

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

2006 Medical Expenditure Panel Survey  
 Insurance Component

**HEALTH INSURANCE COST STUDY  
 PLAN INFORMATION QUESTIONNAIRE**

**INSTRUCTIONS**

**REPORT FOR UP TO FOUR HEALTH INSURANCE PLANS OFFERED IN 2006 AT  
 THE LOCATION LISTED ABOVE.**

**You may use photocopies of this MEPS-10(S) form if sufficient copies were not included in this reporting package.**

**GENERAL PLAN INFORMATION**

*If a plan name is preprinted in the question 1 answer box on the right, answer for the plan specified. Otherwise, complete this Plan Information Questionnaire for the plan with the largest (or next largest) enrollment of active employees.*

**1. For 2006, 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
  - Company Plan A
  - Aetna HMO

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100

Name of plan

012

**2. Which type of health care provider was available through this plan?**

**Exclusive providers** – Enrollees must go to providers associated with the plan for all non-emergency care in order for the costs to be covered.

**Any providers** – Enrollees may go to providers of their choice with no cost incentives to use a particular group of providers.

**Mixture of preferred and any providers** – Enrollees may go to any provider, but there is a cost incentive to use a particular group of providers.

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- 1  Exclusive providers  
 (Examples: Most HMO, IPA, and EPO-type plans)
- 2  Any providers  
 (Examples: Most fee-for-service 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
- 3  Don't know

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

113

- 1  Union
- 2  Trade association
- 3  Neither

**Continue with Page 2, Question 5**

## GENERAL PLAN INFORMATION – Continued

**5. Was this plan purchased from an insurance underwriter or was it self-insured?**

**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.

**Self-insured –** Your organization 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.

- 105
- 1  Purchased – **SKIP to Question 7a**  
 2  Self-insured – *Continue with Question 6a*  
 3  Don't know – **SKIP to Question 7a**

## SELF-INSURED PLAN INFORMATION

*Complete questions 6a–b if this plan was self-insured.*

**6a. Did your organization employ a third party administrator (TPA) for this self-insured plan?**

- 713
- 1  Yes – used a third party administrator  
 2  No – self-administered the plan

**b. Did your organization purchase stop-loss coverage for this plan?**

- 107
- 1  Yes  
 2  No

## ACTIVE ENROLLMENT

Estimates are acceptable for all enrollment figures.

**7a. How many ACTIVE employees at this location were ENROLLED in this plan during a typical pay period in 2006?**

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

125  **Active employees enrolled in plan**

**b. How many of these ACTIVE employees were ENROLLED in SINGLE coverage during a typical pay period in 2006?**

129  **Active employees enrolled in single coverage**

EMPLOYEE-PLUS-ONE coverage is health insurance coverage for an employee-plus-spouse or an employee-plus-child(ren) AT A LOWER PREMIUM than family coverage.

**c. If your organization offered EMPLOYEE-PLUS-ONE coverage, how many ACTIVE employees were ENROLLED during a typical pay period in 2006?**

*Include enrollment for both employee-plus-spouse and employee-plus-child(ren) coverage.*

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

**d. How many ACTIVE employees were ENROLLED in FAMILY (not single or employee-plus-one) coverage during a typical pay period in 2006?**

705  **Active employees enrolled in family coverage**

## COBRA ENROLLMENT

**8. How many FORMER employees were ENROLLED in this plan, excluding retirees, through PHSA (COBRA) or other State Continuation-Of-Benefits laws during a typical pay period in 2006?**

126  **Former employees enrolled in plan, excluding retirees**

**Continue with Page 3, Question 9a**

# PLAN PREMIUMS

Report for TYPICAL situations and enrollees. If premium varied, report for a TYPICAL employee.

If this was a self-insured plan, report the premium equivalent.

Report employer/employee contributions and total premium for the same period during 2006.

Include any subsidy from an outside third party in the employee contribution for premiums.

If there is an HSA or HRA associated with this plan, include any employer contributions to an HSA or HRA account in the employer premium or total premium below.

## SINGLE COVERAGE

**9a. Was SINGLE coverage offered under this plan?**

- 552 1  Yes – Continue with Question 9b  
2  No – **SKIP to Question 10a**

**b. For this plan, how much did the EMPLOYER contribute toward the plan premium of one typical employee with SINGLE coverage?**

131 \$   ,   . 0 0 **Employer contribution for single premium**

**c. How much did this typical EMPLOYEE with SINGLE coverage contribute toward his/her own premium?**

132 \$   ,   . 0 0 **Employee contribution for single premium**

**d. What was the TOTAL premium for this typical employee with SINGLE coverage?**

130 \$   ,   . 0 0 **Total single premium**

**e. The amounts reported in questions 9b–d are based on which one of the following time periods?**

Mark (X) only one.

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

## EMPLOYEE-PLUS-ONE COVERAGE

EMPLOYEE-PLUS-ONE coverage is health insurance coverage for an employee-plus-spouse or an employee-plus-child(ren) AT A LOWER PREMIUM LEVEL than family coverage.

If employee-plus-one premiums were different for employee-plus-child(ren) and employee-plus-spouse coverages, report for employee-plus-one child. If premiums varied for other reasons, report for a TYPICAL employee.

**10a. Was EMPLOYEE-PLUS-ONE coverage offered under this plan?**

- 570 1  Yes – Continue with Question 10b  
2  No – **SKIP to Page 4, Question 11a**

**b. For this plan, how much did the EMPLOYER contribute toward the plan premium of one typical employee with EMPLOYEE-PLUS-ONE coverage?**

636 \$   ,   . 0 0 **Employer contribution for employee-plus-one premium**

**c. How much did this typical EMPLOYEE with EMPLOYEE-PLUS-ONE coverage contribute toward his/her own premium?**

637 \$   ,   . 0 0 **Employee contribution for employee-plus-one premium**

**d. What was the TOTAL premium for this typical employee with EMPLOYEE-PLUS-ONE coverage?**

635 \$   ,   . 0 0 **Total employee-plus-one premium**

**e. The amounts reported in questions 10b–d are based on which one of the following time periods?**

Mark (X) only one.

- 638 1  Weekly  
2  Every 2 weeks  
3  Monthly  
5  Quarterly  
4  Yearly

**Continue with Page 4, Question 11a**

**PLAN PREMIUMS – Continued**

**FAMILY COVERAGE**

<p><i>If premium varied by family size, report for a family of four.</i></p> <p><b>11a. Was FAMILY coverage offered under this plan?</b></p>	<p>137 1 <input type="checkbox"/> Yes – Continue with Question 11b 2 <input type="checkbox"/> No – <b>SKIP to Question 12a</b></p>
<p><b>b. For this plan, how much did the EMPLOYER contribute toward the plan premium of one typical employee with FAMILY coverage?</b></p>	<p>135 \$ <input type="text"/> <input type="text"/> , <input type="text"/> <input type="text"/> . <input type="text"/> 0 <input type="text"/> 0 <b>Employer contribution for family premium</b></p>
<p><b>c. How much did this typical EMPLOYEE with FAMILY coverage contribute toward his/her own premium?</b></p>	<p>136 \$ <input type="text"/> <input type="text"/> , <input type="text"/> <input type="text"/> . <input type="text"/> 0 <input type="text"/> 0 <b>Employee contribution for family premium</b></p>
<p><b>d. What was the TOTAL premium for this typical employee with FAMILY coverage?</b></p>	<p>134 \$ <input type="text"/> <input type="text"/> , <input type="text"/> <input type="text"/> . <input type="text"/> 0 <input type="text"/> 0 <b>Total family premium</b></p>
<p><b>e. The amounts reported in questions 11b–d are based on which one of the following time periods?</b> <i>Mark (X) only one.</i></p>	<p>553 1 <input type="checkbox"/> Weekly 2 <input type="checkbox"/> Every 2 weeks 3 <input type="checkbox"/> Monthly 5 <input type="checkbox"/> Quarterly 4 <input type="checkbox"/> Yearly</p>

**GENERAL PREMIUM INFORMATION**

<p><b>12a. Did the PREMIUMS charged by the insurance company or carrier vary by any of these characteristics?</b> <i>Mark (X) all that apply.</i></p>	<p>138 <input type="checkbox"/> Age 139 <input type="checkbox"/> Gender 141 <input type="checkbox"/> Wage or salary levels 142 <input type="checkbox"/> Other <b>OR</b> 640 <input type="checkbox"/> Premiums did not vary</p>
<p><b>b. Did the amount an EMPLOYEE CONTRIBUTED toward his/her own coverage vary by any of these employee characteristics?</b> <i>Mark (X) all that apply.</i></p>	<p>641 <input type="checkbox"/> Hours worked 642 <input type="checkbox"/> Union status 643 <input type="checkbox"/> Wage or salary level 644 <input type="checkbox"/> Occupation 706 <input type="checkbox"/> Length of employment 645 <input type="checkbox"/> Other <b>OR</b> 646 <input type="checkbox"/> Employee contribution did not vary</p>

