

FORM **MEPS-10M(S)**  
(10-14-99)

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

1998 Medical Expenditure Panel Survey

**HEALTH INSURANCE COST STUDY  
(INSURANCE COMPONENT)  
PLAN INFORMATION QUESTIONNAIRE**

Please correct errors in name, address, and ZIP Code.  
ENTER number and street if not shown.

**PLAN INFORMATION**

**FOR CENSUS USE ONLY**

100

For your (*Fill in establishment address from above*) location, please answer these questions for the health plan with the largest (*Fill next largest for 2+ plans*) enrollment.

**1a.** For 1998, what was the name of the health insurance plan with the largest (*Fill next largest for 2+ plans*) enrollment of active employees?

012

\_\_\_\_\_  
Name of plan

**FOR LINKED INTERVIEWS READ -**

Is this the same plan as described for a previous location?

- Yes
- No - **GO TO 1b**

Are plan premiums and other characteristics about this plan consistent between this location and the one we previously discussed?

- Yes - **SKIP TO 10a ON PAGE 3**
- No

**1b.** The following questions are about the (*fill in plan name from above*) plan. What was the name of the insurance company or carrier providing this plan?

102

\_\_\_\_\_  
Name of insurance carrier

**PLAN INFORMATION – Continued**

**2.** Which type of health care provider was available through *(fill plan name)*? Were the providers –

<READ TO RESPONDENT – MARK (X) ONLY ONE>

DO NOT READ TERMS IN PARENTHESES

- <sup>103</sup> 1  Exclusive providers the **enrollee must use** in non-emergency situations, (HMO, IPA, EPO)
- 2  Any providers the **enrollee chooses** on a fee-for-service basis, or (CONVENTIONAL, IDEMNITY)
- 3  A mixture of preferred providers and any providers, where the enrollee pays one fee when using a provider associated with the plan and a **slightly higher fee** if he or she goes to a provider **outside the preferred group?** (PPO, POS)

**3.** Did this plan **require** that the enrollee see a primary-care physician in order to be referred to a specialist?

- <sup>104</sup> 1  Yes
- 2  No

**4.** Was this plan **purchased** from an insurance underwriter or was it **self-insured** by your organization?

- <sup>105</sup> 1  Purchased from an insurance underwriter (fully insured) – **SKIP to 6a ON PAGE 3.**
- 2  Self insured

**5.** Was this plan self-administered or did your organization employ an insurance company or other administrator?

- <sup>106</sup> 1  Self-administered
- 2  Insurance company or other administrator

**PLAN INFORMATION – Continued**

**6a.** Was single coverage offered under this plan?

- 552 1  Yes  
2  No – **SKIP to 7a**

**6b.** For this plan, how much did **one typical** full-time employee with **single coverage** contribute toward his or her own premium?

132 \$ \_\_\_\_\_ .00 Employee contribution – Single

**6c.** What was the (*If self-insured 'monthly premium equivalent', else, 'total premium'*) for this employee with single coverage, including both the employer and employee contributions?

130 \$ \_\_\_\_\_ .00 Total premium – Single

<ASK OR VERIFY>

**6d.** On which of the following time periods are these amounts reported: weekly, every 2 weeks, monthly, quarterly, or yearly?

<MARK (X) ONLY ONE>

- 133 1  Weekly  
2  Every two weeks  
3  Monthly  
5  Quarterly  
4  Yearly

**7a.** Was family coverage offered under this plan?

- 137 1  Yes  
2  No – **SKIP TO 8 ON PAGE 4**

**7b.** For the plan just mentioned, how much did **one typical** full-time employee with **family coverage** contribute toward his or her own premium?

*Read if necessary: Report for a typical family of four if cost varies by family size.*

136 \$ \_\_\_\_\_ .00 Employee contribution – Family

**7c.** What was the (*If self-insured, 'monthly premium equivalent', else, 'total premium'*) for this employee with family coverage, including both the employer and employee contributions?

134 \$ \_\_\_\_\_ .00 Total premium – Family

<ASK OR VERIFY>

**7d.** On which of the following time periods are these amounts reported: weekly, every 2 weeks, monthly, quarterly, or yearly?

<MARK (X) ONLY ONE>

- 553 1  Weekly  
2  Every 2 weeks  
3  Monthly  
5  Quarterly  
4  Yearly

**PLAN INFORMATION – Continued**

**8.** Did this plan have a deductible?

<sup>151</sup> <sub>1</sub>  Yes

<sub>2</sub>  No

**9.** Which of the following services were covered under this plan for the 1998 plan year:  
<READ TO THE RESPONDENT – MARK (X) ALL THAT APPLY>

<sup>165</sup>  Adult routine physical exams?

<sup>166</sup>  Routine pap smears?

<sup>170</sup>  Well baby care, under 1 year?

<sup>176</sup>  Routine dental care?

<sup>180</sup>  Inpatient mental illness?

**10a.** How many of the active employees you reported earlier for this location were enrolled in this plan, during a typical pay period in 1998?

<sup>125</sup>

\_\_\_\_\_ Active employees enrolled

**10b.** What percentage of these enrolled employees had **single coverage**?

<sup>542</sup>

\_\_\_\_\_ % of active employees enrolled in single coverage

**OR**

<sup>129</sup>

\_\_\_\_\_ Number of active employees enrolled in single coverage

**END**

<DO NOT READ ALOUD>

- IF THERE IS A SECOND (OR THIRD) PLAN FOR THIS ESTABLISHMENT – GO TO ANOTHER MEPS-10M(S) QUESTIONNAIRE FOR THAT PLAN.
- IF YOU HAVE ALREADY COLLECTED INFORMATION FOR THREE PLANS FOR THIS ESTABLISHMENT – GO TO THE MEPS-10M QUESTIONNAIRE FOR THE NEXT ESTABLISHMENT.
- IF THERE ARE NO MORE PLANS FOR THIS ESTABLISHMENT – GO TO THE MEPS-10M QUESTIONNAIRE FOR THE NEXT ESTABLISHMENT.
- IF THERE ARE NO MORE ESTABLISHMENTS – END THE INTERVIEW BY READING THE THANK YOU STATEMENT.

**THANK YOU**

This concludes the Health Insurance Cost Study. Thank you very much for your time and cooperation.

<sup>500</sup> Remarks