FORM **MEPS-12(S)** (6-16-98)

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

Supplemental Form Union Questionnaire

INSTRUCTIONS

This Supplemental Form is a reprint of the questions in Section B of the Union Questionnaire (MEPS-12). 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 Union Questionnaire (MEPS-12) when completing this Supplemental Form.

Section B – PLAN INFORMATION			
Consul plan information			
	Complete Section B for the plan with the next largest enrollment of members. If you have a plan name preprinted in the question 1a answer box on the right, answer for the plan specified.	FOR CENSUS USE ONLY 100	
1a.	For 1997, what was the name of the health insurance plan with the largest enrollment of union members?	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?	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 1 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.	2 Any providers (Examples: Most conventional or indemnity plans) 3 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?	104 1 ☐ Yes 2 ☐ No	
	For plans with multiple options, answer for the "in-network" option.		
4.	Was this plan purchased from an insurance underwriter or was it self-insured?	1 Purchased – SKIP to Page 2, Question 6a 2 Self-insured – Continue with Page 2, Section B,	
	Purchased from an insurance underwriter – Coverage is purchased from an insurance company or other underwriter who assumes the risk for enrollees' medical expenses.	Question 5a	
	Self-insured – Your organization assumes the risk for the enrollees' medical expenses and may charge a premium to members. This plan may be administered by a third party and may employ supplemental stop-loss insurance to limit unanticipated losses.		

Section B – PLAN INFORMATION – Continued			
Self-ir	sured plan information	I I	
5a.	Complete for self-insured plans only. Was this plan self-administered or did your organization employ an insurance company or other administrator?	 106 	 1 ☐ Self-administered 2 ☐ Insurance company or other administrator
b.	Did you 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 union? Include the following: • Claims paid • Administrative costs • The cost of stop-loss coverage (if any)	108 	\$, , 0 0 Annual plan cost
d.	What was the monthly premium equivalent for ONE TYPICAL member with SINGLE coverage? Estimates are acceptable.	109 	\$, 0 0 Single coverage
e.	What was the monthly premium equivalent for ONE TYPICAL member with FAMILY coverage? Estimates are acceptable. Family coverage should be calculated for a typical family of four if cost varies by family size.	110 110 	\$. 0 0 Family coverage
Enroll	ment	 	
6a.	Estimates are acceptable for all enrollment figures. How many members were enrolled in this plan at this location during a typical month in 1997?	 	Members enrolled in plan
b.	How many members were enrolled in single coverage during a typical month in 1997?	 129 	Members enrolled in single coverage
Single	coverage premiums	I I	
7a.	Report for typical situations and enrollees. If cost varies, report for an average employee. For this plan, how much did the union contribute towards the plan premium of ONE TYPICAL member with single coverage?	 	\$. 0 0 Union contribution
b.	How much did this typical member with single coverage contribute towards his/her own premium?	 132 	\$.00 Member contribution
C.	What was the total premium for this typical member with single coverage?	 130 	\$
d.	How frequently was the premium in Question 7c paid?	1 133 	1 Weekly 2 Every 2 weeks 3 Monthly 4 Yearly

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Section B – PLAN INFORMATION – Continued			
Family	coverage premiums		
8a.	Report for typical situations and enrollees. Report for a family of four if cost varies by family size. If cost varies, report for an average employee. Was family coverage offered under this plan?	1 137 1 Yes – Continue with Question 8b 2 No – SKIP to Question 9a	
b.	For this plan, how much did the union contribute towards the plan premium of ONE TYPICAL member with family coverage?	\$. 0 0 Union contribution Report for the same premium period as in Question 7d.	
C.	How much did this typical member with family coverage contribute towards his/her own premium?	\$. 0 0 Member contribution Report for the same premium period as in Question 7d.	
d.	What was the total premium for this typical member with family coverage?	\$, 0 0 Total premium If this was a self-insured plan, this total should be the same as B5e on Page 3.	
_	Did the PREMIUMS charged by the insurance company or carrier vary by any of these characteristics? Mark (X) all that apply.	138	
b.	Did the amount a MEMBER CONTRIBUTED towards his/her own coverage vary by different member categories? Examples: Full-time, part-time, seniority, worksite, occupation	1 143 1 Yes 1 2 No	
C.	Did any enrollee receive a direct subsidy or contribution towards any part of the premium from an outside third party? Example: An employer or government paid a portion of the premium	122	
10.	Did this plan's premium include life and/or disability insurance? Mark (X) all that apply.	Life insurance Life insurance No life and/or disability insurance covered by this plan	

