

(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 September.

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 Employer Health Benefits in 2005

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 with the California HealthCare Foundation, a local 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 full 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 national, regional, and industry 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.

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 NATIONAL LEVEL, NOT JUST AT THE LOCATION. IF NOT, ASK TO SPEAK TO THE PERSON WHO CAN.

A5. What is the total number of employees 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 LOCATION. IF NOT, ASK TO SPEAK TO 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.)

A4. 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? **READ ALL RESPONSE OPTIONS**

- 1 - Yes, firm offers and contributes to the premium (**Include SOME EMPLOYEES - SKIP TO SECTION B**)
- 3 - Yes, firm offers but does not contribute to the premium (worker pays 100%) (**SKIP TO SECTION B**)
- 2 - No (**CONTINUE TO QUESTION A7**)

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

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 H**) 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,	1	2	3	4	5

	such as a spouse's or parent's policy.					
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

A9. Has your firm shopped for health insurance in the past year?
 1 - Yes
 2 - No
 3 - (VOL) Don't Know

A10. If your firm were to offer health insurance, about how much do you think **your firm** could afford to contribute PER MONTH toward health insurance coverage for ONE of your employees? **(If necessary: Just give me your best estimate in dollars, a 'ballpark' number will do.)**
 _____ (enter dollar amount)
 9999=DK/Refused

A11. If your firm were to offer health insurance, what is the most you think **your typical employee** could afford to pay PER MONTH to cover just that employee? **(If necessary: Just give me your best estimate in dollars, a 'ballpark' number will do.)**
 _____ (enter dollar amount)
 9999=DK/Refused

A12. To the best of your knowledge, if your firm could afford to pay your employees an additional \$2 per hour (approximately \$4,000 a year), in which way do you think your employees would prefer to receive the additional funds?
 1 - Higher wages
 2 -- Health insurance
 3 - don't know

A13. What do you think the monthly cost of health insurance for one employee with single coverage would be, for a firm of your size and industry type?
 1 - less than \$100 per month
 2 -- \$100-\$199 per month
 3 -- \$200-\$299 per month
 4 -- \$300-\$399 per month
 5 -- \$400 or more per month
 6 - don't know

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

(END OF SECTION A)

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 "1st 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

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 are 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)**

FIRMS THAT DO NOT OFFER HEALTH BENEFITS (A6=2) SKIP TO K3.

B8. There are several types of health plans that employers may offer their employees, such as HMOs, preferred provider organizations, point-of-service plans, and indemnity plans. Do not consider any health plans that are offered and administered **exclusively** by a union.

B8a. Do you offer conventional health insurance **anywhere in California**? (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**? (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**? (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 **anywhere in California**? (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 B8e**)
- 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 B8e**)
 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
- B8e. Are any of the plans that your firm offers **anywhere in California** high deductible health plans? By a high deductible plan we mean a health plan with a single deductible of at least \$1,000 and a family deductible of at least \$2,000 annually.
 1 - Yes (**continue to B8f**)
 2 - No (**skip to B9**)
 3 - Don't know (**skip to B9**)
- B8f. We are interested in whether your employees have an opportunity to participate in a health reimbursement account or HRA along with **ANY** of the high deductible plans that your firm offers. An HRA is an employer-established account that is funded on a pre-tax basis by an employer only, **NOT** the worker. The funds are **NOT** portable from job to job. Employees use the funds for medical care or services, and unused fund balances may be carried over by the employee into the next year.
- Does your firm contribute to an HRA in conjunction with any of the high deductible plans that your firm offers?
- 1 - Yes
 2 - No
 3 - Don't know
- B8g. Do **ANY** of the high deductible health plans that your firm offers qualify as a health savings account eligible health plan? A health savings account or HSA eligible health plan includes an annual deductible of **AT LEAST** \$1,000 for single coverage (\$2,000 for family coverage) for 2005. **BOTH** employers and employees can make contributions to the account. Employees can carry over funds in an HSA from year to year, and **ALSO** from job to job. No benefits other than preventive care can be paid by the plan until

the annual deductible amount is met. The plan has maximum out-of-pocket cost-sharing of \$5,100 for single coverage (\$10,200 for family coverage) in 2005.

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

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 NATION)**

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

_____ **(# IN NATION)**

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

_____ **(# IN NATION)**

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

_____ **(# IN NATION)**

ASK IF FIRM OFFERS MORE THAN ONE PLAN; ELSE SKIP TO B12.

B10. Do you offer your employees a choice among two or more separate health insurance carriers, as opposed to one carrier offering two or more plan designs (such as one HMO and one PPO)?

- 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.

B13. Now I am going to ask you about the types of coverage your employees sign up for in **California**, such as single, single plus one, or family coverage. These percentages should add up to 100% and your best guess is acceptable. **(Interviewer note: If the distribution of coverage varies by location, tell respondent we are interested in the distribution averaged across all their locations.)**

Does your firm offer single coverage?

- 1 – Yes
- 2 – No **(skip to B14)**
- 3 – Don't know **(skip to B14)**

B13a. What percentage of your covered employees signs up for single coverage? Your best guess is acceptable.

_____ (% OF EMPLOYEES—DO NOT INCLUDE PARTNERS)
9999 – don't know

B14. Does your firm offer single plus one coverage? **(Note: single plus one coverage includes either an employee plus a spouse, or an employee with a child.)**

- 1 – Yes
- 2 – No **(skip to B15)**
- 3 – Don't know **(skip to B15)**

B14a. What percentage of your covered employees signs up for single plus one coverage? Your best guess is acceptable.

_____ (% OF EMPLOYEES—DO NOT INCLUDE PARTNERS)
9999 – don't know

B15. Does your firm offer family coverage? Even if your firm does not contribute anything extra for family coverage, but only pays the same amount you pay for single coverage, that counts as offering family coverage. **(Note: anything other than single or single plus one coverage should be counted here.)**

- 1 – Yes
- 2 – No **(skip to B16)**
- 3 – Don't know **(skip to B16)**

B15a. What percentage of your covered employees signs up for family coverage? Your best guess is acceptable.

_____ (% OF EMPLOYEES—DO NOT INCLUDE PARTNERS)
9999 – don't know

B13a+B14a+B15a must add up to 100% if valid responses are given. If they do not, tell respondent % must sum to 100% and re-ask questions.

B16. Does your firm vary your employees' premium contribution based on any of the following factors?

a. 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

b. Whether the worker participates in wellness programs? That is, do employees who participate in wellness programs pay less for their health insurance?

- 1 – yes
- 2 – no
- 3 – don't know

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

(If Multiple Responses, Ask:)

C5a. What are the two or three most common amounts? **(range \$100-\$1000, 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-\$3000, if out of range, CONFIRM)**

(If Multiple Responses, Ask:)

C6a. What are the two or three most common amounts? **(Range \$100-\$3000, 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)

(If C5=3 or 4 skip to C7.)

