	OMB No. 0935-0105: Approval Expires 12/31/20
FORM MEPS-11	Olvid 140. 0955-0105. Applioval Expires 12/31/201
(6-17-98)  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	
Government Questionnaire	
Collection of this information is authorized under Title IX, Section 902(a) of the Public Health Service Act. Sections 903(c) and 308(d) of that Act specify that all information will be held in strict confidence by the staff of the Agency for Health Care Policy and Research and their authorized contractors.	
Bureau of the Census 1201 East 10th Street Jeffersonville, IN 47132-0001	
If you have any questions concerning this survey, please call 1–888–273–3878.	Please correct errors in name, address, and ZIP Code.
Paperwork Reduction Act and Burden Estimates - We	ENTER number and street if not shown.
expect that it will take 20 minutes, on average, to complete the basic questionnaire. If you offer more than one plan, we expect that it will take an additional 10 minutes per plan up to the	
maximum of four plans to be reported. In addition, we estimate 15 minutes to review the instructions and locate the requested	Secondary name
information. You may send any comments regarding this burden estimate or any other aspect of the collection of	Number and street
information, including suggestions for reducing burden, to the following address: Director, Center for Cost and Financing Studies, Paperwork Reduction Project 0935-0105, Agency for	
Health Care Policy and Research, Executive Office Center, Suite 500, 2101 East Jefferson Street, Rockville, MD 20852-4908.	City, State, and ZIP Code
<ol> <li>Please report for the government unit</li> <li>Please report data for 1997, unless oth</li> <li>Estimates are acceptable.</li> <li>Please refer to the Definition Sheet inc</li> </ol>	MPORTANT INSTRUCTIONS  located at the address shown in the label above. erwise specified.  luded with this package for explanations of any unfamiliar terms. If sistance in completing the questionnaire, please call the number
Section	n A – NUMBER OF PLANS
Health insurance coverage	
Please respond for the location on the label abo	
1a. Did you make available or contribute to the any health insurance plans for your employ 1997?	e cost of
For this survey, a health insurance plan is hosp physician coverage made available to employed	ital and/or
b. How many different health insurance plan c you make available or contribute to for you employees during your 1997 plan year?	
Plans offered by the same insurance company w	hich offer:
<ul> <li>Single and family plans providing the same level of benefits count as one pla</li> </ul>	n.
High and standard options count as two	
<ul> <li>An HMO and a conventional plan count plans.</li> </ul>	as two

Do not count single service plans (optional plans) such as dental or vision.

	Section B – PLAI	A IMPO	RIMATION
Gene	ral plan information		FOR CENSUS USE ONLY
	Complete Section B for the plan with largest enrollment of active employees.	100	
1a.	For 1997, what was the name of the health insurance plan with the largest enrollment of active employees?	012	Name of plan
	Examples:  • Blue Cross Blue Shield, High Option  • Option A  • Aetna HMO		
b.	What was the name of the insurance company or carrier providing this plan?	102	Name of insurance carrier
	Examples:  • Blue Cross Blue Shield  • Alliance  • Charter Health		
2.	Which type of health care provider was available through this plan?	103 .	Exclusive providers (Examples: Most HMO, IPA, and EPO-type 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 providers (Examples: Most conventional or indemnity plans)  Mixture of preferred and any providers (Examples: Most PPO and POS-type 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 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.		
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"		1 □ Yes 2 □ No
	option.		
4.	Was this plan purchased from an insurance underwriter or was it self-insured?		Purchased – <i>SKIP to page 3, Section B, Question 6</i> Self-insured – <i>Continue with Page 3,</i>
	Purchased from an insurance underwriter – Coverage is purchased from an insurance company or other underwriter who assumes the risk for enrollees' medical expenses.		Section B, Question 5a
	<b>Self-insured</b> – 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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Section B – PLAN INFORMATION – Continued				
Self-ir	sured plan information			
	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 this government unit purchase stop-loss coverage?	107 1 Yes 2 No		
C.	What was the ANNUAL COST of this plan for the 1997 plan year for this government unit? Include the following:  • Claims paid • Administrative costs • The cost of stop-loss coverage (if any)	\$ , , , , , , 0 0  Annual plan cost		
d.	What was the monthly premium equivalent for ONE TYPICAL full-time employee with SINGLE coverage?  Estimates are acceptable.  Enter the COBRA amount when the premium equivalent is not available.	\$ , 0 0 Single coverage		
e.	What was the monthly premium equivalent for ONE TYPICAL full-time employee with FAMILY coverage?  Estimates are acceptable.  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.	\$ , - 0 0 Family coverage		
f.	Are the amounts included in 5d and 5e premium equivalents or COBRA amounts?	1 1 Premium equivalents 2 COBRA amounts		
Plan a	ffiliation The state of the sta	I 		
6.	Was this plan offered through a union or a trade association?	1 113 1 Union 2 Trade Association 7 Association 7 Question 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 association if a union		
		116 Name of insurance representative		
		117 Address (Number and street)		
		118 City 119 State 120 ZIP Code		
		121 Telephone number ( )		

