

**Estimation of Expenditures and Enrollments
for Employer-Sponsored Health Insurance**

MEPS

Methodology

Report 14



U.S. Department of Health and Human Services
Public Health Service
Agency for Healthcare Research and Quality

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Abstract

The Agency for Healthcare Research and Quality (AHRQ) conducts the Medical Expenditure Panel Survey (MEPS), a survey of health care use and spending. The MEPS Insurance Component (IC) is a survey of business establishments and governments in the United States. It is focused on employer-sponsored health insurance—by far the largest source of health insurance in the United States. Because of the size of expenditures for health insurance in the Nation and their high rate of increase, they are of great interest. This report gives details of the enrollment and expenditure estimation process in the IC. Parts of this process use very standard statistical estimates. Where the estimation process deviates from standard methods, more detail is provided. The report also discusses changes in the data collected and in the

estimators used that have taken place since the first IC survey year.

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The Medical Expenditure Panel Survey (MEPS)

Background

The Medical Expenditure Panel Survey (MEPS) is conducted to provide nationally representative estimates of health care use, expenditures, sources of payment, and insurance coverage for the U.S. civilian noninstitutionalized population. MEPS is cosponsored by the Agency for Healthcare Research and Quality (AHRQ), formerly the Agency for Health Care Policy and Research, and the National Center for Health Statistics (NCHS).

MEPS comprises three component surveys: the Household Component (HC), the Medical Provider Component (MPC), and the Insurance Component (IC). The HC is the core survey, and it forms the basis for the MPC sample and part of the IC sample. Together these surveys yield comprehensive data that provide national estimates of the level and distribution of health care use and expenditures, support health services research, and can be used to assess health care policy implications.

MEPS is the third in a series of national probability surveys conducted by AHRQ on the financing and use of medical care in the United States. The National Medical Care Expenditure Survey (NMCES) was conducted in 1977, the National Medical Expenditure Survey (NMES) in 1987. Beginning in 1996, MEPS continues this series with design enhancements and efficiencies that provide a more current data resource to capture the changing dynamics of the health care delivery and insurance system.

The design efficiencies incorporated into MEPS are in accordance with the Department of Health and Human Services (DHHS) Survey Integration Plan of June 1995, which focused on consolidating DHHS surveys, achieving cost efficiencies, reducing respondent burden, and enhancing analytical capacities. To accommodate these goals, new MEPS design features include linkage with the National Health Interview Survey (NHIS), from which the sample for the MEPS HC is drawn, and enhanced longitudinal data collection for core survey components. The MEPS HC augments NHIS by selecting a sample of NHIS respondents, collecting additional data on their health care expenditures, and linking these data with additional

information collected from the respondents' medical providers, employers, and insurance providers.

Household Component

The MEPS HC, a nationally representative survey of the U.S. civilian noninstitutionalized population, collects medical expenditure data at both the person and household levels. The HC collects detailed data on demographic characteristics, health conditions, health status, use of medical care services, charges and payments, access to care, satisfaction with care, health insurance coverage, income, and employment.

The HC uses an overlapping panel design in which data are collected through a preliminary contact followed by a series of five rounds of interviews over a 2¹/₂-year period. Using computer-assisted personal interviewing (CAPI) technology, data on medical expenditures and use for 2 calendar years are collected from each household. This series of data collection rounds is launched each subsequent year on a new sample of households to provide overlapping panels of survey data and, when combined with other ongoing panels, will provide continuous and current estimates of health care expenditures.

The sampling frame for the MEPS HC is drawn from respondents to NHIS, conducted by NCHS. NHIS provides a nationally representative sample of the U.S. civilian noninstitutionalized population, with oversampling of Hispanics and blacks.

Medical Provider Component

The MEPS MPC supplements and validates information on medical care events reported in the MEPS HC by contacting medical providers and pharmacies identified by household respondents. The MPC sample includes all hospitals, hospital physicians, home health agencies, and pharmacies reported in the HC. Also included in the MPC are all office-based physicians:

- Providing care for HC respondents receiving Medicaid.
- Associated with a 75-percent sample of households receiving care through an HMO (health maintenance organization) or managed care plan.

- Associated with a 25-percent sample of the remaining households.

Data are collected on medical and financial characteristics of medical and pharmacy events reported by HC respondents, including:

- Diagnoses coded according to ICD-9 (9th Revision, International Classification of Diseases) and DSM-IV (Fourth Edition, Diagnostic and Statistical Manual of Mental Disorders).
- Physician procedure codes classified by CPT-4 (Current Procedural Terminology, Version 4).
- Inpatient stay codes classified by DRG (diagnosis-related group).
- Prescriptions coded by national drug code (NDC), medication names, strength, and quantity dispensed.
- Charges, payments, and the reasons for any difference between charges and payments.

The MPC is conducted through telephone interviews and mailed survey materials.

Insurance Component

The MEPS IC collects data on health insurance plans obtained through private and public-sector employers. Data obtained in the IC include the number and types of private insurance plans offered, benefits associated with these plans, premiums, contributions by employers and employees, and employer characteristics.

Establishments participating in the MEPS IC are selected through three sampling frames:

- A list of employers or other insurance providers identified by MEPS HC respondents who report having private health insurance at the Round 1 interview.
- A Bureau of the Census list frame of private-sector business establishments.
- The Census of Governments from the Bureau of the Census.

To provide an integrated picture of health insurance, data collected from the first sampling frame (employers and other insurance providers) are linked back to data provided by the MEPS HC respondents. Data from the other three sampling frames are collected to provide annual national and State estimates of the supply of private health insurance available to American workers

and to evaluate policy issues pertaining to health insurance. Since 2000, the Bureau of Economic Analysis has used national estimates of employer contributions to group health insurance from the MEPS IC in the computation of Gross Domestic Product (GDP).

The MEPS IC is an annual panel survey. Data are collected from the selected organizations through a prescreening telephone interview, a mailed questionnaire, and a telephone followup for nonrespondents.

Survey Management

MEPS data are collected under the authority of the Public Health Service Act. They are edited and published in accordance with the confidentiality provisions of this act and the Privacy Act. NCHS provides consultation and technical assistance.

As soon as data collection and editing are completed, the MEPS survey data are released to the public in staged releases of summary reports and microdata files. Summary reports are released as printed documents and electronic files. Microdata files are released on CD-ROM and/or as electronic files.

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Table of Contents

Background	1
Original Estimation Plan	2
Current Estimation for Active Employees	2
Estimates for Retirees	3
COBRA Estimates	4
Optional Coverage.	4
Benchmark Comparisons	5
References	6

Tables showing MEPS statistics on private-sector employees with employer-sponsored health insurance compared to statistics from other sources:

1. Percent of total premium for single health insurance paid by employee	7
2. Percent enrolled in insurance	7
3. Average annual premium for single health insurance	8
4. Total annual premiums	8

Appendixes:

A. 1996 Insurance Component Questionnaire	9
B. 1998 Insurance Component Questionnaire	21

Estimation of Expenditures and Enrollments for Employer-Sponsored Health Insurance

by John Paul Sommers, Ph.D., Agency for Healthcare Research and Quality

Background

The Medical Expenditure Panel Survey (MEPS) Insurance Component (IC) is a survey of business establishments and governments in the United States. In this report, business establishments (specific places of business) are differentiated from firms, which are legal entities that can own one or many establishments. The survey has two samples, the list sample and household sample. The list sample is a random sample of business establishments and governments in the United States that employ at least one person besides the owner. The household sample is a sample of the employers of respondents from the MEPS Household Component (HC).

The focus of data collected for the IC is information on employer-sponsored health insurance. Employment sponsorship is by far the largest source of health insurance in the Nation. Among the data collected is information on enrollments, premiums, contributions, plan types, plan coverages, retiree coverage, and employer characteristics. The nature of selection of the two samples means that they have different purposes. The household sample data are linked back to other data for the HC respondent and can be used to analyze persons and their medical expenditure choices. The list sample is a nationally representative sample of a large percent of employers and can be used to make national, industry, State, and other levels of estimates of the characteristics of employer-sponsored health insurance (Sommers, 1999a).

A large number of tables of estimates are produced from the list sample (www.meps.ahrq.gov/mepsdata/icindex.htm). Most estimates are straightforward and require no explanation concerning how they are made. Weights that denote the number of establishments in the universe represented by the sampled establishment are created for each sample member in the list sample (Sommers 1999b). Most estimates are made using weighted sample sums and ratios of these sums using techniques described in Kish (1965). For instance, an

estimate of the percent of private-sector establishments that offer health insurance is the ratio of the sum of the weights of private-sector establishments that offer health insurance and the sum of the weights of all private-sector establishments: the estimate of the total number of establishments that offer health insurance divided by the estimate of the total number of establishments.

Estimates of total expenditures, enrollments, and contributions for employer-sponsored health insurance and their breakdown into groups (such as by industry, employer versus employee, and government versus private sector) constitute a set of key estimates made with IC data (www.meps.ahrq.gov/mepsdata/icindex.htm). Because of the size of expenditures for health insurance in the Nation and the large percent represented by employer-sponsored health insurance, estimates of these expenditures are of great interest. In addition to their overall size, these estimates are of interest because of their rate of increase. Government agencies such as the Bureau of Economic Analysis need good data to produce such estimates as part of the production of important overall Gross Domestic Product estimates, used to monitor the economy of the United States (Interdepartmental Committee on Employment Related Health Insurance Surveys, 2000a).

