

**(At the end of the interview:)**

I would like to confirm your name and address so we may mail you the survey report, which should be sent out next December.

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**VERIFY INFORMATION AND ENTER BELOW:**

- 1 NAME: \_\_\_\_\_
- 2 TITLE: \_\_\_\_\_
- 3 COMPANY: \_\_\_\_\_
- 4 STREET ADDRESS: \_\_\_\_\_
- 5 CITY, STATE: \_\_\_\_\_
- 6 ZIP CODE (Zip+4): \_\_\_\_\_
- 7 TELEPHONE NUMBER: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

**California survey 2004**

Hello. May I please speak with your benefits manager?

**IF THEY DO NOT HAVE A BENEFITS MANAGER, SAY:** May I please speak with the person in charge of human resources?

We are conducting a survey about job-based health benefits for the California Healthcare Foundation, a health care philanthropy and research institute. You may have seen figures from this annual study quoted on the news or in your newspaper. We would value your input for the study. In return for your participation, we will send you a free copy of the report later this year. This report will contain the latest information on premium costs, pharmacy benefit design, steps firms are taking to control rising costs, and many other topics. Benefits managers often use it as a reference tool. The information and opinions you provide will be kept completely confidential and used for reporting averages only. No one will contact you as a result of this survey. We mailed a letter explaining the survey, outlining some of the information we will be collecting.

If respondent would like verification of the survey, the contact is Heidi Whitmore of HRET: (763) 478-6725.

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If Respondent **refuses to complete survey** ask: Does your company offer health benefits to your employees? Then use the notation RF-NO PLAN, RF-HAVE PLAN, RF-NO ANSWER.

**SECTION A - Introduction  
(ALL RESPONDENTS MUST ANSWER THIS SECTION --  
IF WE DO NOT HAVE RESPONSES TO ALL QUESTIONS,  
WE CANNOT USE THE CASE.)**

A2. What is the total number of employees at your location?

\_\_\_\_\_ (RECORD # OF EMPLOYEES)

A3. Are there any other company branches or locations in California?

1 - Yes (CONTINUE TO QUESTION A5)

2 - No (SKIP TO QUESTION A9)

3 - Don't know (IF THEY DON'T KNOW, GET THE NAME AND NUMBER OF SOMEONE AT THE ORGANIZATION WHO WOULD KNOW AND CALL THAT INDIVIDUAL.)

**MAKE SURE RESPONDENT CAN ANSWER QUESTIONS ABOUT FIRM AT THE STATE LEVEL, NOT JUST AT THE LOCATION. IF NOT, ASK TO SPEAK TO THE PERSON WHO CAN.**

A5. What is the total number of employees in California?

\_\_\_\_\_ (RECORD # OF EMPLOYEES. IF LESS THAN 3 EMPLOYEES, SKIP TO TERMINATION. MAKE SURE RESPONDENT CAN ANSWER QUESTIONS ABOUT FIRM AT THE STATE LEVEL, NOT JUST AT THE LOCATION. IF NOT, ASK TO SPEAK TO THE PERSON WHO CAN.)

**(CHECK - NUMBER OF EMPLOYEES STATEWIDE MUST BE GREATER THAN THE NUMBER OF EMPLOYEES AT THE LOCATION. IF IT IS NOT THEN, YOU MUST REASK THE QUESTIONS TO GET THE CORRECT INFORMATION.)**

A9. What percentage of your employees voluntarily left the business last year? \_\_\_\_\_  
9999 - don't know

A10. Does your firm have any unionized workers?

1 - Yes

2 - No

3 - Don't know

A6. Does your company offer or contribute to a health insurance program as a benefit to your employees?

1 - Yes (Include SOME EMPLOYEES - SKIP TO A14)

2 - No (CONTINUE TO QUESTION A11)

**FIRMS NOT CURRENTLY OFFERING COVERAGE  
ADMINISTER THE FOLLOWING QUESTIONS ONLY TO FIRMS NOT OFFERING COVERAGE: A6=2**

A11. Has your firm shopped for health insurance in the past year?

1 - Yes

2 - No

3 - (VOL) Don't Know

A7. I am going to read you a list of reasons why companies do not have an employee health insurance plan. As I read each reason, please tell me how important this reason was in your firm's decision not to offer health insurance to your employees. (READ A THROUGH J) Would you say that it is very important, somewhat important, not too important, or not at all important?

		<u>VERY</u> <u>IMPORTANT</u>	<u>SOMEWHAT</u> <u>IMPORTANT</u>	<u>NOT TOO</u> <u>IMPORTANT</u>	<u>NOT AT ALL</u> <u>IMPORTANT</u>	<u>(VOL) DON'T</u> <u>KNOW</u>
a.	Premiums are too high.	1	2	3	4	5
b.	Employee turnover is too great.	1	2	3	4	5
c.	Employees are generally covered under another plan, such as a spouse's or parent's policy.	1	2	3	4	5
d.	The administrative hassle of providing health benefits is too great.	1	2	3	4	5
e.	The firm can attract good employees without having to offer insurance.	1	2	3	4	5
f.	The firm is too small.	1	2	3	4	5
g.	The firm is too newly established.	1	2	3	4	5
h.	The firm has a seriously ill employee.	1	2	3	4	5

- A8. Has your firm offered health insurance to your employees within the past five years?  
 1 - Yes  
 2 - No  
 3 - (VOL) Don't Know

**(ALL FIRMS ANSWER)**

- A14. Which of the following best describes the workers in your firm?  
 1 -- Most speak English as their primary language  
 2 -- Many speak English as their primary language but some speak a language other than English  
 3 -- Most workers primarily speak a language other than English  
 4 -- don't know

**(END OF SECTION A)**

**RESPONDENTS WHO DO NOT OFFER HEALTH BENEFITS (A6=2) SKIP TO B7a.**

**SECTION B - GENERAL CHARACTERISTICS OF FIRMS THAT OFFER HEALTH BENEFITS**

B1. Does your firm have a waiting period before your employees are eligible to enroll in health benefits? **(IF MULTIPLE RESPONSES: ASK ABOUT THE CLASS WITH THE LARGEST NUMBER OF WORKERS)**

- 1 - Yes, waiting period
- 2 - No waiting period **(skip to B2)**
- 3 - Don't know **(skip to B2)**

B1r. How long must an employee work at your firm before he or she is eligible for health benefits?  
 \_\_\_\_\_ months **(If more than 12 months, CONIRM.) (IF "1<sup>st</sup> of month" ROUND UP)**

B2. Are part-time workers eligible for health benefits?

- 1 - Yes
- 2 - No
- 3 - Don't Know

B3. Are temporary workers eligible for health benefits?

- 1 - Yes
- 2 - No
- 3 - Don't Know

B4a. Are non-traditional partners eligible for health benefits?

- 1 - Yes **(CONTINUE TO B4aa)**
- 2 - No **(SKIP TO B6a)**
- 3 - Don't Know **(SKIP TO B6a)**

B4aa. Does your definition of non-traditional partners include unmarried, heterosexual couples who live together?

- 1 - Yes
- 2 - No
- 3 - Don't know

B4ab. Does your definition of non-traditional partners include unmarried, same-sex couples who live together?

- 1 - Yes
- 2 - No
- 3 - Don't know

B6a. Of your company's **(Question A2 if there are no other branches OR Question A5 if they have other branches) active** employees who work in California, how many are eligible for your health benefit plans? Please do not include in this number any dependents or retiree health plan participants. **(NOTE: Do not include plans offered and administered exclusively by a union, just employer sponsored plans.) WE MUST HAVE AN ANSWER TO B6a OR WE CANNOT USE THE CASE. IF RESPONDENT DOES NOT KNOW, TELL RESPONDENT HIS/HER BEST GUESS IS ACCEPTABLE.**

- 1 - Knows number of employees eligible **(If not known, ask about percentage eligible)**
- 2 - Knows percentage of employees eligible

**Answer if B6a=1.**

B6a\_num. \_\_\_\_\_ **(# OF EMPLOYEES ELIGIBLE.) (THIS NUMBER MUST NOT EXCEED A2 IF THERE ARE NO OTHER BRANCHES AND A5 IF THEY HAVE OTHER BRANCHES)**

**Answer if B6a=2.**

B6a\_per. \_\_\_\_\_ **(% OF EMPLOYEES ELIGIBLE.)**

B6b. Of these (Question A2 if there or no other branches OR Question A5 if they have other branches) active employees who work in California, how many are covered by your health benefit plan? Please do not include in this number any dependents or retiree health plan participants. **NOTE: Do not include plans offered and administered exclusively by a union, just employer sponsored plans.)**  
**WE MUST HAVE AN ANSWER TO B6b OR WE CANNOT USE THE CASE. IF RESPONDENT DOES NOT KNOW, TELL RESPONDENT HIS/HER BEST GUESS IS ACCEPTABLE.**

- 1 - Knows number of employees covered (If not known, ask about percentage eligible)
- 2 - Knows percentage of employees covered

Answer if B6b=1.

B6b\_num. \_\_\_\_\_ (# OF EMPLOYEES COVERED.) (THIS NUMBER MUST NOT EXCEED B6a\_num.)

Answer if B6b=2.

B6b\_per. \_\_\_\_\_ (% OF EMPLOYEES COVERED.)

(ALL FIRMS ANSWER B7a THROUGH B7d, REGARDLESS OF WHETHER FIRM OFFERS HEALTH BENEFITS)

B7a\_per. Of your full time employees in California, what percentage makes \$20,000 or less per year? This translates to an hourly wage of approximately \$10 per hour.  
 \_\_\_\_\_% (PERCENTAGE OF EMPLOYEES) (If not known, go to B7a\_num)

Answer only if B7a\_per is not known.

B7a\_num. Of your full time employees in California, how many make \$20,000 or less per year? This translates to an hourly wage of approximately \$10 per hour.  
 \_\_\_\_\_ # (NUMBER OF EMPLOYEES)

B7b\_per. Of your employees in California, what percentage works part-time?  
 \_\_\_\_\_% (PERCENTAGE OF EMPLOYEES) (If not known, go to B7b\_num)

Answer only if B7b\_per is not known.

B7b\_num. Of your employees in California, how many work part time?  
 \_\_\_\_\_ # (NUMBER OF EMPLOYEES)

B7d. In the last year, has your firm reduced the size of its workforce?

- 1 - Yes
- 2 - No
- 3 - Don't know

**FIRMS THAT DO NOT OFFER HEALTH BENEFITS (A6=2) SKIP TO K8.**

B8. There are several types of health plans that employers may offer their employees.

B8a. Do you offer conventional health insurance anywhere in California that is not offered and administered exclusively by a union? (Under conventional or indemnity health insurance, there are no preferred provider networks and a person faces the same cost sharing regardless of which physician or hospital they choose. The person typically faces a deductible and coinsurance above the deductible.)

- 1 - Yes (CONTINUE to Question B8aa)
- 2 - No (SKIP to Question B8b)

B8aa. Does this conventional plan have a PPO rider that allows individuals to pay a lower deductible or co-payment when they use physicians or hospitals in the preferred provider network? (If necessary: a preferred provider network is the health plan's list of doctors and hospitals that should be used for a member to have the lowest possible cost-sharing.)

- 1 - Yes (CONTINUE to Question B8ab)
- 2 - No (SKIP TO QUESTION B8b)

- B8ab. Is this your only conventional plan?  
 1 - Yes **(CORRECT response to B8a from B8a=1 to B8a=2; B8c should now equal 1)**  
 2 - No **(SAY: When we ask questions about your company's conventional insurance plan, please think of your largest conventional plan WITHOUT a PPO rider; SKIP to Question B8b)**
- B8b. Do you offer an HMO (Health Maintenance Organization) **anywhere in California** that is not offered and administered exclusively by a union? (With an HMO, a person must receive their care from an HMO physician; otherwise the expense is not covered. When they use HMO-physicians, however, expenses are typically covered in full.)  
 1 - Yes **(CONTINUE to Question B8ba)**  
 2 - No **(SKIP to Question B8c)**
- B8ba. Does your HMO have a point-of-service, or out-of-network rider where employees may use providers who are outside of the HMO network for routine medical services if they pay a higher rate? **(Do not consider coverage of health care emergencies to be an out-of-network rider. We are interested in out-of-network riders for every day health care expenses.)**  
 1 - Yes **(CONTINUE to Question B8bb)**  
 2 - No **(SKIP to Question B8c)**
- B8bb. Is this your only HMO plan?  
 1 - Yes **(CORRECT response to B8b from B8b=1 to B8b=2; B8d should now equal 1)**  
 2 - No **(SAY: When asked questions about your company's HMO plan, please think of your largest HMO plan WITHOUT a POS option or out of network rider; SKIP to Question B8c)**
- B8c. Do you offer a PPO (Preferred Provider Organization) **anywhere in California** that is not offered and administered exclusively by a union? (With a PPO, employees have lower deductibles and co-payments if they use physicians or hospitals in the preferred provider network.) (If necessary: a preferred provider network is the health plan's list of doctors and hospitals that should be used for a member to have the lowest possible cost-sharing.)  
 1 - Yes **(CONTINUE to Question B8ca)**  
 2 - No **(Skip to Question B8d)**
- B8ca. Does your largest PPO plan require a primary care physician or gatekeeper? (A primary care gatekeeper is a physician who must approve visits to specialists or hospitals.)  
 1- Yes **(CORRECT response to Question B8c from B8c=1 to B8c=2; B8d should now equal 1)**  
 2 - No **(CONTINUE to Question B8d)**  
 3 - Multiple plans with and without gatekeepers
- B8d. Do you offer a Point-of-Service plan **in California** that is not offered and administered exclusively by a union? (In a POS plan, employees are reimbursed at a lower rate for services they receive outside the network but they also have a primary care gatekeeper or physician who must approve visits to specialists and hospitals.)  
 1 - Yes **(CONTINUE to Question B8da)**  
 2 - No **(SKIP to Question B9)**
- B8da. Does your largest POS plan have a primary care gatekeeper? (A primary care gatekeeper is a physician who must approve visits to specialists and hospitals.)  
 1- Yes **(CONTINUE TO QUESTION B9)**  
 2 - No **(CORRECT response to Question B8d from B8d=1 to B8d=2; CORRECT response to B8c if B8c=2 to B8c=1)**  
 3 - Multiple plans with and without gatekeepers
- B9. How many of each type of health plan your firm offers do you offer **anywhere in California**?
- B9a. **(ASK IF Question B8a=1)** How many different conventional plans?

\_\_\_\_\_ (# in California)

B9b. (ASK IF Question B8b=1) How many different HMO plans?

\_\_\_\_\_ (# in California)

B9c. (ASK IF Question B8c=1) How many different PPO plans?

\_\_\_\_\_ (# in California)

B9d. (ASK IF Question B8d=1) How many different POS plans?

