	23													16,202	428	38	270	2.5	9.75
	101-300	53.0	76	47.0	71													10,507	73	144	73	6.6	11.49
	301-500	56.5	207	43.5	160													1,835	5	367	5	43.2	4.80
	Over \$500	70.6	549	29.4	261													0,212	8	777	8	46.3	11.86
	All	50.6	49	49.4	34													34,756	514	68	356	4.9	10.07
\$1-\$50	\$ 0					35.2	17	38.7	17	7.5	12			18.1	15	.5	15	5,789	222	26			
	\$ 1-100	21.9	24	37.4	26	21.4	31	16.3	19	.4	10	.0	3	2.1	12	.5	13	27,576	394	70	251	2.4	10.17
	101-300	39.3	71	41.6	77	3.8	42	14.4	31			.1	8	.6	8	.2	20	8,831	49	180	49	5.2	13.71
	301-500	32.9	131	58.4	234	3.1	25	5.6	45									799	2	400	2	11.0	11.91
	Over \$500																						
All	22.7	32	33.6	33	19.3	26	18.8	20	1.3	11	.0	5	3.9	13	.4	14	42,095	667	64	302	2.9	11.26	
\$51-\$100	\$ 0					10.1	42	54.2	43	6.9	19	.2	45	27.9	27	.7	18	27,230	369	74			
	\$ 1-100	11.4	18	28.1	35	37.7	56	13.2	24	1.1	13	.1	20	5.5	14	2.9	17	66,509	538	124	428	1.5	11.67
	101-300	32.5	79	34.1	81	12.8	64	16.8	52	.5	13	.3	28	2.4	14	.6	19	33,223	139	239	137	6.5	12.08
	301-500	37.9	174	43.1	198	1.8	25	16.2	74					1.0	27			2,767	6	460	6	13.7	12.76
	Over \$500	66.2	714	26.7	288	4.6	100	2.5	54									4,316	4	1,079	4	68.5	10.42
All	16.8	39	24.1	47	24.1	55	22.1	36	2.1	16	.1	27	9.0	21	1.7	18	134,035	1,056	127	575	3.3	11.74	
\$101-\$300	\$ 0					7.1	52	58.1	90	7.0	29	.2	80	25.9	47	1.7	33	43,978	298	148			
	\$ 1-100	9.0	22	19.6	40	35.9	87	20.4	48	2.3	19	.1	19	9.4	28	3.3	21	74,473	365	204	312	1.9	11.60
	101-300	21.5	73	26.4	89	32.1	137	12.4	54	1.2	21	.6	82	3.7	29	2.1	30	106,870	316	338	316	5.7	12.76
	301-500	32.3	187	33.5	194	14.8	145	15.2	101	1.0	21	.1	9	2.1	22	1.0	31	22,553	39	578	39	15.6	11.97
	Over \$500	51.9	601	28.7	333	5.3	116	10.9	134	.2	9	.5	112	1.9	38	.6	27	22,020	19	1,159	19	44.5	13.53
All	17.9	70	21.0	77	25.4	105	22.2	67	2.4	23	.3	61	8.6	35	2.2	25	269,894	1,037	260	686	5.6	12.63	

TABLE 3—DEPENDENT CHILD(REN)—Continued

TOTAL NON-HOSPITAL CHARGES	TOTAL HOSPITAL CHARGES	HOSPITAL ROOM AND BOARD		HOSPITAL SPECIAL CHARGES		SURGICAL		OTHER PHYSICIANS		LABORATORY AND X-RAY		PRIVATE DUTY NURSING		DRUGS AND MEDICINES		OTHER MEDICAL EXPENSES		TOTAL CHARGES			CLAIMS WITH HOSPITAL CONFINEMENT		
		Percent of Total Charges	Average Charge per Claim	Percent of Total Charges	Average Charge per Claim	Percent of Total Charges	Average Charge per Claim	Percent of Total Charges	Average Charge per Claim	Percent of Total Charges	Average Charge per Claim	Percent of Total Charges	Average Charge per Claim	Percent of Total Charges	Average Charge per Claim	Percent of Total Charges	Average Charge per Claim	Amount	Number of Claims	Average Total Charge per Claim	Number of Claims	Average Duration (Days)	Average Daily Room and Board Rate Charged
\$301-\$500	\$ 0					16.2	261	59.8	241	5.5	44	.9	74	17.2	99	.4	16	8,069	21	384			
	\$ 1- 100	4.3	21	12.0	50	33.8	166	33.1	162	5.0	49			7.1	60	4.7	31	5,855	14	420	12	1.3	15.81
	101- 300	15.0	84	18.8	106	45.0	260	12.2	78	.7	15	.0	9	4.0	49	4.3	51	29,423	52	566	52	5.7	14.69
	301- 500	28.9	197	23.1	170	25.7	245	13.4	114	1.8	37	1.0	51	5.9	69	2.2	40	16,187	22	736	22	14.0	14.09
	Over \$500	34.9	418	32.4	389	17.5	291	12.4	168	.6	18	.5	57	.9	33	.8	19	21,582	18	1,199	18	32.0	13.06
	All	20.4	159	20.9	160	30.2	250	18.7	135	1.7	30	.4	50	5.1	64	2.6	39	81,146	127	639	104	11.5	13.76
Over \$500	\$ 0					13.7	500	69.1	507	1.9	70	.4	15	14.9	274			3,669	6	612			
	\$ 1- 100	1.1	12	4.5	51	5.0	85	65.5	740					22.9	388	1.0	35	3,391	3	1,130	3	1.0	12.00
	101- 300	13.5	122	10.4	94	28.9	363	20.1	181	1.0	14	25.5	688			2.6	35	2,700	3	900	3	7.3	16.68
	301- 500	15.0	163	17.8	196	42.4	620	10.4	114	5.9	65	7	32	3.6	39	4.2	93	4,383	4	1,096	4	12.8	12.78
	Over \$500	25.2	826	27.4	900	14.8	624	12.9	478	.2	22	15.3	1,003	1.0	117	3.2	171	59,071	18	3,282	18	51.1	16.17
	All	21.7	569	23.8	622	16.4	545	18.3	432	.7	38	13.3	813	2.8	159	3.0	136	73,214	34	2,153	28	35.6	15.99
All	\$ 0					10.9	39	56.5	64	6.6	23	.2	54	24.7	36	1.1	26	88,735	916	97			
	\$ 1- 100	14.1	21	27.8	31	30.9	62	16.8	35	1.4	17	.1	16	6.4	22	2.5	19	194,056	1,742	111	1,276	2.0	10.81
	101- 300	24.7	76	28.2	86	27.6	140	12.7	55	.9	13	.8	103	3.1	27	2.0	34	191,554	632	303	630	6.0	12.67
	301- 500	30.1	187	30.0	186	19.5	205	13.5	102	1.6	34	.4	34	3.3	40	1.6	42	45,514	78	622	78	16.5	11.36
	Over \$500	36.2	613	28.7	492	12.3	356	11.3	247	.3	17	8.2	771	1.1	55	1.9	88	113,201	67	1,690	67	44.6	13.75
	All	20.4	64	24.4	62	22.9	87	19.9	56	1.8	21	1.8	255	6.8	30	2.0	28	636,040	3,435	185	2,051	5.1	12.37

NOTE.—Claims from cases with a \$50 deductible for non-hospital expenses, no deductible for hospital expenses.

age. The line of each table covering claims with non-hospital charges of \$50 or less and with zero hospital charges is subject to underreporting, since most non-hospital charges in this category will not be eligible for benefits under the cases included in Table 3 and since there was no hospital claim submitted which would have resulted in their being reported. Actually, amounts included here arose from two sources: claims under cases which provided first-dollar coverage for surgical expenses and individual claims whose effective deductible applicable to 1957 charges was less than \$50 because of a carry-over provision which allowed the use of charges incurred during the last three months of 1956 toward the 1957 deductible.

Table 4 shows the distribution of claims by cause of disability. The cause of disability was not coded on each claim included in the study, as can be seen in the "Not Available" section of this table. It should also be noted that different distributions by cause of disability would have resulted if the experience had been tabulated by size of case deductible or by size of total claim charges because of the variation in size of charges by cause of disability. Within each cause of disability, claims are classified by whether or not there was a hospital confinement or there was surgery. It must be noted that while the majority of expenses incurred in a calendar year by an individual will in most cases be related to a single cause of disability with only relatively minor amounts incurred for other causes, there are undoubtedly a significant number of claims where the assignment of one cause of disability for the entire calendar year resulted in some distortion of the distribution by cause of disability.

Tables 5 and 6 introduce exposures and present them together with the appropriate claim charge data. The information from these tables is summarized and presented in the form of annual claim costs in Tables 7A through 7F.

Tables 5A and 5B give employee experience split by age, male and female combined, and by sex, all ages combined. For the dependent section of these tables no age information was available for the exposure; furthermore the exposure was not split among employees insured with respect to spouse only, children only, or spouse and children. As in Tables 1 and 2A and 2B, the portion of each table showing charges that exceed \$50 uses only claims (and exposure) from cases having a deductible of \$50 or less. Data are shown for charges that exceed \$100 for both the experience under cases with a deductible of \$50 or less and the experience under all cases. This will allow us to relate the two experiences.

Table 5A shows, for claims having total charges that exceed a specified amount, the number of claims, the hospital room and board and special charges, the non-hospital charges and the total charges. Table 5B is simi-

lar to Table 5A except that claims are classified according to *non-hospital* charges that exceed the specified amounts.

A line has been added at the beginning of each section of Table 5B showing the hospital charges (but only the hospital charges) for those claims whose non-hospital charges were \$50 or less and the number of them. These claims were from the exposure of cases with a deductible of \$50 or less. The non-hospital charges have not been included because they are subject to underreporting, but they would be excluded from benefit by a \$50 deductible for non-hospital expenses. Some cases contributing to Table 5B imposed deductibles which might have resulted in the failure to report some hospital expenses. As mentioned later, an adjustment was made for this understatement in calculating the annual claim costs for hospital charge benefits shown in Table 7B.

Tables 6A through 6D indicate what the experience might have been under each of four supplementary Major Medical insurance plans and the basic hospital and surgical plans which they would supplement. Experience under cases with a deductible of \$50 or less was used for these tables. For these tables all charges are considered "eligible" for Major Medical benefits except those covered by the basic plans. However, since the basic plans do not cover all hospital or surgical expenses, a certain amount of hospital or surgical charges is included in the supplementary Major Medical plan benefits.

The basic hospital and surgical plans are:

- A. Room and board: \$10 per day of hospital confinement on a reimbursement basis, with a maximum of \$310 (31 days). Special charges to a maximum of \$100 (10×).
- B. Same as A, plus a surgical benefit equivalent to 50% of the surgical charge with a maximum surgical benefit of \$200.
- C. Room and board: \$15 per day of hospital confinement on a reimbursement basis, with a maximum of \$1,050 (70 days). Special charges to a maximum of \$300 (20×).
- D. Same as C, plus a surgical benefit equivalent to 75% of the surgical charge with a maximum surgical benefit of \$300.

It was not possible to base the figures shown in Tables 6A through 6D on the scheduled type of basic surgical benefit commonly provided. To do so would have required the detailed coding of surgical procedures. However, the general level of the costs of the basic surgical plans used is indicated by the fact that the 1957 Schedule of Relative Values of Surgical Procedures (presented with the report on the 1957 Study of Group Surgical Expense Insurance Claims, in *TSA X*) covered approximately 75% of the average

TABLE 4—MALE EMPLOYEE
TOTAL CHARGES UNDER A COMPREHENSIVE MAJOR MEDICAL PLAN, BY CAUSE OF DISABILITY

CAUSE OF DISABILITY	CLAIM CLASSIFICATION*	HOSPITAL ROOM AND BOARD		HOSPITAL SPECIAL CHARGES		SURGICAL		OTHER PHYSICIANS		LABORATORY AND X-RAY		PRIVATE DUTY NURSING		DRUGS AND MEDICINES		OTHER MEDICAL EXPENSES		TOTAL CHARGES			CLAIMS WITH HOSPITAL CONFINEMENT		
		Per- cent of Total Charges	Average Charge per Claim	Per- cent of Total Charges	Average Charge per Claim	Per- cent of Total Charges	Average Charge per Claim	Per- cent of Total Charges	Average Charge per Claim	Per- cent of Total Charges	Average Charge per Claim	Per- cent of Total Charges	Average Charge per Claim	Per- cent of Total Charges	Average Charge per Claim	Per- cent of Total Charges	Average Charge per Claim	Amount	Number of Claims	Average Total Charge per Claim	Number of Claims	Average Duration (Days)	Average Daily Room and Board Rate Charged
Cancer	H, no S	32.6	365	20.9	233			13.0	190	3.4	94	25.0	1,585	4.5	123	.6	27	19,022	17	1,119	17	22.1	16.50
	S, no H			4.0	37	50.6	67	21.5	38	6.2	19			16.8	59	.9	25	2,794	21	133			
	H and S	25.3	379	29.0	435	22.6	338	7.0	118	1.2	41	11.6	467	1.8	50	1.5	61	76,400	51	1,498	51	22.1	17.15
	No H, no S			2.3	72			32.3	83	21.7	112			23.4	91	20.3	315	3,095	14	221			
	All	25.1	376	26.0	366	18.4	259	9.3	109	2.4	54	13.5	619	3.4	68	1.9	74	101,311	103	984	68	22.1	16.97
General	H, no S	42.5	136	28.2	91			20.4	119	1.1	30	3.6	1,694	3.7	38	.5	21	47,113	147	320	147	11.0	12.41
	S, no H			5.2	20	49.0	44	28.0	49	7.1	27	.1	21	10.5	36	.1	8	17,656	196	90			
	H and S	22.0	83	28.2	107	36.0	136	8.3	51	.7	18	1.0	143	2.6	31	1.2	33	101,909	270	377	270	6.2	13.54
	No H, no S			2.4	28			59.3	86	6.6	31	3.9	336	26.4	52	1.4	94	34,242	254	135			
	All	21.2	102	21.8	89	22.6	97	21.6	74	2.3	27	2.0	313	7.6	43	.9	35	200,920	867	232	417	7.9	12.98
Accidents	H, no S	39.9	109	31.5	88			24.8	105	1.2	31			1.6	24	1.0	22	34,011	125	272	125	7.7	14.07
	S, no H			10.1	18	48.5	41	24.6	35	7.5	23			4.7	17	4.6	62	13,459	160	84			
	H and S	24.3	149	28.0	173	30.7	188	9.2	84	1.5	29	2.6	321	.8	16	2.9	55	97,110	158	615	158	10.6	14.19
	No H, no S			13.8	18			58.1	57	15.5	34	.4	41	7.0	22	5.2	50	20,984	299	70			
	All	22.5	131	25.4	82	21.9	114	19.9	67	3.7	30	1.6	265	2.0	19	3.0	50	165,564	742	223	283	9.3	14.14
Psychoes and Mental Deficiency	H, no S	51.3	360	16.9	132			31.7	278					.1	10			7,014	10	701	10	30.2	11.91
	S, no H																						
	H and S							78.3	256					21.7	106			1,958	6	326			
	All	40.1	360	13.2	132			41.9	268					4.8	87			8,972	16	561	10	30.2	11.91
Functional Neuroses	H, no S	51.2	260	18.5	102			25.6	149	.7	20			3.1	37	.9	58	20,320	40	508	40	29.1	8.93
	S, no H			4.9	31	5.2	19	67.7	244	4.3	27			14.7	62	3.2	80	2,520	7	390			
	H and S	21.8	248	6.0	69	13.7	156	32.9	375	2.2	50	19.3	439	2.5	38	1.6	38	4,556	4	1,139	4	12.8	19.43
	No H, no S			.9	42			83.2	336	3.3	50			12.5	67	.1	10	22,641	58	404			
	All	22.8	259	8.7	88	1.5	69	54.4	267	2.2	40	1.8	439	7.9	58	.7	40	50,037	107	468	44	27.6	9.37

TABLE 4—MALE EMPLOYEE—Continued

CAUSE OF DISABILITY	CLAIM CLASSIFICATION*	HOSPITAL ROOM AND BOARD		HOSPITAL SPECIAL CHARGES		SURGICAL		OTHER PHYSICIANS		LABORATORY AND X-RAY		PRIVATE DUTY NURSING		DRUGS AND MEDICINES		OTHER MEDICAL EXPENSES		TOTAL CHARGES			CLAIMS WITH HOSPITAL CONFINEMENT		
		Per- cent of Total Charges	Average Charge per Claim	Per- cent of Total Charges	Average Charge per Claim	Per- cent of Total Charges	Average Charge per Claim	Per- cent of Total Charges	Average Charge per Claim	Per- cent of Total Charges	Average Charge per Claim	Per- cent of Total Charges	Average Charge per Claim	Per- cent of Total Charges	Average Charge per Claim	Per- cent of Total Charges	Average Charge per Claim	Amount	Number of Claims	Average Total Charge per Claim	Number of Claims	Average Duration (Days)	Average Daily Room and Board Rate Charged
Intracranial Tumors or Abscesses	H, no S	48.7	516	20.6	218	.....	.....	25.3	268	.....	.....	.....	.....	.....	.....	5.4	115	2,118	2	1,059	2	30.5	16.92
	S, no H	23.0	381	32.1	530	.....	.....	5.0	91	3	30	8.6	311	1.0	25	7	40	18,174	11	1,652	11	23.5	16.24
	H and S	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
	No H, no S	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
	All	25.6	402	30.9	482	26.3	485	7.1	121	3	30	7.7	311	9	25	1.2	59	20,292	13	1,561	13	24.5	16.37
Other Diseases of the Nervous System	H, no S	48.2	226	24.4	114	.....	.....	22.7	130	1.2	26	2	72	2.8	30	5	19	31,427	67	469	67	12.1	18.48
	S, no H	.....	.....	3.5	16	36.4	40	31.3	45	9.1	29	6	26	9.6	33	9.5	427	4,488	40	112	.....	.....	.....
	H and S	21.1	136	20.2	132	38.7	250	10.5	86	1.7	42	2.0	123	3.7	46	2.1	45	66,504	103	646	103	8.5	16.08
	No H, no S	.....	.....	1.5	27	.....	.....	60.7	88	7.8	32	.....	.....	22.0	45	8.0	168	18,857	137	138	.....	.....	.....
	All	24.0	171	17.8	114	22.6	190	22.2	91	2.8	33	1.2	111	6.5	42	2.9	70	121,276	347	349	170	9.9	17.24
Diseases of the Circulatory System	H, no S	35.1	240	24.7	171	.....	.....	23.7	181	2.0	43	7.4	509	6.2	66	9	33	220,295	321	686	321	15.1	15.85
	S, no H	.....	.....	4.2	36	32.8	57	32.1	69	8.0	47	8	63	20.7	48	1.4	110	7,675	44	174	.....	.....	.....
	H and S	30.0	222	24.1	179	22.2	164	11.6	111	1.1	42	6.0	378	2.9	41	2.1	35	158,371	214	741	214	14.7	15.09
	No H, no S	.....	.....	2.0	33	.....	.....	48.0	84	10.2	46	2.4	1,444	37.0	80	4	16	60,052	350	172	.....	.....	.....
	All	28.0	233	21.1	163	8.4	146	22.8	122	2.9	44	6.1	462	9.4	67	1.3	33	446,593	929	481	535	15.0	15.55
Diseases of the Respiratory System	H, no S	37.7	109	30.1	87	.....	.....	24.7	93	1.5	26	3	122	5.1	33	6	35	73,500	255	288	255	8.0	13.44
	S, no H	.....	.....	2.6	20	30.3	46	37.3	58	9.7	32	.....	.....	19.5	36	6	12	7,919	52	152	.....	.....	.....
	H and S	22.5	120	26.4	140	28.4	150	12.3	80	1.7	35	4.0	311	3.5	34	1.2	33	101,140	191	530	191	8.0	14.83
	No H, no S	.....	.....	8	15	.....	.....	60.9	79	7.6	33	.....	.....	30.0	50	5	47	51,633	408	127	.....	.....	.....
	All	21.5	113	21.1	103	13.3	128	27.8	81	3.2	32	1.9	258	10.4	43	8	33	234,192	906	258	446	8.0	14.04
Diseases of the Digestive System	H, no S	30.3	81	36.9	99	.....	.....	22.3	85	2.2	34	1.4	163	6.6	43	3	15	143,111	536	267	536	5.8	14.19
	S, no H	.....	.....	2.7	22	31.5	48	24.7	50	22.1	63	.....	.....	18.9	51	1	6	9,103	60	152	.....	.....	.....
	H and S	24.0	147	27.9	172	32.0	196	7.2	84	1.1	32	3.3	164	2.6	39	1.9	36	405,634	662	613	662	9.5	15.22
	No H, no S	.....	.....	3.2	37	.....	.....	46.1	65	19.8	52	.....	.....	30.8	51	1	9	64,459	474	136	.....	.....	.....
	All	22.6	117	27.1	134	21.4	184	15.0	70	3.6	44	2.4	162	6.6	46	1.3	33	622,307	1,732	359	1,198	7.9	14.88

* H, no S = Hospital confinement but no surgery; S, no H = Surgery but no hospital confinement; H and S = Hospital confinement and surgery; No H, no S = Neither hospital confinement nor surgery.