**INDIVIDUAL DEDUCTIBLES**

<p><b>13a. Did this plan have a deductible?</b> <b>Deductible</b> – Predetermined amount which must be paid by an individual before the plan will reimburse for covered services. Many HMOs do not have a deductible.</p>	<p>151 1 <input type="checkbox"/> Yes – Continue with Question 13b 2 <input type="checkbox"/> No – <b>SKIP to Page 5, Question 16a</b></p>
<p><b>b. What was the annual deductible an individual paid?</b> <i>Report "IN-NETWORK" deductibles (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 16b on Page 5. DO NOT report COPAYMENTS or individual or family out-of-pocket maximums here.</i></p>	<p>146 \$ <input type="text"/> <input type="text"/> , <input type="text"/> <input type="text"/> . <input type="text"/> 0 <input type="text"/> 0 Individual annual deductible <b>OR</b> Separate deductibles for: 147 \$ <input type="text"/> <input type="text"/> , <input type="text"/> <input type="text"/> . <input type="text"/> 0 <input type="text"/> 0 Physician care 148 \$ <input type="text"/> <input type="text"/> , <input type="text"/> <input type="text"/> . <input type="text"/> 0 <input type="text"/> 0 Hospital care</p>

## FAMILY DEDUCTIBLES

**14a. 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 14b*  
 2  No – **SKIP to Question 14c**  
 3  Family coverage not offered – **SKIP to Question 15a**

**b. How many family members were required to meet their individual deductibles before the family deductible was met?**

150  Number of family members

*Report for a family of four.*

**c. What was the total annual deductible a family paid?**

149  Total annual family deductible

*Report for a family of four.*

## HEALTH SAVINGS ACCOUNT (HSA)

**15a. If the deductibles you reported in questions 13 and 14 were \$1,050 or higher for single coverage and \$2,100 or higher for family coverage, did you contribute to a Health Savings Account (HSA) for the plan enrollees in 2006?**

- 714
- 1  Yes, contributed to an HSA – *Continue with Question 15b*  
 2  No, did not contribute to an HSA – **SKIP to Question 16a**  
 4  Don't know – **SKIP to Question 16a**

**b. How much did the employer contribute monthly to an enrollee's account for single coverage?**

716  Monthly contribution for single HSA

**c. How much did the employer contribute monthly to an enrollee's account for family coverage?**

717  Monthly contribution for family HSA

Report monthly contributions.

**HSAs are NOT** Flexible Spending Accounts (FSAs) or Health Reimbursement Arrangements (HRAs). See definition sheet for more information.

## PAYMENTS

**16a. Was hospital care covered under this plan?**

- 155
- 1  Yes – *Continue with Question 16b*  
 2  No – **SKIP to Question 16c**

**b. How much and/or what percentage of the total bill did an enrollee pay out-of-pocket for an inpatient hospital admission after any annual deductible was met?**

152  Copayment paid by enrollee for hospital admission

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

Some plans may have both a dollar copayment and a percentage coinsurance.

*Report for precertified hospital admissions (if applicable).*

*Report for an admission at an "in-network"/participating hospital (if applicable).*

*Do not include any physician charges incurred during the hospital admission.*

- 154
- 1  Per day  
 2  Per stay

**AND/OR**

153  % Coinsurance paid by enrollee

**c. Was physician care covered under this plan?**

- 218
- 1  Yes – *Continue with Question 16d*  
 2  No – **SKIP to Page 6, Question 17**

**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?**

156  Copayment paid by enrollee for office visit

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

Some plans may have both a dollar copayment and a percentage coinsurance.

*Report for an "in-network"/participating general practitioner during normal office hours.*

157  % Coinsurance paid by enrollee

**Continue with Page 6, Question 17**

**PAYMENTS – Continued**

<p><b>17. Were prescription drugs covered under this health plan?</b></p>	<p>673 1 <input type="checkbox"/> Yes                  2 <input type="checkbox"/> No                  3 <input type="checkbox"/> Don't know } <b>SKIP to Question 20a</b></p>
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<p><b>18. How many different pricing categories or tiers of prescription drug coverage were there for this plan?</b></p>	<p>712 <input type="text"/> Number of tiers                  715 <input type="checkbox"/> Don't know</p>
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<p><b>19. How much and/or what percentage did an enrollee pay out-of-pocket for the lowest tier of prescription drug coverage?</b>   <i>Report for the least expensive pharmacy available to the enrollee under the plan, excluding any mail-order programs.</i></p>	<p>Lowest cost to enrollee                  655 \$ <input type="text"/> <input type="text"/> . <input type="text"/> 0 <input type="text"/> 0                  Copayment  <b>And/Or</b>                  677 <input type="text"/> %                  Coinsurance</p>
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<p><i>Include all copayments, coinsurance and deductibles.</i>  <b>20a. What was the MAXIMUM ANNUAL out-of-pocket expense for an individual?</b>  <b>Out-of-pocket expense</b> – Those costs paid directly by the enrollee.                  This is often referred to as a catastrophic limit.</p>	<p>161 \$ <input type="text"/> <input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> 0 <input type="text"/> 0  <b>OR</b>                  163 <input type="checkbox"/> No <b>individual</b> maximum</p>
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<p><b>b. What was the MAXIMUM ANNUAL out-of-pocket expense for a family of four?</b></p>	<p>162 \$ <input type="text"/> <input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> 0 <input type="text"/> 0  <b>OR</b>                  222 <input type="checkbox"/> No <b>family</b> maximum</p>
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<p><b>21. What was the MAXIMUM amount this plan would have paid for an enrollee in ONE YEAR?</b></p>	<p>160 \$ <input type="text"/> , <input type="text"/> <input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> 0 <input type="text"/> 0  <b>OR</b>                  221 <input type="checkbox"/> No <b>annual</b> maximum</p>
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**HEALTH REIMBURSEMENT ARRANGEMENT (HRA)**

<p><b>22. An employer can offer a Health Reimbursement Arrangement (HRA) by setting up an account to reimburse employees for medical expenses not covered by health insurance. Did your organization offer a Health Reimbursement Arrangement (HRA) associated with this plan in 2006?</b>   <b>HRAs are NOT</b> Flexible Spending Accounts (FSAs) or Health Savings Accounts (HSAs).                   See definition sheet for more information.</p>	<p>710 1 <input type="checkbox"/> Yes                  2 <input type="checkbox"/> No                  3 <input type="checkbox"/> Don't know   <b>Continue with Page 7, Question 23</b></p>
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**PLAN CHARACTERISTICS**

<b>23. Could this plan have refused to cover persons with pre-existing medical or health conditions?</b>	183	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No																
<b>24. Did this plan have a policy requiring a waiting period before covering pre-existing conditions?</b>	185	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No																
<b>25. Which of the services listed were covered by this plan?</b>		<table border="0"> <thead> <tr> <th></th> <th align="center">Yes (1)</th> <th align="center">No (2)</th> <th align="center">Don't know (3)</th> </tr> </thead> <tbody> <tr> <td>173 Chiropractic care . . . . .</td> <td align="center"><input type="checkbox"/></td> <td align="center"><input type="checkbox"/></td> <td align="center"><input type="checkbox"/></td> </tr> <tr> <td>587 Routine vision care . . . . .</td> <td align="center"><input type="checkbox"/></td> <td align="center"><input type="checkbox"/></td> <td align="center"><input type="checkbox"/></td> </tr> <tr> <td>176 Routine dental care . . . . .</td> <td align="center"><input type="checkbox"/></td> <td align="center"><input type="checkbox"/></td> <td align="center"><input type="checkbox"/></td> </tr> </tbody> </table>		Yes (1)	No (2)	Don't know (3)	173 Chiropractic care . . . . .	<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"/>
	Yes (1)	No (2)	Don't know (3)															
173 Chiropractic care . . . . .	<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"/>															

**\*\*\* PLEASE NOTE \*\*\***

**If your organization offered only one health insurance plan, please end the form.**

**If your organization offered MORE THAN ONE health insurance plan, please complete a Plan Information Questionnaire for each plan that was offered, up to four plans.**

U.S. DEPARTMENT OF COMMERCE  
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HEALTH AND HUMAN SERVICES

2006 Medical Expenditure Panel Survey

Insurance Component  
**HEALTH INSURANCE COST STUDY**  
**PLAN INFORMATION QUESTIONNAIRE**  
**UNION**

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

**PLAN INFORMATION**

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DNK Name of union plan from the establishment interview

**1a.** The name of the *(first/next)* health insurance plan provided under the collective bargaining agreement at the location I mentioned earlier was reported as *(fill in plan name)*. Is this correct?

- DNK  Yes – *TRANSCRIBE PLAN NAME INTO 1b AND GO TO QUESTION 2*  
 No – *CONTINUE WITH 1b.*

**1b.** For 2006, what was the name of the health insurance plan with the *(largest/next largest)* enrollment of actively-employed members which your union offered at that location?

012

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

The following questions are about *(fill in plan name from above)*.

**2.** Was this plan **PURCHASED** from an insurance underwriter or was it **SELF-INSURED**?

- <sup>105</sup>  1 Purchased from an insurance underwriter (fully insured) –  
**SKIP TO QUESTION 5 ON PAGE 2**  
 2 Self insured – *CONTINUE WITH QUESTION 3 ON PAGE 2*  
 3 Don't know – **SKIP TO QUESTION 5 ON PAGE 2**

READ IF NECESSARY: **Coverage is underwritten by an insurer if** your union paid a fixed amount to the insurer (usually monthly) and the insurer paid the enrollee's claims. **The plan is self-insured if** your union paid for the enrollee's claims — either directly or through a Third Party Administrator (TPA).



