

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-11C(S), Plan Information Questionnaire, is to be completed for ALL health insurance plans offered AT THIS GOVERNMENT UNIT. Please use photocopies of this MEPS-11C(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 the plan with the smallest enrollment of ACTIVE employees.</i></p> <p><i>Please photocopy this MEPS-11C(S) questionnaire if additional forms are needed.</i></p> <p>1a. For 2000, 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>	100
<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>	102 Name of insurance carrier
<p>2. Was this plan purchased from an insurance underwriter or was it self-insured?</p> <p>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.</p> <p>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.</p>	105 1 <input type="checkbox"/> Purchased – SKIP to Question 4a 2 <input type="checkbox"/> Self-insured – <i>Continue with Question 3a</i>

SELF-INSURED PLAN INFORMATION

<p>3a. Was this plan self-administered or did your government unit employ an insurance company or other administrator?</p>	106 1 <input type="checkbox"/> Self-administered 2 <input type="checkbox"/> Insurance company or other administrator
<p>b. Did your government unit purchase stop-loss coverage?</p>	107 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No

PLEASE RETAIN A COPY OF THIS FORM FOR YOUR RECORDS.

CURRENT PLAN INFORMATION

Questions 10a–f refer to the **2001** plan year.

10a. Is this plan also being offered in the 2001 plan year?

- 186 1 Yes – *Continue with Question 10b*
 2 No – *SKIP to Section C*

b. For 2001, how many ACTIVE employees are ENROLLED in EMPLOYEE-ONLY coverage during a typical pay period?

188 **Active employees enrolled in employee-only coverage**

c. For 2001, how many ACTIVE employees are ENROLLED in EMPLOYEE-PLUS-ONE coverage during a typical pay period?

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

d. For 2001, how many ACTIVE employees are ENROLLED in FAMILY coverage during a typical pay period?

189 **Active employees enrolled in family coverage**

e. For 2001, what is the TOTAL MONTHLY PREMIUM for one typical employee with EMPLOYEE-ONLY coverage?

190 **Total monthly employee-only premium**

f. For 2001, what is the TOTAL MONTHLY PREMIUM for one typical employee with FAMILY coverage?

191 **Total monthly family premium**

*** PLEASE NOTE ***

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

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

PLEASE ENCLOSE A COPY OF EACH PLAN BROCHURE WITH YOUR DATA SUBMISSION.

If you have any questions concerning this survey, please call 1-888-206-5068.