\_\_\_\_\_ (# in California)

B10. When your company contributes towards the premium for a worker's health coverage, how is the contribution determined? Which of the following statements best describes the contribution rule used by your company?

- 1 - The company contributes the same dollar amount regardless of the plan chosen.
- 2 - The worker contributes the same dollar amount regardless of the plan chosen.
- 3 - The company contributes the same percentage of the total premium regardless of the plan chosen.
- 4 - The worker's contribution varies based on other factors
- 5 - Don't Know
- 6 - Other (SPECIFY) \_\_\_\_\_

**ASK IF B10=1; ELSE SKIP TO B12**

B11a. Is the employer contribution set at the cost of the lowest cost plan that you offer?

- 1 - Yes
- 2 - No
- 3- Don't Know

B12. Now we're going to ask you about the percentage of your employees **with health insurance** who are enrolled in the different types of plans you offer. These percentages should add up to 100%, because we're only asking about workers who have health insurance, not all your workers. Your best guess is acceptable. Of those employees **with health insurance**, what percentage are covered **in California** under:

B12a. (ASK IF Question B8a=1): The conventional plan or plans?

\_\_\_\_\_ %

B12b. (ASK IF Question B8b=1): The HMO plan or plans?

\_\_\_\_\_ %

B12c. (ASK IF Question B8c=1): The PPO plan or plans?

\_\_\_\_\_ %

B12d. (ASK IF Question B8d=1): The Point-of -Service plan or plans?

\_\_\_\_\_ %

**WE MUST HAVE ANSWERS THAT SUM TO 100% OR WE CANNOT USE THE CASE. IF THEY DO NOT, RE-ASK QUESTIONS AND TELL RESPONDENT HIS/HER BEST GUESS IS ACCEPTABLE.**  
**(END OF SECTION B)**

**SECTION C - CHARACTERISTICS OF CONVENTIONAL PLANS  
(ANSWER ONLY IF B8a=1 (Yes))**

The following questions will be asked about your largest conventional plan that is not offered and administered exclusively by a union.

- C3. Which of the following statements best describes who bears the financial risk for this plan? Would it be:  
**(Coverage is underwritten by the insurer if the firm pays a fixed amount to the insurer each month, and the insurer pays workers' claims. A firm is self-insured if the firm pays workers' claims itself.)**  
 1 - Coverage is underwritten by an insurer  
 2 - You are self-insured  
 3 - (VOL) Don't know

- C5. Does this plan have an annual deductible for an individual with single coverage? **(Note: deductible can be for any services.)**  
 1 - Yes, single response  
 2 - Yes, multiple responses **(skip to C5a)**  
 3 - Don't Know **(skip to C6)**  
 4 - don't have deductible **(skip to C6)**

C5r. What is the average annual deductible for an individual with single coverage in this plan?

\_\_\_\_\_ **(range \$50-\$750, if out of range, CONFIRM)**

(If Multiple Responses, Ask:)

C5a. What are the two or three most common amounts? **(range \$50-\$750, if out of range, CONFIRM)**

	DOLLAR AMOUNT	EXPLANATION
C5aa	\$ _____	_____
C5bb	\$ _____	_____
C5cc	\$ _____	_____

- C6. Does this plan have an annual deductible for an individual with family coverage? **(Note: deductible can be for any services.)**  
 1 - Yes, single response  
 2 - Yes, multiple responses **(skip to C6a)**  
 3 - Don't Know **(skip to C7)**  
 4 - don't have deductible **(skip to C7)**

C6r. What is the average annual deductible for an individual with family coverage in this plan?

\_\_\_\_\_ **(range \$100-\$1000, if out of range, CONFIRM)**

(If Multiple Responses, Ask:)

C6a. What are the two or three most common amounts? **(Range \$100-\$1000, if out of range CONFIRM)**

	DOLLAR AMOUNT	EXPLANATION
C6aa	\$ _____	_____
C6bb	\$ _____	_____
C6cc	\$ _____	_____

**IF C6r IS LESS THAN C5r, RE-ASK QUESTIONS - FAMILY DEDUCTIBLE CANNOT BE LOWER THAN SINGLE DEDUCTIBLE)**

- C7. Does this plan have a coinsurance rate, a co-payment, or both for an office visit? **(Interviewer note: a co-payment is a fixed dollar amount. Coinsurance is a fixed percentage of the total charge.)**  
 1-Co-payment only **(CONTINUE TO QUESTION C7a)**  
 2-Coinsurance rate only **(SKIP TO QUESTION C7b)**  
 3-Both **(CONTINUE TO QUESTION C7a)**  
 4-Neither **(SKIP TO QUESTION C8)**

5-Don't Know **(SKIP TO QUESTION C8)**

**(IF CO-PAYMENT OR BOTH, ASK:)**

C7a. What is the co-payment for an office visit in this plan?

\_\_\_\_\_   
 9999 – Don't know

**(IF C7=1 SKIP TO QUESTION C8. IF C7=3, CONTINUE TO C7b)**

**(IF COINSURANCE OR BOTH, ASK: C7b)**

C7b. What is the co-insurance **rate that the employee pays** for an office visit in this plan? **(Note: be sure the percentage is what the WORKER pays, not the firm. If respondent says 80%/20%, the 20% is the worker's share.)**

\_\_\_\_\_   
 9999 – Don't know

C8. Does this plan have a separate deductible or co-payment, coinsurance, or both for each hospital admission? **(Interviewer note: a co-payment is a fixed dollar amount. Coinsurance is a fixed percentage of the total charge.)**

- 1 – deductible or co-payment only **(continue to C8a)**
- 2 – coinsurance only **(skip to C8b)**
- 3 - both **(continue to C8a)**
- 4 – has a charge per day instead of per admission **(skip to C8c)**
- 5 – has an annual deductible **(skip to C8d)**
- 6 – none of the above **(skip to C9)**
- 7 – don't know **(skip to C9)**

C8a. What is the deductible or co-payment for a hospital admission in this plan?

\_\_\_\_\_   
 9999 – Don't know

**(Answer only if C8=2 or 3)**

C8b. What is the coinsurance **rate that the employee pays** for a hospital admission in this plan? **(Note: be sure the percentage is what the WORKER pays, not the firm. If respondent says 80%/20%, the 20% is the worker's share.)**

\_\_\_\_\_   
 9999 – Don't know

**(Answer only if C8=4)**

C8c. What is the per diem (per day) charge for a hospital stay in this plan?

\_\_\_\_\_   
 9999 – Don't know

**(Answer only if C8=5)**

C8d. What is the annual deductible for a hospital stay in this plan?

\_\_\_\_\_   
 9999 – Don't know

C9. What is the maximum out-of-pocket liability in one year for an individual with single coverage in this plan? **(Interviewer note: Don't include a limit that applies only to mental health benefits).**

\_\_\_\_\_   
 9999 – Don't know

C10. What is the maximum benefit payable over a lifetime to an employee with single coverage in this plan? **(Interviewer note: Don't include a limit that applies only to mental health benefits).**

\_\_\_\_\_   
 9999 – Don't know

**(FOR ALL COBRA QUESTIONS, C11 and C15, MAKE SURE EMPLOYERS PROVIDE YOU WITH COBRA AMOUNT, NOT THEIR PREMIUM AMOUNT)**

**ONLY ASK C11, C12, C15, C16 IF FIRM HAS 20 OR MORE WORKERS**

C11. What is the total monthly cost for COBRA single coverage in this largest conventional plan?  
**(IF NECESSARY: COBRA IS CONTINUATION COVERAGE MANDATED BY LEGISLATION PASSED IN 1985. WE DEFLATE THE COBRA AMOUNT 2%)**

- 1 – single response **(continue to C11r)**
- 2 – multiple responses **(skip to C11a)**
- 3- DK **(skip to C12)**

C11r. \$ \_\_\_\_\_ **(RANGE \$100-\$500, if out of range, CONFIRM)**

**(IF MULTIPLE RESPONSES, ASK:)**

C11a. What are the two or three most common amounts? **(RANGE \$100-\$500, if out of range, CONFIRM)**

	<u>DOLLAR AMOUNT</u>	<u>EXPLANATION</u>
C11aa	\$ _____	_____
C11bb	\$ _____	_____
C11cc	\$ _____	_____

C12. How much do you deduct from active employees' monthly paycheck for single coverage in this largest conventional plan?

- 1 – single response **(continue to C12r)**
- 2 – multiple responses **(skip to C12a)**
- 3- DK **(skip to C15)**

C12r. \$ \_\_\_\_\_ **(RANGE \$0-\$500, C12r must be less than C11r)**

**(IF MULTIPLE RESPONSES, ASK) (RANGE \$0-\$500, C12r must be less than C11r)**

C12a. What are the two or three most common amounts?

	<u>DOLLAR AMOUNT</u>	<u>EXPLANATION</u>
C12aa	\$ _____	_____
C12bb	\$ _____	_____
C12cc	\$ _____	_____

C15. What is the total monthly cost for COBRA coverage for a family of four in this largest conventional plan? **(IF NECESSARY: COBRA IS CONTINUATION COVERAGE MANDATED BY LEGISLATION PASSED IN 1985. WE DEFLATE THE COBRA AMOUNT 2%)**

- 1 – single response **(continue to C15r)**
- 2 – multiple responses **(skip to C15a)**
- 3- DK **(skip to C16)**

C15r. \$ \_\_\_\_\_ **(RANGE \$200-\$900, if out of range CONFIRM)**

**(IF MULTIPLE RESPONSES, ASK)**

C15a. What are the two or three most common amounts? **(RANGE \$200-\$900, if out of range CONFIRM)**

	<u>DOLLAR AMOUNT</u>	<u>EXPLANATION</u>
C15aa	\$ _____	_____
C15bb	\$ _____	_____
C15cc	\$ _____	_____

**(IF C15r <= C11r, RE-ASK THE QUESTIONS. FAMILY COBRA CANNOT BE LESS THAN INDIVIDUAL COBRA)**

C16. How much do you deduct from an active employee's monthly paycheck for a family of four in this largest conventional plan?

- 1 - single response **(continue to C16r)**
- 2 - multiple responses **(skip to C16a)**
- 3- DK **(skip to C17)**

C16r. \$ \_\_\_\_\_ **(RANGE \$0-\$900, if out of range CONFIRM)**

**(IF MULTIPLE RESPONSES, ASK:) (Range \$0-900, C16r must be less than C15r)**

C16a What are the two or three most common amounts?

	<u>DOLLAR AMOUNT</u>	<u>EXPLANATION</u>
C16aa	\$ _____	_____
C16bb	\$ _____	_____
C16cc	\$ _____	_____

**ONLY ASK C11L, C12L, C15L, and C16L IF FIRM HAS LESS THAN 20 WORKERS**

C11L. What is the total monthly cost for single coverage in this conventional plan? That is, what is the firm plus the employee's share?

- 1 - \$ \_\_\_\_\_ **(RANGE \$100-\$500, if out of range, CONFIRM)**
- 2 - Multiple responses **(RANGE \$100-\$500, if out of range, CONFIRM)**
- 3 - DK

**(IF MULTIPLE RESPONSES, ASK:)**

C11La. What are the two or three most common amounts?

	<u>DOLLAR AMOUNT</u>	<u>EXPLANATION</u>
C11Laa	\$ _____	_____
C11Lbb	\$ _____	_____
C11Lcc	\$ _____	_____

C12L. How much do you deduct from active employees' monthly paycheck for single coverage in this conventional plan?

- 1 - \$ \_\_\_\_\_ **(RANGE \$0-\$500, QC12L must be less than Q C 11L )**
- 2 - Multiple responses **(RANGE \$0-\$500, Q C12L must be less than Q C 11L )**
- 3 - DK

**(IF MULTIPLE RESPONSES, ASK)**

C12La. What are the two or three most common amounts?

	<u>DOLLAR AMOUNT</u>	<u>EXPLANATION</u>
C12Laa	\$ _____	_____
C12Lbb	\$ _____	_____
C12Lcc	\$ _____	_____

C15L. What is the total monthly cost for coverage for a family of four in this conventional plan? That is, what is the firm plus the employee's share?

- 1 - \_\_\_\_\_ **(RANGE \$200-\$900, if out of range CONFIRM)**
- 2 - Multiple responses **(RANGE \$200-\$900, if out of range CONFIRM)**
- 3 - DK

**(IF MULTIPLE RESPONSES, ASK)**

C15La. What are the two or three most common amounts?

	<u>DOLLAR AMOUNT</u>	<u>EXPLANATION</u>
C15Laa	\$ _____	_____
C15Lbb	\$ _____	_____
C15Lcc	\$ _____	_____

**(IF C15L <= C11L, RE-ASK THE QUESTIONS. FAMILY PREMIUM CANNOT BE LESS THAN INDIVIDUAL PREMIUM)**

C16L. How much do you deduct from an active employee's monthly paycheck for a family of four in this conventional plan?

- 1 - \$ \_\_\_\_\_ (Range \$0-900, Q16L must be less than Q15L)
- 2 - Multiple Responses (Range \$0-900, Q 16L must be less than Q15L)
- 3 - DK

(IF MULTIPLE RESPONSES, ASK:)

C16L What are the two or three most common amounts?

	<u>DOLLAR AMOUNT</u>	<u>EXPLANATION</u>
C16Laa \$	_____	_____
C16Lbb \$	_____	_____
C16Lcc \$	_____	_____

**DO NOT READ "THE SAME AS LAST YEAR" OPTION. ONLY USE IF RESPONDENT VOLUNTEERS IT.**

C17. How do the total costs for family coverage compare with what they were one year ago? Are they(READ 1-3)

- 1- More this year than last year (CONTINUE TO QUESTION C18)
- 2- Less this year than last year (Skip to Question C19)
- 3- The same as last year (Skip to Question C19a)
- 4- No plan last year (Skip to Question C19a)
- 5- Don't know (Skip to Question C19a)

(IF MORE IN C17, ASK:)

C18. What percentage did costs for family coverage increase since last year?

\_\_\_\_\_%(Range: 1%-30%, if out of range, CONFIRM)  
 9999 -- Don't know  
 (ALL IN C18, SKIP TO Question C19a)

(IF LESS IN C17, ASK:)

C19. What percentage did costs for family coverage decrease since last year?

