

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 .00 Individual annual deductible

OR

Separate deductibles for:

147 .00 Physician care

148 .00 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 .00 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 .00 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

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.

- Lowest cost to enrollee
- 655 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 .00
- OR**
- 163 No **individual** maximum

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

- 162 .00
- OR**
- 222 No **family** maximum

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

- 160 .00
- OR**
- 221 No **annual** maximum

Continue with Page 7, Question 22

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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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 2011 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 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
 - Option 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 government unit 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 government unit 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 government unit 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 2011?

125

Active employees enrolled in plan at this government unit

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

Exclude retirees, former employees, leased or contract workers.

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 government unit 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 of these 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

PHSA (COBRA) ENROLLMENT

8. How many FORMER employees were ENROLLED in this plan, excluding retirees, through PHSA (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 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 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 for premiums.

SINGLE COVERAGE	
	552 1 <input type="checkbox"/> Yes - Continue with Question 9b 2 <input type="checkbox"/> No - SKIP to Question 10a
9a. Was SINGLE coverage offered under this plan?	
b. For this plan, how much did the GOVERNMENT UNIT contribute toward the plan premium of one typical employee with SINGLE coverage?	131 <input style="width: 100px;" type="text" value="\$, .00"/> Government unit 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" value="\$, .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" value="\$, .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	
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. <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>	
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 GOVERNMENT UNIT contribute toward the plan premium of one typical employee with EMPLOYEE-PLUS-ONE coverage?	636 <input style="width: 100px;" type="text" value="\$, .00"/> 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 <input style="width: 100px;" type="text" value="\$, .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" value="\$, .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

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
- \$, .00 **Government unit contribution for family premium**

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

- 136
- \$, .00 **Employee contribution for family premium**

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

- 134
- \$, .00 **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 5 Quarterly
- 2 Every 2 weeks 4 Yearly
- 3 Monthly

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 level
- 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 Page 5, Question 13b
- 2 No - **SKIP to Page 5, Question 16a**



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

146 , .00 Individual annual deductible

OR

Separate deductibles for:

147 , .00 Physician care

148 , .00 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 , .00 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 government unit 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 , .00 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 \$.00 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 - 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 \$.00 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 \$, .00
OR
 163 No **individual** maximum

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

- 162 \$, .00
OR
 222 No **family** maximum

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

- 160 \$, .00
OR
 221 No **annual** maximum

Continue with Page 7, Question 22

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 government unit 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 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.

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GENERAL PLAN INFORMATION

Answer questions 1-16 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. Report for a **typical pay period** in 2011.

FOR CENSUS USE ONLY

FOR CENSUS USE ONLY

100	100
012 Name of plan	012 Name of plan

2011 ENROLLMENTS

1a. Total ACTIVE employees ENROLLED in plan	125 <input style="width: 100px;" type="text"/> Total	125 <input style="width: 100px;" type="text"/> Total
b. ACTIVE employees ENROLLED in SINGLE coverage	129 <input style="width: 100px;" type="text"/> Single	129 <input style="width: 100px;" type="text"/> Single
c. ACTIVE employees ENROLLED in EMPLOYEE-PLUS-ONE coverage <i>Include both employee + spouse and employee + child(ren). See definition sheet for more information.</i>	571 <input style="width: 100px;" type="text"/> Employee + 1	571 <input style="width: 100px;" type="text"/> Employee + 1
d. ACTIVE employees ENROLLED in FAMILY coverage	705 <input style="width: 100px;" type="text"/> Family	705 <input style="width: 100px;" type="text"/> Family
2. FORMER employees ENROLLED through PHSA (COBRA) or state continuation-of-benefits laws, excluding retirees	126 <input style="width: 100px;" type="text"/> Former PHSA (COBRA)	126 <input style="width: 100px;" type="text"/> Former PHSA (COBRA)

2011 PREMIUMS

3a. Single Coverage	552 <input type="checkbox"/> Not offered - Skip to question 4a	552 <input type="checkbox"/> Not offered - Skip to question 4a
b. Government/Employer contribution for single premium	131 \$ <input style="width: 100px;" type="text"/> .00	131 \$ <input style="width: 100px;" type="text"/> .00
c. Employee contribution for single premium	132 \$ <input style="width: 100px;" type="text"/> .00	132 \$ <input style="width: 100px;" type="text"/> .00
d. Total single premium	130 \$ <input style="width: 100px;" type="text"/> .00	130 \$ <input style="width: 100px;" type="text"/> .00
4a. Employee-plus-one Coverage	570 <input type="checkbox"/> Not offered - Skip to question 5a	570 <input type="checkbox"/> Not offered - Skip to question 5a
b. Government/Employer contribution for employee-plus-one premium	636 \$ <input style="width: 100px;" type="text"/> .00	636 \$ <input style="width: 100px;" type="text"/> .00
c. Employee contribution for employee-plus-one premium	637 \$ <input style="width: 100px;" type="text"/> .00	637 \$ <input style="width: 100px;" type="text"/> .00
d. Total employee-plus-one premium	635 \$ <input style="width: 100px;" type="text"/> .00	635 \$ <input style="width: 100px;" type="text"/> .00

