

FORM **MEPS-12**
(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)****UNION QUESTIONNAIRE**

Collection of this information is authorized under Title IX, Section 902(a) of the Public Health Service Act. Sections 903(c) and 308(d) of that Act specify that all information will be held in strict confidence by the staff of the Agency for Health Care Policy and Research and their authorized contractors.

**RETURN
TO****Bureau of the Census
1201 East 10th Street
Jeffersonville, IN 47132-0001**If you have any questions concerning this survey,
please call 1-888-273-3878.*Please correct errors in name, address, and ZIP Code. ENTER
number and street if not shown.***A FEW IMPORTANT INSTRUCTIONS AND DEFINITIONS**

1. For this survey, a **health insurance plan** is defined as providing **hospital and/or physician coverage** for a **single premium** to members and/or retirees. Exclude extra-cash plans (a specified number of dollars per day in the hospital) or dread-disease (e.g., cancer-only) plans.
2. Coverage could have been purchased from an insurance company or self-insured by your union.
3. **Single and family** plans offered by the same insurance company and providing the same level of hospital and physician benefits count as **one plan**.
4. **High and low** options of a plan offered by the same insurance company count as **two plans**.
5. An **HMO** and a **conventional** plan offered by the same insurance company count as **two plans**.
6. If your union operates at more than one location, provide information for the location on the label unless otherwise directed.
7. For the deductibles, copayments, and premiums, **report for typical situations and enrollees**. If cost varies by family size, use a **family of four**. If cost varies by age, provide the information for the average age of your members.
8. **Estimates** are acceptable if you do not have this information readily available.
9. Provide information for the **pay period that included July 1, 1996** for characteristics such as coverage, premiums, and enrollment. Annual totals, such as costs, should be for **calendar year 1996**, if possible, or for the plan year that included July 1, 1996.

Section A - NUMBER OF PLANS**A1.** Did one or more of the individuals named in the label area of the accompanying Person-Level Questionnaire(s) (MEPS-12(P)) receive health insurance coverage through your union on July 1, 1996? *See instructions 1-5 above for a description of health insurance plans?*001 1 Yes2 No - **If No, go to Section D on page 5.****A2.** How many different health insurance plans did you offer your members or retirees on July 1, 1996?

003

Number of plans. *See instructions 1-5
above for a description of health insurance plans -* **Continue with Section B on page 2.**

Section B – PLAN CHARACTERISTICS

B1. On July 1, 1996, what was the name of the health insurance plan with the highest enrollment and its carrier?

If you have received Supplemental Sheets (Form MEPS-12(S)) with plan names preprinted in Question B1, answer only for the preprinted plans. Otherwise, provide data for your 4 largest plans. You may make a copy of the Supplemental Sheet, or Section B of this form, if necessary.

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⁰¹² Name of plan

¹⁰² Name of insurance carrier

B2. Indicate the type of providers in this plan.

- ¹⁰³ 1 **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. (For example, HMOs, IPAs, EPOs)
- 2 **Any providers** – Enrollees can go to the physicians of their choice on a fee-for-service basis. The plan does not have any associated providers. (For example, conventional plans, indemnity plans)
- 3 **Mixture of preferred and any providers** – Enrollees can 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. (For example, PPOs, POSs)

B3. Did this plan **require** that the enrollee see a primary-care physician in order to be referred to a specialist?

- ¹⁰⁴ 1 Yes 2 No

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.

If purchased, go to Question B6.

- 2 **Self-insured** – Your union pays the claims from its resources and may charge a premium to members. The plan may be administered by a *third party*. This type may employ supplemental *stop-loss insurance* to limit unanticipated losses.

For self-insured plans only:

B5a. Indicate if you administered the plan or if you employed a third party.

- ¹⁰⁶ 1 Self-administered
2 Insurance company or other administrator

B5b. Did you purchase stop-loss coverage?