\_\_\_\_\_%(RANGE: 1%-30%, if out of range, CONFIRM)  
 9999 -- Don't know

C20. How does the overall level of benefits for family coverage compare with what it was one year ago, not including changes in cost sharing? (READ 1-3)

- 1- Plan offers **MORE** benefits this year than last year
- 2- Plan offers **FEWER** benefits this year than last year
- 3- Plan offers the **SAME** level of benefits as last year
- 4- Don't know

C21. Now I am going to read a list of benefits that may be provided under this plan. Does it cover (READ A-K)

C21a. Adult periodic physical exams

- 1 - Yes
- 2 - No
- 3 - Don't Know

C21b. annual OB/GYN visit

- 1 - Yes
- 2 - No
- 3 - Don't Know

C21c. Well-baby care (for children under 1 year of age)

- 1 - Yes
- 2 - No

3 - Don't Know

C21d. Prenatal care  
 1 - Yes  
 2 - No  
 3 - Don't Know

C21e. Accupuncture  
 1 - Yes  
 2 - No  
 3 - Don't Know

C21g. Oral contraceptives (birth control pills for birth control purposes, in addition to other medical purposes)  
 1 - Yes  
 2 - No  
 3 - Don't Know

C21h. Outpatient mental health benefits (**Interviewer note:** benefit is considered covered even if it is carved out and provided through a separate plan).  
 1 - Yes  
 2 - No  
 3 - Don't Know

C21i. Inpatient mental health benefits (**Interviewer note:** benefit is considered covered even if it is carved out and provided through a separate plan).  
 1 - Yes  
 2 - No  
 3 - Don't Know

C21j. Chiropractic care  
 1 - Yes  
 2 - No  
 3 - Don't Know

C21k. Prescription drugs (**Interviewer note:** benefit is considered covered even if it is carved out and provided through a separate plan).  
 1 - Yes  
 2 - No  
 3 - Don't Know

**(ANSWER IF C21h = 1 OR C21i=1)**

C24. Are mental health benefits carved out from this plan? (**Interviewer note: Benefits are carved out when they are provided and paid for separately from the main health plan.**)  
 1 - Yes  
 2 - No  
 3 - Don't Know

**(ANSWER IF C21h = 1)**

C24a. What is the maximum number of visits for an employee per year, with single coverage, for outpatient mental health care?  
 1 - 20 visits or less per year  
 2 - 21 to 30 visits per year  
 3 - 31 to 50 visits per year  
 4 - more than 50 visits per year  
 5 - no limits  
 6- don't know

**(ANSWER IF C21i = 1)**

- C24b. What is the maximum number of inpatient hospital days per year covered for mental health care for an employee with single coverage?
- 1 - 10 days or less per year
  - 2 - 11-20 days per year
  - 3 - 21-30 days per year
  - 4 - 31 or more days per year
  - 5 - no limits
  - 6 - don't know

**ANSWER PRESCRIPTION DRUG QUESTIONS ONLY IF C21K=1. OTHERWISE SKIP TO END OF SECTION.**

- C22a. Does this plan's prescription drug benefit include mandatory use of generic drugs? **(Note: mandatory means that ONLY generic drugs will be covered by the plan, if a generic is available. This is not the same as encouraging use of generic drugs.)**

- 1 - Yes
- 2 - No
- 3 - Don't know

- C22b. Does this plan's prescription drug benefit include a mail order discount plan?

- 1 - Yes
- 2 - No
- 3 - Don't know

- C29. Which of the following cost-sharing formulas does this plan use for prescription drugs?

**(Interviewer note: do not read definitions unless asked by respondent.)**

- 1 - a four-tier cost-sharing formula (for example: one payment for generic drugs, another for preferred drugs (such as drugs in the formulary), a third for non-preferred drugs (such as drugs not in the formulary), and a fourth for other specified drugs, such as lifestyle drugs like Viagra or some self administered injected drugs).
- 2 - a three-tier cost-sharing formula (for example: one payment for generic drugs, another for preferred drugs (such as drugs in the formulary), and a third for non-preferred drugs (such as drugs not in the formulary)).
- 3 - a two-tier cost-sharing formula (for example: one payment for generic drugs, and another for all brand name drugs)
- 4 - the cost-sharing is the same regardless of the type of drug chosen
- 5 - Other (\_\_\_\_\_ specify.)
- 6 - Don't know **(Skip to C31.)**

- C30. In this plan, does your firm use a co-pay, coinsurance, or both, for: **(Interviewer note: a co-payment is a fixed dollar amount. Coinsurance is a fixed percentage of the total charge.)**  
**(Note: If R replies that cost-sharing is the same regardless of the type of drug, tell them we are asking about all drugs, in their case.)**

- C30a. Generic drugs?

- 1 - co-pay **(continue to C30aa)**
- 2 - coinsurance **(skip to C30ab)**
- 3 - both **(continue to C30aa)**
- 4 - neither (e.g. if firm pays full cost) **(skip to C30b)**
- 5 - either co-pay or coinsurance, whichever is greater **(continue to C30aa)**
- 6 - don't know **(skip to C30b)**

**ANSWER ONLY IF C30a=1, 3, or 5.**

C30aa. \_\_\_\_\_ **(Enter \$ amount for co-pay. If greater than \$20 VERIFY.)**

**ANSWER ONLY IF C30a=2, 3, or 5.**

C30ab. \_\_\_\_\_ **(Enter % for coinsurance. If greater than 20% VERIFY.)**

**IF C29=4 SKIP TO END. RESPONSES TO C30b/c/d ARE THE SAME AS C30a.**

C30b. Preferred drugs?

- 1 – co-pay (**continue to C30ba**)
- 2 – coinsurance (**skip to C30bb**)
- 3 – both (**continue to C30ba**)
- 4 – neither (e.g. if firm pays full cost) (**skip to C30c**)
- 5 – either co-pay or coinsurance, whichever is greater (**continue to C30ba**)
- 6 – don't know (**skip to C30c**)

**ANSWER ONLY IF C30b=1, 3, or 5.**

C30ba. \_\_\_\_\_ (Enter \$ amount for co-pay. If greater than \$30 VERIFY. C30ba must not be less than C30aa.)

**ANSWER ONLY IF C30b=2, 3, or 5.**

C30bb. \_\_\_\_\_ (Enter % for coinsurance. If greater than 25% VERIFY. C30bb must not be less than C30ab.)

**IF C29=3 SKIP TO END. RESPONSE TO C30c and C30d IS THE SAME AS C30b.**

C30c. Non-preferred drugs?

- 1 – co-pay (**continue to C30ca**)
- 2 – coinsurance (**skip to C30cb**)
- 3 – both (**continue to C30ca**)
- 4 – neither (e.g. if firm pays full cost) (**skip to C30d**)
- 5 – either co-pay or coinsurance, whichever is greater (**continue to C30ca**)
- 6 – don't know (**skip to C30d**)

**ANSWER ONLY IF C30c=1, 3, or 5.**

C30ca. \_\_\_\_\_ (Enter \$ amount for co-pay. If greater than \$50 VERIFY. C30ca must not be less than C30ba or C30aa.)

**ANSWER ONLY IF C30c=2, 3, or 5.**

C30cb. \_\_\_\_\_ (Enter % for coinsurance. If greater than 50% VERIFY. C30cb must not be less than C30bb or C30ab.)

**IF C29=2 SKIP TO END. RESPONSE TO C30d IS THE SAME AS C30c.**

C30d. Tier four drugs, such as lifestyle drugs like Viagra or some self-administered injected drugs?

- 1 – co-pay (**continue to C30da**)
- 2 – coinsurance (**skip to C30db**)
- 3 – both (**continue to C30da**)
- 4 – neither (e.g. if firm pays full cost) (**skip to end**)
- 5 – either co-pay or coinsurance, whichever is greater (**continue to C30da**)
- 6 – don't know (**skip to end**)

**ANSWER ONLY IF C30d=1, 3, or 5.**

C30da. \_\_\_\_\_ (Enter \$ amount for co-pay. If greater than \$50 VERIFY. C30da must not be less than C30ca or C30ba or C30aa.)

**ANSWER ONLY IF C30d=2, 3, or 5.**

C30db. \_\_\_\_\_ (Enter % for coinsurance. If greater than 50% VERIFY. C30db must not be less than C30cb or C30bb or C30ab.)

(END OF SECTION C)

**SECTION D - CHARACTERISTICS OF HMO PLANS  
(ANSWER ONLY IF B8b=1 (YES))**

The following questions will be asked about your largest HMO that is not offered and administered exclusively by a union.

- D1. Which of the following statements best describes who bears the financial risk for this plan? Would it be:  
**(Coverage is underwritten by the insurer if the firm pays a fixed amount to the insurer each month, and the insurer pays workers' claims. A firm is self-insured if the firm pays workers' claims itself.)**  
 1 - Coverage is underwritten by an insurer  
 2 - You are self-insured  
 3 - (VOL) Don't know

- D4. I have some questions about the HMO plan with the largest enrollment. What type of plan is this? Is it:  
**(Read 1-3)**  
 1 - An independent practice association (IPA), where patients visit doctors at their own office  
 2 - A staff or group model, where patients receive care at a specific clinic or building  
 3 - A Mixed Model, where preferred doctors may work either in a clinic or building or in their own private offices in the community  
 4 - Don't know

- D5. Does this plan have an annual deductible for an individual with single coverage? **(Note: deductible can be for any services.)**  
 1 - Yes, single response  
 2 - Yes, multiple responses **(skip to D5a)**  
 3 - Don't Know **(skip to D6)**  
 4 - don't have deductible **(skip to D6)**

D5r. What is the average annual deductible for an individual with single coverage in this plan?

\_\_\_\_\_ **(range \$50-\$750, if out of range, CONFIRM)**

(If Multiple Responses, Ask:)

D5a. What are the two or three most common amounts? **(range \$50-\$750, if out of range, CONFIRM)**

	DOLLAR AMOUNT	EXPLANATION
D5aa	\$ _____	_____
D5bb	\$ _____	_____
D5cc	\$ _____	_____

- D6. Does this plan have an annual deductible for an individual with family coverage? **(Note: deductible can be for any services.)**  
 1 - Yes, single response  
 2 - Yes, multiple responses **(skip to D6a)**  
 3 - Don't Know **(skip to D7)**  
 4 - don't have deductible **(skip to D7)**

D6r. What is the average annual deductible for an individual with family coverage in this plan?

\_\_\_\_\_ **(range \$100-\$1000, if out of range, CONFIRM)**

(If Multiple Responses, Ask:)

D6a. What are the two or three most common amounts? **(Range \$100-\$1000, if out of range CONFIRM)**

	DOLLAR AMOUNT	EXPLANATION
D6aa	\$ _____	_____
D6bb	\$ _____	_____
D6cc	\$ _____	_____

**IF D6r IS LESS THAN D5r, RE-ASK QUESTIONS - FAMILY DEDUCTIBLE CANNOT BE LOWER THAN SINGLE DEDUCTIBLE)**

- D7. Does this plan have a coinsurance rate, a co-payment, or both for an office visit? **(Interviewer note: a co-payment is a fixed dollar amount. Coinsurance is a fixed percentage of the total charge.)**
- 1-Co-payment only **(CONTINUE TO QUESTION D7a)**
  - 2-Coinsurance rate only **(SKIP TO QUESTION D7b)**
  - 3-Both **(CONTINUE TO QUESTION D7a)**
  - 4-Neither **(SKIP TO QUESTION D8)**
  - 5-Don't Know **(SKIP TO QUESTION D8)**

**(IF CO-PAYMENT OR BOTH, ASK)**

- D7a. What is the co-payment for an office visit in this plan?

\_\_\_\_\_

9999 – Don't know

**(IF D7=1 SKIP TO QUESTION D8. IF D7=3, CONTINUE TO D7b)**

**(IF COINSURANCE OR BOTH, ASK)**

- D7b. What is the co-insurance rate **that the employee pays** for an office visit in this plan? **(Note: be sure the percentage is what the WORKER pays, not the firm. If respondent says 80%/20%, the 20% is the worker's share.)**

\_\_\_\_\_

9999 – Don't know

- D8. Does this plan have a separate deductible or co-payment, coinsurance, or both for each hospital admission? **(Interviewer note: If it varies, the deductible or coinsurance for in-network providers.) (Interviewer note: a co-payment is a fixed dollar amount. Coinsurance is a fixed percentage of the total charge.)**

- 1 – deductible or co-payment only **(continue to D8a)**
- 2 – coinsurance only **(skip to D8b)**
- 3 - both **(continue to D8a)**
- 4 – has a charge per day instead of per admission **(skip to D8c)**
- 5 – has an annual deductible **(skip to D8d)**
- 6 – none of the above **(skip to D9)**
- 7 – don't know **(skip to D9)**

- D8a. What is the deductible or co-payment for a hospital admission in this plan? **(Interviewer note: If it varies, the deductible or coinsurance for in-network providers.)**

\_\_\_\_\_

9999 – Don't know

**(Answer only if D8=2 or 3)**

- D8b. What is the coinsurance **rate that the employee pays** for a hospital admission in this plan? **(Interviewer note: If it varies, the deductible or coinsurance for in-network providers.) (Note: be sure the percentage is what the WORKER pays, not the firm. If respondent says 80%/20%, the 20% is the worker's share.)**

\_\_\_\_\_

9999 – Don't know

**(Answer only if D8=4)**

- D8c. What is the per diem (per day) charge for a hospital stay in this plan? **(Interviewer note: If it varies, the deductible or coinsurance for in-network providers.)**

\_\_\_\_\_

9999 – Don't know

**(Answer only if D8=5)**

- D8d. What is the annual deductible for a hospital stay in this plan?

\_\_\_\_\_

9999 – Don't know

D9. What is the maximum out-of-pocket liability in one year for an individual with single coverage in this plan?  
**(Interviewer note: If it varies, the maximum out-of-pocket liability for in-network care.)**  
**(Interviewer note: Don't include a limit that applies only to mental health benefits).**

9999 – Don't know

D10. What is the maximum benefit payable over a lifetime to an employee with single coverage in this plan?  
**(Interviewer note: If it varies, the maximum lifetime benefit for in-network care.)**  
**(Interviewer note: Don't include a limit that applies only to mental health benefits).**

9999 – Don't know

**(FOR ALL COBRA QUESTIONS, D11 and D13, MAKE SURE EMPLOYERS PROVIDE YOU WITH COBRA AMOUNT, NOT THEIR PREMIUM AMOUNT)**

**ONLY ASK D11, D12, D13, D14 IF FIRM HAS 20 OR MORE WORKERS**

D11. What is the total monthly COBRA cost for single coverage for this largest HMO plan? **(IF NECESSARY: COBRA IS CONTINUATION COVERAGE MANDATED BY LEGISLATION PASSED IN 1985. WE DEFLATE THE COBRA AMOUNT BY 2%)**

- 1 – single response **(continue to D11r)**
- 2 - multiple responses **(skip to D11a)**
- 3 – DK **(skip to D12)**

D11r. \$ \_\_\_\_\_ **(RANGE \$100-\$500, if out of range, CONFIRM)**

**(IF MULTIPLE RESPONSES, ASK:)**

D11a What are the two or three most common amounts? **(RANGE \$100-\$500, if out of range, CONFIRM)**

	DOLLAR AMOUNT	EXPLANATION
D11aa	\$ _____	_____
D11ab	\$ _____	_____
D11ac	\$ _____	_____

D12. How much do you deduct from active employees' monthly paycheck for single coverage in this largest HMO plan?