**PLAN INFORMATION – Continued**

**3.** Did you employ a Third Party Administrator (TPA) for this self-insured plan?

- <sup>713</sup> 1  Yes  
2  No

**4.** Did the union purchase stop-loss coverage?

- <sup>107</sup> 1  Yes  
2  No

**5.** Which type of health care providers were available through *(fill plan name)*?  
Were the providers –

<READ EACH CATEGORY AND 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 type plans)  
2  Any providers the **enrollee chooses** with no cost incentives to use a particular group of providers; OR (Most fee-for-service plans)  
3  A mixture of preferred providers and any providers, where the enrollee may go to any provider, but there is a cost incentive to use a particular group of providers. (Most PPO, POS type plans)

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

- <sup>104</sup> 1  Yes  
2  No  
3  Don't know

**7.** Was this plan considered a composite plan?

READ IF NECESSARY: A composite plan is a plan where the premium and member contribution rates do not vary between single and family coverage.

- <sup>656</sup> 1  Yes – **SKIP TO 10b ON PAGE 4**  
2  No  
3  Don't know

**PLAN INFORMATION – Continued**

**8a.** Was **single** coverage offered under this plan?

- 552 1  Yes  
2  No – **SKIP TO 9a**

**8b.** For this plan, how much did one **typical**, actively-employed member with **single** coverage contribute toward his or her own premium?

132 \$ \_\_\_\_\_ .00 Member contribution – single premium

<MARK (X) ONLY ONE>

- 623 1  Weekly 2  Every two weeks 3  Monthly 5  Quarterly 4  Yearly 6  Hourly

**8c.** What was the (*If self-insured 'premium equivalent', else, 'total premium'*) for this **typical**, actively-employed member with **single** coverage, including both the employer and member contributions?

130 \$ \_\_\_\_\_ .00 **Total single premium**

**8d.** <ASK OR VERIFY> On which of the following time periods are these amounts reported: weekly, every 2 weeks, monthly, quarterly, yearly, or hourly?

<MARK (X) ONLY ONE>

- 133 1  Weekly 2  Every two weeks 3  Monthly 5  Quarterly 4  Yearly 6  Hourly

**9a.** Was **member-plus-one** coverage offered under this plan?

READ IF NECESSARY: **Member-plus-one** coverage is health insurance coverage for a member-plus-spouse or member-plus-child(ren) **at a lower premium** than family coverage.

- 570 1  Yes  
2  No – **SKIP TO 10a ON PAGE 4**

**9b.** For this plan, how much did one **typical**, actively-employed member with **member-plus-one** coverage contribute toward his or her own premium?

637 \$ \_\_\_\_\_ .00 Member contribution – member-plus-one premium

<MARK (X) ONLY ONE>

- 639 1  Weekly 2  Every two weeks 3  Monthly 5  Quarterly 4  Yearly 6  Hourly

**9c.** What was the (*If self-insured 'premium equivalent', else, 'total premium'*) for this **typical**, actively-employed member with **member-plus-one** coverage, including both the employer and member contributions?

635 \$ \_\_\_\_\_ .00 **Total member-plus-one premium**

**PLAN INFORMATION – Continued**

**9d.** <ASK OR VERIFY> On which of the following time periods are these amounts reported: weekly, every 2 weeks, monthly, quarterly, yearly, or hourly?

<MARK (X) ONLY ONE>

638 1  Weekly 2  Every two weeks 3  Monthly 5  Quarterly 4  Yearly 6  Hourly

**10a.** Was **family** coverage offered under this plan?

137 1  Yes

2  No – **SKIP TO 11a**

**10b.** For this plan, how much did one **typical**, actively-employed member with *(family/composite)* coverage contribute toward his or her own premium?

READ IF NECESSARY: If premium varied by family size, report for a family of four.

136 \$ \_\_\_\_\_ .00 Member contribution – Family/composite premium

<MARK (X) ONLY ONE>

624 1  Weekly 2  Every two weeks 3  Monthly 5  Quarterly 4  Yearly 6  Hourly

**10c.** What was the *(If self-insured, 'premium equivalent', else, 'total premium')* for this **typical**, actively-employed member with *(family/composite)* coverage, including both the employer and member contributions?

134 \$ \_\_\_\_\_ .00 **Total family/composite premium**

**10d.** <ASK OR VERIFY> On which of the following time periods are these amounts reported: weekly, every 2 weeks, monthly, quarterly, yearly, or hourly?

<MARK (X) ONLY ONE>

553 1  Weekly 2  Every two weeks 3  Monthly 5  Quarterly 4  Yearly 6  Hourly

<IF THIS PLAN IS SELF-INSURED, SKIP TO 11b ON PAGE 5>

**11a.** Did the **premiums** charged by the insurance company or carrier vary by any of the following characteristics:

138  Age?

139  Gender?

141  Wage or salary levels?

142  Other?

**OR**

640  Did the premiums not vary?

**PLAN INFORMATION – Continued**

<IF NO MEMBER CONTRIBUTION, SKIP TO 12a>

**11b.** Did the amount an actively-employed member contributed toward his/her own coverage vary by any of the following member characteristics:

641  Hours worked?

643  Wage or salary level?

644  Occupation?

706  Length of Employment?

645  Any other member characteristics?

**OR**

646  Did the member contribution not vary?

**12a.** Approximately how many of your members were employed at the establishment I mentioned earlier, during a typical pay period in 2006?

647 \_\_\_\_\_ Employed members

**12b.** What percentage of these union members were enrolled in this plan during 2006?

READ IF NECESSARY: What percentage of ALL union members were enrolled in this plan during 2006?

648 \_\_\_\_\_ % of members enrolled

<IF THIS IS A COMPOSITE PLAN, SKIP TO 14a ON PAGE 6>

**13a.** For this plan, approximately what percentage of these **enrollees** had **single** coverage?

542 \_\_\_\_\_ % of enrollees in single coverage

**OR**

129 \_\_\_\_\_ Number of enrollees in single coverage

**13b.** For this plan, approximately what percentage of the **enrollees** had **member-plus-one** coverage?

621 \_\_\_\_\_ % of enrollees in member-plus-one coverage

**OR**

571 \_\_\_\_\_ Number of enrollees in member-plus-one coverage

**PLAN INFORMATION – Continued**

**14a.** Did this plan have a deductible?

- <sup>151</sup>  Yes  
<sup>2</sup>  No – **SKIP TO 17a ON PAGE 7**

**14b.** What was the annual deductible an individual paid?

<sup>146</sup> \$ \_\_\_\_\_ .00 Individual annual deductible

**OR**

Separate deductibles for physician care and hospital care:

<sup>147</sup> \$ \_\_\_\_\_ .00 Physician care

<sup>148</sup> \$ \_\_\_\_\_ .00 Hospital care

<IF FAMILY COVERAGE NOT OFFERED, SKIP TO 16a>

**15a.** Did this plan require that a specific number of family members meet their individual deductibles before the *(family/composite)* deductible was met?

- <sup>224</sup>  Yes  
<sup>2</sup>  No – **SKIP TO 15c**

**15b.** How many family members were required to meet their individual deductibles before the *(family/composite)* deductible was met?

<sup>150</sup> \_\_\_\_\_ Number of family members

**15c.** What was the total annual deductible a family paid?

<sup>149</sup> \$ \_\_\_\_\_ .00 Total annual family deductible

**16a.** If the deductibles for this plan were \$1,050 or higher for single coverage, and/or \$2,100 or higher for family coverage, did the union contribute to a Health Savings Account (HSA) for the plan enrollees in 2006?

READ IF NECESSARY: **HSAs are NOT** Flexible Spending Accounts (FSAs) or Health Reimbursement Arrangements (HRAs).

- <sup>714</sup>  Yes, contributed to an HSA  
<sup>2</sup>  No, did not contribute to an HSA – **SKIP TO 17a ON PAGE 7**  
<sup>4</sup>  Don't know – **SKIP TO 17a ON PAGE 7**

**16b.** What was the union monthly contribution to a member's account for single coverage?

<sup>716</sup> \$ \_\_\_\_\_ .00 Monthly contribution for single HSA

**16c.** What was the union monthly contribution to a member's account for family coverage?

<sup>717</sup> \$ \_\_\_\_\_ .00 Monthly contribution for family HSA

**PLAN INFORMATION – Continued**

**17a.** Was hospital care covered under this plan?

- <sup>155</sup> 1  Yes  
2  No – **SKIP TO 17d**

**17b.** How much and/or what percentage of the total bill did an enrollee pay out-of-pocket for an inpatient **hospital** admission at a participating hospital after any annual deductible was met?

READ IF NECESSARY: Out-of-pocket expenses are those costs paid directly by the enrollee. Some plans may have both a dollar copayment and a percentage coinsurance. Report for precertified hospital admission, at an in-network/participating hospital (if applicable). Do not include any physician charges incurred during the hospital stay.

<sup>152</sup> \$ \_\_\_\_\_ .00 Copayment paid by enrollee  
for hospital admission

**AND/OR**

<sup>153</sup> \_\_\_\_\_ % Coinsurance by enrollee

<IF DOLLAR AMOUNT IS ENTERED, ASK THE FOLLOWING QUESTION>

**17c.** Was the copayment amount paid per day or per stay?

- <sup>154</sup> 1  Per day  
2  Per stay

**17d.** Was physician care covered under this plan?

- <sup>218</sup> 1  Yes  
2  No – **SKIP TO 18**

**17e.** How much and/or what percentage of the total bill did an enrollee pay out-of-pocket for an **office visit** with a participating physician after any annual deductible was met?

