

(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 in November of this year.

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, 2006

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, an independent health care philanthropy. 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 health insurance premiums, how much employees pay for their health care, and many other topics. Benefits managers can use it as a reference tool. The information you provide will be kept strictly confidential, and nobody 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: (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 A4)

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

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

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

_____ (RECORD # OF EMPLOYEES. IF LESS THAN 3 EMPLOYEES, SKIP TO TERMINATION. MAKE SURE RESPONDENT CAN ANSWER QUESTIONS ABOUT FIRM AT THE STATE LEVEL, NOT JUST AT 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

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 any part-time workers eligible for health benefits?

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

B3. Are any temporary workers eligible for health benefits?

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

B4. Are unmarried heterosexual couples who live together eligible for health benefits?

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

B5. Are unmarried same-sex couples who live together 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, conventional plans, and high deductible plans linked with a savings account feature like an health reimbursement arrangement or a health savings account. Do not consider any health plans that are offered and administered **exclusively** by a union.
- 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 B8a)
 - 3 - Don't know (skip to B8a)
- B8f. Do you offer a health reimbursement arrangement or HRA in California along with **ANY** of the high deductible plans that your firm offers? An HRA is **NOT** the same thing as a flexible spending account—it is an account sponsored by an employer that workers use to pay for health care. Only employers can put money into the accounts, not workers, and the funds can **NOT** be moved 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 - 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? Again, an HSA eligible plan is **NOT** the same thing as a flexible spending account—it permits a member of the plan to establish a health savings account to pay for health care. **BOTH** employers and employees can put money into a health savings account. Employees own the account and can carry over funds in an HSA from year to year, and **ALSO** from job to job. (An HSA qualified health

plan **MUST HAVE** an annual deductible of **AT LEAST** \$1,050 for single coverage and \$2,100 for family coverage for 2006. 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 \$5,250 for single coverage and \$10,500 for family coverage in 2006.)

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

(Read to all firms that offer an HRA or HSA): When answering the next questions about other types of health plans your firm offers, please do not include any high deductible plans linked with a health savings account feature here.

- B8b. Do you offer an HMO (Health Maintenance Organization) anywhere **in California**? An HMO is not the same as an EPO (exclusive provider organization). (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, cost sharing is often very low.)
- 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 B8a**)
- 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 B8a**)
 - 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

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 B8h)**

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 B8h)**

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 B8h)**

B8h. Do you offer an exclusive provider organization or EPO **in California**? (With an EPO, employees must receive their care from physicians and hospitals who have a contract with the health plan--sometimes called network providers--otherwise the expense is not covered. Cost sharing is typically higher than in an HMO.)

- 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**?

B9e. **(ASK IF Question B8f or B8g=1)** How many different high deductible plans with a savings account feature, like an HRA or an HSA?

_____ **(# IN NATION)**

(Read to all firms that offer an HRA or HSA): When answering the next questions about how many health plans your firm offers, please do not include any high deductible plans linked with a health savings account feature here.

B9a. **(ASK IF Question B8a=1)** How many different conventional plans?

_____ **(# IN CALIFORNIA)**

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

_____ **(# IN CALIFORNIA)**

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

_____ **(# IN CALIFORNIA)**

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

_____ **(# IN CALIFORNIA)**

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 anywhere in California. 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 under:

B12e. **(ASK IF Question B8f or B8g=1):** The high deductible plans with a savings account feature such as an HRA or an HSA? _____%

(Read to all firms that offer an HRA or HSA): When answering the next questions about enrollment, please do not include any enrollment in high deductible plans linked with a health savings account feature here.

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. Does your firm offer single coverage? **(Note: single coverage is worker only.)**
 1 - Yes
 2 - No **(skip to B14)**
 3 - Don't know **(skip to B14)**

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. A firm can offer this type of coverage even if no employees are enrolled.)**
 1 - Yes
 2 - No **(skip to B15)**
 3 - Don't know **(skip to B15)**

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. A firm can offer this type of coverage even if no employees are enrolled.)**
 1 - Yes
 2 - No **(skip to B16)**
 3 - Don't know **(skip to B16)**

B16. Does your firm offer or contribute to a dental insurance program as a benefit to your employees, separate from any dental coverage provided through the health plans you offer?
 1 - Yes
 2 - No
 3 - Don't know

B17. Does your firm offer or contribute to a vision insurance program as a benefit to your employees, separate from any vision coverage provided through the health plans you offer?

- 1 – Yes
- 2 – No
- 3 – Don't know

B18. Does your firm vary the amount of the premium that employees pay 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

c. Whether the worker participates in a health risk assessment? (That is, do employees who participate in a health risk assessment pay less for their health insurance?)

- 1 – yes
- 2 – no
- 3 – don't know

d. Whether the worker is a smoker? (That is, do employees who smoke pay more 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, and that is not a high deductible plan linked with a savings account feature, like an HRA or HSA.

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

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 end of section)**
- 4- No plan last year **(Skip to end of section)**
- 5- Don't know **(Skip to end of section)**

(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

(END OF SECTION C)

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

The following questions will be asked about your largest HMO or EPO that is not offered and administered exclusively by a union, and that is not a high deductible plan linked with a savings account feature, like an HRA or HSA.

(ASK ONLY IF B8b=1 AND B8h=1)

- Dx. You told us that your firm offers at least one HMO plan and at least one EPO plan. Of these HMO and EPO plans, is the plan with the most members an HMO or an EPO?
 1 - HMO
 2 - EPO

Read to all firms: Please answer the rest of the questions in this section about your firm's (insert response from Dx) _____ plan with the largest enrollment.

