U.S. DEPARTMENT OF COMMERCE
Economics and Statistics Administration
U.S. CENSUS BUREAU
ACTING AS COLLECTING AGENT FOR
U.S. DEPARTMENT OF
HEALTH AND HUMAN SERVICES
AGENCY FOR HEALTHCARE RESEARCH AND QUALITY

Medical Expenditure Panel Survey Insurance Component

HEALTH INSURANCE COST STUDY PLAN INFORMATION QUESTIONNAIRE

INSTRUCTIONS

The MEPS-11(S), Plan Information Questionnaire, is to be completed for ALL health insurance plans offered AT THIS GOVERNMENT UNIT. Please use photocopies of this MEPS-11(S) form if sufficient copies were not included in this reporting package.

Section B GENERAL PLAN INFORMATION FOR CENSUS USE ONLY 100 Begin with the plan having the largest enrollment and proceed through to the plan with the smallest enrollment of ACTIVE employees. Please photocopy this MEPS-11(S) questionnaire if additional forms are needed. Name of plan 012 **1a.** For 2001, what was the name of the health insurance plan with the largest (or next largest) enrollment of ACTIVE employees? • Blue Cross Blue Shield, High Option Examples: Option A Aetna HMO Name of insurance carrier **b.** What was the name of the insurance company or 102 carrier providing this plan? Examples: • Blue Cross Blue Shield Alliance Charter Health If self-insured, enter the government name. 2. Which type of health care provider was available 1 ☐ Exclusive providers through this plan? (Examples: Most HMO, IPA, and EPO-type plans) **Exclusive providers –** Enrollees must go to providers associated with the plan for all non-emergency care in 2 Any providers order for the costs to be covered. (Examples: Most fee-for-service plans) **Any providers –** Enrollees may go to providers of their choice with no cost incentives to use a particular 3 Mixture of preferred and any providers (Examples: Most PPO and POS-type plans) group of providers. Mixture of preferred and any providers – Enrollees may go to any provider, but there is a cost incentive to use a particular group of providers. 3. Did this plan REQUIRE that the enrollee see a 1 Yes gatekeeper or primary-care physician in order to be 2 No referred to a specialist? 3 Don't Know For plans with multiple options, answer for the "in-network" option.

		RMATION – Continued
4.	Was this plan purchased through a group purchasing arrangement with other employers such as a Multi-Employer Welfare Arrangement (MEWA)?	l 112 1 ☐ Yes l 2 ☐ No l 3 ☐ Don't know
5.	Was this plan purchased from an insurance underwriter or was it self-insured? Purchased from an insurance underwriter – (Fully-insured) Coverage is purchased from an insurance company or other underwriter who assumes the risk for enrollees' medical expenses. Self-insured – Your organization assumes the risk for the enrollees' medical expenses and may charge a premium to employees. This plan may be administered by a third party and may employ supplemental stop-loss insurance to limit unanticipated losses. SELF-INSURED PL	1 Purchased – SKIP to Question 7a 2 Self-insured – Continue with Question 6a
	Complete questions 6a-b if this plan was self-insured.	
6a.	Was this plan self-administered or did your government unit employ an insurance company or other administrator?	1 106 1 Self-administered 2 Insurance company or other administrator
b.	Did your government unit purchase stop-loss coverage?	l 107 1
	ENROL	LMENT
	Estimates are acceptable for all enrollment figures.	i
7a.	How many ACTIVE employees were ENROLLED in this plan at this government unit during a typical pay period in 2001?	Active employees enrolled in plan
	P • • • • • • • • • • • • • • • • • • •	
	Include full-time, part-time, temporary, and seasonal employees.	
	Include full-time, part-time, temporary, and seasonal	
b.	Include full-time, part-time, temporary, and seasonal employees.	Active employees enrolled in single coverage
b.	Include full-time, part-time, temporary, and seasonal employees. Exclude retirees, former employees, and contract workers. How many of those ACTIVE employees were ENROLLED in SINGLE coverage during a typical pay	Active employees enrolled
	Include full-time, part-time, temporary, and seasonal employees. Exclude retirees, former employees, and contract workers. How many of those ACTIVE employees were ENROLLED in SINGLE coverage during a typical pay period in 2001? EMPLOYEE-PLUS-ONE coverage is health insurance coverage for an employee-plus-spouse or an employee-plus-child AT A LOWER PREMIUM LEVEL than	Active employees enrolled in single coverage
	Include full-time, part-time, temporary, and seasonal employees. Exclude retirees, former employees, and contract workers. How many of those ACTIVE employees were ENROLLED in SINGLE coverage during a typical pay period in 2001? EMPLOYEE-PLUS-ONE coverage is health insurance coverage for an employee-plus-spouse or an employee-plus-child AT A LOWER PREMIUM LEVEL than family coverage. If your government unit offered EMPLOYEE-PLUS-ONE coverage, how many ACTIVE employees were	Active employees enrolled
c.	Include full-time, part-time, temporary, and seasonal employees. Exclude retirees, former employees, and contract workers. How many of those ACTIVE employees were ENROLLED in SINGLE coverage during a typical pay period in 2001? EMPLOYEE-PLUS-ONE coverage is health insurance coverage for an employee-plus-spouse or an employee-plus-child AT A LOWER PREMIUM LEVEL than family coverage. If your government unit offered EMPLOYEE-PLUS-ONE coverage, how many ACTIVE employees were ENROLLED during a typical pay period in 2001? Include enrollment for both employee-plus-spouse and	Active employees enrolled in single coverage Active employees enrolled in