- 1 – single response **(continue to D12r)**
- 2 - multiple responses **(skip to D12a)**
- 3 – DK **(skip to D13)**

D12r. \$ \_\_\_\_\_ **(RANGE \$0-\$500, D12r must be less than D11r)**

**(IF MULTIPLE RESPONSES, ASK:) (RANGE \$0-\$500, D12r must be less than D11r)**

D12a What are the two or three most common amounts?

	DOLLAR AMOUNT	EXPLANATION
D12aa	\$ _____	_____
D12ab	\$ _____	_____
D12ac	\$ _____	_____

D13. What is the total monthly COBRA cost for coverage for a family of four for this largest HMO plan? **(IF NECESSARY: COBRA IS CONTINUATION COVERAGE MANDATED BY LEGISLATION PASSED IN 1985. WE DEFLATE COBRA AMOUNTS BY 2%)**

- 1 – single response **(continue to D13r)**

- 2 - Multiple Responses (**skip to D13a**)
- 3 - DK (**skip to D14**)

D13r. \$ \_\_\_\_\_ (**RANGE \$200-\$900, if out of range, CONFIRM**)

**(IF MULTIPLE RESPONSES, ASK:)**

D13a What are the two or three most common amounts? (**RANGE \$200-\$900, if out of range, CONFIRM**)

	DOLLAR AMOUNT	EXPLANATION
D13aa	\$ _____	_____
D13ab	\$ _____	_____
D13ac	\$ _____	_____

**(IF D13r<=D11r, RE-ASK QUESTIONS, FAMILY COBRA CANNOT BE LESS THAN INDIVIDUAL COBRA)**

D14. How much do you deduct from an active employee's monthly paycheck for coverage of a family of four in this largest HMO plan?

- 1 - single response (**continue to D14r**)
- 2 - Multiple Responses (**skip to D14a**)
- 3 - DK (**skip to D15**)

D14r. \$ \_\_\_\_\_ (**RANGE \$0-\$900, D14r must be less than D13r**)

**(IF MULTIPLE RESPONSES, ASK:)**

D14a What are the two or three most common amounts? (**RANGE \$0-\$900, D14r must be than D13r**)

	DOLLAR AMOUNT	EXPLANATION
D14aa	_____	\$ _____
D14ab	_____	\$ _____
D14ac	_____	\$ _____

**ONLY ASK D10L, D11L, D12L, D13L IF FIRM HAS LESS THAN 20 WORKERS**

D10L. What is the total monthly cost for single coverage for this HMO plan? That is, what is the firm plus the employee's share?

- 1 - \$ \_\_\_\_\_ (**RANGE \$100-\$500, if out of range, CONFIRM**)
- 2 - Multiple responses (**RANGE \$100-\$500, if out of range, CONFIRM**)
- 3 - DK

**(IF MULTIPLE RESPONSES, ASK:)**

D10La What are the two or three most common amounts?

	DOLLAR AMOUNT	EXPLANATION
D10Laa	\$ _____	_____
D10Lab	\$ _____	_____
D10Lac	\$ _____	_____

D11L. How much do you deduct from active employees' monthly paycheck for single coverage in this HMO plan?

- 1 - \$ \_\_\_\_\_ (**RANGE \$0-\$500, D11L must be less than D10L**)
- 2 - Multiple responses (**RANGE \$0-\$500, D11L must be less than D10L**)
- 3 - DK

**(IF MULTIPLE RESPONSES, ASK:)**

D11La What are the two or three most common amounts?

	DOLLAR AMOUNT	EXPLANATION
D11Laa	\$ _____	_____
D11Lab	\$ _____	_____
D11Lac	\$ _____	_____

D12L. What is the total monthly cost for coverage for a family of four for this HMO plan? That is, what is the firm plus the employee's share?

- 1 - \$ \_\_\_\_\_ (RANGE \$200-\$900, if out of range, CONFIRM)
- 2 - Multiple Responses (RANGE \$200-\$900, if out of range, CONFIRM)
- 3 - DK

(IF MULTIPLE RESPONSES, ASK:)

D12La What are the two or three most common amounts?

DOLLAR AMOUNT	EXPLANATION
D12Laa \$ _____	_____
D12Lab \$ _____	_____
D12Lac \$ _____	_____

(IF D12L<=D10L, RE-ASK QUESTIONS, FAMILY PREMIUM CANNOT BE LESS THAN INDIVIDUAL PREMIUM)

D13L. How much do you deduct from an active employee's monthly paycheck for coverage of a family of four in this HMO plan?

- 1 - \$ \_\_\_\_\_ (RANGE \$0-\$900, D13L must be than D12L)
- 2 - Multiple Responses (RANGE \$0-\$900, D13L must be than D12L)
- 3 - DK

(IF MULTIPLE RESPONSES, ASK:)

D13La What are the two or three most common amounts?

DOLLAR AMOUNT	EXPLANATION
D13Laa _____	\$ _____
D13Lab _____	\$ _____
D13Lac _____	\$ _____

**DO NOT READ "THE SAME AS LAST YEAR" OPTION. ONLY USE IF RESPONDENT VOLUNTEERS IT.**

D15. How do the total costs for family coverage compare with what they were one year ago? Are they (READ 1-3)

- 1 - More this year than last year (CONTINUE TO QUESTION D16)
- 2 - Less this year than last year (SKIP TO Question D17)
- 3 - The same as last year (SKIP TO Question D18)
- 4 - No plan last year (SKIP TO Question D18)
- 5 - Don't know (SKIP TO Question D18)

(IF MORE IN D15, ASK:)

D16. What percentage did costs for family coverage increase since last year?

\_\_\_\_\_%(RANGE: 1%-30%, if out of range, CONFIRM)

9999 -- Don't know

(ALL IN D16, SKIP TO Question D18)

(IF LESS IN D15, ASK:)

D17. What percentage did costs for family coverage decrease since last year?

\_\_\_\_\_%(RANGE: 1%-30%, if out of range, CONFIRM)

9999 -- Don't know

D18. How does the overall level of benefits for family coverage compare with what it was one year ago, not including changes in cost sharing? (READ 1-3)

- 1- Plan offers **MORE** benefits this year than last year
- 2- Plan offers **FEWER** benefits this year than last year
- 3- Plan offers the **SAME** level of benefits as last year?
- 4- Don't know

D19. Now I am going to read a list of benefits that may be provided under this plan. Does it cover (READ A-K)

D19a. Adult periodic physical exams

- 1 - Yes
- 2 - No
- 3 - Don't Know

D19b. annual OB/GYN visit

- 1 - Yes
- 2 - No
- 3 - Don't Know

D19c. Well-baby care (for children under 1 year of age)

- 1 - Yes
- 2 - No
- 3 - Don't Know

D19d. Prenatal care

- 1 - Yes
- 2 - No
- 3 - Don't Know

D19e. Accupuncture

- 1 - Yes
- 2 - No
- 3 - Don't Know

D19g. Oral contraceptives (birth control pills for birth control purposes, in addition to other medical purposes)

- 1 - Yes
- 2 - No
- 3 - Don't Know

D19h. Outpatient mental health benefits (**Interviewer note:** benefit is considered covered even if it is carved out and provided through a separate plan).

- 1 - Yes
- 2 - No
- 3 - Don't Know

D19i. Inpatient mental health benefits (**Interviewer note:** benefit is considered covered even if it is carved out and provided through a separate plan).

- 1 - Yes
- 2 - No
- 3 - Don't Know

D19j. Chiropractic care

- 1 - Yes
- 2 - No
- 3 - Don't Know

D19k. Prescription drugs (**Interviewer note:** benefit is considered covered even if it is carved out and provided through a separate plan).

- 1 - Yes
- 2 - No
- 3 - Don't Know

**(ANSWER IF D19h = 1 OR D19i=1)**

D24. Are mental health benefits carved out from this plan? (**Interviewer note: Benefits are carved out when they are provided and paid for separately from the main health plan.**)

- 1 - Yes
- 2 - No
- 3 - Don't Know

**(ANSWER IF D19h = 1)**

- D24a. What is the maximum number of visits for an employee per year, with single coverage, for outpatient mental health care?
- 1 - 20 visits or less per year
  - 2 - 21 to 30 visits per year
  - 3 - 31 to 50 visits per year
  - 4 - more than 50 visits per year
  - 5 - no limits
  - 6 - don't know

**(ANSWER IF D19i = 1)**

- D24b. What is the maximum number of inpatient hospital days per year covered for mental health care for an employee with single coverage?
- 1 - 10 days or less per year
  - 2 - 11-20 days per year
  - 3 - 21-30 days per year
  - 4 - 31 or more days per year
  - 5 - no limits
  - 6 - don't know

**ANSWER PRESCRIPTION DRUG QUESTIONS ONLY IF D19K=1. OTHERWISE SKIP TO D32.**

- D22a. Does this plan's prescription drug benefit include mandatory use of generic drugs? **(Note: mandatory means that ONLY generic drugs will be covered by the plan, if a generic is available. This is not the same as encouraging use of generic drugs.)**

- 1 - Yes
- 2 - No
- 3 - Don't know

- D22b. Does this plan's prescription drug benefit include a mail order discount plan?
- 1 - Yes
  - 2 - No
  - 3 - Don't know

- D29. Which of the following cost-sharing formulas does this plan use for prescription drugs?  
**(Interviewer note: do not read definitions unless asked by respondent.)**

- 1 - a four-tier cost-sharing formula (for example: one payment for generic drugs, another for preferred drugs (such as drugs in the formulary), a third for non-preferred drugs (such as drugs not in the formulary), and a fourth for other specified drugs, such as lifestyle drugs like Viagra or some self administered injected drugs).
- 2 - a three-tier cost-sharing formula (for example: one payment for generic drugs, another for preferred drugs (such as drugs in the formulary), and a third for non-preferred drugs (such as drugs not in the formulary)).
- 3 - a two-tier cost-sharing formula (for example: one payment for generic drugs, and another for all brand name drugs)
- 4 - the cost-sharing is the same regardless of the type of drug chosen
- 5 - Other (\_\_\_\_\_ specify.)
- 6 - Don't know **(Skip to D32.)**

- D30. In this plan, does your firm use a co-pay, coinsurance, or both, for: **(Interviewer note: a co-payment is a fixed dollar amount. Coinsurance is a fixed percentage of the total charge.)**  
**(Note: If R replies that cost-sharing is the same regardless of the type of drug, tell them we are asking about all drugs, in their case.)**

- D30a. Generic drugs?
- 1 - co-pay **(continue to D30aa)**
  - 2 - coinsurance **(skip to D30ab)**
  - 3 - both **(continue to D30aa)**
  - 4 - neither (e.g. if firm pays full cost) **(skip to D30b)**
  - 5 - either co-pay or coinsurance, whichever is greater **(continue to D30aa)**
  - 6 - don't know **(skip to D30b)**

**ANSWER ONLY IF D30a=1, 3, or 5.**

D30aa. \_\_\_\_\_ (Enter \$ amount for co-pay. If greater than \$20 VERIFY.)

**ANSWER ONLY IF D30a=2, 3, or 5.**

D30ab. \_\_\_\_\_ (Enter % for coinsurance. If greater than 20% VERIFY.)

**IF D29=4 SKIP TO D32. RESPONSES TO D30b/c/d ARE THE SAME AS D30a.**

D30b. Preferred drugs?

- 1 – co-pay (continue to D30ba)
- 2 – coinsurance (skip to D30bb)
- 3 – both (continue to D30ba)
- 4 – neither (e.g. if firm pays full cost) (skip to D30c)
- 5 – either co-pay or coinsurance, whichever is greater (continue to D30ba)
- 6 – don't know (skip to D30c)

**ANSWER ONLY IF D30b=1, 3, or 5.**

D30ba. \_\_\_\_\_ (Enter \$ amount for co-pay. If greater than \$30 VERIFY. D30ba must not be less than D30aa.)

**ANSWER ONLY IF D30b=2, 3, or 5.**

D30bb. \_\_\_\_\_ (Enter % for coinsurance. If greater than 25% VERIFY. D30bb must not be less than D30ab.)

**IF D29=3 SKIP TO D32. RESPONSE TO D30c/d IS THE SAME AS D30b.**

D30c. Non-preferred drugs?

- 1 – co-pay (continue to D30ca)
- 2 – coinsurance (skip to D30cb)
- 3 – both (continue to D30ca)
- 4 – neither (e.g. if firm pays full cost) (skip to D30d)
- 5 – either co-pay or coinsurance, whichever is greater (continue to D30ca)
- 6 – don't know (skip to D30d)

**ANSWER ONLY IF D30c=1, 3, or 5.**

D30ca. \_\_\_\_\_ (Enter \$ amount for co-pay. If greater than \$50 VERIFY. D30ca must not be less than D30ba or D30aa.)

**ANSWER ONLY IF D30c=2, 3, or 5.**

D30cb. \_\_\_\_\_ (Enter % for coinsurance. If greater than 50% VERIFY. D30cb must not be less than D30bb or D30ab.)

**IF D29=2 SKIP TO D32. RESPONSE TO D30d IS THE SAME AS D30c.**

D30d. Tier four drugs, such as lifestyle drugs like Viagra or some self-administered injected drugs?

- 1 – co-pay (continue to D30da)
- 2 – coinsurance (skip to D30db)
- 3 – both (continue to D30da)
- 4 – neither (e.g. if firm pays full cost) (skip to D32)
- 5 – either co-pay or coinsurance, whichever is greater (continue to D30da)
- 6 – don't know (skip to D32)

**ANSWER ONLY IF D30d=1, 3, or 5.**

D30da. \_\_\_\_\_ (Enter \$ amount for co-pay. If greater than \$50 VERIFY. D30da must not be less than D30ca or D30ba or D30aa.)

**ANSWER ONLY IF D30d=2, 3, or 5.**

D30db. \_\_\_\_\_ (Enter % for coinsurance. If greater than 50% VERIFY. D30db must not be less than D30cb or D30bb or D30ab.)

D32. **Within the plan's network of providers**, does the co-pay amount or coinsurance percentage vary depending on the doctor or hospital an employee visits? Some people call this a "tiered" insurance plan. For example, an employee might have a \$5 co-pay to visit one physician in the network, but \$10 to visit a different physician in the same network.

- 1 - Yes (skip to end of section)
- 2 - No
- 3 - Don't know (skip to end of section)

D32a. Is your firm considering introducing this type of tiered benefit?

- 1 - Yes
- 2 - No
- 3 - Don't know

**(END OF SECTION D)**

**SECTION E- CHARACTERISTICS OF PREFERRED PROVIDER ORGANIZATIONS  
(ANSWER ONLY IF B8c=1 (YES))**

The following questions will be asked about your largest PPO plan that is not offered and administered exclusively by a union.

