

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-11(S), Plan Information Questionnaire, is to be completed for ALL health insurance plans offered AT THIS GOVERNMENT UNIT. Please use photocopies of this MEPS-11(S) form if sufficient copies were not included in this reporting package.

Section B

GENERAL PLAN INFORMATION

FOR CENSUS USE ONLY

Begin with the plan having the largest enrollment and proceed through to the plan with the smallest enrollment of ACTIVE employees.

Please photocopy this MEPS-11(S) questionnaire if additional forms are needed.

1a. For 2000, what was the name of the health insurance plan with the largest (or next largest) enrollment of ACTIVE employees?

Examples:

- Blue Cross Blue Shield, High Option
- Option A
- Aetna HMO

100

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

If self-insured, enter the government name.

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 providers 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 usually face higher costs.

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- 1 Exclusive providers
(Examples: Most HMO, IPA, and EPO-type plans)
- 2 Any providers
(Examples: Most conventional and 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 gatekeeper or primary-care physician in order to be referred to a specialist?

For plans with multiple options, answer for the "in-network" option.

104

- 1 Yes
- 2 No

PLAN AFFILIATION

6. Was this plan offered through a union or a trade association?

If this plan was offered through a union or trade association, please provide the information requested at the right. →

113 1 Union 2 Trade association 3 Neither – *Continue with Question 7a*

114 Name of union or trade association 115 If a union, local number

116 Name of insurance representative

117 Address (Number and street)

118 City 119 State 120 ZIP Code

121 Telephone number
()

ENROLLMENT

Estimates are acceptable for all enrollment figures.

7a. How many ACTIVE employees were ENROLLED in this plan at this government unit during a TYPICAL pay period in 2000?

*Include full-time, part-time, temporary and seasonal employees.
Exclude former employees, contract workers and retirees.*

125 Active employees enrolled in plan

b. How many of those ACTIVE employees were ENROLLED in EMPLOYEE-ONLY coverage during a typical pay period in 2000?

129 Active employees enrolled in employee-only coverage

c. Did your government unit offer EMPLOYEE-PLUS-ONE coverage for this plan during 2000?

570 1 Yes – *Continue with Question 7d*
2 No – **SKIP to Question 7e**

d. How many of those ACTIVE employees were ENROLLED in EMPLOYEE-PLUS-ONE coverage during a typical pay period in 2000?

571 Active employees enrolled in employee-plus-one coverage

e. How many FORMER employees were ENROLLED in this plan, excluding retirees, through COBRA or other state continuation-of-benefits laws during a typical pay period in 2000?

126 Former employees enrolled in plan, excluding retirees

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 (Gender)
- 140 Number of persons covered by a family plan
- 141 Wage or salary levels
- 142 Other – *Specify* ↴
- 099
- 567 None of the above

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

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

- 143 1 Yes
- 2 No

INDIVIDUAL DEDUCTIBLES

11a. Did this plan have a deductible?

Deductible – 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 11b*
- 2 No – **SKIP to Question 13a**

b. What was the annual deductible an individual paid?

Report deductibles for care received "in-network" from preferred providers (if applicable).

If separate deductibles apply, enter physician care and hospital care amounts in appropriate boxes.

If deductible is per overnight hospital stay, it is not an annual deductible and should be reported under 13b.

146 Individual annual deductible

OR

Separate deductibles for:

147 Physician care

148 Hospital care

FAMILY DEDUCTIBLES

12a. Did this plan require that a specific number of family members meet their individual deductibles before the family deductible was met?

- 224 1 Yes – *Continue with Question 12b*
- 2 No – **SKIP to Question 12c**
- 3 Family coverage not offered – **SKIP to Question 13a**

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 family of four.

149 Total annual family deductible

PAYMENTS

13a. Was hospital care covered under this plan?

- 155 1 Yes – Continue with Question 13b
 2 No – **SKIP to Question 13c**

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 the copayment for a stay at an "in-network"/participating hospital (if applicable).

Do not include any physician charges incurred during the hospital stay.

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

- 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 13d
 2 No – **SKIP to Question 14a**

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.

Out-of-pocket expense – Those costs paid directly by the enrollee.

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

Include all copayments and deductibles.

14a. What was the MAXIMUM ANNUAL out-of-pocket expense for an individual?

Out-of-pocket expense – Those costs paid directly by the enrollee.

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 family of four?

162 \$, . 0 0

OR

- 222 No family **maximum**

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**

PLAN CHARACTERISTICS

16a. Could this plan have refused to cover persons with certain pre-existing medical or health conditions?

- 183 1 Yes – Continue with Question 16b
 2 No – **SKIP to Question 17**

b. Did this happen in 2000?

- 184 1 Yes
 2 No
 3 Don't know

17. Did this plan have a policy requiring a waiting period before covering pre-existing conditions?

- 185 1 Yes
 2 No

18. Which of the services listed were covered by this plan?

		Yes (1)	No (2)	Don't know (3)
164	Routine mammograms	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
585	Adult preventive care (office visits and tests)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
586	Child preventive care (office visits and tests)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
173	Chiropractic care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
175	Outpatient prescriptions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
587	Routine vision care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
176	Routine dental care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
177	Orthodontic care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
180	Inpatient mental illness	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
181	Outpatient mental illness	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
182	Alcohol/substance abuse treatment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

***** PLEASE NOTE *****

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

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