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GENERAL PLAN INFORMATION

FOR CENSUS USE ONLY			FOR CENSUS USE ONLY		
	100		100		
	Name of plan		Name of plan		
2011 PREMIUMS - Continued					
5a. Family Coverage	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. Government/Employer contribution for family premium	135	\$ <input style="border: 1px solid black;" type="text"/> , <input style="border: 1px solid black;" type="text"/> .00	135	\$ <input style="border: 1px solid black;" type="text"/> , <input style="border: 1px solid black;" type="text"/> .00	
c. Employee contribution for family premium	136	\$ <input style="border: 1px solid black;" type="text"/> , <input style="border: 1px solid black;" type="text"/> .00	136	\$ <input style="border: 1px solid black;" type="text"/> , <input style="border: 1px solid black;" type="text"/> .00	
d. Total family premium	134	\$ <input style="border: 1px solid black;" type="text"/> , <input style="border: 1px solid black;" type="text"/> .00	134	\$ <input style="border: 1px solid black;" type="text"/> , <input style="border: 1px solid black;" type="text"/> .00	
6. The amounts reported in the premium questions are based on which of the following time periods? <i>Mark (X) ONLY one.</i>	133 1	<input type="checkbox"/> Weekly	133 1	<input type="checkbox"/> Weekly	5
	2	<input type="checkbox"/> Every 2 weeks	133 2	<input type="checkbox"/> Every 2 weeks	4
	3	<input type="checkbox"/> Monthly	133 3	<input type="checkbox"/> Monthly	3
	5	<input type="checkbox"/> Quarterly	133 5	<input type="checkbox"/> Quarterly	5
	4	<input type="checkbox"/> Yearly	133 4	<input type="checkbox"/> Yearly	4
SELF-INSURED PLAN INFORMATION					
7. Was this plan purchased from an insurance underwriter or was it self-insured? Coverage was underwritten by an insurer and the insurer paid the enrollee's claim. The plan was self-insured if government paid enrollee's claim directly or through a third party administrator (TPA).	105 1	<input type="checkbox"/> Coverage was underwritten by an insurer - Skip to Question 9	105 1	<input type="checkbox"/> Coverage was underwritten by an insurer - Skip to Question 9	
	2	<input type="checkbox"/> Plan was self-insured - <i>Continue with Question 8a</i>	105 2	<input type="checkbox"/> Plan was self-insured - <i>Continue with Question 8a</i>	
	3	<input type="checkbox"/> Don't know - Skip to Question 9	105 3	<input type="checkbox"/> Don't know - Skip to Question 9	
8a. Did your government unit employ a third party administrator (TPA) for this self-insured plan? <i>Complete questions 8a-b if this plan was self-insured.</i>	713 1	<input type="checkbox"/> Yes - Used TPA	713 1	<input type="checkbox"/> Yes - Used TPA	
	2	<input type="checkbox"/> No - Self-administered the plan	713 2	<input type="checkbox"/> No - Self-administered the plan	
b. Did your government unit purchase stop-loss coverage for this plan?	107 1	<input type="checkbox"/> Yes	107 1	<input type="checkbox"/> Yes	
	2	<input type="checkbox"/> No	107 2	<input type="checkbox"/> No	
PLAN AFFILIATION					
9. Was this plan offered through a union or a trade association? 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	113 1	<input type="checkbox"/> Union	
	2	<input type="checkbox"/> Trade Association	113 2	<input type="checkbox"/> Trade Association	
	3	<input type="checkbox"/> Neither	113 3	<input type="checkbox"/> Neither	