TABLE 4—MALE EMPLOYEE—Continued

CAUSE OF DISABILITY	CLAIM CLASSIFICATION*	HOSPITAL ROOM AND BOARD		HOSPITAL SPECIAL CHARGES		SURGICAL		OTHER PHYSICIANS		LABORATORY AND X-RAY		PRIVATE DUTY NURSING		DRUGS AND MEDICINES		OTHER MEDICAL EXPENSES		TOTAL CHARGES			CLAIMS WITH HOSPITAL CONFINEMENT		
		Per-cent of Total Charges	Average Charge per Claim	Per-cent of Total Charges	Average Charge per Claim	Per-cent of Total Charges	Average Charge per Claim	Per-cent of Total Charges	Average Charge per Claim	Per-cent of Total Charges	Average Charge per Claim	Per-cent of Total Charges	Average Charge per Claim	Per-cent of Total Charges	Average Charge per Claim	Per-cent of Total Charges	Average Charge per Claim	Amount	Number of Claims	Average Total Charge per Claim	Number of Claims	Average Duration (Days)	Average Daily Room and Board Rate Charged
Diseases of the Urinary System and Male Reproductive System	H, no S	29.8	72	36.5	88	30.2	44	26.2	90	2.3	28	.....	.....	4.9	37	3	13	34,935	145	241	145	5.3	13.71
	S, no H	.....	.....	3.3	21	.....	.....	38.2	73	9.2	29	.....	.....	18.9	48	2	20	9,577	66	145	.....	.....	.....
	H and S	23.5	139	27.4	163	26.8	159	11.8	87	1.4	29	3.3	246	4.2	42	1.6	31	151,439	256	592	256	9.1	18.25
	No H, no S	.....	.....	3.3	34	.....	.....	58.1	75	9.4	27	.....	.....	28.8	47	4	28	19,108	148	129	.....	.....	.....
	All	21.3	115	25.7	127	20.2	135	19.4	83	2.6	28	2.3	246	7.2	44	1.3	30	215,059	615	350	401	7.7	14.87
Diseases of the Musculo-skeletal System	H, no S	35.1	108	26.1	81	.....	.....	29.5	109	2.0	28	.....	.....	5.5	35	1.8	32	48,467	158	307	158	7.8	13.91
	S, no H	.....	.....	4.0	18	28.5	43	41.4	75	9.8	29	5	33	14.2	37	1.6	28	6,858	45	152	.....	.....	.....
	H and S	27.0	200	25.2	188	28.4	211	9.8	86	1.4	26	3.3	287	2.7	42	2.2	42	87,814	118	744	118	12.9	15.34
	No H, no S	.....	.....	2.7	25	.....	.....	52.2	81	10.5	36	.....	.....	31.0	62	3.6	36	40,218	274	147	.....	.....	.....
	All	22.1	147	19.7	109	14.7	165	25.5	88	3.9	32	1.6	264	10.1	52	2.4	37	183,357	595	308	276	10.0	14.81
Endocrine and Metabolic Diseases	H, no S	28.6	93	34.5	111	.....	.....	23.9	97	1.9	31	8	97	10.2	72	1	8	12,603	39	323	39	6.2	14.97
	S, no H	.....	.....	2.1	19	36.4	82	29.7	66	4.8	11	.....	.....	27.0	61	.....	.....	895	4	224	.....	.....	.....
	H and S	23.2	192	24.2	200	33.0	273	9.3	89	2.3	45	3.0	86	3.6	70	1.4	40	11,568	14	826	14	13.3	14.47
	No H, no S	.....	.....	3	11	.....	.....	43.5	73	12.6	40	.....	.....	43.5	82	1	8	11,574	74	156	.....	.....	.....
	All	17.3	119	19.6	126	11.3	230	25.6	81	5.5	37	1.2	88	19.0	78	5	26	36,640	131	280	53	8.1	14.75
Diseases of the Blood and Lymph Glands	H, no S	30.0	156	32.9	170	.....	.....	26.4	195	3.4	70	.....	.....	7.3	94	.....	.....	10,365	20	518	20	11.1	14.06
	S, no H	.....	.....	1.1	8	24.0	43	47.6	112	26.2	62	.....	.....	1.0	7	.....	.....	708	4	177	.....	.....	.....
	H and S	21.1	211	32.8	326	14.9	148	15.9	159	2.3	38	8	40	9.7	96	2.5	31	4,972	5	994	5	14.0	15.04
	No H, no S	.....	.....	2	10	.....	.....	66.3	104	12.5	33	.....	.....	21.0	48	.....	.....	5,005	34	147	.....	.....	.....
	All	19.8	167	24.0	187	4.3	101	34.1	133	6.1	43	2	40	10.9	64	6	31	21,050	63	354	25	11.7	14.30
Not Available	H, no S	44.3	175	29.0	117	.....	.....	20.8	103	7	26	4	61	4.6	49	2	66	105,182	267	394	267	12.8	13.60
	S, no H	.....	.....	13.7	28	50.1	62	23.9	61	1.5	15	7	25	8.9	29	1.2	32	20,932	170	123	.....	.....	.....
	H and S	28.1	168	26.2	157	30.9	185	8.8	106	4	37	2.4	159	2.9	56	3	64	240,200	402	538	402	10.3	16.26
	No H, no S	.....	.....	10.0	31	.....	.....	53.8	74	4.4	31	8	126	29.9	51	1.1	37	63,713	318	123	.....	.....	.....
	All	26.6	170	23.8	106	19.7	148	19.2	86	1.1	29	1.6	129	7.6	50	4	43	430,027	1,357	317	669	11.4	15.06
	Grand total	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	2,857,597	8,523	.....	4,608	.....	.....

TABLE 4—FEMALE EMPLOYEE

TOTAL CHARGES UNDER A COMPREHENSIVE MAJOR MEDICAL PLAN, BY CAUSE OF DISABILITY

CAUSE OF DISABILITY	CLAIM CLASSIFICATION*	HOSPITAL ROOM AND BOARD		HOSPITAL SPECIAL CHARGES		SURGICAL		OTHER PHYSICIANS		LABORATORY AND X-RAY		PRIVATE DUTY NURSING		DRUGS AND MEDICINES		OTHER MEDICAL EXPENSES		TOTAL CHARGES			CLAIMS WITH HOSPITAL CONFINEMENT			
		Per-cent of Total Charges	Average Charge per Claim	Per-cent of Total Charges	Average Charge per Claim	Per-cent of Total Charges	Average Charge per Claim	Per-cent of Total Charges	Average Charge per Claim	Per-cent of Total Charges	Average Charge per Claim	Per-cent of Total Charges	Average Charge per Claim	Per-cent of Total Charges	Average Charge per Claim	Per-cent of Total Charges	Average Charge per Claim	Amount	Number of Claims	Average Total Charge per Claim	Number of Claims	Average Duration (Days)	Average Daily Room and Board Rate Charged	
Cancer	H, no S	50.0	10	50.0	10													20	1	20	1	1.0	10.00	
	S, no H	35.8	583	26.4	429	87.5	35			12.5	5							40	1	40				
	H and S					21.4	347	7.8	183	2.4	88	2.2	146	1.3	37	2.7	99	25,981	16	1,624	16	37.4	15.56	
	No H, no S							37.9	60	12.1	29			9.2	44	40.8	98	478	4	120				
	All	35.2	549	25.9	404	21.1	329	8.3	157	2.6	68	2.2	146	1.4	38	3.3	98	26,519	22	1,205	17	35.3	15.55	
General	H, no S	33.5	56	34.3	57			23.8	64		3	9			7.5	41	.6	40	6,505	39	167	39	4.1	13.54
	S, no H			4.2	24	39.2	40	30.1	50	7.0	22			19.2	41	.3	10	6,352	63	101				
	H and S	22.9	76	25.1	83	39.1	129	6.7	42	1.2	41	.5	50	3.1	31	1.4	26	21,166	64	331	64	4.6	16.63	
	No H, no S			1.7	19			65.5	84	6.1	25			26.5	43	.2	20	11,076	88	126				
	All	15.5	68	17.7	64	23.9	85	26.9	67	3.1	25	.2	50	11.8	40	.9	24	45,099	254	178	103	4.4	15.53	
Accidents	H, no S	41.8	135	23.2	78			26.7	132	2.0	25			3.3	35	3.0	74	7,423	23	323	23	8.2	16.57	
	S, no H			9.8	22	44.4	46	30.3	43	7.9	19			5.9	18	1.7	11	3,413	33	103				
	H and S	31.3	217	23.1	160	26.4	183	10.9	102	1.7	32	1.2	391	1.3	35	4.1	65	31,886	46	693	46	14.5	14.93	
	No H, no S			6.3	20			53.6	88	11.1	35	4.7	539	20.5	83	3.8	43	11,354	84	135				
	All	24.1	190	18.8	86	18.4	126	23.3	89	4.1	30	1.7	465	5.9	55	3.7	53	54,076	186	291	69	12.4	15.29	
Maternity	H, no S	64.4	29	35.6	16													45	1	45	1	3.0	9.67	
	S, no H																							
	H and S	21.0	66	29.7	93	46.0	144	3.3	41									1,250	4	313	4	4.8	13.84	
	No H, no S							100.0	235									235	1	235				
	All	19.1	58	25.3	77	37.6	144	18.0	138									1,530	6	255	5	4.4	13.27	
Psychoses and Mental Deficiency	H, no S	54.6	472	5.2	45			33.5	386	2.1	36			4.5	52	.1	5	3,461	4	865	4	46.5	10.16	
	S, no H																							
	H and S							75.4	259	4.3	66			15.9	62	4.4	135	3,094	9	344				
	No H, no S																							
	All	28.9	472	2.7	45			53.3	291	3.1	51			9.9	59	2.1	70	6,555	13	504	4	46.5	10.16	

* H, no S = Hospital confinement but no surgery; S, no H = Surgery but no hospital confinement; H and S = Hospital confinement and surgery; No H, no S = Neither hospital confinement nor surgery.

TABLE 4—FEMALE EMPLOYEE—Continued

CAUSE OF DISABILITY	CLAIM CLASSIFICATION*	HOSPITAL ROOM AND BOARD		HOSPITAL SPECIAL CHARGES		SURGICAL		OTHER PHYSICIANS		LABORATORY AND X-RAY		PRIVATE DUTY NURSING		DRUGS AND MEDICINES		OTHER MEDICAL EXPENSES		TOTAL CHARGES			CLAIMS WITH HOSPITAL CONFINEMENT				
		Per-cent of Total Charges	Average Charge per Claim	Per-cent of Total Charges	Average Charge per Claim	Per-cent of Total Charges	Average Charge per Claim	Per-cent of Total Charges	Average Charge per Claim	Per-cent of Total Charges	Average Charge per Claim	Per-cent of Total Charges	Average Charge per Claim	Per-cent of Total Charges	Average Charge per Claim	Per-cent of Total Charges	Average Charge per Claim	Amount	Number of Claims	Average Total Charge per Claim	Number of Claims	Average Duration (Days)	Average Daily Room and Board Rate Charged		
Functional Neuroses	H, no S	40.8	184	14.2	68	.....	.....	35.5	210	1.4	27	.....	.....	6	48	7.3	51	.....	.....	7,688	17	452	17	17.8	10.35
	S, no H	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
	H and S	11.8	50	17.2	74	38.1	163	19.9	170	1.8	15	.....	.....	.....	.....	8.3	71	2.9	25	853	2	427	2	3.0	16.67
	No H, no S	.....	.....	.....	.....	.....	.....	75.3	148	4.3	27	.....	.....	.....	.....	20.4	53	.....	.....	3,134	16	196	.....	.....	.....
	All	27.8	170	10.6	69	2.8	163	45.0	175	2.2	26	.....	.....	.....	.....	10.9	53	.....	.....	11,675	35	334	19	16.3	10.47
Other Diseases of the Nervous System	H, no S	28.2	96	19.7	75	.....	.....	47.4	195	.....	.....	.....	.....	.....	.....	3.8	24	.....	.....	5,750	17	338	17	5.9	16.16
	S, no H	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
	H and S	24.2	104	.....	.....	44.4	84	30.1	64	5.3	25	.....	.....	.....	.....	18.5	47	1.1	40	3,797	20	190	.....	.....	.....
	No H, no S	.....	.....	17.7	77	31.5	136	14.0	64	1.7	31	2.0	75	.....	.....	6.7	35	2.2	40	7,336	17	432	17	5.9	17.54
	All	14.4	100	10.8	65	17.0	108	37.4	88	5.0	35	.....	.....	.....	.....	26.8	44	1.0	23	6,675	54	124	.....	.....	.....
Diseases of the Circulatory System	H, no S	39.0	221	22.6	132	.....	.....	27.8	183	2.1	36	.....	.....	.....	.....	7.0	74	1.0	25	15,807	28	565	28	11.6	19.06
	S, no H	.....	.....	4.5	25	17.7	32	46.3	127	7.7	35	.....	.....	.....	.....	17.4	48	6.4	35	1,099	6	183	.....	.....	.....
	H and S	28.8	170	20.5	121	27.2	161	12.5	89	2.5	61	1.4	78	.....	.....	4.4	47	2.7	33	17,118	29	590	29	9.4	18.21
	No H, no S	.....	.....	1.5	25	.....	.....	61.0	81	7.2	27	.....	.....	.....	.....	30.0	46	.....	.....	6,638	50	133	.....	.....	.....
	All	27.4	195	17.8	117	11.9	139	27.3	109	3.2	38	.....	.....	.....	.....	9.9	52	1.7	29	40,662	113	360	57	10.4	18.67
Diseases of the Respiratory System	H, no S	33.4	98	29.9	88	.....	.....	27.5	113	1.0	16	.....	.....	.....	.....	7.2	55	.....	.....	15,233	52	293	52	6.7	14.60
	S, no H	.....	.....	.....	.....	22.7	34	37.3	61	16.8	55	.....	.....	.....	.....	.....	.....	.....	.....	1,636	11	149	.....	.....	.....
	H and S	23.0	88	22.6	87	32.8	126	11.4	56	1.7	37	.....	.....	.....	.....	6.7	47	1.4	31	21,482	56	384	56	5.5	15.99
	No H, no S	.....	.....	1.5	20	.....	.....	56.3	73	9.2	34	.....	.....	.....	.....	32.5	49	.....	.....	19,310	151	128	.....	.....	.....
	All	17.4	93	16.8	79	12.8	111	31.4	76	4.5	33	.....	.....	.....	.....	16.0	49	.....	.....	57,661	270	214	108	6.1	15.25
Diseases of the Digestive System	H, no S	35.7	107	32.2	97	.....	.....	23.6	96	2.4	32	.....	.....	.....	.....	5.6	36	.....	.....	22,868	76	301	76	6.9	15.66
	S, no H	.....	.....	.....	.....	22.4	36	31.4	75	22.3	71	.....	.....	.....	.....	20.2	73	3.4	50	2,879	18	160	.....	.....	.....
	H and S	26.1	164	26.0	163	30.4	191	9.3	82	1.6	37	2.3	126	.....	.....	2.5	33	1.8	33	88,539	141	628	141	9.8	16.74
	No H, no S	.....	.....	4.6	41	.....	.....	47.3	71	14.6	41	.....	.....	.....	.....	33.0	61	.....	.....	14,157	98	144	.....	.....	.....
	All	24.4	144	24.2	133	21.5	174	16.5	81	3.6	40	.....	.....	.....	.....	6.8	49	1.4	33	128,443	333	386	217	8.8	16.44
Diseases of the Urinary System	H, no S	38.5	75	32.1	63	.....	.....	19.8	71	3.3	18	.....	.....	.....	.....	6.3	34	.....	.....	2,148	11	195	11	5.2	14.38
	S, no H	.....	.....	3.2	13	25.7	29	37.4	42	16.8	29	.....	.....	.....	.....	16.9	26	.....	.....	1,554	14	111	.....	.....	.....
	H and S	24.2	130	30.2	162	25.3	136	13.6	80	1.7	27	.....	.....	.....	.....	3.0	31	1.2	30	17,211	32	538	32	8.4	15.57
	No H, no S	.....	.....	1.5	16	.....	.....	56.4	66	13.3	28	.....	.....	.....	.....	28.3	35	.....	.....	3,379	30	113	.....	.....	.....
	All	20.7	116	24.6	120	19.6	103	21.6	67	4.4	27	.....	.....	.....	.....	7.7	32	.....	.....	24,292	87	279	43	7.6	15.36

TABLE 4—FEMALE EMPLOYEE—Continued

CAUSE OF DISABILITY	CLAIM CLASSIFICATION*	HOSPITAL ROOM AND BOARD		HOSPITAL SPECIAL CHARGES		SURGICAL		OTHER PHYSICIANS		LABORATORY AND X-RAY		PRIVATE DUTY NURSING		DRUGS AND MEDICINES		OTHER MEDICAL EXPENSES		TOTAL CHARGES			CLAIMS WITH HOSPITAL CONFINEMENT		
		Percent of Total Charges	Average Charge per Claim	Percent of Total Charges	Average Charge per Claim	Percent of Total Charges	Average Charge per Claim	Percent of Total Charges	Average Charge per Claim	Percent of Total Charges	Average Charge per Claim	Percent of Total Charges	Average Charge per Claim	Percent of Total Charges	Average Charge per Claim	Percent of Total Charges	Average Charge per Claim	Amount	Number of Claims	Average Total Charge per Claim	Number of Claims	Average Duration (Days)	Average Daily Room and Board Rate Charged
Diseases of the Female Reproductive System or Gynecology	H, no S	33.3	65	34.1	69	.....	.....	27.7	74	1.4	21	.....	.....	2.7	23	.8	15	5,899	30	197	30	4.7	13.93
	S, no H	.....	.....	3.4	21	29.4	32	37.3	42	9.9	27	.....	.....	17.9	27	2.1	64	3,051	28	109	.....	.....	.....
	H and S	21.8	114	26.1	136	36.5	190	7.7	57	1.4	22	2.1	93	1.9	23	2.5	39	136,533	262	521	262	7.1	16.16
	No H, no S	.....	.....	.9	20	.....	.....	57.8	74	11.7	36	.....	.....	29.5	47	.1	7	13,144	105	125	.....	.....	.....
	All	20.1	109	23.9	126	32.0	175	13.1	62	2.4	29	1.8	93	4.5	32	2.2	37	158,627	425	373	292	6.8	16.00
Diseases of the Musculo-skeletal System	H, no S	31.8	130	26.3	107	.....	.....	27.3	126	2.6	23	.3	32	9.6	57	2.1	45	10,630	26	409	26	7.8	16.56
	S, no H	.....	.....	1.0	19	23.0	35	48.7	74	20.0	40	.....	.....	7.3	13	.....	.....	1,814	12	151	.....	.....	.....
	H and S	28.2	191	19.1	129	28.2	191	13.1	110	2.2	46	.....	.....	5.5	58	3.7	48	16,892	25	676	25	13.4	14.20
	No H, no S	.....	.....	5.9	45	.....	.....	54.0	81	12.5	31	.1	10	21.3	43	6.2	66	12,880	86	149	.....	.....	.....
	All	19.4	160	16.1	98	12.3	140	30.6	92	6.2	32	.1	21	11.4	45	3.9	55	42,139	149	283	51	10.6	15.09
Endocrine and Metabolic Diseases	H, no S	37.5	150	23.6	94	.....	.....	26.2	113	4.4	46	1.4	72	6.9	40	.....	.....	5,201	13	400	13	9.1	16.57
	S, no H	.....	.....	.....	.....	9.9	18	40.8	72	4.5	16	.....	.....	44.8	79	.....	.....	353	2	177	.....	.....	.....
	H and S	22.5	137	20.3	123	39.1	237	5.5	50	1.2	25	8.1	257	1.5	24	1.8	38	12,726	21	606	21	8.3	16.48
	No H, no S	.....	.....	3.1	39	.....	.....	54.4	75	14.9	38	.....	.....	27.6	49	0.0	1	6,184	47	132	.....	.....	.....
	All	19.6	142	16.4	103	20.5	218	22.8	76	5.4	37	4.5	220	9.9	45	.9	33	24,464	83	295	34	8.6	16.51
Diseases of the Blood and Lymph Glands	H, no S	30.2	108	33.9	121	.....	.....	29.5	158	3.9	42	.....	.....	2.0	16	.5	15	3,212	9	357	9	6.6	16.44
	S, no H	.....	.....	.....	.....	23.1	33	55.9	121	21.0	46	.....	.....	.....	.....	.....	.....	433	3	144	.....	.....	.....
	H and S	24.0	112	23.9	111	24.3	114	22.1	147	1.5	23	.....	.....	3.1	29	1.1	25	4,665	10	467	10	7.5	14.96
	No H, no S	.....	.....	.7	15	.....	.....	64.5	103	7.5	32	.....	.....	27.0	58	.3	11	8,433	53	159	.....	.....	.....
	All	12.5	110	13.5	98	7.4	95	45.8	113	5.5	33	.....	.....	14.8	52	.5	17	16,743	75	223	19	7.1	15.61
Not Available	H, no S	40.6	112	30.6	86	.....	.....	22.6	76	.5	14	.1	44	5.5	48	.1	30	31,281	113	277	113	10.7	10.47
	S, no H	.....	.....	11.5	28	41.8	51	30.7	64	2.2	15	.3	28	13.5	34	.....	.....	8,969	73	123	.....	.....	.....
	H and S	27.3	140	26.3	135	35.0	179	6.8	66	.4	19	1.8	159	2.3	40	.1	23	143,500	280	513	280	9.1	15.43
	No H, no S	.....	.....	8.0	33	.....	.....	65.3	93	2.6	19	.2	20	23.5	41	.4	23	35,615	278	128	.....	.....	.....
	All	23.8	132	23.3	99	24.6	153	19.5	80	.8	18	1.2	128	6.7	41	.1	23	219,365	744	295	393	9.6	13.83
	Grand total	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	881,408	2,903	1,465	.....	.....	.....