This report gives details of the enrollment and expenditure estimation process. The parts of this process that use standard statistical estimation procedures such as those described above do not receive much discussion in this report. Where the estimation process deviates from standard methods, more detail is provided.

The report also discusses changes in the data collected and the estimators that have been used since the first IC survey year, 1996. Future changes will be reported in later reports in this series. Changes are made as a result of learning what data used to make enrollment and expenditure estimates are available from respondents and what resulting changes and compromises are required to produce estimates using the data that can be collected.

At the end of the report, selected estimates made using MEPS data are compared to estimates from other survey or administrative sources and conclusions are given.

Original Estimation Plan

The original plan for estimation of total employer-sponsored health insurance costs was intended to be simple. Employers were asked to provide total expenditures for health insurance for establishments in the sample. They were also asked to provide total enrollment related to each establishment: active, COBRA (optional extended coverage for former employees who have left the employer but are not retired), and retirees. National totals and subtotals for various populations were to be estimated using the weighted sum of establishment costs for health insurance or enrollees of the particular type for which an estimate was needed.

It was soon apparent that this original estimation plan was problematic. Among the reasons were the following.

- Large multi-site employers, which pay a large percentage of the costs, could not supply cost information at the establishment level because plans were offered over many establishments and data were not broken out by establishment. They could provide data only at the level that the bill was paid—regional, national, etc.
- Large multi-site employers do not keep retiree and COBRA information at the establishment level. Furthermore, there may be no establishment that corresponds to an individual retiree. Establishments move and close, so this link does not exist for all retirees. Thus, if a company did relate individual retirees to establishments, many retirees would be missed and national estimates would be low.
- The estimates made were very different from estimates that could be made from other sources. Although the other estimates were not of the highest quality, the IC estimates using the original method were too markedly different to be credible.

Because of these problems, other methods were developed to produce the weighted survey estimates. Questionnaires were changed between 1996 and 1998 to collect information that could support these estimates.

(Appendixes A and B show the 1996 and 1998 questionnaires.) In 1996 and 1997, interim estimation methods were used. This report describes the 1998 estimation methods and also discusses the interim methods used in 1996 and 1997.

Current Estimation for Active Employees

The estimation process is broken into four parts:

- Hospital/physician coverage for active employees.
- Hospital/physician coverage for retirees.
- Hospital/physician coverage for former employees with COBRA coverage.
- Optional coverage, such as separate dental insurance.

This division occurred because it provides breakouts that are of concern to users and because the data available from respondents require it.

Aside from breaking estimation into parts, a new approach was developed that does not use totals of expenditures for each establishment, but instead builds these establishment totals when necessary.

The new process estimates hospital and physician coverage expenditures and enrollments for active employees at each business establishment or government as follows. Annual expenditure estimates for four items are made for each establishment: total family and single contributions for the year for employees at the establishment and total family and single contributions for the year for the employer at the establishment. Each estimate is made by taking the sum over all plans within the establishment or government of the enrollment for the type of coverage for each plan times the employer or employee annual contribution to the premium. Thus, if two plans are offered at an establishment or government, the total single employee contribution for that establishment or government is the sum across plans of the product of the single enrollment and single contribution reported for the individual plans.

These estimates assume a constant enrollment within the year at each establishment or government. The enrollment for the year is set at the time of collection, which is late summer. Contributions per enrollee are set based on the contribution in effect at that time. These assumptions tend to work rather well. Bureau of Labor Statistics monthly employment

estimates for the late summer tend to be close to the annual average (www.bls.gov/ces).

Furthermore, total employment for the IC is also post-stratified, so enrollments are estimated using these values and the percent enrolled (Sommers, 1999b). Also, contributions are fixed by plan year, and most establishments' plan years run from January 1 to December 31, the estimation period.

Establishment and government values are weighted and summed to make national and subnational estimates. This was the original plan for all expenditure estimates. Here the method is applied to active employee expenditures and enrollments only. This method creates annual estimates that benchmark well to other available national totals. (Comparisons with other estimates are shown later in this report.)

This type of estimate was used for active employees, retirees, and those with COBRA coverage in 1996. However, because total single enrollment collected included all types of enrollees—active, COBRA, and retirees—which was not the case for later years (Appendixes A and B), no single enrollment for active employment was collected. Thus, for 1996 this value was calculated by taking the percentage of all enrollees that were single enrollees and applying it to total active enrollees to obtain active single enrollees.

Estimates for Retirees

The primary reason for changing the original estimation methods was that there were problems with collection of data on retirees. Data for retirees are not associated with establishments (specific locations) but instead are available at the level of the firm (a legal entity that can own multiple establishments). This is a common problem in business surveys. The sampling unit must be chosen carefully to accurately reflect how data are collected and to allow the production of the estimates required. Sometimes not all data can be collected for the same unit, so special estimation methods are needed (Sommers, 2000).

In the case of the IC and retirees, the sampling unit is the establishment but the reporting unit now used for retiree information is the firm. Data on the total number of single and married retirees enrolled with the entire firm, along with average contributions for the most common plan, are currently collected. (See

questionnaire in Appendix B.) This change was made for data collected for calendar year 1998 and beyond.

Since only establishment weights are created for the IC, it is necessary to convert firm-level information on retiree enrollments to establishment-level information. If this is done, the contributions reported at the firm level can be used to build establishment-level expenditures and produce estimates in the same manner as for active enrollees.

To carry out this estimation procedure, a simple proration method is used. Each firm on the frame and establishment linked to that firm has a frame value for total establishment and firm employment. This means that if the proportion of firm employment for each establishment on the frame is calculated, the sum of these proportions across the establishments in the firm adds to 1. Under these conditions, the weighted sum of the prorated enrollments is an unbiased estimate of total retiree enrollments (Sommers, 2000). Under the same assumptions used for active expenditures, this prorated enrollment can be multiplied by an average plan contribution to create a prorated total contribution for the establishment, and the weighted sum over the entire sample of establishments of these prorated contributions gives a national estimate of total retiree contributions. For example, if a firm has 1,000 retirees and 10,000 employees, then an establishment within the firm with 500 employees would be allocated $50 = 1,000 \times (500/10,000)$ retirees for estimation purposes.

Estimates for subtotals across a subset of establishments are obtained using the weighted sum of a similar subset from the sample. An example would be estimates made for each industry. There is an exception: currently, no information is collected about whether retiree plans are purchased or self-insured (where the employer pays medical costs directly). To make estimates that break expenditures and enrollees into these two types of plans, retiree enrollees are prorated using the percentage of active enrollees at the establishment in each type of plan.

As mentioned previously, the new method of estimation for retirees was adopted beginning in 1998. Before 1998, respondents were asked to report retirees at the establishment level. Retirees were grouped into family or single coverage using the percent of all enrollees who had single coverage. Estimates were made using weighted sums of these establishment-level values. There was no requirement for an adjustment of

firm-level information to the establishment level, as was done for the 1998 results. The change in methods had a significant effect on the estimated number of retirees with health insurance and the total expenditures for retiree health insurance. In 1996 and 1997, using the direct estimator, the total national estimate of private-sector retirees with health insurance through their former job was about 3.1 million. With the new estimator, the number for 1998 jumped to 5.7 million, with a corresponding increase in expenditures. Although the reporting problems associated with the 1996-97 method were well known, efforts were made to verify that the increase was caused by a change of estimators. This proved to be a somewhat difficult task, as no independent reliable estimates of numbers of retirees enrolled in employer-sponsored health insurance plans could be found. However, analysis of certain weighted and unweighted numbers provided evidence that the results for 1996 and 1997 were low.

The estimates of total enrollees for the private sector changed dramatically, from about 3.1 million for 1996-97 to 5.7 million for 1998. Analysis of the total reported number of retirees for the largest 500 firms in the sample shows that 3.1 million is likely too low a result. In 1998, the first year this information was collected, these firms reported approximately 2.5 million retired enrollees. Less than half of the employees who worked in establishments that offered health insurance were represented by this group of firms. Assuming that other establishments that offer health insurance to retirees have a similar ratio of retirees with health insurance to active employees gives an estimate of over 5 million retirees with employer-sponsored health insurance. Moreover, the fact that the top companies in the sample, which represent less than a quarter of the total employment, report retiree enrollment almost as large as the MEPS estimates for 1996 and 1997 makes a compelling argument that the higher estimate for 1998 is a better estimate.

The effect of this change on total annual expenditures for 1996 and 1997 is \$8-\$10 billion. This change will be discussed in terms of the overall national estimates of expenditures for employer-sponsored health insurance later in this report when IC estimates are compared with other results.

In comparison to private-sector enrollment, the estimates of retiree enrollment for State and local governments are similar for all three years (1996-98),

which seems reasonable since in MEPS, governments are asked to report for the entire government, so the problem of site (establishment) and controlling entity (firm) does not exist. Government-wide reporting is similar to private-sector reporting at the firm level. Collection at this level was possible because State and local governments fall entirely within single States; thus, there was no need to gather data by location in order to make State estimates.

