

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
<b>9a. Was SINGLE coverage offered under this plan?</b>	2 <input type="checkbox"/> No - <b>SKIP to Question 10a</b>
<b>b. For this plan, how much did the EMPLOYER contribute toward the plan premium of one typical employee with SINGLE coverage?</b>	131 <input style="width: 100px;" type="text"/> \$ <input style="width: 50px;" type="text"/> , <input style="width: 50px;" type="text"/> .00 <b>Employer contribution for single premium</b>
<b>c. How much did this typical EMPLOYEE with SINGLE coverage contribute toward his/her own premium?</b>	132 <input style="width: 100px;" type="text"/> \$ <input style="width: 50px;" type="text"/> , <input style="width: 50px;" type="text"/> .00 <b>Employee contribution for single premium</b>
<b>d. What was the TOTAL premium for this typical employee with SINGLE coverage?</b>	130 <input style="width: 100px;" type="text"/> \$ <input style="width: 50px;" type="text"/> , <input style="width: 50px;" type="text"/> .00 <b>Total single premium</b>
<b>e. The amounts reported in questions 9b-d are based on which one of the following time periods?</b> <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>	
<b>10a. Was EMPLOYEE-PLUS-ONE coverage offered under this plan?</b>	570
	1 <input type="checkbox"/> Yes - Continue with Question 10b
	2 <input type="checkbox"/> No - <b>SKIP to Page 4, Question 11a</b>
<b>b. For this plan, how much did the EMPLOYER contribute toward the plan premium of one typical employee with EMPLOYEE-PLUS-ONE coverage?</b>	636 <input style="width: 100px;" type="text"/> \$ <input style="width: 50px;" type="text"/> , <input style="width: 50px;" type="text"/> .00 <b>Employer contribution for employee-plus-one premium</b>
<b>c. How much did this typical EMPLOYEE with EMPLOYEE-PLUS-ONE coverage contribute toward his/her own premium?</b>	637 <input style="width: 100px;" type="text"/> \$ <input style="width: 50px;" type="text"/> , <input style="width: 50px;" type="text"/> .00 <b>Employee contribution for employee-plus-one premium</b>
<b>d. What was the TOTAL premium for this typical employee with EMPLOYEE-PLUS-ONE coverage?</b>	635 <input style="width: 100px;" type="text"/> \$ <input style="width: 50px;" type="text"/> , <input style="width: 50px;" type="text"/> .00 <b>Total employee-plus-one premium</b>
<b>e. The amounts reported in questions 10b-d are based on which one of the following time periods?</b> <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
<b>Continue with Page 4, Question 11a</b>	

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## PLAN PREMIUMS - Continued

### FAMILY COVERAGE

<p><b>11a. Was FAMILY coverage offered under this plan?</b></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 - <i>Continue with Question 11b</i></p> <p>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</p> <p style="text-align: center;">\$ <input style="width: 100px;" type="text"/> .00</p> <p><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</p> <p style="text-align: center;">\$ <input style="width: 100px;" type="text"/> .00</p> <p><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</p> <p style="text-align: center;">\$ <input style="width: 100px;" type="text"/> .00</p> <p><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></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><b>12a. Did the PREMIUMS charged by the insurance company or carrier vary by any of these characteristics?</b></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;"><b>OR</b></p> <p>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></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;"><b>OR</b></p> <p>646 <input type="checkbox"/> Employee contribution did not vary</p>

### INDIVIDUAL DEDUCTIBLES

<p><b>13a. Did this plan have a deductible?</b></p> <p><b>Deductible</b> - 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 - <i>Continue with Question 13b</i></p> <p>2 <input type="checkbox"/> No - <b>SKIP to Page 5, Question 16a</b></p>
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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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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  Yes - Continue with Question 9b

2  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

\$  ,  .00

**Government unit contribution for single premium**

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

132

\$  ,  .00

**Employee contribution for single premium**

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

130

\$  ,  .00

**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

**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

\$  ,  .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

\$  ,  .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                      5  Quarterly  
 2  Every 2 weeks            4  Yearly  
 3  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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### 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