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GENERAL PLAN INFORMATION

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

PLAN INFORMATION

10. In what month did the plan year begin?	<p style="text-align: center;"><i>Enter a two-digit numeric response.</i> <i>Example: January=01; May=05</i></p> <p>123 <input style="width: 30px; height: 20px; border: 1px solid black;" type="text"/> Month</p>	<p style="text-align: center;"><i>Enter a two-digit numeric response.</i> <i>Example: January=01; May=05</i></p> <p>123 <input style="width: 30px; height: 20px; border: 1px solid black;" type="text"/> Month</p>
11. Could this plan have refused to cover persons with pre-existing medical or health conditions?	<p>183 ¹ <input type="checkbox"/> Yes ² <input type="checkbox"/> No</p>	<p>183 ¹ <input type="checkbox"/> Yes ² <input type="checkbox"/> No</p>
12. Did this plan have a policy requiring a waiting period before covering pre-existing conditions?	<p>185 ¹ <input type="checkbox"/> Yes ² <input type="checkbox"/> No</p>	<p>185 ¹ <input type="checkbox"/> Yes ² <input type="checkbox"/> No</p>
13. Did the PREMIUMS CHARGED by the insurance company or carrier vary by any of these employee characteristics? <i>If self-insured, mark (X) premiums did not vary.</i> <i>Mark (X) all that apply.</i>	<p>138 <input type="checkbox"/> Age</p> <p>139 <input type="checkbox"/> Gender</p> <p>141 <input type="checkbox"/> Wage or salary level</p> <p>142 <input type="checkbox"/> Other OR</p> <p>640 <input type="checkbox"/> Premiums did not vary</p>	<p>138 <input type="checkbox"/> Age</p> <p>139 <input type="checkbox"/> Gender</p> <p>141 <input type="checkbox"/> Wage or salary level</p> <p>142 <input type="checkbox"/> Other OR</p> <p>640 <input type="checkbox"/> Premiums did not vary</p>
14. Did the amount an EMPLOYEE CONTRIBUTED toward his/her own coverage vary by any of these employee characteristics? <i>Mark (X) all that apply.</i>	<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 OR</p> <p>646 <input type="checkbox"/> Employee contribution did not vary</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 OR</p> <p>646 <input type="checkbox"/> Employee contribution did not vary</p>

HEALTH SAVINGS ACCOUNT (HSA)

15. If the deductibles for this plan were \$1,200 or higher for single coverage and \$2,400 or higher for family coverage, did your government unit contribute to a Health Savings Account (HSA) for the plan enrollees in 2011?	<p>714 ¹ <input type="checkbox"/> Yes, contributed to an HSA</p> <p>² <input type="checkbox"/> No, did not contribute to an HSA</p> <p>⁴ <input type="checkbox"/> Don't know</p>	<p>714 ¹ <input type="checkbox"/> Yes, contributed to an HSA</p> <p>² <input type="checkbox"/> No, did not contribute to an HSA</p> <p>⁴ <input type="checkbox"/> Don't know</p>
---	---	---



GENERAL PLAN INFORMATION - Continued

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

HEALTH REIMBURSEMENT ARRANGEMENT (HRA)

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 government unit 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

- 710
- 1 Yes
- 2 No
- 3 Don't know

***** 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 OR PROVIDE THE BROCHURE WEBSITE ADDRESS WITH YOUR CONTACT INFORMATION ON THE MEPS-11C(F) AS APPLICABLE. PLEASE PROVIDE THE GENERAL USER INFORMATION IN THE REMARKS SECTION TO ACCESS THE BROCHURES, IF NEEDED AND AVAILABLE.

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If you have any questions concerning this survey, please call 1-888-206-5068.

To:
Government:
ID:

From:
U.S. Census Bureau
Toll Free: (888) 206-5068

Please complete and either
Fax to: (888) 288-0305
or
Email:

1 of 3

Subject: **2011 Health Insurance Cost Study (critical items for 2011 plan year)**

Thank you for agreeing to complete the following summary charts for the 2011 plan year.

Please note: **EE = EMPLOYEE**-paid portion of the monthly premium.
TOT = TOTAL monthly premium (Census will subtract for employer portion.) Estimates are acceptable.

2011 Active Employees	ENROLLMENT					MONTHLY PREMIUMS		
Plan Name(s)	Single Coverage	EE + 1 Coverage (All tiers)	Family Coverage (Family of 4)	Total Coverage (All tiers)	COBRA Coverage (All tiers)	Single Coverage	EE + 1 Coverage (EE + Child(ren)/Spouse)	Family Coverage (Family of 4)
1) ----- Was this plan self-insured? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't Know						EE	EE	EE
						TOT	TOT	TOT
2) ----- Was this plan self-insured? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't Know						EE	EE	EE
						TOT	TOT	TOT
3) ----- Was this plan self-insured? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't Know						EE	EE	EE
						TOT	TOT	TOT
4) ----- Was this plan self-insured? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't Know						EE	EE	EE
						TOT	TOT	TOT
5) ----- Was this plan self-insured? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't Know						EE	EE	EE
						TOT	TOT	TOT

Paperwork Reduction Act and Burden Statements. We expect that it will take 45 minutes, on average, to complete the basic questionnaire. If you offered more than one plan, we expect it will take an additional 10 minutes per plan, on average. In addition, we estimate that it will take 15 minutes to review the instructions and locate the requested information. You may send any comments regarding this burden estimate or any other aspect of the collection of information, including suggestions for reducing burden, to the following address: Director, Center for Financing, Access and Cost Trends, Paperwork Reduction Project 0935-0110, Agency for Healthcare Research and Quality, Room 5030, 540 Gaither Road, Rockville, MD 20850.