*H, no S = Hospital confinement but no surgery; S, no H = Surgery but no hospital confinement; H and S = Hospital confinement and surgery; No H, no S = Neither hospital confinement nor surgery.

TABLE 4—DEPENDENT SPOUSE

TOTAL CHARGES UNDER A COMPREHENSIVE MAJOR MEDICAL PLAN, BY CAUSE OF DISABILITY

CAUSE OF DISABILITY	CLAIM CLASSIFICATION*	HOSPITAL ROOM AND BOARD		HOSPITAL SPECIAL CHARGES		SURGICAL		OTHER PHYSICIANS		LABORATORY AND X-RAY		PRIVATE DUTY NURSING		DRUGS AND MEDICINES		OTHER MEDICAL EXPENSES		TOTAL CHARGES			CLAIMS WITH HOSPITAL CONFINEMENT		
		Percent of Total Charges	Average Charge per Claim	Percent of Total Charges	Average Charge per Claim	Percent of Total Charges	Average Charge per Claim	Percent of Total Charges	Average Charge per Claim	Percent of Total Charges	Average Charge per Claim	Percent of Total Charges	Average Charge per Claim	Percent of Total Charges	Average Charge per Claim	Percent of Total Charges	Average Charge per Claim	Amount	Number of Claims	Average Total Charge per Claim	Number of Claims	Average Duration (Days)	Average Daily Room and Board Rate Charged
Cancer	H, no S	32.6	332	23.6	241			17.7	206	2.9	93	19.2	520	3.7	67	.3	23	16,273	16	1,017	16	18.6	17.86
	S, no H			2.9	14	33.2	63	28.6	68	13.1	31			4.4	21	17.8	113	1,907	10	191			
	H and S	23.4	312	24.2	322	19.3	256	11.7	185	1.5	60	15.5	610	2.1	49	2.3	85	98,335	74	1,329	74	17.4	17.96
	No H, no S							39.8	113	2.7	35			53.5	228	4.0	51	2,558	9	284			
	All	23.8	316	23.3	295	16.5	233	13.4	171	1.9	57	15.4	593	3.4	68	2.3	82	119,073	109	1,092	90	17.6	17.94
General	H, no S	34.9	95	32.4	88			22.5	106	1.9	41	.3	43	7.5	56	.5	23	44,485	164	271	164	7.1	13.39
	S, no H			6.6	24	35.5	34	26.6	42	12.7	45			18.2	35	.4	14	9,857	102	97			
	H and S	26.0	116	26.0	117	27.9	124	11.5	84	1.1	26	1.9	149	4.5	52	1.1	34	94,345	212	445	212	7.2	16.01
	No H, no S			1.9	27			52.7	75	6.4	31	3.8	277	34.7	57	.5	36	29,424	213	139			
	All	22.5	107	22.5	95	16.8	95	21.9	79	2.8	34	1.7	159	11.0	53	.8	30	178,091	691	258	376	7.2	14.89
Accidents	H, no S	31.0	89	27.0	78			30.8	123	2.8	52	.5	40	5.9	52	2.0	26	25,618	89	288	89	6.4	13.83
	S, no H			10.0	24	41.9	51	28.5	55	6.0	26			12.8	41	.8	14	12,832	106	121			
	H and S	28.2	223	21.1	168	21.9	172	12.1	123	1.3	26	11.3	917	2.1	42	2.0	36	103	788	103	13.7	16.22	
	No H, no S			12.1	19			57.2	72	10.1	33			16.3	36	4.3	49	13,059	165	83			
	All	23.2	161	20.2	81	17.4	111	21.9	92	2.9	31	7.0	715	5.3	41	2.1	34	133,311	463	288	192	10.3	15.53
Maternity	H, no S	30.9	100	45.2	116			10.9	195			3.9	414	1	14			10,728	43	249	43	6.9	14.41
	S, no H			21.3	64	72.3	144	1.3	15	1.3	15			3.8	46			1,197	6	200			
	H and S	24.3	83	30.1	107	42.2	145	1.8	40			.6	98	.5	29	.4	38	30,169	88	343	88	5.2	15.91
	No H, no S			12.0	3			88.0	11									25	2	13			
	All	27.5	89	33.7	108	32.3	145	4.2	77		13	1.4	203	.5	20	.3	38	42,119	139	303	131	5.8	15.32
Psychoses and Mental Deficiency	H, no S	63.1	763	11.9	154			21.1	330		16	1.0	183	2.1	60	.7	131	37,502	31	1,210	31	66.6	11.46
	S, no H													3.8	144			7,534	5	1,507			
	H and S	51.4	774	9.2	173	9.4	142	20.9	314	2.3	44			15.9	90	3.0	114	4,528	9	1,503	5	37.0	20.92
	No H, no S							83.6	421	.5	8												
	All	55.6	765	10.4	157	1.4	142	26.8	349	.5	25	.7	183	3.6	78	1.0	123	49,564	45	1,101	36	62.5	12.24
Functional Neuroses	H, no S	41.6	264	16.1	105			33.6	239	2	13	.6	114	6.8	68	1.1	61	39,861	63	633	63	27.1	9.76
	S, no H					26.2	51	46.1	89	10.1	34			12.4	42	5.2	70	1,354	7	193			
	H and S	18.4	194	9.2	98	5.3	56	43.0	454	2.4	45	15.1	372	6.5	68	.1	7	7,400	7	1,037	7	11.6	16.78
	No H, no S			1.0	31			76.6	251	2.0	28			20.1	83	.3	18	27,216	84	324			
	All	23.7	257	9.7	96	1.0	53	50.1	248	1.2	29	1.8	269	11.7	76	.8	42	75,831	161	471	70	25.5	10.08

TABLE 4—DEPENDENT SPOUSE—Continued

CAUSE OF DISABILITY	CLAIM CLASSIFICATION*	HOSPITAL ROOM AND BOARD		HOSPITAL SPECIAL CHARGES		SURGICAL		OTHER PHYSICIANS		LABORATORY AND X-RAY		PRIVATE DUTY NURSING		DRUGS AND MEDICINES		OTHER MEDICAL EXPENSES		TOTAL CHARGES			CLAIMS WITH HOSPITAL CONFINEMENT		
		Per- cent of Total Charges	Average Charge per Claim	Per- cent of Total Charges	Average Charge per Claim	Per- cent of Total Charges	Average Charge per Claim	Per- cent of Total Charges	Average Charge per Claim	Per- cent of Total Charges	Average Charge per Claim	Per- cent of Total Charges	Average Charge per Claim	Per- cent of Total Charges	Average Charge per Claim	Per- cent of Total Charges	Average Charge per Claim	Per- cent of Total Charges	Average Charge per Claim	Amount	Num- ber of Claims	Average Total Charge per Claim	Num- ber of Claims	Average Duration (Days)	Average Daily Room and Board Rate Charged
Intracranial Tumors or Abscesses	H, no S	40.2	299	18.3	136	.....	.....	19.5	218	.....	.....	18.8	420	2.8	62	.4	10	2,232	3	744	3	19.0	15.72
	S, no H	14.3	86	27.2	163	20.0	120	15.0	90	.....	.....	.....	.....	21.0	126	2.5	15	600	1	600	1	4.0	21.50
	H and S	.....	.....	.....	.....	.....	.....	100.0	35	.....	.....	.....	.....	.....	.....	.....	.....	35	1	35	.....	.....	.....
	All	34.2	246	20.0	143	4.2	120	19.5	140	.....	.....	14.6	420	6.6	94	.9	13	2,867	5	573	4	15.3	16.10
Other Diseases of the Nervous System	H, no S	31.7	170	21.1	117	.....	.....	26.6	173	1.4	37	9.4	347	7.8	73	2.0	44	29,380	55	534	55	13.2	12.90
	S, no H	.....	.....	2.3	22	13.0	25	48.0	96	10.5	46	.....	.....	25.4	68	.8	40	4,823	25	193	.....	.....	.....
	H and S	23.5	147	18.9	118	34.4	216	8.5	65	1.2	29	9.2	514	3.1	39	1.2	26	44,485	71	627	71	9.5	15.39
	No H, no S	.....	.....	2.1	33	.....	.....	48.9	88	4.9	30	10.2	2,817	33.1	68	.8	35	27,666	156	177	.....	.....	.....
	All	18.5	157	14.4	105	15.0	166	25.8	98	2.7	33	9.1	571	13.2	64	1.3	34	106,354	307	346	126	11.1	14.10
Diseases of the Circulatory System	H, no S	34.0	172	23.9	121	.....	.....	24.0	143	1.3	32	8.0	402	8.1	69	.7	28	75,173	148	508	148	11.2	15.39
	S, no H	.....	.....	3.6	28	25.8	51	30.7	71	4.9	31	.....	.....	32.8	84	2.2	24	7,658	39	196	.....	.....	.....
	H and S	25.1	155	21.2	132	29.6	183	11.1	84	1.2	36	4.2	382	5.3	58	2.3	32	109,198	177	617	177	10.2	15.20
	No H, no S	.....	.....	.9	16	.....	.....	45.1	72	5.9	32	7.8	580	39.9	70	.4	37	44,779	290	154	.....	.....	.....
	All	22.3	163	17.7	116	14.5	159	22.3	90	2.2	33	6.0	427	13.6	68	1.4	31	236,808	654	362	325	10.6	15.29
Diseases of the Respiratory System	H, no S	35.9	107	32.2	96	.....	.....	21.7	92	1.0	22	.3	42	8.3	57	.6	44	82,076	274	300	274	8.2	13.11
	S, no H	.....	.....	6.6	71	20.7	39	41.5	83	10.5	30	.....	.....	20.7	51	.....	.....	6,380	34	188	.....	.....	.....
	H and S	21.0	97	25.2	117	24.6	114	18.6	102	2.1	38	.7	190	6.2	46	1.6	29	55,545	120	483	120	6.4	15.16
	No H, no S	.....	.....	1.6	21	.....	.....	58.1	79	7.1	30	.3	133	32.6	51	.3	18	47,462	358	133	.....	.....	.....
	All	21.4	104	21.7	96	7.8	97	30.5	86	3.2	30	.4	90	14.2	52	.8	30	191,463	786	244	394	7.6	13.63
Diseases of the Digestive System	H, no S	31.7	83	33.6	88	.....	.....	22.3	81	2.4	51	.4	143	9.0	58	.6	28	99,714	382	261	382	5.9	14.06
	S, no H	.....	.....	2.2	25	24.6	60	45.7	121	10.6	46	.....	.....	16.2	73	.7	33	9,045	37	244	.....	.....	.....
	H and S	24.5	164	27.2	183	30.3	203	9.7	82	1.2	33	2.0	99	3.2	41	1.9	40	270,568	403	671	403	11.2	14.67
	No H, no S	.....	.....	3.4	35	.....	.....	47.6	71	15.4	47	.3	58	33.2	61	.1	12	42,044	292	144	.....	.....	.....
	All	23.2	125	25.8	131	20.0	191	17.3	80	3.1	43	1.4	100	7.8	54	1.4	38	421,371	1,114	378	785	8.6	14.46
Diseases of the Urinary System and Male Reproductive System	H, no S	32.6	86	37.2	98	.....	.....	20.3	84	8	30	3.0	134	5.6	41	.5	17	27,234	104	262	104	6.3	13.50
	S, no H	.....	.....	3.5	35	25.2	43	39.7	71	10.0	28	.....	.....	2.1	48	.2	13	6,943	41	169	.....	.....	.....
	H and S	23.4	114	29.2	143	23.7	116	13.9	78	1.4	31	1.5	135	5.4	45	1.5	30	61,049	125	488	125	7.8	14.61
	No H, no S	.....	.....	2.6	26	.....	.....	53.0	71	6.8	21	.....	.....	37.6	59	0.0	3	12,130	95	128	.....	.....	.....
	All	21.6	101	26.6	115	15.1	98	21.6	76	2.4	26	1.6	134	10.1	50	1.0	26	107,356	365	294	229	7.1	14.16

* H, no S = Hospital confinement but no surgery; S, no H = Surgery but no hospital confinement; H and S = Hospital confinement and surgery; No H, no S = Neither hospital confinement nor surgery.

TABLE 4—DEPENDENT SPOUSE—Continued

CAUSE OF DISABILITY	CLAIM CLASSIFICATION*	HOSPITAL ROOM AND BOARD		HOSPITAL SPECIAL CHARGES		SURGICAL		OTHER PHYSICIANS		LABORATORY AND X-RAY		PRIVATE DUTY NURSING		DRUGS AND MEDICINES		OTHER MEDICAL EXPENSES		TOTAL CHARGES			CLAIMS WITH HOSPITAL CONFINEMENT		
		Per- cent of Total Charges	Average Charge per Claim	Per- cent of Total Charges	Average Charge per Claim	Per- cent of Total Charges	Average Charge per Claim	Per- cent of Total Charges	Average Charge per Claim	Per- cent of Total Charges	Average Charge per Claim	Per- cent of Total Charges	Average Charge per Claim	Per- cent of Total Charges	Average Charge per Claim	Per- cent of Total Charges	Average Charge per Claim	Amount	Number of Claims	Average Total Charge per Claim	Number of Claims	Average Duration (Days)	Average Daily Room and Board Rate Charged
Diseases of the Female Reproductive System or Gynecology	H, no S	32.6	65	39.9	81	.....	.....	21.7	90	.5	15	.1	20	4.7	39	.5	23	33,538	168	200	168	4.8	13.51
	S, no H	.....	.....	4.7	26	34.9	44	33.7	54	6.3	23	.7	39	18.3	41	1.4	33	11,444	91	126	.....	.....	.....
	H and S	22.5	109	27.3	133	34.5	167	7.2	50	.8	24	2.4	134	3.1	35	2.2	33	524,604	1,084	484	1,084	7.5	14.52
	No H, no S	.....	.....	1.4	31	.....	.....	59.6	82	7.2	29	1.1	504	30.6	51	.1	12	44,633	332	134	.....	.....	.....
	All	21.2	103	25.7	123	30.1	158	12.2	61	1.3	25	2.2	135	5.4	41	1.9	32	614,219	1,675	367	1,252	7.2	14.42
Diseases of the Musculo-skeletal System	H, no S	36.8	165	27.5	123	.....	.....	20.5	112	1.8	42	7.1	1,245	5.4	45	.9	33	52,393	117	448	117	10.9	15.14
	S, no H	.....	.....	3.4	18	27.6	44	38.4	64	12.7	40	.....	.....	15.9	33	2.0	28	4,152	26	160	.....	.....	.....
	H and S	25.7	199	22.6	176	23.6	183	12.6	123	1.0	27	8.1	616	3.5	50	2.9	57	76,073	98	776	98	12.2	16.32
	No H, no S	.....	.....	3.2	34	.....	.....	54.4	88	9.0	35	.3	46	31.5	57	1.6	27	46,489	293	159	.....	.....	.....
	All	21.6	180	18.6	125	10.7	154	26.3	97	3.6	35	5.6	627	11.6	58	2.0	42	179,107	534	335	215	11.5	15.71
Endocrine and Metabolic Diseases	H, no S	26.3	81	33.0	101	.....	.....	24.9	88	2.3	31	.....	.....	13.3	70	.2	13	21,541	70	308	70	5.7	14.18
	S, no H	.....	.....	1.4	25	27.0	44	29.0	58	23.9	62	.....	.....	18.7	42	.....	.....	1,807	11	164	.....	.....	.....
	H and S	20.6	131	22.5	144	33.1	212	13.0	94	1.3	24	2.4	85	5.1	54	2.0	33	52,450	82	640	82	9.2	14.34
	No H, no S	.....	.....	1.2	20	.....	.....	55.8	87	8.6	33	.....	.....	34.4	64	0.0	10	24,984	165	151	.....	.....	.....
	All	16.3	108	19.1	115	17.7	192	26.4	88	3.7	32	1.3	85	14.4	62	1.1	31	100,782	328	307	152	7.6	14.27
Diseases of the Blood and Lymph Glands	H, no S	38.4	114	28.0	83	.....	.....	22.7	91	1.7	23	.....	.....	9.2	50	.....	.....	9,228	31	298	31	7.1	16.01
	S, no H	.....	.....	4.4	30	12.4	26	59.6	123	12.2	50	.....	.....	11.4	29	.....	.....	2,059	10	206	.....	.....	.....
	H and S	23.3	151	29.1	188	19.0	123	16.6	138	4.8	56	.3	32	5.2	61	1.7	33	11,638	18	647	18	9.9	15.24
	No H, no S	.....	.....	1.8	31	.....	.....	64.6	92	4.8	22	.....	.....	28.8	50	.....	.....	15,539	113	138	.....	.....	.....
	All	16.3	128	16.5	104	6.4	88	39.7	98	4.5	31	.1	32	16.0	49	.5	33	38,464	172	224	49	8.1	15.67
Not Available	H, no S	45.5	172	27.0	105	.....	.....	20.0	95	.5	17	2.6	192	4.3	44	.1	26	81,160	215	377	215	14.3	11.97
	S, no H	.....	.....	11.8	27	46.8	54	24.3	51	3.6	19	0.0	2	13.1	36	.4	24	17,897	154	116	.....	.....	.....
	H and S	28.1	157	25.9	146	30.7	172	9.6	93	.5	22	1.5	125	3.4	51	3.4	49	234,908	419	561	419	9.3	16.84
	No H, no S	.....	.....	8.0	34	.....	.....	55.9	77	3.1	20	.2	21	32.2	54	.6	27	66,571	528	126	.....	.....	.....
	All	25.7	162	22.5	105	20.1	141	20.0	82	1.1	20	1.5	122	8.8	50	.3	35	400,536	1,316	304	634	11.0	14.69
	Grand total	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	2,997,316	8,864	.....	5,060	.....	.....