READ IF NECESSARY: Out-of-pocket expenses are those costs paid directly by the enrollee. Some plans may have both a dollar copayment and a percentage coinsurance. Report for an in network/participating general practitioner during normal office hours.

<sup>156</sup> \$ \_\_\_\_\_ .00 Copayment

**AND/OR**

<sup>157</sup> \_\_\_\_\_ % Coinsurance

**18.** Could this plan have refused to cover persons with pre-existing medical or health conditions?

- <sup>183</sup> 1  Yes  
2  No

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

- <sup>185</sup> 1  Yes  
2  No

**PLAN INFORMATION – Continued**

**20.** Were prescription drugs covered under this health plan?

673 1  Yes

2  No

3  Don't know

} **SKIP TO QUESTION 23**

**21.** How many different pricing categories or tiers of prescription drug coverage were there for this plan?

712

Number of tiers

715  Don't know

**22.** How much and/or what percentage of the cost did an enrollee pay out-of-pocket for the lowest tier of prescription drug coverage?

READ IF NECESSARY: Report for the least expensive pharmacy available to the enrollee under the plan, excluding any mail-order programs.

655

\$ \_\_\_\_\_ .00 Copayment

**AND/OR**

677

\_\_\_\_\_ % Coinsurance

**23.** An employer can offer a Health Reimbursement Arrangement (HRA) by setting up an account to reimburse employees for medical expenses not covered by health insurance. Did your organization offer a Health Reimbursement Arrangement (HRA) associated with this plan in 2006?

READ IF NECESSARY: **HRAs are NOT** Flexible Spending Accounts (FSAs) or Health Savings Accounts (HSAs).

710 1  Yes

2  No

3  Don't know

**24.** Which of the following services were covered under this plan for the 2006 plan year:

<READ EACH CATEGORY AND MARK (X) APPROPRIATE BOX FOR EACH>

	Yes (1)	No (2)	Don't know (3)
173 Chiropractic care .....	<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"/>

**END**

<DO NOT READ ALOUD>

- IF THERE IS A SECOND (OR THIRD) PLAN FOR THIS UNION – GO TO ANOTHER MEPS-10M(U) QUESTIONNAIRE FOR THAT PLAN.
- IF THERE ARE NO MORE PLANS FOR THIS UNION – 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.

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**

**Section B**

**HEALTH INSURANCE PLAN INSTRUCTIONS**

The MEPS-11(C)S, Plan Information Questionnaire, has two columns per page. One column is to be completed for EACH health insurance plan offered AT THIS GOVERNMENT UNIT. Please use photocopies of the MEPS-11C(S) if sufficient plan columns were not included in this reporting package.

Begin the first column of the questionnaire with the plan having the largest enrollment and proceed through the columns to the plan with the smallest enrollment of ACTIVE employees. Please enter the plan name at the top of each column.

**ENROLLMENTS**

Report enrollment figures for a typical pay period in 2006. Estimates are acceptable for all enrollment figures. **Include** full-time, part-time, temporary, and seasonal employees. **Exclude** retirees, former employees, and contract workers.

SINGLE coverage is health insurance coverage for the employee only.

EMPLOYEE-PLUS-ONE coverage is health insurance coverage for an employee-plus-spouse or an employee-plus-child(ren) **at a lower premium level than family coverage**. Enrollment totals for employee-plus-one should include employees covered under employee-plus-spouse and employee-plus-child(ren).

**PREMIUMS**

Report premiums for TYPICAL situations and enrollees. If the premium varied, report for a TYPICAL employee. Report government unit/employee contributions and total premium for the same period in 2006. For a self-insured plan, report the premium equivalent amount equal to the cost of the employee benefit.

SINGLE premium is the amount paid for coverage of one TYPICAL employee with single coverage.

EMPLOYEE-PLUS-ONE premiums may differ for employee-plus-child(ren) and employee-plus-spouse coverages. If this is the case, report for employee-plus-one child. If premiums varied for other reasons, report for a TYPICAL employee.

FAMILY premiums may vary by family size. If this is the case, report for a family of four.

If there is an HSA or HRA associated with the plan, include any employer contribution for an HSA or HRA account in the employer premium or total premium.



**GENERAL PLAN INFORMATION**

Answer questions 1–19 for each plan offered. Begin with the plan having the largest enrollment and proceed through to the plan with the smallest enrollment of ACTIVE employees.	<b>FOR CENSUS USE ONLY</b>	<b>FOR CENSUS USE ONLY</b>
	100	100
	012 Name of plan	012 Name of plan

**2006 ENROLLMENTS**

<b>1a.</b> Total <b>ACTIVE</b> employees <b>ENROLLED</b> in plan	125 <input type="text"/> Total	125 <input type="text"/> Total
<b>b.</b> <b>ACTIVE</b> employees <b>ENROLLED</b> in <b>SINGLE</b> coverage	129 <input type="text"/> Single	129 <input type="text"/> Single
<b>c.</b> <b>ACTIVE</b> employees <b>ENROLLED</b> in <b>EMPLOYEE-PLUS-ONE</b> coverage <i>See definition sheet for more information.</i>	571 <input type="text"/> Employee + 1	571 <input type="text"/> Employee + 1
<b>d.</b> <b>ACTIVE</b> employees <b>ENROLLED</b> in <b>FAMILY</b> coverage	705 <input type="text"/> Family	705 <input type="text"/> Family
<b>2.</b> <b>FORMER</b> employees <b>ENROLLED</b> through PHSA (COBRA) or other state Continuation-Of-Benefits Laws, excluding retirees	126 <input type="text"/> Former PHSA (COBRA)	126 <input type="text"/> Former PHSA (COBRA)

**2006 PREMIUMS**

<b>3a. Single Coverage</b>	552 2 <input type="checkbox"/> Not offered – Skip to question 4a	552 2 <input type="checkbox"/> Not offered – Skip to question 4a
<b>b.</b> Government/Employer contribution for single premium	131 \$ <input type="text"/> , <input type="text"/> . <input type="text"/> 0 0	131 \$ <input type="text"/> , <input type="text"/> . <input type="text"/> 0 0
<b>c.</b> Employee contribution for single premium	132 \$ <input type="text"/> , <input type="text"/> . <input type="text"/> 0 0	132 \$ <input type="text"/> , <input type="text"/> . <input type="text"/> 0 0
<b>d. Total single premium</b>	130 \$ <input type="text"/> , <input type="text"/> . <input type="text"/> 0 0	130 \$ <input type="text"/> , <input type="text"/> . <input type="text"/> 0 0
<b>4a. Employee-plus-one Coverage</b>	570 2 <input type="checkbox"/> Not offered – Skip to question 5a	570 2 <input type="checkbox"/> Not offered – Skip to question 5a
<b>b.</b> Government/Employer contribution for employee-plus-one premium	636 \$ <input type="text"/> , <input type="text"/> . <input type="text"/> 0 0	636 \$ <input type="text"/> , <input type="text"/> . <input type="text"/> 0 0
<b>c.</b> Employee contribution for employee-plus-one premium	637 \$ <input type="text"/> , <input type="text"/> . <input type="text"/> 0 0	637 \$ <input type="text"/> , <input type="text"/> . <input type="text"/> 0 0
<b>d. Total employee-plus-one premium</b>	635 \$ <input type="text"/> , <input type="text"/> . <input type="text"/> 0 0	635 \$ <input type="text"/> , <input type="text"/> . <input type="text"/> 0 0

**GENERAL PLAN INFORMATION**

	<b>FOR CENSUS USE ONLY</b>	<b>FOR CENSUS USE ONLY</b>
	100	100
	Name of plan	Name of plan

**2006 PREMIUMS – Continued**

<b>5a. Family Coverage</b>	137 2 <input type="checkbox"/> Not offered – <i>Skip to question 6</i>	137 2 <input type="checkbox"/> Not offered – <i>Skip to question 6</i>
<b>b.</b> Government/Employer contribution for family premium	135 \$ [ ][ ] , [ ][ ] . 0 0	135 \$ [ ][ ] , [ ][ ] . 0 0
<b>c.</b> Employee contribution for family premium	136 \$ [ ][ ] , [ ][ ] . 0 0	136 \$ [ ][ ] , [ ][ ] . 0 0
<b>d. Total family premium</b>	134 \$ [ ][ ] , [ ][ ] . 0 0	134 \$ [ ][ ] , [ ][ ] . 0 0
<b>6. The amounts reported in the premium questions are based on which of the following time periods?</b>  <i>Mark (X) ONLY one.</i>	133 1 <input type="checkbox"/> Weekly 2 <input type="checkbox"/> Every 2 weeks 3 <input type="checkbox"/> Monthly 4 <input type="checkbox"/> Quarterly 5 <input type="checkbox"/> Yearly	133 1 <input type="checkbox"/> Weekly 2 <input type="checkbox"/> Every 2 weeks 3 <input type="checkbox"/> Monthly 4 <input type="checkbox"/> Quarterly 5 <input type="checkbox"/> Yearly

