	OMB No. 0935-0105: Approval Expires 12/31/200
FORM MEPS-11C (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.	
RETURN TO Bureau of the Census Governments Division Washington Plaza II, Room 413 Washington, DC 20233-6800	
If you have any questions concerning this survey, please call 1–888–206–5068.	Please correct errors in name, address, and ZIP Code. ENTER number and street if not shown. ⊋
Paperwork Reduction Act and Burden Estimates – We expect that it will take 20 minutes, on average, to complete the	Government name
basic questionnaire. If you offer more than one plan, we expect that it will take an additional 10 minutes per plan. In addition, we estimate 15 minutes to review the instructions and locate the requested information. You may send any comments regarding this burden estimate or any other aspect of the collection of	Secondary name
	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	City, State, and ZIP Code
Health Care Policy and Research, Executive Office Center, Suite 500, 2101 East Jefferson Street, Rockville, MD 20852-4908.	
Start here 1. Please report for the government unit at	
 Please report data for 1997, unless othe Estimates are acceptable. 	rwise specified.
4. Please refer to the Definition Sheet inclu	uded with this package for explanations of any unfamiliar terms. If stance in completing the questionnaire, please call the number
Section	A – NUMBER OF PLANS
Health insurance coverage	
Please respond for the location on the label above	ve unless otherwise specified.
1a. Did you make available or contribute to the any health insurance plans for your employed 1997?	ees in 001 1 Yes - Continue with Question 1b
For this survey, a health insurance plan is hospit and/or physician coverage made available to em	ai '
b. How many different health insurance plan che did you make available or contribute to for your nemployees during your 1997 plan year?	oices our Continue with Page 2, Section B
Plans offered by the same insurance company wh	ich offer:
 Single and family plans providing the same level of benefits count as one plan. 	
 High and standard options count as two p An HMO and a conventional plan count a plans. 	
Do not count single service plans (optional plans) such as dental or vision.	

	Section B – PLAN INFORMATION			
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.	Was this plan purchased from an insurance underwriter or was it self-insured?	 105 	1 ☐ Purchased – SKIP to Question 4a 2 ☐ Self-insured – Continue with Question 3a	
	Purchased from an insurance underwriter – Coverage is purchased from an insurance company or other underwriter who assumes the risk for enrollees' medical expenses.	 	Z 🗔 Sell-Illsuleu – Continue with Question Sa	
	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.	 		
Self-in	nsured plan information	l I		
3a.	Was this plan self-administered or did your organization employ an insurance company or other administrator?	l	 Self-administered Insurance company or other administrator 	
b.	Did you purchase stop-loss coverage?	1	1 ☐ Yes 2 ☐ No	
Enroll	ment	 		
	Estimates are acceptable for all enrollment figures.	i I		
	Exclude retirees	 		
4 a.	How many active employees were enrolled in	l 1 125		
	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.	' 		
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 (not retirees) were enrolled through COBRA or other state continuation-of-benefits laws during a typical pay period in 1997?	126 126 	Former employees enrolled in plan	

Page 2 FORM MEPS-11C (6-17-98)

	Section B – PLAN INFO	RMA	TION – Continued
Single	coverage premiums	 	
5a.	Report for typical situations and enrollees. If cost varies, report for the average employee. If self-insured, report premium equivalents. If cost varies, for this plan, how much did this government unit contribute towards the plan premium of ONE TYPICAL full-time employee with single coverage?	 131 	\$. 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 	\$, L 0 0 Total premium
d.	How frequently was the premium in question 5c paid?	133 	1 Weekly 2 Every 2 weeks 3 Monthly 4 Yearly
Family	coverage premiums	l I	
6a.	Report for typical situations and enrollees. Report for a family of four if cost varies by family size. If cost varies, report for average employee. If self insured, report premium equivalents. Was family coverage offered under this plan?	 137 	1 ☐ Yes – Continue with Question 6b 2 ☐ No – SKIP to Question 7a
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 5d.
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 5d.
d.	What was the total premium for this typical employee with family coverage?	134 134 	\$, 0 0 Total premium
Genera	l premium information	 138	☐ Age
7a.	Did the PREMIUMS charged by the insurance company or carrier vary by any of these characteristics? Mark (X) all that apply.	139	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		1 ☐ Yes 2 ☐ No

FORM MEPS-11C (6-17-98) Page 3

Section B – PLAN INFO	RMATION – Continued
Plan characteristics	
8a. Could this plan have refused to cover persons with certain pre-existing medical or health conditions?	1 Section 1 Yes – Continue with Question 8b 2 No – SKIP to Question 9
b. Did this happen in 1997?	184 1 ☐ Yes 2 ☐ No
9. Did this plan have a policy requiring a waiting period before covering pre-existing conditions?	l ¹⁸⁵ 1
10. In what month did the plan year begin? Enter a two-digit numeric response. Example: January = 01; May = 05	Month
Current plan information	l
Question 11 refers to the 1998 plan year. 11a. Is this plan also being offered in the 1998 plan year?	1 186 1 Yes – SKIP to Question 11c 2 No – Continue with Question 11b
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 5, Section C
Please answer for this plan or the one which replaced it. If cost varies, report for the average employee. 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?	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?	\$. 0 0 Family coverage premium

Page 4 FORM MEPS-11C (6-17-93)

	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 government unit and employee contributions. Include the total cost of coverage for all active employees at the location specified on the label.	\$, , , , , , , , , , , , , , , , , , ,
Retire	e plans	
2.	Were retirees eligible to receive hospital/physician coverage in 1997? Do not include COBRA or other state continuation-of-benefits laws.	219 1 Yes – Continue with Question 3a 2 No 3 No retirees SKIP to Page 6, Section D, Question 1a
3a.	Were retirees under 65 years of age eligible to receive health insurance in 1997?	209 1
b.	Were retirees 65 years of age and over eligible to receive health insurance in 1997?	1 210 1 Yes 1 2 No
4.	How many RETIREE-ONLY hospital/physician plan choices did you offer in 1997?	Retiree-only plans
		511 None
5.	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.	⁵¹²
6.	What was the total number of retirees covered by health insurance through this government unit in 1997?	Retirees covered by insurance
7a.	For the plan that had the most retirees enrolled in 1997, what was the total monthly premium for one TYPICAL retiree with SINGLE coverage?	\$, 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?	\$, Government Unit contribution

FORM MEPS-11C (6-17-98) Page 5

	Section D – EMPLOYME	INT C	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 	All employees
b.	If you offered health insurance, how many of the employees reported in 1a were ELIGIBLE for health insurance coverage through this government unit?	 201 	Eligible employees
C.	How many of the 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

Page 6 FORM MEPS-11C (6-17-98)

	Section D – EMPLOYMENT CH	HARAC	TERISTICS - 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 	Employees 50 years old or older Work 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.	053 054	□ 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 → \$, 0 0
⁵⁰⁰ Rer	narks		
	Section E – PERSON COMPL	ETING 1	THIS QUESTIONNAIRE
²¹² Nam	ne (Please print)	²¹³ Title	
Signatu		1	Date (Month/Day/Year) M M D D Y Y Y Y Y Y 1 9 9 9
²¹⁵ Tele (phone number 220 Extension 216 FAX number ()		²¹⁷ E-Mail address