FORM **MEPS-15(S)** (7-1-98)

U.S. DEPARTMENT OF COMMERCE BUREAU OF THE CENSUS ACTING AS COLLECTING AGENT FOR U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES

Medical Expenditure Panel Survey

HEALTH INSURANCE COST STUDY Health Plan Questionnaire



A FEW IMPORTANT INSTRUCTIONS

 Companies in this study will receive up to three blank MEPS-15(S), Health Plan Questionnaires. Please read the following instructions to determine how many of these questionnaires you should complete. You may use photocopies of this questionnaire if sufficient copies were not included in your reporting package.

2. If you offered ONLY one hospital/physician plan to your active employees in 1997 –

- a. Complete ONLY the first MEPS-15(S) for this plan, and
- b. Complete the MEPS-15(E), Establishment Worksheet.

3. If you offered MORE THAN ONE hospital/physician plan to your active employees in 1997 –

- a. Complete a MEPS-15(S) for one "Representative Plan" from each of the provider categories in which your company offers enrollment, (SEE DEFINITIONS BELOW), and
- b. Complete the MEPS-15(E), Establishment Worksheet.

DEFINITIONS

Representative Plan – Choose a plan from each of the provider categories listed below in which your company offers coverage. Report for the representative plan that:

- a. Was offered within at least one of the establishments listed on the MEPS-15(E), Establishment Worksheet.
 OR –
- **b.** Maintained similar cost and benefit coverages Nationwide. (HMO plans differ by region, report for a plan which represents all regions)

– OR -

c. Maintained the largest enrollment (Nationwide),

Provider Categories –

Exclusive Provider Plan - (HMO, IPA, and EPO plans),

• **Exclusive providers** – Enrollees must go to providers associated with the plan except in an emergency. There is typically no cost or a small fixed cost for each physician visit.

Any Provider Plan - (Conventional and Indemnity plans),

• Any providers – Enrollees may go to physicians of their choice on a fee-for-service basis. The plan does not have any associated providers.

Mixture Provider Plan – (PPO and POS plans).

• Mixture of preferred and any providers – Enrollees may go to a set of "preferred" providers associated with the plan or providers of their choice. If they go to a non-preferred provider, they face higher costs.

PLAN CHARACTERISTICS			
		FOR CENSUS USE ONLY	
	Complete one MEPS-15(S), Health Plan Questionnaire for each "provider category" in which your company offers coverage.	100	
1.	For which type of health care provider will you be completing this section?	 103 1 Exclusive providers (Examples: Most HMO, IPA, and EPO-type plans) 2 Any providers (Examples: Most conventional or indemnity plans) 3 Mixture of preferred and any providers (Examples: Most PPO and POS-type plans) 	

	PLAN CHARACTERISTICS – Continued		
2 a.	For 1997, what was the name of the "representative" health insurance plan you selected in question 1?	Name of plan ⁰¹²	
	Examples: • Blue Cross Blue Shield, High Option • Option A • Aetna HMO		
	For a definition of the term "representative" see the Instructions on page 1.		
b.	What was the name of the insurance company or carrier providing this plan?	Name of insurance carrier	
	Example: • Blue Cross Blue Shield • Alliance • Charter Health		
C.	Was this plan offered at most of your company's location nationwide?	 ⁵³¹ 1 Yes - SKIP to Question 3 2 No - Continue with Question 2d 	
d.	List, by two digit state abbreviation, up to three states where this health plan was offered.	532 533 534	
3.	Did this plan REQUIRE that the enrollee see a primary-care physician in order to be referred to a specialist? For plans with multiple options, answer for the "in-network" option.	¹⁰⁴ 1	
4.	Was this plan purchased from an insurance underwriter or was it self-insured? Purchased from an insurance underwriter – Coverage is purchased from an insurance company or other underwriter who assumes the risk for enrollees' medical expenses.	 ¹⁰⁵ 1 Purchased – SKIP to Page 3, Question 6 2 Self-insured – Continue with Question 5a 	
	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-i	nsured plan information	 	
	Complete for self-insured plans only.		
5a.	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 you purchase stop-loss coverage?	¹⁰⁷ 1 Yes 2 No	
C.	What was the ANNUAL COST of this plan for the 1997 plan year at all of the locations where it is offered?		
	Include the following: • Claims paid • Administrative costs • The cost of stop-loss coverage (if any)	I Annual plan cost	