TABLE 4—DEPENDENT CHILDREN)

TOTAL CHARGES UNDER A COMPREHENSIVE MAJOR MEDICAL PLAN, BY CAUSE OF DISABILITY

CAUSE OF DISABILITY	CLAIM CLASSIFICATION*	HOSPITAL ROOM AND BOARD		HOSPITAL SPECIAL CHARGES		SURGICAL		OTHER PHYSICIANS		LABORATORY AND X-RAY		PRIVATE DUTY NURSING		DRUGS AND MEDICINES		OTHER MEDICAL EXPENSES		TOTAL CHARGES			CLAIMS WITH HOSPITAL CONFINEMENT		
		Per- cent of Total Charges	Average Charge per Claim	Per- cent of Total Charges	Average Charge per Claim	Per- cent of Total Charges	Average Charge per Claim	Per- cent of Total Charges	Average Charge per Claim	Per- cent of Total Charges	Average Charge per Claim	Per- cent of Total Charges	Average Charge per Claim	Per- cent of Total Charges	Average Charge per Claim	Per- cent of Total Charges	Average Charge per Claim	Amount	Number of Claims	Average Total Charge per Claim	Number of Claims	Average Duration (Days)	Average Daily Room and Board Rate Charged
Cancer	H, no S	38.4	163	43.3	184	.....	.....	7.8	55	1.0	21	2.0	42	6.7	71	.8	16	2,121	5	424	5	10.6	15.42
	S, no H	.....	.....	.....	.....	38.9	35	21.1	19	20.0	18	.....	.....	20.0	18	.....	.....	5,781	1	80	.....	.....	.....
	H and S	36.5	301	31.8	263	13.3	110	14.7	170	2.3	33	.....	.....	2.7	73	.7	40	167	7	826	7	18.1	16.61
	No H, no S	.....	.....	.....	.....	.....	.....	8.4	14	44.9	75	.....	.....	46.7	18	.....	.....	167	1	167	.....	.....	.....
	All	35.9	244	33.8	230	9.9	101	12.8	105	3.0	35	.5	42	3.4	40	.7	28	8,159	14	583	12	15.0	16.26
General	H, no S	35.2	65	35.5	67	.....	.....	21.1	79	.8	20	2.2	282	4.7	32	.5	26	37,041	205	185	205	5.2	12.59
	S, no H	.....	.....	6.0	16	45.1	33	31.0	41	4.0	24	.....	.....	13.5	29	.4	25	6,098	84	73	.....	.....	.....
	H and S	16.3	41	29.4	73	40.2	100	9.5	43	.8	26	.1	30	2.6	22	1.1	29	78,897	318	248	318	3.2	12.79
	No H, no S	.....	.....	2.0	12	.....	.....	58.8	71	3.9	22	.1	24	33.1	46	2.1	85	31,645	288	110	.....	.....	.....
	All	17.0	50	24.4	64	22.3	86	23.2	62	1.6	23	.6	136	9.8	37	1.1	38	154,581	895	173	523	4.0	12.69
Accidents	H, no S	34.0	46	36.8	50	.....	.....	24.0	63	1.3	21	1.6	131	1.5	18	.8	15	25,324	189	134	189	3.7	12.20
	S, no H	.....	.....	13.5	21	60.2	51	14.9	27	6.0	20	0.0	15	4.1	14	1.3	17	35,865	423	85	.....	.....	.....
	H and S	20.3	92	27.1	124	31.2	142	9.5	75	1.2	24	6.7	621	1.1	22	2.9	48	121,088	266	455	266	7.3	12.69
	No H, no S	.....	.....	30.9	13	.....	.....	51.1	45	5.4	19	.1	10	10.2	25	2.3	30	18,141	537	34	.....	.....	.....
	All	16.7	73	26.2	47	29.6	86	16.1	49	2.4	21	4.2	472	2.5	19	2.3	36	200,438	1,415	142	455	5.8	12.56
Care of New-born Children	H, no S	64.3	150	13.6	43	.....	.....	19.9	89	.5	30	.1	10	1.2	26	.4	23	17,916	77	233	77	20.2	7.43
	S, no H	.....	.....	10.4	61	55.6	108	30.2	59	3.8	11	.....	.....	.....	.....	.....	.....	585	3	195	.....	.....	.....
	H and S	43.3	174	17.6	80	27.3	110	10.8	84	.1	7	.....	.....	.1	4	.8	27	10,063	25	403	25	16.4	10.66
	No H, no S	.....	.....	12.0	29	.....	.....	56.5	62	7.8	31	.....	.....	8.7	18	15.0	91	1,206	13	93	.....	.....	.....
	All	53.5	156	14.8	52	10.3	110	18.5	82	.7	22	0.0	10	1.1	20	1.1	41	29,770	118	252	102	19.2	8.10
Psychoses and Mental Deficiency	H, no S	18.1	86	17.9	85	.....	.....	57.0	361	2.7	52	2.8	54	2	4	1.3	25	1,902	4	476	4	5.5	15.59
	S, no H	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
	H and S	.....	.....	.....	.....	.....	.....	90.7	600	2.8	73	.....	.....	6.1	81	.4	10	2,643	4	661	.....	.....	.....
	No H, no S	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
	All	7.4	86	7.5	85	.....	.....	76.6	497	2.8	63	1.2	54	3.7	55	.8	18	4,545	8	568	4	5.5	15.59
Functional Neuroses	H, no S	61.5	668	10.8	164	.....	.....	27.6	1,052	.....	.....	.....	.....	.1	10	.....	.....	7,608	7	1,087	7	58.9	11.34
	S, no H	.....	.....	.....	.....	5.0	15	61.5	183	6.0	18	.....	.....	27.5	82	.....	.....	298	1	298	.....	.....	.....
	H and S	.....	.....	.....	.....	.....	.....	94.7	330	.7	11	.....	.....	4.6	32	.....	.....	4,877	14	348	.....	.....	.....
	No H, no S	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
	All	36.6	668	6.4	164	.1	15	54.0	406	.4	13	.....	.....	2.5	35	.....	.....	12,763	22	581	7	58.9	11.34

*H, no S = Hospital confinement but no surgery; S, no H = Surgery but no hospital confinement; H and S = Hospital confinement and surgery; No H, no S = Neither hospital confinement nor surgery.

TABLE 4—DEPENDENT CHILD(REN)—Continued

CAUSE OF DISABILITY	CLAIM CLASSIFICATION*	HOSPITAL ROOM AND BOARD		HOSPITAL SPECIAL CHARGES		SURGICAL		OTHER PHYSICIANS		LABORATORY AND X-RAY		PRIVATE DUTY NURSING		DRUGS AND MEDICINES		OTHER MEDICAL EXPENSES		TOTAL CHARGES			CLAIMS WITH HOSPITAL CONFINEMENT		
		Per-cent of Total Charges	Average Charge per Claim	Per-cent of Total Charges	Average Charge per Claim	Per-cent of Total Charges	Average Charge per Claim	Per-cent of Total Charges	Average Charge per Claim	Per-cent of Total Charges	Average Charge per Claim	Per-cent of Total Charges	Average Charge per Claim	Per-cent of Total Charges	Average Charge per Claim	Per-cent of Total Charges	Average Charge per Claim	Amount	Number of Claims	Average Total Charge per Claim	Number of Claims	Average Duration (Days)	Average Daily Room and Board Rate Charged
Intracranial Tumors or Abscesses	H, no S	41.8	205	44.5	219			11.7	144							2.0	25	2,459	5	492	5	15.4	13.32
	S, no H																						
	H and S	30.6	322	26.4	277	29.5	310	3.9	53	1.2	41	4.3	187	9	20	3.2	62	13,654	13	1,050	13	21.4	15.05
	No H, no S			17.1	15			40.6	36					42.3	37			175	2	88			
	All	32.0	289	29.0	236	24.7	310	5.5	64	1.0	41	3.6	197	1.2	25	3.0	54	16,288	20	814	18	19.7	14.67
Other Diseases of the Nervous System	H, no S	48.3	188	28.1	114			16.3	92	.4	42	2.6	216	4.0	33	.3	19	33,357	86	388	86	15.6	12.01
	S, no H			6.4	17	27.3	27	44.8	49	1.2	10			18.2	23	2.1	22	3,155	32	99			
	H and S	18.0	71	21.2	84	43.2	172	10.0	53	.4	18	.5	29	2.8	26	3.9	34	48,541	122	398	122	4.5	15.69
	No H, no S			6.8	65			52.4	58	5.6	22	.6	80	26.3	37	8.3	93	12,368	119	104			
	All	25.5	119	21.2	90	22.4	142	18.7	62	1.1	21	1.2	91	6.7	33	3.2	41	97,421	359	271	208	9.1	13.09
Diseases of the Circulatory System	H, no S	43.9	203	32.3	158			16.0	121	2.9	40	.3	24	4.3	44	.3	25	8,301	18	461	18	14.1	14.38
	S, no H					17.8	23	52.5	69	8.6	17			21.1	42			394	3	131			
	H and S	19.0	86	33.9	154	31.1	142	9.0	64	.2	10	1.6	160	2.1	19	3.1	63	10,009	22	455	22	6.0	14.39
	No H, no S			5.0	29			44.9	44	21.4	37	2.5	74	24.7	33	1.5	23	2,927	31	94			
	All	25.7	139	28.8	141	14.7	127	17.3	65	4.2	34	1.2	86	6.3	32	1.8	48	21,631	74	292	40	9.6	14.38
Diseases of the Respiratory System	H, no S	36.2	57	35.5	57			21.0	61	.9	21	1.3	120	4.8	28	.3	19	104,887	665	158	665	4.8	11.98
	S, no H			9.1	24	34.0	39	32.1	42	4.2	18			16.7	24	3.9	18	7,433	65	114			
	H and S	14.4	27	25.8	49	35.3	66	12.8	32	.5	11	.5	69	6.5	21	4.2	21	181,208	965	188	965	2.2	12.47
	No H, no S			1.6	18			62.0	66	4.2	19	0.0	6	31.4	37	.8	23	67,767	648	105			
	All	17.8	39	23.7	50	18.4	64	24.8	50	1.4	17	.6	89	10.9	29	2.4	21	361,295	2,343	154	1,630	3.2	12.16
Diseases of the Digestive System	H, no S	38.7	53	37.1	51			19.1	50	1.3	26	.1	15	3.6	22	.1	25	44,345	326	136	326	4.2	12.44
	S, no H			12.4	89	49.8	65	23.0	37	5.2	17			8.6	25	1.0	15	2,875	22	131			
	H and S	20.4	65	27.4	88	38.9	125	8.0	42	.6	15	1.0	122	1.6	18	2.1	29	221,739	691	321	691	4.7	13.85
	No H, no S			5.5	32			49.4	43	8.4	25	.6	48	36.1	38			8,684	108	80			
	All	22.4	61	28.1	76	31.5	123	11.3	44	1.0	19	.9	109	3.1	23	1.7	28	277,643	1,147	242	1,017	4.6	13.44
Diseases of the Urinary System and Male Reproductive System	H, no S	40.1	153	31.6	122			14.2	99	.8	18	7.3	2,548	5.4	79	.6	64	34,756	91	382	91	11.3	13.50
	S, no H			9.0	8	48.5	17	20.3	45	1.9	14			10.3	23			2,250	66	34			
	H and S	25.2	93	29.7	110	27.7	102	11.0	55	1.6	33	.2	61	2.8	28	1.8	27	34,947	95	368	95	7.5	12.34
	No H, no S			10.9	9			53.0	82	10.9	32			24.7	54	.6	16	4,786	89	54			
	All	29.6	122	28.8	82	14.1	67	15.6	72	1.8	27	3.4	1,305	5.6	47	1.1	30	76,739	341	225	186	9.4	13.02

TABLE 4—DEPENDENT CHILD(REN)—Continued

CAUSE OF DISABILITY	CLAIM CLASSIFICATION*	HOSPITAL ROOM AND BOARD		HOSPITAL SPECIAL CHARGES		SURGICAL		OTHER PHYSICIANS		LABORATORY AND X-RAY		PRIVATE DUTY NURSING		DRUGS AND MEDICINES		OTHER MEDICAL EXPENSES		TOTAL CHARGES			CLAIMS WITH HOSPITAL CONFINEMENT		
		Percent of Total Charges	Average Charge per Claim	Percent of Total Charges	Average Charge per Claim	Percent of Total Charges	Average Charge per Claim	Percent of Total Charges	Average Charge per Claim	Percent of Total Charges	Average Charge per Claim	Percent of Total Charges	Average Charge per Claim	Percent of Total Charges	Average Charge per Claim	Percent of Total Charges	Average Charge per Claim	Amount	Number of Claims	Average Total Charge per Claim	Number of Claims	Average Duration (Days)	Average Daily Room and Board Rate Charged
Diseases of the Female Reproductive System or Gynecology	H, no S	35.8	71	38.4	81	33.4	37	21.0	58	43.4	72	.3	6	4.4	22	.1	5	3,593	18	200	18	5.7	12.59
	S, no H													23.2	39			332	3	111			
	H and S	19.6	97	34.8	170	29.5	144	10.3	63	10.3	63	.5	14	2.9	29	1.2	20	11,739	24	489	24	7.2	13.40
	No H, no S			5.2	17			52.7	53			6.1	61	36.0	45			1,006	10	101			
	All	21.6	86	33.1	125	21.4	132	15.8	60	.8	18	.8	138	5.6	32	.9	18	16,670	55	303	42	6.5	13.10
Diseases of the Musculo-skeletal System	H, no S	39.5	109	28.0	81			22.7	96	1.1	16			5.7	57	3.0	75	10,157	37	275	37	8.6	12.58
	S, no H			6.3	35	33.1	42	43.0	88	8.3	45	2.4	40	5.1	21	1.8	15	1,642	13	126			
	H and S	26.3	123	23.0	108	37.6	177	6.5	43	1.1	19	.3	105	1.4	20	3.3	35	37,549	80	469	80	9.0	13.67
	No H, no S			3.7	13			59.3	62	11.7	23			12.1	24	13.2	43	6,234	63	99			
	All	24.9	118	21.3	87	26.4	158	16.5	62	2.5	22	.6	89	3.5	27	4.3	39	55,582	193	288	117	8.9	13.33
Endocrine and Metabolic Diseases	H, no S	34.3	98	27.9	80			22.7	84	3.0	38	.2	12	11.1	53	.8	13	6,286	22	286	22	7.8	12.56
	S, no H					6.8	11	64.7	102	5.9	28			22.6	54			473	3	158			
	H and S	16.2	64	23.4	92	37.1	146	8.3	44	1.9	15			9.9	78	3.2	25	1,576	4	394	4	5.5	11.64
	No H, no S			1.3	9			46.3	55	25.4	70			27.0	44			2,740	23	119			
	All	21.8	93	19.5	72	5.6	88	28.3	68	8.5	52	.1	12	15.3	50	.9	17	11,075	52	213	26	7.5	12.46
Diseases of the Blood and Lymph Glands	H, no S	36.3	106	32.6	95			22.1	87	1.9	29	1.6	196	5.3	43	.2	30	12,217	42	291	42	7.9	13.31
	S, no H			.8	3	18.4	12	57.4	36	14.2	14			9.2	12			380	6	63			
	H and S	18.9	70	32.2	119	28.6	106	15.3	61	2.1	19			1.4	11	1.5	21	5,561	15	371	15	5.8	12.07
	No H, no S			2.4	12			2.3	69	9.9	27			25.1	34	.3	15	4,651	42	111			
	All	23.9	96	25.8	88	7.3	79	29.2	72	3.8	25	.9	190	8.5	33	.6	22	22,800	105	217	57	7.4	13.05
Not Available	H, no S	51.2	77	25.8	43			19.5	59	.4	14	.1	49	2.9	27	.1	20	77,319	513	151	513	8.0	9.63
	S, no H			17.5	25	56.8	56	17.0	40	.7	10	0.0	1	7.8	25	.2	9	20,739	209	99			
	H and S	27.6	66	27.0	67	34.7	83	6.7	49	.3	16	1.1	142	2.2	29	.3	51	210,498	880	239	880	5.7	11.67
	No H, no S			6.0	21			58.9	57	2.6	15	.2	9	20.3	33	3.0	59	35,361	409	86			
	All	28.3	70	24.0	53	24.7	78	15.6	54	.6	14	.7	90	5.5	30	.6	46	343,917	2,011	171	1,393	6.5	10.75
	Grand total																	1,711,346	9,172		5,837		

* H, no S = Hospital confinement but no surgery; S, no H = Surgery but no hospital confinement; H and S = Hospital confinement and surgery; No H, no S = Neither hospital confinement nor surgery.

TABLE 5A—EMPLOYEES

TOTAL CHARGES CORRELATED WITH EXPOSURE, BY SIZE OF TOTAL CHARGES

Age or Sex	Total Charges	Employee-Years of Exposure	Number of Claims	Hospital Room and Board Charges	Hospital Special Charges	Total Non-hospital Charges	Total Charges
Under 40	More than \$ 50*	35,251	4,117	270,271	285,971	647,377	1,203,619
	" " \$100*	35,251	3,150	256,549	271,635	590,955	1,119,139
	" " \$100	44,817	3,979	337,823	347,459	766,534	1,451,816
	" " \$300	44,817	1,621	269,424	254,860	504,094	1,028,378
	" " \$500	44,817	761	192,555	172,757	330,597	695,909
40-49	More than \$ 50*	13,679	2,034	164,967	166,297	384,271	715,535
	" " \$100*	13,679	1,598	163,344	162,261	356,789	682,394
	" " \$100	17,412	1,921	201,833	194,067	437,916	833,816
	" " \$300	17,412	897	176,382	159,500	314,411	650,293
	" " \$500	17,412	487	139,358	122,839	228,418	490,615
50-59	More than \$ 50*	9,011	1,743	173,058	149,907	371,668	694,633
	" " \$100*	9,011	1,384	172,017	146,888	347,703	666,608
	" " \$100	11,095	1,649	207,422	178,308	423,985	809,715
	" " \$300	11,095	803	189,613	154,001	311,454	655,068
	" " \$500	11,095	486	159,879	126,462	246,586	532,927
60 or over	More than \$ 50*	3,125	770	103,577	88,644	207,966	400,187
	" " \$100*	3,125	633	103,247	87,660	198,671	389,578
	" " \$100	3,929	730	116,989	98,613	234,768	450,370
	" " \$300	3,929	407	109,803	90,295	191,952	392,050
	" " \$500	3,929	256	96,622	79,179	157,291	333,092
Male	More than \$ 50*	48,573	6,517	558,037	542,437	1,215,538	2,316,012
	" " \$100*	48,573	5,075	543,120	524,099	1,127,597	2,194,816
	" " \$100	61,228	6,158	672,330	639,261	1,402,705	2,714,296
	" " \$300	61,228	2,833	582,960	518,835	1,012,583	2,114,378
	" " \$500	61,228	1,484	460,317	394,370	739,283	1,593,970
Female	More than \$ 50*	12,493	2,147	153,836	148,382	395,744	697,962
	" " \$100*	12,493	1,690	152,037	144,345	366,521	662,903
	" " \$100	16,025	2,121	191,737	179,186	460,498	831,421
	" " \$300	16,025	895	162,262	139,821	309,328	611,411
	" " \$500	16,025	506	128,097	106,867	233,609	458,573
Total	More than \$ 50*	61,066	8,664	711,873	690,819	1,611,282	3,013,974
	" " \$100*	61,066	6,765	695,157	668,444	1,494,118	2,857,719
	" " \$100	77,253	8,279	864,067	818,447	1,863,203	3,545,717
	" " \$300	77,253	3,728	745,222	658,656	1,321,911	2,725,789
	" " \$500	77,253	1,990	588,414	501,237	962,892	2,052,543

* Figures shown in the "More than \$50" lines and in the first "More than \$100" lines of this table are based on experience under cases with a deductible of \$50 or less.

