

U.S. DEPARTMENT OF COMMERCE
 Economics and Statistics Administration
 U.S. CENSUS BUREAU
 ACTING AS COLLECTING AGENT FOR
 U.S. DEPARTMENT OF
 HEALTH AND HUMAN SERVICES
 AGENCY FOR HEALTHCARE RESEARCH AND QUALITY

Medical Expenditure Panel Survey
 Insurance Component

**HEALTH INSURANCE COST STUDY
 PLAN INFORMATION QUESTIONNAIRE**

INSTRUCTIONS

The MEPS-11(S), Plan Information Questionnaire, is to be completed for ALL health insurance plans offered AT THIS GOVERNMENT UNIT. Please use photocopies of this MEPS-11(S) form if sufficient copies were not included in this reporting package.

Section B

GENERAL PLAN INFORMATION

		FOR CENSUS USE ONLY	
<p><i>Begin with the plan having the largest enrollment and proceed through to the plan with the smallest enrollment of ACTIVE employees.</i></p> <p><i>Please photocopy this MEPS-11(S) questionnaire if additional forms are needed.</i></p>		100	
<p>1a. For 2001, what was the name of the health insurance plan with the largest (or next largest) enrollment of ACTIVE employees?</p> <p>Examples: • Blue Cross Blue Shield, High Option • Option A • Aetna HMO</p>		<p>012 Name of plan</p>	
<p>b. What was the name of the insurance company or carrier providing this plan?</p> <p>Examples: • Blue Cross Blue Shield • Alliance • Charter Health</p> <p><i>If self-insured, enter the government name.</i></p>		<p>102 Name of insurance carrier</p>	
<p>2. Which type of health care provider was available through this plan?</p> <p>Exclusive providers – Enrollees must go to providers associated with the plan for all non-emergency care in order for the costs to be covered.</p> <p>Any providers – Enrollees may go to providers of their choice with no cost incentives to use a particular group of providers.</p> <p>Mixture of preferred and any providers – Enrollees may go to any provider, but there is a cost incentive to use a particular group of providers.</p>		<p>103</p> <p>1 <input type="checkbox"/> Exclusive providers (Examples: Most HMO, IPA, and EPO-type plans)</p> <p>2 <input type="checkbox"/> Any providers (Examples: Most fee-for-service plans)</p> <p>3 <input type="checkbox"/> Mixture of preferred and any providers (Examples: Most PPO and POS-type plans)</p>	
<p>3. Did this plan REQUIRE that the enrollee see a gatekeeper or primary-care physician in order to be referred to a specialist?</p> <p><i>For plans with multiple options, answer for the "in-network" option.</i></p>		<p>104</p> <p>1 <input type="checkbox"/> Yes</p> <p>2 <input type="checkbox"/> No</p> <p>3 <input type="checkbox"/> Don't Know</p>	

GENERAL PLAN INFORMATION – Continued

4. Was this plan purchased through a group purchasing arrangement with other employers such as a Multi-Employer Welfare Arrangement (MEWA)?

- 112
- 1 Yes
 2 No
 3 Don't know

5. Was this plan purchased from an insurance underwriter or was it self-insured?

Purchased from an insurance underwriter – (Fully-insured)
 Coverage is purchased from an insurance company or other underwriter who assumes the risk for enrollees' medical expenses.

Self-insured – Your organization 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 Question 7a*
 2 Self-insured – *Continue with Question 6a*

SELF-INSURED PLAN INFORMATION

Complete questions 6a–b if this plan was self-insured.

6a. 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 your government unit purchase stop-loss coverage?

- 107
- 1 Yes
 2 No

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 2001?

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

Exclude retirees, former employees, and contract workers.

125 **Active employees enrolled in plan**

b. How many of those ACTIVE employees were ENROLLED in SINGLE coverage during a typical pay period in 2001?

129 **Active employees enrolled in single coverage**

EMPLOYEE-PLUS-ONE coverage is health insurance coverage for an employee-plus-spouse or an employee-plus-child AT A LOWER PREMIUM LEVEL than family coverage.

c. If your government unit offered EMPLOYEE-PLUS-ONE coverage, how many ACTIVE employees were ENROLLED during a typical pay period in 2001?

Include enrollment for both employee-plus-spouse and employee-plus-child coverage.

571 **Active employees enrolled in employee-plus-one coverage**

d. How many FORMER employees were ENROLLED in this plan, excluding retirees, through COBRA or other State Continuation-Of-Benefits laws during a typical pay period in 2001?

126 **Former employees enrolled in plan, excluding retirees**

FAMILY DEDUCTIBLES

13a. Did this plan require that a specific number of family members meet their individual deductibles before the family deductible was met?

- 224 1 Yes – Continue with Question 13b
 2 No – **SKIP to Question 13c**
 3 Family coverage not offered – **SKIP to Question 14a**

b. How many family members were required to meet their individual deductibles before the family deductible was met?

Report for a family of four.

150 Number of family members

c. What was the total annual deductible a family paid?

Report for a family of four.

149 Total annual family deductible

PAYMENTS

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?

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

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

Report for precertified hospital stays (if applicable).

Report for a stay at an "in-network"/participating hospital (if applicable).

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

152 Copayment paid by enrollee for hospital stay

- 154 1 Per day
 2 Per stay

AND/OR

153 % Coinsurance paid by enrollee

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?

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

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

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

156 Copayment paid by enrollee for office visit

AND/OR

157 % Coinsurance paid by enrollee

Include all copayments, coinsurance and deductibles.

15a. What was the MAXIMUM ANNUAL out-of-pocket expense for an individual?

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

This is often referred to as a catastrophic limit.

161

OR

163 No **individual** maximum

b. What was the MAXIMUM ANNUAL out-of-pocket expense for a family of four?

162

OR

222 No **family** maximum

PAYMENTS – Continued

16a. What was the **MAXIMUM** amount this plan would have paid for an enrollee over his/her **LIFETIME**?

159

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OR

158 No **lifetime** maximum

b. What was the **MAXIMUM** amount this plan would have paid for an enrollee in **ONE YEAR**?

160

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OR

221 No **annual** maximum

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 2001?

- 184 1 Yes
 2 No
 3 Don't know

18. Did this plan have a policy requiring a waiting period before covering pre-existing conditions?

- 185 1 Yes
 2 No

19. Which of the services listed were covered by this plan?

Mark (X) all that apply.

		Yes (1)	No (2)	Don't know (3)
164	Routine mammograms	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
585	Adult preventive care (office visits and tests)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
586	Well-baby/well-child care (office visits and tests)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
173	Chiropractic care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
175	Outpatient prescriptions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
587	Routine vision care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
176	Routine dental care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
177	Orthodontic care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
180	Inpatient mental illness	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
181	Outpatient mental illness	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
182	Alcohol/substance abuse treatment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

***** PLEASE NOTE *****

If your government unit offered MORE THAN ONE health insurance plan, please fill out a MEPS-11(S) for each plan that was offered. Then continue with the form MEPS-11(R), at the back of this package.

If this is your last health insurance plan, please continue with the form MEPS-11(R), Section C.