

FORM **MEPS-11(S)**  
(6-17-98)U.S. DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS  
ACTING AS COLLECTING AGENT FOR  
U.S. DEPARTMENT OF  
HEALTH AND HUMAN SERVICESMedical Expenditure Panel Survey  
**HEALTH INSURANCE COST STUDY**  
**Supplemental Form**  
**Government Questionnaire****INSTRUCTIONS**

**This Supplemental Form is a reprint of the questions in Section B of the Government Questionnaire (MEPS-11). 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 Questionnaire (MEPS-11) when completing this Supplemental Form.**

**Section B – PLAN INFORMATION****General plan information****FOR CENSUS USE ONLY**

*Complete Section B for the plan with the next 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?**

*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

Name of insurance carrier

102

**2. Which type of health care provider was available through this plan?**

**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** – 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.

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)

**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 ☐ Yes
- 2 ☐ No

**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.

**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.

105

- 1 ☐ Purchased – *SKIP to page 2, Section B, Question 6*
- 2 ☐ Self-insured – *Continue with Page 2, Section B, Question 5a*

## Section B – PLAN INFORMATION – Continued

## Self-insured plan information

**5a. Was this plan self-administered or did your government unit employ an insurance company or other administrator?**

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 employees of dependent agencies associated with your government unit.**

*Include the following:*

- *Claims paid*
- *Administrative costs*
- *The cost of stop-loss coverage (if any)*

Annual plan cost

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.*

109

\$				,			.	0	0
----	--	--	--	---	--	--	---	---	---

Single coverage

## 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.*

**\$** Family coverage

## Family coverage

**f. Are the amounts included in 5d and 5e premium equivalents or COBRA amounts?**

- 1 ☐ Premium equivalents
- 2 ☐ COBRA amounts

## Plan affiliation

**6. Was this plan offered through a union or a trade association?**

*If this plan was offered through a union or trade association, please provide the information requested at the right.* \_\_\_\_\_➔

13 ☐ Union      2 ☐ Trade Association      3 ☐ Neither – SKIP to Page 3, Section E Question 7a

114 Name of union or trade association	115 Local number,
--	-------------------

115 Local number,  
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 INFORMATION – Continued

### Enrollment

*Estimates are acceptable for all enrollment figures.*

**7a. How many active employees were enrolled in this plan at this government unit during a typical pay period in 1997?**

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

*Exclude retirees.*

125

Active employees enrolled in plan

**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

*Report for typical situations and enrollees.  
If rate varies, report for average employee.*

**8a. For this plan, how much did this government unit contribute toward 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

\$										,									.	0	0
----	--	--	--	--	--	--	--	--	--	---	--	--	--	--	--	--	--	--	---	---	---

**Total premium**

*If this was a self insured plan, this total should be the same as Question B5d on Page 2.*

**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 employee.*

**9a. Was family coverage offered under this plan?**

137

- 1 ☐ Yes – Continue with Question 9b  
 2 ☐ No – SKIP to Page 4, 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

\$										,									.	0	0
----	--	--	--	--	--	--	--	--	--	---	--	--	--	--	--	--	--	--	---	---	---

**Total premium**

*If this was a self insured plan, this total should be the same as Question B5e on Page 2.*



## Section B – PLAN INFORMATION – Continued

## 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?**

Some plans may have both a dollar amount and a percentage copayment.

**Out-of-pocket expense** – Those costs paid directly by the enrollee.

*Report for precertified hospital stays (if applicable).*

*Report for stays at "in-network"/participating hospitals.*

*Do not include any physician charges incurred during the hospital stay.*

**C. Was physician care covered under this plan?**

218

- 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?**

Some plans may have both a dollar amount and a percentage copayment.

*Report the copayment for an "in-network"/participating general practitioner during normal office hours.*

**15a. What was the maximum amount this plan would have paid for an enrollee over his/her lifetime?**

**b. What was the maximum amount this plan would have paid for an enrollee in one year?**

**16a. What was the maximum annual out-of-pocket expense for an individual?**

**Out-of-pocket expense** – Those costs paid directly by the enrollee.

*Include all copayments and deductibles.*

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?**

Page 5

## Section B – PLAN INFORMATION – Continued

### Plan characteristics

**17a.** 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.

- 164 ☐ Routine mammograms  
165 ☐ Adult routine physical exams  
166 ☐ Routine pap smears  
167 ☐ Office visits for prenatal care  
168 ☐ Adult immunizations  
169 ☐ Child immunizations  
170 ☐ Well-baby care, under 1 year  
171 ☐ Well-child care, 1–4 years  
173 ☐ Chiropractic care  
174 ☐ Other non-physician providers (such as physical therapists, podiatrists, and midwives)  
175 ☐ Outpatient prescriptions  
176 ☐ Routine dental care  
177 ☐ Orthodontic care  
178 ☐ Skilled nursing facility (convalescent care)  
179 ☐ Home health care  
180 ☐ Inpatient mental illness  
181 ☐ Outpatient mental illness  
182 ☐ Alcohol/substance abuse treatment

### Current plan information

Question 21 refers to the **1998** plan year.

**21a.** Is this plan also being offered in the 1998 plan year?

- 186 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**
- } Continue with Question 21c

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?

188  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 annual premium for ONE TYPICAL enrollee with SINGLE coverage?

190 \$     ,    .  0  0 Single coverage premium

**f.** For 1998, what is the total annual premium for ONE TYPICAL enrollee with FAMILY coverage?

191 \$     ,    .  0  0 Family coverage premium