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 in 2002 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 1a. For 2002, what was the name of the health insurance 012 plan with the largest (or next largest) enrollment of **ACTIVE** employees? Examples: • Blue Cross Blue Shield, High Option 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 group of providers. (Examples: Most PPO and POS-type plans) 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.

	GENERAL PLAN INFORMATION – Continued							
4.	Was this plan purchased through a group purchasing arrangement with other employers such as a Multi-Employer Welfare Arrangement (MEWA)?	1 112 1 Yes 2 No 3 Don't know						
5.	Was this plan offered through a union or trade association?	1 113 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	1 Purchased – <i>SKIP to Question 8a</i> 2 Self-insured – <i>Continue with Question 7a</i>						
	employees. This plan may be administered by a third party and may employ supplemental stop-loss insurance to limit unanticipated losses.	 						
	SELF-INSURED PL	AN INFORMATION						
	Complete questions 7a–b if this plan was self-insured.							
7a.	Was this plan self-administered or did your government unit employ an insurance company or other administrator?	1 Self-administered 2 Insurance company or other administrator						
b.	Did your government unit purchase stop-loss coverage?	1 107 1 ☐ Yes 1 2 ☐ No						
	ENROL	LMENT						
	Estimates are acceptable for all enrollment figures.							
8a.	How many ACTIVE employees were ENROLLED in this plan at this government unit during a typical pay period in 2002?	Active employees enrolled in plan						
	Include full-time, part-time, temporary, and seasonal employees.							
	Exclude retirees, former employees, leased or contract workers.	 						
b.	How many of those ACTIVE employees were ENROLLED in SINGLE coverage during a typical pay period in 2002?	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 government unit 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.	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?	Former employees enrolled in plan, excluding retirees						

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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 government unit/employee contributions and total premium for the same period in 2002. SINGLE COVERAGE 9a. Was SINGLE coverage offered under this plan? 1 Yes - Continue with Question 9b 2 No - SKIP to Question 10a Government unit 131 **b.** For this plan, how much did the GOVERNMENT UNIT contribution for contribute toward the plan premium of one typical \$ 0 0 single premium employee with SINGLE coverage? **Employee** 132 C. How much did this typical EMPLOYEE with contribution for \$ 0 0 SINGLE coverage contribute toward his/her own single premium premium? 130 **d.** What was the TOTAL premium for this typical **Total single** \$ 0 employee with SINGLE coverage? premium e. The amounts reported in questions 9b-d are based 133 1 Weekly on which one of the following time periods? 2 Every 2 weeks Mark (X) only one. 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. 1 Yes - Continue with Question 10b 10a. Was EMPLOYEE-PLUS-ONE coverage offered under this plan? 2 No - SKIP to Question 11a **b.** For this plan, how much did the GOVERNMENT UNIT Government unit contribute toward the plan premium of one typical employee with EMPLOYEE-PLUS-ONE coverage? contribution for \$ 0 emplovee-plus-one premium C. How much did this typical EMPLOYEE with EMPLOYEE-PLUS-ONE coverage contribute toward **Employee** contribution for \$ 0 his/her own premium? employee-plus-one premium d. What was the TOTAL premium for this typical employee with EMPLOYEE-PLUS-ONE coverage? \$ employee-plus-one 0 premium 1 Weekly e. The amounts reported in questions 10b-d are based on which one of the following time periods? 2 Every 2 weeks Mark (X) only one.

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3 Monthly5 Quarterly4 Yearly

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?	1 137 1 Yes – Continue with Question 11b 2 No – SKIP to Question 12a						
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						
The amounts reported in questions 11b-d are based on which one of the following time periods? Mark (X) only one.	1 Weekly 2 Every 2 weeks 3 Monthly 5 Quarterly 4 Yearly						
GENERAL PREMI	UM INFORMATION						
12a. Did the PREMIUMS charged by the insurance company or carrier vary by any of these characteristics? Mark (X) all that apply.	Age Age Base A						
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 Hours worked Wage or salary level Hours worked Occupation Hours worked Wage or salary level Hours worked Hours worked						
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.	1 151 1 Yes – Continue with Question 13b 2 No – SKIP to 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	\$, 0 0 Individual annual deductible OR Separate deductibles for:						
is not an annual deductible and should be reported under 15b on the next page.	\$, . 0 0 Physician care \$, . 0 0 Hospital care						

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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 	\$, 0 0 Total annual family deductible						
	PAYN	IENT	S						
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?	 152 	\$. 0 0 Copayment paid by enrollee for hospital admission						
	Out-of-pocket expense – Those costs paid directly by the enrollee.	154 	1 ☐ Per day 2 ☐ Per stay						
	Some plans may have both a dollar copayment and a percentage coinsurance.	 153	AND/OR						
	Report for precertified hospital admissions (if applicable).	 	% Coinsurance paid by enrollee						
	Report for an admission at an "in-network"/participating hospital (if applicable).	 							
	Do not include any physician charges incurred during the hospital admission.	 							
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?	 156 	\$. 0 0 Copayment paid by enrollee for office visit						
	Out-of-pocket expense – Those costs paid directly by the enrollee.	 ₁₅₇	AND/OR						
	Some plans may have both a dollar copayment and a percentage coinsurance.	 	% Coinsurance paid by enrollee						
	Report for an "in-network"/participating general practitioner during normal office hours.	 							
	Include all copayments, coinsurance and deductibles.	 							
16a.	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.	163 I	☐ No individual maximum						
b.	What was the MAXIMUM ANNUAL out-of-pocket expense for a family of four?	 162 	\$ 0 0						
		 222	OR No family maximum						

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PAYMENTS - Continued											
17a.	What was the MAXIMUM amount this plan would have paid for an enrollee in ONE YEAR?	 160 	\$, , 0	0							
		 221 	OR No annual maximum								
b.	What was the MAXIMUM amount this plan would have paid for an enrollee over his/her LIFETIME?	 159 	\$, , .	0 0							
		 158 	OR No lifetime maximum								
PLAN CHARACTERISTICS											
18a.	Could this plan have refused to cover persons with certain 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?	 164	Routine mammograms	Yes (1)	No (2)	Don't know (3)					
		 585 	Adult preventive care (office visits and tests)								
		 586 	Well-baby/well-child care (office visits and tests)								
		l 173	Chiropractic care								
		l 175	Outpatient prescriptions								
		587	Routine vision care		Ш						
		176 	Routine dental care								
		177 	Orthodontic care								
		180 181	Inpatient mental illness Outpatient mental illness								
		182 182	Alcohol/substance abuse treatment								

*** PLEASE NOTE ***

If your government unit offered MORE THAN ONE health insurance plan, please fill out a MEPS-11(S) for each plan that was offered. Then 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.

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