**SELF-INSURED PLAN INFORMATION**

<b>7. Was this plan purchased from an insurance underwriter or was it self-insured?</b>  Coverage was underwritten by the insurer (usually monthly) and the insurer paid the enrollee's claim. The plan was self-insured for the enrollee's claim—either directly or through a Third Party Administrator (TPA)	105 1 <input type="checkbox"/> Coverage was underwritten by an insurer – <b>Skip to Question 9</b> 2 <input type="checkbox"/> Plan was self-insured – <i>Continue with Question 8a</i> 3 <input type="checkbox"/> Don't know – <b>Skip to Question 9</b>	105 1 <input type="checkbox"/> Coverage was underwritten by an insurer – <b>Skip to Question 9</b> 2 <input type="checkbox"/> Plan was self-insured – <i>Continue with Question 8a</i> 3 <input type="checkbox"/> Don't know – <b>Skip to Question 9</b>
<i>Complete questions 8a-b if this plan was self-insured.</i> <b>8a. Did your government unit employ a third party administrator (TPA) for this self-insured plan?</b>	713 1 <input type="checkbox"/> Yes – used TPA 2 <input type="checkbox"/> No – self-administered the plan	713 1 <input type="checkbox"/> Yes – used TPA 2 <input type="checkbox"/> No – self-administered the plan
<b>b. Did your government unit purchase stop-loss coverage for this plan?</b>	107 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No	107 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No

**PLAN AFFILIATION**

<b>9. Was this plan offered through a union or a trade association?</b>  A trade association is a group of individuals or companies in a specific business or industry organized to promote a common interest.	113 1 <input type="checkbox"/> Union 2 <input type="checkbox"/> Trade 3 <input type="checkbox"/> Neither ↓ ↓ association	113 1 <input type="checkbox"/> Union 2 <input type="checkbox"/> Trade 3 <input type="checkbox"/> Neither ↓ ↓ association
	114 Name of union or trade association	114 Name of union or trade association
	115 If a union, local number	115 If a union, local number
	116 Name of insurance representative	116 Name of insurance representative
	121 Telephone number (     )	121 Telephone number (     )

## GENERAL PLAN INFORMATION

	FOR CENSUS USE ONLY	FOR CENSUS USE ONLY
	100	100
	Name of plan	Name of plan

### PLAN INFORMATION

<b>10. In what month did the plan year begin?</b> <b>Enter a two-digit numeric response.</b> <b>Example: January=01; May=05</b>	<i>Enter a two-digit numeric response.</i> <i>Example: January=01; May=05</i> 123 <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> Month	<i>Enter a two-digit numeric response.</i> <i>Example: January=01; May=05</i> 123 <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> Month
<b>11. Could this plan have refused to cover persons with pre-existing medical or health conditions?</b>	183 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No	183 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No
<b>12. Did this plan have a policy requiring a waiting period before covering pre-existing conditions?</b>	185 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No	185 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No
<b>13. Did the PREMIUMS CHARGED by the insurance company or carrier vary by any of these employee characteristics?</b>  <i>If self-insured, mark (X) premiums did not vary.</i> <i>Mark (X) all that apply.</i>	138 <input type="checkbox"/> Age 139 <input type="checkbox"/> Gender 141 <input type="checkbox"/> Wage or salary level 142 <input type="checkbox"/> Other OR 640 <input type="checkbox"/> Premiums did not vary	138 <input type="checkbox"/> Age 139 <input type="checkbox"/> Gender 141 <input type="checkbox"/> Wage or salary level 142 <input type="checkbox"/> Other OR 640 <input type="checkbox"/> Premiums did not vary
<b>14. Did the amount an EMPLOYEE CONTRIBUTED toward his/her own coverage vary by any of these employee characteristics?</b>  <i>Mark (X) all that apply.</i>	641 <input type="checkbox"/> Hours worked 642 <input type="checkbox"/> Union status 643 <input type="checkbox"/> Wage or salary level 644 <input type="checkbox"/> Occupation 706 <input type="checkbox"/> Length of employment 645 <input type="checkbox"/> Other OR 646 <input type="checkbox"/> Employee contribution did not vary	641 <input type="checkbox"/> Hours worked 642 <input type="checkbox"/> Union status 643 <input type="checkbox"/> Wage or salary level 644 <input type="checkbox"/> Occupation 706 <input type="checkbox"/> Length of employment 645 <input type="checkbox"/> Other OR 646 <input type="checkbox"/> Employee contribution did not vary

## HEALTH SAVINGS ACCOUNT (HSA)

<b>15a. If the deductibles for this plan were \$1,050 or higher for single coverage and \$2,100 or higher for family coverage, did you contribute to a Health Savings Account (HSA) for the plan enrollees in 2006?</b>	714 1 <input type="checkbox"/> Yes, contributed to an HSA – <i>Continue with Question 15b</i> 2 <input type="checkbox"/> No, did not contribute to an HSA – <b>SKIP to Question 16</b> 4 <input type="checkbox"/> Don't know – <b>SKIP to Question 16</b>	714 1 <input type="checkbox"/> Yes, contributed to an HSA – <i>Continue with Question 15b</i> 2 <input type="checkbox"/> No, did not contribute to an HSA – <b>SKIP to Question 16</b> 4 <input type="checkbox"/> Don't know – <b>SKIP to Question 16</b>
<b>b. How much did the employer contribute monthly to an enrollee's account for single coverage?</b>	Monthly contribution for single HSA 716 \$ <input style="width: 20px;" type="text"/> , <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> . <input style="width: 20px;" type="text"/> 0 <input style="width: 20px;" type="text"/> 0	Monthly contribution for single HSA 716 \$ <input style="width: 20px;" type="text"/> , <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> . <input style="width: 20px;" type="text"/> 0 <input style="width: 20px;" type="text"/> 0
<b>c. How much did the employer contribute monthly to an enrollee's account for family coverage?</b>  <b>HSA's are NOT</b> Flexible Spending Accounts (FSAs) or Health Reimbursement Arrangements (HRAs). See definition sheet for more information.	Monthly contribution for family HSA 717 \$ <input style="width: 20px;" type="text"/> , <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> . <input style="width: 20px;" type="text"/> 0 <input style="width: 20px;" type="text"/> 0	Monthly contribution for family HSA 717 \$ <input style="width: 20px;" type="text"/> , <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> . <input style="width: 20px;" type="text"/> 0 <input style="width: 20px;" type="text"/> 0

**GENERAL PLAN INFORMATION – Continued**

	<b>FOR CENSUS USE ONLY</b>	
	100	100
	Name of plan	Name of plan

**HEALTH REIMBURSEMENT ARRANGEMENT (HRA)**

<b>16. An employer can offer a Health Reimbursement Arrangement (HRA) by setting up an account to reimburse employees for medical expenses not covered by health insurance. Did your organization offer a Health Reimbursement Arrangement (HRA) associated with this plan in 2006?</b>  <b>HRAs are NOT</b> Flexible Spending Accounts (FSAs) or Health Reimbursement Arrangements (HRAs). See definition sheet for more information.	710 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 3 <input type="checkbox"/> Don't know	710 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 3 <input type="checkbox"/> Don't know

**CURRENT YEAR**

<b>17a. Is this plan being offered in 2007?</b>	186 1 <input type="checkbox"/> Yes – <b>Skip to Question 18a</b> 2 <input type="checkbox"/> No	186 1 <input type="checkbox"/> Yes – <b>Skip to Question 18a</b> 2 <input type="checkbox"/> No
<b>b. If this plan is no longer offered, was it replaced with a similar plan, replaced by a substantially different plan or dropped without replacement?</b>	187 1 <input type="checkbox"/> Replaced with similar plan 2 <input type="checkbox"/> Replaced by a substantially different plan Enter New Plan name, then continue with question 18a 707 <input type="text"/> 3 <input type="checkbox"/> Dropped without offering replacement – <b>Skip to "Please Note" box on the next page.</b>	187 1 <input type="checkbox"/> Replaced with similar plan 2 <input type="checkbox"/> Replaced by a substantially different plan Enter New Plan name, then continue with question 18a 707 <input type="text"/> 3 <input type="checkbox"/> Dropped without offering replacement – <b>Skip to "Please Note" box on the next page.</b>

**2007 ENROLLMENTS**

<b>18a. In 2007, TOTAL ACTIVE employees enrolled in PLAN</b>	650 <input type="text"/> Total	650 <input type="text"/> Total
<b>b. In 2007, number of ACTIVE employees enrolled in SINGLE coverage</b>	188 <input type="text"/> Single	188 <input type="text"/> Single
<b>c. In 2007, number of ACTIVE employees enrolled in EMPLOYEE-PLUS-ONE coverage</b>	584 <input type="text"/> Employee + 1	584 <input type="text"/> Employee + 1
<b>d. In 2007, number of ACTIVE employees enrolled in FAMILY coverage</b>	189 <input type="text"/> Family	189 <input type="text"/> Family

**2007 PREMIUMS**

<b>19a. In 2007, total monthly single premium</b>	190 \$ <input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/> <input type="text"/>	190 \$ <input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/> <input type="text"/>
<b>b. In 2007, total monthly employee-plus-one premium</b>	649 \$ <input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/> <input type="text"/>	649 \$ <input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/> <input type="text"/>
<b>c. In 2007, total monthly family premium</b>	191 \$ <input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/> <input type="text"/>	191 \$ <input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/> <input type="text"/>

**GENERAL PLAN INFORMATION – Continued**

**\*\*\* PLEASE NOTE \*\*\***

**Complete a MEPS-11C(S) column for each plan that was offered.**

**If you have completed your last health insurance plan, continue with form MEPS-11C(R), Section C.**

**REMEMBER TO 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.**

U.S. DEPARTMENT OF COMMERCE  
 Economics and Statistics Administration  
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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 in 2006 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**

*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.*

**1. For 2006, 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

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100

Name of plan

012

**2. Which type of health care provider was available through this plan?**

**Exclusive providers** – Enrollees must go to providers associated with the plan for all non-emergency care in order for the costs to be covered.

