

Medical Expenditure Panel Survey

PLAN INFORMATION QUESTIONNAIRES

A FEW IMPORTANT INSTRUCTIONS

Three blank MEPS-15(S), Plan Information Questionnaires have been included in this package. Please read the following instructions to determine how many of these Questionnaires to complete for your company.

- Report for the health insurance plan that maintained the **largest national enrollment** of active employees for **each** Provider Category (See "Provider Categories" below).
- If you are unable to determine which plan in the Provider Category had the largest national enrollment, please select the plan that best reflects all regions.
- The Provider Category is specified in Question 1 of each Plan Information Questionnaire, (MEPS-15(S), Sections G, H, and I).
- If your company did **not** offer health insurance coverage in the Provider Category specified for a particular Plan Information Questionnaire, mark the "No" box and skip to the next Plan Information Questionnaire, as instructed.
- Complete the Establishment Worksheet, MEPS-15(E), at the back of the questionnaire package once you have completed all applicable Plan Information Questionnaires.

PROVIDER CATEGORIES

Exclusive providers – Section G
(Examples: Most HMO, IPA, and EPO-type plans)

- 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 physical visit.

Conventional or Indemnity providers – Section H

- Enrollees may go to providers of their choice on a fee-for-service basis. The plan does not have any associated providers.

Mixture of preferred and any providers – Section I
(Examples: Most PPO and POS-type plans)

- 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.