TABLE 5A—DEPENDENTS

TOTAL CHARGES CORRELATED WITH EXPOSURE, BY SIZE OF TOTAL CHARGES

	Total Charges	Employee-Years of Exposure†	Number of Claims	Hospital Room and Board Charges	Hospital Special Charges	Total Non-hospital Charges	Total Charges
Dependent Spouse	More than \$ 50*	.....	6,890	547,025	531,520	1,321,084	2,399,629
	" " \$100*	.....	5,527	540,947	518,530	1,235,620	2,295,097
	" " \$100	.....	6,780	674,897	643,943	1,542,888	2,861,728
	" " \$300	.....	3,032	577,471	508,649	1,098,096	2,184,216
	" " \$500	.....	1,659	462,192	384,389	802,874	1,649,455
Dependent Child-(ren)	More than \$ 50*	.....	6,141	308,280	329,636	706,926	1,344,842
	" " \$100*	.....	4,392	290,193	302,762	620,110	1,213,065
	" " \$100	.....	5,402	355,391	375,923	779,351	1,510,665
	" " \$300	.....	1,290	235,784	201,286	366,759	803,829
	" " \$500	.....	485	167,181	127,063	204,726	498,970
Total	More than \$ 50*	41,413	13,031	855,305	861,156	2,028,010	3,744,471
	" " \$100*	41,413	9,919	831,140	821,292	1,855,730	3,508,162
	" " \$100	53,518	12,182	1,030,288	1,019,866	2,322,239	4,372,393
	" " \$300	53,518	4,322	813,255	709,935	1,464,855	2,988,045
	" " \$500	53,518	2,144	629,373	511,452	1,007,600	2,148,425

* Figures shown in the "More than \$50" lines and in the first "More than \$100" lines of this table are based on experience under cases with a deductible of \$50 or less.

† Exposure of employees insured with respect to their dependents.

TABLE 5B—EMPLOYEES
TOTAL CHARGES CORRELATED WITH EXPOSURE, BY SIZE
OF NON-HOSPITAL CHARGES

Age or Sex	Total Non-hospital Charges	Employee-Years of Exposure	Number of Claims	Hospital Room and Board Charges	Hospital Special Charges	Total Non-hospital Charges	Total Charges
Under 40	\$50 or less*	35,251	1,155	32,237	43,364	†	†
	More than \$ 50*	35,251	3,461	238,630	245,703	632,434	1,116,767
	“ “ \$100*	35,251	2,239	206,804	205,600	538,740	951,144
	“ “ \$100	44,817	2,859	264,830	263,066	704,401	1,232,297
	“ “ \$300	44,817	635	128,672	121,918	322,916	573,506
	“ “ \$500	44,817	202	71,270	61,090	159,337	291,697
40-49	\$50 or less*	13,679	405	15,266	16,537	†	†
	More than \$ 50*	13,679	1,812	149,966	150,943	379,506	680,415
	“ “ \$100*	13,679	1,241	134,180	133,276	336,338	603,794
	“ “ \$100	17,412	1,507	164,139	160,627	414,966	739,732
	“ “ \$300	17,412	427	98,221	96,925	226,130	421,276
	“ “ \$500	17,412	156	53,169	54,455	122,569	230,193
50-59	\$50 or less*	9,011	259	10,832	11,183	†	†
	More than \$ 50*	9,011	1,583	162,318	139,188	367,957	669,463
	“ “ \$100*	9,011	1,149	152,139	127,721	334,525	614,385
	“ “ \$100	11,095	1,379	184,448	155,721	409,460	749,629
	“ “ \$300	11,095	392	119,495	95,156	233,996	448,647
	“ “ \$500	11,095	186	79,108	65,259	154,926	299,293
60 or over	\$50 or less*	3,125	91	3,612	3,642	†	†
	More than \$ 50*	3,125	720	99,984	85,121	207,029	392,134
	“ “ \$100*	3,125	539	93,967	79,143	193,300	366,410
	“ “ \$100	3,929	620	106,189	88,890	228,739	423,818
	“ “ \$300	3,929	229	74,843	62,300	159,582	296,725
	“ “ \$500	3,929	122	56,878	48,838	119,079	224,795
Male	\$50 or less*	48,573	1,508	50,853	61,824	†	†
	More than \$ 50*	48,573	5,650	507,933	484,571	1,196,839	2,189,343
	“ “ \$100*	48,573	3,845	457,462	426,989	1,059,312	1,943,763
	“ “ \$100	61,228	4,701	556,390	521,354	1,325,022	2,402,766
	“ “ \$300	61,228	1,245	328,071	295,832	724,544	1,348,447
	“ “ \$500	61,228	515	210,787	188,916	446,904	846,607
Female	\$50 or less*	12,493	402	11,094	12,902	†	†
	More than \$ 50*	12,493	1,926	142,965	136,384	390,087	669,436
	“ “ \$100*	12,493	1,323	129,628	118,751	343,591	591,970
	“ “ \$100	16,025	1,664	163,216	146,950	432,544	742,710
	“ “ \$300	16,025	438	93,160	80,467	218,080	391,707
	“ “ \$500	16,025	151	49,638	40,726	109,007	199,371
Total	\$50 or less*	61,066	1,910	61,947	74,726	†	†
	More than \$ 50*	61,066	7,576	650,898	620,955	1,586,926	2,858,779
	“ “ \$100*	61,066	5,168	587,090	545,740	1,402,903	2,535,733
	“ “ \$100	77,253	6,365	719,606	668,304	1,757,566	3,145,476
	“ “ \$300	77,253	1,683	421,231	376,299	942,624	1,740,154
	“ “ \$500	77,253	666	260,425	229,642	555,911	1,045,978

* Figures shown in the “\$50 or less,” the “More than \$50,” and the first “More than \$100” lines of this table are based on experience under cases with a deductible of \$50 or less.

† Not available.

TABLE 5B—DEPENDENTS
TOTAL CHARGES CORRELATED WITH EXPOSURE
BY SIZE OF NON-HOSPITAL CHARGES

	Total Non-hospital Charges	Employee-Years of Exposure†	Number of Claims	Hospital Room and Board Charges	Hospital Special Charges	Total Non-hospital Charges	Total Charges
Dependent Spouse	\$50 or less*	.....	1,260	55,716	57,823	‡	‡
	More than \$ 50*	.....	6,066	492,465	476,586	1,302,993	2,272,044
	“ “ \$100*	.....	4,219	444,063	415,657	1,160,768	2,020,488
	“ “ \$300	.....	5,220	552,784	519,570	1,458,756	2,531,110
	“ “ \$500	.....	1,410	331,008	287,933	786,989	1,405,930
Dependent Child-(ren)	\$50 or less*	.....	2,730	77,586	73,632	‡	‡
	More than \$ 50*	.....	4,766	240,840	265,678	672,828	1,179,346
	“ “ \$100*	.....	2,450	187,034	188,491	499,442	874,967
	“ “ \$300	.....	3,091	230,088	238,543	639,838	1,108,469
	“ “ \$500	.....	439	96,056	91,412	213,080	400,548
Total	\$50 or less*	41,413	3,990	133,302	131,455	‡	‡
	More than \$ 50*	41,413	10,832	733,305	742,264	1,975,821	3,451,390
	“ “ \$100*	41,413	6,669	631,097	604,148	1,660,210	2,895,455
	“ “ \$300	53,518	8,311	782,872	758,113	2,098,594	3,639,579
	“ “ \$500	53,518	1,849	427,064	379,345	1,000,069	1,806,478
		594	229,451	196,384	534,549	960,384	

* Figures shown in the “\$50 or less,” the “More than \$50,” and the first “More than \$100” lines of this table are based on experience under cases with a deductible of \$50 or less.

† Exposure of employees insured with respect to their dependents.

‡ Not available.

TABLE 6A—EMPLOYEES

BASIC PLAN BENEFITS AND CHARGES ELIGIBLE FOR SUPPLEMENTARY MAJOR MEDICAL—BASIC PLAN A

AGE OR SEX	CHARGES ELIGIBLE FOR MAJOR MEDICAL BENEFITS	EMPLOYEE-YEARS OF EXPOSURE	NUMBER OF CLAIMS	CHARGES ELIGIBLE FOR MAJOR MEDICAL BENEFITS				BASIC PLAN BENEFITS (NOT ELIGIBLE FOR MAJOR MEDICAL)	
				Hospital Room and Board	Hospital Special Charges	Other	Total	Hospital Room and Board	Hospital Special Charges
554 Under 40	\$50 or less	35,251	987	†	†	†	†	9,089	27,768
	More than \$ 50	35,251	3,629	103,318	93,583	638,944	835,845	152,323	167,716
	“ “ \$100	35,251	2,474	98,286	92,629	557,510	748,425	137,024	139,469
	“ “ \$300	35,251	729	72,548	79,811	294,330	446,689	79,217	60,092
	“ “ \$500	35,251	300	53,646	61,862	168,213	283,721	46,825	26,939
40-49	\$50 or less	13,679	350	†	†	†	†	2,982	10,487
	More than \$ 50	13,679	1,867	64,580	71,555	381,048	517,183	95,658	85,438
	“ “ \$100	13,679	1,355	62,563	71,224	344,906	478,693	90,354	75,462
	“ “ \$300	13,679	465	49,993	64,227	208,226	322,446	59,810	38,758
	“ “ \$500	13,679	249	41,477	55,066	141,997	238,540	43,551	23,200
50-59	\$50 or less	9,011	208	†	†	†	†	2,025	6,074
	More than \$ 50	9,011	1,634	77,725	70,272	369,592	517,589	91,683	74,025
	“ “ \$100	9,011	1,222	76,309	69,776	339,655	485,740	87,141	66,343
	“ “ \$300	9,011	453	65,576	64,770	220,999	351,345	63,793	38,327
	“ “ \$500	9,011	256	55,784	55,452	164,164	275,400	46,037	23,608

† Not available.

TABLE 6A—EMPLOYEES—Continued

AGE OR SEX	CHARGES ELIGIBLE FOR MAJOR MEDICAL BENEFITS	EMPLOYEE-YEARS OF EXPOSURE	NUMBER OF CLAIMS	CHARGES ELIGIBLE FOR MAJOR MEDICAL BENEFITS				BASIC PLAN BENEFITS (NOT ELIGIBLE FOR MAJOR MEDICAL)	
				Hospital Room and Board	Hospital Special Charges	Other	Total	Hospital Room and Board	Hospital Special Charges
60 or over	\$50 or less	3,125	76	†	†	†	†	633	2,073
	More than \$ 50	3,125	735	50,442	51,819	207,458	309,719	51,906	34,871
	“ “ \$100	3,125	577	49,974	51,757	195,827	297,558	50,103	32,387
	“ “ \$300	3,125	264	44,706	50,094	146,489	241,289	39,619	21,125
	“ “ \$500	3,125	158	39,793	46,145	115,323	201,261	31,603	14,716
Male	\$50 or less	48,573	1,286	†	†	†	†	12,026	38,210
	More than \$ 50	48,573	5,872	231,919	234,160	1,204,415	1,670,494	306,396	274,025
	“ “ \$100	48,573	4,195	225,402	232,539	1,085,297	1,543,238	285,280	237,401
	“ “ \$300	48,573	1,411	183,532	210,750	661,107	1,055,389	187,942	116,983
	“ “ \$500	48,573	728	154,422	179,160	461,271	794,853	133,050	66,630
Female	\$50 or less	12,493	335	†	†	†	†	2,703	8,192
	More than \$ 50	12,493	1,993	64,146	53,069	392,627	509,842	85,174	88,025
	“ “ \$100	12,493	1,433	61,730	52,847	352,601	467,178	79,342	76,260
	“ “ \$300	12,493	500	49,291	48,152	208,937	306,380	54,497	41,319
	“ “ \$500	12,493	235	36,278	39,365	128,426	204,069	34,966	21,833
Total	\$50 or less	61,066	1,621	†	†	†	†	14,729	46,402
	More than \$ 50	61,066	7,865	296,065	287,229	1,597,042	2,180,336	391,570	362,050
	“ “ \$100	61,066	5,628	287,132	285,386	1,437,898	2,010,416	364,622	313,661
	“ “ \$300	61,066	1,911	232,823	258,902	870,044	1,361,769	242,439	158,302
	“ “ \$500	61,066	963	190,700	218,525	589,697	998,922	168,016	88,463

TABLE 6A—DEPENDENTS
 BASIC PLAN BENEFITS AND CHARGES ELIGIBLE FOR SUPPLEMENTARY MAJOR MEDICAL—BASIC PLAN A

	CHARGES ELIGIBLE FOR MAJOR MEDICAL BENEFITS	EMPLOYEE-YEARS OF EXPOSURE †	NUMBER OF CLAIMS	CHARGES ELIGIBLE FOR MAJOR MEDICAL BENEFITS				BASIC PLAN BENEFITS (NOT ELIGIBLE FOR MAJOR MEDICAL)	
				Hospital Room and Board	Hospital Special Charges	Other	Total	Hospital Room and Board	Hospital Special Charges
Dependent Spouse	\$50 or less	.....	1,017	†	†	†	†	13,289	33,754
	More than \$ 50	.....	6,309	220,551	206,085	1,310,436	1,737,072	304,722	294,570
	“ “ \$100	.....	4,567	213,087	204,419	1,186,741	1,604,247	281,514	252,209
	“ “ \$300	.....	1,583	176,063	182,731	722,528	1,081,322	192,423	131,073
	“ “ \$500	.....	742	139,375	146,841	471,633	757,849	122,308	68,016
Dependent Child(ren)	\$50 or less	.....	2,437	†	†	†	†	29,087	50,922
	More than \$ 50	.....	5,059	104,225	77,438	683,978	865,641	166,956	210,950
	“ “ \$100	.....	2,730	95,960	76,408	520,841	693,209	131,632	143,216
	“ “ \$300	.....	483	73,379	65,022	192,843	331,244	61,897	39,410
	“ “ \$500	.....	189	62,988	52,362	106,133	221,483	38,587	17,114
Total	\$50 or less	41,413	3,454	†	†	†	†	42,376	84,676
	More than \$ 50	41,413	11,368	324,776	283,523	1,994,414	2,602,713	471,678	505,520
	“ “ \$100	41,413	7,297	309,047	280,827	1,707,582	2,297,456	413,146	395,425
	“ “ \$300	41,413	2,066	249,442	247,753	915,371	1,412,566	254,320	170,483
	“ “ \$500	41,413	931	202,363	199,203	577,766	979,332	160,895	85,130

† Exposure of employees insured with respect to their dependents.

‡ Not available.

TABLE 6B--EMPLOYEES

BASIC PLAN BENEFITS AND CHARGES ELIGIBLE FOR SUPPLEMENTARY MAJOR MEDICAL--BASIC PLAN B

AGE OR SEX	CHARGES ELIGIBLE FOR MAJOR MEDICAL BENEFITS	EM- PLOYEE- YEARS OF EXPOSURE	NUM- BER OF CLAIMS	CHARGES ELIGIBLE FOR MAJOR MEDICAL BENEFITS					BASIC PLAN BENEFITS (NOT ELIGIBLE FOR MAJOR MEDICAL)		
				Hospital Room and Board	Hospital Special Charges	Surgical	Other	Total	Hospital Room and Board	Hospital Special Charges	Surgical
Under 40	\$50 or less	35,251	1,216	†	†	†	†	†	12,596	36,152	†
	More than \$ 50	35,251	3,400	102,439	93,583	129,150	377,281	702,453	148,816	159,332	117,335
	" " \$100	35,251	2,200	95,438	91,906	112,461	312,791	612,596	128,183	123,608	100,430
	" " \$300	35,251	513	64,122	72,604	54,155	136,127	327,008	64,005	41,233	41,818
	" " \$500	35,251	214	48,011	52,736	32,225	80,781	213,753	36,510	18,669	20,594
40-49	\$50 or less	13,679	419	†	†	†	†	†	3,683	12,353	†
	More than \$ 50	13,679	1,798	64,416	71,555	69,562	246,596	452,129	94,957	83,572	60,294
	" " \$100	13,679	1,263	61,395	71,029	64,180	215,324	411,928	87,051	69,940	54,835
	" " \$300	13,679	391	46,955	61,473	42,810	111,477	262,715	53,954	32,269	33,353
	" " \$500	13,679	195	38,199	48,757	30,337	69,036	186,329	36,881	17,933	21,231
50-59	\$50 or less	9,011	241	†	†	†	†	†	2,479	6,865	†
	More than \$ 50	9,011	1,601	77,706	70,272	52,275	270,334	470,587	91,229	73,234	44,675
	" " \$100	9,011	1,164	75,804	69,748	48,703	242,843	437,098	85,312	63,347	41,046
	" " \$300	9,011	406	63,305	63,636	34,646	145,946	307,533	60,266	34,320	26,894
	" " \$500	9,011	222	52,931	52,897	25,781	106,776	238,385	42,267	20,375	18,043

† Not available.

TABLE 6B—EMPLOYEES—Continued

AGE OR SEX	CHARGES ELIGIBLE FOR MAJOR MEDICAL BENEFITS	EMPLOYEE-YEARS OF EXPOSURE	NUMBER OF CLAIMS	CHARGES ELIGIBLE FOR MAJOR MEDICAL BENEFITS					BASIC PLAN BENEFITS (NOT ELIGIBLE FOR MAJOR MEDICAL)		
				Hospital Room and Board	Hospital Special Charges	Surgical	Other	Total	Hospital Room and Board	Hospital Special Charges	Surgical
60 or over	\$50 or less	3,125	87	†	†	†	†	†	802	2,248	†
	More than \$ 50	3,125	724	50,416	51,819	35,453	146,491	284,179	51,737	34,696	24,725
	" " \$100	3,125	560	49,846	51,739	34,439	135,719	271,743	49,793	31,729	23,693
	" " \$300	3,125	246	44,032	49,407	29,118	94,000	216,557	38,308	19,628	18,355
	" " \$500	3,125	143	38,934	44,547	25,874	68,493	177,848	30,097	13,216	15,099
Male	\$50 or less	48,573	1,534	†	†	†	†	†	15,178	45,430	†
	More than \$ 50	48,573	5,624	231,308	234,160	207,512	804,691	1,477,671	303,244	266,805	175,133
	" " \$100	48,573	3,868	222,316	231,816	187,537	703,759	1,345,428	274,572	219,293	154,907
	" " \$300	48,573	1,185	175,244	202,757	118,473	392,869	889,343	171,506	97,311	85,472
	" " \$500	48,573	620	147,666	168,543	89,256	271,557	677,022	120,665	56,212	57,114
Female	\$50 or less	12,493	429	†	†	†	†	†	4,382	12,188	†
	More than \$ 50	12,493	1,899	63,669	53,069	78,928	236,011	431,677	83,495	84,029	71,896
	" " \$100	12,493	1,319	60,167	52,606	72,246	202,918	387,937	75,767	69,331	65,097
	" " \$300	12,493	371	43,170	44,363	42,256	94,681	224,470	45,027	30,139	34,948
	" " \$500	12,493	154	30,409	30,394	24,961	53,529	139,293	25,090	13,981	17,853
Total	\$50 or less	61,066	1,963	†	†	†	†	†	19,560	57,618	†
	More than \$ 50	61,066	7,523	294,977	287,229	286,440	1,040,702	1,909,348	386,739	350,834	247,029
	" " \$100	61,066	5,187	282,483	284,422	259,783	906,677	1,733,365	350,339	288,624	220,004
	" " \$300	61,066	1,556	218,414	247,120	160,729	487,550	1,113,813	216,533	127,450	120,420
	" " \$500	61,066	774	178,075	198,937	114,217	325,086	816,315	145,755	70,193	74,967

TABLE 6B—DEPENDENTS

BASIC PLAN BENEFITS AND CHARGES ELIGIBLE FOR SUPPLEMENTARY MAJOR MEDICAL—BASIC PLAN B

	CHARGES ELIGIBLE FOR MAJOR MEDICAL BENEFITS	EM- PLOYEE- YEARS OF EX- POSURE†	NUM- BER OF CLAIMS	CHARGES ELIGIBLE FOR MAJOR MEDICAL BENEFITS					BASIC PLAN BENEFITS (NOT ELIGIBLE FOR MAJOR MEDICAL)		
				Hospital Room and Board	Hospital Special Charges	Surgical	Other	Total	Hospital Room and Board	Hospital Special Charges	Surgical
Dependent Spouse	\$50 or less	.....	1,295	†	†	†	†	†	18,600	45,259	†
	More than \$ 50	.....	6,031	219,181	206,085	226,916	863,779	1,515,961	299,411	283,065	202,129
	“ “ \$100	.....	4,186	208,899	203,996	203,977	759,592	1,376,464	268,375	229,623	178,904
	“ “ \$300	.....	1,263	163,292	171,570	125,079	407,307	867,248	165,786	102,196	99,753
	“ “ \$500	.....	562	127,106	128,501	79,700	265,745	601,052	100,943	50,946	55,033
Dependent Child- (ren)	\$50 or less	.....	3,292	†	†	†	†	†	39,948	85,571	†
	More than \$ 50	.....	4,204	101,738	77,438	131,449	372,282	682,907	156,095	176,301	123,914
	“ “ \$100	.....	2,089	92,344	75,911	91,479	268,759	528,493	117,249	111,183	83,396
	“ “ \$300	.....	328	68,902	60,499	31,675	92,137	253,213	52,441	26,704	23,234
	“ “ \$500	.....	142	60,305	47,718	19,178	56,192	183,393	32,649	12,695	11,528
Total	\$50 or less	41,413	4,587	†	†	†	†	†	58,548	130,830	†
	More than \$ 50	41,413	10,235	320,919	283,523	358,365	1,236,061	2,198,868	455,506	459,366	326,043
	“ “ \$100	41,413	6,275	301,243	279,907	295,456	1,028,351	1,904,957	385,624	340,806	262,300
	“ “ \$300	41,413	1,591	232,194	232,069	156,754	499,444	1,120,461	218,227	128,900	122,987
	“ “ \$500	41,413	704	187,411	176,219	98,878	321,937	784,445	133,592	63,641	66,561

† Exposure of employees insured with respect to their dependents.