	Section B – PLAN INFO	RMA	TION – Continued
Enroll	nent Company	1	
7a.	Estimates are acceptable for all enrollment figures.  How many active employees were enrolled in this plan at this government unit during a typical pay period in 1997?	 	Active employees enrolled in plan
	Include full-time, part-time, temporary and seasonal employees.  Exclude retirees.	       	
b.	How many active employees were enrolled in single coverage during a typical pay period in 1997?	   129   	Active employees enrolled in single coverage
C.	How many former employees were enrolled through COBRA or other state continuation-of-benefits laws during a typical pay period in 1997?	126       	Former employees enrolled in plan
Single	coverage premiums	 	
0-	Report for typical situations and enrollees. If cost varies, report for an average employee.	       131	
oa.	For this plan, how much did this government unit contribute towards the plan premium of ONE TYPICAL full-time employee with single coverage?		\$ . 0 0 Government unit 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 Total premium  If this was a self-insured plan, this total should be the same as Question B5d 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		
	Report for typical situations and enrollees. Report for a family of four if cost varies by family size. If rate varies, report for average employees.	       	
9a.	Was family coverage offered under this plan?	137     	1 ☐ Yes – Continue with Question 9b 2 ☐ No – SKIP to Page 5, Section B, Question 10a
b.	For this plan, how much did this government unit contribute towards the plan premium of ONE TYPICAL full-time employee with family coverage?	135         	\$ . 0 0 Government unit 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     	\$ . 0 0 Employee contribution  Report for the same premium period as in Question 8d.
d.	What was the total premium for this typical employee with family coverage?	134 	\$

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	Section B – PLAN INFORMATION – Continued		
	Did the PREMIUMS charged by the insurance company or carrier vary by any of these characteristics?  Mark (X) all that apply.	1 138 1 139 1 140 1 141 1 142 1 099	☐ 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, wage or salary levels	   143           	1 ☐ Yes 2 ☐ No
C.	Did any enrollee receive a direct subsidy or contribution towards any part of the premium from an outside third party?  Example: A union paid a portion of the premium	   122         	1 ☐ Yes 2 ☐ No
11.	Did this plan's premium include life and/or disability insurance?  Mark (X) all that apply.	144   145   145 	☐ Life insurance ☐ Disability insurance ☐ No life and/or disability insurance covered by this plan
Indivi	dual deductibles		
12a.	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           	1 ☐ Yes – Continue with Question 12b 2 ☐ No – SKIP to Page 6, Section B, 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 14b on Page 6.	   146         147     148 	\$ , 0 0 Individual annual deductible  OR  Separate deductibles for:  \$ , 0 0 Physician care  \$ , 0 0 Hospital care
	Did this plan require that a specific number of family members reach their individual deductibles before the family deductible was met?	   224       	1 ☐ Yes – Continue with Question 13b 2 ☐ No – SKIP to Question 13c ☐ Family coverage not offered – SKIP to Page 6, Section B, 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         	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

