

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
 2011 Medical Expenditure Panel Survey
 Insurance Component

**HEALTH INSURANCE COST STUDY
 PLAN INFORMATION QUESTIONNAIRE**

INSTRUCTIONS

**REPORT FOR UP TO FOUR HEALTH INSURANCE PLANS OFFERED IN 2011 AT
 THE LOCATION LISTED ABOVE.**

Please 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 below, 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 2011, 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

012 Name of plan

2. Which type of health care provider arrangement 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 a trade association?

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

Continue with Page 2, Question 5

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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 the 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 2011?

125

Active employees enrolled in plan

Include full-time, part-time, temporary and seasonal employees.

Exclude former employees, leased or contract workers and retirees.

b. How many of these ACTIVE employees were ENROLLED in SINGLE coverage during a typical pay period in 2011?

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 2011?

571

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

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

d. How many ACTIVE employees were ENROLLED in FAMILY (not single or employee-plus-one) coverage during a typical pay period in 2011?

705

Active employees enrolled in **family** coverage

COBRA ENROLLMENT

8. How many FORMER employees were ENROLLED in this plan, excluding retirees, through COBRA or state continuation-of-benefits laws during a typical pay period in 2011?

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 2011.

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 contribution to the premium.

SINGLE COVERAGE	
	552
	1 <input type="checkbox"/> Yes - Continue with Question 9b
9a. Was SINGLE coverage offered under this plan?	2 <input type="checkbox"/> 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 <input style="width: 100px;" type="text"/> \$ <input style="width: 50px;" type="text"/> , <input style="width: 50px;" type="text"/> .00 Employer contribution for single premium
c. How much did this typical EMPLOYEE with SINGLE coverage contribute toward his/her own premium?	132 <input style="width: 100px;" type="text"/> \$ <input style="width: 50px;" type="text"/> , <input style="width: 50px;" type="text"/> .00 Employee contribution for single premium
d. What was the TOTAL premium for this typical employee with SINGLE coverage?	130 <input style="width: 100px;" type="text"/> \$ <input style="width: 50px;" type="text"/> , <input style="width: 50px;" type="text"/> .00 Total single premium
e. The amounts reported in questions 9b-d are based on which one of the following time periods? <i>Mark (X) only one.</i>	133
	1 <input type="checkbox"/> Weekly 5 <input type="checkbox"/> Quarterly
	2 <input type="checkbox"/> Every 2 weeks 4 <input type="checkbox"/> Yearly
	3 <input type="checkbox"/> Monthly
EMPLOYEE-PLUS-ONE COVERAGE	
<p>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.</p> <p><i>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.</i></p>	
10a. Was EMPLOYEE-PLUS-ONE coverage offered under this plan?	570
	1 <input type="checkbox"/> Yes - Continue with Question 10b
	2 <input type="checkbox"/> 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 <input style="width: 100px;" type="text"/> \$ <input style="width: 50px;" type="text"/> , <input style="width: 50px;" type="text"/> .00 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 <input style="width: 100px;" type="text"/> \$ <input style="width: 50px;" type="text"/> , <input style="width: 50px;" type="text"/> .00 Employee contribution for employee-plus-one premium
d. What was the TOTAL premium for this typical employee with EMPLOYEE-PLUS-ONE coverage?	635 <input style="width: 100px;" type="text"/> \$ <input style="width: 50px;" type="text"/> , <input style="width: 50px;" type="text"/> .00 Total employee-plus-one premium
e. The amounts reported in questions 10b-d are based on which one of the following time periods? <i>Mark (X) only one.</i>	638
	1 <input type="checkbox"/> Weekly 5 <input type="checkbox"/> Quarterly
	2 <input type="checkbox"/> Every 2 weeks 4 <input type="checkbox"/> Yearly
	3 <input type="checkbox"/> Monthly
Continue with Page 4, Question 11a	

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PLAN PREMIUMS - Continued

FAMILY COVERAGE

<p>11a. Was FAMILY coverage offered under this plan?</p> <p><i>If premium varied by family size, report for a family of four.</i></p>	<p>137</p> <p>1 <input type="checkbox"/> Yes - Continue with Question 11b</p> <p>2 <input type="checkbox"/> No - SKIP to Question 12a</p>
<p>b. For this plan, how much did the EMPLOYER contribute toward the plan premium of one typical employee with FAMILY coverage?</p>	<p>135</p> <p style="text-align: center;">\$ <input style="width: 100px;" type="text"/> .00</p> <p>Employer contribution for family premium</p>
<p>c. How much did this typical EMPLOYEE with FAMILY coverage contribute toward his/her own premium?</p>	<p>136</p> <p style="text-align: center;">\$ <input style="width: 100px;" type="text"/> .00</p> <p>Employee contribution for family premium</p>
<p>d. What was the TOTAL premium for this typical employee with FAMILY coverage?</p>	<p>134</p> <p style="text-align: center;">\$ <input style="width: 100px;" type="text"/> .00</p> <p>Total family premium</p>
<p>e. The amounts reported in questions 11b-d are based on which one of the following time periods?</p> <p><i>Mark (X) only one.</i></p>	<p>553</p> <p>1 <input type="checkbox"/> Weekly 5 <input type="checkbox"/> Quarterly</p> <p>2 <input type="checkbox"/> Every 2 weeks 4 <input type="checkbox"/> Yearly</p> <p>3 <input type="checkbox"/> Monthly</p>

GENERAL PREMIUM INFORMATION

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

INDIVIDUAL DEDUCTIBLES

<p>13a. Did this plan have a deductible?</p> <p>Deductible - Predetermined amount which must be paid by an individual before the plan will reimburse for covered services.</p> <p>Many HMOs do not have a deductible.</p>	<p>151</p> <p>1 <input type="checkbox"/> Yes - Continue with Question 13b</p> <p>2 <input type="checkbox"/> No - SKIP to Page 5, Question 16a</p>
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INDIVIDUAL DEDUCTIBLES - Continued

13b. 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 below.

DO NOT report COPAYMENTS or individual or family out-of-pocket 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 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 15**

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)

15. If the deductibles you reported in questions 13 and 14 were \$1,200 or higher for single coverage and \$2,400 or higher for family coverage, did your organization contribute to a Health Savings Account (HSA) for the plan enrollees in 2011?

714

- 1 Yes, contributed to an HSA
- 2 No, did not contribute to an HSA
- 4 Don't know

PAYMENTS

16a. Was hospital care covered under this plan?

155

- 1 Yes - Continue with Question 16b
- 2 No - **SKIP to Page 6, 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?

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.

152

Copayment paid by enrollee for hospital admission

154

- 1 Per day
- 2 Per stay

AND/OR

153

 %

Coinsurance paid by enrollee

Continue with Page 6, Question 16c

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PAYMENTS - Continued

16c. 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?

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.

156 Copayment paid by enrollee for office visit

AND/OR

157 Coinsurance paid by enrollee

17. Were prescription drugs covered under this health plan?

- 673 1 Yes
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.

655 Lowest cost to enrollee Copayment

AND/OR

677 Coinsurance

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

Continue with Page 7, Question 22

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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 an HRA associated with this plan in 2011?

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

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

- 183
- 1 Yes
 - 2 No

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

- 185
- 1 Yes
 - 2 No

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

	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, you have completed your response to this survey.

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.

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