	PLAN CHARACTER	ISTICS – Continued		
Self-in	sured plan information – Cont.	1		
5d.	What was the monthly premium equivalent for ONE TYPICAL full-time employee with SINGLE coverage? Estimates are acceptable.	109 \$	0 0 Sing	gle coverage
	Enter the COBRA amount, when the premium equivalent is not available.	 		
e.	What was the monthly premium equivalent for ONE TYPICAL full-time employee with FAMILY coverage? Estimates are acceptable.	110 \$, .	0 0 Fam	ily coverage
	Enter the COBRA amount, when the premium equivalent is not available.	 		
	Family coverage should be calculated for a typical family of four if cost varies by family size.	 		
	Are the amounts included in 5d and 5e premium equivalents or COBRA amounts?	1 111 1 Premium equivalents 2 COBRA amounts		
Plan a	ffiliation	1 113 1 \Box Union $-$ 2 \Box Trade		leither – <i>SKIP to</i>
6.	Was this plan offered through a union or a trade association?	Association	n Z C	luestion 7a
	If this plan was offered through a union or trade association, please provide the information requested at the right.	¹¹⁴ Name of union or trade associati	ion ¹¹⁵	Local number, if a union
		¹¹⁶ Name of insurance representativ	e	
		¹¹⁷ Address (Number and street)		
		¹¹⁸ City	¹¹⁹ State	¹²⁰ ZIP Code
		¹²¹ Telephone number		
		()		
Single	coverage premiums			
70	Estimates are acceptable for all enrollment figures.			
/a.	How many active employees were enrolled in this plan during a typical pay period in 1997?	Active emplo	vees enrolle	d in plan
	Include full-time, part-time, temporary and seasonal employees.			
b.	How many active employees were enrolled in single coverage during a typical pay period in 1997?	Active emplo	oyees enrolle	d in single
C.	How many former employees were enrolled through COBRA or other state continuation-of-benefits laws during a typical pay period in 1997?	Former empl	loyees enrolle	ed in plan

PLAN CHARACTERISTICS – Continued			
Single	coverage premiums	i 	
8a.	Report for typical situations and enrollees. If cost varies, report for an average employee. For this plan, how much did the employer contribute towards the plan premium of ONE TYPICAL full-time employee with single coverage?	 131 	\$, . 0 0 Employer contribution
b.	How much did this typical employee with single coverage contribute towards his/her own premium?	132 	\$, . 0 0 Employee contribution
C.	What was the total premium for this typical employee with single coverage?	 130 	\$, . 0 0 If this was a self-insured plan, this total should be the same as 5d on page 3.
d.	How frequently was the premium in question 8c paid?	133 	1 Weekly 2 Every 2 weeks 3 Monthly 4 Yearly
Family	coverage premiums		
9a.	Report for typical situations and enrollees. Report for a family of four if cost varies by family size. If cost varies, report for an average employee. Was family coverage offered under this plan?	 137 	 Yes - Continue with Question 9b No - SKIP to Question 10a
b.	For this plan, how much did the employer contribute towards the plan premium of ONE TYPICAL full-time employee with family coverage?	135 	\$, . 0 0 Employer contribution Report for the same premium period as in Question 8d.
C.	How much did this typical employee with family coverage contribute towards his/her own premium?	 136 	\$,.00Employee contributionReport for the same premium period as in Question 8d.
d.	What was the total premium for this typical employee with family coverage?	134 	\$, . 0 0 Total premium If this was a self-insured plan, this total should be the same as 5e on Page 3.

	PLAN CHARACTERISTICS – Continued				
Genera	General premium information				
10a.	Did the PREMIUMS charged by the insurance company or carrier vary by any of these characteristics? Mark (X) all that apply.	138 139 140 141 141 142 099 	 Age Sex Number of persons covered by a family plan Wage or salary levels Other - Specify		
b.	Did the amount an EMPLOYEE CONTRIBUTED towards his/her own coverage vary by different employee categories? Examples: Full-time, part-time, union status, wage or salary levels	143 	1		
C.	Did any enrollee receive a direct subsidy or contribution towards any part of the premium from an outside third party?Examples:A union or government paid a portion of the premium	122 122 	1 Yes 2 No		
11.	Did this plan's premium include life and/or disability insurance? Mark (X) all that apply.	 144 145 	 Life insurance Disability insurance No life and/or disability insurance covered by this plan 		
Indivi	dual deductibles	 			
	Did this plan have a deductible? Deductibles – Predetermined amount which must be met by an individual before the plan will pay for covered services. Many HMOs do not have a deductible.	 151 	 Yes - Continue with Question 12b No - SKIP to Page 6, Question 14a 		
b.	What was the annual deductible an individual paid? Report deductibles for care received "in-network" from preferred providers. Enter physician care and hospital care amounts in appropriate boxes if separate deductibles apply. If deductible is per overnight hospital stay, it is not an annual deductible and should be reported under 15b on Page 6.	146 147 147 148 148	\$, . 0 0 Individual annual deductible OR Separate deductibles for: \$, . 0 0 Physician care \$, . 0 0 Hospital care		
	y deductibles Did this plan require that a specific number of family members reach their individual deductibles before the family deductible was met?	 224 	 Yes - Continue with Question 13b No - SKIP to Question 13c Family coverage not offered - SKIP to Page 6, Question 14a 		
b.	How many family members were required to meet their individual deductibles before the family deductible was met? Report for typical situations and enrollees.	150 150 	Number of family members		
C.	What was the total annual deductible a family paid? Report for a typical family of four.	149 	\$, . 0 0 Total family annual deductible		