- E1. Which of the following statements best describes who bears the financial risk for this plan? Would it be:  
**(Coverage is underwritten by the insurer if the firm pays a fixed amount to the insurer each month, and the insurer pays workers' claims. A firm is self-insured if the firm pays workers' claims itself.)**  
 1 - Coverage is underwritten by an insurer  
 2 - You are self-insured  
 3 - (VOL) Don't know

- E4. Does this plan have an annual deductible for an individual with single coverage using preferred providers? **(Note: deductible can be for any services.)**  
 1 - Yes, single response  
 2 - Yes, multiple responses **(skip to E4a)**  
 3 - Don't Know **(skip to E5)**  
 4 - don't have deductible **(skip to E5)**

E4r. What is the average annual deductible for an individual with single coverage using preferred providers in this plan?

\_\_\_\_\_ **(range \$50-\$750, if out of range, CONFIRM)**

(If Multiple Responses, Ask:)

E4a. What are the two or three most common amounts? **(range \$50-\$750, if out of range, CONFIRM)**

	DOLLAR AMOUNT	EXPLANATION
E4aa	\$ _____	_____
E4bb	\$ _____	_____
E4cc	\$ _____	_____

- E5. Does this plan have an annual deductible for an individual with single coverage using non-preferred providers? **(Note: deductible can be for any services.)**  
 1 - Yes, single response  
 2 - Yes, multiple responses **(skip to E5a)**  
 3 - Don't Know **(skip to E6)**  
 4 - don't have deductible **(skip to E6)**

E5r. What is the average annual deductible for an individual with single coverage using non-preferred providers in this plan?

\_\_\_\_\_ **(range \$100-\$1000, if out of range, CONFIRM)**

(If Multiple Responses, Ask:)

E5a. What are the two or three most common amounts? **(Range \$100-\$1000, if out of range CONFIRM)**

	DOLLAR AMOUNT	EXPLANATION
E5aa	\$ _____	_____
E5bb	\$ _____	_____
E5cc	\$ _____	_____

**(IF E5r IS LESS THAN E4r, RE-ASK QUESTIONS - NONPREFERRED DEDUCTIBLE CANNOT BE LOWER THAN PREFERRED DEDUCTIBLES)**

- E6. Does this plan have a coinsurance rate, a co-payment, or both for an office visit when employees use preferred providers? **(Interviewer note: a co-payment is a fixed dollar amount. Coinsurance is a fixed percentage of the total charge.)**

- 1-Co-payment only **(CONTINUE TO QUESTION E6a)**
- 2-Coinsurance rate only **(SKIP TO QUESTION E6b)**
- 3-Both **(CONTINUE TO QUESTION E6a)**
- 4-Neither **(SKIP TO QUESTION E7)**
- 5-Don't Know **(SKIP TO QUESTION E7)**

**(IF CO-PAYMENT OR BOTH, ASK)**

E6a. What is the co-payment for an office visit when employees use preferred providers?

\_\_\_\_\_

9999 – Don't know

**(IF E6=1 SKIP TO QUESTION E7. IF E6=3, CONTINUE TO E6b)**

**(IF COINSURANCE OR BOTH, ASK)**

E6b. What is the co-insurance rate **that the employee pays** for an office visit when employees use preferred providers? **(Note: be sure the percentage is what the WORKER pays, not the firm. If respondent says 80%/20%, the 20% is the worker's share.)**

\_\_\_\_\_

9999 – Don't know

E7. What is the co-insurance rate **that the employee pays** for an office visit when employees use non-preferred providers? **(Note: be sure the percentage is what the WORKER pays, not the firm. If respondent says 80%/20%, the 20% is the worker's share.)**

\_\_\_\_\_

9999 – Don't know

**(E7 SHOULD NOT BE LESS THAN E6b - IF IT IS NOT, RE-ASK QUESTIONS)**

E8. Does this plan have a separate deductible or co-payment, coinsurance, or both for each hospital admission? **(Interviewer note: If it varies, the deductible or coinsurance for preferred providers.) (Interviewer note: a co-payment is a fixed dollar amount. Coinsurance is a fixed percentage of the total charge.)**

- 1 – deductible or co-payment only **(continue to E8a)**
- 2 – coinsurance only **(skip to E8b)**
- 3 - both **(continue to E8a)**
- 4 – has a charge per day instead of per admission **(skip to E8c)**
- 5 – has an annual deductible **(skip to E8d)**
- 6 – none of the above **(skip to E9)**
- 7 – don't know **(skip to E9)**

E8a. What is the deductible or co-payment for a hospital admission in this plan? **(Interviewer note: If it varies, the deductible or coinsurance for preferred providers.)**

\_\_\_\_\_

9999 – Don't know

**(Answer only if E8=2 or 3)**

E8b. What is the coinsurance **rate that the employee pays** for a hospital admission in this plan? **(Interviewer note: If it varies, the deductible or coinsurance for preferred providers.) (Note: be sure the percentage is what the WORKER pays, not the firm. If respondent says 80%/20%, the 20% is the worker's share.)**

\_\_\_\_\_

9999 – Don't know

**(Answer only if E8=4)**

E8c. What is the per diem (per day) charge for a hospital stay in this plan? **(Interviewer note: If it varies, the deductible or coinsurance for in-network providers.)**

\_\_\_\_\_

9999 – Don't know

**(Answer only if E8=5)**

E8d. What is the annual deductible for a hospital stay in this plan?

\_\_\_\_\_   
 9999 – Don't know

E9. What is the maximum out-of-pocket liability in one year for an individual with single coverage in this plan?

**(Interviewer note: If it varies, the maximum out-of-pocket liability for in-network care.)**

**(Interviewer note: Don't include a limit that applies only to mental health benefits).**

\_\_\_\_\_   
 9999 – Don't know

E10. What is the maximum benefit payable over a lifetime to an employee with single coverage in this plan?

**(Interviewer note: If it varies, the maximum lifetime benefit for in-network care.)**

**(Interviewer note: Don't include a limit that applies only to mental health benefits).**

\_\_\_\_\_   
 9999 – Don't know

**(FOR ALL COBRA QUESTIONS, E12 and E14, MAKE SURE EMPLOYERS PROVIDE YOU WITH COBRA AMOUNT, NOT THEIR PREMIUM AMOUNT)**

**ONLY ASK E12, E13, E14, E15 IF FIRM HAS 20 OR MORE WORKERS**

E12. What is the total monthly COBRA cost for single coverage for this largest PPO plan? **(IF NECESSARY: COBRA IS CONTINUATION COVERAGE MANDATED BY LEGISLATION PASSED IN 1985. WE DEFLATE THE COBRA AMOUNT 2%)**

1 – single response **(continue to E12r)**

2 - Multiple responses **(skip to E12a)**

3 – DK **(skip to E13)**

E12r. \_\_\_\_\_ **(\$100- \$500, if out of range, CONFIRM)**

**(If Multiple Responses, Ask:)**

E12a. What are the two or three most common amounts? **(\$100- \$500, if out of range, CONFIRM)**

	DOLLAR AMOUNT	EXPLANATION
E12aa	\$ _____	_____
E12bb	\$ _____	_____
E12cc	\$ _____	_____

E13. How much do you deduct from active employees' monthly paycheck for single coverage in this largest PPO plan?

1 – single response **(continue to E13r)**

2 - Multiple responses **(skip to E13a)**

3 – DK **(skip to E14)**

E13r. \_\_\_\_\_ **(\$0- \$500, E13 must be less than E12)**

**(If Multiple Responses, Ask:)**

E13a. What are the two or three most common amounts? **(Range \$0-\$500, E13r must be less than E12r)**

	DOLLAR AMOUNT	EXPLANATION
E13aa	\$ _____	_____
E13bb	\$ _____	_____
E13cc	\$ _____	_____

E14. What is the total monthly COBRA cost for coverage for a family of four for this largest PPO plan? **(IF NECESSARY: COBRA IS CONTINUATION COVERAGE MANDATED BY LEGISLATION PASSED IN 1985. WE DEFLATE COBRA AMOUNT BY 2%)**

- 1 - single response **(continue to E14r)**
- 2 - Multiple responses **(skip to E14a)**
- 3 - DK **(skip to E15)**

E14r. \_\_\_\_\_ **(\$200- \$900, if out of range, CONFIRM)**

**(If Multiple Responses, Ask:)**

E14a. What are the two or three most common amounts? **(\$200- \$900, if out of range, CONFIRM)**

	DOLLAR AMOUNT	EXPLANATION
E14aa	\$ _____	_____
E14bb	\$ _____	_____
E14cc	\$ _____	_____

**(IF E14r<=E12r, RE-ASK QUESTIONS. FAMILY COBRA CANNOT BE LESS THAN INDIVIDUAL COBRA)**

E15. How much do you deduct from an active employee's monthly paycheck for a family of four in this largest PPO plan?

- 1 - single response **(continue to E15r)**
- 2 - Multiple responses **(skip to E15a)**
- 3 - DK **(skip to E16)**

E15r. \_\_\_\_\_ **(\$0- \$900, E15r must be less than E14r)**

**(If Multiple Responses, Ask:)**

E15a. What are the two or three most common amounts? **(Range \$0-\$900, E15r must be less than E14r)**

	DOLLAR AMOUNT	EXPLANATION
E15aa	\$ _____	_____
E15bb	\$ _____	_____
E15cc	\$ _____	_____

**ONLY ASK E12L, E13L, E14L, E15L IF FIRM HAS LESS THAN 20 WORKERS**

E12L. What is the total monthly cost for single coverage for this PPO plan? That is, what is the firm plus the employee's share?

- 1 - \_\_\_\_\_ **(\$100- \$500, if out of range, CONFIRM)**
- 2 - Multiple responses **(\$100- \$500, if out of range, CONFIRM)**
- 3 - DK

**(If Multiple Responses, Ask:)**

E12La. What are the two or three most common amounts?

	DOLLAR AMOUNT	EXPLANATION
E12Laa	\$ _____	_____
E12Lbb	\$ _____	_____
E12Lcc	\$ _____	_____

E13L. How much do you deduct from active employees' monthly paycheck for single coverage in this PPO plan?

- 1 - \_\_\_\_\_ **(Range \$0-\$500, E13L must be less than E12L)**
- 2 - Multiple Responses **(Range \$0-\$500, E13L must be less than E12L)**
- 3 - DK

**(If Multiple Responses, Ask:)**

E13La. What are the two or three most common amounts?

	DOLLAR AMOUNT	EXPLANATION
--	---------------	-------------

E13Laa \$ \_\_\_\_\_  
 E13Lbb \$ \_\_\_\_\_  
 E13Lcc \$ \_\_\_\_\_

E14L. What is the total monthly cost for coverage for a family of four for this PPO plan? That is, what is the firm plus the employee's share?

- 1 - \_\_\_\_\_ (Range \$200-\$900, if out of range, CONFIRM)
- 2 - Multiple Responses (Range \$200-\$900, if out of range, CONFIRM)
- 3 - DK

(If Multiple Responses, Ask:)

E14aL. What are the two or three most common amounts?

DOLLAR AMOUNT	EXPLANATION
---------------	-------------

E14Laa \$ _____	_____
E14Lbb \$ _____	_____
E14Lcc \$ _____	_____

**(IF E14L<=E12L, RE-ASK QUESTIONS. FAMILY PREMIUM CANNOT BE LESS THAN INDIVIDUAL PREMIUM)**

E15L. How much do you deduct from an active employee's monthly paycheck for a family of four in this PPO plan?

- 1 - \_\_\_\_\_ (Range \$0-\$900, E15L must be less than E14L)
- 2 - Multiple Responses (Range \$0-\$900, E15L must be less than E14L)
- 3 - DK

(If Multiple Responses, Ask:)

E15La. What are the two or three most common amounts?

DOLLAR AMOUNT	EXPLANATION
---------------	-------------

E15Laa \$ _____	_____
E15Lbb \$ _____	_____
E15Lcc \$ _____	_____

**DO NOT READ "THE SAME AS LAST YEAR" OPTION. ONLY USE IF RESPONDENT VOLUNTEERS IT.**

E16. How does the total cost for family coverage compare with what they were one year ago? Are they (Read 1-3)

- 1 - More this year than last year (CONTINUE TO QUESTION E17)
- 2 - Less this year than last year, or (Skip to Question E18)
- 3 - The same as last year (Skip to Question E19)
- 4 - No plan last year (Skip to Question E19)
- 5 - Don't know (Skip to Question E19)

**(IF MORE IN E16, ASK:)**

E17. What percentage did costs for family coverage increase since last year?

\_\_\_\_\_ (Range: 1%-30%, if out of range, CONFIRM)  
 9999 -- Don't know  
 (All in E17, Skip To Q.E19)

**(IF LESS IN E16, ASK:)**

E18. What percentage did costs for family coverage decrease since last year?

\_\_\_\_\_ (Range: 1%-30%,if out of range, CONFIRM)  
 9999 -- Don't know

E19. How does the overall level of benefits for family coverage compare with what it was one year ago, not including changes in cost sharing? (READ 1-3)

- 1- Plan offers **MORE** benefits this year than last year
- 2- Plan offers **FEWER** benefits this year than last year
- 3- Plan offers the **SAME** level of benefits as last year?