COBRA Estimates

COBRA is coverage under laws for continuation of benefits. It is a small portion of the total employer-sponsored health insurance market. Like retirees, COBRA enrollees were part of total reported enrollments in 1996. This enrollment was divided into family and single using the percent of single coverage for all enrollees, the same method used for active and retiree enrollments. In 1997, COBRA enrollment was separate from the totals. Currently, the weighted sums method used for values for active employees is also used for COBRA enrollees. Estimates for family premiums are done in a similar manner. Since no data on breaks in single enrollment are collected for COBRA coverage, the percent of people with COBRA single coverage is assumed to be the same as the percent of active enrollment for the same plan at the establishment. Also, it is assumed that all contributions for COBRA coverage are made by the enrollee.

Optional Coverage

Some employers offer coverage for single items, such as vision or dental care, as an optional coverage. An employee can enroll in these plans separately from the more standard hospital/physician coverage normally offered. Expenditures for this coverage are estimated by obtaining the total employer costs for this coverage at the establishment and taking a weighted sum of these establishment totals over the sample. This method parallels the method that was originally intended for costs of hospital/physician coverage.

However, this original estimation method was not abandoned for estimates of costs of optional coverage. Several factors prevented the change for optional coverage:

- Very little is known about the levels of premiums, so it is difficult to evaluate results.
- Optional coverage is only a very small portion of employer health insurance expenditures; thus, a major change in estimation method may have little effect on total expenditure estimates.
- A single employer may offer many plan types. To request enrollment and premiums for each plan type may increase respondent burden without a major payback in the quality of estimates.

Steps have been taken to improve the estimates through changes in the questionnaire. Many hospital/physician plans include coverage for items, such as dental care, that are obtained through a special third-party plan. For instance, a health maintenance organization such as Kaiser Permanente runs its own medical clinics but provides dental coverage by subcontract to a specialized dental provider. This can also occur with self-insured plans, where the employer pays for medical costs directly. Such self-insured plans can choose to obtain dental coverage by buying a separate dental plan. In 1996, some employers reported optional plans, which could only be obtained as part of their medical plan, as optional coverage. However, they also included the plan premiums in the premiums for the main hospitalization coverage. Thus, some expenditures were double-counted in the national estimates.

Because of this problem, the questionnaire was changed in 1997 and better instructions given to respondents (Appendixes A and B). The estimate for optional coverage expenditures dropped from approximately \$12 billion in 1996 to \$8 billion in 1997. The estimate for 1998 was \$10 billion. At the same time, the number of employers reporting optional dental or prescription coverage in 1997 and 1998 was lower than the number reporting these types of coverage in 1996. Since these are the two most common types of coverage included in hospital/physician coverage to be subcontracted, it appears that the change in the questionnaire had the desired effect and that the estimates of employers reporting this optional coverage were more accurate.

Benchmark Comparisons

Efforts were made to evaluate results produced by the IC (Interdepartmental Committee on Employment

Related Health Insurance Surveys, 2000b). In this section, selected examples of these comparisons are given. Because the IC is unique, no single comparable survey or set of comparable results is available. Thus, individual estimates from the IC are compared to estimates from a variety of specific sources.

Table 1 compares the MEPS IC estimate of the percent contributed by individuals in the private sector for single coverage with estimates from the 1993 National Employer Health Insurance Survey, or NEHIS (National Center for Health Statistics, 2002; Westat, 1994) and the 1999 Employer Health Benefits Survey, funded by the Kaiser Family Foundation (Levitt, Lundy, Hoffman, et al., 1999). Values are generally within statistical error when considering error from the IC alone. (Errors are not available for any of the other estimates used for comparison in this report.) Although the sample years are different, under the assumption that percent contributions are relatively stable across years, the three surveys seem to agree among themselves.

Table 2 compares the percent of private-sector employees enrolled in employment-related health insurance by industry as estimated by the 1993 NEHIS; the 1997 MEPS IC; and the 1996-97 Employee Benefits Survey (EBS), conducted by the Bureau of Labor Statistics (Interdepartmental Committee on Employment Related Health Insurance Surveys, 2000b). As with percent contributions, most of the estimates fall into line with each other when the likely standard error is considered. Estimates for the construction industry group appear to be different. However, the sample size for construction in the EBS is small, so there could be a large standard error associated with that estimate.

Table 3 shows single premiums by industry for the 1993 NEHIS and the 1997 MEPS IC. Although one would expect some price change over this period of time, the general size and order of size of the premiums by industry are well correlated.

Other available individual comparisons of IC results with data from other sources show similar results. The total expenditure values for health insurance for the entire United States are of particular interest. Table 4 shows estimates based on the MEPS IC along with official estimates produced by the Centers for Medicare & Medicaid Services, or CMS (formerly the Health Care Financing Administration). The CMS results are produced using data from industry, administrative records, and surveys (Centers for Medicare & Medicaid

Services, 2002). Three estimates are produced, and then a final value is selected after judging their results. No error interval is given with these results, nor is any evaluation of past results given. The three results can vary among themselves by 5 percent or more within a single year. Considering the IC sampling error and the variability of the other three results in past years, the results seem to track rather well.

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Table 1. Percent of total premium for single health insurance coverage paid by employee for employer-sponsored insurance among private-sector employees: United States

Industry	Survey			
	1993 National Employer Health Insurance Survey estimate	1999 Employer Health Benefits Survey estimate	1997 Medical Expenditure Panel Survey Insurance Component	
			Estimate	Standard error
Total	15.1	16	15.6	0.52
Construction	17.0	13	15.6	1.71
Manufacturing	13.6	12	14.1	0.62
Transportation	10.4	11	11.0	0.92
Wholesale trade	15.4	13	15.0	1.48
Retail trade	23.0	26	22.6	1.39
Finance	15.4	16	16.6	1.15
Services	14.7	21	14.6	0.80

Sources: National Employer Health Insurance Survey—www.cdc.gov/nchs/about/major/nehis/meps_ic.htm#national%20data (accessed Nov. 8, 2002); Employer Health Benefits Survey—Levitt L, Lundy L, Hoffman C, et al. Employer health benefits: 1999 Annual Survey. Chicago: Health Research and Educational Trust Cat. Number 097591; Medical Expenditure Panel Survey—www.meps.ahrq.gov (accessed Nov. 8, 2002).

Table 2. Percent of all private-sector employees enrolled in employer-sponsored health insurance: United States

Industry	Survey			
	1993 National Employer Health Insurance Survey estimate	1996-97 Employer Health Benefits Survey estimate	1997 Medical Expenditure Panel Survey Insurance Component	
			Estimate	Standard error
Total	57.5	57	57.2	0.43
Construction	42.4	61	44.3	1.22
Manufacturing	78.3	79	78.6	0.35
Transportation	72.5	73	75.1	1.24
Wholesale trade	67.5	73	71.7	1.18
Retail trade	34.3	32	36.8	0.68
Finance	67.9	75	70.5	0.99
Services	53.7	51	52.5	0.68

Sources: National Employer Health Insurance Survey—www.cdc.gov/nchs/about/major/nehis/meps_ic.htm#national%20data (accessed Nov. 8, 2002); Employee Benefits Survey—Interdepartmental Committee on Employment Related Health Insurance Surveys. Draft report: Data Evaluation Subcommittee [unpublished report]. Washington; Oct. 2000; Medical Expenditure Panel Survey—www.meps.ahrq.gov (accessed Nov. 8, 2002).

Table 3. Average annual premium for single health insurance coverage for employer-sponsored insurance among private-sector employees: United States

Industry	Survey		
	1993 National Employer Health Insurance Survey estimate	1997 Medical Expenditure Panel Survey Insurance Component	
		Estimate	Standard error
Total	\$2,069	\$2,051	\$20
Construction	1,924	1,931	45
Manufacturing	2,017	1,919	28
Transportation	2,271	2,199	106
Wholesale trade	1,980	2,088	49
Retail trade	1,868	1,843	29
Finance	2,195	2,122	25
Services	2,118	2,134	32

Sources: National Employer Health Insurance Survey—www.cdc.gov/nchs/about/major/nehis/meps_ic.htm#national%20data (accessed Nov. 8, 2002); Medical Expenditure Panel Survey—www.meps.ahrq.gov (accessed Nov. 8, 2002).

Table 4. Total annual health insurance premiums for employer-sponsored insurance for private-sector employees: United States

Survey	1996	1997	1998
	Billions of dollars		
Centers for Medicare & Medicaid Services	\$344.8	\$359.4	\$383.2
Medical Expenditure Panel Survey Insurance Component:			
Estimate	346.4	347.7	392.8
Standard error	7.8	7.8	8.6

Sources: Center for Medicare & Medicaid Services—www.cms.hhs.gov/statistics/nhe/default.asp#business (accessed Nov. 8, 2002); Medical Expenditure Panel Survey—www.meps.ahrq.gov (accessed Nov. 8, 2002).