- D1. Is your firm self-insured or is coverage underwritten by an insurer?
(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
- D2. Does this plan have a general annual deductible for an individual with single coverage that must be met before all or most services are payable by the plan? **(Note: If it varies, use the deductible for in-network services).**
 1 - Yes, single response
 2 - Yes, multiple responses **(skip to D2a)**
 3 - Don't Know **(skip to D4)**
 4 - No, plan doesn't have a deductible **(skip to D4)**
 5 - Has a deductible for specific services (e.g. hospitalization) but not a general annual deductible **(skip to D4)**

- D2r. What is the annual deductible for an individual with single coverage in this plan?
 _____ **(range \$100-\$1000, if out of range, CONFIRM)**
 9999 - Don't know

(If Multiple Responses, Ask:)

- D2a. What are the two or three most common amounts? **(range \$100-\$1000, if out of range, CONFIRM)**
- | | DOLLAR AMOUNT | EXPLANATION |
|------|---------------|-------------|
| D2aa | \$ _____ | _____ |
| D2bb | \$ _____ | _____ |
| D2cc | \$ _____ | _____ |

- D3. Does the annual deductible apply to **ALL** services? **(Note: If it varies, the deductible for in-network services).**
 1 - Yes **(skip to D4)**
 2 - No
 3 - Don't know **(skip to D4)**

D3. Does the annual deductible apply to:

- D3c. physician office visits for preventive services (such as an annual physical or well baby visits)
(Note: If it varies, the deductible for in-network services).
 1 - Yes
 2 - No
 3 - Don't know

- D3f. prescription drugs (**Note: If it varies, the deductible for in-network services**).
 1 - Yes
 2 - No
 3 - Don't know

IF B15=2 OR 3 (FIRM DOES NOT OFFER FAMILY COVERAGE), SKIP TO D8.

- D4. Does this plan have a general annual deductible for an individual with family coverage that must be met before all or most services are payable by the plan? (**If it varies, use the deductible for in-network services**).
 1 - Yes, single response
 2 - Yes, multiple responses
 3 - Don't Know (**skip to D8**)
 4 - No, plan doesn't have deductible (**skip to D8**)
 5 - Has a deductible for specific services (e.g. hospitalization) but not a general annual deductible (**skip to D8**)

(ASK IF D4=1; ELSE SKIP TO D4a)

- D4r. What is the annual deductible for an individual with family coverage in this plan?

_____ (range \$100-\$3000, if out of range, CONFIRM) (D4r SHOULD NOT BE LESS THAN D2r)

(ASK IF D4=2; ELSE SKIP TO D8)

(If Multiple Responses, Ask:)

- D4a. What are the two or three most common amounts? (**Range \$100-\$3000, if out of range CONFIRM**)

	DOLLAR AMOUNT	EXPLANATION
D4aa	\$ _____	_____
D4bb	\$ _____	_____
D4cc	\$ _____	_____

- D8. Does this plan require workers to pay an additional dollar amount or a percentage for **EACH** hospital admission that is in addition to any overall deductible your firm might have? (**Interviewer note: If it varies, 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 rate 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 - no (or none of the above) (**skip to D6**)
 7 - don't know (**skip to D6**)

- 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 rate for a hospital admission in this plan? That is, what percentage of the total cost does the employee pay? (**Interviewer note: If it varies, the 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

- D6. 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 D6a)**
 - 2 -- Coinsurance rate only **(SKIP TO QUESTION D6b)**
 - 3 -- Both **(CONTINUE TO QUESTION D6a)**
 - 4 -- Either co-pay or coinsurance, whichever is greater **(CONTINUE TO D6a)**
 - 5 – No (or none of the above) **(SKIP TO QUESTION D9)**
 - 6 -- Don't Know **(SKIP TO QUESTION D9)**

- D6a. What is the co-payment for an office visit with a primary care physician in this plan? **(Note: if more than \$100, confirm response.)**

9999 – Don't know

- D6aa. What is the co-payment for an office visit with a specialist physician in this plan? **(Note: if more than \$100, confirm response.)**

9999 – Don't know

(IF D6=1 SKIP TO QUESTION D9. IF D6=2, 3, or 4, ASK D6b)

- D6b. What is the coinsurance 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

- D9. What is the out-of-pocket limit in one year for an individual with single coverage in this plan? **(Interviewer note: This is the maximum amount a worker can pay out-of-pocket. Don't include a limit that applies only to mental health benefits).**

_____ **(range \$500-\$3000, if out of range, CONFIRM)**

9999 – Don't know

0 – No out of pocket maximum/no limit

(If D9=0 or 9999, skip to D10)

- D9a. Does the out-of-pocket limit include the overall plan deductible, if the plan has one?

- 1 - Yes
- 2 - No
- 3 - Don't know
- 4 – not applicable

IF B15=2 OR 3 (FIRM DOES NOT OFFER FAMILY COVERAGE), SKIP TO D11.

- D10. What is the out-of-pocket limit 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).**

_____ **(range \$1000-\$6000, if out of range, CONFIRM)**

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 D19a.

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 premium 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 D19a.

D12L. What is the total monthly premium 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 D18)**
 - 4 - No plan last year **(SKIP TO Question D19a)**
 - 5 - Don't know **(SKIP TO Question D18)**

(ASK IF D15=1)

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

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

(ASK IF D15=2; ELSE SKIP TO D18)

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

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

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

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

D19a. 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

D19b. Does this plan cover outpatient mental health benefits? **(Interviewer note: benefit is considered covered even if it is carved out and provided through a separate plan).**

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

D19c. Does this plan cover inpatient mental health benefits? **(Interviewer note: benefit is considered covered even if it is carved out and provided through a separate plan).**

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

D19d. Does this plan cover chiropractic care?