4- Don't know

E20. Now I am going to read a list of benefits that may be provided under this plan. Does it cover **(READ A-K)**

E20a. Adult periodic physical exams

- 1 - Yes
- 2 - No
- 3 - Don't Know

E20b. annual OB/GYN visit

- 1 - Yes
- 2 - No
- 3 - Don't Know

E20c. Well-baby care (for children under 1 year of age)

- 1 - Yes
- 2 - No
- 3 - Don't Know

E20d. Prenatal care

- 1 - Yes
- 2 - No
- 3 - Don't Know

E20e. Accupuncture

- 1 - Yes
- 2 - No
- 3 - Don't Know

E20g. Oral contraceptives (birth control pills for birth control purposes, in addition to other medical purposes)

- 1 - Yes
- 2 - No
- 3 - Don't Know

E20h. Outpatient mental health benefits **(Interviewer note: benefit is considered covered even if it is carved out and provided through a separate plan).**

- 1 - Yes
- 2 - No
- 3 - Don't Know

E20i. Inpatient mental health benefits **(Interviewer note: benefit is considered covered even if it is carved out and provided through a separate plan).**

- 1 - Yes
- 2 - No
- 3 - Don't Know

E20j. Chiropractic care

- 1 - Yes
- 2 - No
- 3 - Don't Know

E20k. Prescription drugs **(Interviewer note: benefit is considered covered even if it is carved out and provided through a separate plan).**

- 1 - Yes
- 2 - No
- 3 - Don't Know

**(ANSWER IF E20h = 1 OR E20i=1)**

E24. Are mental health benefits carved out from this plan? **(Interviewer note: Benefits are carved out when they are provided and paid for separately from the main health plan.)**

- 1 - Yes
- 2 - No
- 3 - Don't Know

**(ANSWER IF E20h = 1)**

- E24a. What is the maximum number of visits for an employee per year, with single coverage, for outpatient mental health care?
- 1 - 20 visits or less per year
  - 2 - 21 to 30 visits per year
  - 3 - 31 to 50 visits per year
  - 4 - more than 50 visits per year
  - 5 - no limits
  - 6 - don't know

**(ANSWER IF E20i = 1)**

- E24b. What is the maximum number of inpatient hospital days per year covered for mental health care for an employee with single coverage?
- 1 - 10 days or less per year
  - 2 - 11-20 days per year
  - 3 - 21-30 days per year
  - 4 - 31 or more days per year
  - 5 - no limits
  - 6 - don't Know

**ASK RX QUESTIONS ONLY IF PRESCRIPTION DRUGS ARE COVERED (E20K=1). OTHERWISE SKIP TO E32.**

- E22a. Does this plan's prescription drug benefit include mandatory use of generic drugs? **(Note: mandatory means that ONLY generic drugs will be covered by the plan, if a generic is available. This is not the same as encouraging use of generic drugs.)**
- 1 - Yes
  - 2 - No
  - 3 - Don't know

- E22b. Does this plan's prescription drug benefit include a mail order discount plan?
- 1 - Yes
  - 2 - No
  - 3 - Don't know

- E29. Which of the following cost-sharing formulas does this plan use for prescription drugs?  
**(Interviewer note: do not read definitions unless asked by respondent.)**
- 1 - a four-tier cost-sharing formula (for example: one payment for generic drugs, another for preferred drugs (such as drugs in the formulary), a third for non-preferred drugs (such as drugs not in the formulary), and a fourth for other specified drugs, such as lifestyle drugs like Viagra or some self administered injected drugs).
  - 2 - a three-tier cost-sharing formula (for example: one payment for generic drugs, another for preferred drugs (such as drugs in the formulary), and a third for non-preferred drugs (such as drugs not in the formulary)).
  - 3 - a two-tier cost-sharing formula (for example: one payment for generic drugs, and another for all brand name drugs)
  - 4 - the cost-sharing is the same regardless of the type of drug chosen
  - 5 - Other (\_\_\_\_\_ specify.)
  - 6 - Don't know **(Skip to E32.)**

- E30. In this plan, does your firm use a co-pay, coinsurance, or both, for: **(Interviewer note: a co-payment is a fixed dollar amount. Coinsurance is a fixed percentage of the total charge.)**  
**(Note: If R replies that cost-sharing is the same regardless of the type of drug, tell them we are asking about all drugs, in their case.)**

- E30a. Generic drugs?
- 1 - co-pay **(continue to E30aa)**

- 2 – coinsurance (**skip to E30ab**)
- 3 – both (**continue to E30aa**)
- 4 – neither (e.g. if firm pays full cost) (**skip to E30b**)
- 5 – either co-pay or coinsurance, whichever is greater (**continue to E30aa**)
- 6 – don't know (**skip to E30b**)

**ANSWER ONLY IF E30a=1, 3, or 5.**

E30aa. \_\_\_\_\_ (Enter \$ amount for co-pay. If greater than \$20 VERIFY.)

**ANSWER ONLY IF E30a=2, 3, or 5.**

E30ab. \_\_\_\_\_ (Enter % for coinsurance. If greater than 20% VERIFY.)

**IF E29=4 SKIP TO E32. RESPONSES TO E30b/c/d ARE THE SAME AS E30a.**

E30b. Preferred drugs?

- 1 – co-pay (**continue to E30ba**)
- 2 – coinsurance (**skip to E30bb**)
- 3 – both (**continue to E30ba**)
- 4 – neither (e.g. if firm pays full cost) (**skip to E30c**)
- 5 – either co-pay or coinsurance, whichever is greater (**continue to E30ba**)
- 6 – don't know (**skip to E30c**)

**ANSWER ONLY IF E30b=1, 3, or 5.**

E30ba. \_\_\_\_\_ (Enter \$ amount for co-pay. If greater than \$30 VERIFY. E30ba must not be less than E30aa.)

**ANSWER ONLY IF E30b=2, 3, or 5.**

E30bb. \_\_\_\_\_ (Enter % for coinsurance. If greater than 25% VERIFY. E30bb must not be less than E30ab.)

**IF E29=3 SKIP TO E32. RESPONSE TO E30c/d IS THE SAME AS E30b.**

E30c. Non-preferred drugs?

- 1 – co-pay (**continue to E30ca**)
- 2 – coinsurance (**skip to E30cb**)
- 3 – both (**continue to E30ca**)
- 4 – neither (e.g. if firm pays full cost) (**skip to E30d**)
- 5 – either co-pay or coinsurance, whichever is greater (**continue to E30ca**)
- 6 – don't know (**skip to E30d**)

**ANSWER ONLY IF E30c=1, 3, or 5.**

E30ca. \_\_\_\_\_ (Enter \$ amount for co-pay. If greater than \$50 VERIFY. E30ca must not be less than E30ba or E30aa.)

**ANSWER ONLY IF E30c=2, 3, or 5.**

E30cb. \_\_\_\_\_ (Enter % for coinsurance. If greater than 50% VERIFY. E30cb must not be less than E30bb or E30ab.)

**IF E29=2 SKIP TO E32. RESPONSE TO E30d IS THE SAME AS E30c.**

E30d. Tier four drugs, such as lifestyle drugs like Viagra or some self-administered injected drugs?

- 1 – co-pay (**continue to E30da**)
- 2 – coinsurance (**skip to E30db**)
- 3 – both (**continue to E30da**)
- 4 – neither (e.g. if firm pays full cost) (**skip to E32**)
- 5 – either co-pay or coinsurance, whichever is greater (**continue to E30da**)
- 6 – don't know (**skip to E32**)

**ANSWER ONLY IF E30d=1, 3, or 5.**

E30da. \_\_\_\_\_ (Enter \$ amount for co-pay. If greater than \$50 VERIFY. E30da must not be less than E30ca or E30ba or E30aa.)

**ANSWER ONLY IF E30d=2, 3, or 5.**

E30db. \_\_\_\_\_ (Enter % for coinsurance. If greater than 50% VERIFY. E30db must not be less than E30cb or E30bb or E30ab.)

E32. **Within the plan's network of providers**, does the co-pay amount or coinsurance percentage vary depending on the doctor or hospital an employee visits? Some people call this a "tiered" insurance plan. For example, an employee might have a \$5 co-pay to visit one physician in the network, but \$10 to visit a different physician in the same network.

- 1 - Yes **(skip to end of section)**
- 2 - No
- 3 - Don't know **(skip to end of section)**

E32a. Is your firm considering introducing this type of tiered benefit?

- 1 - Yes
- 2 - No
- 3 - Don't know

**(END OF SECTION E)**

**SECTION F - CHARACTERISTICS OF POS/HYBRID PLANS  
(ANSWER ONLY IF B8d=1 (YES))**

The following questions will be asked about your largest POS plan that is not offered and administered exclusively by a union.

- F1. Which of the following statements best describes who bears the financial risk for this plan? Would it be:  
**(Coverage is underwritten by the insurer if the firm pays a fixed amount to the insurer each month, and the insurer pays workers' claims. A firm is self-insured if the firm pays workers' claims itself.)**  
 1 - Coverage is underwritten by an insurer  
 2 - You are self-insured  
 3 - (VOL) Don't know

- F4. Does this plan have an annual deductible for an individual with single coverage using preferred providers?  
**(Note: deductible can be for any services.)**  
 1 - Yes, single response  
 2 - Yes, multiple responses **(skip to F4a)**  
 3 - Don't Know **(skip to F5)**  
 4 - don't have deductible **(skip to F5)**

F4r. What is the average annual deductible for an individual with single coverage using preferred providers in this plan?

\_\_\_\_\_ (range \$50-\$750, if out of range, CONFIRM)

(If Multiple Responses, Ask:)

F4a. What are the two or three most common amounts? **(range \$50-\$750, if out of range, CONFIRM)**

	DOLLAR AMOUNT	EXPLANATION
F4aa	\$ _____	_____
F4bb	\$ _____	_____
F4cc	\$ _____	_____

- F5. Does this plan have an annual deductible for an individual with single coverage using non-preferred providers?  
**(Note: deductible can be for any services.)**  
 1 - Yes, single response  
 2 - Yes, multiple responses **(skip to F5a)**  
 3 - Don't Know **(skip to F6)**  
 4 - don't have deductible **(skip to F6)**

F5r. What is the average annual deductible for an individual with single coverage using non-preferred providers in this plan?

\_\_\_\_\_ (range \$100-\$1000, if out of range, CONFIRM)

(If Multiple Responses, Ask:)

F5a. What are the two or three most common amounts? **(Range \$100-\$1000, if out of range CONFIRM)**

	DOLLAR AMOUNT	EXPLANATION
F5aa	\$ _____	_____
F5bb	\$ _____	_____
F5cc	\$ _____	_____

**IF F5r IS LESS THAN F4r, RE-ASK QUESTIONS - NONPREFERRED DEDUCTIBLE CANNOT BE LOWER THAN PREFERRED)**

- F6. Does this plan have a coinsurance rate, a co-payment, or both for an office visit when employees use preferred providers? **(Interviewer note: a co-payment is a fixed dollar amount. Coinsurance is a fixed percentage of the total charge.)**

- 1-Co-payment only **(CONTINUE TO QUESTION F6a)**
- 2-Coinsurance rate only **(SKIP TO QUESTION F6b)**
- 3-Both **(CONTINUE TO QUESTION F6a)**
- 4-Neither **(SKIP TO QUESTION F7)**
- 5-Don't Know **(SKIP TO QUESTION F7)**

**(IF CO-PAYMENT OR BOTH, ASK)**

F6a. What is the co-payment for an office visit when employees use preferred providers?

\_\_\_\_\_

9999 – Don't know

**(IF F6=1 SKIP TO QUESTION F7, IF F6=3, CONTINUE TO F6b)**

**(IF COINSURANCE OR BOTH, ASK)**

F6b. What is the co-insurance rate **that the employee pays** for an office visit when employees use preferred providers? **(Note: be sure the percentage is what the WORKER pays, not the firm. If respondent says 80%/20%, the 20% is the worker's share.)**

\_\_\_\_\_

9999 – Don't know

F7. What is the co-insurance rate **that the employee pays** for an office visit when employees use non-preferred providers? **(Note: be sure the percentage is what the WORKER pays, not the firm. If respondent says 80%/20%, the 20% is the worker's share.)**

\_\_\_\_\_

9999 – Don't know

**(F7 MUST NOT BE LESS THAN F6b - IF IT IS, RE-ASK QUESTIONS)**

F8. Does this plan have a separate deductible or co-payment, coinsurance, or both for each hospital admission? **(Interviewer note: If it varies, the deductible or coinsurance for in-network providers.) (Interviewer note: a co-payment is a fixed dollar amount. Coinsurance is a fixed percentage of the total charge.)**

- 1 – deductible or co-payment only **(continue to F8a)**
- 2 – coinsurance only **(skip to F8b)**
- 3 - both **(continue to F8a)**
- 4 – has a charge per day instead of per admission **(skip to F8c)**
- 5 – has an annual deductible **(skip to F8d)**
- 6 – none of the above **(skip to F9)**
- 7 – don't know **(skip to F9)**

F8a. What is the deductible or co-payment for a hospital admission in this plan? **(Interviewer note: If it varies, the deductible or coinsurance for in-network providers.)**

\_\_\_\_\_

9999 – Don't know

**(Answer only if F8=2 or 3)**

F8b. What is the coinsurance **rate that the employee pays** for a hospital admission in this plan? **(Interviewer note: If it varies, the deductible or coinsurance for in-network providers.) (Note: be sure the percentage is what the WORKER pays, not the firm. If respondent says 80%/20%, the 20% is the worker's share.)**

\_\_\_\_\_

9999 – Don't know

**(Answer only if F8=4)**

F8c. What is the per diem (per day) charge for a hospital stay in this plan? **(Interviewer note: If it varies, the deductible or coinsurance for in-network providers.)**

\_\_\_\_\_

9999 – Don't know

**(Answer only if F8=5)**

F8d. What is the annual deductible for a hospital stay in this plan?

\_\_\_\_\_   
 9999 – Don't know

F9. What is the maximum out-of-pocket liability in one year for an individual with single coverage in this plan?

**(Interviewer note: If it varies, the maximum out-of-pocket liability for in-network care.)**  
**(Interviewer note: Don't include a limit that applies only to mental health benefits).**

\_\_\_\_\_   
 9999 – Don't know

F10. What is the maximum benefit payable over a lifetime to an employee with single coverage in this plan?

**(Interviewer note: If it varies, the maximum lifetime benefit for in-network care.)**  
**(Interviewer note: Don't include a limit that applies only to mental health benefits).**

\_\_\_\_\_   
 9999 – Don't know

**(FOR ALL COBRA QUESTIONS, F12 and F16, MAKE SURE EMPLOYERS PROVIDE YOU WITH COBRA AMOUNT, NOT THEIR PREMIUM AMOUNT)**

**ONLY ASK F12, F13, F16, F17 IF FIRM HAS 20 OR MORE WORKERS**

F12. What is the total monthly COBRA cost for single coverage for this largest POS plan?

**(IF NECESSARY: COBRA IS CONTINUATION COVERAGE MANDATED BY LEGISLATION PASSED IN 1985. WE DEFLATE THE COBRA AMOUNT 2%)**

- 1 – single response **(continue to F12r)**
- 2 - Multiple responses **(skip to F12a)**
- 3 – DK **(skip to F13)**

F12r. \_\_\_\_\_ **(Range \$100-\$500, IF OUT OF RANGE, CONFIRM)**

**(IF MULTIPLE RESPONSES, ASK:)**

F12a. What are the two or three most common amounts? **(Range \$100-\$500, IF OUT OF RANGE, CONFIRM)**

	DOLLAR AMOUNT	EXPLANATION
F12aa	\$ _____	_____
F12bb	\$ _____	_____
F12cc	\$ _____	_____

F13. How much do you deduct from active employees' monthly paychecks for single coverage in this largest POS plan?