Section B – PLAN INFORMATION – Continued			
Copav	ments and a second seco		
	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?	\$ . 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).	% Daid hu annalla a	
	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?	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?	\$ 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.	Paid by enrollee	
15a.	What was the maximum amount this plan would have paid for an enrollee over his/her lifetime?	\$ , , 0 0	
		OR    158  No lifetime maximum	
b.	What was the maximum amount this plan would have paid for an enrollee in one year?	\$ , , 00	
		OR   221  No annual maximum	
16a.	What was the maximum annual out-of-pocket expense for an individual?	\$ , . 0 0	
	Out-of-pocket expense – Those costs paid directly by the enrollee.	OR  No individual maximum	
	Include all copayments and deductibles.	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?	\$ , 00	
		OR    222	

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	Section B – PLAN INFO	DRMATION - Continued
Plan c	haracteristics	
	Could this plan have refused to cover persons with certain pre-existing medical or health conditions?	1 183 1 Yes – Continue with Question 17b 2 No – SKIP to Question 18
b.	Did this happen in 1997?	l 184 1
18.	Did this plan have a policy requiring a waiting period before covering pre-existing conditions?	l 185 1
19.	In what month did the plan year begin?  Enter a two-digit numeric response.  Example: January = 01; May = 05	Month
20.	Which of the services listed were covered by this plan?  Mark (X) all that apply.	164
	nt plan information  Question 21 refers to the 1998 plan year.  Is this plan also being offered in the 1998 plan year?	
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 – SKIP to Page 8, Section C, Question 1
C.	Please answer for this plan or the one which replaced it.  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?	Active employees enrolled in family coverage
e.	For 1998, what is the total annual premium for ONE TYPICAL enrollee with SINGLE coverage?	\$ , . 0 0 Single coverage premium
f.	For 1998, what is the total annual premium for ONE TYPICAL enrollee with FAMILY coverage?	\$ ,

	Section C - GENERAL HEALTH	COVERAGE CHARACTERISTICS
Hospit	al/Physician plans	
1.	What was the total annual cost of coverage for ALL hospital and/or physician plans offered AT THIS GOVERNMENT UNIT in 1997? Include both employer and employee contributions. Include the total cost of coverage for all active employees at the location specified on the label.	\$ , , , , , , , , , , , , , , , , , , ,
2a.	For 1997, did you impose a waiting period before new employees could be covered by health insurance?	1 Ses - Continue with Question 2b 2 No - SKIP to Question 3
b.	For 1997, what was the typical waiting period?	198 1 Less than 2 weeks 2 2 2 weeks to less than 1 month 3 1 1–3 months 4 More than 3 months
Retire	e plans	
3.	Were retirees eligible to receive hospital/physician coverage in 1997?  Do not include COBRA or other state continuation-ofbenefits laws.	219   1   Yes – Continue with Question 4a   2   No   SKIP to Question 9a   3   No retirees
4a.	Were retirees under 65 years of age eligible to receive health insurance in 1997?	1 209 1 Yes 1 2 No
b.	Were retirees 65 years of age and over eligible to receive health insurance in 1997?	1 210 1 Yes 1 2 No
5.	How many RETIREE-ONLY hospital/physician plan choices did you offer in 1997?	Retiree-only plans  OR  None
6.	Did you offer your retirees at least one portable plan? A portable plan allows the retiree to obtain care in almost all localities within the country.	1
7.	What was the total number of retirees covered by health insurance through this government unit in 1997?	Retirees covered by insurance
8a.	For the plan that had the most retirees enrolled in 1997, what was the total monthly premium for one TYPICAL retiree with SINGLE coverage?	\$ , . 0 0 Single coverage premium
b.	For this same plan, how much did the GOVERNMENT UNIT contribute towards the plan premium for this TYPICAL retiree with SINGLE coverage?	\$ , O O Government Unit contribution
Option	nal coverage	
9a.	Which of the listed optional coverage services, if any, did you offer to your active employees in 1997 at an additional premium to the employee?  Report on single service plans only.  Do not include services covered under any health plans.  Mark (X) all that apply.	Dental  192 Dental  193 Vision  Prescription drugs  Long-term care  No optional coverage – SKIP to Page 9, Section D, Question 1
b.	What was the total amount paid for optional coverage for all active employees enrolled in 1997?  Include both government unit and employee contributions.	\$ , , , , , , , , , , , O O O Optional coverage cost

