

FORM **MEPS-15(S)P**
 (6-22-99)
 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

Section I – MIXTURE OF PREFERRED AND ANY PROVIDER PLAN INFORMATION

		FOR CENSUS USE ONLY	
<p><i>Report for the Mixed Provider Plan with the largest national enrollment. If you are unable to determine which plan in this category has the largest national enrollment, please select the plan which best represents all regions.</i></p>		100	
<p>1. Did your company make available or contribute to the cost of a <i>Mixed Provider</i> health insurance plan for its employees in 1998?</p> <p>Mixed Provider Examples: Most PPO and POS-type plans.</p>		<p>557 1 <input type="checkbox"/> Yes – Continue with Question 2 2 <input type="checkbox"/> No – SKIP to the MEPS-15(E), Establishment Worksheet at the back of this package</p>	
<p>2a. For 1998, what was the name of the <i>Mixed Provider</i> health insurance plan with the largest national enrollment?</p> <p>Examples: • Blue Cross Blue Shield, High Option • Option A • Aetna, HMO</p>		<p>012 Name of plan</p>	
<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>		<p>102 Name of insurance carrier</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>		<p>104 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No</p>	
<p>4. Was this plan purchased from an insurance underwriter or was it self-insured?</p> <p>Purchased from an insurance underwriter – Coverage is purchased from an insurance company or other underwriter who assumes the risk for enrollees’ medical expenses.</p> <p>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.</p>		<p>105 1 <input type="checkbox"/> Purchased – SKIP to Page 14, Question 6 2 <input type="checkbox"/> Self-insured – Continue with Question 5a</p>	

SELF-INSURED PLAN INFORMATION

<p><i>Complete Questions 5a-f if this plan was self-insured.</i></p>			
<p>5a. Was this plan self-administered or did your company employ an insurance company or other administrator?</p>		<p>106 1 <input type="checkbox"/> Self-administered 2 <input type="checkbox"/> Insurance company or other administrator</p>	
<p>b. Did your company purchase stop-loss coverage?</p>		<p>107 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No</p>	

GENERAL PREMIUM INFORMATION

10a. 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 ↴

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?

Examples: A union or government paid a portion of the premium

- 122 1 Yes
 2 No

11. 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 this plan

INDIVIDUAL DEDUCTIBLES

12a. 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 12b
 2 No – SKIP to Page 17, Question 14a

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 14b on Page 17.

146 \$, . 0 0 Individual annual deductible

OR

Separate deductibles for:

147 \$, . 0 0 Physician care

148 \$, . 0 0 Hospital care

FAMILY DEDUCTIBLES

13a. 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 13b
 2 No – SKIP to Question 13c
 Family coverage not offered – SKIP to Page 17, Question 14a

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

14a. Was hospital care covered under this plan?

- 155 1 Yes – Continue with Question 14b
 2 No – SKIP to Question 14c

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 14d
 2 No – SKIP to Question 15a

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?

156 Amount paid by enrollee for office visit

AND/OR

157 % Paid by enrollee

15a. 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

16a. 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?

162

OR

222 No family maximum