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

D19e. Does this plan cover home health care? **(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

D19f. Does this plan cover an annual physical?
 1 - Yes
 2 - No
 3 - Don't Know

D19g. Does this plan cover well baby care?
 1 - Yes
 2 - No
 3 - Don't Know

D19h. Does this plan cover an annual OB/GYN visit?
 1 - Yes
 2 - No
 3 - Don't Know

D19i. Does this plan cover acupuncture?
 1 - Yes
 2 - No
 3 - Don't Know

(ANSWER IF D19b = 1)

D20. What is the maximum number of outpatient mental health visits per year covered for an employee with single coverage in this plan?
 1 -- 20 visits or less per year
 2 -- 21 to 30 visits per year
 3 -- 31 to 50 visits per year
 4 -- more than 50 visits per year
 5 – no limits
 6 -- don't know

(ANSWER IF D19c = 1)

D21. What is the maximum number of inpatient hospital days per year covered for mental health care for an employee with single coverage in this plan?
 1 -- 10 days or less per year
 2 -- 11-20 days per year
 3 -- 21-30 days per year
 4 -- 31 or more days per year
 5 -- no limits
 6 – don't know

D22. What is the maximum benefit payable over a lifetime to an employee with **single** coverage in this plan?
(Interviewer note: Don't include a limit that applies only to mental health benefits).

-
- 9999 – Don't know
 - 0 – No lifetime maximum/no limit

D23. Does this plan require workers to pay an additional dollar amount or a percentage for an **EMERGENCY ROOM VISIT** that is in addition to any overall deductible your firm might have? **(Note: If it varies, 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
 2 – coinsurance rate **(skip to D23b)**
 3 – both
 4 – no (or none of the above) **(skip to D29)**
 5 – don't know **(skip to D29)**

D23a. What is the deductible or co-payment for an emergency room visit in this plan?
 \$ _____ (enter co-payment amount)
 9999 - don't know

ASK ONLY IF D23=2 OR 3; ELSE SKIP TO D29.

D23b. What is the coinsurance rate for an emergency room visit in this plan? That is, what percentage of the total cost does the employee pay? **(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%)**

% _____ (enter coinsurance rate)
 9999 - don't know

ANSWER PRESCRIPTION DRUG QUESTIONS ONLY IF D19a=1. OTHERWISE SKIP TO END OF SECTION.

D29. Which of the following types of cost-sharing 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 end of section.)**
- 6 - Don't know **(Skip to end of section.)**

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 end of section.)**
 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 END OF SECTION. 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 END OF SECTION. 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 END OF SECTION. 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 end of section**)
- 6 – don't know (**skip to end of section**)

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.)

(END OF SECTION D)

**SECTION E- CHARACTERISTICS OF PREFERRED PROVIDER ORGANIZATIONS
(ANSWER ONLY IF B8c=1 OR B8h=1)**

The following questions will be asked about your largest PPO that is not offered and administered exclusively by a union, and that is not a high deductible plan linked with a savings account feature, like an HRA or HSA.

- E1. Is your firm self-insured or is coverage underwritten by an insurer?
(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
- E2. Does this plan have a general annual deductible for an individual with single coverage that must be met before all or most services are payable by the plan? **(Note: If it varies, use the deductible for in-network services).**
 1 - Yes, single response
 2 - Yes, multiple responses **(skip to E2a)**
 3 - Don't Know **(skip to E4)**
 4 - No, firm doesn't have a deductible **(skip to E4)**
 5 - Has a deductible for specific services (e.g. hospitalization) but not a general annual deductible **(skip to E4)**

E2r. What is the annual deductible for an individual with single coverage using in-network providers in this plan?

_____ **(range \$100-\$1000, if out of range, CONFIRM)**
 9999 - Don't know

(If Multiple Responses, Ask:)

E2a. What are the two or three most common amounts? **(range \$100-\$1000, if out of range, CONFIRM)**

	DOLLAR AMOUNT	EXPLANATION
E2aa	\$ _____	_____
E2bb	\$ _____	_____
E2cc	\$ _____	_____

- E3. Does the annual deductible apply to **ALL** services? **(Note: If it varies, the deductible for in-network services).**
 1 - Yes **(skip to E4)**
 2 - No
 3 - Don't know **(skip to E4)**

E3. Does the annual deductible apply to:

E3c. physician office visits for preventive services (such as an annual physical or well baby visits)
(Note: If it varies, the deductible for in-network services).

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

E3f. prescription drugs **(Note: If it varies, the deductible for in-network services).**

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

IF B15=2 OR 3 (FIRM DOES NOT OFFER FAMILY COVERAGE), SKIP TO E8.

- E4. Does this plan have a general annual deductible for an individual with family coverage that must be met before all or most services are payable by the plan? **(If it varies, use the deductible for in-network services).**

- 1 - Yes, single response
- 2 - Yes, multiple responses
- 3 - Don't Know **(skip to E8)**
- 4 - No, firm doesn't have deductible **(skip to E8)**
- 5 - Has a deductible for specific services (e.g. hospitalization) but not a general annual deductible **(skip to E8)**

(ASK IF E4=1; ELSE SKIP TO E4a)

E4r. What is the annual deductible for an individual with family coverage using in-network providers in this plan?
 _____ (range \$100-\$3000, if out of range, CONFIRM) (E4r SHOULD NOT BE LESS THAN E2r)

(ASK IF E4=2; ELSE SKIP TO E8)

(If Multiple Responses, Ask:)

E4a. What are the two or three most common amounts? **(Range \$100-\$3000, if out of range CONFIRM)**

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

E8. Does this plan require workers to pay an additional dollar amount or a percentage for **EACH** hospital admission that is in addition to any overall deductible your firm might have? **(Interviewer note: If it varies, 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 E8a)**
- 2 - coinsurance rate 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 - no (or none of the above) **(skip to E6)**
- 7 - don't know **(skip to E6)**