† Not available.

TABLE 6C—EMPLOYEES

BASIC PLAN BENEFITS AND CHARGES ELIGIBLE FOR SUPPLEMENTARY MAJOR MEDICAL—BASIC PLAN C

AGE OR SEX	CHARGES ELIGIBLE FOR MAJOR MEDICAL BENEFITS	EMPLOYEE-YEARS OF EXPOSURE	NUMBER OF CLAIMS	CHARGES ELIGIBLE FOR MAJOR MEDICAL BENEFITS				BASIC PLAN BENEFITS (NOT ELIGIBLE FOR MAJOR MEDICAL)	
				Hospital Room and Board	Hospital Special Charges	Other	Total	Hospital Room and Board	Hospital Special Charges
Under 40	\$50 or less	35,251	1,114	†	†	†	†	21,731	38,389
	More than \$ 50	35,251	3,502	36,586	24,209	635,062	695,857	208,769	226,469
	“ “ \$100	35,251	2,302	34,812	24,209	545,430	604,451	181,591	189,162
	“ “ \$300	35,251	542	26,408	23,246	254,295	303,949	91,805	83,218
	“ “ \$500	35,251	172	20,405	20,546	122,686	163,637	46,014	34,897
40-49	\$50 or less	13,679	389	†	†	†	†	8,064	14,298
	More than \$ 50	13,679	1,828	18,648	21,179	380,008	419,835	137,426	132,003
	“ “ \$100	13,679	1,268	17,870	21,179	338,523	377,572	124,598	115,758
	“ “ \$300	13,679	378	14,076	20,830	188,398	223,304	79,588	66,313
	“ “ \$500	13,679	157	9,268	20,175	109,058	138,501	46,586	36,548
50-59	\$50 or less	9,011	246	†	†	†	†	7,608	9,828
	More than \$ 50	9,011	1,596	24,721	23,698	368,466	416,885	139,473	116,845
	“ “ \$100	9,011	1,169	24,299	23,698	336,174	384,171	131,017	105,989
	“ “ \$300	9,011	346	20,240	23,204	196,882	240,326	85,417	60,243
	“ “ \$500	9,011	172	16,334	22,062	135,199	173,595	59,250	37,786

† Not available.

TABLE 6C—EMPLOYEES—Continued

AGE OR SEX	CHARGES ELIGIBLE FOR MAJOR MEDICAL BENEFITS	EMPLOYEE-YEARS OF EXPOSURE	NUMBER OF CLAIMS	CHARGES ELIGIBLE FOR MAJOR MEDICAL BENEFITS				BASIC PLAN BENEFITS (NOT ELIGIBLE FOR MAJOR MEDICAL)	
				Hospital Room and Board	Hospital Special Charges	Other	Total	Hospital Room and Board	Hospital Special Charges
60 or over	\$50 or less	3,125	87	†	†	†	†	2,157	3,094
	More than \$ 50	3,125	724	19,743	24,279	207,117	251,139	81,172	61,390
	“ “ \$100	3,125	552	19,468	24,279	194,241	237,988	77,291	56,660
	“ “ \$300	3,125	221	16,986	24,172	138,406	179,564	56,366	38,824
	“ “ \$500	3,125	115	14,944	23,372	101,315	139,631	41,820	26,854
Male	\$50 or less	48,573	1,452	†	†	†	†	31,383	54,047
	More than \$ 50	48,573	5,706	78,000	82,810	1,199,725	1,360,535	444,102	409,538
	“ “ \$100	48,573	3,940	75,520	82,810	1,068,081	1,226,411	403,176	356,690
	“ “ \$300	48,573	1,092	61,634	80,925	593,409	735,968	245,548	186,090
	“ “ \$500	48,573	476	50,089	76,003	375,325	501,417	156,673	106,143
Female	\$50 or less	12,493	384	†	†	†	†	8,177	11,562
	More than \$ 50	12,493	1,944	21,698	10,555	390,928	423,181	122,738	127,169
	“ “ \$100	12,493	1,351	20,929	10,555	346,287	377,771	111,321	110,879
	“ “ \$300	12,493	395	16,076	10,527	184,572	211,175	67,628	62,508
	“ “ \$500	12,493	140	10,862	10,152	92,933	113,947	36,997	29,942
Total	\$50 or less	61,066	1,836	†	†	†	†	39,560	65,609
	More than \$ 50	61,066	7,650	99,698	93,365	1,590,653	1,783,716	566,840	536,707
	“ “ \$100	61,066	5,291	96,449	93,365	1,414,368	1,604,182	514,497	467,569
	“ “ \$300	61,066	1,487	77,710	91,452	777,981	947,143	313,176	248,598
	“ “ \$500	61,066	616	60,951	86,155	468,258	615,364	193,670	136,085

TABLE 6C—DEPENDENTS
BASIC PLAN BENEFITS AND CHARGES ELIGIBLE FOR SUPPLEMENTARY MAJOR MEDICAL—BASIC PLAN C

	CHARGES ELIGIBLE FOR MAJOR MEDICAL BENEFITS	EMPLOYEE-YEARS OF EXPOSURE†	NUMBER OF CLAIMS	CHARGES ELIGIBLE FOR MAJOR MEDICAL BENEFITS				BASIC PLAN BENEFITS (NOT ELIGIBLE FOR MAJOR MEDICAL)	
				Hospital Room and Board	Hospital Special Charges	Other	Total	Hospital Room and Board	Hospital Special Charges
Dependent Spouse	\$50 or less	.....	1,206	†	†	†	†	35,737	50,593
	More than \$ 50	.....	6,120	71,110	56,355	1,304,557	1,432,022	435,498	427,461
	“ “ \$100	.....	4,299	69,100	56,236	1,166,893	1,292,229	395,119	369,613
	“ “ \$300	.....	1,196	56,076	54,751	635,462	746,289	234,699	191,861
	“ “ \$500	.....	452	42,615	50,942	368,985	462,542	138,938	96,480
Dependent Child(ren)	\$50 or less	.....	2,666	†	†	†	†	55,971	65,612
	More than \$ 50	.....	4,830	34,637	28,419	675,169	738,225	218,963	245,279
	“ “ \$100	.....	2,496	32,563	28,306	503,080	563,949	169,603	168,345
	“ “ \$300	.....	335	27,142	27,328	161,379	215,849	74,773	49,721
	“ “ \$500	.....	110	25,033	26,331	80,606	131,970	45,993	24,150
Total	\$50 or less	41,413	3,872	†	†	†	†	91,708	116,205
	More than \$ 50	41,413	10,950	105,747	84,774	1,979,726	2,170,247	654,461	672,740
	“ “ \$100	41,413	6,795	101,663	84,542	1,669,973	1,856,178	564,722	537,958
	“ “ \$300	41,413	1,531	83,218	82,079	796,841	962,138	309,472	241,582
	“ “ \$500	41,413	562	67,648	77,273	449,591	594,512	184,931	120,630

† Exposure of employees insured with respect to their dependents.

‡ Not available.

TABLE 6D—EMPLOYEES

BASIC PLAN BENEFITS AND CHARGES ELIGIBLE FOR SUPPLEMENTARY MAJOR MEDICAL—BASIC PLAN D

AGE OR SEX	CHARGES ELIGIBLE FOR MAJOR MEDICAL BENEFITS	EM- PLOYEE- YEARS OF EXPOSURE	NUM- BER OF CLAIMS	CHARGES ELIGIBLE FOR MAJOR MEDICAL BENEFITS					BASIC PLAN BENEFITS (NOT ELIGIBLE FOR MAJOR MEDICAL)		
				Hospital Room and Board	Hospital Special Charges	Surgical	Other	Total	Hospital Room and Board	Hospital Special Charges	Surgical
Under 40	\$50 or less	35,251	1,651	†	†	†	†	†	43,007	71,185	†
	More than \$ 50	35,251	2,965	35,834	24,209	61,634	372,260	493,937	187,493	193,673	148,392
	“ “ \$100	35,251	1,652	32,036	24,199	44,720	296,012	396,967	137,049	131,017	97,317
	“ “ \$300	35,251	280	22,110	21,989	20,471	111,931	176,501	56,793	42,527	26,915
	“ “ \$500	35,251	113	18,217	18,589	14,927	62,027	113,760	33,221	21,847	14,223
40-49	\$50 or less	13,679	565	†	†	†	†	†	16,227	25,118	†
	More than \$ 50	13,679	1,652	18,365	21,179	36,367	245,181	321,092	129,263	121,183	80,822
	“ “ \$100	13,679	1,033	16,505	21,102	30,210	206,927	274,744	106,597	93,749	62,209
	“ “ \$300	13,679	249	11,149	20,118	17,878	95,358	144,503	58,659	42,686	27,174
	“ “ \$500	13,679	86	6,592	17,804	11,267	46,259	81,922	30,629	19,901	13,049
50-59	\$50 or less	9,011	354	†	†	†	†	†	13,279	16,315	†
	More than \$ 50	9,011	1,488	24,526	23,698	27,876	268,564	344,664	133,802	110,358	60,443
	“ “ \$100	9,011	1,009	23,634	23,698	23,858	237,517	308,707	118,521	92,628	48,303
	“ “ \$300	9,011	261	18,007	23,022	15,946	124,452	181,427	72,616	46,900	25,188
	“ “ \$500	9,011	122	14,361	20,836	10,951	82,444	128,592	49,509	27,148	14,050

† Not available.

TABLE 6D—EMPLOYEES—Continued

AGE OR SEX	CHARGES ELIGIBLE FOR MAJOR MEDICAL BENEFITS	EM- PLOYEE- YEARS OF EXPOSURE	NUM- BER OF CLAIMS	CHARGES ELIGIBLE FOR MAJOR MEDICAL BENEFITS					BASIC PLAN BENEFITS (NOT ELIGIBLE FOR MAJOR MEDICAL)		
				Hospital Room and Board	Hospital Special Charges	Surgical	Other	Total	Hospital Room and Board	Hospital Special Charges	Surgical
60 or over	\$50 or less	3,125	117	†	†	†	†	†	3,577	4,809	†
	More than \$ 50	3,125	694	19,691	24,279	22,538	146,128	212,636	79,752	59,675	35,245
	“ “ \$100	3,125	493	19,264	24,259	20,938	132,994	197,455	72,759	51,657	30,409
	“ “ \$300	3,125	181	16,098	23,851	17,603	85,812	143,364	49,257	31,852	20,605
	“ “ \$500	3,125	91	13,911	23,160	14,680	57,991	109,742	35,426	21,355	14,953
Male	\$50 or less	48,573	2,093	†	†	†	†	†	58,466	92,690	†
	More than \$ 50	48,573	5,065	77,201	82,810	108,750	797,681	1,066,442	417,019	370,895	227,603
	“ “ \$100	48,573	3,121	72,246	82,718	88,636	678,705	922,305	345,405	285,377	166,819
	“ “ \$300	48,573	761	55,631	78,985	57,070	339,376	531,062	195,652	131,970	75,748
	“ “ \$500	48,573	339	45,852	71,467	44,169	210,159	371,647	126,112	74,562	46,651
Female	\$50 or less	12,493	594	†	†	†	†	†	17,624	24,737	†
	More than \$ 50	12,493	1,734	21,215	10,555	39,665	234,452	305,887	113,291	113,994	97,299
	“ “ \$100	12,493	1,066	19,193	10,540	31,090	194,745	255,568	89,521	83,674	71,419
	“ “ \$300	12,493	210	11,733	9,995	14,828	78,177	114,733	41,673	31,995	24,134
	“ “ \$500	12,493	73	7,229	8,922	7,656	38,562	62,369	22,673	15,689	9,624
Total	\$50 or less	61,066	2,687	†	†	†	†	†	76,090	117,427	†
	More than \$ 50	61,066	6,799	98,416	93,365	148,415	1,032,133	1,372,329	530,310	484,889	324,902
	“ “ \$100	61,066	4,187	91,439	93,258	119,726	873,450	1,177,873	434,926	369,051	238,238
	“ “ \$300	61,066	971	67,364	88,980	71,898	417,553	645,795	237,325	163,965	99,882
	“ “ \$500	61,066	412	53,081	80,389	51,825	248,721	434,016	148,785	90,251	56,275

TABLE 6D—DEPENDENTS

BASIC PLAN BENEFITS AND CHARGES ELIGIBLE FOR SUPPLEMENTARY MAJOR MEDICAL—BASIC PLAN D

	CHARGES ELIGIBLE FOR MAJOR MEDICAL BENEFITS	EM- PLOYEE- YEARS OF EXPOSURE†	NUM- BER OF CLAIMS	CHARGES ELIGIBLE FOR MAJOR MEDICAL BENEFITS					BASIC PLAN BENEFITS (NOT ELIGIBLE FOR MAJOR MEDICAL)		
				Hospital Room and Board	Hospital Special Charges	Surgical	Other	Total	Hospital Room and Board	Hospital Special Charges	Surgical
Dependent Spouse	\$50 or less	.....	1,920	‡	‡	‡	‡	‡	68,155	99,417	‡
	More than \$ 50	.....	5,406	69,871	56,355	113,691	855,795	1,095,712	403,080	378,637	265,150
	“ “ \$100	.....	3,447	65,304	56,236	91,747	734,880	948,167	331,215	288,351	198,768
	“ “ \$300	.....	716	46,762	52,644	47,775	340,402	487,583	164,108	112,003	70,460
	“ “ \$500	.....	301	38,173	46,444	35,017	211,705	331,339	107,168	63,432	39,679
Dependent Child- (ren)	\$50 or less	.....	4,086	‡	‡	‡	‡	‡	90,565	135,621	‡
	More than \$ 50	.....	3,410	33,546	28,419	53,949	359,648	475,562	184,369	175,270	137,229
	“ “ \$100	.....	1,458	30,308	28,262	31,621	244,872	335,063	124,799	99,203	69,702
	“ “ \$300	.....	164	25,924	26,160	12,127	72,275	136,486	52,696	26,990	13,739
	“ “ \$500	.....	67	24,312	23,536	8,914	42,803	99,565	33,924	14,736	6,800
Total	\$50 or less	41,413	6,006	‡	‡	‡	‡	‡	158,720	235,038	‡
	More than \$ 50	41,413	8,816	103,417	84,774	167,640	1,215,443	1,571,274	587,449	553,907	402,379
	“ “ \$100	41,413	4,905	95,612	84,498	123,368	979,752	1,283,230	456,014	387,554	268,470
	“ “ \$300	41,413	880	72,686	78,804	59,902	412,677	624,069	216,804	138,993	84,199
	“ “ \$500	41,413	368	62,485	69,980	43,931	254,508	430,904	141,092	78,168	46,479

† Exposure of employees insured with respect to their dependents.

‡ Not available.

charge for many of the common surgical procedures at the level of a unit value of \$10.

The figures in these tables were developed by calculating for each reported claim:

- a) Benefits for hospital room and board payable under the basic plan.
- b) Benefits for hospital special charges payable under the basic plan.
- c) Surgical benefits, where appropriate, payable under the basic plan.
- d) Charges eligible for supplementary Major Medical benefits, i.e., total medical expenses less basic plan benefits.

Each table shows, for claims having charges eligible for Major Medical benefits (after basic benefits) that exceed a specified amount: the number of such claims, the amount of such eligible charges (split among hospital room and board, hospital special charges, surgical where appropriate, and other), and the benefits paid by the basic plan (room and board, hospital special charges, and surgical where appropriate).

Similarly to the construction of Table 5B, a line has been included in each section of each of Tables 6A through 6D which shows the benefits payable under the basic plan for that table for claims whose charges eligible for Major Medical benefits were \$50 or less, and the number of them. The charges eligible for Major Medical benefits (beyond the basic plan benefits) have not been included because they are subject to under-reporting but they would be excluded from benefit by a \$50 deductible.

Some cases entering the experience shown in Tables 6A through 6D imposed deductibles which might have resulted in the failure to report some charges which would have been covered by the basic plan. As mentioned later, an adjustment was made for this understatement in calculating the annual claim costs of the basic hospital plans shown in Tables 7C through 7F.

The distinction should be noted between the benefit provisions of basic hospital and surgical plans and those of a comprehensive Major Medical plan. The former apply to an individual hospital confinement, as defined in the plan, or to an individual surgical procedure or combination of procedures; the plan imposes certain restrictions or exclusions on hospital, or surgical, expenses that might not have been present under a Major Medical coverage. The latter generally apply to all medical expenses of an individual during a given period, regardless of cause of disability; the hospital or surgical plan definitions or restrictions are generally not necessary for the plan of benefits under a Major Medical coverage. These distinctions limit the validity of using the results shown in Tables 6A through 6D for basic hospital or surgical plan costs. Furthermore, differ-

ences in the characteristics (*e.g.*, industry, age, income, area, etc.) of groups covered by basic hospital and surgical plans or by a Major Medical plan, and the effect on the pattern of the medical expenses of those covered must be recognized as a limit on any conclusions to be drawn from these results.

Tables 7A through 7F present the information from Tables 5 and 6 in the form of annual claim costs. These results have not been adjusted for coinsurance. Hence they represent theoretical costs which are subject to reduction by the applicable coinsurance factor. However, the deductible has been applied and the costs are shown after the deductible.

Table 7A is illustrative of a comprehensive Major Medical plan with the deductible applicable to all expenses; it is based on the crude data shown in Table 5A. Table 7B applies to a plan with no deductible applicable to hospital expenses; the costs are shown separately for non-hospital charges (to which the deductible is applicable), and for hospital room and board, and hospital special charges. Table 7B is based on the crude data shown in Table 5B. As mentioned above, under some of the cases whose experience was used for Table 5B, on which the costs for hospital charge benefits are based, the deductible for the case might have excluded some hospital charges. An adjustment has been made, by use of experience under cases providing first-dollar hospital coverage, to remove the effect of this underreporting of hospital expenses.

