

MEPS-IC proposed test questions and placement within forms:

**1. On your Federal taxes for 2011, will your organization claim a Tax Credit for Small Employer Health Insurance Premiums?**

Yes

No

Don't Know

**1a. (If yes) Did your organization offer health insurance to your employees in the year prior to first claiming the tax credit?**

Yes

No

Don't Know

This question would be added to the MEPS-10 Section D- question 2. (new question and number)

**2. Approximately what percentage of the employees at this location in 2011 earned more than \$39.50 per hour?.....** Approximately \$82,000 a year or more

\_\_\_\_\_ % Earned more than \$39.50 per hour

This question would be added to existing question on the MEPS-10 Section C- question 7d.

**3. Did your organization offer any of the following wellness programs to your employees at this location in 2011?**

- |   |                   |
|---|-------------------|
| • Fitness program or on-site health club facilities | Yes/No/Don't know |
| • Smoking cessation                                 | Yes/No/Don't know |
| • Injury prevention                                 | Yes/No/Don't know |
| • Weight loss                                       | Yes/No/Don't know |
| • Cholesterol or High Blood Pressure screening      | Yes/No/Don't know |

This question would be added to the MEPS-10 Section D- question 1b. Current question 1b. would now be 1c.

**4. "What is the specific stop-loss deductible amount?"**

\$ \_\_\_\_\_

This question would be added to the MEPS-10(s) Self-Insured Plan Information section, after current question 6b. and would be labeled 6c.

5. Does the plan impose limits on the number of any services (e.g., physician visits, inpatient days) or items (e.g., drugs, devices) that an enrollee can be reimbursed for IN ONE YEAR?

Yes

No

Don't Know

5a. (If yes) Which of the following services/items are limited?

Physician visits Yes/No/Don't know

Inpatient days Yes/No/Don't know

Drugs Yes/No/Don't know

Devices Yes/No/Don't know

Other (specify: \_\_\_\_\_ ) Yes/No/Don't know

6. Does the plan impose limits on the number of any services (e.g., physician visits, inpatient days) or items (e.g., drugs, devices) that an enrollee can be reimbursed for OVER A LIFETIME?

Yes

No

Don't Know

6a. (If yes) Which of the following services/items are limited?

Physician visits Yes/No/Don't know

Inpatient days Yes/No/Don't know

Drugs Yes/No/Don't know

Devices Yes/No/Don't know

Other (specify: \_\_\_\_\_ ) Yes/No/Don't know

These questions would be added to MEPS-10(s) payments section (pg 6) after question 19. These questions would be questions 20 and 21 and all current questions would be re-numbered to reflect the addition.