

FORM **MEPS-11(C)**
(7-7-97)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
(INSURANCE COMPONENT)****GOVERNMENT/CERTAINTY
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 – MEPS
Washington Plaza II, Rm. 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.***A FEW IMPORTANT INSTRUCTIONS AND DEFINITIONS**

1. For this survey, a **health insurance plan** is defined as providing **hospital and/or physician coverage** for a **single premium** to employees and/or retirees. Exclude extra-cash plans (a specified number of dollars per day in the hospital) or dread-disease (e.g., cancer-only) plans.
2. Coverage could have been purchased from an insurance company, provided by a union or trade association, or self-insured by your governmental unit.
3. **Single and family** plans offered by the same insurance company and providing the same level of hospital and physician benefits count as **one plan**.
4. **High and low** options of a plan offered by the same insurance company count as **two plans**.
5. An **HMO** and a **conventional** plan offered by the same insurance company count as **two plans**.
6. **Estimates** are acceptable if you do not have this information readily available.
7. Provide information for the **pay period that included July 1, 1996** for characteristics such as coverage, premiums, and enrollment. Annual totals, such as costs, should be for **calendar year 1996**, if possible, or for the plan year that included July 1, 1996.

Section A – NUMBER OF PLANS**A1.** Did you make available or contribute to the cost of any health insurance plans for your employees or retirees on July 1, 1996? *See instructions 1-5 above for a description of health insurance plans.*001 1 Yes ↘2 No – **If No, go to Section C on page 3.**

How many?

003

Continue with Section B on page 2.**PLEASE ENCLOSE A COPY OF EACH PLAN BROCHURE WITH YOUR DATA SUBMISSION**

Section B – PLAN CHARACTERISTICS

B1. On July 1, 1996, what was the name of the health insurance plan with the highest enrollment and its carrier? For additional plans that you offer, use the Supplemental Sheets (if any) or a copy of this page.

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100

012 Name of plan

102 Name of insurance carrier

B2a. For this plan, enter the total number of enrollees excluding dependents for this governmental unit on July 1, 1996.

124

b. Enter the total number of active employees enrolled.

125

c. Enter the number of former employees enrolled through COBRA or other State continuation-of-benefits laws.

126

d. Enter the number of retirees enrolled.

127 Total 128 65 and older

e. Enter the **total** number of enrollees with **single** coverage.

129

B3a. Enter this plan's **total** premium, employer contribution, and employee contribution for a typical full-time employee with **single** coverage.

If self-insured, enter the monthly premium equivalent.

130 \$.00 Total premium

131 \$.00 Employer contribution

132 \$.00 Employee contribution

Indicate the premium period **Year**

133 1 Week 2 2 weeks 3 Month 4 Year

B3b. Enter this plan's **total** premium, employer contribution, and employee contribution for an enrolled **family** (of four).

Report for the same premium period as in Question B3a.

If self-insured, enter the monthly premium equivalent.

134 \$.00 Total premium

135 \$.00 Employer contribution

136 \$.00 Employee contribution

137 Family coverage was not offered

B4. Indicate the type of indemnification of this plan.

- 105 1 **Purchased** from an insurance underwriter – Coverage is purchased from an insurance company or other underwriter who assumes the risk for enrollees' medical expenses.
- 2 **Self-insured** – Your governmental unit pays the claims from its resources and may charge a premium to employees. The plan may be administered by a *third party*. This type may employ supplemental *stop-loss insurance* to limit unanticipated losses.

B5a. Is this plan offered in 1997?

- 186 1 Yes – **If Yes, go to Question B5c.**
- 2 No

b. If it is not still offered, indicate if it has been –

- 187 1 Replaced with a similar plan
- 2 Replaced by a substantially different plan
- 3 Dropped without offering a replacement – **Go to Section C on page 3.**

c. For 1997, enter the single and family enrollments and premiums for this plan or the one that took its place.

Report for the same premium period as in Question B3a.

188 Single enrollment

189 Family enrollment

190 \$.00 Single premium

191 \$.00 Family premium

Please complete one Supplemental Sheet for each additional hospital/physician plan you offered your employees and retirees on July 1, 1996. You may use photocopies of the Supplemental Sheet or Section B of this form, if necessary.

Section C – EMPLOYMENT CHARACTERISTICS

C1. Enter the total annual cost of coverage for the plan year that included July 1, 1996 for **ALL** hospital/physician plans offered by your governmental unit. *Include employer and employee contributions.*

199 \$.00

C2. For the pay period including July 1, 1996, enter the number of employees on your payroll for each of the categories below. Include employees of any dependent agencies associated with your governmental unit. **If you offered health insurance**, also enter the number of employees eligible for coverage and enrolled through your governmental unit and dependent agencies. *Exclude leased or contract workers.*

a. All employees

	Total	201 Eligible	202 Enrolled
200	<input type="text"/>	<input type="text"/>	<input type="text"/>

b. Part-time employees

	Total	204 Eligible	205 Enrolled
203	<input type="text"/>	<input type="text"/>	<input type="text"/>

c. Temporary (seasonal) employees

	Total	207 Eligible	208 Enrolled
206	<input type="text"/>	<input type="text"/>	<input type="text"/>

d. Were retirees eligible to receive health insurance (other than through COBRA or other continuation-of-benefits laws) on July 1, 1996?

219 1 Yes – *Check all that apply* 2 No

209 Retirees under 65 years

210 Retirees 65 years and over

C3. For the pay period that included July 1, 1996 –

a. Enter the number of women employees 038

b. Enter the number of employees 50 years old or older 039

c. Enter the number of employees who were union members 040

d. Enter the number of employees who earned –

(1) Less than \$6.50 per hour 042

(2) Between \$6.50 and \$15.00 per hour 043

(3) More than \$15.00 per hour 044

C4. How many hours per week must an employee work to be considered full time at your governmental unit?

041 Hours

C5. Do you offer any of these fringe benefits?

Check all that apply.

- 050 Paid vacation
- 051 Paid sick leave
- 052 Life insurance
- 053 Disability insurance
- 054 Retirement/pension plans
- 055 Medical Savings Accounts (MSAs)
- 056 Flexible spending accounts
- 057 Cafeteria plan –

Enter the average annual value per employee 058 \$.00

500 Remarks

Section D – PERSON COMPLETING THIS QUESTIONNAIRE

212 Name (Please print)	213 Title
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Signature	214 Date
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215 Telephone number ()	220 Extension	216 FAX number ()	217 E-Mail address
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