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 in-network providers.)**

_____ 9999 - Don't know

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

E8b. What is the coinsurance rate for a hospital admission in this plan? That is, what percentage of the total cost does the employee pay? **(Interviewer note: If it varies, the 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 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

E6. Does this plan have a co-payment or coinsurance rate for an office visit when employees use in-network 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 -- No (or none of the above) (**SKIP TO QUESTION E6c**)
- 6 -- Don't Know (**SKIP TO QUESTION E6c**)

E6a. What is the co-payment for an office visit with a primary care physician when employees use in-network providers? (**Note: if more than \$100, confirm response.**)

 9999 – Don't know

E6aa. What is the co-payment for an office visit with a specialist physician when employees use in-network providers? (**Note: if more than \$100, confirm response.**)

 9999 – Don't know

(IF E6=1 SKIP TO QUESTION E6c. IF E6=2, 3, or 4, ASK E6b)

E6b. What is the coinsurance rate for an office visit when employees use 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

E6c. What is the coinsurance rate for an office visit when employees use out-of-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%**)

_____ (**E6c SHOULD NOT BE LESS THAN E6b**)
 9999 – Don't know
 8888 – Not applicable (e.g. firm has a co-payment instead)

E9. What is the out-of-pocket limit in one year for an individual with single coverage using in-network providers in this plan? (**Interviewer note: This is the maximum amount a worker can pay out-of-pocket. Don't include a limit that applies only to mental health benefits.**)

_____ (**range \$500-\$3000, if out of range, CONFIRM**)
 9999 – Don't know
 0 – No out of pocket maximum/ no limit

(If E9=0 or 9999, skip to E10)

E9a. Does the out-of-pocket limit include the overall plan deductible, if the plan has one?

- 1 - Yes
- 2 - No
- 3 - Don't know
- 4 – not applicable

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

_____ (**range \$1000-\$6000, if out of range, CONFIRM**)
 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 E20a.

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 premium cost for single coverage for this PPO 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:)

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 E20a.

E14L. What is the total monthly premium 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 E19**)
 - 4 - No plan last year (**Skip to Question E20a**)
 - 5 - Don't know (**Skip to Question E19**)

(ASK IF E16=1)

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

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

(ASK IF E16=2; ELSE SKIIP TO E19)

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

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

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

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

E20a. 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

E20b. Does this plan cover outpatient mental health benefits? (**Interviewer note:** benefit is considered covered even if it is carved out and provided through a separate plan).

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

E20c. Does this plan cover inpatient mental health benefits? (**Interviewer note:** benefit is considered covered even if it is carved out and provided through a separate plan.)

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

E20d. Does this plan cover chiropractic care?

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

E20e. Does this plan cover home health care? (**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

E20f. Does this plan cover an annual physical?
 1 - Yes
 2 - No
 3 - Don't Know

E20g. Does this plan cover well baby care?
 1 - Yes
 2 - No
 3 - Don't Know

E20h. Does this plan cover an annual OB/GYN visit?
 1 - Yes
 2 - No
 3 - Don't Know

E20i. Does this plan cover acupuncture?
 1 - Yes
 2 - No
 3 - Don't Know

(ANSWER IF E20b = 1)

E21. What is the maximum number of outpatient mental health visits per year covered for an employee with single coverage in this plan?
 1 -- 20 visits or less per year
 2 -- 21 to 30 visits per year
 3 -- 31 to 50 visits per year
 4 -- more than 50 visits per year
 5 – no limits
 6 -- don't know

(ANSWER IF E20c = 1)

E22. What is the maximum number of inpatient hospital days per year covered for mental health care for an employee with single coverage in this plan?
 1 -- 10 days or less per year
 2 -- 11-20 days per year
 3 -- 21-30 days per year
 4 -- 31 or more days per year
 5 -- no limits
 6 – don't know

E23. What is the maximum benefit payable over a lifetime to an employee with **single** coverage in this plan?
(Interviewer note: Don't include a limit that applies only to mental health benefits).

 9999 – Don't know
 0 – No lifetime maximum/no limit

E24. Does this plan require workers to pay an additional dollar amount or a percentage for an **EMERGENCY ROOM VISIT** that is in addition to any overall deductible your firm might have? **(Note: If it varies, for in-network providers.) (Note: a co-payment is a fixed dollar amount. Coinsurance is a fixed percentage of the total charge.)**
 1 – deductible or co-payment
 2 – coinsurance rate **(skip to E24b)**
 3 – both
 4 – no (or none of the above) **(skip to E29)**
 5 – don't know **(skip to E29)**

E24a. What is the deductible or co-payment for an emergency room visit in this plan?
 \$ _____ **(enter co-payment amount)**
 9999 – don't know

ASK ONLY IF E24=2 OR 3; ELSE SKIP TO E29.

E24b. What is the coinsurance rate for an emergency room visit in this plan? That is, what percentage of the total cost does the employee pay? **(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%)**

% _____ (enter coinsurance rate)
 9999 - don't know

ASK RX QUESTIONS ONLY IF E20a=1. OTHERWISE SKIP TO END OF SECTION.

E29. Which of the following types of cost-sharing 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 end of section.)**
- 6 - Don't know **(Skip to end of section.)**

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 end of section.)**
 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 END OF SECTION. 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 E32. RESPONSE TO E30c/d IS THE SAME AS E30b.

E30c. non-preferred drugs?

- 1 – co-pay **(continue to E30ca)**
- 2 – coinsurance **(skip to E30cb)**
- 3 – both **(continue to E30ca)**
- 4 – 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 END OF SECTION. 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 end of section)**
- 6 – don't know **(skip to end of section)**

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.)

