

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
Establishment Worksheet

A FEW IMPORTANT INSTRUCTIONS

Start here

- In this section please report for the small sample of establishments chosen to represent your company.
- In Column (c), mark "Yes" if the establishment listed in Column (b) is included in the corporate figures reported on the MEPS-15. Mark "No" if the establishment is not included in the corporate figures reported on the MEPS-15.
- In Column (d), enter the number of employees at the establishment listed in Column (b) for a typical pay period in 1999. Estimates are acceptable.
- In Columns (e), (f), and (g), please check the types of hospital and/or physician insurance plans which your company offered at the location specified in Column (b). See the MEPS-20D, Definition Sheet included in this package for detailed explanations of the different types of plans.

CENSUS USE ONLY	Establishment name and location (b)	Have you answered for this establishment on the MEPS-15? (c)	Number of employee(s) (d)	Types of Insurance Offered Mark (X) all that apply		
Establishment identification number (a)				HMO/EPO (e)	Conventional Indemnity (f)	PPO/POS (g)
		524 1 <input type="checkbox"/> YES 2 <input type="checkbox"/> NO	200	521	522	523
		524 1 <input type="checkbox"/> YES 2 <input type="checkbox"/> NO	200	521	522	523
		524 1 <input type="checkbox"/> YES 2 <input type="checkbox"/> NO	200	521	522	523
		524 1 <input type="checkbox"/> YES 2 <input type="checkbox"/> NO	200	521	522	523
		524 1 <input type="checkbox"/> YES 2 <input type="checkbox"/> NO	200	521	522	523
		524 1 <input type="checkbox"/> YES 2 <input type="checkbox"/> NO	200	521	522	523
		524 1 <input type="checkbox"/> YES 2 <input type="checkbox"/> NO	200	521	522	523
		524 1 <input type="checkbox"/> YES 2 <input type="checkbox"/> NO	200	521	522	523
		524 1 <input type="checkbox"/> YES 2 <input type="checkbox"/> NO	200	521	522	523

