OMB No. 0935-0105: Approval Expires 12/31/2000				
FORM MEPS-11C(S) 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 Supplemental Form Government/Certainty Questionnaire INSTRUCTIONS This Supplemental Form is a reprint of the questions in Section B of the Government/Certainty Questionnaire (MEPS-11C). You may use it to report additional health plan information. You may use photocopies of this Supplemental Form if sufficient copies were not included in your reporting package. Refer to the instructions on page one of the Government/Certainty Questionnaire (MEPS-11C) when completing this Supplemental Form.				
Section B – PLAN INFORMATION				
	FOR CENSUS USE ONLY	Enrolln	nent	
100		4a.	Estimates are acceptable for all enrollment figures. How many active employees were enrolled in this plan at this government unit during a	
Gene	ral plan information		typical pay period in 1997?	
	Complete Section B for the plan with the next largest enrollment of active employees.		Include full-time, part-time, temporary and seasonal employees.	
1a.	For 1997, what was the name of the health insurance plan with the largest enrollment of active employees?		Exclude retirees.	
	Examples: • Blue Cross Blue Shield, High Option • Option A • Aetna HMO	125	Active employees enrolled in plan	
012	Name of plan	b.	How many active employees were enrolled in single coverage during a typical pay period in 1997?	
b.	What was the name of the insurance company or carrier providing this plan?	129		
	Examples: • Blue Cross Blue Shield • Alliance	123	Active employees enrolled in single coverage	
	Charter Health	c.	How many former (not retirees) employees were enrolled through COBRA or other state	
102	Name of insurance carrier		continuation-of-benefits laws during a typical pay period in 1997?	
2.	Was this plan purchased from an insurance underwriter or was it self-insured?	126	Former employees enrolled in plan	
	Purchased from an insurance underwriter – Coverage is purchased from an insurance company or other	Single	coverage premiums	
	underwriter who assumes the risk for enrollees' medical expenses.		Report for typical situations and enrollees.	
	Self-insured – Your government unit assumes the risk for the enrollees' medical expenses and may charge a		If cost varies, report for the average employee. If self-insured report for premium equivalent.	
	premium to employees. This plan may be administered by a third party and may employ supplemental stop-loss	5 a.	For this plan, how much did this government	
105	insurance to limit unanticipated losses.		unit contribute towards the plan premium of ONE TYPICAL full-time employee with single	
	2 Self-insured – Continue with Question 3a		coverage?	
Self-insured plan information		131	\$, - 0 0 Government unit contribution	
3a.	Was this plan self-administered or did your organization employ an insurance company or other administrator?	b.	How much did this typical employee with single	
106	1 🗖 Self-administered		coverage contribute towards his/her own premium?	
	2 Insurance company or other administrator	132		
b. 107	Did you purchase stop-loss coverage? 1 Yes 2 No		\$, . 0 0 Employee contribution	

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

Section B – PLAN INFORMATION – Continued				
Single	coverage premiums – Cont.	Plan characteristics		
5c.	What was the total premium for this typical employee with single coverage?	 8a. Could this plan have refused to cover persons with certain pre-existing medical or health conditions? 1 Yes - Continue with Question 8b 2 No - SKIP to Question 9 		
	How frequently was the premium in question 5c paid?	b. Did this happen in 1997? ¹⁸⁴ 1 Yes 2 No		
133 Eamily	1 Weekly 3 Monthly 2 Every 2 weeks 4 Yearly	 Did this plan have a policy requiring a waiting period before covering pre-existing conditions? 1 Yes 2 No 		
	Report for typical situations and enrollees. Report for a family of four if cost varies by family size. If self-insured, report premium equivalent. If cost varies, report for the average employee. Was family coverage offered under this plan?	10. In what month did the plan year begin? Enter a two-digit numeric response. Example: January = 01; May = 05 123 Month		
137	 Yes - Continue with Question 6b No - SKIP to Question 7a 	Current plan information Question 11 refers to the 1998 plan year.		
b. 135	For this plan, how much did this government unit contribute towards the plan premium of ONE TYPICAL full-time employee with family coverage?	 If cost varies, report for an average employee. 11a. Is this plan also being offered in the 1998 plan year? 186 1 Yes - SKIP to 2 No - Continue with Question 11c 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 		
C.	\$ •			
136	premium? \$, 0 0 Employee contribution Report for the same premium period as in Question 5d.	 2 Replaced by a substantially different plan 2 Dropped without offering replacement Please answer for this plan or the one which replaced it. 		
d. 134	What was the total premium for this typical employee with family coverage?	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		
	I premium information Did the PREMIUMS charged by the insurance company or carrier vary by any of these characteristics?	 189 Active employees enrolled in family coverage 		
138 139 140	Mark (X) all that apply. Age 141 Wage or salary levels Sex 142 Other - Specify ₹ Number of persons covered by a family plan 099	 e. For 1998, what is the total annual premium for ONE TYPICAL enrollee with SINGLE coverage? 190 , . 0 0 Single coverage premium 		
7b.	Did the amount an EMPLOYEE CONTRIBUTED towards his/her own coverage vary by different employee categories?	 f. For 1998, what is the total annual premium for ONE TYPICAL enrollee with FAMILY coverage? 		
143	Examples: Full-time, part-time, wage or salary levels 1 Yes 2 No	\$, . 0 0 Family coverage premium this survey, please call 1–888–206–5068.		

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