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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

REPORT FOR UP TO FOUR PLANS OFFERED IN 2002 AT THE LOCATION LISTED ABOVE.

You may use photocopies of this MEPS-10(S) form if sufficient copies were not included in this reporting package.

GENERAL PLAN INFORMATION

FOR CENSUS USE ONLY

100

If a plan name is preprinted in the question 1a answer box on the right, answer for the plan specified. Otherwise, complete this Plan Information Questionnaire for the plan with the largest (or next largest) enrollment of active employees.

1a. For 2002, what was the name of the health insurance plan with the largest (or next largest) enrollment of ACTIVE employees?

Examples:
- Blue Cross Blue Shield, High Option
- Company Plan A
- Aetna HMO

012 Name of plan

b. What was the name of the insurance company or carrier providing this plan?

Examples:
- Blue Cross Blue Shield
- Alliance
- Charter Health

If self insured, enter your company name.

102 Name of insurance carrier

2. Which type of health care provider was available through this plan?

Exclusive providers – Enrollees must go to providers associated with the plan for all non-emergency care in order for the costs to be covered.

Any providers – Enrollees may go to providers of their choice with no cost incentives to use a particular 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.

103
1 ☐ Exclusive providers (Examples: Most HMO, IPA, and EPO-type plans)
2 ☐ Any providers (Examples: Most fee-for-service plans)
3 ☐ Mixture of preferred and any providers (Examples: Most PPO and POS-type plans)

3. Did this plan REQUIRE that the enrollee see a gatekeeper or primary-care physician in order to be referred to a specialist?

For plans with multiple options, answer for the "in-network" option.

104
1 ☐ Yes
2 ☐ No
3 ☐ Don't know

4. Was this plan purchased through a group purchasing arrangement with other employers such as a Multi-Employer Welfare Arrangement (MEWA)?

112
1 ☐ Yes
2 ☐ No
3 ☐ Don't know

Continue with Page 2, Question 5

GENERAL PLAN INFORMATION – Continued

5. **Was this plan offered through a union or a trade association?**

113
1 ☐ Union
2 ☐ Trade association
3 ☐ Neither

6. **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.

105
1 ☐ Purchased – ***SKIP to Question 8a***
2 ☐ Self-insured – *Continue with Question 7a*

SELF-INSURED PLAN INFORMATION

Complete questions 7a-b if this plan was ***self-insured.***

7a. **Was this plan self-administered or did your organization employ an insurance company or other administrator?**

106
1 ☐ Self-administered
2 ☐ Insurance company or other administrator

b. **Did your organization purchase stop-loss coverage?**

107
1 ☐ Yes
2 ☐ No

ENROLLMENT

Estimates are acceptable for all enrollment figures.

8a. **How many ACTIVE employees were ENROLLED in this plan at this establishment during a typical pay period in 2002?**

Include full-time, part-time, temporary, and seasonal employees.

Exclude former employees, leased or contract workers, and retirees.

125 ☐☐☐☐ **Active** employees **enrolled** in plan

b. **How many of these ACTIVE employees were ENROLLED in SINGLE coverage during a typical pay period in 2002?**

129 ☐☐☐☐ **Active** employees **enrolled** in **single** coverage

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.

c. **If your organization offered EMPLOYEE-PLUS-ONE coverage, how many ACTIVE employees were ENROLLED during a typical pay period in 2002?**

Include enrollment for both employee-plus-spouse and employee-plus-child coverage.

571 ☐☐☐☐ **Active** employees **enrolled** in **employee-plus-one** coverage

d. **How many FORMER employees were ENROLLED in this plan, excluding retirees, through COBRA or other State Continuation-Of-Benefits laws during a typical pay period in 2002?**

126 ☐☐☐☐ **Former** employees **enrolled** in plan, excluding retirees

Continue with Page 3, Question 9a

PLAN PREMIUMS

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 employer/employee contributions and total premium for the same period during 2002.

SINGLE COVERAGE

9a. Was SINGLE coverage offered under this plan?

552 1 ☐ Yes – *Continue with Question 9b*
2 ☐ No – ***SKIP to Question 10a***

b. For this plan, how much did the EMPLOYER contribute toward the plan premium of one typical employee with SINGLE coverage?

131 $, . 0 0 **Employer** 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 9b-d are based on which one of the following time periods?

Mark (X) only one.

133 1 ☐ Weekly
2 ☐ Every 2 weeks
3 ☐ Monthly
5 ☐ Quarterly
4 ☐ Yearly

EMPLOYEE-PLUS-ONE COVERAGE

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.

10a. Was EMPLOYEE-PLUS-ONE coverage offered under this plan?

570 1 ☐ Yes – *Continue with Question 10b*
2 ☐ No – ***SKIP to Page 4, Question 11a***

b. For this plan, how much did the EMPLOYER contribute toward the plan premium of one typical employee with EMPLOYEE-PLUS-ONE coverage?

636 $, . 0 0 **Employer** 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 **Employee** 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 10b-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

Continue with Page 4, Question 11a

PLAN PREMIUMS – Continued

FAMILY COVERAGE

If premium varied by family size, report for a family of four.

11a. Was FAMILY coverage offered under this plan?

137 ☐ 1 Yes – *Continue with Question 11b*
☐ 2 No – ***SKIP to Question 12a***

b. For this plan, how much did the EMPLOYER contribute toward the plan premium of one typical employee with FAMILY coverage?

