

FORM **MEPS-11C(S)**
(4-28-99)

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 – Insurance Component
HEALTH INSURANCE COST STUDY
Plan Information Questionnaire

INSTRUCTIONS

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

PLAN INFORMATION**FOR CENSUS USE ONLY**

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GENERAL PLAN INFORMATION

Complete this Plan Information Questionnaire for the plan with the largest enrollment (or next largest) enrollment of active employees.

1a. For 1998, 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
• Option A
• Aetna HMO

Name of plan

012

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

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

Enter the government name if self-insured.

Name of insurance carrier

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2. 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.

Self-insured – Your government unit 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.

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- 1 ☐ Purchased – SKIP to Question 4a
2 ☐ Self-insured – Continue with Question 3a

SELF-INSURED PLAN INFORMATION

3a. Was this plan self-administered or did your government unit employ an insurance company or other administrator?

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

b. Did your government unit purchase stop-loss coverage?

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- 1 ☐ Yes
2 ☐ No

ENROLLMENT

Estimates are acceptable for all enrollment figures.

Exclude retirees.

4a. How many active employees were enrolled in this plan through this government unit during a typical pay period in 1998?

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

Exclude retirees.

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Active employees enrolled in plan

b. How many of these active employees were enrolled in single coverage during a typical pay period in 1998?

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Active employees enrolled in single coverage

c. How many FORMER employees were enrolled in this plan through COBRA or other state continuation-of-benefits laws during a typical pay period in 1998?

126

Former employees enrolled in plan

SINGLE COVERAGE PREMIUMS

Report for typical situations and enrollees.

If cost varies, report for the average employee.

Report government unit/employee contributions and total premium for the same period.

5a. For this plan, how much did the government unit contribute toward the plan premium of ONE TYPICAL full-time employee with single coverage?

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Government unit contribution

b. How much did this typical employee with single coverage contribute toward his/her own premium?

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Employee contribution

PLEASE ENCLOSE A COPY OF EACH PLAN BROCHURE WITH YOUR DATA SUBMISSION