- C6b. Are preventive benefits carved out from the deductible in this plan? **(Note: Carved out means that the plan pays for these benefits before the deductible kicks in.)**
 1 - Yes
 2 - No
 3 - Don't Know

- C7. Does this plan have a co-payment or coinsurance rate 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-either co-pay or coinsurance, whichever is greater **(CONTINUE TO C7a)**
 - 5–none of the above **(CONTINUE TO C8)**
 - 6-Don't Know **(SKIP TO QUESTION C8)**

C7a. What is the co-payment for an office visit in this plan? **(Note: if more than \$100, confirm response. If the co-pay is different for specialists versus primary care, we are interested in primary care.)**

9999 – Don't know

(IF C7=1 SKIP TO C8. IF C7=2, 3, OR 4, ASK C7b)

C7b. What is the co-insurance rate 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. The coinsurance can never exceed 100%.)**

9999 – Don't know

- C8. Does this plan have a separate deductible, co-payment or coinsurance rate 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 – either co-payment or coinsurance, whichever is greater **(continue to C8a)**
- 5 – has a charge per day instead of per admission **(skip to C8c)**
- 6 – has an annual deductible **(skip to C8d)**
- 7 – none of the above **(skip to C9)**
- 8 – 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, 3, or 4)

C8b. What is the coinsurance 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. The coinsurance can never exceed 100%.)**

9999 – Don't know

(Answer only if C8=5)

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

9999 – Don't know

(Answer only if C8=6)

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
 0 – No out of pocket maximum/no limit

C10. What is the maximum out-of-pocket liability in one year for an individual with family coverage in this plan?
(Interviewer note: Don't include a limit that applies only to mental health benefits).

 9999 – Don't know
 0 – No out of pocket maximum/no limit

(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- Don't know **(skip to C12)**

C11r. \$ _____ (RANGE \$100-\$700, 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? That is, how much of the total premium does the employee pay each month?

- 1 – single response **(continue to C12r)**
- 2 – multiple responses **(skip to C12a)**
- 3- Don't know **(skip to C15)**

C12r. \$ _____ (RANGE \$0-\$700, C12r must be less than C11r)

(IF MULTIPLE RESPONSES, ASK) (RANGE \$0-\$700, 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	\$ _____	_____

IF B15=2 OR 3 (FIRM DOES NOT OFFER FAMILY COVERAGE), SKIP TO C21.

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- Don't know **(skip to C16)**

C15r. \$ _____ (RANGE \$200-\$1100, if out of range CONFIRM)

(IF MULTIPLE RESPONSES, ASK)

C15a. What are the two or three most common amounts? **(RANGE \$200-\$1100, 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? That is, how much of the total premium does the employee pay each month?

- 1 - single response **(continue to C16r)**
- 2 - multiple responses **(skip to C16a)**
- 3- Don't know **(skip to C17)**

C16r. \$ _____ **(RANGE \$0-\$1100, if out of range CONFIRM)**

(IF MULTIPLE RESPONSES, ASK:) (Range \$0-1100, 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-\$700, if out of range, CONFIRM)**
- 2 - Multiple responses **(RANGE \$100-\$700, 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? That is, how much of the total premium does the employee pay each month?

- 1 - \$ _____ **(RANGE \$0-\$700, QC12L must be less than Q C 11L)**
- 2 - Multiple responses **(RANGE \$0-\$700, 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	\$ _____	_____

IF B15=2 OR 3 (FIRM DOES NOT OFFER FAMILY COVERAGE), SKIP TO C21.

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-\$1100, if out of range CONFIRM)**
- 2 - Multiple responses **(RANGE \$200-\$1100, 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? That is, how much of the total premium does the employee pay each month?

1 - \$_____ (Range \$0-1100, Q16L must be less than Q15L)
 2 - Multiple Responses (Range \$0-1100, 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 C21**)
 - 4- No plan last year (**Skip to Question C21**)
 - 5- Don't know (**Skip to Question C21**)

(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 C20)

(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

- C21. Does this plan cover 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

- C22. Does this plan cover smoking cessation treatments, such as:

- a. Nicotine replacement therapy (e.g. the patch, gum, inhaler, nasal spray, or lozenge)

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

- b. Zyban (also called Wellbutrin, which is a pill to help people quit smoking)

- 1 - Yes

- 2 - No
- 3 - Don't Know

c. Behavioral smoking cessation programs (individual or group counseling with a doctor or health professional trained to help people quit smoking, or proactive telephone counseling)

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

ANSWER PRESCRIPTION DRUG QUESTIONS ONLY IF C21=1. OTHERWISE SKIP TO C31.

C27. Does this plan have a separate annual deductible for prescription drugs?

- 1 - Yes
- 2 - No **(Skip to C29)**
- 3 - Don't Know **(Skip to C29)**

C28. What is the average annual deductible for prescription drugs in this plan, for an employee with single coverage?

_____ **(Record number. Range \$100-\$500; if out of range, confirm.)**

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. We are interested in retail drugs, not mail order.)

- 1 - a four-tier or more 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 - none of the above **(Skip to C31.)**
- 6 - Don't know **(Skip to C31.)**

ANSWER ONLY IF C29=1, 2, OR 3.

C29a. Does the price of the drug to employees vary by:

- 1 - the type of drug, such as generic versus preferred or non-preferred.
- 2 - the cost of the drug, such as one co-pay for drugs costing less than \$100, and another for drugs costing more than \$100 **(skip to C31.)**
- 3 - both
- 4 -- neither

C30. In this plan, does your firm use a co-payment or coinsurance rate for: **(Interviewer note: a co-payment is a fixed dollar amount. Coinsurance is a fixed percentage of the total charge. 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? **(Note: we are interested in retail drugs, not mail order.)**

- 1 - co-pay **(continue to C30aa)**
- 2 - coinsurance **(skip to C30ab)**
- 3 - both **(continue to C30aa)**
- 4 - either co-payment or coinsurance, whichever is greater **(continue to C30aa)**
- 5 - none of the above (e.g. if firm pays full cost) **(skip to C30b)**
- 6 - don't know **(skip to C30b)**

ANSWER ONLY IF C30a=1, 3, or 4.

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

ANSWER ONLY IF C30a=2, 3, or 4.

C30ab. _____ (Enter % for coinsurance. If greater than 20% VERIFY.)

IF C29=4 SKIP TO C31. 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 – either co-payment or coinsurance, whichever is greater (continue to C30ba)
- 5 – none of the above (e.g. if firm pays full cost) (skip to C30c)
- 6 – don't know (skip to C30c)

ANSWER ONLY IF C30b=1, 3, or 4.

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 4.

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

IF C29=3 SKIP TO C31. 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 – either co-payment or coinsurance, whichever is greater (continue to C30ca)
- 5 – none of the above (e.g. if firm pays full cost) (skip to C30d)
- 6 – don't know (skip to C30d)

ANSWER ONLY IF C30c=1, 3, or 4.

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 4.

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

IF C29=2 SKIP TO C31. 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 – either co-payment or coinsurance, whichever is greater (continue to C30da)
- 5 – none of the above (e.g. if firm pays full cost) (skip to C31)
- 6 – don't know (skip to C31)

ANSWER ONLY IF C30d=1, 3, or 4.