(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, and that is not a high deductible plan linked with a savings account feature, like an HRA or HSA.

- F1. Is your firm self-insured or is coverage underwritten by an insurer?
(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
- F2. Does this plan have a general annual deductible for an individual with single coverage that must be met before all or most services are payable by the plan? **(Note: If it varies, use the deductible for in-network services).**
 1 - Yes, single response
 2 - Yes, multiple responses **(skip to F2a)**
 3 - Don't Know **(skip to F4)**
 4 - No, firm doesn't have a deductible **(skip to F4)**
 5 - Has a deductible for specific services (e.g. hospitalization) but not a general annual deductible **(skip to F4)**

F2r. What is the annual deductible for an individual with single coverage using in-network providers in this plan?
 _____ **(range \$100-\$1000, if out of range, CONFIRM)**
 9999 - Don't know

(If Multiple Responses, Ask:)

F2a.	What are the two or three most common amounts? (range \$100-\$1000, if out of range, CONFIRM)	
	DOLLAR AMOUNT	EXPLANATION
F2aa	\$ _____	_____
F2bb	\$ _____	_____
F2cc	\$ _____	_____

- F3. Does the annual deductible apply to **ALL** services? **(Note: If it varies, the deductible for in-network services).**
 1 - Yes **(skip to F4)**
 2 - No
 3 - Don't know **(skip to F4)**

F3. Does the annual deductible apply to:

F3c. physician office visits for preventive services (such as an annual physical or well baby visits)
(Note: If it varies, the deductible for in-network services).
 1 - Yes
 2 - No
 3 - Don't know

F3f. prescription drugs **(Note: If it varies, the deductible for in-network services).**
 1 - Yes
 2 - No
 3 - Don't know

IF B15=2 OR 3 (FIRM DOES NOT OFFER FAMILY COVERAGE), SKIP TO F8.

- F4. Does this plan have a general annual deductible for an individual with family coverage that must be met before all or most services are payable by the plan? **(If it varies, use the deductible for in-network services).**
 1 - Yes, single response

- 2 – Yes, multiple responses
- 3 – Don't Know **(skip to F8)**
- 4 – No, firm doesn't have deductible **(skip to F8)**
- 5 – Has a deductible for specific services (e.g. hospitalization) but not a general annual deductible **(skip to F8)**

(ASK IF F4=1; ELSE SKIP TO F4a)

F4r. What is the annual deductible for an individual with family coverage using in-network providers in this plan?
 _____ **(range \$100-\$3000, if out of range, CONFIRM) (F4r SHOULD NOT BE LESS THAN F2r)**

(ASK IF F4=2; ELSE SKIP TO F8)

(If Multiple Responses, Ask:)

F4a. What are the two or three most common amounts? **(Range \$100-\$3000, if out of range CONFIRM)**

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

F8. Does this plan require workers to pay an additional dollar amount or a percentage for **EACH** hospital admission that is in addition to any overall deductible your firm might have? **(Interviewer note: If it varies, 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 rate 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 – no (or none of the above) **(skip to F6)**
- 7 – don't know **(skip to F6)**

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 rate for a hospital admission in this plan? That is, what percentage of the total cost does the employee pay? **(Interviewer note: If it varies, the 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

F6. Does this plan have a co-payment or coinsurance rate for an office visit when employees use in-network 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 - No (or none of the above) **(SKIP TO QUESTION F6c)**

6 -- Don't Know **(SKIP TO QUESTION F6c)**

F6a. What is the co-payment for an office visit with a primary care physician when employees use in-network providers? **(Note: if more than \$100, confirm response.)**

 9999 - Don't know

F6aa. What is the co-payment for an office visit with a specialist physician when employees use in-network providers? **(Note: if more than \$100, confirm response.)**

 9999 - Don't know

(IF F6=1 SKIP TO QUESTION F6C. IF F6=2, 3, or 4, ASK F6b)

F6b. What is the coinsurance rate for an office visit when employees use 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

F6c. What is the coinsurance rate for an office visit when employees use out-of-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%)**

_____ **(F6c SHOULD NOT BE LESS THAN F6b)**
 9999 - Don't know
 8888 - Not applicable (e.g. firm has a co-payment instead)

F9. What is the out-of-pocket limit in one year for an individual with single coverage using in-network providers in this plan? **(Interviewer note: This is the maximum amount a worker can pay out-of-pocket. Don't include a limit that applies only to mental health benefits).**

_____ **(range \$500-\$3000, if out of range, CONFIRM)**
 9999 - Don't know
 0 - No out of pocket maximum/ no limit

(If F9=0 or 9999, skip to F10)

F9a. Does the out-of-pocket limit include the overall plan deductible, if the plan has one?

- 1 - Yes
- 2 - No
- 3 - Don't know
- 4 - not applicable

IF B15=2 OR 3 (FIRM DOES NOT OFFER FAMILY COVERAGE), SKIP TO F12.

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

_____ **(range \$1000-\$6000, if out of range, CONFIRM)**
 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 F22a.

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 premium 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 F22a.

F16L. What is the total monthly premium 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 F21)**
- 4 - No plan last year **(Skip to Question F22a)**
- 5 - Don't know **(Skip to Question F21)**

(ASK IF F18=1)

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

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

9999 -- Don't know

(ASK IF F18=2; ELSE SKIP TO F21)

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

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

9999 -- Don't know

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

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

F22a. 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

F22b. Does this plan cover outpatient mental health benefits? **(Interviewer note: benefit is considered covered even if it is carved out and provided through a separate plan).**

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

F22c. Does this plan cover inpatient mental health benefits? **(Interviewer note: benefit is considered covered even if it is carved out and provided through a separate plan).**

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

F22d. Does this plan cover chiropractic care?

