

FORM **MEPS-10(S)**
(4-27-99)

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
ACTING AS COLLECTING AGENT FOR
U.S. DEPARTMENT OF
HEALTH AND HUMAN SERVICES

Medical Expenditure Panel Survey
Insurance Component

**HEALTH INSURANCE COST STUDY
PLAN INFORMATION QUESTIONNAIRE**

INSTRUCTIONS

The MEPS-10(S), Plan Information Questionnaire, is to be completed for the health insurance plans offered AT THIS LOCATION. Please respond for the plan indicated in the Question 1a box of each MEPS-10(S). If no plan names are preprinted, complete a separate MEPS-10(S) for the 4 largest plans your organization offers. You may use photocopies of this MEPS-10(S) form if sufficient copies were not included in this reporting package.

GENERAL PLAN INFORMATION

		FOR CENSUS USE ONLY	
<p><i>If a plan name is preprinted in the question 1a answer box on the right, answer for the plan specified. Otherwise, complete this Plan Information Questionnaire for the plan with the largest (or next largest) enrollment of active employees.</i></p>		100	
<p>1a. For 1998, what was the name of the health insurance plan with the largest (or next largest) enrollment of active employees?</p> <p>Examples: • Blue Cross Blue Shield, High Option • Option A • Aetna HMO</p>		012	Name of plan
<p>b. What was the name of the insurance company or carrier providing this plan?</p> <p>Examples: • Blue Cross Blue Shield • Alliance • Charter Health</p> <p><i>Enter your company name if self-insured.</i></p>		102	Name of insurance carrier
<p>2. Which type of health care provider was available through this plan?</p> <p>Exclusive providers – Enrollees must go to providers associated with the plan except in an emergency. There is typically no cost or a small fixed cost for each physician visit.</p> <p>Any providers – Enrollees may go to providers of their choice on a fee-for-service basis. The plan does not have any associated providers.</p> <p>Mixture of preferred and any providers – Enrollees may go to a set of "preferred" providers associated with the plan or providers of their choice. If they go to a non-preferred provider, they face higher costs.</p>		103	<p>1 <input type="checkbox"/> Exclusive providers (Examples: Most HMO, IPA, and EPO-type plans)</p> <p>2 <input type="checkbox"/> Any providers (Examples: Most conventional and indemnity plans)</p> <p>3 <input type="checkbox"/> Mixture of preferred and any providers (Examples: Most PPO and POS-type plans)</p>
<p>3. Did this plan REQUIRE that the enrollee see a primary-care physician in order to be referred to a specialist?</p> <p><i>For plans with multiple options, answer for the "in-network" option.</i></p>		104	<p>1 <input type="checkbox"/> Yes</p> <p>2 <input type="checkbox"/> No</p>
<p>4. Was this plan purchased through a pooling arrangement with other employers such as a multi-employer trust (MET) or a multi-employer welfare arrangement (MEWA)?</p>		112	<p>1 <input type="checkbox"/> Yes</p> <p>2 <input type="checkbox"/> No</p>

PLAN AFFILIATION

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

If this plan was offered through a union or trade association, please provide the information requested at the right. →

113 1 Union 2 Trade Association 3 Neither – Continue with Question 8a

114 Name of union or trade association 115 Local number, if a union

116 Name of insurance representative

117 Address (Number and street)

118 City 119 State 120 ZIP Code

121 Telephone number
()

ENROLLMENT

Estimates are acceptable for all enrollment figures.
Exclude retirees.

8a. How many active employees were enrolled in this plan at this establishment during a typical pay period in 1998?

*Include full-time, part-time, temporary and seasonal employees.
Exclude former employees.*

125 Active employees enrolled in plan

b. How many of these active employees were enrolled in single coverage during a typical pay period in 1998?

129 Active employees enrolled in single coverage

c. How many FORMER employees were enrolled in this plan through COBRA or other state continuation-of-benefits laws during a typical pay period in 1998?

126 Former employees enrolled in plan

SINGLE COVERAGE PREMIUMS

*Report for typical situations and enrollees.
If cost varies, report for an average employee.
Report employer/employee contributions and total premium for the same period.*

9a. Was single coverage offered under this plan?