**Any providers** – Enrollees may go to providers of their choice with no cost incentives to use a particular group of providers.

**Mixture of preferred and any providers** – Enrollees may go to any provider, but there is a cost incentive to use a particular group of providers.

103

- 1  Exclusive providers  
 (Examples: Most HMO, IPA, and EPO-type plans)
- 2  Any providers  
 (Examples: Most fee-for-service 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
- 3  Don't Know

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

113

- 1  Union
- 2  Trade Association
- 3  Neither

## GENERAL PLAN INFORMATION – Continued

**5. Was this plan purchased from an insurance underwriter or was it self-insured?**

**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.

**Self-insured –** Your organization 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.

- 105
- 1  Purchased – **SKIP to Question 7a**
  - 2  Self-insured – *Continue with Question 6a*
  - 3  Don't know – **SKIP to Question 7a**

## SELF-INSURED PLAN INFORMATION

*Complete questions 6a–b if this plan was self-insured.*

**6a. Did your organization employ a third party administrator (TPA) for this self-insured plan?**

- 713
- 1  Yes – used a third party administrator
  - 2  No – self-administered the plan

**b. Did your organization purchase stop-loss coverage for this plan?**

- 107
- 1  Yes
  - 2  No

## ACTIVE 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 2006?**

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

125  **Active employees enrolled** in plan at this government unit

**b. How many of those ACTIVE employees were ENROLLED in SINGLE coverage during a typical pay period in 2006?**

129  **Active employees enrolled** in single coverage

EMPLOYEE-PLUS-ONE coverage is health insurance coverage for an employee-plus-spouse or an employee-plus-child(ren) AT A LOWER PREMIUM than family coverage.

**c. If your government unit offered EMPLOYEE-PLUS-ONE coverage, how many ACTIVE employees were ENROLLED during a typical pay period in 2006?**

*Include enrollment for both employee-plus-spouse and employee-plus-child(ren) coverage.*

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

**d. How many of those ACTIVE employees were ENROLLED in FAMILY (i.e., not single or employee-plus-one) coverage during a typical pay period in 2006?**

705  **Active employees enrolled** in family coverage

## PHSA (COBRA) ENROLLMENT

**8. How many FORMER employees were ENROLLED in this plan, excluding retirees, through PHSA (COBRA) or other State Continuation-Of-Benefits laws during a typical pay period in 2006?**

126  **Former employees enrolled** in plan, excluding retirees

## PLAN PREMIUMS

Report for *TYPICAL* situations and enrollees.

If this was a self-insured plan, report the premium equivalent.

If premium varied, report for a *TYPICAL* employee.

Report government unit/employee contributions and total premium for the same period in 2006.

Include any subsidy from an outside third party in the employee contribution for premiums.

If there is an HSA or HRA associated with this plan, include any employer contributions to an HSA or HRA account in the employer premium or total premium below.

### SINGLE COVERAGE

**9a. Was SINGLE coverage offered under this plan?**

- 552 1  Yes – Continue with Question 9b  
2  No – **SKIP to Question 10a**

**b. For this plan, how much did the GOVERNMENT UNIT contribute toward the plan premium of one typical employee with SINGLE coverage?**

131  **Government unit contribution for single premium**

**c. How much did this typical EMPLOYEE with SINGLE coverage contribute toward his/her own premium?**

132  **Employee contribution for single premium**

**d. What was the TOTAL premium for this typical employee with SINGLE coverage?**

130  **Total single premium**

**e. The amounts reported in questions 9b–d are based on which one of the following time periods?**  
Mark (X) only one.

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

### EMPLOYEE-PLUS-ONE COVERAGE

EMPLOYEE-PLUS-ONE coverage is health insurance coverage for an employee-plus-spouse or an employee-plus-child(ren) AT A LOWER PREMIUM LEVEL than family coverage.

If employee-plus-one premiums were different for employee-plus-child(ren) and employee-plus-spouse coverages, report for employee-plus-one child. If premiums varied for other reasons, report for a *TYPICAL* employee.

**10a. Was EMPLOYEE-PLUS-ONE coverage offered under this plan?**

- 570 1  Yes – Continue with Question 10b  
2  No – **SKIP to Page 4, Question 11a**

**b. For this plan, how much did the GOVERNMENT UNIT contribute toward the plan premium of one typical employee with EMPLOYEE-PLUS-ONE coverage?**

636  **Government unit contribution for employee-plus-one premium**

**c. How much did this typical EMPLOYEE with EMPLOYEE-PLUS-ONE coverage contribute toward his/her own premium?**

637  **Employee contribution for employee-plus-one premium**

**d. What was the TOTAL premium for this typical employee with EMPLOYEE-PLUS-ONE coverage?**

635  **Total employee-plus-one premium**

**e. The amounts reported in questions 10b–d are based on which one of the following time periods?**  
Mark (X) only one.

- 638 1  Weekly  
2  Every 2 weeks  
3  Monthly  
5  Quarterly  
4  Yearly



## PLAN PREMIUMS – Continued

### FAMILY COVERAGE

*If premium varied by family size, report for a family of four.*

**11a. Was FAMILY coverage offered under this plan?**

- 137 1  Yes – Continue with Question 11b  
 2  No – **SKIP to Question 12a**

**b. For this plan, how much did the GOVERNMENT UNIT contribute toward the plan premium of one typical employee with FAMILY coverage?**

135  \$  ,  .  0  0 **Government unit contribution for family premium**

**c. How much did this typical EMPLOYEE with FAMILY coverage contribute toward his/her own premium?**

136  \$  ,  .  0  0 **Employee contribution for family premium**

**d. What was the TOTAL premium for this typical employee with FAMILY coverage?**

134  \$  ,  .  0  0 **Total family premium**

**e. The amounts reported in questions 11b–d are based on which one of the following time periods?**

*Mark (X) only one.*

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

### GENERAL PREMIUM INFORMATION

**12a. Did the PREMIUMS charged by the insurance company or carrier vary by any of these characteristics?**

*Mark (X) all that apply.*

- 138  Age  
 139  Gender  
 141  Wage or salary levels  
 142  Other  
**OR**  
 640  Premiums did not vary

**b. Did the amount an EMPLOYEE CONTRIBUTED toward his/her own coverage vary by any of these employee characteristics?**

*Mark (X) all that apply.*

- 641  Hours worked  
 642  Union status  
 643  Wage or salary level  
 644  Occupation  
 706  Length of employment  
 645  Other  
**OR**  
 646  Employee contribution did not vary

### INDIVIDUAL DEDUCTIBLES

**13a. Did this plan have a deductible?**

**Deductible** – Predetermined amount which must be paid by an individual before the plan will reimburse for covered services.

Many HMOs do not have a deductible.

- 151 1  Yes – Continue with Question 13b  
 2  No – **SKIP to Page 5, Question 16a**

**b. What was the annual deductible an individual paid?**

*Report in-network deductibles (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 16b on the next page.*

*DO NOT report COPAYMENTS or individual or family maximums here.*

146  \$  ,  .  0  0 **Individual annual deductible**

**OR**

Separate deductibles for:

147  \$  ,  .  0  0 **Physician care**

148  \$  ,  .  0  0 **Hospital care**

## FAMILY DEDUCTIBLES

**14a. 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 14b  
 2  No – **SKIP to Question 14c**  
 3  Family coverage not offered – **SKIP to Question 15a**

**b. How many family members were required to meet their individual deductibles before the family deductible was met?**

150  Number of family members

*Report for a family of four.*

**c. What was the total annual deductible a family paid?**

149  Total annual family deductible

*Report for a family of four.*

## HEALTH SAVINGS ACCOUNT (HSA)

**15a. If the deductibles you reported in questions 13 and 14 were \$1,050 or higher for single coverage and \$2,100 or higher for family coverage, did you contribute to a Health Savings Account (HSA) for the plan enrollees in 2006?**

- 714
- 1  Yes, contributed to an HSA – Continue with Question 15b  
 2  No, did not contribute to an HSA – **SKIP to Question 16a**  
 4  Don't know – **SKIP to Question 16a**

**b. How much did the employer contribute monthly to an enrollee's account for single coverage?**

716  Monthly contribution for single HSA

**c. How much did the employer contribute monthly to an enrollee's account for family coverage?**

717  Monthly contribution for family HSA

**HSAs are NOT** Flexible Spending Accounts (FSAs), or Health Reimbursement Arrangements (HRAs). See definition sheet for more information.

## PAYMENTS

**16a. Was hospital care covered under this plan?**

- 155
- 1  Yes – Continue with Question 16b  
 2  No – **SKIP to Question 16c**

**b. How much and/or what percentage of the total bill did an enrollee pay out-of-pocket for an inpatient hospital admission after any annual deductible was met?**

152  Copayment paid by enrollee for hospital admission

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

Some plans may have both a dollar copayment and a percentage coinsurance.