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

F22e. Does this plan cover home health care? **(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

F22f. Does this plan cover an annual physical?
 1 - Yes
 2 - No
 3 - Don't Know

F22g. Does this plan cover well baby care?
 1 - Yes
 2 - No
 3 - Don't Know

F22h. Does this plan cover an annual OB/GYN visit?
 1 - Yes
 2 - No
 3 - Don't Know

F22i. Does this plan cover acupuncture?
 1 - Yes
 2 - No
 3 - Don't Know

(ANSWER IF F22b = 1)

F23. What is the maximum number of outpatient mental health visits per year covered for an employee with single coverage in this plan?
 1 -- 20 visits or less per year
 2 -- 21 to 30 visits per year
 3 -- 31 to 50 visits per year
 4 -- more than 50 visits per year
 5 – no limits
 6 -- don't know

(ANSWER IF F22c = 1)

F24. What is the maximum number of inpatient hospital days per year covered for mental health care for an employee with single coverage in this plan?
 1 -- 10 days or less per year
 2 -- 11-20 days per year
 3 -- 21-30 days per year
 4 -- 31 or more days per year
 5 -- no limits
 6 – don't know

F25. What is the maximum benefit payable over a lifetime to an employee with **single** coverage in this plan?
(Interviewer note: Don't include a limit that applies only to mental health benefits).

-
- 9999 – Don't know
 - 0 – No lifetime maximum/no limit

F26. Does this plan require workers to pay an additional dollar amount or a percentage for an **EMERGENCY ROOM VISIT** that is in addition to any overall deductible your firm might have? **(Note: If it varies, for in-network providers.) (Note: a co-payment is a fixed dollar amount. Coinsurance is a fixed percentage of the total charge.)**
 1 – deductible or co-payment
 2 – coinsurance rate **(skip to F26b)**
 3 – both
 4 – no (or none of the above) **(skip to F29)**
 3 – don't know **(skip to F29)**

F26a. What is the deductible or co-payment for an emergency room visit in this plan?
 \$_____ **(enter co-payment amount)**

9999 – don't know

ASK ONLY IF F26=2 OR 3; ELSE SKIP TO F29.

F26b. What is the coinsurance rate for an emergency room visit in this plan? That is, what percentage of the total cost does the employee pay? **(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%)**

% _____ (enter coinsurance rate)
 9999 – don't know

ASK RX QUESTIONS ONLY IF F22a=1. OTHERWISE SKIP TO END OF SECTION.

F29. Which of the following types of cost-sharing 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 end of section.)**
- 6 – Don't know **(Skip to end of section.)**

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 end of section.)**
 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 END OF SECTION. 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 END OF SECTION. 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 END OF SECTION. 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 end of section)**
- 6 – don't know **(skip to end of section)**

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.)

(END OF SECTION F)

**SECTION G – SAVINGS ACCOUNT PLANS
(ANSWER SECTION ONLY IF B8f or B8g=1)**

The following questions will be asked about your largest high deductible plan linked to a savings account feature like an HRA or an HSA.

(ASK IF B8f=1)

G2a. Earlier in the survey you told us that you offer at least one high deductible plan with a health reimbursement arrangement, or HRA. Again, an HRA is an account sponsored and funded on a pre-tax basis **ONLY** by an employer, not the worker. Employees use the funds for health care, and unused fund balances may be carried over by the employee into the next year, but **NOT** from job to job. Is this correct?

- 1 – Yes
- 2 – No (if B8g=2 or 3, skip to end of section)
- 3 -- Don't Know (if B8g=2 or 3, skip to end of section)

(ASK IF B8g=1)

G2b. Earlier in the survey you told us that you offer at least one high deductible plan that is a health savings account qualified plan. Again, an HSA qualified health plan is one that permits a member of the plan to establish a health savings account to pay for health care. **BOTH** employers and employees can make pre-tax contributions to a health savings account. Employees own the account and can carry over funds in an HSA from year to year, and **ALSO** from job to job. An HSA qualified health plan **MUST HAVE** an annual deductible of **AT LEAST** \$1,050 for single coverage and \$2,100 for family coverage for 2006. Is this correct?

- 1 – Yes
- 2 – No (if B8f=2/3, skip to end of section) or (if G2a=2/3 and G2b=2/3, skip to end of section)
- 3 -- Don't Know (if B8f=2 or 3, skip to end of section)

(Ask only if G2a=1 AND G2b=1.)

G2c. Which type of high deductible health plan has the most members? Is it your high deductible plan with a health reimbursement arrangement, or your high deductible plan that is an HSA qualified plan.

- 1 – High deductible health plan with an HRA
- 2 – HSA qualified high deductible health plan
- 3 – Don't know (skip to end of section)

(If asked G2c, read the following: The rest of the questions in this section will be asked about this high deductible plan with the most members.)

G1. Is your firm self-insured or is coverage underwritten by an insurer?
(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

G3. What is the **ANNUAL** deductible for an individual with single coverage in this plan? Do **NOT** consider any contributions available in the savings account in answering this question. **(Note: G3 must be at least \$1,000. If not, skip to end of section.) (Note: If it varies, the deductible for in-network providers.)**

_____ (deductible for single coverage)
9999 – Don't know

G3a. Are there preventive benefits that are paid for by the plan (that is, not through the savings account) before the employee meets the deductible under the plan?

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

(ASK IF G2a=1 AND B8g=2 or 3)

(ASK IF G2c=)

(ASK IF G2a=1 AND G2b=2; ELSE SKIP TO G4)

- G3b. Are prescription drug benefits paid for by the plan (that is, not through the savings account) before the employee meets the deductible under the plan?
- 1 – Yes (includes some)
 - 2 – No
 - 3 -- Don't Know

IF B15=2 OR 3 (FIRM DOES NOT OFFER FAMILY COVERAGE), SKIP TO G8.