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	Section B – PLAN INFORMATION – Continued			
Individ	dual deductibles	l I		
11a.	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 11b 2 ☐ No – SKIP to Question 13a	
b.	What was the annual deductible an individual paid?	 146 	\$ 0 0 Individual annual deductible	
	Report deductibles for care received "in-network" from preferred providers.		OR Separate deductibles for:	
	Enter physician care and hospital care amounts in appropriate boxes if separate deductibles apply.	147		
	If deductible is per overnight hospital stay, it is not an annual deductible and should be reported under 13b below.	 	\$, - 0 0 Physician care \$, - 0 0 Hospital care	
Family	deductibles de la company de l	224	1 Yes – Continue with Question 12b	
12a.	Did this plan require that a specific number of family members reach their individual deductibles before the family deductible was met?	 	2 ☐ No – SKIP to Question 12c ☐ Family coverage not offered – SKIP to Question 13a	
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	
		 		
	ments Was hospital care covered under this plan?	 155 	1 ☐ Yes – Continue with Question 13b 2 ☐ No – SKIP to Question 13c	
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?	 152 	\$. 0 0 Amount paid by enrollee for hospital care	
	Some plans may have both a dollar amount and a percentage copayment.	l 154 l	1 ☐ Per day 2 ☐ Per stay	
	Out-of-pocket expense – Those costs paid directly by the enrollee.	 153	AND/OR	
	Report for precertified hospital stays (if applicable).	 	% Paid by enrollee	
	Report for stays at "in-network"/participating hospitals. Do not include any physician charges incurred during the		Talu by emonee	
	hospital stay.	 		
C.	Was physician care covered under this plan?	218 	1 ☐ Yes – Continue with Question 13d 2 ☐ No – SKIP to Page 5, Section B, Question 14a	
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?	 156 	\$. 0 0 Amount paid by enrollee for office visit	
	Some plans may have both a dollar amount and a percentage copayment.	I 157	AND/OR	
	Report the copayment for an "in-network"/participating general practitioner during normal office hours.	 	% Paid by enrollee	

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Section B – PLAN INFORMATION – Continued			
Copav	rments - Continued		
	What was the maximum amount this plan would have paid for an enrollee over his/her lifetime?	 159 	\$, , , , , , , , , , , , , , , , , , ,
		 	OR No lifetime maximum
b.	What was the maximum amount this plan would have paid for an enrollee in one year?	160 	\$, , , 0 0 O
		 221 	□ No annual maximum
15a.	What was the maximum annual out-of-pocket expense for an individual?	161 -	\$.00
	Out-of-pocket expense – Those costs paid directly by the enrollee.	l ₁₆₃	OR ☐ No individual maximum
	Include all copayments and deductibles. This is often referred to as a catastrophic limit.	 	140 marviduai maximum
b.	What was the maximum annual out-of-pocket expense for a typical family of four?	l 162 	\$.00
		 ₂₂₂ 	OR ☐ No family maximum
Plan c	haracteristics		
	Could this plan have refused to cover persons with certain pre-existing medical or health conditions?	 183 	Yes – Continue with Question 16b No – SKIP to Question 17
b.	Did this happen in 1997?	 184 	1 ☐ Yes 2 ☐ No
17.	Did this plan have a policy requiring a waiting period before covering pre-existing conditions?	 185 	1 ☐ Yes 2 ☐ No
18.	In what month did the plan year begin? Enter a two-digit numeric response. Example: January = 01; May = 05	 123 	Month

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Section B – PLAN INFORMATION – Continued				
Plan c	Plan characteristics - Continued			
10	100:1.64	 	Douting mammagrams	
19.	Which of the services listed were covered by this plan?	164	☐ Routine mammograms ☐ Adult routine physical exams	
	•	165	Routine pap smears	
	Mark (X) all that apply.	1 166 I	— 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	
		l 173	Chiropractic care	
		I 174	Other non-physician providers (such as physical	
		1	therapists, podiatrists, and midwives)	
		175	Outpatient prescriptions	
		 176	Routine dental care	
		I 177	Orthodontic care	
		1// 		
		178	Skilled nursing facility (convalescent care)	
		179	☐ Home health care	
		1 1 180	Inpatient mental illness	
		' I 181	Outpatient mental illness	
		l ₁₈₂	Alcohol/substance abuse treatment	
Curro	nt plan information	<u>.</u>		
Curre	nt plan information	1		
	Question 20 refers to the 1998 plan year.	 		
20a.	Is this plan also being offered in the 1998 plan	186	1 ☐ Yes – SKIP to Question 20c	
	year?	1	2 No – Continue with Question 20b	
		1	2 No Continue with Caestion 200	
		<u>i </u>		
h	If this was is no langua offered was it woulded	l 187	Replaced with similar plan Continue with	
D.	If this plan is no longer offered, was it replaced with a similar plan, replaced by a substantially	l	Question 200	
	different plan or dropped without replacement?		Replaced by a substantially different plan	
		1	3 ☐ Dropped without offering replacement – <i>END THIS FORM</i>	
		1	replacement – END Trils FONN	
		<u> </u>		
	Please answer for this plan or the one which replaced it.	1		
C.	For 1998, how many members are enrolled in single	188		
<u> </u>	coverage during a typical month?	 	Members enrolled	
		i	in single coverage	
		1		
a	F. 4000 by the second s	l ₁₈₉		
a.	For 1998, how many members are enrolled in family coverage during a typical month?		Members enrolled	
	coverage during a typical month:	1	in family coverage	
		 	, ,	
		<u> </u>		
e.	For 1998, what is the total annual premium for ONE	190	Cinale course	
	TYPICAL enrollee with SINGLE coverage?	1	\$. 0 0 Single coverage premium	
		i i	promising	
		1		
f.	For 1998, what is the total annual premium for ONE	1 191		
	TYPICAL enrollee with FAMILY coverage?	i	\$	
		I	premium	
		I I		

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