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To:
Government:
ID:

From:
U.S. Census Bureau
Toll Free: (888) 206-5068

Please complete and either
Fax to: (888) 288-0305
or
Email:

2 of 3

2011 Active Employees	ENROLLMENT					MONTHLY PREMIUMS			
	Plan Name(s)	Single Coverage	EE + 1 Coverage (All tiers)	Family Coverage (Family of 4)	Total Coverage (All tiers)	COBRA Coverage (All tiers)	Single Coverage	EE + 1 Coverage (EE + Child(ren)/Spouse)	Family Coverage (Family of 4)
6)							EE	EE	EE
Was this plan self-insured? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't Know							TOT	TOT	TOT
7)							EE	EE	EE
Was this plan self-insured? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't Know							TOT	TOT	TOT
8)							EE	EE	EE
Was this plan self-insured? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't Know							TOT	TOT	TOT
9)							EE	EE	EE
Was this plan self-insured? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't Know							TOT	TOT	TOT
10)							EE	EE	EE
Was this plan self-insured? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't Know							TOT	TOT	TOT

Estimates are acceptable.

Please include a comparison chart or summary of benefits for all 2011 medical plans when returning this grid. Thank you.

To:
Government:
ID:

From:
U.S. Census Bureau
Toll Free: (888) 206-5068

Please complete and either
Fax to: (888) 288-0305
or
Email:

Estimates are acceptable.

2011 Retirees	ENROLLMENT		MONTHLY PREMIUMS**	
	Total Retirees in all plans	Percent Retirees in Single coverage	Single Coverage	Family Coverage (Family of 2)
Retirees UNDER 65		%	EE	EE
			TOT	TOT
Retirees 65 + OVER		%	EE	EE
			TOT	TOT

** List premiums for plan with highest enrollment.

1. How many hrs/wk must an employee work to be eligible for health insurance?

2. In 2011, did you offer any of the following fringe benefits?
- | | | |
|--------------------------|------------------------------|-----------------------------|
| Paid Vacation | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Paid Sick Leave | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Life Insurance | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Disability Insurance | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Retirement/Pension plans | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

3. In 2011, did you offer any of these tax-advantaged benefits?
- | | | |
|---------------------------------------|------------------------------|-----------------------------|
| Pre-tax contrib. for Health Insurance | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Flexible Spending Account | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

4. In 2011, did you offer any of these optional coverage services to active employees at a premium SEPARATE from the comprehensive health plan premium?
- | | | |
|--------------------|------------------------------|-----------------------------|
| Dental | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Vision | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Prescription Drugs | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Long-term Care | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

5. What was the total amount paid for optional coverage for all ACTIVE employees during a TYPICAL MONTH at this government unit in 2011? (Include both employer and employee contributions.)

\$.00
----	--	-----

Please include a comparison chart or summary of benefits for all 2011 medical plans when returning this grid. Thank you.

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.

1. For 2011, 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 arrangement 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 the enrollees' medical expenses.

Self-insured – Your company 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 questions 6a-b if this plan was self-insured.

6a. Did your company 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 company purchase stop-loss coverage for this plan?

107

- 1 Yes 2 No

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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 2011?

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 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 company offered EMPLOYEE-PLUS-ONE coverage, how many ACTIVE employees were ENROLLED during a typical pay period in 2011?

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 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

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

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

Employer 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?

133

1 Weekly

5 Quarterly

2 Every 2 weeks

4 Yearly

3 Monthly

Mark (X) only one.

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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

\$.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

\$.00
----	--	--	--	--	--	--	--	--	-----

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

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

635

\$.00
----	--	--	--	--	--	--	--	--	-----

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

\$.00
----	--	--	--	--	--	--	--	--	-----

Employer contribution for **family** premium

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

136

\$.00
----	--	--	--	--	--	--	--	--	-----

Employee contribution for **family** premium

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

134

\$.00
----	--	--	--	--	--	--	--	--	-----

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

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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?

Deductibles – 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 \$.00 Individual annual deductible
- OR**
- Separate deductibles for:
- 147 \$.00 Physician care
- 148 \$.00 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 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 \$.00 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 company 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 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 \$.00 Copayment paid by enrollee for 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?

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 \$.00 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 – 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

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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 *****

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

If your company 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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