135 $, . 0 0 **Employer** contribution for **family** premium

c. How much did this typical EMPLOYEE with FAMILY coverage contribute toward his/her own premium?

136 $, . 0 0 **Employee** contribution for **family** premium

d. What was the TOTAL premium for this typical employee with FAMILY coverage?

134 $, . 0 0 **Total family premium**

e. The amounts reported in questions 11b-d are based on which one of the following time periods?

Mark (X) only one.

553 ☐ 1 Weekly
☐ 2 Every 2 weeks
☐ 3 Monthly
☐ 5 Quarterly
☐ 4 Yearly

GENERAL PREMIUM INFORMATION

12a. Did the PREMIUMS charged by the insurance company or carrier vary by any of these characteristics?

Mark (X) all that apply.

138 ☐ Age
139 ☐ Gender
141 ☐ Wage or salary levels
142 ☐ Other

OR

640 ☐ Premiums did not vary

b. Did the amount an EMPLOYEE CONTRIBUTED toward his/her own coverage vary by any of these employee characteristics?

Mark (X) all that apply.

641 ☐ Hours worked
642 ☐ Union status
643 ☐ Wage or salary level
644 ☐ Occupation
645 ☐ Other

OR

646 ☐ Employee contribution did not vary

INDIVIDUAL DEDUCTIBLES

13a. Did this plan have a deductible?

Deductible – Predetermined amount which must be paid by an individual before the plan will reimburse for covered services.

Many HMOs do not have a deductible.

151 ☐ 1 Yes – *Continue with Question 13b*
☐ 2 No – ***SKIP to Page 5, Question 15a***

b. What was the annual deductible an individual paid?

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 15b on Page 5.

146 $, . 0 0 Individual annual deductible

OR

Separate deductibles for:

147 $, . 0 0 Physician care

148 $, . 0 0 Hospital care

FAMILY DEDUCTIBLES

14a. 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 14b*
2 ☐ No – ***SKIP to Question 14c***
3 ☐ Family coverage not offered – ***SKIP to Question 15a***

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 $ ☐☐☐,☐☐☐.00 Total annual family deductible

PAYMENTS

15a. Was hospital care covered under this plan?

155
1 ☐ Yes – *Continue with Question 15b*
2 ☐ No – ***SKIP to Question 15c***

b. How much and/or what percentage of the total bill did an enrollee pay out-of-pocket for an inpatient hospital admission after any annual deductible was met?

Out-of-pocket expense – Those costs paid directly by the enrollee.

Some plans may have both a dollar copayment and a percentage coinsurance.

Report for precertified hospital admissions (if applicable).

Report for an admission at an "in-network"/participating hospital (if applicable).

Do not include any physician charges incurred during the hospital admission.

152 $ ☐☐☐,☐☐☐.00 Copayment paid by enrollee for hospital admission

154
1 ☐ Per day
2 ☐ Per stay

AND/OR

153 ☐☐☐% Coinsurance paid by enrollee

c. Was physician care covered under this plan?

218
1 ☐ Yes – *Continue with Question 15d*
2 ☐ No – ***SKIP to Question 16a***

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?

Out-of-pocket expense – Those costs paid directly by the enrollee.

Some plans may have both a dollar copayment and a percentage coinsurance.

Report for an "in-network"/participating general practitioner during normal office hours.

156 $ ☐☐☐.00 Copayment paid by enrollee for office visit

AND/OR

157 ☐☐☐% Coinsurance paid by enrollee

Include all copayments, coinsurance and deductibles.

16a. What was the MAXIMUM ANNUAL out-of-pocket expense for an individual?

Out-of-pocket expense – Those costs paid directly by the enrollee.

This is often referred to as a catastrophic limit.

161 $ ☐☐,☐☐☐.00

OR

163 ☐ No **individual** maximum

b. What was the MAXIMUM ANNUAL out-of-pocket expense for a family of four?

162 $ ☐☐,☐☐☐.00

OR

222 ☐ No **family** maximum

Continue with Page 6, Question 17a

PAYMENTS – Continued

17a. **What was the MAXIMUM amount this plan would have paid for an enrollee in ONE YEAR?**

160 $, , . 0 0

OR

221 ☐ No **annual** maximum

b. **What was the MAXIMUM amount this plan would have paid for an enrollee over his/her LIFETIME?**

159 $, , . 0 0

OR

158 ☐ No **lifetime** maximum

PLAN CHARACTERISTICS

18a. **Could this plan have refused to cover persons with pre-existing medical or health conditions?**

183
1 ☐ Yes – *Continue with Question 18b*
2 ☐ No – ***SKIP to Question 19***

b. **Did this happen in 2002?**

184
1 ☐ Yes
2 ☐ No
3 ☐ Don't know

19. **Did this plan have a policy requiring a waiting period before covering pre-existing conditions?**

185
1 ☐ Yes
2 ☐ No

20. **Which of the services listed were covered by this plan?**

		Yes (1)	No (2)	Don't know (3)
164	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	☐	☐	☐

****** PLEASE NOTE ******

If your organization offered only one health insurance plan, please end the form.

If your organization offered MORE THAN ONE health insurance plan, please complete a Plan Information Questionnaire for each plan that was offered, up to four plans.