

FORM **MEPS-11(CS)**
(7-7-97) 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)
SUPPLEMENTAL SHEET
GOVERNMENT/CERTAINTY QUESTIONNAIRE**

NOTE - This Supplemental Sheet is a reprint of the questions in Section B of the Government/Certainty Questionnaire (MEPS-11(C)). You may use it to report additional health plan information. You may use photocopies of this Supplemental Sheet if sufficient copies were not included in your reporting package. Refer to the instructions on the first page of the Government/Certainty Questionnaire (MEPS-11(C)) when completing this Supplemental Sheet.

Section B - PLAN CHARACTERISTICS

B1. Enter the name of the health insurance plan and the insurance carrier.

FOR CENSUS USE ONLY

100

⁰¹² Name of plan

¹⁰² Name of insurance carrier

B2a. For this plan, enter the total number of enrollees excluding dependents for this governmental unit on July 1, 1996.

124

b. Enter the total number of active employees enrolled.

125

c. Enter the number of former employees enrolled through COBRA or other State continuation-of-benefits laws.

126

d. Enter the number of retirees enrolled.

127 Total ¹²⁸ 65 and older

e. Enter the **total** number of enrollees with **single** coverage.

129

B3b. Enter this plan's **total** premium, employer contribution, and employee contribution for an enrolled **family** (of four).

*Report for the same premium period as in Question B3a.
If self-insured, enter the monthly premium equivalent.*

134 \$.00 Total premium

135 \$.00 Employer contribution

136 \$.00 Employee contribution

137 Family coverage was not offered

B4. Indicate the type of indemnification of this plan.

- 105 1 **Purchased** from an insurance underwriter - Coverage is purchased from an insurance company or other underwriter who assumes the risk for enrollees' medical expenses.
- 2 **Self-insured** - Your governmental unit pays the claims from its resources and may charge a premium to employees. The plan may be administered by a *third party*. This type may employ supplemental *stop-loss insurance* to limit unanticipated losses.

B5a. Is this plan offered in 1997?

- 186 1 Yes - **If Yes, go to Question B5c.**
- 2 No

b. If it is not still offered, indicate if it has been -

- 187 1 Replaced with a similar plan
- 2 Replaced by a substantially different plan
- 3 Dropped without offering a replacement - **END THIS FORM.**

c. For 1997, enter the single and family enrollments and premiums for this plan or the one that took its place.
Report for the same premium period as in Question B3a.

188 Single enrollment

189 Family enrollment

190 \$.00 Single premium

191 \$.00 Family premium

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

PLEASE ENCLOSE A COPY OF EACH PLAN BROCHURE WITH YOUR DATA SUBMISSION

PLEASE RETAIN A COPY OF THIS FORM FOR YOUR RECORDS