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 4.

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

C31. The next few questions are about utilization management provisions in this plan. Does this plan have any of the following elements?

a. Pre-admission certification for inpatient hospital care

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

b. Pre-admission certification for outpatient surgery

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

d. Case management for large claims

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

C33. Does this plan include a disease management program? Disease management programs try to improve the health and reduce the costs associated with people with chronic illnesses by teaching patients about their disease, suggesting treatment options and assessing the treatment process and outcomes.

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

C33a. Does this plan include a disease management program for diabetes?

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

C33b. Does this plan include a disease management program for asthma?

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

C33c. Does this plan include a disease management program for hypertension?

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

C33d. Does this plan include a disease management program for high cholesterol?

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

C34. Does your firm offer financial incentives to employees with a chronic condition to participate in disease management programs?

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

(END OF SECTION C)

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

(If D5=3 or 4 skip to D7.)

D6b. Are preventive benefits carved out from the deductible in this plan? **(Note: Carved out means that the plan pays for these benefits before the deductible kicks in.)**

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

D7. Does this plan have a co-payment or coinsurance rate 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- either co-pay or coinsurance, whichever is greater **(CONTINUE TO D7a)**
- 5-none of the above **(SKIP TO QUESTION D8)**
- 6-Don't Know **(SKIP TO QUESTION D8)**

D7a. What is the co-payment for an office visit in this plan? **(Note: if more than \$100, confirm response. . If the co=pay is different for specialists versus primary care, we are interested in primary care.)**

9999 – Don't know

(IF D7=1 SKIP TO QUESTION D8. IF D7=2, 3, or 4, ASK D7b)

D7b. What is the co-insurance rate 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. The coinsurance can never exceed 100%)**

9999 – Don't know

D8. Does this plan have a separate deductible, co-payment, or coinsurance rate 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- either co-payment or coinsurance, whichever is greater **(CONTINUE TO D8a)**
- 5 – has a charge per day instead of per admission **(skip to D8c)**
- 6 – has an annual deductible **(skip to D8d)**
- 7 – none of the above **(skip to D9)**
- 8 – 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 co-payment for in-network providers.)**

9999 – Don't know

(Answer only if D8=2, 3, or 4)

D8b. What is the coinsurance 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. The coinsurance can never exceed 100%)**

9999 – Don't know

(Answer only if D8=5)

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=6)

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

 9999 – Don't know
 0 – No out of pocket maximum/no limit

D10. What is the maximum out-of-pocket liability in one year for an individual with family coverage in this plan? **(Interviewer note: Don't include a limit that applies only to mental health benefits).**

 9999 – Don't know
 0 – No out of pocket maximum/no limit

(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-\$700, if out of range, CONFIRM)**

(IF MULTIPLE RESPONSES, ASK:)

D11a What are the two or three most common amounts? **(RANGE \$100-\$700, 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? That is, how much of the total premium does the employee pay each month?

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

D12r. \$ _____ **(RANGE \$0-\$700, D12r must be less than D11r)**

(IF MULTIPLE RESPONSES, ASK:) (RANGE \$0-\$700, D12r must be less than D11r)

D12a What are the two or three most common amounts?

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

D12ac \$ _____

IF B15=2 OR 3 (FIRM DOES NOT OFFER FAMILY COVERAGE), SKIP TO D19.

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-\$1100, if out of range, CONFIRM)**

(IF MULTIPLE RESPONSES, ASK:)

D13a What are the two or three most common amounts? **(RANGE \$200-\$1100, 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? That is, how much of the total premium does the employee pay each month?

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

D14r. \$ _____ **(RANGE \$0-\$1100, D14r must be less than D13r)**

(IF MULTIPLE RESPONSES, ASK:)

D14a What are the two or three most common amounts? **(RANGE \$0-\$1100, 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-\$700, if out of range, CONFIRM)**
- 2 - Multiple responses **(RANGE \$100-\$700, 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? That is, how much of the total premium does the employee pay each month?

- 1 - \$ _____ **(RANGE \$0-\$700, D11L must be less than D10L)**
- 2 - Multiple responses **(RANGE \$0-\$700, 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	\$ _____	_____

IF B15=2 OR 3 (FIRM DOES NOT OFFER FAMILY COVERAGE), SKIP TO D19.

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-\$1100, if out of range, CONFIRM)
 2 - Multiple Responses (RANGE \$200-\$1100, 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? That is, how much of the total premium does the employee pay each month?

1 - \$ _____ (RANGE \$0-\$1100, D13L must be than D12L)
 2 - Multiple Responses (RANGE \$0-\$1100, 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 D19)
 4 - No plan last year (SKIP TO Question D19)
 5 - Don't know (SKIP TO Question D19)

(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

- D19. Does this plan cover 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

D22. Does this plan cover smoking cessation treatments, such as:

a. Nicotine replacement therapy (e.g. the patch, gum, inhaler, nasal spray, or lozenge)

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

b. Zyban (also called Wellbutrin, which is a pill to help people quit smoking)

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

c. Behavioral smoking cessation programs (individual or group counseling with a doctor or health professional trained to help people quit smoking, or proactive telephone counseling)

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

ANSWER PRESCRIPTION DRUG QUESTIONS ONLY IF D19=1. OTHERWISE SKIP TO D31.

D27. Does this plan have a separate annual deductible for prescription drugs?

- 1 - Yes
- 2 - No **(Skip to D29)**
- 3 - Don't Know **(Skip to D29)**

D28. What is the average annual deductible for prescription drugs in this plan, for an employee with single coverage?

_____ **(Record number. Range \$100-\$500; if out of range, confirm.)**

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. We are interested in retail drugs, not mail order.)

- 1 - a four-tier or more 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 - none of the above **(Skip to D31.)**
- 6 - Don't know **(Skip to D31.)**

ANSWER ONLY IF D29=1, 2, OR 3.

D29a. Does the price of the drug to employees vary by:

- 1 - the type of drug, such as generic versus preferred or non-preferred.
- 2 - the cost of the drug, such as one co-pay for drugs costing less than \$100, and another for drugs costing more than \$100 **(skip to D31.)**
- 3 - both
- 4 -- neither

D30. In this plan, does your firm use a co-payment or coinsurance rate 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? **(Note: we are interested in retail drugs, not mail order.)**

- 1 – co-pay **(continue to D30aa)**
- 2 – coinsurance **(skip to D30ab)**
- 3 – both **(continue to D30aa)**
- 4 – either co-payment or coinsurance, whichever is greater **(continue to D30aa)**
- 5 – none of the above (e.g. if firm pays full cost) **(skip to D30b)**
- 6 – don't know **(skip to D30b)**

ANSWER ONLY IF D30a=1, 3, or 4.

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

ANSWER ONLY IF D30a=2, 3, or 4.

D30ab. _____ **(Enter % for coinsurance. If greater than 20% VERIFY.)**

IF D29=4 SKIP TO D31. 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 – either co-payment or coinsurance, whichever is greater **(continue to D30ba)**
- 5 – none of the above (e.g. if firm pays full cost) **(skip to D30c)**
- 6 – don't know **(skip to D30c)**

ANSWER ONLY IF D30b=1, 3, or 4.