Appendix A

1996 Insurance Component Questionnaire

<p>MEPS-10 <small>4-9905 01/79</small></p> <p style="text-align: center;">U.S. DEPARTMENT OF COMMERCE BUREAU OF THE CENSUS OFFICE OF COLLECTIVE BARGAINING FOR U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES</p> <p style="text-align: center;">MEDICAL EXPENDITURE PANEL SURVEY (INSURANCE COMPONENT) ESTABLISHMENT QUESTIONNAIRE</p>	
<p>RETURN TO Bureau of the Census 1201 East 19th Street Jeffersonville, IN 47132-0001</p>	
<p><small>If you have any questions concerning this survey, please call</small></p>	<p><small>Please correct errors in name, address, and ZIP Code. ENTER number and street if not shown.</small></p>

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 employees and/or retirees. Exclude extra-cash plans (a specified number of dollars per day in the hospital) or dental/disease (e.g., cancer only) plans.
2. Coverage could have been purchased from an insurance company, provided by a union or trade association, or self-insured by your company.
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 company operates at more than one location, provide information for the location on the label unless otherwise directed.
7. Count **owners and officers** as employees in the enrollment questions if they were eligible for coverage along with the other employees at this location.
8. 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 workers.
9. **Estimates** are acceptable if you do not have this information readily available.
10. 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 you make available or contribute to the cost of any health insurance plans for your employees or retirees on July 1, 1996? See instructions 1-8 above for a description of health insurance plans.

Yes No No, go to Section D on page 5.

How many?

Section B – PLAN CHARACTERISTICS	
<p>B1. On July 1, 1996, what was the name of the health insurance plan with the highest enrollment and its carrier?</p> <p><i>If you have received Supplemental Sheets Form MEPS 3050 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.</i></p>	<p>B5-c. Enter this establishment'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 employer and employee contributions.</p> <p>¹⁰⁰ \$ _____ .00 <i>If this is the only plan you offered, also enter the amount in Question C2 on page 4.</i></p>
FOR CENSUS USE ONLY	
¹⁰¹ _____	
¹⁰² Name of plan	B5-d. Enter the monthly premium equivalents (or the COBRA amount if premium equivalents were not calculated) for single and family (or dual) coverage for a typical full-time employee. Include the costs entered in B5c. Also enter this information in Question B11a (single) and B11b (family) – Total premium on page 3. <p>¹⁰³ \$ _____ .00 Single coverage</p> <p>¹⁰⁴ \$ _____ .00 Family coverage</p>
¹⁰³ Name of insurance carrier	B6. Is the amount entered in B5d – <p>¹⁰⁵ <input type="checkbox"/> A premium equivalent? <input type="checkbox"/> A COBRA amount?</p> <p style="text-align: center;">If self-insured, go to Question B7.</p>
<p>B2. Indicate the type of providers in this plan.</p> <p>¹⁰⁶ <input type="checkbox"/> 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)</p> <p><input type="checkbox"/> Any providers – Enrollees can go to the physicians of their choice in a fee-for-service basis. The plan does not have any associated providers. (For example, conventional plans, indemnity plans)</p> <p><input type="checkbox"/> 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)</p>	<p>B4. 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> <p>¹⁰⁷ <input type="checkbox"/> Yes <input type="checkbox"/> No</p>
<p>B3. Did this plan require that the enrollee see a primary-care physician in order to be referred to a specialist?</p> <p>¹⁰⁸ <input type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p>B7. Was this plan operated by a –</p> <p>¹⁰⁹ <input type="checkbox"/> Union <input type="checkbox"/> Trade Association <input type="checkbox"/> Neither</p> <p>¹¹⁰ Name of union or trade association</p> <p>¹¹¹ Local number, if a union</p>
<p>B4. Indicate the type of indemnification of this plan.</p> <p>¹¹² <input type="checkbox"/> 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 style="text-align: center;">If purchased, go to Question B6.</p> <p><input type="checkbox"/> Self-insured – Your company 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.</p>	<p>¹¹² Name of insurance representative</p> <p>¹¹³ Address (Number and street)</p> <p>¹¹⁴ City ¹¹⁵ State ¹¹⁶ ZIP Code</p> <p>¹¹⁷ Telephone number</p> <p>() _____</p>
<p style="text-align: center;">For self-insured plans only</p> <p>B5-a. Indicate if you administered the plan or if you employed a third party.</p> <p>¹¹⁸ <input type="checkbox"/> Self-administered <input type="checkbox"/> Insurance company or other administrator</p> <p>b. Did you purchase stop-loss coverage?</p> <p>¹¹⁹ <input type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p>B8. Did any enrollee receive a direct subsidy or contribution towards any part of the premium (e.g., from a union or government)?</p> <p>¹²⁰ <input type="checkbox"/> Yes <input type="checkbox"/> No</p>
<p>B9. In what month did the plan year begin?</p> <p><i>Enter a numeric response (e.g., Jan = 01, May = 05)</i></p> <p>¹²¹ _____ Month</p>	

Section B - PLAN CHARACTERISTICS - Continued

B10a. For this plan, enter the total number of employees including dependents for this establishment on July 1, 1996.

104

b. Enter the total number of active employees enrolled

105

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

106

d. Enter the number of retirees enrolled.

107 Total (5) and older

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

108

B11a. Enter this plan's total premiums, employer contribution, and employee contribution for a typical full-time employee with single coverage.

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

109 \$.00 Total premiums

110 \$.00 Employer contribution

111 \$.00 Employee contribution

Indicate the premium period: **g.**

112 Week 2 weeks Month Year

b. Enter this plan's total premiums, employer contribution, and employee contribution for an enrolled family of four.

Report for the same premium period as in Question B11a.

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

113 \$.00 Total premiums

114 \$.00 Employer contribution

115 \$.00 Employee contribution

116 Family coverage was not offered

B12a. Did the premiums (not contributions) vary by -
Check all that apply.

- 117 Age?
118 Sex?
119 Number of persons within family coverage?
120 Wage or salary levels?
121 Other? - Specify

122

B12b. Did the amount of the employee contribution (not premiums) vary for different employee categories (e.g., full-time, part-time, retiree)?

123 Yes No

B13. Did this plan's premiums include either of these services? Check all that apply.

124 Life insurance Disability insurance

B14. 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.

125 \$.00 Total individual annual deductible OR **g.**

Separate deductibles for:

126 \$.00 Physician care

127 \$.00 Hospital care

If the deductible is per overnight hospital stay, report under B15a.

128 \$.00 Total family annual deductible if applicable **g.**

129 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.

130 Plan did not have a deductible

B15a. How much did an enrollee pay for an overnight hospital stay in a participating hospital, if applicable after any annual deductible was met?

131 \$.00 Per day Per stay

OR

132 Percent OR

133 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?

134 \$.00

OR

135 Percent OR

136 Physician care was not covered

B16. What was the maximum amount this plan would have paid for an individual -

a. Over the enrollee's lifetime?

137 \$.00

b. In one year?