PLAN CHARACTERISTICS – Continued					
Copay	Copayments				
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 Amount paid by enrollee for hospital care		
	Some plans may have both a dollar amount and a percentage copayment.	154 	1 Per day 2 Per stay		
	Out-of-pocket expense – Those costs paid directly by the enrollee.	 	AND/OR		
	Report for precertified hospital stays (if applicable).	153 	% Deid hu genelles		
	Report for stays at "in-network"/participating hospitals.		Paid by enrollee		
	Do not include any physician charges incurred during the hospital stay.	 			
C.	Was physician care covered under this plan?	 218 	 Yes – Continue with Question 14d 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 Amount paid by enrollee for office visit		
	Some plans may have both a dollar amount and a percentage copayment.	 	AND/OR		
	Report the copayment for an "in-network"/participating general practitioner during normal office hours.	157 	% Paid by enrollee		
15a.	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		
b.	What was the maximum amount this plan would have paid for an enrollee in one year?	160 	\$, , 0 0		
		 221 	OR		
16a.	What was the maximum annual out-of-pocket expense for an individual?	 161 	\$. 00		
	Out-of-pocket expense – Those costs paid directly by	 	OR		
	the enrollee. This includes copayments or deductibles (<i>if applicable</i>).	 163	No individual maximum		
	This is often referred to as a catastrophic limit.	 			
b.	What was the maximum annual out-of-pocket expense for a typical family of four?	 162 	\$, . 00		
		 222 	OR		

PLAN CHARACTERISTICS – Continued		
	characteristics 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 1997?	184 1 Yes 2 No
18.	Did this plan have a policy requiring a waiting period before covering pre-existing conditions?	¹⁸⁵ 1 Yes 2 No
19.	In what month did the plan year begin? Enter a two-digit numeric response. Example: January = 01; May = 05	123 Month
20.	Which of the services listed were covered by this plan? Mark (X) all that apply.	 Routine mammograms Adult routine physical exams Routine pap smears Office visits for prenatal care Adult immunizations Child immunizations Well-baby care, under 1 year Well-child care, 1–4 years Chiropractic care Other non-physician providers (such as physical therapists, podiatrists, and midwives) Outpatient prescriptions Routine dental care Orthodontic care Skilled nursing facility (convalescent care) Home health care Outpatient mental illness Outpatient mental illness Alcohol/substance abuse treatment

	PLAN CHARACTERISTICS – Continued		
Curre	nt plan information		
	Question 21 refers to the 1998 plan year.		
2 1a.	ls this plan also being offered in the 1998 plan year?	 1 Yes - SKIP to Question 21c 2 No - Continue with Question 21b 	
b.	If this plan is no longer offered, was it replaced with a similar plan, replaced by a substantially different plan or dropped without replacement?	 187 1 Replaced with similar plan 2 Replaced by a substantially different plan 3 Dropped without offering replacement - END THIS FORM 	
	Please answer for this plan or the one which replaced it.		
C.	For 1998, how many active employees are enrolled in single coverage during a typical pay period?	Active employees enrolled in single coverage	
d.	For 1998, how many active employees are enrolled in family coverage during a typical pay period?	189 Active employees enrolled in family coverage	
e.	For 1998, what is the total premium for ONE TYPICAL enrollee with SINGLE coverage?	190 \$, . 0 0 Single coverage premium	
f.	For 1998, what is the total premium for ONE TYPICAL enrollee with FAMILY coverage?	191 Image: second system \$ Image: second system	
²¹² Ren	narks		