The annual claim costs shown in Tables 7A and 7B for plans with deductibles of \$100 or more are based on the total experience. The costs for the \$50 deductible plan are at the level of the total experience; they were derived by use of the relationship between a \$50 and a \$100 plan from experience under cases with a deductible of \$50 or less. A similar adjustment was made for the costs of the hospital expense benefits in Table 7B.

Tables 7C through 7F apply to supplementary Major Medical plans. For each table, besides the Major Medical plan costs, the basic plan costs are shown separately for hospital room and board, hospital special charges and, where applicable, surgical. As mentioned above, under some of the cases whose experience was used for Tables 6A through 6D, on which these costs are based, the deductible for the case might have excluded claims with hospital, or surgical, expenses which would have received a benefit under a basic hospital or surgical expense insurance plan. An adjustment has been made, by use of the experience under cases providing first-dollar hospital coverage, to remove the effect of this underreporting of hospital expenses. However, a small understatement of the costs of the basic surgical plan benefits might still remain.

TABLE 7A

ANNUAL CLAIM COSTS OF A COMPREHENSIVE MAJOR MEDICAL
PLAN WITH DEDUCTIBLE
ANNUAL CLAIM COSTS; BEFORE COINSURANCE FACTOR IS APPLIED, PER
INSURED EMPLOYEE, OR PER EMPLOYEE INSURED WITH RESPECT
TO HIS DEPENDENTS

Benefit = 100% of Total Charges after Deductible Has Been Satisfied

AGE OR SEX	MAJOR MEDICAL PLAN COSTS, WITH A DEDUCTIBLE OF:			
	\$50	\$100	\$300	\$500
Employee Coverage				
Under 40.....	\$ 29.18	\$23.52	\$12.10	\$ 7.04
40-49.....	43.30	36.85	21.89	14.19
50-59.....	66.81	58.12	37.33	26.13
60 or over.....	106.48	96.05	68.71	52.20
Male.....	40.40	34.27	20.65	13.91
Female.....	46.24	38.65	21.40	12.83
Total.....	41.63	35.18	20.81	13.69
Dependent Coverage				
Spouse.....	\$ 48.14	\$40.80	\$23.82	\$15.32
Child(ren).....	24.31	18.13	7.79	4.79
Total.....	72.45	58.93	31.61	20.11

TABLE 7B

ANNUAL CLAIM COSTS OF A COMPREHENSIVE MAJOR MEDICAL
PLAN WITH FIRST-DOLLAR HOSPITAL COVERAGE
ANNUAL CLAIM COSTS; BEFORE COINSURANCE FACTOR IS APPLIED, PER IN-
SURED EMPLOYEE, OR PER EMPLOYEE INSURED WITH RESPECT
TO HIS DEPENDENTS

Benefit = 100% of Total Charges after Deductible Has Been Satisfied

AGE OR SEX	MAJOR MEDICAL PLAN COSTS, EXCLUDING BENEFITS FOR ALL HOSPITAL CHARGES, WITH A DEDUCTIBLE OF:				COSTS OF BENEFITS FOR HOSPITAL CHARGES (NO DEDUCTIBLE)	
	\$50	\$100	\$300	\$500	Room and Board	Special Charges
Employee Coverage						
Under 40.....	\$13.63	\$ 9.34	\$ 2.95	\$ 1.30	\$ 8.05	\$ 8.62
40-49.....	20.66	15.18	5.63	2.56	11.83	12.01
50-59.....	32.21	24.48	10.49	5.58	19.32	16.80
60 or over.....	52.05	42.44	23.13	14.78	31.53	27.02
Male.....	18.91	13.96	5.73	3.09	11.57	11.35
Female.....	23.10	16.61	5.41	2.09	12.12	11.76
Total.....	19.78	14.51	5.67	2.89	11.68	11.43
Dependent Coverage						
Spouse.....	\$23.68	\$17.50	\$ 6.80	\$ 3.64	\$13.01	\$12.70
Child(ren).....	10.56	6.18	1.52	.80	7.80	8.37
Total.....	34.24	23.68	8.32	4.44	20.81	21.07

TABLE 7C

ANNUAL CLAIM COSTS OF A SUPPLEMENTARY MAJOR
MEDICAL PLAN—BASIC PLAN A

ANNUAL CLAIM COSTS; BEFORE COINSURANCE FACTOR IS APPLIED, PER INSURED EMPLOYEE, OR PER EMPLOYEE INSURED WITH RESPECT TO HIS DEPENDENTS

Benefit = 100% of Total Charges after Deductible Has Been Satisfied

AGE OR SEX	MAJOR MEDICAL PLAN COSTS, WITH A DEDUCTIBLE OF:				BASIC PLAN COSTS	
	\$50	\$100	\$300	\$500	Hospital Room and Board	Hospital Special Charges
Employee Coverage						
Under 40.....	\$19.42	\$14.87	\$ 6.77	\$ 3.97	\$ 4.80	\$ 5.84
40-49.....	30.30	24.54	13.08	8.15	7.06	6.90
50-59.....	48.61	40.55	24.03	16.44	10.45	8.96
60 or over.....	83.07	72.99	49.33	37.21	15.99	11.25
Male.....	28.49	23.25	13.08	8.91	6.59	6.50
Female.....	32.24	25.46	12.29	6.80	6.91	7.59
Total.....	29.27	23.71	12.91	8.47	6.66	6.73
Dependent Coverage						
Spouse.....	\$33.68	\$27.18	\$14.36	\$ 9.16	\$ 7.55	\$ 7.82
Child(ren).....	14.90	10.22	4.53	3.09	4.80	6.49
Total.....	48.58	37.40	18.89	12.25	12.35	14.31

TABLE 7D

ANNUAL CLAIM COSTS OF A SUPPLEMENTARY MAJOR
MEDICAL PLAN—BASIC PLAN B

ANNUAL CLAIM COSTS; BEFORE COINSURANCE FACTOR IS APPLIED, PER INSURED EMPLOYEE, OR PER EMPLOYEE INSURED WITH RESPECT TO HIS DEPENDENTS

Benefit = 100% of Total Charges after Deductible Has Been Satisfied

AGE OR SEX	MAJOR MEDICAL PLAN COSTS, WITH A DEDUCTIBLE OF:				BASIC PLAN COSTS		
	\$50	\$100	\$300	\$500	Hospital Room and Board	Hospital Special Charges	Surgical
Employee coverage							
Under 40.....	\$15.80	\$11.65	\$ 5.14	\$ 3.17	\$ 4.80	\$ 5.84	\$ 3.66
40-49.....	25.90	20.42	10.40	6.35	7.06	6.90	4.38
50-59.....	43.56	35.77	20.72	14.21	10.45	8.96	5.05
60 or over.....	75.46	65.66	43.44	32.36	15.99	11.25	7.57
Male.....	24.76	19.83	11.05	7.59	6.59	6.50	3.75
Female.....	26.47	20.13	8.90	4.90	6.91	7.59	5.76
Total.....	25.11	19.89	10.60	7.03	6.66	6.73	4.17
Dependent coverage							
Spouse.....	\$28.77	\$22.69	\$11.57	\$ 7.58	\$ 7.55	\$ 7.82	\$ 4.91
Child(ren).....	11.49	7.77	3.76	2.73	4.80	6.49	3.46
Total.....	40.26	30.46	15.33	10.31	12.35	14.31	8.37

TABLE 7E

ANNUAL CLAIM COSTS OF A SUPPLEMENTARY MAJOR
MEDICAL PLAN—BASIC PLAN CANNUAL CLAIM COSTS; BEFORE COINSURANCE FACTOR IS APPLIED, PER IN-
SURED EMPLOYEE, OR PER EMPLOYEE INSURED WITH RESPECT
TO HIS DEPENDENTS

Benefit = 100% of Total Charges after Deductible Has Been Satisfied

AGE OR SEX	MAJOR MEDICAL PLAN COSTS, WITH A DEDUCTIBLE OF:				BASIC PLAN COSTS	
	\$50	\$100	\$300	\$500	Hospital Room and Board	Hospital Special Charges
Employee coverage						
Under 40	\$15.45	\$11.11	\$ 4.19	\$ 2.30	\$ 6.85	\$ 7.90
40-49	23.48	17.93	7.86	4.29	10.41	10.50
50-59	37.60	29.81	15.23	9.77	16.41	14.15
60 or over	65.41	55.63	34.47	24.99	25.36	19.63
Male	22.25	17.22	8.45	5.45	9.85	9.63
Female	25.62	19.08	7.28	3.45	10.30	10.93
Total	22.95	17.61	8.21	5.03	9.94	9.90
Dependent coverage						
Spouse	\$26.67	\$20.43	\$ 9.18	\$ 5.60	\$11.18	\$11.37
Child(ren)	12.08	7.64	2.80	1.87	6.73	7.68
Total	38.75	28.07	11.98	7.47	17.91	19.05

TABLE 7F

ANNUAL CLAIM COSTS OF A SUPPLEMENTARY MAJOR
MEDICAL PLAN—BASIC PLAN DANNUAL CLAIM COSTS; BEFORE COINSURANCE FACTOR IS APPLIED, PER IN-
SURED EMPLOYEE, OR PER EMPLOYEE INSURED WITH RESPECT
TO HIS DEPENDENTS

Benefit = 100% of Total Charges after Deductible Has Been Satisfied

AGE OR SEX	MAJOR MEDICAL PLAN COSTS, WITH A DEDUCTIBLE OF:				BASIC PLAN COSTS		
	\$50	\$100	\$300	\$500	Hospital Room and Board	Hospital Special Charges	Surgical
Employee coverage							
Under 40	\$10.26	\$ 6.88	\$ 2.74	\$ 1.70	\$ 6.85	\$ 7.90	\$ 5.48
40-49	17.05	12.26	4.99	2.78	10.41	10.50	6.58
50-59	30.14	23.18	11.50	7.54	16.41	14.15	7.57
60 or over	54.15	45.09	27.10	19.55	25.36	19.63	11.35
Male	16.83	12.63	6.26	4.18	9.85	9.63	5.62
Female	17.23	11.71	4.07	2.03	10.30	10.93	8.64
Total	16.91	12.43	5.81	3.73	9.94	9.90	6.25
Dependent coverage							
Spouse	\$19.55	\$14.30	\$ 6.46	\$ 4.28	\$11.18	\$11.37	\$ 7.37
Child(ren)	7.42	4.60	2.12	1.61	6.73	7.68	5.18
Total	26.97	18.90	8.58	5.89	17.91	19.05	12.55

The data shown in Tables 6A through 6D were based on experience under plans with a deductible of \$50 or less. The same adjustments used in Table 7B were made to put the costs shown in Tables 7C through 7F at the level of the total experience.

Note that the annual claim costs for the basic hospital plans follow a pattern by age similar to the Major Medical costs. This is to be expected because, as has been noted, hospital charges are about the same proportion of the total charges for each age group. On the other hand, the annual claim costs for the basic surgical plans are less steep by age because surgery is a decreasing proportion of the total charges as age increases.

Care must be exercised when the experience of one component of the total medical expenses covered in this study is compared with other experience. For example, this study shows frequencies lower than, but average durations higher than, those under the 1957 Group Hospital Study reported in *TSA XII*. This resulted in rates of utilization fairly close in both studies except for children, which were somewhat higher in this study. However, the pattern of the confinements under the Major Medical claims is flatter by duration; not such a large proportion of the claims are for the very short durations. The hospital experience under the Hospital study and that under the Major Medical study will differ to some extent because of the differences in benefit provisions and definitions, of hospital confinement for example, under the two coverages as mentioned previously. These differences in results may also arise from fundamental differences between the groups covered, such as the area or industry, or the age and salary distributions of the groups.

The effect of the presentation of results by age with both sexes combined, and by sex with all ages combined, can be seen from the figures shown in Tables 7A through 7F for the plans with the higher deductibles. Here, in many cases the male cost exceeds the female cost, probably because of the higher average ages of the males and, to some extent, the higher incomes of the males.

EXPERIENCE BY AREA

As a separate study, a special investigation was conducted to provide information on experience by geographical area. The purpose was to study the relative level of claim costs by area. In this the results are presented by metropolitan area as well as by state. Metropolitan areas are defined by the Census Bureau in terms of a large city and the counties surrounding it which are related to it economically. The metropolitan areas studied were those of the 52 largest U.S. cities in the 1950 census. Certain of the metropolitan areas under this definition involve more than

one state—*e.g.*, New York City, which includes a portion of northern New Jersey. A case was included in the study only if at least 75% of its insured lives were located within one of the specified metropolitan areas or within one state.

The study covered the experience of policy years ending in 1959 for comprehensive Major Medical cases. First year experience was excluded, as well as that where characteristics of plan or covered lives, or changes in these during the period covered, might distort the results. To avoid the possible undue influence of any single group, cases of 1,000 or more lives were not included in the final results. In many of these larger cases the lives were scattered among several areas and therefore excluded by the 75% rule, so that exclusion of cases with 1,000 or more lives did not greatly reduce the volume of experience otherwise available; nor did it greatly affect the results.

For each case included in the study the actual incurred claims were reported and "tabular claims" were calculated. These latter were based on a preliminary calculation by each contributing company, for each of its own cases, of what the tabular claims would have been had the group been located in Los Angeles. In making these calculations each company used the factors for plan, age, area and the other variables inherent in its own rate structure. The preliminary tabular claims for each case for each company were then adjusted by a factor which was equal to the ratio of the total actual incurred claims of all the company's Los Angeles cases to the total preliminary tabular claims for these cases.

The results of the study are shown in the form of ratios of actual claims to tabular claims for each area. These ratios indicate the relative level of claim costs for each area, the ratio for Los Angeles necessarily being 1.000. A ratio of .900 for a particular area implies that claims under the cases coded for that area were 10% under the level that these same cases might have experienced in Los Angeles, other factors (plans, age, sex and income distributions, etc.) being the same.

Table 8A shows results for the specified metropolitan areas; a case which had less than 75% of its experience within one of these metropolitan areas is not included in this table. Not all 52 metropolitan areas included in the study appear in Table 8A since some of them had no experience. Table 8B shows results for the balance of the experience by state, excluding any of the specified metropolitan areas. Not all states had experience in the study.

There is considerable variation in the volume of data available for each area shown in Tables 8A and 8B and the reliability of the results may vary accordingly. In some metropolitan areas or states there was probably

TABLE 8A
 AREA STUDY—POLICY YEARS ENDING IN 1959—
 METROPOLITAN AREA EXPERIENCE

Metropolitan Area	Actual Claims	Ratio of Actual to Tabular Claims
Akron, Ohio.....	\$ 118,245	.927
Albany, N.Y.....	99,763	.613
Atlanta, Ga.....	30,011	.596
Baltimore, Md.....	109,781	.598
Birmingham, Ala.....	12,922	.679
Boston, Mass.....	147,259	.696
Bridgeport, Conn.....	76,251	.696
Buffalo, N.Y.....	107,728	.577
Chicago, Ill.....	866,773	.687
Cincinnati, Ohio.....	26,781	.562
Cleveland, Ohio.....	77,705	.849
Columbus, Ohio.....	2,393	.737
Dallas, Texas.....	107,813	.799
Dayton, Ohio.....	24,567	.562
Denver, Colo.....	33,577	.618
Detroit, Mich.....	168,502	.886
Fort Worth, Texas.....	48,880	.651
Houston, Texas.....	310,817	.915
Indianapolis, Ind.....	258,870	.551
Kansas City, Mo.....	22,198	.741
Los Angeles, Calif.....	1,783,660	1.000
Louisville, Ky.....	14,924	.898
Memphis, Tenn.....	65,084	.866
Miami, Fla.....	61,535	.727
Milwaukee, Wis.....	122,582	.662
Minneapolis, Minn.....	138,522	.664
New Haven, Conn.....	5,635	.467
New Orleans, La.....	19,614	.691
New York, N.Y.....	544,142	.772
Norfolk, Va.....	8,336	.428
Omaha, Nebr.....	1,169	.358
Philadelphia, Pa.....	139,499	.638
Pittsburgh, Pa.....	53,341	.693
Portland, Ore.....	24,375	.747
St. Louis, Mo.....	105,580	.486
San Antonio, Texas.....	10,912	.568
San Diego, Calif.....	135,499	.939
San Francisco, Calif.....	252,570	.936
Seattle, Wash.....	83,573	.943
Springfield, Mass.....	3,237	.555
Syracuse, N.Y.....	39,612	.629
Tampa, Fla.....	20,959	.911
Toledo, Ohio.....	6,180	.403
Washington, D.C.....	123,052	.719
Wheeling, W. Va.....	7,058	.414

TABLE 8B
AREA STUDY—POLICY YEARS ENDING IN 1959—
EXPERIENCE OUTSIDE METROPOLITAN AREAS

State	Actual Claims	Ratio of Actual to Tabular Claims
Alabama.....	\$ 7,839	.898
Arizona.....	256,453	.989
Arkansas.....	105,374	.641
California.....	34,767	.848
Colorado.....	606	.166
Delaware.....	24,610	.462
Florida.....	32,418	1.221
Hawaii.....	38,924	.897
Idaho.....	56,653	.735
Illinois.....	99,973	.668
Indiana.....	66,005	.505
Iowa.....	174,920	.736
Kansas.....	87,253	.720
Kentucky.....	15,823	1.036
Louisiana.....	35,669	.748
Maine.....	45,134	.464
Massachusetts.....	13,547	1.210
Michigan.....	177,945	.754
Minnesota.....	25,736	.638
Mississippi.....	23,625	.618
Missouri.....	5,759	.503
Montana.....	102,111	.630
Nebraska.....	10,067	.558
Nevada.....	48,599	.749
New Jersey.....	875	.210
New Mexico.....	58,682	.700
New York.....	26,461	.700
North Carolina.....	83,610	.501
North Dakota.....	63,563	.730
Ohio.....	34,831	.580
Oklahoma.....	114,062	.648
Pennsylvania.....	145,458	.674
South Carolina.....	66,813	.569
South Dakota.....	63,972	.532
Tennessee.....	22,248	.669
Texas.....	40,266	.572
Utah.....	117,432	.562
Vermont.....	1,926	.279
West Virginia.....	24,044	.788
Wisconsin.....	35,625	.479
Wyoming.....	3,406	.545

TABLES 8A AND 8B COMBINED

Total.....	\$8,814,570	.745
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an insignificant amount of experience but all of the data contributed to the study has been included. Only 1,245 cases were included in this initial study. If there is sufficient interest in periodic studies of this type, the larger exposures that will be available should enable more reliable results to be obtained in future studies.

CONCLUSION

As mentioned previously, the experience on which this study is based was at a 1957 level. Rapid and not necessarily consistent changes in the various phases of medical expenses and the cost of insurance designed to cover them have taken place while the data were being collected and the study planned and completed. This change in level of medical expenses and insurance costs must be considered when the results of the study are applied for current or future uses. However, we feel that this pilot study has paved the way for future studies of this nature and has made possible a Major Medical study as a part of the Committee's regular annual investigations. Also, we hope that this paper will stimulate others to provide any supplemental statistics available to them, which will indicate more recent levels and trends of Major Medical experience.

CONTRIBUTING COMPANIES

While this report is presented in the form of a paper, the study was possible only through the assistance of the individual members of the Committee and the cooperation of the contributing companies. This aid is greatly appreciated. Thanks also are due to Donald C. Pailler who assisted in much of the detail of the study.

The following companies contributed experience to the study:

Aetna Life Insurance Company
Connecticut General Life Insurance Company
Continental Assurance Company
Equitable Life Assurance Society
John Hancock Mutual Life Insurance Company
Metropolitan Life Insurance Company
New York Life Insurance Company
Occidental Life Insurance Company of California
Prudential Insurance Company of America
The Travelers Insurance Company

DISCUSSION OF PRECEDING PAPER

W. GLENN MCCORMICK:

Mr. Gingery and Mr. Mellman are to be commended for their excellent treatment of an extremely complicated subject. Only one who has attempted to derive useful morbidity statistics from Major Medical experience can begin to appreciate the difficulties that are encountered in preparing a paper such as this.

It is interesting to note that all maximum benefits under the various plans were combined. However, in only three claims (two children and one male) did the amount of eligible charges submitted exceed \$10,000. In addition, subsequent studies showed that the additional net annual claim cost required to provide a maximum higher than \$5,000 was very small. This could serve as justification for combining all plans without regard to maximum benefit.

