

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

2009 Medical Expenditure Panel Survey
 Insurance Component

**HEALTH INSURANCE COST STUDY
 PLAN INFORMATION QUESTIONNAIRE**

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INSTRUCTIONS

**REPORT FOR UP TO FOUR HEALTH INSURANCE PLANS OFFERED IN 2009 AT
 THE LOCATION LISTED ABOVE.**

You may 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 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.

1. For 2009, 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

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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

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 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*

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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 2009?

*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 2009?

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 2009?

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 2009?

705 **Active** employees enrolled in family coverage

COBRA ENROLLMENT

8. How many FORMER employees were ENROLLED in this plan, excluding retirees, through COBRA or other state continuation-of-benefits laws during a typical pay period in 2009?

126 **Former** employees enrolled in plan, excluding retirees

Continue with Page 3, Question 9a

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 15c**
 3 Family coverage not offered – **SKIP to Question 15c**

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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 \$, . 0 0 Total annual family deductible

HEALTH SAVINGS ACCOUNT (HSA)

15. If the deductibles you reported in questions 13 and 14 were \$1,150 or higher for single coverage and \$2,300 or higher for family coverage, did you contribute to a Health Savings Account (HSA) for the plan enrollees in 2009?

- 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 \$, . 0 0 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 Page 6, 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 \$. 0 0 Copayment paid by enrollee for office visit

AND/OR

157 % Coinsurance paid by enrollee

Continue with Page 6, Question 17

PLAN CHARACTERISTICS

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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,
please end the form.**

**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.**