138 \$.00

139 No maximum

Section B - PLAN CHARACTERISTICS - Continued	
<p>B17. What was the maximum annual out-of-pocket amount for -</p> <p>a. An individual?</p> <p>101 \$ <input style="width: 100px;" type="text"/> .00</p> <p>b. A family (of four)?</p> <p>102 \$ <input style="width: 100px;" type="text"/> .00</p> <p>103 <input type="checkbox"/> No maximum</p> <hr/> <p>B18. Indicate which of these services were included in the plan.</p> <p>Check all that apply.</p> <p>104 <input type="checkbox"/> Routine mammograms</p> <p>105 <input type="checkbox"/> Adult routine physical exams</p> <p>106 <input type="checkbox"/> Routine pap smears</p> <p>107 <input type="checkbox"/> Office visits for prenatal care</p> <p>108 <input type="checkbox"/> Adult annual exams</p> <p>109 <input type="checkbox"/> Child immunizations</p> <p>110 <input type="checkbox"/> Well-baby care, under 1 year</p> <p>111 <input type="checkbox"/> Well-child care, 1-4 years</p> <p>112 <input type="checkbox"/> 100% well-baby care</p> <p>113 <input type="checkbox"/> Chiropractic care</p> <p>114 <input type="checkbox"/> Other non-physician providers</p> <p>115 <input type="checkbox"/> Outpatient prescriptions</p> <p>116 <input type="checkbox"/> Routine dental care</p> <p>117 <input type="checkbox"/> Orthodontic care</p> <p>118 <input type="checkbox"/> Nursing home care</p> <p>119 <input type="checkbox"/> Home health care</p> <p>120 <input type="checkbox"/> Inpatient mental illness</p> <p>121 <input type="checkbox"/> Outpatient mental illness</p> <p>122 <input type="checkbox"/> Alcohol/substance abuse treatment</p>	<p>B19. Could this plan have refused to cover persons with certain preexisting conditions?</p> <p>100 <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Did this happen in 1997?</p> <p>101 <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <hr/> <p>B20. Could this plan have imposed a waiting period for persons with certain preexisting conditions?</p> <p>100 <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <hr/> <p>B21a. Is this plan offered in 1997?</p> <p>100 <input type="checkbox"/> Yes - If Yes, go to Question B21c.</p> <p>101 <input type="checkbox"/> No</p> <p>b. If it is not still offered, indicate if it has been -</p> <p>102 <input type="checkbox"/> Replaced with a similar plan</p> <p>103 <input type="checkbox"/> Replaced by a substantially different plan</p> <p>104 <input type="checkbox"/> Dropped without offering a replacement - Go to Section C.</p> <p>c. For 1997, enter the single and family enrollments and premiums for this plan or the one that took its place.</p> <p>Report for the same premium period as in Question B16 on page 1.</p> <p>100 <input style="width: 80px;" type="text"/> Single enrollment</p> <p>101 <input style="width: 80px;" type="text"/> Family enrollment</p> <p>102 \$ <input style="width: 80px;" type="text"/> .00 Single premium</p> <p>103 \$ <input style="width: 80px;" type="text"/> .00 Family premium</p> <p><i>Please complete one Supplemental Sheet for each additional hospital/physician plan you offered your employees and retirees on July 1, 1996. You may use photocopies of the Supplemental Sheet or Section B of this form, if necessary.</i></p>
Section C - GENERAL HEALTH COVERAGE CHARACTERISTICS	
<p>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 employee?</p> <p>Check all that apply.</p> <p>100 <input type="checkbox"/> Dental</p> <p>101 <input type="checkbox"/> Vision</p> <p>102 <input type="checkbox"/> Prescription drugs</p> <p>103 <input type="checkbox"/> Long-term care</p> <p>b. What was the total amount paid for these coverages in 1996? Include employer and employee contributions.</p> <p>100 \$ <input style="width: 100px;" type="text"/> .00</p>	<p>C2a. Did you impose a waiting period before new employees could be covered by health insurance?</p> <p>100 <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>b. What was the typical waiting period?</p> <p>100 <input type="checkbox"/> Less than 2 weeks</p> <p>101 <input type="checkbox"/> 2 weeks to less than 1 month</p> <p>102 <input type="checkbox"/> 1-3 months</p> <p>103 <input type="checkbox"/> More than 3 months</p> <hr/> <p>C3. Enter the total annual cost of coverage for the plan year that included July 1, 1996 for ALL hospital/physician plans that you offered at this location. Include employer and employee contributions.</p> <p>100 \$ <input style="width: 100px;" type="text"/> .00</p>

Control No. _____

Section D - EMPLOYMENT CHARACTERISTICS

<p>D1. Enter the number of employees on your payroll at the location printed on the label for each of the categories below. Report for the pay period that included July 1, 1996. If you offered health insurance, also enter the number of employees eligible and enrolled for coverage through your organization. Include officers and owners. Exclude leased, contract or agency workers.</p> <p>a. All employees</p> <table style="width: 100%; border: none;"> <tr> <td style="width: 33%; border: none;">Total</td> <td style="width: 33%; border: none;">Eligible</td> <td style="width: 33%; border: none;">Enrolled</td> </tr> <tr> <td style="border: none;"><input style="width: 100%;" type="text"/></td> <td style="border: none;"><input style="width: 100%;" type="text"/></td> <td style="border: none;"><input style="width: 100%;" type="text"/></td> </tr> </table> <p>b. Part-time employees</p> <table style="width: 100%; border: none;"> <tr> <td style="width: 33%; border: none;">Total</td> <td style="width: 33%; border: none;">Eligible</td> <td style="width: 33%; border: none;">Enrolled</td> </tr> <tr> <td style="border: none;"><input style="width: 100%;" type="text"/></td> <td style="border: none;"><input style="width: 100%;" type="text"/></td> <td style="border: none;"><input style="width: 100%;" type="text"/></td> </tr> </table> <p>c. Temporary (seasonal) employees</p> <table style="width: 100%; border: none;"> <tr> <td style="width: 33%; border: none;">Total</td> <td style="width: 33%; border: none;">Eligible</td> <td style="width: 33%; border: none;">Enrolled</td> </tr> <tr> <td style="border: none;"><input style="width: 100%;" type="text"/></td> <td style="border: none;"><input style="width: 100%;" type="text"/></td> <td style="border: none;"><input style="width: 100%;" type="text"/></td> </tr> </table> <p>d. Were retirees eligible to receive health insurance (other than through COBRA or other continuation-of-benefits laws) on July 1, 1996?</p> <p><input type="checkbox"/> Yes - Check all that apply <input type="checkbox"/> No</p> <p style="margin-left: 20px;"><input type="checkbox"/> Retirees under 65 years</p> <p style="margin-left: 20px;"><input type="checkbox"/> Retirees 65 years and over</p>	Total	Eligible	Enrolled	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	Total	Eligible	Enrolled	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	Total	Eligible	Enrolled	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<p>D2. For the pay period that included July 1, 1996 -</p> <p>a. Enter the number of women employees <input style="width: 100%;" type="text"/></p> <p>b. Enter the number of employees 50 years old or older <input style="width: 100%;" type="text"/></p> <p>c. Enter the number of employees who were union members <input style="width: 100%;" type="text"/></p> <p>d. Enter the number of employees who earned -</p> <p style="margin-left: 20px;">(1) Less than \$8.50 per hour <input style="width: 100%;" type="text"/></p> <p style="margin-left: 20px;">(2) Between \$8.50 and \$15.00 per hour <input style="width: 100%;" type="text"/></p> <p style="margin-left: 20px;">(3) More than \$15.00 per hour <input style="width: 100%;" type="text"/></p> <p>D3. How many hours per week (not an employee work to be considered full-time at your establishment)?</p> <p style="margin-left: 20px;"><input style="width: 100%;" type="text"/> Hours</p>
Total	Eligible	Enrolled																	
<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>																	
Total	Eligible	Enrolled																	
<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>																	
Total	Eligible	Enrolled																	
<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>																	

Section E - COMPANY CHARACTERISTICS

<p>E1. Do you offer any of these fringe benefits?</p> <p>Check all that apply.</p> <p><input type="checkbox"/> Paid vacation</p> <p><input type="checkbox"/> Paid sick leave</p> <p><input type="checkbox"/> Life insurance</p> <p><input type="checkbox"/> Disability insurance</p> <p><input type="checkbox"/> Retirement/pension plans</p> <p><input type="checkbox"/> Medical Savings Accounts (MSAs)</p> <p><input type="checkbox"/> Flexible spending accounts</p> <p><input type="checkbox"/> Colateral plan -</p> <p style="margin-left: 20px;">Enter the average annual value per employee <input style="width: 100%;" type="text"/> \$ _____ .00</p> <hr/> <p>E2. Which of these categories best describes your type of ownership?</p> <p>Check only ONE.</p> <p><input type="checkbox"/> S Corporation</p> <p><input type="checkbox"/> Corporation</p> <p><input type="checkbox"/> Partnership</p> <p><input type="checkbox"/> Sole Proprietorship</p> <p><input type="checkbox"/> Government (Federal, state, or local)</p> <p><input type="checkbox"/> Joint venture or cooperative</p> <hr/> <p>E3. Is this a nonprofit business?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p>E4. Which of these categories best describes your principal business activity?</p> <p>Check only ONE.</p> <p><input type="checkbox"/> Retail trade</p> <p><input type="checkbox"/> Personal services (e.g., beauty shops, dry cleaners)</p> <p><input type="checkbox"/> Business services (e.g., advertising, computer processing)</p> <p><input type="checkbox"/> Other services (e.g., legal and health services)</p> <p><input type="checkbox"/> Manufacturing</p> <p><input type="checkbox"/> Wholesale trade</p> <p><input type="checkbox"/> Finance, insurance, or real estate</p> <p><input type="checkbox"/> Transportation, communications, electric, gas, or sanitary service</p> <p><input type="checkbox"/> Construction</p> <p><input type="checkbox"/> Agriculture or forestry</p> <p><input type="checkbox"/> Mining</p> <p><input type="checkbox"/> Public administration</p> <hr/> <p>E5. How many years has your company been in business? If you operate at multiple locations, enter the number of years in business for the entire enterprise.</p> <p style="margin-left: 20px;"><input style="width: 100%;" type="text"/> Years</p> <hr/> <p>E6. Enter the total number of employees your business has at all locations.</p> <p style="margin-left: 20px;"><input style="width: 100%;" type="text"/> Employees</p>
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Section F - TO BE COMPLETED IF YOU DID NOT OFFER HEALTH INSURANCE COVERAGE			
<p>F1a. Has your business offered any health insurance as a benefit to the employees or partners of this location since January 1, 1991?</p> <p>¹⁰⁰ <input type="checkbox"/> Yes <input type="checkbox"/> No - If No, go to Question F2.</p> <p>b. In what year did your business last offer health insurance coverage to the employees of this location?</p> <p>¹⁰⁰ <input style="width: 40px; text-align: center;" type="text" value="1 9 9"/> Last year offered</p> <p>F2. Did you pay the medical or hospital bills of your employees directly, other than for workers' compensation and/or injuries suffered on the job?</p> <p>¹⁰⁰ <input type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p>F3a. Instead of providing a health plan in 1999, did you provide a voucher or stipend to your employees which could be used to purchase health insurance?</p> <p>¹⁰⁰ <input type="checkbox"/> Yes <input type="checkbox"/> No - If No, go to Section G.</p> <p>b. Could this voucher or stipend be used for -</p> <p>¹⁰⁰ <input type="checkbox"/> Health insurance/health care only? <input type="checkbox"/> Other purposes as well?</p> <p>c. What was the average value per employee of this voucher or stipend?</p> <p>¹⁰⁰ <input style="width: 60px;" type="text" value="1"/> PER → ¹⁰⁰ <input type="checkbox"/> Week <input type="checkbox"/> 2 weeks <input type="checkbox"/> Month <input type="checkbox"/> Year</p>		
<p>¹⁰⁰ Remarks</p>			
Section G - PERSON COMPLETING THIS QUESTIONNAIRE			
¹⁰¹ Name (Please print)		¹⁰¹ Title	
Signature			¹⁰¹ Date
¹⁰¹ Telephone number () ()	¹⁰¹ Extension	¹⁰¹ FAX number () ()	¹⁰¹ E-Mail address