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	Section D – EMPLOYME	ENT CI	HARACTERISTICS
1a.	Estimates are acceptable for all employment, eligibility, and enrollment figures.  How many employees were on this government units' payroll for a typical pay period in 1997?  Include part-time and temporary employees.  Exclude leased, contract or agency workers.	       200   1     	All employees
b.	If you offered health insurance, how many of these employees, reported in 1a, were ELIGIBLE for health insurance coverage through this government unit?	   201       	Eligible employees
C.	How many of these eligible employees, reported in 1a, were ENROLLED in a health insurance plan offered by this government unit?	202       	Enrolled employees
2a.	For the same typical pay period in 1997, how many of the employees, reported in 1a, at this government unit worked part-time?	   203       	Part-time employees
b.	If you offered health insurance, how many of these part-time employees, reported in 2a, were ELIGIBLE for health insurance coverage through this government unit?	   204     	Eligible part-time employees
C.	How many of these eligible part-time employees, reported in 2a, were ENROLLED in a health insurance plan offered by this government unit?	   205       	Enrolled part-time employees
3a.	For the same typical pay period in 1997, how many of the employees, reported in 1a, at this government unit were temporary or seasonal employees?	   206     	Temporary (seasonal) employees
b.	If you offered health insurance, how many of these temporary employees, reported in 3a, were ELIGIBLE for health insurance coverage through this government unit?	   207     	Eligible temporary (seasonal) employees
C.	How many of these eligible temporary employees, reported in 3a, were ENROLLED in a health insurance plan offered by this government unit?	   208       	Enrolled temporary (seasonal) employees

	Section D – EMPLOYMENT CH	HARAC	CTERISTICS - Continued
4a. b.	Estimates are acceptable.  Provide information for a typical pay period in 1997.  What percentage of the employees at this government unit were women?  What percentage of the employees at this government unit were 50 years old or older?		% Women employees % Employees 50 years old or older
C.	What percentage of the employees at this government unit were union members?	018	% Union members
d.	For the employees at this government unit in 1997, approximately what percentage earned –  Less than \$6.50 per hour?  Approximately \$13,000 a year or less  Between \$6.50 and \$15.00 per hour?  Approximately \$13,000 to \$30,000 a year  More than \$15.00 per hour?  Approximately \$30,000 or more a year		Earned less than \$6.50 per hour  Earned between \$6.50 and \$15.00 per hour  Earned more than \$15.00 per hour
5.	How many hours per week must an employee work to be considered full-time at this government unit?	041     	Hours
6.	Which of the folliwing fringe benefits do you offer?  Mark (X) all that apply.	050	□ Paid vacation □ Paid sick leave □ Life insurance □ Disability insurance □ Retirement/pension plans □ Medical Savings Accounts (MSAs) □ Flexible spending accounts □ Cafeteria plan – Enter the average annual value per employee → \$ , , , , , , , , , , , , , , , , , ,
<sup>500</sup> Ren	narks		
	Section E – PERSON COMPL		
<sup>212</sup> Nam	ne (Please print)	<sup>213</sup> Title	
Signatu	re		214   Date (Month/Day/Year)     M   M   D   D   Y   Y   Y   Y   Y
<sup>215</sup> Tele	phone number 220 Extension 216 FAX number		<sup>217</sup> E-Mail address