

FORM **MEPS-11C(S)** (6-24-98) 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
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

100

General plan information

Complete Section B for the plan with the next largest enrollment of active employees.

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. 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 Question 4a
 2 Self-insured – Continue with Question 3a

Self-insured plan information

3a. 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

Enrollment

Estimates are acceptable for all enrollment figures.

4a. 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 (not retirees) 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 cost varies, report for the average employee.

If self-insured report for premium equivalent.

5a. For this plan, how much did this government unit contribute towards the plan premium of ONE TYPICAL full-time employee with single coverage?

131

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Government unit contribution

b. How much did this typical employee with single coverage contribute towards his/her own premium?

132

\$, .

Employee contribution