	SINGLE COVER	AGE F	PREMIUMS
8a.	Report for TYPICAL situations and enrollees. If this was a self-insured plan, report the premium equivalent. If premium varied, report for a TYPICAL employee. Report government unit/employee contributions and total premium for the same period in 2001. Was SINGLE coverage offered under this plan?	 552	1 ☐ Yes – Continue with Question 8b 2 ☐ No – SKIP to Question 9a
b.	For this plan, how much did the GOVERNMENT UNIT contribute toward the plan premium of one typical employee with SINGLE coverage?	 131 	\$. 0 0 Government unit contribution for single premium
C.	How much did this typical EMPLOYEE with SINGLE coverage contribute toward his/her own premium?	 132 	\$. 0 0 Employee contribution for single premium
d.	What was the TOTAL premium for this typical employee with SINGLE coverage?	130 	\$. 0 0 Total single premium
e.	The amounts reported in Questions 8b-d are based on which one of the following time periods? Mark (X) only one.	1 133 	1 Weekly 2 Every 2 weeks 3 Monthly 5 Quarterly 4 Yearly
	EMPLOYEE-PLUS-ONE	COVE	RAGE PREMIUMS
9a.	Report for TYPICAL situations and enrollees. If this was a self-insured plan, report the premium equivalent. EMPLOYEE-PLUS-ONE coverage is health insurance coverage for an employee-plus-spouse or an employee-plus-child AT A LOWER PREMIUM LEVEL than family coverage. If employee-plus-one premiums were different for employee-plus-child and employee-plus-spouse coverages, report for employee-plus-child. If premiums varied for other reasons, report for a TYPICAL employee. Report government unit/employee contributions and total premium for the same period in 2001. Was EMPLOYEE-PLUS-ONE coverage offered under this plan?	 	1 ☐ Yes – Continue with Question 9b 2 ☐ No – SKIP to Question 10a
b.	For this plan, how much did the GOVERNMENT UNIT contribute toward the plan premium of one typical employee with EMPLOYEE-PLUS-ONE coverage?	 636 	\$. 0 0 Government unit contribution for employee-plus-one premium
C.	How much did this typical EMPLOYEE with EMPLOYEE-PLUS-ONE coverage contribute toward his/her own premium?	 637 	\$. 0 0 mathematical contribution for employee-plus-one premium
d.	What was the TOTAL premium for this typical employee with EMPLOYEE-PLUS-ONE coverage?	635	\$. 0 0 Total employee-plus-one premium
e.	The amounts reported in questions 9b-d are based on which one of the following time periods? Mark (X) only one.	638 	1 Weekly 2 Every 2 weeks 3 Monthly 5 Quarterly 4 Yearly

	FAMILY COVER	AGE PREMIUMS
10a.	Report for TYPICAL situations and enrollees. If this was a self-insured plan, report the premium equivalent. If premium varied, report for a TYPICAL employee. Report government unit/employee contributions and total premium for the same period in 2001. If premium varied by family size, report for a family of four. Was FAMILY coverage offered under this plan?	137 1 Yes – Continue with Question 10b 2 No – SKIP to Question 11a
b.	For this plan, how much did the GOVERNMENT UNIT contribute toward the plan premium of one typical employee with FAMILY coverage?	\$, 0 0 Government unit contribution for family premium
C.	How much did this typical EMPLOYEE with FAMILY coverage contribute toward his/her own premium?	\$. 0 0 Employee contribution for family premium
d.	What was the TOTAL premium for this typical employee with FAMILY coverage?	\$, . 0 0 Total family premium
e.	The amounts reported in questions 10b-d are based on which one of the following time periods? Mark (X) only one.	1 553 1 Weekly 2 Every 2 weeks 3 Monthly 5 Quarterly 4 Yearly
	GENERAL PREMIL	UM INFORMATION
11a.	Did the PREMIUMS charged by the insurance company or carrier vary by any of these characteristics? Mark (X) all that apply.	138
b.	Did the amount an EMPLOYEE CONTRIBUTED toward his/her own coverage vary by any of these employee characteristics? Mark (X) all that apply.	Hours worked Hours worked Guerry Union status Guerry Wage or salary level Guerry Occupation Guerry Other Guerry Employee contribution did not vary
	INDIVIDUAL [DEDUCTIBLES
12a.	Did this plan have a deductible? Deductible – Predetermined amount which must be met by an individual before the plan will pay for covered services. Many HMOs do not have a deductible.	1 Ses – Continue with Question 12b 2 No – SKIP to Question 14a
b.	What was the annual deductible an individual paid?	146 a Individual appual
	Report deductibles for care received "in-network" from preferred providers (if applicable). If separate deductibles apply, enter physician care and hospital care amounts in appropriate boxes. If deductible is per overnight hospital stay, it is not an annual deductible and should be reported under 14b on the next page.	Separate deductibles for: 147