- ¹⁰⁷ 1 Yes 2 No

C. Enter this union's **total annual cost** of coverage for this plan for the plan year that included July 1, 1996. Include: claims paid, administrative costs, and stop-loss coverage (if any). Include union and member contributions.

¹⁰⁸ \$.00 *If this is the only plan you offered, also enter this amount in Question C3 on page 4.*

d. Enter the **monthly premium equivalents** for single and family (of four) coverage for a typical member. Include the costs entered in B5c. *Also enter this information in Question B9a (single) and B9b (family) – Total premium on page 3.*

¹⁰⁹ \$.00 Single coverage

¹¹⁰ \$.00 Family coverage

B6. Did any enrollee receive a direct subsidy or contribution towards any part of the premium (e.g., from a government or employer)?

- ¹²² 1 Yes 2 No

B7. In what month did the plan year begin?

Enter a numeric response ¹²³ Month
(e.g., Jan = 01, May = 05).

B8a. For this plan, enter the total number of enrollees excluding dependents for this union on July 1, 1996.

¹²⁴

b. Enter the total number of active members enrolled.

¹²⁵

c. Enter the number of retirees enrolled.

¹²⁷ Total ¹²⁸ 65 and older

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

¹²⁹

Section B – PLAN CHARACTERISTICS – Continued

B9a. Enter this plan's **total** premium, union contribution, and member contribution for an enrollee with **single** coverage.

If self-insured, enter the monthly premium equivalent from Question B5d on page 2.

130 \$.00 Total premium

131 \$.00 Union contribution

132 \$.00 Member contribution

Indicate the premium period ↗

133 1 Week 2 2 weeks 3 Month 4 Year

b. Enter this plan's **total** premium, union contribution, and member contribution for an enrolled **family** (of four).

Report for the same premium period as in Question B9a.

If self-insured, enter the monthly premium equivalent from Question B5d on page 2.

134 \$.00 Total premium

135 \$.00 Union contribution

136 \$.00 Member contribution

137 Family coverage was not offered

B10a. Did the **premiums** (not contributions) vary by –

Check all that apply.

- 138 Age?
 139 Sex?
 140 Number of persons (within family coverage)?
 142 Other? – *Specify*

099

b. Did the **amount of the member contribution** (not premium) vary for different member categories (e.g., full-time, part-time, seniority, work site, occupation)?

143 1 Yes 2 No

B11. Did this plan's **premium** include either of these services?

Check all that apply.

144 Life insurance 145 Disability insurance

B12. Enter the **annual deductibles** that enrollees paid out of their pockets before the plan began paying for covered services (using the plan's providers). Many HMO-type plans do not have deductibles.

146 \$.00 **Total individual annual deductible** OR ↗

Separate deductibles for:

147 \$.00 Physician care

148 \$.00 Hospital care

If the deductible is per overnight hospital stay, report under B13a.

149 \$.00 **Total family annual deductible** (if applicable) ↗

150 Number of persons – *Enter if the plan also specified that the family deductible was met when a number of family members fulfilled their individual deductibles.*

151 Plan did not have a deductible

B13a. How much did an **enrollee** pay for an **overnight hospital stay** (in a participating hospital, if applicable) after any annual deductible was met?

152 \$.00 → ¹⁵⁴ 1 Per day
 2 Per stay

OR

153 Percent

OR

155 Hospital care was not covered

b. How much did an **enrollee** pay for an **office visit** (with a participating physician, if applicable) after any annual deductible was met?

156 \$.00

OR

157 Percent

OR

218 Physician care was not covered

B14. What was the maximum amount this plan would have paid for an individual –

a. Over the enrollee's lifetime?

159 \$.00

b. In one year?

160 \$.00

158 No maximum

Section B – PLAN CHARACTERISTICS – Continued

B15. What was the maximum annual out-of-pocket amount for –

a. An individual?

161 \$.00

b. A family (of four)?

162 \$.00

163 No maximum

B17. Could this plan have refused to cover persons with certain preexisting conditions?