*Report for precertified hospital admissions (if applicable).*

*Report for an admission at an "in-network"/participating hospital (if applicable).*

*Do not include any physician charges incurred during the hospital admission.*

- 154
- 1  Per day  
 2  Per stay

**AND/OR**

153  % Coinsurance paid by enrollee

**c. Was physician care covered under this plan?**

- 218
- 1  Yes – Continue with Question 16d  
 2  No – **SKIP to Question 17 on Page 6**

**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?**

156  Copayment paid by enrollee for office visit

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

Some plans may have both a dollar copayment and a percentage coinsurance.

*Report for an "in-network"/participating general practitioner during normal office hours.*

157  % Coinsurance paid by enrollee

**Continue with Page 6, Question 17**

**PAYMENTS – Continued**

**17. Were prescription drugs covered under this health plan?**

- 673 1  Yes – Continue with Question 18  
 2  No  
 3  Don't know } **SKIP to Question 20a**

**18. How many different pricing categories or tiers of prescription drug coverage were there for this plan?**

- 712  Number of tiers  
 715  Don't know

**19. How much and/or what percentage did an enrollee pay out-of-pocket for the lowest tier of prescription drug coverage?**

*Report for the least expensive pharmacy available to the enrollee under the plan, excluding any mail-order programs.*

- Lowest cost to enrollee  
 655 \$   .   0  0  
 Copayment  
**And/Or**  
 677  %  
 Coinsurance

*Include all copayments, coinsurance and deductibles.*  
**20a. 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

**21. What was the MAXIMUM amount this plan would have paid for an enrollee in ONE YEAR?**

- 160 \$  ,   ,     .   0  0  
**OR**  
 221  No **annual** maximum

**HEALTH REIMBURSEMENT ARRANGEMENT (HRA)**

**22. An employer can offer a Health Reimbursement Arrangement (HRA) by setting up an account to reimburse employees for medical expenses not covered by health insurance. Did your organization offer a Health Reimbursement Arrangement (HRA) associated with this plan in 2006?**

**HRAs are NOT** Flexible Spending Accounts (FSAs) or Health Savings Accounts (HSAs). See definition sheet for more information.

- 710 1  Yes  
 2  No  
 3  Don't know

**PLAN CHARACTERISTICS**

<b>23. Could this plan have refused to cover persons with pre-existing medical or health conditions?</b>	183    1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No																
<b>24. Did this plan have a policy requiring a waiting period before covering pre-existing conditions?</b>	185    1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No																
<b>25. Which of the services listed were covered by this plan?</b>	<table border="1"> <thead> <tr> <th></th> <th>Yes (1)</th> <th>No (2)</th> <th>Don't know (3)</th> </tr> </thead> <tbody> <tr> <td>173    Chiropractic care . . . . .</td> <td align="center"><input type="checkbox"/></td> <td align="center"><input type="checkbox"/></td> <td align="center"><input type="checkbox"/></td> </tr> <tr> <td>587    Routine vision care . . . . .</td> <td align="center"><input type="checkbox"/></td> <td align="center"><input type="checkbox"/></td> <td align="center"><input type="checkbox"/></td> </tr> <tr> <td>176    Routine dental care . . . . .</td> <td align="center"><input type="checkbox"/></td> <td align="center"><input type="checkbox"/></td> <td align="center"><input type="checkbox"/></td> </tr> </tbody> </table>		Yes (1)	No (2)	Don't know (3)	173    Chiropractic care . . . . .	<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"/>
	Yes (1)	No (2)	Don't know (3)														
173    Chiropractic care . . . . .	<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"/>														

**\*\*\* 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.**

Medical Expenditure Panel Survey

## **PLAN INFORMATION QUESTIONNAIRES**

### **A FEW IMPORTANT INSTRUCTIONS**

This reporting package includes three blank MEPS-15(S), Plan Information Questionnaires. Please report for a **MAXIMUM** of three representative plans offered by your company. Definitions of the provided categories are at the bottom of this page. Please use the following criteria to determine the plans for which you should report.

- If your organization offered more than one Exclusive Provider Plan (HMO, IPA, EPO) to its active employees and each plan offered a **similar** level of benefits and/or premiums, complete only one MEPS-15(S) form for the Exclusive Provider Plan with the largest enrollment.
- If your organization offered more than one Exclusive Provider Plan (HMO, IPA, EPO) to its active employees and each plan offered a **different** level of benefits and/or premiums, complete a MEPS-15(S) form for each of the two plans which represent the two largest enrollments.
- If your organization offered more than one Mixture of Preferred and Any Provider Plans (PPO, POS), e.g., high, standard, or low option, complete a MEPS-15(S) form for each option where the level of benefits and/or premiums differ.
- If your organization offered more than one Conventional or Indemnity Plan, complete a MEPS-15(S) for the largest plan offered.
- Please retain a copy of the completed form for your records.

If you require assistance, please call **888-206-8023**.

### **PROVIDER CATEGORIES**

#### **Exclusive Providers**

**(Examples: Most HMO, IPA, and EPO-type plans)**

- Enrollees must go to providers associated with the plan for all non-emergency care in order for the costs to be covered.

#### **Any Providers**

**(Examples: Most fee-for-service plans)**

- Enrollees may go to providers of their choice with no cost incentives to use a particular group of providers.

#### **Mixture of Preferred and Any Providers**

**(Examples: Most PPO and POS-type plans)**

- Enrollees may go to any provider, but there is a cost incentive to use a particular group of providers.

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**

**GENERAL PLAN INFORMATION**

*Please complete this Plan Information Questionnaire for the representative plan with the largest (or next largest) enrollment. Please select the plan which best represents all regions.*

**FOR CENSUS USE ONLY**

100

**1. For 2006, what was the name of the health insurance plan with the largest (or next largest) national enrollment of ACTIVE employees?**

Examples: 

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

012 Name of plan

**2. Which type of health care provider was available through this plan?**

*See the Definition Sheet included with this package for an explanation of these plans.*

- 103
- 1  Exclusive providers (Examples: Most HMO, IPA, and EPO-type plans)
  - 2  Any providers (Examples: Most fee-for-service 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
  - 3  Don't Know

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

- 113
- 1  Union
  - 2  Trade association
  - 3  Neither

**5. Was this plan purchased from an insurance underwriter or was it self-insured?**

**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.

**Self-insured –** Your organization 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.

- 105
- 1  Purchased – **SKIP to Question 7a on Page 2**
  - 2  Self-insured – *Continue with Question 6a*
  - 3  Don't know – **SKIP to Question 7a on Page 2**

**SELF-INSURED PLAN INFORMATION**

*Complete question 6a-b if this plan was self-insured.*

**6a. Did your organization employ a third party administrator (TPA) for this self-insured plan?**

- 713
- 1  Yes – used a third party administrator
  - 2  No – self-administered the plan

**b. Did your organization purchase stop-loss coverage for this plan?**

- 107
- 1  Yes
  - 2  No

## ACTIVE ENROLLMENT

*Estimates are acceptable for all enrollment figures.*

**7a. How many ACTIVE employees were ENROLLED in this plan during a typical pay period in 2006?**  
*Include full-time, part-time, temporary and seasonal employees.  
 Exclude former employees, leased or contract workers and retirees.*

125  **Active** employees enrolled in plan

**b. How many of these ACTIVE employees were ENROLLED in SINGLE coverage during a typical pay period in 2006?**

129  **Active** employees enrolled in single coverage

EMPLOYEE-PLUS-ONE coverage is health insurance coverage for an employee-plus-spouse or an employee-plus-child(ren) AT A LOWER PREMIUM than family coverage.

**c. If your organization offered EMPLOYEE-PLUS-ONE coverage, how many ACTIVE employees were ENROLLED during a typical pay period in 2006?**  
*Include enrollment for both employee-plus-spouse and employee-plus-child(ren) coverage.*

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

**d. How many ACTIVE employees were ENROLLED in FAMILY (i.e., not single or employee-plus-one) coverage during a typical pay period in 2006?**

705  **ACTIVE** employees enrolled in family coverage

## COBRA ENROLLMENT

**8. 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 2006?**

126  **Former** employees enrolled in plan, excluding retirees

## PLAN PREMIUMS

*Report for TYPICAL situations and enrollees. If premium varied, report for a TYPICAL employee.*

*If this was a self-insured plan, report the premium equivalent.*

*Report employer/employee contributions and total premium for the same period during 2006.*

*Include any subsidy from an outside third party in the employee contribution for premiums.*

*If there is an HSA or HRA associated with this plan, include any employer contributions to an HSA or HRA account in the employer premium or total premium below.*

### SINGLE COVERAGE

**9a. Was SINGLE coverage offered under this plan?**

552 1  Yes – Continue with Question 9b  
 2  No – **SKIP to Page 3, Question 10a**

**b. For this plan, how much did the EMPLOYER contribute toward the plan premium of one typical employee with SINGLE coverage?**

131 \$    ,     .  0  0 **Employer** contribution for single premium

**c. How much did this typical EMPLOYEE with SINGLE coverage contribute toward his/her own premium?**

132 \$    ,     .  0  0 **Employee** contribution for single premium

**d. What was the TOTAL premium for this typical employee with SINGLE coverage?**

130 \$    ,     .  0  0 **Total single** premium

**e. The amounts reported in questions 9b–d are based on which one of the following time periods?**  
*Mark (X) only one.*

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

**PLAN PREMIUMS – Continued**

**EMPLOYEE-PLUS-ONE COVERAGE**

EMPLOYEE-PLUS-ONE coverage is health insurance coverage for an employee-plus-spouse or an employee-plus-child(ren) AT A LOWER PREMIUM than family coverage.