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 4.

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

IF D29=3 SKIP TO D31. 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 – either co-payment or coinsurance, whichever is greater **(continue to D30ca)**
- 5 – none of the above (e.g. if firm pays full cost) **(skip to D30d)**
- 6 – don't know **(skip to D30d)**

ANSWER ONLY IF D30c=1, 3, or 4.

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 4.

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

IF D29=2 SKIP TO D31. 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 – either co-payment or coinsurance, whichever is greater **(continue to D30da)**
- 5 – none of the above (e.g. if firm pays full cost) **(skip to D31)**

6 – don't know **(skip to D31)**

ANSWER ONLY IF D30d=1, 3, or 4.

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 4.

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

D31. The next few questions are about utilization management provisions in this plan. Does this plan have any of the following elements?

a. Pre-admission certification for inpatient hospital care?

- 1 – Yes
- 2 – No
- 3 – Don't know

b. Pre-admission certification for outpatient surgery

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

d. Case management for large claims

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

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 d33)**
- 2 – No
- 3 – Don't know **(skip to d33)**

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

- 1 – Yes
- 2 – No
- 3 – Don't know

D33. Does this plan include a disease management program? Disease management programs try to improve the health and reduce the costs associated with people with chronic illnesses by teaching patients about their disease, suggesting treatment options and assessing the treatment process and outcomes.

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

D33a. Does this plan include a disease management program for diabetes?

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

D33b. Does this plan include a disease management program for asthma?

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

D33c. Does this plan include a disease management program for hypertension?

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

D33d. Does this plan include a disease management program for high cholesterol?

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

D34. Does your firm offer financial incentives to employees with a chronic condition to participate in disease management programs?

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

(If Multiple Responses, Ask:)

E4a. What are the two or three most common amounts? **(range \$100-\$1000, if out of range, CONFIRM)**

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

- E5. Does this plan have an annual deductible for an individual with family coverage using 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 family coverage using preferred providers in this plan?

_____ **(range \$100-\$3000, if out of range, CONFIRM)**

(If Multiple Responses, Ask:)

E5a. What are the two or three most common amounts? **(Range \$100-\$3000, if out of range CONFIRM)**

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

(IF E5r IS LESS THAN E4r, RE-ASK QUESTIONS - FAMILY DEDUCTIBLE CANNOT BE LOWER THAN SINGLE DEDUCTIBLES)

(If E4=3 or 4 skip to E6.)

- E5b. Are preventive benefits carved out from the deductible in this plan? **(Note: Carved out means that the plan pays for these benefits before the deductible kicks in.)**

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

E6. Does this plan have a co-payment or coinsurance rate 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- either co-pay or coinsurance, whichever is greater **(CONTINUE TO E6a)**
- 5-none of the above **(SKIP TO QUESTION E7)**
- 6-Don't Know **(SKIP TO QUESTION E7)**

E6a. What is the co-payment for an office visit when employees use preferred providers? **(Note: if more than \$100, confirm response. If the co=pay is different for specialists versus primary care, we are interested in primary care.)**

9999 - Don't know

(IF E6=1 SKIP TO QUESTION E7. IF E6=2, 3, or 4, ASK E6b)

E6b. What is the co-insurance rate 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. The coinsurance can never exceed 100%)**

9999 - Don't know

E7. What is the co-insurance rate 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. The coinsurance can never exceed 100%)**

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, co-payment, or coinsurance rate 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- either co-payment or coinsurance, whichever is greater **(continue TO E8a)**
- 5 - has a charge per day instead of per admission **(skip to E8c)**
- 6 - has an annual deductible **(skip to E8d)**
- 7 - none of the above **(skip to E9)**
- 8 - 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 co-payment for preferred providers.)**

9999 - Don't know

(Answer only if E8=2, 3, or 4)

E8b. What is the coinsurance 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. The coinsurance can never exceed 100%)**

 9999 – Don't know

(Answer only if E8=5)

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=6)

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 using preferred providers in this plan? **(Interviewer note: Don't include a limit that applies only to mental health benefits).**

 9999 – Don't know
 0 – No out of pocket maximum/ no limit

E10. What is the maximum out-of-pocket liability in one year for an individual with family coverage using preferred providers in this plan? **(Interviewer note: Don't include a limit that applies only to mental health benefits).**

 9999 – Don't know
 0 – No out of pocket maximum/no limit

(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- \$700, if out of range, CONFIRM)**

(If Multiple Responses, Ask:)

E12a. What are the two or three most common amounts? **(\$100- \$700, 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? That is, how much of the total premium does the employee pay each month?

- 1 – single response **(continue to E13r)**
- 2 - Multiple responses **(skip to E13a)**
- 3 – DK **(skip to E14)**

E13r. _____ **(\$0- \$700, E13 must be less than E12)**

(If Multiple Responses, Ask:)

E13a. What are the two or three most common amounts? **(Range \$0-\$700, E13r must be less than E12r)**

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

IF B15=2 OR 3 (FIRM DOES NOT OFFER FAMILY COVERAGE), SKIP TO E20.

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- \$1100, if out of range, CONFIRM)**

(If Multiple Responses, Ask:)

E14a. What are the two or three most common amounts? **(\$200- \$1100, 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? That is, how much of the total premium does the employee pay each month?

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

E15r. _____ **(\$0- \$1100, E15r must be less than E14r)**

(If Multiple Responses, Ask:)

E15a. What are the two or three most common amounts? **(Range \$0-\$1100, 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- \$700, if out of range, CONFIRM)**
- 2 - Multiple responses **(\$100- \$700, if out of range, CONFIRM)**
- 3 - DK

(If Multiple Responses, Ask:)

E10La. 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? That is, how much of the total premium does the employee pay each month?

- 1 - _____ **(Range \$0-\$700, E13L must be less than E12L)**

2 - Multiple Responses **(Range \$0-\$700, 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 \$ _____	_____

IF B15=2 OR 3 (FIRM DOES NOT OFFER FAMILY COVERAGE), SKIP TO E20.

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-\$1100, if out of range, CONFIRM)**

2 - Multiple Responses **(Range \$200-\$1100, 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? That is, how much of the total premium does the employee pay each month?

1 - _____ **(Range \$0-\$1100, E15L must be less than E14L)**

2 - Multiple Responses **(Range \$0-\$1100, 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 E20)**

4 - No plan last year **(Skip to Question E20)**

5 - Don't know **(Skip to Question E20)**

(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

- E20. Does this plan cover 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
- E22. Does this plan cover smoking cessation treatments, such as:
- a. Nicotine replacement therapy (e.g. the patch, gum, inhaler, nasal spray, or lozenge)
 - 1 - Yes
 - 2 - No
 - 3 - Don't Know
 - b. Zyban (also called Wellbutrin, which is a pill to help people quit smoking)
 - 1 - Yes
 - 2 - No
 - 3 - Don't Know
 - c. Behavioral smoking cessation programs (individual or group counseling with a doctor or health professional trained to help people quit smoking, or proactive telephone counseling)
 - 1 - Yes
 - 2 - No
 - 3 - Don't Know

ASK RX QUESTIONS ONLY IF PRESCRIPTION DRUGS ARE COVERED (E20=1). OTHERWISE SKIP TO E31.