183 1 Yes No 2 No

Did this happen in 1996?

184 1 Yes 2 No

B18. Could this plan have imposed a waiting period for persons with certain preexisting conditions?

185 1 Yes 2 No

B16. Indicate which of these services were included in the plan.

Check all that apply.

- 164 Routine mammograms
- 165 Adult routine physical exams
- 166 Routine pap smears
- 167 Office visits for prenatal care
- 168 Adult immunizations
- 169 Child immunizations
- 170 Well-baby care, under 1 year
- 171 Well-child care, 1–4 years
- 172 100% well-baby care
- 173 Chiropractic care
- 174 Other non-physician providers
- 175 Outpatient prescriptions
- 176 Routine dental care
- 177 Orthodontic care
- 178 Nursing home care
- 179 Home health care
- 180 Inpatient mental illness
- 181 Outpatient mental illness
- 182 Alcohol/substance abuse treatment

B19a. Is this plan offered in 1997?

186 1 Yes – **If Yes, go to Question B19c.**
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 – **Go to Section C.**

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 B9a on page 3.

188 Single enrollment

189 Family enrollment

190 \$.00 Single premium

191 \$.00 Family premium

Please complete one Supplemental Sheet for each additional hospital/physician plan you offered your members and retirees on July 1, 1996. You may use photocopies of the Supplemental Sheet or Section B of this form, if necessary.

Section C – GENERAL HEALTH COVERAGE CHARACTERISTICS

C1a. Did you offer **optional** coverage (not included in the basic health coverage) for any of these services in 1996 at an additional premium to the member?

Check all that apply.

- 192 Dental
- 193 Vision
- 194 Prescription drugs
- 195 Long-term care

b. What was the total amount paid for these coverages in 1996? *Include union and member contributions.*

196 \$.00

C2a. Did you impose a waiting period before new members could be covered by health insurance?

197 1 Yes No – **If No, go to Question C3.**

b. What was the typical waiting period?

- 198 1 Less than 2 weeks
- 2 2 weeks to less than 1 month
- 3 1–3 months
- 4 More than 3 months

C3. Enter the total annual cost of coverage for the plan year that included July 1, 1996 for **ALL** hospital and physician plans that you offered **at this location**. *Include union and member contributions.*

199 \$.00

Section D – UNION CHARACTERISTICS

D1. Enter the number of members in your union at the location period on the label for the period that included July 1, 1996. **If you offered health insurance**, also enter the number of members eligible and enrolled for coverage through your union.

a. All members

	Total		Eligible		Enrolled
200	<input type="text"/>	201	<input type="text"/>	202	<input type="text"/>

b. Were retirees eligible to receive health insurance on July 1, 1996?

219 1 Yes – *Check all that apply* 2 No

209 Retirees under 65 years

210 Retirees 65 years and over

D3. Through collective bargaining, did your union offer any of these benefits?

Check all that apply.

- 050 Paid vacation
- 051 Paid sick leave
- 052 Life insurance
- 053 Disability insurance
- 054 Retirement/pension plans
- 055 Medical Savings Accounts (MSAs)
- 056 Flexible spending accounts
- 057 Cafeteria plan –

Enter the average annual value per member → 058 \$.00

D2. For the period that included July 1, 1996 –

a. Enter the number of women members 038

b. Enter the number of members 50 years old or older 039

c. Enter the number of members who earned – 042

(1) Less than \$6.50 per hour 043

(2) Between \$6.50 and \$15.00 per hour 044

(3) More than \$15.00 per hour

D4. If your union has members at multiple locations, enter the total membership for all the locations.

034 Total membership for all locations

500 Remarks

Section E – PERSON COMPLETING THIS QUESTIONNAIRE

212 Name (Please print)	213 Title
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Signature	214 Date
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215 Telephone number ()	220 Extension	216 FAX number ()	217 E-Mail address
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