<p>Form MEPS-10(S) 07-95</p> <p style="text-align: center;">U.S. DEPARTMENT OF COMMERCE BUREAU OF ECONOMIC ANALYSIS OFFICE OF EMPLOYMENT AND WAGES U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES</p> <p style="text-align: center;">MEDICAL EXPENDITURE PANEL SURVEY (INSURANCE COMPONENT) SUPPLEMENTAL SHEET ESTABLISHMENT QUESTIONNAIRE</p>			
INSTRUCTIONS			
<p>This Supplemental Sheet is a reprint of the questions in Section B of the Establishment Questionnaire (MEPS-10). 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 Establishment Questionnaire (MEPS-10) when completing this Supplemental Sheet.</p>			
Section B - PLAN CHARACTERISTICS			
<p>B1. Enter the name of the health insurance plan and the insurance carrier.</p> <table border="1" style="width: 100%; margin-top: 5px;"> <tr> <td style="text-align: center; padding: 2px;">FOR CENSUS USE ONLY</td> </tr> <tr> <td style="height: 20px;"> </td> </tr> </table> <p>*** Name of plan</p> <p>*** Name of insurance carrier</p>	FOR CENSUS USE ONLY		<p style="text-align: center; border: 1px solid black; padding: 2px;">For self-insured plans only</p> <p>B5a. Indicate if you administered the plan or if you employed a third party.</p> <p>*** <input type="checkbox"/> Self-administered <input type="checkbox"/> Insurance company or other administrator</p> <p>b. Did you purchase stop-loss coverage?</p> <p>*** <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>c. Enter the establishment's total annual cost of coverage for this plan for the plan year that included July 1, 1994. Include: claims paid, administrative costs, and stop-loss coverage (if any). Include both employer and employee contributions.</p> <p>*** \$ _____ .00</p> <p>d. Enter the monthly premium equivalents (or the COBRA amount if premium equivalents were not calculated) for single and family (at least two) coverage for a typical full-time employee. Include the costs entered in B5c. Also enter this information in Question B7 (a) (single) and B7 (b) (family) - Total premium on page 2.</p> <p>*** \$ _____ .00 Single coverage</p> <p>*** \$ _____ .00 Family coverage</p> <p>e. Is the amount entered in B5d -</p> <p>*** <input type="checkbox"/> A premium equivalent? <input type="checkbox"/> A COBRA amount?</p> <p style="text-align: center; border: 1px solid black; padding: 2px;">If self-insured, go to Question B7 on page 2.</p>
FOR CENSUS USE ONLY			
<p>B2. Indicate the type of providers in this plan.</p> <p>*** <input type="checkbox"/> 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, PPOs, EPOs)</p> <p><input type="checkbox"/> Any providers - Enrollees can go to the physicians of their choice (in a fee-for-service basis). The plan does not have any associated providers. (For example, conventional plans, indemnity plans)</p> <p><input type="checkbox"/> 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)</p>			
<p>B3. Did this plan require that the enrollee use a primary care physician in order to be referred to a specialist?</p> <p>*** <input type="checkbox"/> Yes <input type="checkbox"/> No</p>			
<p>B4. Indicate the type of indemnification of this plan.</p> <p>*** <input type="checkbox"/> 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 style="text-align: center; border: 1px solid black; padding: 2px;">If purchased, go to Question B6.</p> <p><input type="checkbox"/> Self-insured - Your company 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.</p>			
	<p>B6. 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> <p>*** <input type="checkbox"/> Yes <input type="checkbox"/> No</p>		

Section B - PLAN CHARACTERISTICS - Continued

B14. 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.

140 \$ _____ .00 Total individual annual deductible OR μ

Separate deductibles for:

141 \$ _____ .00 Physician care

142 \$ _____ .00 Hospital care

If the deductible is per overnight hospital stay, report under B15a.

143 \$ _____ .00 Total family annual deductible (if applicable) μ

144 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.

145 Plan did not have a deductible

B15a. How much did an enrollee pay for an overnight hospital stay in a participating hospital, if applicable after any annual deductible was met?

146 \$ _____ .00 \rightarrow Per day Per stay

OR

147 Percent

OR

148 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?

149 \$ _____ .00

OR

150 Percent

OR

151 Physician care was not covered

B16. What was the maximum amount this plan would have paid for an individual -

a. Over the enrollee's lifetime?

152 \$ _____ .00

b. In one year?

153 \$ _____ .00

154 No maximum

B17. What was the maximum annual out-of-pocket amount for -

a. An individual?

155 \$ _____ .00

b. A family (of four)?

156 \$ _____ .00

157 No maximum

B18. Indicate which of these services were included in the plan.

Check all that apply.

158 Routine mammograms

159 Adult routine physical exams

160 Routine pap smears

161 Office visits for prenatal care

162 Adult immunizations

163 Child immunizations

164 Well-baby care, under 1 year

165 Well-child care, 1-4 years

166 100% well-baby care

167 Chiropractic care

168 Other non-physician providers

169 Outpatient prescriptions

170 Routine dental care

171 Orthodontic care

172 Nursing home care

173 Home health care

174 Inpatient mental illness

175 Outpatient mental illness

176 Alcohol/substance abuse treatment

B19. Could this plan have refused to cover persons with certain preexisting conditions?

177 Yes μ No

Did this happen in 1996?

178 Yes No

B20. Could this plan have imposed a waiting period for persons with certain preexisting conditions?

179 Yes No

Section B - PLAN CHARACTERISTICS - Continued

B21a. Is this plan offered in 1997?

- Yes -- **If Yes, go to Question B21c.**
- No

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

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

B21c. 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 B11a on page 2.

Single enrollment

Family enrollment

Single premium

Family premium

Remarks

Appendix B

1998 Insurance Component Questionnaire

1998 Medical Expenditure Panel Survey
Insurance Component

HEALTH INSURANCE COST STUDY

Establishment Questionnaire

(Please correct any errors in name, address, and ZIP Code. Enter number and street if not shown.)

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

RETURN TO Bureau of the Census
1201 East 10th Street
Jeffersonville, IN 47132-0001

PLEASE RETURN ENTIRE PACKAGE WITHIN

INSTRUCTIONS

1. Please report for the establishment identified on the cover sheet, unless otherwise specified.
2. Please report data for **1998**, unless otherwise specified.
3. Estimates are acceptable.
4. Refer to the Definition Sheet included with this package for explanation of unfamiliar terms.
5. If you have any questions or need assistance in completing the questionnaire, please call

Paperwork Reduction Act and Burden Statements

We expect that it will take **30 minutes**, on average, per establishment, to complete the basic questionnaire. Establishments with more than one plan will take an additional 15 minutes per plan, on average, up to the maximum of four plans to be reported. In addition, we estimate that it will take 15 minutes to review the instructions and locate the requested information. You may send any comments regarding this burden estimate or any other aspect of the collection of information, including suggestions for reducing burden, to the following address: Director, Center for Cost and Financing Studies, Payments Reduction Project (990-008), Agency for Health Care Policy and Research, Executive Office Center, Suite 900, 2101 East Jefferson Street, Rockville, MD 20852-6008.