- E27. Does this plan have a separate annual deductible for prescription drugs?
- 1 - Yes
 - 2 - No (**Skip to E29**)
 - 3 - Don't Know (**Skip to E29**)
- E28. What is the average annual deductible for prescription drugs in this plan, for an employee with single coverage?
- _____ (**Record number. Range \$100-\$500; if out of range, confirm.**)
- 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. We are interested in retail drugs, not mail order.)
- 1 - a four-tier or more 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 - none of the above (**Skip to E31.**)
 - 6 - Don't know (**Skip to E31.**)

ANSWER ONLY IF E29=1, 2, OR 3.

- E29a. Does the price of the drug to employees vary by:
- 1 - the type of drug, such as generic versus preferred or non-preferred.
 - 2 - the cost of the drug, such as one co-pay for drugs costing less than \$100, and another for drugs costing more than \$100 (**skip to E31.**)
 - 3 - both
 - 4 -- neither

E30. In this plan, does your firm use a co-payment or coinsurance rate 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? **(Note: we are interested in retail drugs, not mail order.)**
- 1 – co-pay **(continue to E30aa)**
 - 2 – coinsurance **(skip to E30ab)**
 - 3 – both **(continue to E30aa)**
 - 4 – either co-payment or coinsurance, whichever is greater **(continue to E30aa)**
 - 5 – none of the above (e.g. if firm pays full cost) **(skip to E30b)**
 - 6 – don't know **(skip to E30b)**

ANSWER ONLY IF E30a=1, 3, or 4.

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

ANSWER ONLY IF E30a=2, 3, or 4.

E30ab. _____ **(Enter % for coinsurance. If greater than 20% VERIFY.)**

IF E29=4 SKIP TO E31. 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 – either co-payment or coinsurance, whichever is greater **(continue to E30ba)**
 - 5 – none of the above (e.g. if firm pays full cost) **(skip to E30c)**
 - 6 – don't know **(skip to E30c)**

ANSWER ONLY IF E30b=1, 3, or 4.

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 4.

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

IF E29=3 SKIP TO E31. 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 – either co-payment or coinsurance, whichever is greater **(continue to E30ca)**
 - 5 – none of the above (e.g. if firm pays full cost) **(skip to E30d)**
 - 6 – don't know **(skip to E30d)**

ANSWER ONLY IF E30c=1, 3, or 4.

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 4.

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

IF E29=2 SKIP TO E31. 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 – either co-payment or coinsurance, whichever is greater (**continue to E30da**)
- 5 – none of the above (e.g. if firm pays full cost) (**skip to E31**)
- 6 – don't know (**skip to E31**)

ANSWER ONLY IF E30d=1, 3, or 4.

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 4.

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

E31. The next few questions are about utilization management provisions in this plan. Does this plan have any of the following elements?

a. Pre-admission certification for inpatient hospital care?

- 1 – Yes
- 2 – No
- 3 – Don't know

b. Pre-admission certification for outpatient surgery

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

d. Case management for large claims

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

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 e33**)
- 2 – No
- 3 – Don't know (**skip to e33**)

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

- 1 – Yes
- 2 – No
- 3 – Don't know

E33. Does this plan include a disease management program? Disease management programs try to improve the health and reduce the costs associated with people with chronic illnesses by teaching patients about their disease, suggesting treatment options and assessing the treatment process and outcomes.

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

E33a. Does this plan include a disease management program for diabetes?

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

E33b. Does this plan include a disease management program for asthma?

- 1 - Yes

- 2 - No
- 3 - Don't Know

E33c. Does this plan include a disease management program for hypertension?

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

E33d. Does this plan include a disease management program for high cholesterol?

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

E34. Does your firm offer financial incentives to employees with a chronic condition to participate in disease management programs?

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

(If Multiple Responses, Ask:)

F4a. What are the two or three most common amounts? **(range \$100-\$1000, if out of range, CONFIRM)**

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

- F5. Does this plan have an annual deductible for an individual with family coverage using 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 family coverage using preferred providers in this plan?

_____ **(range \$100-\$3000, if out of range, CONFIRM)**

(If Multiple Responses, Ask:)

F5a. What are the two or three most common amounts? **(Range \$100-\$3000, if out of range CONFIRM)**

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

IF F5r IS LESS THAN F4r, RE-ASK QUESTIONS - FAMILY DEDUCTIBLE CANNOT BE LOWER THAN SINGLE)

(If F4=3 or 4 skip to F6.)

F5b. Are preventive benefits carved out from the deductible in this plan? **(Note: Carved out means that the plan pays for these benefits before the deductible kicks in.)**

- 1 - Yes

- 2 - No
- 3 - Don't Know

F6. Does this plan have a co-payment or coinsurance rate 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- either co-payment or coinsurance, whichever is greater **(CONTINUE TO F6a)**
- 5-None of the above **(SKIP TO QUESTION F7)**
- 6-Don't Know **(SKIP TO QUESTION F7)**

F6a. What is the co-payment for an office visit when employees use preferred providers? **(Note: if more than \$100, confirm response. If the co=pay is different for specialists versus primary care, we are interested in primary care.)**

9999 – Don't know

(IF F6=1 SKIP TO QUESTION F7. IF F6=2, 3, or 4, ASK F6b)

F6b. What is the co-insurance rate 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. The coinsurance can never exceed 100%)**

9999 – Don't know

F7. What is the co-insurance rate 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. The coinsurance can never exceed 100%)**

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, co-payment, or coinsurance rate 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- either co-payment or coinsurance, whichever is greater **(continue to F8a)**
- 5 – has a charge per day instead of per admission **(skip to F8c)**
- 6 – has an annual deductible **(skip to F8d)**
- 7 – none of the above **(skip to F9)**
- 8 – 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 co-payment for in-network providers.)**

9999 – Don't know

(Answer only if F8=2, 3, or 4)

F8b. What is the coinsurance 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. The coinsurance can never exceed 100%)**

9999 – Don't know

(Answer only if F8=5)

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=6)

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 using preferred providers in this plan? **(Interviewer note: Don't include a limit that applies only to mental health benefits).**

 9999 – Don't know
 0 – No out of pocket maximum/ no limit

F10. What is the maximum out-of-pocket liability in one year for an individual with family coverage using preferred providers in this plan? **(Interviewer note: Don't include a limit that applies only to mental health benefits).**

 9999 – Don't know
 0 – No out of pocket maximum/no limit

(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-\$700, IF OUT OF RANGE, CONFIRM)**

(IF MULTIPLE RESPONSES, ASK:)

F12a. What are the two or three most common amounts? **(Range \$100-\$700, 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? That is, how much of the total premium does the employee pay each month?