- 1 – single response **(continue to F13r)**
- 2 - Multiple responses **(skip to F13a)**
- 3 – DK **(skip to F16)**

F13r. \_\_\_\_\_ **(Range \$0-\$500, F13r must be less than F12r)**

**(IF MULTIPLE RESPONSES, ASK:)**

F13a. What are the two or three most common amounts? **(Range \$0-\$500, F13r must be less than F12r)**

	DOLLAR AMOUNT	EXPLANATION
F13aa	\$ _____	_____
F13bb	\$ _____	_____
F13cc	\$ _____	_____

F16. What is the total monthly COBRA cost for coverage for a family of four for this largest POS plan? **(IF NECESSARY: COBRA IS CONTINUATION COVERAGE MANDATED BY LEGISLATION PASSED IN 1985. WE DEFLATE THE COBRA AMOUNT 2%)**

- 1 - single response **(continue to F16r)**
- 2 - multiple responses **(skip to F16a)**
- 3 - DK **(skip to F17)**

F16r. \_\_\_\_\_ **(Range \$200-\$900, IF OUT OF RANGE, CONFIRM)**

**(IF MULTIPLE RESPONSES, ASK:)**

F16a. What are the two or three most common amounts? **(Range \$200-\$900, if out of range CONFIRM)**

	DOLLAR AMOUNT	EXPLANATION
F16aa	\$ _____	_____
F16bb	\$ _____	_____
F16cc	\$ _____	_____

**(IF F16r<=F12r, RE-ASK THE QUESTIONS. FAMILY COBRA CANNOT BE LESS THAN INDIVIDUAL COBRA)**

F17. How much do you deduct from an active employee's monthly paycheck for a family of four in this largest POS plan?

- 1 - single response **(continue to F17r)**
- 2 - multiple responses **(skip to F17a)**
- 3 - DK **(skip to F18)**

F17r. \_\_\_\_\_ **(Range \$0-\$900, F17r must be less than F16r)**

**(IF MULTIPLE RESPONSES, ASK:)**

F17a. What are the two or three most common amounts? **(Range \$0-\$900, F17r must be less than F16r)**

	DOLLAR AMOUNT	EXPLANATION
F17aa	\$ _____	_____
F17bb	\$ _____	_____
F17cc	\$ _____	_____

**ONLY ASK F12L, F13L, F16L, F17L IF FIRM HAS LESS THAN 20 WORKERS**

F12L. What is the total monthly cost for single coverage for this POS plan? That is, what is the firm plus the employee's share?

- 1 - \_\_\_\_\_ **(Range \$100-\$500, IF OUT OF RANGE, CONFIRM)**
- 2 - Multiple responses **(Range \$100-\$500, IF OUT OF RANGE, CONFIRM)**
- 3 - DK

**(IF MULTIPLE RESPONSES, ASK:)**

F12La. What are the two or three most common amounts?

	DOLLAR AMOUNT	EXPLANATION
F12Laa	\$ _____	_____
F12Lbb	\$ _____	_____
F12Lcc	\$ _____	_____

F13L. How much do you deduct from active employees' monthly paychecks for single coverage in this POS plan?

- 1 - \_\_\_\_\_ **(Range \$0-\$500, F13L must be less than F12L)**
- 2 - Multiple responses **(Range \$0-\$500, F13L must be less than F12L)**
- 3 - DK

**(IF MULTIPLE RESPONSES, ASK:)**

F13La. What are the two or three most common amounts?

	DOLLAR AMOUNT	EXPLANATION
F13Laa	\$ _____	_____

F13Lbb \$	<input type="text"/>	<input type="text"/>	
F13Lcc \$	<input type="text"/>	<input type="text"/>	

F16L. What is the total monthly cost for coverage for a family of four for this POS plan? That is, what is the firm plus the employee's share?

1 -  (Range \$200-\$900, if out of range CONFIRM)  
 2 - Multiple response (Range \$200-\$900, if out of range CONFIRM)  
 3 - DK

**(IF MULTIPLE RESPONSES, ASK:)**  
 F16La. What are the two or three most common amounts?

	DOLLAR AMOUNT	EXPLANATION
F16Laa \$	<input type="text"/>	<input type="text"/>
F16Lbb \$	<input type="text"/>	<input type="text"/>
F16Lcc \$	<input type="text"/>	<input type="text"/>

**(IF F16L<=F12L, RE-ASK THE QUESTIONS. FAMILY PREMIUM CANNOT BE LESS THAN INDIVIDUAL PREMIUM)**

F17L. How much do you deduct from an active employee's monthly paycheck for a family of four in this POS plan?

1 -  (Range \$0-\$900, F17L must be less than F16L)  
 2 - Multiple responses (Range \$0-\$900, F17L must be less than F16L)  
 3 - DK

**(IF MULTIPLE RESPONSES, ASK:)**  
 F17La. What are the two or three most common amounts?

	DOLLAR AMOUNT	EXPLANATION
F17Laa \$	<input type="text"/>	<input type="text"/>
F17Lbb \$	<input type="text"/>	<input type="text"/>
F17Lcc \$	<input type="text"/>	<input type="text"/>

**DO NOT READ "THE SAME AS LAST YEAR" OPTION. ONLY USE IF RESPONDENT VOLUNTEERS IT.**

F18. How do the total costs for family coverage compare with what it was one year ago? Are they:

- 1 - More this year than last year? **(Continue to Question F19)**
- 2 - Less this year than last year, or **(Skip to Question F20)**
- 3 - The same as last year **(Skip to Question F21)**
- 4 - No plan last year **(Skip to Question F21)**
- 5 - Don't know **(Skip to Question F21)**

**(IF MORE IN F18, ASK:)**

F19. What percentage did costs for family coverage increase since last year?

(Range: 1%-30%, if out of range, CONFIRM)

9999 -- Don't know

**(All in F19, Skip to Question F21)**

**(IF LESS IN F18, ASK:)**

F20. What percentage did costs for family coverage decrease since last year?

(Range: 1%-30%, if out of range, CONFIRM)

9999 -- Don't know

F21. How does the overall level of benefits for family coverage compare with what they were one year ago, not including changes in cost sharing? **(READ 1-3)**

- 1- Plan offers **MORE** benefits this year than last year
- 2- Plan offers **FEWER** benefits this year than last year,
- 3- Plan offers the **SAME** level of benefits as last year?
- 4- Don't know

F22. Now I am going to read a list of benefits that may be provided under this plan. Does it cover **(READ A-K)**

F22a. Adult periodic physical exams  
 1 - Yes  
 2 - No  
 3 - Don't Know

F22b. annual OB/GYN visit  
 1 - Yes  
 2 - No  
 3 - Don't Know

F22c. Well-baby care (for children under 1 year of age)  
 1 - Yes  
 2 - No  
 3 - Don't Know

F22d. Prenatal care  
 1 - Yes  
 2 - No  
 3 - Don't Know

F22e. Accupuncture  
 1 - Yes  
 2 - No  
 3 - Don't Know

F22g. Oral contraceptives (birth control pills for birth control purposes, in addition to other medical purposes)  
 1 - Yes  
 2 - No  
 3 - Don't Know

F22h. Outpatient mental health benefits **(Interviewer note: benefit is considered covered even if it is carved out and provided through a separate plan).**  
 1 - Yes  
 2 - No  
 3 - Don't Know

F22i. Inpatient mental health benefits **(Interviewer note: benefit is considered covered even if it is carved out and provided through a separate plan).**  
 1 - Yes  
 2 - No  
 3 - Don't Know

F22j. Chiropractic care  
 1 - Yes  
 2 - No  
 3 - Don't Know

F22k. Prescription drugs **(Interviewer note: benefit is considered covered even if it is carved out and provided through a separate plan).**  
 1 - Yes  
 2 - No  
 3 - Don't Know

**(ANSWER IF F22h = 1 OR F22i=1)**

F24. Are mental health benefits carved out from this plan? **(Interviewer note: Benefits are carved out when they are provided and paid for separately from the main health plan.)**

- 1 - Yes
- 2 - No
- 3 - Don't Know

**(ANSWER IF F22h = 1)**

- F24a. What is the maximum number of visits for an employee per year, with single coverage, for outpatient mental health care?
- 1 - 20 visits or less per year
  - 2 - 21 to 30 visits per year
  - 3 - 31 to 50 visits per year
  - 4 - more than 50 visits per year
  - 5 - no limits
  - 6 - don't know

**(ANSWER IF F22i = 1)**

- F24b. What is the maximum number of inpatient hospital days per year covered for mental health care for an employee with single coverage?
- 1 - 10 days or less per year
  - 2 - 11-20 days per year
  - 3 - 21-30 days per year
  - 4 - 31 or more days per year
  - 5 - no limits
  - 6 - don't know

**ASK RX QUESTIONS ONLY IF PRESCRIPTION DRUGS ARE COVERED (F22K=1). OTHERWISE SKIP TO F32.**

- F23a. Does this plan's prescription drug benefit include mandatory use of generic drugs? **(Note: mandatory means that ONLY generic drugs will be covered by the plan, if a generic is available. This is not the same as encouraging use of generic drugs.)**
- 1 - Yes
  - 2 - No
  - 3 - Don't know

- F23b. Does this plan's prescription drug benefit include a mail order discount plan?
- 1 - Yes
  - 2 - No
  - 3 - Don't know

- F29. Which of the following cost-sharing formulas does this plan use for prescription drugs?  
**(Interviewer note: do not read definitions unless asked by respondent.)**
- 1 - a four-tier cost-sharing formula (for example: one payment for generic drugs, another for preferred drugs (such as drugs in the formulary), a third for non-preferred drugs (such as drugs not in the formulary), and a fourth for other specified drugs, such as lifestyle drugs like Viagra or some self administered injected drugs).
  - 2 - a three-tier cost-sharing formula (for example: one payment for generic drugs, another for preferred drugs (such as drugs in the formulary), and a third for non-preferred drugs (such as drugs not in the formulary)).
  - 3 - a two-tier cost-sharing formula (for example: one payment for generic drugs, and another for all brand name drugs)
  - 4 - the cost-sharing is the same regardless of the type of drug chosen
  - 5 - Other (\_\_\_\_\_ specify.)
  - 6 - Don't know **(Skip to F32.)**

- F30. In this plan, does your firm use a co-pay, coinsurance, or both, for: **(Interviewer note: a co-payment is a fixed dollar amount. Coinsurance is a fixed percentage of the total charge.)**  
**(Note: If R replies that cost-sharing is the same regardless of the type of drug, tell them we are asking about all drugs, in their case.)**

- F30a. Generic drugs?
- 1 - co-pay **(continue to F30aa)**

- 2 – coinsurance (**skip to F30ab**)
- 3 – both (**continue to F30aa**)
- 4 – neither (e.g. if firm pays full cost) (**skip to F30b**)
- 5 – either co-pay or coinsurance, whichever is greater (**continue to F30aa**)
- 6 – don't know (**skip to F30b**)

**ANSWER ONLY IF F30a=1, 3, or 5.**

F30aa. \_\_\_\_\_ (Enter \$ amount for co-pay. If greater than \$20 VERIFY.)

**ANSWER ONLY IF F30a=2, 3, or 5.**

F30ab. \_\_\_\_\_ (Enter % for coinsurance. If greater than 20% VERIFY.)

**IF F29=4 SKIP TO F32. RESPONSES TO F30b/c/d ARE THE SAME AS F30a.**

F30b. Preferred drugs?

- 1 – co-pay (**continue to F30ba**)
- 2 – coinsurance (**skip to F30bb**)
- 3 – both (**continue to F30ba**)
- 4 – neither (e.g. if firm pays full cost) (**skip to F30c**)
- 5 – either co-pay or coinsurance, whichever is greater (**continue to F30ba**)
- 6 – don't know (**skip to F30c**)

**ANSWER ONLY IF F30b=1, 3, or 5.**

F30ba. \_\_\_\_\_ (Enter \$ amount for co-pay. If greater than \$30 VERIFY. F30ba must not be less than F30aa.)

**ANSWER ONLY IF F30b=2, 3, or 5.**

F30bb. \_\_\_\_\_ (Enter % for coinsurance. If greater than 25% VERIFY. F30bb must not be less than F30ab.)

**IF F29=3 SKIP TO F32. RESPONSE TO F30c/d IS THE SAME AS F30b.**

F30c. Non-preferred drugs?

- 1 – co-pay (**continue to F30ca**)
- 2 – coinsurance (**skip to F30cb**)
- 3 – both (**continue to F30ca**)
- 4 – neither (e.g. if firm pays full cost) (**skip to F30d**)
- 5 – either co-pay or coinsurance, whichever is greater (**continue to F30ca**)
- 6 – don't know (**skip to F30d**)

**ANSWER ONLY IF F30c=1, 3, or 5.**

F30ca. \_\_\_\_\_ (Enter \$ amount for co-pay. If greater than \$50 VERIFY. F30ca must not be less than F30ba or F30aa.)

**ANSWER ONLY IF F30c=2, 3, or 5.**

F30cb. \_\_\_\_\_ (Enter % for coinsurance. If greater than 50% VERIFY. F30cb must not be less than F30bb or F30ab.)

**IF F29=2 SKIP TO F32. RESPONSE TO F30d IS THE SAME AS F30c.**

F30d. Tier four drugs, such as lifestyle drugs like Viagra or some self-administered injected drugs?

- 1 – co-pay (**continue to F30da**)
- 2 – coinsurance (**skip to F30db**)
- 3 – both (**continue to F30da**)
- 4 – neither (e.g. if firm pays full cost) (**skip to F32**)
- 5 – either co-pay or coinsurance, whichever is greater (**continue to F30da**)
- 6 – don't know (**skip to F32**)

**ANSWER ONLY IF F30d=1, 3, or 5.**

F30da. \_\_\_\_\_ (Enter \$ amount for co-pay. If greater than \$50 VERIFY. F30da must not be less than F30ca or F30ba or F30aa.)

**ANSWER ONLY IF F30d=2, 3, or 5.**

F30db. \_\_\_\_\_ (Enter % for coinsurance. If greater than 50% VERIFY. F30db must not be less than F30cb or F30bb or F30ab.)

F32. **Within the plan's network of providers**, does the co-pay amount or coinsurance percentage vary depending on the doctor or hospital an employee visits? Some people call this a "tiered" insurance plan. For example, an employee might have a \$5 co-pay to visit one physician in the network, but \$10 to visit a different physician in the same network.

- 1 - Yes (**skip to end of section**)
- 2 - No
- 3 - Don't know (**skip to end of section**)

F32a. Is your firm considering introducing this type of tiered benefits?

- 1 - Yes
- 2 - No
- 3 - Don't know

**(END OF SECTION F)**

**SECTION I - RETIREE HEALTH BENEFITS**  
**(ANSWER SECTION ONLY IF A6=1)**

11. Does your firm currently provide retiree health benefits to former employees that have retired from the firm?  
**(Interviewer note: medical, not dental)**
- 1 - Yes
  - 2 - No **(SKIP TO I19)**
  - 3 - Yes, but we don't have any retirees **(SKIP TO I19)**
- I1a. Do your retiree health benefits cover:
- I1aa. Early retirees--retirees under the age of 65?
    - 1 - Yes
    - 2 - No
    - 3 - Don't Know
  - I1ab. Medicare-age retirees--retirees 65 or older?
    - 1 - Yes
    - 2 - No **(skip to I19)**
    - 3 - Don't Know **(skip to I19)**

**END OF SECTION I.**

**SECTION J – DEFINED CONTRIBUTION PLANS  
(ANSWER SECTION ONLY IF A6=1)**

J1. How familiar are you with the term “consumer driven health care?”