- G4. What is the **ANNUAL** deductible for an individual with family coverage in this plan? Do **NOT** consider any contributions available in the savings account in answering this question. **(Note: G4 must be at least \$2,000. If not, skip to end of section.) (Note: If it varies, the deductible for in-network providers.)**

_____ **(deductible for family coverage)**
 9999 – Don't know

- G8. After the employee has met the full deductible, does this plan require workers to pay an additional dollar amount or a percentage for **EACH** hospital admission? **(Interviewer note: If it varies, 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 G8a)**
 - 2 – coinsurance rate only **(skip to G8b)**
 - 3 – both **(continue to G8a)**
 - 4 – either co-payment or coinsurance, whichever is greater **(CONTINUE TO G8a)**
 - 5 – has a charge per day instead of per admission **(skip to G8c)**
 - 6 – no (or none of the above) **(skip to G6)**
 - 7 – don't know **(skip to G6)**

- G8a. 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 G8=2, 3, or 4)

- G8b. What is the coinsurance rate for a hospital admission in this plan? That is, what percentage of the total cost does the employee pay? **(Interviewer note: If it varies, the 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 G8=5)

- G8c. 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

- G6. After the employee has met the full deductible, 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.) (Note: If it varies, the co-payment or coinsurance for in-network providers.)**
- 1 -- Co-payment only **(CONTINUE TO QUESTION G6a)**
 - 2 -- Coinsurance rate only **(SKIP TO QUESTION G6b)**
 - 3 -- Both **(CONTINUE TO QUESTION G6a)**
 - 4 -- Either co-payment or coinsurance, whichever is greater **(CONTINUE TO G6a)**
 - 5 – No (or none of the above) **(SKIP TO QUESTION G9)**
 - 6 -- Don't Know **(SKIP TO QUESTION G9)**

- G6a. What is the co-payment for an office visit with a primary care physician in this plan? **(Note: if more than \$100, confirm response.)**

 9999 – Don't know

G6aa. What is the co-payment for an office visit with a specialist physician in this plan? **(Note: if more than \$100, confirm response.)**

 9999 – Don't know

(IF G6=1 SKIP TO QUESTION G9. IF G6=2, 3, or 4, ASK G6b)

G6b. What is the coinsurance 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%) (Note: If it varies, the coinsurance for in-network providers.)**

 9999 – Don't know

G9. What is the out-of-pocket limit in one year for an individual with single coverage in this plan? **(Note: If it varies, the out-of-pocket maximum for in-network providers. This is the maximum amount a worker can pay out-of-pocket.)**

_____ **(range \$500-\$3000, if out of range, CONFIRM)**

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

(If G9=0 or 9999, skip to G10)

G9a. Does the out-of-pocket limit include the overall plan deductible?

- 1 - Yes
- 2 - No
- 3 - Don't know
- 4 – not applicable

IF B15=2 OR 3 (FIRM DOES NOT OFFER FAMILY COVERAGE) SKIP TO G11.

G10. What is the out-of-pocket limit in one year for an individual with family coverage in this plan? (Interviewer note: G10 should be greater than or equal to G9.) **(Note: If it varies, the out-of-pocket maximum for in-network providers.)**

_____ **(range \$1000-\$6000, if out of range, CONFIRM)**

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

(ASK IF G2a=1 AND B8g=2 or 3)

(ASK IF G2c=1)

(ASK IF G2a=1 AND G2b=2; ELSE SKIP TO G13)

G11. Up to what dollar amount does your firm promise to contribute **EACH YEAR** to an employee's HRA or health reimbursement arrangement for single coverage? This amount should **NOT** include the amount the firm contributes toward the plan premium. **(Note: G11 must be greater than zero. If not, skip to end of section.)**

_____ **(firm's contribution to HRA)**

9999 – Don't know

(ASK IF G2a=1 AND B8g=2 or 3 AND B15=1)

(ASK IF G2c=1 AND B15=1)

(ASK IF G2a=1 AND G2b=2; ELSE SKIP TO G13)

G12. Up to what dollar amount does your firm promise to contribute **EACH YEAR** to an employee's HRA or health reimbursement arrangement for family coverage? This amount should **NOT** include the amount the firm contributes toward the plan premium. **(Note: G12 must be greater than zero. If not, skip to end of section.) (Note: G12 should be greater than or equal to G11.)**

_____ **(firm's contribution to HRA)**

9999 – Don't know

(ASK IF G2a=2 or 3 AND G2b = 1)

(ASK IF G2b=1 AND B8f=2 or 3)

(ASK IF G2c=2; ELSE SKIP TO G15)

G13. What is the **MONTHLY** contribution your firm makes to the HSAs or health savings accounts of employees with single coverage? This amount should **NOT** include the amount the firm contributes to toward the plan premium.

_____ (firm's contribution to HSA)
9999 – Don't know

(ASK IF G2a=2 or 3 AND G2b = 1)

(ASK IF G2b=1 AND B8f=2 or 3 AND B15=1)

(ASK IF G2c=2 AND B15=1; ELSE SKIP TO G15)

G14. What is the **MONTHLY** contribution your firm makes to the HSAs or health savings accounts of employees with family coverage? This amount should **NOT** include the amount the firm contributes toward the plan premium.

(Interviewer note: G14 should be greater than or equal to G13.)

_____ (firm's contribution to HSA)
9999 – Don't know

ASK IF FIRM HAS 20 OR MORE WORKERS; ELSE SKIP TO G16.

G15. What is the total monthly COBRA cost for **SINGLE** coverage in this plan? This amount should **NOT** include the amount that the firm contributes or promises to contribute to the savings account, if applicable.