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

F13r. _____ **(Range \$0-\$700, F13r must be less than F12r)**

(IF MULTIPLE RESPONSES, ASK:)

F13a. What are the two or three most common amounts? **(Range \$0-\$700, F13r must be less than F12r)**

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

IF B15=2 OR 3 (FIRM DOES NOT OFFER FAMILY COVERAGE), SKIP TO F22.

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-\$1100, IF OUT OF RANGE, CONFIRM)**

(IF MULTIPLE RESPONSES, ASK:)

F16a. What are the two or three most common amounts? **(Range \$200-\$1100, 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? That is, how much of the total premium does the employee pay each month?

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

F17r. _____ **(Range \$0-\$1100, F17r must be less than F16r)**

(IF MULTIPLE RESPONSES, ASK:)

F17a. What are the two or three most common amounts? **(Range \$0-\$1100, 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-\$700, IF OUT OF RANGE, CONFIRM)**
- 2 - Multiple responses **(Range \$100-\$700, 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? That is, how much of the total premium does the employee pay each month?

- 1 - _____ **(Range \$0-\$700, F13L must be less than F12L)**
- 2 - Multiple responses **(Range \$0-\$700, 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 \$	_____	_____
F13Lcc \$	_____	_____

IF B15=2 OR 3 (FIRM DOES NOT OFFER FAMILY COVERAGE), SKIP TO F22.

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-\$1100, if out of range CONFIRM)

2 - Multiple response (Range \$200-\$1100, 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 \$	_____	_____
F16Lbb \$	_____	_____
F16Lcc \$	_____	_____

(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? That is, how much of the total premium does the employee pay each month?

1 - _____ (Range \$0-\$1100, F17L must be less than F16L)

2 - Multiple responses (Range \$0-\$1100, 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 \$	_____	_____
F17Lbb \$	_____	_____
F17Lcc \$	_____	_____

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 F22)

4 - No plan last year (Skip to Question F22)

5 - Don't know (Skip to Question F22)

(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

- F22. Does this plan cover 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
- F22. Does this plan cover smoking cessation treatments, such as:
- a. Nicotine replacement therapy (e.g. the patch, gum, inhaler, nasal spray, or lozenge)
 - 1 - Yes
 - 2 - No
 - 3 - Don't Know
 - b. Zyban (also called Wellbutrin, which is a pill to help people quit smoking)
 - 1 - Yes
 - 2 - No
 - 3 - Don't Know
 - c. Behavioral smoking cessation programs (individual or group counseling with a doctor or health professional trained to help people quit smoking, or proactive telephone counseling)
 - 1 - Yes
 - 2 - No
 - 3 - Don't Know

ASK RX QUESTIONS ONLY IF PRESCRIPTION DRUGS ARE COVERED (F22K=1). OTHERWISE SKIP TO F31.

- F27. Does this plan have a separate annual deductible for prescription drugs?
- 1 - Yes
 - 2 - No (**Skip to F29**)
 - 3 - Don't Know (**Skip to F29**)
- F28. What is the average annual deductible for prescription drugs in this plan, for an employee with single coverage?
- _____ (**Record number. Range \$100-\$500; if out of range, confirm.**)
- 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. We are interested in retail drugs, not mail order)
- 1 - a four-tier or more 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 - none of the above (**Skip to F31.**)
 - 6 - Don't know (**Skip to F31.**)

ANSWER ONLY IF F29=1, 2, OR 3.

- F29a. Does the price of the drug to employees vary by:
- 1 - the type of drug, such as generic versus preferred or non-preferred.
 - 2 - the cost of the drug, such as one co-pay for drugs costing less than \$100, and another for drugs costing more than \$100 (**skip to F31.**)
 - 3 - both
 - 4 -- neither

F30. In this plan, does your firm use a co-payment or coinsurance rate 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? **(Note: we are interested in retail drugs, not mail order.)**
- 1 – co-payment **(continue to F30aa)**
 - 2 – coinsurance **(skip to F30ab)**
 - 3 – both **(continue to F30aa)**
 - 4 – either co-payment or coinsurance, whichever is greater **(continue to F30aa)**
 - 5 – none of the above (e.g. if firm pays full cost) **(skip to F30b)**
 - 6 – don't know **(skip to F30b)**

ANSWER ONLY IF F30a=1, 3, or 4.

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

ANSWER ONLY IF F30a=2, 3, or 4.

F30ab. _____ **(Enter % for coinsurance. If greater than 20% VERIFY.)**

IF F29=4 SKIP TO F31. RESPONSES TO F30b/c/d ARE THE SAME AS F30a.

- F30b. Preferred drugs?
- 1 – co-payment **(continue to F30ba)**
 - 2 – coinsurance **(skip to F30bb)**
 - 3 – both **(continue to F30ba)**
 - 4 – either co-payment or coinsurance, whichever is greater **(continue to F30ba)**
 - 5 – none of the above (e.g. if firm pays full cost) **(skip to F30c)**
 - 6 – don't know **(skip to F30c)**

ANSWER ONLY IF F30b=1, 3, or 4.

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 4.

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

IF F29=3 SKIP TO F31. RESPONSE TO F30c/d IS THE SAME AS F30b.

- F30c. Non-preferred drugs?
- 1 – co-payment **(continue to F30ca)**
 - 2 – coinsurance **(skip to F30cb)**
 - 3 – both **(continue to F30ca)**
 - 4 – either co-payment or coinsurance, whichever is greater **(continue to F30ca)**
 - 5 – none of the above (e.g. if firm pays full cost) **(skip to F30d)**
 - 6 – don't know **(skip to F30d)**

ANSWER ONLY IF F30c=1, 3, or 4.

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 4.

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

IF F29=2 SKIP TO F31. 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-payment **(continue to F30da)**
 - 2 – coinsurance **(skip to F30db)**
 - 3 – both **(continue to F30da)**

- 4 – either co-payment or coinsurance, whichever is greater (**continue to F30da**)
- 5 – none of the above (e.g. if firm pays full cost) (**skip to F31**)
- 6 – don't know (**skip to F32**)

ANSWER ONLY IF F30d=1, 3, or 4.

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 4.

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

F31. The next few questions are about utilization management provisions in this plan. Does this plan have any of the following elements?

a. Pre-admission certification for inpatient hospital care?

- 1 – Yes
- 2 – No
- 3 – Don't know

b. Pre-admission certification for outpatient surgery

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

d. Case management for large claims

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

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 f33**)
- 2 – No
- 3 – Don't know (**skip to f33**)

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

- 1 – Yes
- 2 – No
- 3 – Don't know

F33. Does this plan include a disease management program? Disease management programs try to improve the health and reduce the costs associated with people with chronic illnesses by teaching patients about their disease, suggesting treatment options and assessing the treatment process and outcomes.

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

F33a. Does this plan include a disease management program for diabetes?

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

F33b. Does this plan include a disease management program for asthma?

- 1 - Yes
- 2 - No

3 - Don't Know

F33c. Does this plan include a disease management program for hypertension?

1 - Yes

2 - No

3 - Don't Know

F33d. Does this plan include a disease management program for high cholesterol?