- 1 – Very familiar
- 2 – Somewhat familiar
- 3 – Somewhat unfamiliar
- 4 – Very unfamiliar
- 5 – Don't know

J2. One type of consumer driven health plan uses a health or personal savings account that includes a fixed contribution by the company, which employees can use to pay for health care services. The savings account sometimes is also called a health reimbursement arrangement. The health plan has a high deductible but also allows employees to either spend their contribution on health care, or “roll it over” to the next year.

How familiar are you with such plans?

- 1 – Very familiar
- 2 – Somewhat familiar
- 3 – Somewhat unfamiliar
- 4 – Very unfamiliar
- 5 – Don't know

J3. Does your firm offer a high deductible health plan? A high deductible plan is a plan with an annual deductible of more than \$1,000 for single coverage. Such a plan may be offered either with or without a health savings account.

- 1 – Yes
- 2 – No (**skip to J5**)
- 3 – Don't know (**skip to J5**)

J4. Does your firm offer a health savings account along with this high deductible plan? Just to remind you, a health savings account is a funding arrangement where the company makes a fixed contribution to a spending account that the employee uses to pay for health care services. The employee may roll over unspent funds to pay for health care in future years.

- 1 – Yes
- 2 – No (**skip to J5**)
- 3 – Don't know (**skip to J5**)

(a) How much does the firm contribute annually to the account?

\_\_\_\_\_

9999 – Don't know

(b) What is the annual deductible the employee has to pay before the plan provides benefits?

\_\_\_\_\_

9999 – Don't know

**(If J4=1 skip to J7)**

J5. How likely is it that your firm will consider offering high deductible plan with a health savings account within the next two years? (**Interviewer note: A high deductible is more than \$1000 per year for single coverage.**)

- 1 – Very likely
- 2 – Somewhat likely
- 3 – Somewhat unlikely
- 4 – Very unlikely
- 5 – Don't know

- J7. Do employees at your firm currently have direct access to information on the quality of care provided by doctors, hospitals, or other providers through Internet websites? **(Note: not on firm's web site, the Internet in general.)**
- 1 - Yes
  - 2 - No **(skip to end of section)**
  - 3 - Don't know **(skip to end of section)**
- J8. To the best of your knowledge, how would you rate the information available on the quality of care through Internet websites?
- 1 - very good
  - 2 - somewhat good
  - 3 - somewhat poor
  - 4 - very poor
  - 5 - don't know

**END OF SECTION J.**

**SECTION K – POLICY QUESTIONS**  
**(ALL FIRMS ANSWER PARTS OF THIS SECTION)**

- K1. Has your firm shopped for a new health plan in the past year?  
 1 – Yes  
 2 – No **(skip to K3)**  
 3 – Don't know **(skip to K3)**
- K1a. Did your firm change insurance carriers in the past year?  
 1 – Yes  
 2 – No  
 3 – Don't know
- K1b. Did your firm change the type of health plan in the past year?  
 1 – Yes  
 2 – No  
 3 – Don't know
- K2. How long has your firm used your current health insurance carrier? (If your firm has more than one carrier, how long have you used the insurance carrier that covers the largest number of your employees?)  
 1 – less than one year  
 2 – one to two years  
 3 – three to four years  
 4 – five to six years  
 5 – more than six years  
 6 – don't know
- K3. Has the percentage of employees electing family coverage increased or decreased over the past several years?  
 1 – Increased **(skip to K4)**  
 2 – Decreased  
 3 – Stayed the same **(skip to K4)**  
 4 – Don't know **(skip to K4)**
- K3a. Why do you think that this change has occurred?  
 \_\_\_\_\_ **(open ended)**
- K4. Does your firm vary the contribution for family coverage based on whether an employee's family member has the option of getting insurance from another source, such as another employer?  
 1 – Yes **(skip to K5)**  
 2 – No  
 3 – Don't know **(skip to K5)**
- K4a. How likely is your firm to adopt such an approach in the next two years?  
 1 – Very likely  
 2 – Somewhat likely  
 3 – Not too likely  
 4 – Not at all likely  
 5 – Don't know
- K5. Does your firm provide any additional compensation or benefits to employees if:
- a. They elect not to participate in your firm's health benefits  
 1 – Yes **(skip to K5c)**  
 2 – No  
 3 – Don't know **(skip to K5c)**
- b. How likely is your firm to adopt such an approach in the next two years?  
 1 – Very likely

- 2 – Somewhat likely
- 3 – Not too likely
- 4 – Not at all likely
- 5 – Don't know

c. They elect single rather than family coverage

- 1 – Yes (**skip to K6**)
- 2 – No
- 3 – Don't know (**skip to K6**)

d. How likely is your firm to adopt such an approach in the next two years?

- 1 – Very likely
- 2 – Somewhat likely
- 3 – Not too likely
- 4 – Not at all likely
- 5 – Don't know

K6. How likely is it that your firm will increase the **percentage of the premium** that your employees must pay for **family coverage** in the next two years?

- 1 – Very likely
- 2 – Somewhat likely
- 3 – Not too likely
- 4 – Not at all likely
- 5 – Don't know

K7. Which of the following best describes your firm's attitude about providing health benefits:

1 -- It is important that the firm to pay a significant portion of the cost of health benefits for our workers and their families.

2 -- It is important that the firm to pay a significant portion of the cost of health benefits for our workers, but the primary responsibility for funding the costs of family members lies with the worker.

**ALL FIRMS ANSWER K8 and K9.**

K8. How would you describe your firm's ability to attract and retain qualified workers today compared to one year ago?

- 1 -- Much harder
- 2 -- Somewhat harder
- 3 -- Somewhat easier
- 4 -- Much easier
- 5 – No change
- 6 -- Don't know

K9. To the best of your knowledge and experience, how effective do you think each of the following would be in controlling the cost of health insurance: very effective, somewhat effective, not too effective, or not at all effective:

a. Tighter managed care restrictions & smaller provider networks

- 1 – very effective
- 2 – somewhat effective
- 3 – not too effective
- 4 – not at all affective
- 5 – don't know

b. Consumer driven health plans, such as a high deductible plan combined with a health savings account

- 1 – very effective
- 2 – somewhat effective
- 3 – not too effective
- 4 – not at all affective

5 – don't know

- c. Higher employee cost sharing
  - 1 – very effective
  - 2 – somewhat effective
  - 3 – not too effective
  - 4 – not at all affective
  - 5 – don't know
- d. Disease management programs
  - 1 – very effective
  - 2 – somewhat effective
  - 3 – not too effective
  - 4 – not at all affective
  - 5 – don't know

K10. Does your firm vary your employees' premium contribution based on the wage level of the worker? That is, do employees with higher salaries pay more for their health insurance?

- 1 – yes
- 2 – no
- 3 – don't know

**IF A6=2 SKIP TO L1.**

K11. In the next year, how likely is it that your firm will make any of the following changes to any of your health plans:

- a. Increase the amount that employees have to pay for premiums?
  - 1 – Very likely
  - 2 – Somewhat likely
  - 3 – Not too likely
  - 4 – Not at all likely
  - 5 – Don't know
- b. Increase the amount that employees have to pay for deductibles?
  - 1 – Very likely
  - 2 – Somewhat likely
  - 3 – Not too likely
  - 4 – Not at all likely
  - 5 – Don't know
- c. Increase the amount that employees have to pay for office visit co-pays or coinsurance?
  - 1 – Very likely
  - 2 – Somewhat likely
  - 3 – Not too likely
  - 4 – Not at all likely
  - 5 – Don't know
- d. Increase the amount that employees have to pay for prescription drugs?
  - 1 – Very likely
  - 2 – Somewhat likely
  - 3 – Not too likely
  - 4 – Not at all likely
  - 5 – Don't know
- e. Restrict employee eligibility for coverage?
  - 1 – Very likely
  - 2 – Somewhat likely
  - 3 – Not too likely
  - 4 – Not at all likely

5 – Don't know

- f. Drop coverage entirely?
  - 1 – Very likely
  - 2 – Somewhat likely
  - 3 – Not too likely
  - 4 – Not at all likely
  - 5 – Don't know

- g. Introduce tiered networks for doctor visits and hospital stays?
  - 1 – Very likely
  - 2 – Somewhat likely
  - 3 – Not too likely
  - 4 – Not at all likely
  - 5 – Don't know

- h. Offer a high-deductible health plan? **(Note: defined as a deductible of more than \$1000.)**
  - 1 – Very likely
  - 2 – Somewhat likely
  - 3 – Not too likely
  - 4 – Not at all likely
  - 5 – Don't know

**END OF SECTION K.**

**SECTION L – IMPACT OF SB2 LEGISLATION**

**(Ask of all firms)**

- L1. How familiar are you with the recently enacted state health care legislation, The Health Insurance Act of 2003, commonly known as “SB2?”
- 1 – very familiar
  - 2 – somewhat familiar
  - 3 – somewhat unfamiliar
  - 4 – not familiar
  - 5 – don’t know
- L2. This legislation requires firms with 50 or more workers to either provide health care benefits directly to their workers, or pay a fee for workers to receive coverage from a state-run pool (also known as “pay or play.”) The start would be either 2006 or 2007, depending on the size of the firm. To the best of your knowledge, would your firm support or oppose this legislation?
- 1 – strongly support
  - 2 – somewhat support
  - 3 – somewhat oppose
  - 4 – strongly oppose
  - 5 – don’t know
- L3. Would you agree or disagree that firms should be required to pay for health benefits for their employees?
- 1 – strongly agree
  - 2 – somewhat agree
  - 3 – somewhat disagree
  - 4 – strongly disagree
  - 5 – don’t know

**(Continue if a6=2 and firm has 50 or more workers. If a6=2 and firm has less than 50 workers, skip to L5. If a6=1 skip toL7.)**

- L4. To the best of your knowledge, would your firm be more likely to pay or play? (Interviewer note: “to pay” means a firm would provide health care benefits directly to its workers, while “to play” means a firm would pay a fee for workers to receive coverage from a state-run pool.)
- 1 – pay
  - 2 – play
  - 3 – don’t know

- L5. Next, I’d like you to think about the cost to your company of offering a basic health insurance plan.

About how much do you think a typical health plan would charge to cover one employee with employee-only health insurance coverage **for one year**? Think about the entire amount, both what the employer would pay and the employee would contribute. **(Interviewer note: read list if necessary. Ranges are also available in \$ per month if needed.)**

- 1 Less than \$500 (Monthly: Less than \$42)
- 2 \$500 up to \$999 (Monthly: \$42 to \$83)
- 3 \$1,000 up to \$1,499 (Monthly: \$84 to \$125)
- 4 \$1,500 up to \$1,999 (Monthly: \$126 to \$167)
- 5 \$2,000 up to \$2,499 (Monthly: \$168 to \$208)
- 6 \$2,500 up to \$2,999 (Monthly: \$209 to \$250)
- 7 \$3,000 up to \$3,999 (Monthly: \$251 to \$333)
- 8 \$4,000 up to \$4,999 (Monthly: \$334 to \$417)
- 9 \$5,000 or more (Monthly: \$418 or more)
- 10 Don’t Know **(DO NOT READ)**

**(Ask if a6=2 and firm has 50 or more workers. Else skip to L8.)**

- L6. If your compensation costs increased substantially as a result of this legislation, how likely would your firm be to make each of the following changes?

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a. Limit the number of hours of work for some workers

- 1 – very likely
- 2 – somewhat likely
- 3 – somewhat unlikely
- 4 – very unlikely
- 5 – don't know

b. Contract out for new hires

- 1 – very likely
- 2 – somewhat likely
- 3 – somewhat unlikely
- 4 – very unlikely
- 5 – don't know

c. Hire fewer workers

- 1 – very likely
- 2 – somewhat likely
- 3 – somewhat unlikely
- 4 – very unlikely
- 5 – don't know

d. reduce wages or other forms of compensation

- 1 – very likely
- 2 – somewhat likely
- 3 – somewhat unlikely
- 4 – very unlikely
- 5 – don't know

**(Ask if a6=1 and firm has 50 or more workers. Else skip to L8.)**

L7. If health benefits costs for your firm increased substantially as a result of this legislation, above what they would have been otherwise, how likely would your firm be to make each of the following changes?

a. Limit the number of hours of work for some workers

- 1 – very likely
- 2 – somewhat likely
- 3 – somewhat unlikely
- 4 – very unlikely
- 5 – don't know

b. Contract out for new hires

- 1 – very likely
- 2 – somewhat likely
- 3 – somewhat unlikely
- 4 – very unlikely
- 5 – don't know

c. Hire fewer workers

- 1 – very likely
- 2 – somewhat likely
- 3 – somewhat unlikely
- 4 – very unlikely
- 5 – don't know

d. Increase employee cost-sharing such as deductibles and co-payments

- 1 – very likely
- 2 – somewhat likely
- 3 – somewhat unlikely

- 4 – very unlikely
- 5 – don't know

e. reduce wages or other forms of compensation

- 1 – very likely
- 2 – somewhat likely
- 3 – somewhat unlikely
- 4 – very unlikely
- 5 – don't know

**(Ask if a6=1 and firm has 50-199 workers)**

f. reduce firm's premium contribution for dependents, or drop dependent coverage

- 1 – very likely
- 2 – somewhat likely
- 3 – somewhat unlikely
- 4 – very unlikely
- 5 – don't know

**(Ask of all firms)**

L8. To the best of your knowledge, how effective do you think SB2 will be in reducing the number of uninsured workers in California?

- 1 – very effective
- 2 – somewhat effective
- 3 – somewhat ineffective
- 4 – very ineffective
- 5 – don't know

**END OF SECTION L**

**SECTION M - MISCELLANEOUS  
(ALL FIRMS ANSWER SECTION)**

**ASK OF ALL FIRMS (A6=1 OR A6=2)**

- M4. We would like to emphasize that the information and opinions you provide will be kept completely confidential and used for reporting averages only. The California Healthcare Foundation frequently gets requests from the media for assistance in finding firms to interview about changes in employer-based health insurance. Would you be willing to speak with a reporter interested in discussing such subjects if the Foundation were to receive such a request? If you agree, the Foundation would provide your name, phone number, and whether your firm provides health benefits coverage.
- 1 - Yes
  - 2 - No
  - 3 - Don't know

**END OF SURVEY. RETURN TO FIRST PAGE AND VERIFY RESPONDENT INFORMATION.**