<b>1a.</b> Total <b>ACTIVE</b> employees <b>ENROLLED</b> in plan	125 <input style="width: 100px;" type="text"/> Total	125 <input style="width: 100px;" type="text"/> Total
<b>b.</b> <b>ACTIVE</b> employees <b>ENROLLED</b> in <b>SINGLE</b> coverage	129 <input style="width: 100px;" type="text"/> Single	129 <input style="width: 100px;" type="text"/> Single
<b>c.</b> <b>ACTIVE</b> employees <b>ENROLLED</b> in <b>EMPLOYEE-PLUS-ONE</b> 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
<b>d.</b> <b>ACTIVE</b> employees <b>ENROLLED</b> in <b>FAMILY</b> coverage	705 <input style="width: 100px;" type="text"/> Family	705 <input style="width: 100px;" type="text"/> Family
<b>2.</b> <b>FORMER</b> employees <b>ENROLLED</b> 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

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

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## GENERAL PLAN INFORMATION

GENERAL PLAN INFORMATION		
	FOR CENSUS USE ONLY	FOR CENSUS USE ONLY
	100	100
	Name of plan	Name of plan
<b>2011 PREMIUMS - Continued</b>		
<b>5a. Family Coverage</b>	137 <input type="checkbox"/> Not offered - <i>Skip to question 6</i>	137 <input type="checkbox"/> Not offered - <i>Skip to question 6</i>
<b>b. Government/Employer contribution for family premium</b>	135 \$ <input type="text"/> , <input type="text"/> .00	135 \$ <input type="text"/> , <input type="text"/> .00
<b>c. Employee contribution for family premium</b>	136 \$ <input type="text"/> , <input type="text"/> .00	136 \$ <input type="text"/> , <input type="text"/> .00
<b>d. Total family premium</b>	134 \$ <input type="text"/> , <input type="text"/> .00	134 \$ <input type="text"/> , <input type="text"/> .00
<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    5 <input type="checkbox"/> Quarterly 2 <input type="checkbox"/> Every 2 weeks    4 <input type="checkbox"/> Yearly 3 <input type="checkbox"/> Monthly	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
<b>SELF-INSURED PLAN INFORMATION</b>		
<b>7. Was this plan purchased from an insurance underwriter or was it self-insured?</b>  <b>Coverage was underwritten by an insurer</b> and the insurer paid the enrollee's claim.  <b>The plan was self-insured</b> 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 - <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
<b>PLAN AFFILIATION</b>		
<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 Association 3 <input type="checkbox"/> Neither	113 1 <input type="checkbox"/> Union 2 <input type="checkbox"/> Trade Association 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

<b>10. In what month did the plan year begin?</b>	<p style="text-align: center; font-size: small;"><i>Enter a two-digit numeric response. 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; font-size: small;"><i>Enter a two-digit numeric response. Example: January=01; May=05</i></p> <p>123 <input style="width: 30px; height: 20px; border: 1px solid black;" type="text"/> Month</p>
<b>11. Could this plan have refused to cover persons with pre-existing medical or health conditions?</b>	<p>183 <sup>1</sup> <input type="checkbox"/> Yes    <sup>2</sup> <input type="checkbox"/> No</p>	<p>183 <sup>1</sup> <input type="checkbox"/> Yes    <sup>2</sup> <input type="checkbox"/> No</p>
<b>12. Did this plan have a policy requiring a waiting period before covering pre-existing conditions?</b>	<p>185 <sup>1</sup> <input type="checkbox"/> Yes    <sup>2</sup> <input type="checkbox"/> No</p>	<p>185 <sup>1</sup> <input type="checkbox"/> Yes    <sup>2</sup> <input type="checkbox"/> No</p>
<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. 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>
<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>	<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)

<b>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?</b>	<p>714 <sup>1</sup> <input type="checkbox"/> Yes, contributed to an HSA</p> <p><sup>2</sup> <input type="checkbox"/> No, did not contribute to an HSA</p> <p><sup>4</sup> <input type="checkbox"/> Don't know</p>	<p>714 <sup>1</sup> <input type="checkbox"/> Yes, contributed to an HSA</p> <p><sup>2</sup> <input type="checkbox"/> No, did not contribute to an HSA</p> <p><sup>4</sup> <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) ----- 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
7) ----- 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
8) ----- 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
9) ----- 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
10) ----- 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

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

Yes  No

Paid Sick Leave

Yes  No

Life Insurance

Yes  No

Disability Insurance

Yes  No

Retirement/Pension plans

Yes  No

3. In 2011, did you offer any of these tax-advantaged benefits?

Pre-tax contrib. for Health Insurance

Yes  No

Flexible Spending Account

Yes  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

Yes  No

Vision

Yes  No

Prescription Drugs

Yes  No

Long-term Care

Yes  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



### 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?**

Mark (X) only one.

133

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

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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  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  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  Total annual family deductible

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## 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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