Section A - NUMBER OF PLANS	
<p style="font-size: small; margin: 0;">Please respond for the location identified on the cover sheet unless otherwise specified. Respond for active employees only.</p>	
<p>1a. Did your organization make available or contribute to the cost of any health insurance plans for its employees in 1999?</p> <p style="font-size: x-small; margin-top: 5px;">For this survey, a health insurance plan is hospital and/or physician coverage made available to employees.</p>	<p style="font-size: x-small; margin: 0;">☐ Yes - Continue with Question 1b ☐ No - SKIP to Section B</p>
<p>b. How many different health insurance choices did your organization make available or contribute to for its employees during the 1999 plan year?</p> <p style="font-size: x-small; margin-top: 5px;">Do not count short-term plans (optional plans) such as dental or vision.</p> <p style="font-size: x-small; margin-top: 5px;">Plans offered by the same insurance company which offer:</p> <ul style="list-style-type: none"> • Single and family plans providing the same level of benefits count as one plan. • High and standard options count as two plans. • An HMO and a conventional plan count as two plans. 	<p style="font-size: x-small; margin: 0;">☐ [] SKIP to Page 4, Section C</p>
Section B - HEALTH INSURANCE NOT OFFERED	
<p style="font-size: x-small; margin: 0;">Complete only if health insurance was NOT offered during 1999; otherwise, SKIP to Page 4, Section C.</p>	
<p>1a. Did your organization offer any health insurance as a benefit to its employees at this location between January 1, 1999 and December 31, 1999?</p>	<p style="font-size: x-small; margin: 0;">☐ Yes - Continue with Question 1b ☐ No - SKIP to Question 2</p>
<p>b. What was the last year your organization offered health insurance coverage to its employees at this location?</p>	<p style="font-size: x-small; margin: 0;">☐ [1] [9] [9] [] Last year offered</p>
<p>2. In 1999, did your organization pay the medical or hospital bills of its employees directly, other than for workers' compensation and/or injuries suffered on the job?</p>	<p style="font-size: x-small; margin: 0;">☐ Yes ☐ No</p>
<p>3a. Instead of providing a health plan in 1999, did your organization provide a voucher or stipend to its employees which could be used to purchase health insurance?</p>	<p style="font-size: x-small; margin: 0;">☐ Yes - Continue with Question 3b ☐ No - SKIP to Page 4, Section C</p>
<p>b. Was this voucher or stipend to be used exclusively for health insurance or health care?</p>	<p style="font-size: x-small; margin: 0;">☐ Yes ☐ No</p>
<p>c. What was the average value PER EMPLOYEE of this voucher or stipend at this location?</p>	<p style="font-size: x-small; margin: 0;">☐ \$ [] [] . [] [] - 0 0 Voucher value</p>
<p>d. How frequently was this voucher or stipend paid? <i>Mark (X) only one.</i></p>	<p style="font-size: x-small; margin: 0;">☐ Weekly ☐ Every 2 weeks ☐ Monthly ☐ Quarterly ☐ Yearly</p> <p style="text-align: right; font-size: x-small; margin-top: 5px;">Continue with Page 4, Section C</p>

Section C - EMPLOYMENT CHARACTERISTICS	
<p>Estimates are acceptable for all employees, eligibility, and enrollment figures. Include officers, owners, part-time, temporary and seasonal employees. Exclude leased or contract workers.</p> <p>1. What was the total number of employees your organization had at ALL locations for a typical pay period in 1998?</p>	<p>*** <input type="text"/> Employees at all locations</p>
<p>Complete questions 2-7 for the location listed on the cover sheet.</p> <p>2a. How many employees were on your organization's payroll AT THIS LOCATION for a typical pay period in 1998?</p>	<p>*** <input type="text"/> All employees at this location <i>If your organization did not offer health insurance in 1998, OCP in Question 3a.</i></p>
<p>b. How many of these employees were eligible for at least one health plan through your organization?</p>	<p>*** <input type="text"/> Eligible employees</p>
<p>c. How many of these employees were enrolled in any health plan through your organization?</p>	<p>*** <input type="text"/> Enrolled employees</p>
<p>3a. For the same typical pay period in 1998, how many of the employees reported in C2a worked part-time?</p>	<p>*** <input type="text"/> Part-time employees <i>If your organization did not offer health insurance in 1998, OCP in Question 3a.</i></p>
<p>b. How many of these part-time employees were eligible for at least one health plan through your organization?</p>	<p>*** <input type="text"/> Eligible part-time employees</p>
<p>c. How many of these part-time employees were enrolled in any health plan through your organization?</p>	<p>*** <input type="text"/> Enrolled part-time employees</p>
<p>4a. For the same typical pay period in 1998, how many of the employees reported in C2a were temporary or seasonal employees?</p>	<p>*** <input type="text"/> Temporary or seasonal employees <i>If your organization did not offer health insurance in 1998, OCP in Question 3.</i></p>
<p>b. How many of these temporary or seasonal employees were eligible for at least one health plan through your organization?</p>	<p>*** <input type="text"/> Eligible temporary or seasonal employees</p>
<p>c. How many of these temporary or seasonal employees were enrolled in any health plan through your organization?</p>	<p>*** <input type="text"/> Enrolled temporary or seasonal employees</p>
<p>5. Is the information you provided in questions 1, 2, and 4 (above) for the location listed on the cover sheet OR did you provide information for multiple locations?</p>	<p>*** <input type="checkbox"/> Information for specified location <input type="checkbox"/> Information for multiple locations</p>

Section C – EMPLOYMENT CHARACTERISTICS – Continued	
<p><i>Provide information for a typical pay period in 1998.</i> <i>Estimates are acceptable.</i> <i>The following workforce characteristics are used to group similar organizations together for analytical purposes.</i></p>	
<p>6a. What percentage of the employees at this location were women?</p>	<p>*** <input style="width: 50px;" type="text"/> % Women employees</p>
<p>b. What percentage of the employees at this location were 50 years old or older?</p>	<p>*** <input style="width: 50px;" type="text"/> % Employees 50 years old or older</p>
<p>c. What percentage of the employees at this location were union members?</p>	<p>*** <input style="width: 50px;" type="text"/> % Union members</p>
<p>d. For the employees at this location in 1998, approximately what percentage earned –</p> <p>Less than \$6.50 per hour? <i>Approximately \$11,000 a year or less</i></p> <p>Between \$6.50 and \$15.00 per hour? <i>Approximately \$13,000 to \$26,000 a year</i></p> <p>More than \$15.00 per hour? <i>Approximately \$26,000 a year or more</i></p>	<p>*** <input style="width: 50px;" type="text"/> % Earned less than \$6.50 per hour</p> <p>*** <input style="width: 50px;" type="text"/> % Earned between \$6.50 and \$15.00 per hour</p> <p>*** <input style="width: 50px;" type="text"/> % Earned more than \$15.00 per hour</p>
<p>7. How many hours per week must an employee work to be considered full-time at this location?</p>	<p>*** <input style="width: 50px;" type="text"/> Hours</p> <p style="text-align: right;"><i>Continue with Page 6, Section D</i></p>

Section D - BUSINESS CHARACTERISTICS		
<p>1.a. Which of the following categories best describes the operational status of the establishment at this location at the end of 1998?</p> <p>Mark (X) only one.</p>	<p>***</p> <p><input type="checkbox"/> In operation</p> <p><input type="checkbox"/> Temporarily or seasonally inactive</p> <p><input type="checkbox"/> Closed operation</p> <p><input type="checkbox"/> Sold or leased to another operator</p>	<p>SKIP to Question 2b</p> <p>Continue with Question 1b</p>
<p>b. During what month and year did this establishment's change in operational status occur?</p> <p>Enter two-digit numeric responses</p> <p>Example: January 1998 - 01 1998</p>	<p>***</p> <p>Mo. Yr.</p> <p> 19 </p>	
<p>2.a. Did your organization offer any of these fringe benefits to the employees at this location in 1998?</p> <p>See Definition Sheet included with this package for explanation of benefits.</p> <p>Mark (X) all that apply.</p>	<p>***</p> <p><input type="checkbox"/> Paid vacation</p> <p><input type="checkbox"/> Paid sick leave</p> <p><input type="checkbox"/> Life insurance</p> <p><input type="checkbox"/> Disability insurance</p> <p><input type="checkbox"/> Retirement/pension plans</p> <p><input type="checkbox"/> Medical savings accounts (MSAs)</p> <p><input type="checkbox"/> Flexible spending accounts</p> <p><input type="checkbox"/> Flexible benefit plan (Cafeteria Plan) if marked continue with Question 2b, otherwise SKIP to Question 3.</p>	
<p>b. If your organization offered a flexible benefit plan (Cafeteria Plan), what was the average annual value of the plan, for a TYPICAL EMPLOYEE, at this location?</p>	<p>***</p> <p>\$. . 00</p> <p>Flexible benefit plan value</p>	
<p>3. Which one of these categories BEST describes your type of business ownership?</p> <p>Mark (X) only one.</p>	<p>***</p> <p><input type="checkbox"/> S corporation</p> <p><input type="checkbox"/> Corporation</p> <p><input type="checkbox"/> Partnership</p> <p><input type="checkbox"/> Sole proprietorship</p> <p><input type="checkbox"/> Government (federal, state, or local)</p> <p><input type="checkbox"/> Joint venture or cooperation</p>	
<p>4. Is this a not-for-profit business?</p>	<p>***</p> <p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> No</p>	
<p>5. Which one of these categories BEST describes the principal business activity at this location?</p> <p>If more than one apply, mark the category which generates the most revenue.</p> <p>Mark (X) only one.</p>	<p>***</p> <p><input type="checkbox"/> Retail trade</p> <p><input type="checkbox"/> Personal services (e.g., beauty shops, dry cleaners)</p> <p><input type="checkbox"/> Business services (e.g., advertising, computer processing)</p> <p><input type="checkbox"/> Other services (e.g., legal and health services)</p> <p><input type="checkbox"/> Manufacturing</p> <p><input type="checkbox"/> Wholesale trade</p> <p><input type="checkbox"/> Finance, insurance, or real estate</p> <p><input type="checkbox"/> Transportation, communication, electric, gas, or sanitary services</p> <p><input type="checkbox"/> Construction</p> <p><input type="checkbox"/> Agriculture or forestry</p> <p><input type="checkbox"/> Mining</p>	
<p>6. Approximately how many years has your company been in business?</p> <p>If your organization operates at more than one location, enter the number of years the parent company has been in business.</p>	<p>***</p> <p> </p> <p>Approximate number of years in business</p>	
<p>If your organization DID offer health insurance coverage to its employees in 1998, continue with Page 3, Section E.</p> <p>If your organization DID NOT offer health insurance coverage to its employees in 1998, SKIP to Page 3, Section F.</p>		