1 - Yes

2 - No

3 - Don't Know

F34. Does your firm offer financial incentives to employees with a chronic condition to participate in disease management programs?

1 - Yes

2 - No

3 - Don't Know

(END OF SECTION F)

**SECTION G – HEALTH REIMBURSEMENT ACCOUNTS
(ANSWER SECTION ONLY IF B8f=1)**

G1. Earlier in the survey you indicated that your firm contributes to a health reimbursement arrangement or HRA in conjunction with at least one of the high deductible plans that your firm offers. Again, an HRA is an employer-established account that is funded on a pre-tax basis **ONLY** by an employer, not the worker. Employees use the funds for medical care, and unused fund balances may be carried over by the employee into the next year.

Is this one of the health plans that we've already discussed and collected detailed information on in this survey?

- 1 – Yes **(continue to G2)**
- 2 – No **(skip to G3)**
- 3 - Don't Know **(skip to G3)**
- 4 – Do not offer an HRA plan **(skip to end of section)**

G2. Which of the plans we discussed is this HRA offered with? Is it your: **(Interviewer note: if respondent has discussed more than one HRA type plan, we are interested in the one with the largest enrollment.)**

- 1 – conventional plan
- 2 – HMO plan
- 3 – PPO plan
- 4 – POS plan

G3. Approximately how many of your firm's **(Question A2 if there are no other branches OR Question A5 if they have other branches)** employees nationwide are enrolled in a high deductible health plan with an HRA option? Your best guess is acceptable.

_____ **(number of employees)**

G5. Does your firm offer employees a choice of high deductible health plans with HRAs, with different deductible levels and HRA contribution amounts?

- 1 – Yes
- 2 – No
- 3 - Don't Know

(IF G1=1, SKIP TO G11a)

G6. Please answer the next series of questions thinking about the high deductible health plan and the HRA option that has the largest enrollment, if your firm offers more than one. What type of high deductible health plan is this HRA offered with? Is it a:

- 1 – conventional plan
- 2 – HMO plan
- 3 – PPO plan
- 4 – POS plan

(Ask only if G1=2 or 3; else skip to G11a)

G7. What is the total monthly PREMIUM for single coverage in this HRA plan? The premium amount should not include the amount that the firm contributes or promises to contribute to the HRA.

_____ **(total monthly premium)**

G8. How much do you deduct from an active employee's monthly paycheck for single coverage in this HRA plan? That is, how much of the total premium does the employee pay each month? **(Note: the employee's contribution should be less than the premium.)**

_____ **(total monthly contribution)**

G9. What is the total monthly PREMIUM for FAMILY coverage in this HRA plan? The premium amount should not include the amount that the firm contributes or promises to contribute to the HRA. **(Interviewer note: the premium for family coverage should not be less than for single.)**

_____ **(total monthly premium)**

G10. How much do you deduct from an active employee's monthly paycheck for FAMILY coverage in this HRA plan? That is, how much of the total premium does the employee pay each month? **(Note: the employee's contribution should be less than the premium.)**
 _____ **(total monthly contribution)**

G11a. Again, please answer the next few questions thinking about the high deductible health plan and the HRA option that has the largest enrollment, if your firm offers more than one.

What is the ANNUAL deductible under this HRA plan that the employee must meet for single coverage before most health benefits are payable under the health plan? Do not consider any contributions available under the HRA in answering this question. **(Interviewer note: the deductible needs be at least \$1,000, since that was our definition of a high deductible health plan.)**
 _____ **(deductible for single coverage)**

G11b. What is the ANNUAL deductible under this HRA plan that the employee must meet for family coverage before most health benefits are payable under the health plan? Do not consider any contributions available under the HRA in answering this question. **(Interviewer note: the deductible needs be at least \$2,000, since that was our definition of a high deductible health plan.)**
 _____ **(deductible for family coverage)**

G12a. Up to what dollar amount does your firm promise to contribute EACH YEAR to an employee's HRA (or spending account) for single coverage?
 _____ **(firm's contribution to HRA)**

G12b. Up to what dollar amount does your firm promise to contribute EACH YEAR to an employee's HRA (or spending account) for family coverage? **(Interviewer note: the contribution for family coverage should not be less than for single coverage.)**
 _____ **(firm's contribution to HRA)**

G13. What is the maximum out-of-pocket liability in one year for an individual with single coverage in this HRA plan? **(Interviewer note: Don't include a limit that applies only to mental health benefits).**

- _____
- 9999 – Don't know
- 0 – No out of pocket maximum/ no limit

G14. What is the maximum out-of-pocket liability in one year for an individual with family coverage in this HRA plan? **(Interviewer note: Don't include a limit that applies only to mental health benefits).**

- _____
- 9999 – Don't know
- 0 – No out of pocket maximum/no limit

G15. Are there preventive benefits that are paid for by the plan (that is, not through the HRA) before the enrollee meets the deductible under the plan?
 1 – Yes (includes some)
 2 – No
 3 - Don't Know

G16. Are prescription drug benefits paid for by the plan (that is, not through the HRA) before the enrollee meets the deductible under the plan?
 1 – Yes (includes some)
 2 – No
 3 - Don't Know

G17. If your firm has been offering an HRA for more than one year, approximately what percentage of employees have a balance in their accounts that they carry over into the next year?
 _____ **(percentage of employees)**

END OF SECTION G.

**SECTION H – HEALTH SAVINGS ACCOUNTS
(ANSWER SECTION ONLY IF B8g=1)**

H1. Earlier in the survey you indicated that your firm offers at least one high deductible plan that is an HSA eligible plan. Again, a health savings account or HSA eligible health plan includes an annual deductible of at least \$1,000 for single coverage (\$2,000 for family coverage) and maximum out-of-pocket cost-sharing of \$5,100 for single coverage (\$10,200 for family coverage) for 2005. **BOTH** employers and employees can make contributions to the account. Employees can carry over funds in an HSA from year to year, and **ALSO** from job to job.

Is this one of the health plans that we've already discussed and collected detailed information on in this survey?

- 1 – Yes **(continue to H2)**
- 2 – No **(skip to H3)**
- 3 - Don't Know **(skip to H3)**
- 4 – Do not offer an HSA plan **(skip to end of section)**

H2. Which of the plans we discussed is an HSA eligible health plan? Is it your: **(Interviewer note: if respondent has discussed more than one HSA eligible plan, we are interested in the one with the largest enrollment.)**

- 1 – conventional plan
- 2 – HMO plan
- 3 – PPO plan
- 4 – POS plan

H3. Approximately how many of your firm's **(Question A2 if there are no other branches OR Question A5 if they have other branches)** employees nationwide are enrolled in your firms' HSA eligible health plans? Your best guess is acceptable.

_____ **(number of employees)**

H5. Does your firm offer employees a choice of different HSA eligible health plans with different deductible levels and HSA contribution amounts?