At this point, it might be well to reiterate the importance of the secular trend of Major Medical costs. This experience was based on claims paid in 1957. Major Medical costs have shown a tendency to rise at an annual rate of roughly 8%. By the time these data are published, costs will have risen about half again as high as they were at the time this experience was collected. It is extremely important, therefore, not to base premium rates on these data without adjusting for this increase in costs. However, this will by no means render this paper useless. Relative costs can be obtained which show the effects of area, plan, deductible, etc.

On page 517 the authors mention that there may be some underreporting because of first-dollar hospital coverage or hospital and surgical coverage. In addition, where many plans with different deductibles are combined to produce statistics, the size of the deductible (or the type of group choosing smaller deductibles) seems to influence the amount of the eligible charges submitted. Using the same basic data, I have prepared a table using some finer breakdowns than are found in the paper to illustrate any effect that might arise from the above considerations.

The table also shows the reduction in cost when certain classes of charges are excluded from the expenses eligible for Major Medical expense. This is the type of situation that would occur if a Major Medical plan were integrated with a basic plan with unlimited benefits in the excluded area. These additional data could be used to illustrate the effect of a broad basic plan on the Major Medical rates. None of the data have been smoothed or otherwise adjusted, so some cells may tend to fluctuate

ANNUAL COSTS OF VARIOUS MAJOR MEDICAL PLANS
 ANNUAL CLAIM COSTS—BEFORE COINSURANCE FACTOR IS APPLIED—PER
 INSURED EMPLOYEE, OR EMPLOYEE INSURED WITH RESPECT
 TO HIS DEPENDENTS
 BENEFIT: 100% OF ELIGIBLE CHARGES AFTER DEDUCTIBLE
 HAS BEEN SATISFIED

PLANS FROM WHICH DATA WERE OBTAINED	DEDUCT- IBLE AP- PLIED TO ELIGIBLE CHARGES	AREA OF CHARGES CONSIDERED NOT ELIGIBLE FOR MAJOR MEDICAL				
		None	Hospital	Hospital, Surgical	Hospital, Surgical, Medical	Hospital, Surgical, Medical, X-Ray and Labo- ratory
No First-Dollar Coverage Male.....	\$ 50*	\$39.35	\$17.27	\$ 9.90	\$2.90	\$2.34
	100*	33.43	12.49	6.49	1.73	1.42
	100†	39.60	19.30	11.89	2.87	1.98
	100	34.22	13.36	7.18	1.87	1.50
Female.....	50*	51.60	24.88	12.60	2.97	2.29
	100*	43.19	17.91	7.91	1.57	1.22
	100†	39.49	17.80	9.52	1.74	1.35
	100	42.58	17.89	8.17	1.60	1.25
Dependent Spouse.....	50*	49.33	23.47	13.38	4.45	3.89
	100*	41.92	17.37	8.99	2.88	2.57
	100†	51.56	24.00	13.50	4.61	3.81
	100	43.24	18.28	9.61	3.12	2.74
Dependent Child(ren)...	50*	27.16	10.35	4.46	.93	.78
	100*	20.18	5.83	2.23	.44	.37
	100†	18.36	5.86	2.82	.76	.69
	100	19.93	5.84	2.31	.48	.41
First-Dollar Hospital Cov- erage Male.....	\$ 50*	\$45.14	\$21.02	\$13.96	\$5.18	\$4.24
	100*	38.65	15.61	9.73	3.44	2.95
	100†	28.86	12.23	7.13	2.36	1.96
	100	35.37	14.48	8.86	3.07	2.62
Female.....	50*	43.25	23.46	13.56	4.04	3.24
	100*	36.50	16.50	8.69	2.32	1.95
	100†	33.73	14.75	7.84	1.27	.93
	100	35.43	15.82	8.36	1.91	1.55
Dependent Spouse.....	50*	50.46	24.90	15.97	5.51	4.61
	100*	42.31	17.96	10.56	3.28	2.80
	100†	30.80	13.28	7.45	2.23	1.93
	100	38.32	16.34	9.48	2.91	2.50
Dependent Child(ren)...	50*	23.47	10.67	5.51	1.31	1.10
	100*	17.52	6.29	2.97	.75	.68
	100†	15.52	6.01	2.64	.53	.43
	100	16.83	6.19	2.85	.68	.59

* Figures shown in these lines are based on experience under cases with a deductible of \$50 or less.

† Figures shown in these lines are based on experience under cases with a deductible of \$51 to \$100.

ANNUAL COSTS OF VARIOUS MAJOR MEDICAL PLANS—*Continued*

PLANS FROM WHICH DATA WERE OBTAINED	DEDUCT- IBLE AP- PLIED TO ELIGIBLE CHARGES	AREA OF CHARGES CONSIDERED NOT ELIGIBLE FOR MAJOR MEDICAL				
		None	Hospital	Hospital, Surgical	Hospital, Surgical, Medical	Hospital, Surgical, Medical, X-Ray and Labo- ratory
First-Dollar Hospital and Surgical Coverage Male.....	\$ 50*	\$36.27	\$16.93	\$ 9.20	\$3.04	\$2.14
	100*	31.11	12.71	6.32	1.90	1.47
	100†	24.03	9.78	6.53	3.06	2.67
	100	30.81	12.58	6.33	1.95	1.52
Female.....	50*	42.58	21.11	10.27	2.88	1.72
	100*	36.34	15.61	6.36	1.23	.76
	100†	31.17	†	†	†	†
	100	36.16	15.35	6.17	1.19	.74
Dependent Spouse.....	50*	48.04	23.02	12.76	5.30	4.27
	100*	41.93	18.05	9.65	3.93	3.34
	100†	35.83	13.39	5.31	†	†
	100	41.59	17.79	9.41	3.84	3.17
Dependent Child(ren)...	50*	21.59	9.38	3.89	1.32	1.11
	100*	16.31	5.97	2.45	.97	.91
	100†	14.65	5.63	†	†	†
	100	16.22	5.95	2.41	.94	.88

† Less than \$1,000 of eligible charges.

because of sampling error, especially where the net annual claim cost is very low and only a few claims remain.

One of the dangers in attempting to use this table is the cost attributable to the individual characteristics of each group. For example, it is quite conceivable that a large proportion of the "First-Dollar Hospital Coverage" group of claims come from higher income groups in high cost areas. If this is true, using these data to produce rates, and then further adjusting for salary and area, would compound the effect of salary and area adjustments unless it is carefully considered in the rate-making. Unfortunately, this is difficult to isolate and measure.

PETER M. THEXTON:

In order to make a meaningful comparison of any claim average with respect to any particular factor, it is necessary to separate or standardize

the data with respect to all other factors known or suspected to affect the claim averages. For Major Medical Expense insurance these factors are, at least: (1) sex, (2) age, (3) income, (4) geographic area, (5) plan. It may be that industry and working class should be added to this list if suitable objective standards could be devised. With this in mind the tables in the paper are very difficult to interpret. The difficulties mentioned are well recognized by the authors, as evidenced by their reference to higher male than female net costs for certain plans and their indication of the difficulties presented by the multiplicity of income groupings.

I have attempted to deduce something with respect to the combined effect of age, income and area on male costs. My assumptions are: (1) the female exposure is compact with respect to income, (2) the female and male exposures are distributed similarly with respect to geographic area and plan and (3) female major medical costs have approximately the same slope by age as do female 90-day hospital room and board costs according to the 1956 intercompany tables, namely the following percentage of the ages 40-49 claim cost: ages through 39, 70%; ages 40 through 49, 100%; ages 50 through 59, 120%; ages 60 up, 150%.

With these four assumed facts and the total female exposure and the claims at each age group for females from Table 1 of the paper, it is possible to set up 5 equations in 5 unknowns (the four age-group exposures and the ages 40-49 claim cost). After solving these, the male exposure and claim costs can be calculated as the balancing item. The female exposure is small compared to the male exposure and hence errors in estimating the female age slope will have a smaller effect on the resulting male cost.

The accompanying table is for a \$100 deductible plan. This illustrates

AGE	EXPOSURE			CLAIM COST		
	Total	Male	Female	Total	Male	Female
-39	44,817	34,533	10,284	\$23.52	\$20.93	\$32.20
40-49	17,412	13,854	3,558	36.85	34.51	46.00
50-59	11,095	9,204	1,891	58.12	58.71	55.20
60 up	3,929	3,637	292	96.05	98.22	69.00
All Ages.	77,253	61,228	16,025	\$35.18	\$34.27	\$38.65

what can and must be done to reduce the data to more conventional form. The problems are far from solved, but they have been, perhaps, isolated to permit more effective analysis.

The resulting male costs have a much steeper slope than the male 90-

day room and board costs in the 1956 intercompany tables. Whether this is principally due to a failure in the assumption with respect to slope or to the effect of income is not yet known.

Another method of attacking this problem involving use of the basic data would be to set forth in parallel columns the percentage age distribution for each different female percentage in increasing female percentage order. It may be that a pattern will appear by which the separate age distributions of males and females could be deduced within reasonable limits. (Such a result could be compared with the result I obtained, with possible enlightenment or clouding.)

This method could possibly be extended to separation into broad income categories. In the end it might be possible to deduce a sufficiently accurate exposure and claim cost for a basically homogeneous category, such as males under age 40 earning less than \$10,000 per year. From this, and any clues deduced from the distributions, it would be possible to start building a new rate structure, or adjusting a current structure. In my judgment, the data as presented do not provide a suitable basis for building or comparing rates or loss ratios.

With respect to the area study, I am confused. When I try to correlate it with other indexes, I get nothing. From a survey entitled "Daily Service Charges in Hospitals, 1960" published by the American Hospital Association, I found the average semiprivate room and board rate for each metropolitan area. When these metropolitan areas are ranked with respect to this room and board level and these ranks compared with the ranks according to the ratios in the paper, there appears to be no correlation at all. This is true for only those areas with over \$100,000 of claims and for all areas.

The same no correlation result appeared when using the surgical non-obstetrical ratios from Miller's 1957 Study of Group Surgical Expense Insurance Claims, *TSA X*, pp. 391-2. Nor did a combination of surgical and hospital room and board averages produce any rank correlation. I don't know whether or not the authors have tested this matter, but, if they or anyone else has, it would be helpful to know what conclusions, if any, can be drawn. It is most desirable to have some correlation indexes in order to calculate premiums for supplemental major medical plans, as well as for other metropolitan areas.

DON F. FACKLER:

Stanley W. Gingery and Richard J. Mellman's paper is an excellent introduction to the critical area of Major Medical experience. The Group Morbidity Committee should be commended for undertaking such a

project considering the tremendous complications involved in this type of study.

Recognizing that the use of statistical information in the Major Medical area was vitally important, the Lincoln National early in 1958 decided to do such a study on their block of comprehensive Major Medical plans. The period chosen for the study was the calendar year 1957 with claim follow-ups through the first six months of 1958. The advantage we had over an intercompany study was homogeneous data and standard claim payment procedures which should result in consistent information.

The comprehensive plans chosen for our study were plans involving deductibles of \$25, \$50, and \$100, with the deductible applying to either all expenses, all expenses except hospital, all expenses except surgical, or all expenses except hospital and surgical. In addition, many of these plans provided full payment of hospital expenses up to as much as \$500, either with or without a deductible, or full payment of all expenses following a deductible up to as much as \$500. All plans were on a per-disability deductible, as opposed to the calendar year deductible as provided by the Committee's study. The number of claims analyzed was 6,995 on employee male, 4,498 on employee female, 746 on dependent male, 7,645 on dependent female, and 6,933 on dependent children. Exposure cards were also prepared for these claims, although no significant information was basically achieved from this portion of the study.

In determining exactly what area of the Committee's study to comment on in this discussion, I decided to limit myself to the first three tables in the study. To do this we reproduced these tables with the following differences:

- (1) Separate tables were derived for plans with a \$25 deductible and a \$50 or higher deductible. For the \$25 deductible a category of total charges of more than \$25 was added.
- (2) The age of the employee was used in all instances, even on dependent children. We felt that this was more useful than the age of the claimant except for employee claims, since premium rates, etc., are determined from the employee's age.
- (3) Information concerning ages was broken into 5 year age categories beginning with under age 30 and ending with age 70 and over.
- (4) Instead of Other Physicians charges as shown in the Committee Study, our study broke these charges into Assistant Surgeon's Fees, Other Fees of the Surgeon, and Other Doctors' Fees.
- (5) Our category of Other Charges included Laboratory and X-Ray.

The following comments are based on a comparison of the results of our study with the Committee Study. For simplicity these comments set out in outline form are under major table headings.

Table 1

- (1) The percentage of charges for hospital room and board and hospital special charges plus surgeons' charges is noticeably higher under our per-disability deductible, whereas drugs and medicines show decreased percentages.
- (2) The percentage of charges for the assistant surgeon and other surgical fees is consistently 1% and 1½% of the total charges, respectively.
- (3) Except for dependent children, the average duration of hospital confinement for our \$25 table compared to our \$50 table was from one to two days less.
- (4) Average charges for dependent children show no correlation with the age of the employee. However, it is interesting to note the percentage of the 6,933 dependent children claims by age of employee, as follows:

Age of Employee	Number of Claims	Percent
Under 30.....	1,643	23.7%
30-34.....	1,347	19.4
35-39.....	1,584	22.8
40-44.....	1,182	17.0
45-49.....	719	10.4
50-54.....	305	4.4
55-59.....	108	1.6
60-64.....	31	.4
65-69.....	11	.2
70 and over.....	3	.1
	6,933	100.0%

- (5) Although there is a shift in percentages as noted in (1) in comparing the studies, the average charge per claim is quite close.

Table 2

- (1) Whereas the Committee Study on a calendar year basis showed approximately 60% of all claims involved hospital confinement, our per-disability study resulted in hospital charges being assessed on 70% to 80% of all cases. However, their result was based on hospital confinement, while our study consisted of hospital charges.
- (2) On claims with hospital confinement, our study showed the percentage of special charges to be approximately 2% higher than room and board, as opposed to approximately 2% lower.

- (3) Except for employee male on claims with hospital confinement, the percentage of charges for nursing represented only 1% to 2% of the total charges. This is perhaps a result of our contract at that time providing benefits for registered nurses (R.N.) only.
- (4) The percentage of drugs to total charges is approximately 5% to 10% less under the per-disability deductible than under the calendar year deductible.

Table 3

- (1) Following are the results of our study, which can be compared to the Committee's Study, on plans with a \$25 and \$50 deductible on other than hospital expenses or other than hospital and surgical expenses as a percentage of total charges:

TYPE OF EXPENSE	EMPLOYEE		DEPENDENT		
	Male	Female	Male	Female	Child(ren)
(\$25 Deductible)					
(1) Hospital R. & B.....	21.2%	21.7%	21.1%	22.7%	18.4%
(2) Hospital S.C.....	24.7	24.2	26.1	25.0	27.9
(3) Surgical.....	20.1	23.9	19.6	24.6	29.7
(4) Asst. Surgeon's Fees..	.8	.8	1.2	.8	.6
(5) Other Fees of Surgeon	1.5	1.7	.9	1.4	2.0
(6) Other Physicians.....	18.4	17.5	18.8	16.0	12.1
(7) Drugs & Medicines...	4.1	4.9	5.9	4.9	5.5
(8) Nursing.....	4.0	1.6	.8	1.3	.7
(9) Other.....	5.1	3.7	5.6	3.2	2.9
(\$50 Deductible)					
(1) Hospital R. & B.....	23.8%	26.3%	23.3%	27.3%	22.8%
(2) Hospital S.C.....	28.5	29.5	30.4	29.9	33.2
(3) Surgical.....	20.1	23.7	24.0	27.0	28.4
(4) Asst. Surgeon's Fees..	.3	.5	.6	.6	.4
(5) Other Fees of Surgeon	1.4	1.2	1.7	1.4	2.0
(6) Other Physicians.....	17.8	11.3	11.9	8.2	9.7
(7) Drugs & Medicines...	2.2	4.3	2.5	2.1	1.8
(8) Nursing.....	2.0	.5	3.0	1.8	.3
(9) Other.....	3.9	2.7	2.6	1.7	1.5

- (2) To have a comparison of the percentage of total claims by type of expense between the calendar year deductible and the per-disability deductible on claims with no hospital confinement, the following is shown for employee male and dependent spouse only:

TYPE OF EXPENSE	EMPLOYEE MALE			DEPENDENT SPOUSE				
	Com- mittee Study	L.N.L. Study		Com- mittee Study	L.N.L. Study			
		\$50 Ded.	\$25 Ded.		\$50 Ded.		\$25 Ded.	
					Fem.	Male	Fem.	Male
Surgical.	5.7%	6.9%	10.1%	3.9%	21.1%	10.7%	7.3%	6.2%
Asst. Surgeon. . . . .		.0	.0		.0	.0	.0	.0
Other Fees of Sur- geon.		1.3	1.8		2.2	4.3	1.4	1.5
Other Physicians.	52.2	65.3	50.3	52.3	43.5	49.0	57.5	51.4
Nursing. . . . .	.8	.0	5.5	2.0	.0	.0	2.1	.0
Drugs & Medi- cines.	26.2	9.5	14.1	32.1	20.7	27.0	18.9	21.6
Lab. & X-Ray.	12.6			9.2				
Other.	2.5	17.1	18.2	.5	12.5	8.9	12.7	19.2

In the interest of space we recognize that this discussion only highlights some of the results of our study and some of the more obvious comparisons between the two studies. However, if a further study of the results would be helpful to any company we would be glad to supply copies of these tables.

(AUTHORS' REVIEW OF DISCUSSION)

STANLEY W. GINGERY AND RICHARD J. MELLMAN:

Mr. Thexton's comments help emphasize two important points. First, the difficulty of relating the effect on Major Medical experience of the variables, age, sex, area and income, when the split of the basic data to each of these is available only independently of the others. This difficulty is further compounded by the correlation among these factors, for example, age and income or sex and income. And, of course, if the data had been available in this small sample for all four dimensions they might be so fragmented as to be of little significance.

Mr. Thexton's comments on variation of cost by area reflect our observations generally that there often is little relationship between total medical claim costs in an area and the level of hospital room and board rates, because of differences either in frequency of claims between areas (which might be influenced by the supply of medical facilities, for example) or in local practices of distributing hospital charges between room and board and special charges.

Mr. McCormick helps to show the relations between experience under different deductibles and to emphasize the problem in attributing them to these differences or to the type of group that chooses the different deductibles. Some of the cells of his table were necessarily based on relatively small amounts of data and must, therefore, be used with caution. His table also gives additional valuable information on relative costs of plans which exclude certain types of medical expense. This will be of considerable interest in Canada, for example, where Provincial Hospital Plans have been introduced so that Major Medical plans do not cover any hospital charges.

We are much indebted to Mr. Fackler for the valuable addition which his data make. His comments and figures help confirm the results of this study, which was necessarily based on relatively small amounts of experience.

Unfortunately, Mr. Fackler's study included no information on exposures, so that claim costs, or relative claim costs, for per-illness plans were not available. However, his claim information was by age of insured employee, rather than age of claimant in the case of dependent claimants, which was not available under our study.

The availability of experience under plans with \$25 deductibles gives some idea of the additional cost of providing a benefit to cover the \$25-\$50 area of medical expenses. His tabulations show that the cost of a plan with a \$25 deductible applicable to all expenses related to the cost of a \$50 deductible plan is about 110% for adult claimants (employees, male or female, and dependent spouse) and about 115% for dependent children. However, as pointed out in the paper, this comparison fails to take into account the possible effect of the plan of insurance on the experience. In this area it might be considerable. General reasoning also indicates that the ratios would be higher than 110%-115% for per-individual plans, because of the likelihood of satisfying the deductible with small expenses arising from unrelated minor illnesses.

Mr. Fackler's study also serves to indicate the differences in experience resulting from differences in the plans of benefits covering the claims studied. For example, his experience under per-illness plans shows higher proportions of hospital and surgical expenses, which was to be expected because our per-individual type of plan covers all medical expenses, including minor illnesses, after the calendar year deductible is satisfied.