Section E - GENERAL HEALTH COVERAGE CHARACTERISTICS - Continued							
8a. What was the total number of retirees covered by health insurance through your organization at all of its locations in 1999?	*** <input style="width: 50px;" type="text"/> Retirees covered by insurance						
8b. What percentage of these retirees were enrolled in single coverage?	*** <input style="width: 50px;" type="text"/> % Retirees enrolled in single coverage						
9a. For a typical plan in 1999, what was the total monthly premium for one TYPICAL retiree with SINGLE coverage?	*** \$ <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> . <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> - <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> Single coverage premium						
9b. For this same plan, how much did the EMPLOYER contribute toward the plan premium for this typical retiree with single coverage?	*** \$ <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> . <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> - <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> Employer contribution						
10a. For a typical plan in 1999, what was the total monthly premium for a one TYPICAL retiree with FAMILY coverage? <small>For retirees, if premiums vary, report for a family of two.</small>	*** \$ <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> . <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> - <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> Family coverage premium						
10b. For this same plan, how much did the EMPLOYER contribute toward the plan premium for this typical retiree with family coverage?	*** \$ <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> . <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> - <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> Employer contribution						
*** Remarks: <div style="border: 2px solid black; border-radius: 15px; padding: 20px; text-align: center; margin: 20px auto; width: 80%;"> <p>*** PLEASE NOTE ***</p> <p><i>If your organization offered health insurance, please complete Section F and the attached MEPS-1000, Plan Information Questionnaire for each plan offered.</i></p> <p><i>If your organization DID NOT offer health insurance, please complete Section F and END the form.</i></p> </div>							
Section F - PERSON COMPLETING THIS QUESTIONNAIRE							
*** Name (Please print)	*** Title						
Signature							
Date (Month/Day/Year) <table border="1" style="float: right; border-collapse: collapse; text-align: center;"> <tr> <td style="width: 20px;">M</td><td style="width: 20px;">M</td><td style="width: 20px;">D</td><td style="width: 20px;">Y</td><td style="width: 20px;">Y</td><td style="width: 20px;">Y</td> </tr> </table>		M	M	D	Y	Y	Y
M	M	D	Y	Y	Y		
*** Telephone number <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/>	*** Extension <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/>						
*** FAX number <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/> <input style="width: 20px;" type="text"/>	*** E-Mail address <input style="width: 100%; height: 15px;" type="text"/>						

Form MEPS-1005 01-2004 U.S. DEPARTMENT OF COMMERCE BUREAU OF THE CENSUS ACTING AS COLLECTING AGENCY 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-1005, 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-1005. If no plan names are preprinted, complete a separate MEPS-1005 for the 4 largest plans your organization offers. You may use photocopies of this MEPS-1005 form if sufficient copies were not included in this reporting package.	
GENERAL PLAN INFORMATION	
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.	FOR CENSUS USE ONLY

1a. For 1995, what was the name of the health insurance plan with the largest (or next largest) enrollment of active employees? Examples: <ul style="list-style-type: none"> • Blue Cross Blue Shield, High Option • Option A • Aetna HMO 	--- Name of plan
b. What was the name of the insurance company or carrier providing this plan? Examples: <ul style="list-style-type: none"> • Blue Cross Blue Shield • Alliance • Charter Health Enter your company name if self-insured.	--- Name of insurance carrier
2. Which type of health care provider was available through this plan? 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. Any providers - Enrollees may go to providers of their choice on a fee-for-service basis. The plan does not have any associated providers. 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.	--- <ul style="list-style-type: none"> <input type="checkbox"/> Exclusive providers (Examples: Most HMO, IPA, and PPO-type plans) <input type="checkbox"/> Any providers (Examples: Most conventional and indemnity plans) <input type="checkbox"/> Mixture of preferred and any providers (Examples: Most PPO and POS-type plans)
3. Did this plan REQUIRE that the enrollee see a primary-care physician in order to be referred to a specialist? For plans with multiple options, answer for the "in-network" option.	--- <ul style="list-style-type: none"> <input type="checkbox"/> Yes <input type="checkbox"/> No
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)?	--- <ul style="list-style-type: none"> <input type="checkbox"/> Yes <input type="checkbox"/> No

GENERAL PLAN INFORMATION - Continued	
<p>5. Was this plan purchased from an insurance underwriter or was it self-insured?</p> <p><i>Purchased from an insurance underwriter - (fully insured) Coverage is purchased from an insurance company or other underwriter who assumes the risk for employees' medical expenses.</i></p> <p><i>Self-insured - Your organization assumes the risk for the employees' 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 self-insured losses.</i></p>	<p>*** <input type="checkbox"/> Purchased - SOP to Page 3, Question 7</p> <p><input type="checkbox"/> Self-insured - Continue with Question 6a</p>
SELF-INSURED PLAN INFORMATION	
<i>Complete Questions 6a-f if this plan was self-insured.</i>	
<p>6a. Was this plan self-administered or did your organization employ an insurance company or other administrator?</p>	<p>*** <input type="checkbox"/> Self-administered</p> <p><input type="checkbox"/> Insurance company or other administrator</p>
<p>b. Did your organization purchase stop-loss coverage?</p>	<p>*** <input type="checkbox"/> Yes</p> <p><input type="checkbox"/> No</p>
<p>c. What was the ANNUAL COST of this plan for the 1998 plan year for this establishment?</p> <p><i>Include the following:</i></p> <ul style="list-style-type: none"> • Claims paid • Administrative costs • The cost of stop-loss coverage if any 	<p>*** <input style="width: 100px;" type="text" value="\$ 0 0"/> Annual plan cost</p>
<p>d. What was the monthly premium equivalent for ONE TYPICAL full-time employee with SINGLE coverage?</p> <p><i>Estimates are acceptable.</i></p> <p><i>Enter the COBRA amount when the premium equivalent is not available.</i></p>	<p>*** <input style="width: 100px;" type="text" value="\$ 0 0"/> Single coverage</p>
<p>e. What was the monthly premium equivalent for ONE TYPICAL full-time employee with FAMILY coverage?</p> <p><i>Estimates are acceptable.</i></p> <p><i>Enter the COBRA amount when the premium equivalent is not available.</i></p> <p><i>Family coverage should be calculated for a family of four if cost varies by family size.</i></p>	<p>*** <input style="width: 100px;" type="text" value="\$ 0 0"/> Family coverage</p>
<p>f. Are the amounts reported in 6d and 6e premium equivalents or COBRA amounts?</p> <p><i>Mark 00 only one.</i></p>	<p>*** <input type="checkbox"/> Premium equivalents</p> <p><input type="checkbox"/> COBRA amounts</p> <p style="text-align: center;">Continue with Page 3, Question 7</p>

INDIVIDUAL DEDUCTIBLES	
<p>13a. Did this plan have a deductible?</p> <p>Deductible – Predetermined amount which must be met by an individual before the plan will pay for covered services.</p> <p>Many IRROs do not have a deductible.</p>	<p>*** <input type="checkbox"/> Yes – Continue with Question 13b</p> <p>*** <input type="checkbox"/> No – SOP to Page 6, Question 15a</p>
<p>b. What was the annual deductible an individual paid?</p> <p>Report deductibles for care received “in-network” from preferred providers, if applicable.</p> <p>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.</p>	<p>*** <input style="width: 100px;" type="text"/> Individual annual deductible</p> <p style="text-align: center;">OR</p> <p>Separate deductibles for:</p> <p>*** <input style="width: 100px;" type="text"/> Physician care</p> <p>*** <input style="width: 100px;" type="text"/> Hospital care</p>
FAMILY DEDUCTIBLES	
<p>14a. Did this plan require that a specific number of family members must meet their individual deductibles before the family deductible was met?</p>	<p>*** <input type="checkbox"/> Yes – Continue with Question 14b</p> <p>*** <input type="checkbox"/> No – SOP to Question 14c</p> <p>*** <input type="checkbox"/> Family coverage not offered – SOP to Page 6, Question 15a</p>
<p>b. How many family members were required to meet their individual deductibles before the family deductible was met?</p> <p>Report for typical situations and enrollees.</p>	<p>*** <input style="width: 100px;" type="text"/> Number of family members</p>
<p>c. What was the total annual deductible a family paid?</p> <p>Report for a family of four.</p>	<p>*** <input style="width: 100px;" type="text"/> Total annual family deductible</p>

U.S. Department of Health and Human Services
Public Health Service
Agency for Healthcare Research and Quality

**BULK RATE
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