- 1 – Yes
- 2 – No
- 3 - Don't Know

(IF H1=1, SKIP TO H11a)

H6. Please answer the next series of questions thinking about the HSA eligible health plan that has the largest enrollment, if your firm offers more than one. What type of health plan is this HSA eligible health plan? Is it a:

- 1 – conventional plan
- 2 – HMO plan
- 3 – PPO plan
- 4 – POS plan

(Ask only if H1=2 or 3; else skip to H11a)

H7. What is the total monthly PREMIUM for single coverage in this HSA eligible plan? The premium amount should not include the amount the firm contributes or promises to contribute to the HSA.

_____ **(total monthly premium)**

H8. How much do you deduct from an active employee's monthly paycheck for **their share of the premium** for single coverage under this HSA eligible plan? That is, how much of the total premium does the employee pay each month? Do not include funds that employees contribute to their HSA through payroll deductions. **(Note: the employee's contribution should be less than the premium.)**

_____ **(total monthly contribution)**

H9. What is the total monthly PREMIUM for FAMILY coverage in this HSA eligible plan? The premium amount should not include the amount the firm contributes or promises to contribute to the HSA. **(Interviewer note: the premium for family coverage should not be less than for single.)**

_____ **(total monthly premium)**

H10. How much do you deduct from an active employee's monthly paycheck for **their share of the premium** for FAMILY coverage under this HSA eligible plan? That is, how much of the total premium does the employee pay each month? Do not include funds that employees contribute to their HSA through payroll deductions. **(Note: the employee's contribution should be less than the premium.)**
 _____ **(total monthly contribution)**

H11a. Again, please answer the next few questions thinking about the HSA eligible plan that has the largest enrollment, if your firm offers more than one.

What is the MONTHLY contribution your firm makes to the HSAs of employees with single coverage?
 _____ **(firm's contribution to HSA)**

H11b. What is the MONTHLY contribution your firm makes to the HSAs of employees with family coverage?
(Interviewer note: the contribution for family coverage should not be less than for single.)
 _____ **(firm's contribution to HSA)**

H12a. What is the ANNUAL deductible under the HSA eligible health plan that an employee with single coverage must meet before most health benefits are payable under the health plan? Do not consider any contributions made by you or the employee to the HSA in answering this question. **(Interviewer note: the deductible needs be at least \$1,000, since that was our definition of a high deductible health plan.)**
 _____ **(deductible for single coverage)**

H12b. What is the ANNUAL deductible under the HSA eligible health plan that an employee with family coverage must meet before most health benefits are payable under the health plan? Do not consider any contributions made by you or the employee to the HSA in answering this question. **(Interviewer note: the deductible needs be at least \$2,000, since that was our definition of a high deductible health plan.)**
 _____ **(deductible for family coverage)**

H13. 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. Limit should not be greater than \$5,100 for single coverage.)

- _____
- 9999 – Don't know
- 0 – No out of pocket maximum/ no limit

H14. What is the maximum out-of-pocket liability in one year for an individual with family coverage in this plan?
(Interviewer note: Don't include a limit that applies only to mental health benefits. Limit should not be greater than \$10,200 for family coverage.)

- _____
- 9999 – Don't know
- 0 – No out of pocket maximum/no limit

H15. Focusing on the HSA eligible health plan, are there preventive benefits that are paid for by the plan (that is, not through the HSA) before the enrollee meets the deductible under the plan?

- 1 – Yes (includes some)
- 2 – No
- 3 - Don't Know

H16. Does your firm offer employees the opportunity to make contributions to their HSA through payroll deductions?

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

H16a. What percentage of your firm's employees who are enrolled in a high deductible plan with an HSA use payroll deductions to make contributions to their HSA? _____ %

End of section H

**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 I3)**
 - 3 - Yes, but we don't have any retirees
- 11a. Do your retiree health benefits cover:
- 11aa. Early retirees--retirees under the age of 65?
- 1 - Yes
 - 2 - No
 - 3 - Don't Know
- 11ab. Medicare-age retirees--retirees 65 or older?
- 1 - Yes
 - 2 - No
 - 3 - Don't Know

ASK IF I1AB=1.

12. As a result of the Medicare Modernization Act (MMA) signed into law in 2003, Medicare will offer a prescription drug benefit (Medicare Part D) to all Medicare beneficiaries on January 1, 2006. Employers have multiple benefit design options for responding to this change. When the new Medicare drug benefit starts in 2006, how is your firm most likely to respond in the next two years?
- 1 -- Continue to offer drug coverage and accept the tax-free government subsidy for each covered retiree (your benefit would be the primary drug coverage).
 - 2 -- Offer a drug benefit that supplements or wraps around the new Medicare drug benefit (retirees would be expected to take up the new Medicare drug benefit as their primary coverage.)
 - 3 -- Sponsor your own Medicare Prescription Drug Plan for your retirees.
 - 4 -- Discontinue drug coverage.
 - 5 -- Discontinue all retiree health coverage.
 - 6 -- Firm neither offers drug coverage now nor plans to offer it in 2006.
 - 7 -- Don't know.

ASK IF I2=1, ELSE SKIP TO I4.

13. To the best of your knowledge, which of the following statements better applies to your firm?
- 1 -- We will maintain current drug benefit levels.
 - 2 -- We will reduce current drug benefit levels to bring them in line with or closer to the standard Medicare drug benefit defined in the law.
 - 3 -- Don't know.

ASK IF I2=4, ELSE SKIP TO END OF SECTION.

14. To the best of your knowledge, if your firm does discontinue drug coverage, would your firm contribute to the Medicare prescription drug plan premium that retirees must pay?
- 1 -- Yes
 - 2 -- No
 - 3 -- Don't know

END OF SECTION I.

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

- K1. Has your firm shopped for a new health plan or insurance carrier in the past year?
 1 – Yes
 2 – No **(skip to K2)**
 3 – Don't know **(skip to K2)**
- 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

ALL FIRMS ANSWER K4.

- K4. 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

IF A6=2 SKIP TO END OF SECTION.

K5. 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

(If B8f=1, skip to K5i)

- h. Offer a high deductible plan, defined as an annual deductible of at least \$1,000 for single coverage and \$2,000 for family coverage, with a health reimbursement arrangement in the next year? An HRA is an employer- established account that is funded on a pre-tax basis by an employer only, **NOT** the worker. The funds are **NOT** portable from job to job. Employees use the

funds for medical care or services, and unused fund balances may be carried over by the employee into the next year.

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

(If B8g=1, skip to end of section)

- i. Offer a high deductible plan with a health savings account in the next year? A health savings account or HSA eligible health plan includes an annual deductible of **AT LEAST** \$1,000 for single coverage (\$2,000 for family coverage) for 2005. **BOTH** employers and employees can make contributions to the account. Employees can carry over funds in an HSA from year to year, and **ALSO** from job to job. No benefits other than preventive care can be paid by the plan until the annual deductible amount is met. The plan has maximum out-of-pocket cost-sharing of \$5,100 for single coverage (\$10,200 for family coverage) in 2005.

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

- K6. Does your firm use patient incentives to promote evidence-based chronic disease care? Examples might include: using a lower co-payment for drugs (including brand name products) used to treat chronic conditions such as diabetes, or waiving co-payments for participation in chronic disease management programs.

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

END OF SECTION K.

**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 national and regional 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.