

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 SERVICES

Medical 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.

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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

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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.

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- 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.

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- 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.

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- 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

General premium information

10a. Did the PREMIUMS charged by the insurance company or carrier vary by any of these characteristics?

Mark (X) all that apply.

- 138 Age
- 139 Sex
- 140 Number of persons covered by a family plan
- 141 Wage or salary levels
- 142 Other – Specify
- 099

b. Did the amount an EMPLOYEE CONTRIBUTED towards his/her own coverage vary by different employee categories?

Examples: Full-time, part-time, wage or salary levels

- 143 1 Yes
- 2 No

c. Did any enrollee receive a direct subsidy or contribution towards any part of the premium from an outside third party?

Example: A union paid a portion of the premium

- 122 1 Yes
- 2 No

11. Did this plan's premium include life and/or disability insurance?

Mark (X) all that apply.

- 144 Life insurance
- 145 Disability insurance
- No life and/or disability insurance covered by this plan

Individual deductibles

12a. 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 12b
- 2 No – SKIP to Page 5, Section B, Question 14a

b. What was the annual deductible an individual paid?

Report deductibles for care received "in-network" from preferred providers.

Enter physician care and hospital care amounts in appropriate boxes if separate deductibles apply.

If deductible is per overnight hospital stay, it is not an annual deductible and should be reported under 14b on Page 5.

146 \$, . 0 0 Individual annual deductible

OR

Separate deductibles for:

147 \$, . 0 0 Physician care

148 \$, . 0 0 Hospital care

Family deductibles

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

- 224 1 Yes – Continue with Question 13b
- 2 No – SKIP to Question 13c
- Family coverage not offered – SKIP to Page 5, Section B, Question 14a

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

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.

152 \$, . 0 0 Amount paid by enrollee for hospital care

- 154 1 Per day
 2 Per stay

AND/OR

153 % 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?

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.

156 \$. 0 0 Amount paid by enrollee for office visit

AND/OR

157 % Paid by enrollee

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

159 \$, , . 0 0

OR

158 No lifetime maximum

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

160 \$, , . 0 0

OR

221 No annual maximum

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.

161 \$. 0 0

OR

163 No individual maximum

b. What was the maximum annual out-of-pocket expense for a typical family of four?

162 \$. 0 0

OR

222 No family maximum

Section B – PLAN INFORMATION – Continued

Plan characteristics	
17a. Could this plan have refused to cover persons with certain pre-existing medical or health conditions? b. Did this happen in 1997?	183 1 <input type="checkbox"/> Yes – Continue with Question 17b 2 <input type="checkbox"/> No – SKIP to Question 18 184 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No
18. Did this plan have a policy requiring a waiting period before covering pre-existing conditions?	185 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No
19. In what month did the plan year begin? Enter a two-digit numeric response. Example: January = 01; May = 05	123 <input style="width: 30px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 30px; height: 20px; border: 1px solid black;" type="text"/> Month
20. Which of the services listed were covered by this plan? Mark (X) all that apply.	164 <input type="checkbox"/> Routine mammograms 165 <input type="checkbox"/> Adult routine physical exams 166 <input type="checkbox"/> Routine pap smears 167 <input type="checkbox"/> Office visits for prenatal care 168 <input type="checkbox"/> Adult immunizations 169 <input type="checkbox"/> Child immunizations 170 <input type="checkbox"/> Well-baby care, under 1 year 171 <input type="checkbox"/> Well-child care, 1–4 years 173 <input type="checkbox"/> Chiropractic care 174 <input type="checkbox"/> Other non-physician providers (such as physical therapists, podiatrists, and midwives) 175 <input type="checkbox"/> Outpatient prescriptions 176 <input type="checkbox"/> Routine dental care 177 <input type="checkbox"/> Orthodontic care 178 <input type="checkbox"/> Skilled nursing facility (convalescent care) 179 <input type="checkbox"/> Home health care 180 <input type="checkbox"/> Inpatient mental illness 181 <input type="checkbox"/> Outpatient mental illness 182 <input type="checkbox"/> 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 <input type="checkbox"/> Yes – SKIP to Question 21c 2 <input type="checkbox"/> 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 <input type="checkbox"/> Replaced with similar plan 2 <input type="checkbox"/> Replaced by a substantially different plan 3 <input type="checkbox"/> Dropped without offering replacement – END THIS FORM
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 <input style="width: 100px; height: 25px; border: 1px solid black;" type="text"/> Active employees enrolled in single coverage
d. For 1998, how many active employees are enrolled in family coverage during a typical pay period?	189 <input style="width: 100px; height: 25px; border: 1px solid black;" type="text"/> Active employees enrolled in family coverage
e. For 1998, what is the total annual premium for ONE TYPICAL enrollee with SINGLE coverage?	190 \$ <input style="width: 40px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 40px; height: 20px; border: 1px solid black;" type="text"/> , <input style="width: 40px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 40px; height: 20px; border: 1px solid black;" type="text"/> . <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> 0 <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> 0 Single coverage premium
f. For 1998, what is the total annual premium for ONE TYPICAL enrollee with FAMILY coverage?	191 \$ <input style="width: 40px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 40px; height: 20px; border: 1px solid black;" type="text"/> , <input style="width: 40px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 40px; height: 20px; border: 1px solid black;" type="text"/> . <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> 0 <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> 0 Family coverage premium