	FAMILY DE	DUC	TIBLES
13a.	Did this plan require that a specific number of family members meet their individual deductibles before the family deductible was met?	224 	 1 ☐ Yes - Continue with Question 13b 2 ☐ No - SKIP to Question 13c 3 ☐ Family coverage not offered - SKIP to Question 14a
b.	How many family members were required to meet their individual deductibles before the family deductible was met? Report for a family of four.	150 	Number of family members
C.	What was the total annual deductible a family paid? Report for a family of four.	149 	\$, Total annual family deductible
	PAYN	IENT	S
14a.	Was hospital care covered under this plan?	 155 	1 ☐ Yes – Continue with Question 14b 2 ☐ No – SKIP to Question 14c
b.	How much and/or what percentage of the total bill did an enrollee pay OUT-OF-POCKET for an inpatient hospital stay after any annual deductible was met?	152 	\$. 0 0 Copayment paid by enrollee for hospital stay
	Out-of-pocket expense – Those costs paid directly by the enrollee.	 154 	1 ☐ Per day
	Some plans may have both a dollar copayment and a percentage coinsurance.	 	2 Per stay AND/OR
	Report for precertified hospital stays (if applicable).	153	0/ 0:
	Report for a stay at an "in-network"/participating hospital (if applicable).	 	% Coinsurance paid by enrollee
	Do not include any physician charges incurred during the hospital stay.	' 	
C.	Was physician care covered under this plan?	218 	1 ☐ Yes – Continue with Question 14d 2 ☐ No – SKIP to Question 15a
d.	How much and/or what percentage of the total bill did an enrollee pay OUT-OF-POCKET for an office visit after any annual deductible was met?	 156 	\$. 0 0 Copayment paid by enrollee for office visit
	Out-of-pocket expense – Those costs paid directly by the enrollee.	 	AND/OR
	Some plans may have both a dollar copayment and a percentage coinsurance.	157 	% Coinsurance paid by enrollee
	Report for an "in-network"/participating general practitioner during normal office hours.	 	
	Include all copayments, coinsurance and deductibles.	 	
15a.	What was the MAXIMUM ANNUAL out-of-pocket expense for an individual?	161 	\$.00
	Out-of-pocket expense – Those costs paid directly by the enrollee.	, 	OR
	This is often referred to as a catastrophic limit.	l 163	☐ No individual maximum
b.	What was the MAXIMUM ANNUAL out-of-pocket expense for a family of four?	 162 	\$.00
		 222	OR No family maximum

	PAYMENTS	– Co	ntinued
16a.	What was the MAXIMUM amount this plan would have paid for an enrollee over his/her LIFETIME?	 159 	\$, , , , , , , , , , , , , , , , , , ,
		158	OR ☐ No lifetime maximum
b.	What was the MAXIMUM amount this plan would have paid for an enrollee in ONE YEAR?	160	\$, , , , , , , , , , , , , , , , , , ,
			OR
		221	☐ No annual maximum
	PLAN CHARA	ACTE	RISTICS
17a.	Could this plan have refused to cover persons with certain pre-existing medical or health conditions?	183	1 ☐ Yes – Continue with Question 17b 2 ☐ No – SKIP to Question 18
b.	Did this happen in 2001?	184	1 ☐ Yes 2 ☐ No
			3 ☐ Don't know
18.	Did this plan have a policy requiring a waiting period before covering pre-existing conditions?	185	1 ☐ Yes 2 ☐ No
19.	Which of the services listed were covered by this plan?		Don't Yes No know
	Mark (X) all that apply.	164	(1) (2) (3) Routine mammograms
		585	Adult preventive care (office visits and tests)
		586	Well-baby/well-child care (office visits and tests)
		173	Chiropractic care
		175	Outpatient prescriptions
		587	Routine vision care
		176	Routine dental care
		177	Orthodontic care
		180	Inpatient mental illness
		181	Outpatient mental illness
		182	Alcohol/substance abuse treatment
			OTE ***
	If your government unit offered MC	DRE T	THAN ONE health insurance

continue with the form MEPS-11(R), at the back of this package.

If this is your last health insurance plan, please continue with the form MEPS-11(R), Section C.