552 1 Yes – Continue with Question 9b
2 No – SKIP to Page 4, Question 10a

b. For this plan, how much did the employer contribute toward the plan premium of ONE TYPICAL full-time employee with single coverage?

131 \$, . 0 0 Employer contribution

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

132 \$, . 0 0 Employee contribution

d. What was the total premium for this typical employee with single coverage?

130 \$, . 0 0 Total premium

If this was a self-insured plan, this total should be the same as 6d on Page 2.

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

Mark (X) only one.

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

FAMILY COVERAGE PREMIUMS

Report for typical situations and enrollees.
 If cost varies, report for an average employee.
 Report employer/employee contributions and total premium for the same period.
 Report for a family of four if cost varies by family size.

10a. Was family coverage offered under this plan?

- 137 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 full-time employee with family coverage?

135 \$, . 0 0 Employer contribution

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

136 \$, . 0 0 Employee contribution

d. What was the total premium for this typical employee with family coverage?

134 \$, . 0 0 Total premium

If this was a self-insured plan, this total should be the same as 6e on Page 2.

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

Mark (X) only one.

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

GENERAL PREMIUM INFORMATION

11a. Did the PREMIUMS charged by the insurance company or carrier vary by any of these characteristics?

Mark (X) all that apply.

- 138 Age
 139 Sex (Gender)
 140 Number of persons covered by a family plan
 141 Wage or salary levels
 142 Other – Specify ↴

099

b. Did the amount an EMPLOYEE CONTRIBUTED toward his/her own coverage vary by different employee categories?

Examples: Full-time, part-time, union status, wage or salary levels

- 143 1 Yes
 2 No

c. Did any enrollee receive a direct subsidy or contribution toward any part of the premium from an outside third party?

Example: A union or government paid a portion of the premium.

- 122 1 Yes
 2 No

12. Did the plan premium include life and/or disability insurance?

Mark (X) all that apply.

- 144 Life insurance
 145 Disability insurance
 No life and/or disability insurance covered by the premium

INDIVIDUAL DEDUCTIBLES

13a. Did this plan have a deductible?

Deductible – Predetermined amount which must be met by an individual before the plan will pay for covered services.

Many HMOs do not have a deductible.

- 151 1 Yes – Continue with Question 13b
 2 No – SKIP to Page 6, Question 15a

b. What was the annual deductible an individual paid?

Report deductibles for care received "in-network" from preferred providers, if applicable.

Enter physician care and hospital care amounts in appropriate boxes if separate deductibles apply.

If deductible is per overnight hospital stay, it is not an annual deductible and should be reported under 15b on Page 6.

146 \$, . 0 0 Individual annual deductible

OR

Separate deductibles for:

147 \$, . 0 0 Physician care

148 \$, . 0 0 Hospital care

FAMILY DEDUCTIBLES

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

- 224 1 Yes – Continue with Question 14b
 2 No – SKIP to Question 14c
 Family coverage not offered – SKIP to Page 6, Question 15a

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

Report for typical situations and enrollees.

150 Number of family members

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

Report for a family of four.

149 \$, . 0 0 Total annual family deductible

PAYMENTS

15a. Was hospital care covered under this plan?

- 155 1 Yes – Continue with Question 15b
 2 No – SKIP to Question 15c

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

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

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

Report for precertified hospital stays (if applicable).

Report for stays at "in-network"/participating hospitals (if applicable).

Do not include any physician charges incurred during the hospital stay.

152 Amount paid by enrollee for hospital care

- 154 1 Per day
 2 Per stay

AND/OR

153 % Paid by enrollee

c. Was physician care covered under this plan?

- 218 1 Yes – Continue with Question 15d
 2 No – SKIP to Question 16a

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?

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

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

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

156 Amount paid by enrollee for office visit

AND/OR

157 % Paid by enrollee

16a. What was the maximum amount this plan would have paid for an enrollee over his/her lifetime?

159

OR

158 No lifetime maximum

b. What was the maximum amount this plan would have paid for an enrollee in one year?

160

OR

221 No annual maximum

17a. 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.

Include all copayments and deductibles.

161

OR

163 No individual maximum

b. What was the maximum annual out-of-pocket expense for a family of four?

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

This is often referred to as a catastrophic limit.

Include all copayments and deductibles.

162

OR

222 No family maximum