*If employee-plus-one premiums were different for employee-plus-child(ren) and employee-plus-spouse coverages, report for employee-plus-one child. If premiums varied for other reasons, report for a TYPICAL employee.*

**10a. Was EMPLOYEE-PLUS-ONE coverage offered under this plan?**

- 570 1  Yes – Continue with Question 10b  
 2  No – **SKIP to Question 11a**

**b. For this plan, how much did the EMPLOYER contribute toward the plan premium of one typical employee with EMPLOYEE-PLUS-ONE coverage?**

636 \$     ,     .  0  0 **Employer contribution for employee-plus-one premium**

**c. How much did this typical EMPLOYEE with EMPLOYEE-PLUS-ONE coverage contribute toward his/her own premium?**

637 \$     ,     .  0  0 **Employee contribution for employee-plus-one premium**

**d. What was the TOTAL premium for this typical employee with EMPLOYEE-PLUS-ONE coverage?**

635 \$     ,     .  0  0 **Total employee-plus-one premium**

**e. The amounts reported in questions 10b-d are based on which one of the following time periods?**

*Mark (X) only one.*

- 638 1  Weekly  
 2  Every 2 weeks  
 3  Monthly  
 5  Quarterly  
 4  Yearly

**FAMILY COVERAGE**

*If premium varied by family size, report for a family of four.*

**11a. Was FAMILY coverage offered under this plan?**

- 137 1  Yes – Continue with Question 11b  
 2  No – **SKIP to Page 4, Question 12a**

**b. For this plan, how much did the EMPLOYER contribute toward the plan premium of one typical employee with FAMILY coverage?**

135 \$     ,     .  0  0 **Employer contribution for family premium**

**c. How much did this typical EMPLOYEE with FAMILY coverage contribute toward his/her own premium?**

136 \$     ,     .  0  0 **Employee contribution for family premium**

**d. What was the TOTAL premium for this typical employee with FAMILY coverage?**

134 \$     ,     .  0  0 **Total family premium**

**e. The amounts reported in questions 11b-d are based on which one of the following time periods?**

*Mark (X) only one.*

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



## GENERAL PREMIUM INFORMATION

**12a. Did the PREMIUMS charged by the insurance company or carrier vary by any of these characteristics?**

Mark (X) all that apply.

- 138  Age  
 139  Gender  
 141  Wage or salary levels  
 142  Other  
**OR**  
 640  Premiums did not vary

**b. Did the amount an EMPLOYEE CONTRIBUTED toward his/her own coverage vary by any of these employee characteristics?**

Mark (X) all that apply.

- 641  Hours worked  
 642  Union status  
 643  Wage or salary level  
 644  Occupation  
 706  Length of employment  
 645  Other  
**OR**  
 646  Employee contribution did not vary

## INDIVIDUAL DEDUCTIBLES

**13a. Did this plan have a deductible?**

**Deductible** – Predetermined amount which must be paid by an individual before the plan will reimburse for covered services.

Many HMOs do not have a deductible.

- 151 1  Yes – Continue with Question 13b  
 2  No – **SKIP to Page 5, Question 16a**

**b. What was the annual deductible an individual paid?**

Report "IN-NETWORK" deductibles (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 16b on Page 5.  
 DO NOT report COPAYMENTS or individual or family maximums here.

146 \$   ,   .   Individual annual deductible

**OR**

Separate deductibles for:

147 \$   ,   .   Physician care

148 \$   ,   .   Hospital care

## FAMILY DEDUCTIBLES

**14a. Did this plan require that a specific number of family members must meet their individual deductibles before the family deductible was met?**

- 224 1  Yes – Continue with Question 14b  
 2  No – **SKIP to Question 14c**  
 3  Family coverage not offered – **SKIP to Page 5, Question 15a**

**b. How many family members were required to meet their individual deductibles before the family deductible was met?**

Report for a family of four.

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

## HEALTH SAVINGS ACCOUNT (HSA)

**15a. If the deductibles you reported in questions 13 and 14 were \$1,050 or higher for single coverage and \$2,100 or higher for family coverage, did you contribute to a Health Savings Account (HSA) for the plan enrollees in 2006?**

- 714
- 1  Yes, contributed to an HSA – *Continue with Question 15b*  
 2  No, did not contribute to an HSA – **SKIP to Question 16a**  
 4  Don't know – **SKIP to Question 16a**

**b. How much did the employer contribute monthly to an enrollee's account for single coverage?**

716

\$       .   0 0 Monthly contribution for single HSA

**c. How much did the employer contribute monthly to an enrollee's account for family coverage?**

717

\$       .   0 0 Monthly contribution for family HSA

**HSAs are NOT** Flexible Spending Accounts (FSAs), or Health Reimbursement Arrangements (HRAs). See definition sheet for more information.

## PAYMENTS

**16a. Was hospital care covered under this plan?**

- 155
- 1  Yes – *Continue with Question 16b*  
 2  No – **SKIP to Question 16c**

**b. How much and/or what percentage of the total bill did an enrollee pay out-of-pocket for an inpatient hospital admission after any annual deductible was met?**

152

\$  ,      .   0 0 Copayment paid by enrollee for hospital admission

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

Some plans may have both a dollar copayment and a percentage coinsurance.

*Report for precertified hospital admissions (if applicable).*

*Report for an admission at an "in-network"/participating hospital (if applicable).*

*Do not include any physician charges incurred during the hospital admission.*

- 154
- 1  Per day  
 2  Per stay

**AND/OR**

153

% Coinsurance paid by enrollee

**c. Was physician care covered under this plan?**

- 218
- 1  Yes – *Continue with Question 16d*  
 2  No – **SKIP to Question 17**

**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?**

156

\$  ,      .   0 0 Copayment paid by enrollee for office visit

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

Some plans may have both a dollar copayment and a percentage coinsurance.

*Report for an "in-network"/participating general practitioner during normal office hours.*

**AND/OR**

157

% Coinsurance paid by enrollee

**17. Were prescription drugs covered under this health plan?**

- 673
- 1  Yes – *Continue with Question 18*  
 2  No  
 3  Don't know } **SKIP to Page 6, Question 20a**

**18. How many different pricing categories or tiers of prescription drug coverage were there for this plan?**

712

Number of tiers

715

Don't know

**PAYMENTS – Continued**

**19. How much and/or what percentage did an enrollee pay out-of-pocket for the lowest tier of prescription drug coverage?**

*Report for the least expensive pharmacy available to the enrollee under the plan, excluding any mail-order programs.*

Lowest cost to enrollee

655       Copayment

**AND/OR**

677  % Coinsurance

*Include all copayments, coinsurance, and deductibles.*

**20a. 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

**OR**

163  No **individual** maximum

**b. What was the MAXIMUM ANNUAL out-of-pocket expense for a family of four?**

162

**OR**

222  No **family** maximum

**21. What was the MAXIMUM amount this plan would have paid for an enrollee in ONE YEAR?**

160

**OR**

221  No **annual** maximum

**HEALTH REIMBURSEMENT ARRANGEMENT (HRA)**

**22. An employer can offer a Health Reimbursement Arrangement (HRA) by setting up an account to reimburse employees for medical expenses not covered by health insurance. Did your organization offer a Health Reimbursement Arrangement (HRA) associated with this plan in 2006?**

**HRAs are NOT** Flexible Spending Accounts (FSAs) or Health Savings Accounts (HSAs). See definition sheet for more information.

- 710 1  Yes  
 2  No  
 3  Don't know

**PLAN CHARACTERISTICS**

<p><b>23. Could this plan have refused to cover persons with pre-existing medical or health conditions?</b></p>	<p>183    1 <input type="checkbox"/> Yes                    2 <input type="checkbox"/> No</p>																				
<p><b>24. Did this plan have a policy requiring a waiting period before covering pre-existing conditions?</b></p>	<p>185    1 <input type="checkbox"/> Yes                    2 <input type="checkbox"/> No</p>																				
<p><b>25. Which of the services listed were covered by this plan?</b></p>	<table border="0"> <thead> <tr> <th></th> <th></th> <th align="center">Yes (1)</th> <th align="center">No (2)</th> <th align="center">Don't know (3)</th> </tr> </thead> <tbody> <tr> <td>173</td> <td>Chiropractic care . . . . .</td> <td align="center"><input type="checkbox"/></td> <td align="center"><input type="checkbox"/></td> <td align="center"><input type="checkbox"/></td> </tr> <tr> <td>587</td> <td>Routine vision care . . . . .</td> <td align="center"><input type="checkbox"/></td> <td align="center"><input type="checkbox"/></td> <td align="center"><input type="checkbox"/></td> </tr> <tr> <td>176</td> <td>Routine dental care . . . . .</td> <td align="center"><input type="checkbox"/></td> <td align="center"><input type="checkbox"/></td> <td align="center"><input type="checkbox"/></td> </tr> </tbody> </table>			Yes (1)	No (2)	Don't know (3)	173	Chiropractic care . . . . .	<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"/>
		Yes (1)	No (2)	Don't know (3)																	
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176	Routine dental care . . . . .	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>																	

**\*\*\* PLEASE NOTE \*\*\***

***Please complete the MEPS-15(E) Establishment Worksheet when you have completed all applicable MEPS-15(S) Plan Information Questionnaires.***

***If your organization offered more than one health insurance plan, please complete a Plan Information Questionnaire for each plan that was offered, up to three plans.***