_____ (total monthly COBRA cost)
9999 – Don't know

ASK IF FIRM HAS LESS THAN 20 WORKERS; ELSE SKP TO G17.

G16. What is the total monthly premium cost for **SINGLE** coverage in this plan? This amount should **NOT** include the amount that the firm contributes or promises to contribute to the savings account, if applicable.

_____ (total monthly premium)
9999 – Don't know

G17. How much do you deduct from an active employee's monthly paycheck for **SINGLE** coverage in this plan? That is, how much of the total premium does the employee pay each month? This amount should **NOT** include the amount that the employee contributes to the savings account, if applicable. **(Note: G17 should be less than or equal to G15 or G16.)**

_____ (total monthly contribution)
9999 – Don't know

IF B15=2 OR 3 (FIRM DOES NOT OFFER FAMILY COVERAGE), SKIP TO G25a.

ASK IF FIRM HAS 20 OR MORE WORKERS; ELSE SKIP TO G19.

G18. What is the total monthly COBRA cost for **FAMILY** coverage in this plan? This amount should **NOT** include the amount that the firm contributes or promises to contribute to the savings account, if applicable. **(Note: G18 should be greater than or equal to G15.)**

_____ (total monthly COBRA cost)
9999 – Don't know

ASK IF FIRM HAS LESS THAN 20 WORKERS; ELSE SKP TO G20.

G19. What is the total monthly premium cost for **FAMILY** coverage in this plan? This amount should **NOT** include the amount that the firm contributes or promises to contribute to the savings account, if applicable. **(Note: G19 should be greater than or equal to G16.)**

_____ (total monthly premium)
9999 – Don't know

G20. How much do you deduct from an active employee's monthly paycheck for **FAMILY** coverage in this plan? That is, how much of the total premium does the employee pay each month? This amount should **NOT** include the amount that the employee contributes to the savings account, if applicable. **(Note: G20 should be less than or equal to G18 OR G19)**

_____ (total monthly contribution)

9999 – Don't know

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

- G21. 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 G22**)
 - 2 - Less this year than last year, or (**Skip to Question G23**)
 - 3 - The same as last year (**Skip to Question G24**)
 - 4 - No plan last year (**Skip to Question G25a**)
 - 5 - Don't know (**Skip to Question G24**)

(ASK IF G21=1)

G22. What percentage did costs for family coverage increase since last year?

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

(ASK IF G21=2; ELSE SKIP TO G24)

G23. What percentage did costs for family coverage decrease since last year?

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

G24. How does the overall level of benefits for family coverage compare with what it was one year ago, not including changes in cost sharing? (**READ 1-3**)

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

G25a. After the employee has met the full deductible, 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

G25b. After the employee has met the full deductible, does this plan cover outpatient mental health benefits? (**Interviewer note:** benefit is considered covered even if it is carved out and provided through a separate plan).

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

G25c. After the employee has met the full deductible, does this plan cover inpatient mental health benefits? (**Interviewer note:** benefit is considered covered even if it is carved out and provided through a separate plan.)

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

G25d. After the employee has met the full deductible, does this plan cover chiropractic care?

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

G25e. After the employee has met the full deductible, does this plan cover home health care? (**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

G25f. After the employee has met the full deductible, does this plan cover an annual physical?

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

G25g. After the employee has met the full deductible, does this plan cover well baby care?

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

G25h. After the employee has met the full deductible, does this plan cover an annual OB/GYN visit?

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

G25i. After the employee has met the full deductible, does this plan cover acupuncture?

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

(ANSWER IF G25b = 1)

G26a. After the employee has met the full deductible, what is the maximum number of outpatient mental health visits per year covered for an employee with single coverage in this plan?

- 1 -- 20 visits or less per year
- 2 -- 21 to 30 visits per year
- 3 -- 31 to 50 visits per year
- 4 -- more than 50 visits per year
- 5 – no limits
- 6 -- don't know

(ANSWER IF G25c = 1)

G26b. After the employee has met the full deductible, what is the maximum number of inpatient hospital days per year covered for mental health care for an employee with single coverage in this plan?

- 1 -- 10 days or less per year
- 2 -- 11-20 days per year
- 3 -- 21-30 days per year
- 4 -- 31 or more days per year
- 5 -- no limits
- 6 – don't know

G27. What is the maximum benefit payable over a lifetime to an employee with **single** coverage in this plan?
(Interviewer note: Don't include a limit that applies only to mental health benefits).

-
- 9999 – Don't know
 - 0 – No lifetime maximum/no limit

G28. After the employee has met the full deductible, does this plan require workers to pay an additional dollar amount or a percentage for an **EMERGENCY ROOM VISIT? (Note: If it varies, for in-network providers.) (Note: a co-payment is a fixed dollar amount. Coinsurance is a fixed percentage of the total charge.)**

- 1 – deductible or co-payment
- 2 – coinsurance rate **(skip to G28b)**
- 3 – both
- 4 – no (or none of the above) **(skip to G29)**
- 3 – don't know **(skip to G29)**

G28a. What is the deductible or co-payment for an emergency room visit in this plan?

\$_____ **(enter co-payment amount)**

9999 – don't know

ASK ONLY IF G28=2 OR 3; ELSE SKIP TO G29.

G28b. What is the coinsurance rate for an emergency room visit in this plan? That is, what percentage of the total cost does the employee pay? **(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%)**

% _____ (enter coinsurance amount)
 9999 – don't know

ASK RX QUESTIONS ONLY IF G25a=1. OTHERWISE SKIP TO G33.

G29. After the employee has met the full deductible, which of the following types of cost-sharing 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 G33.)**
- 6 – Don't know **(Skip to G33.)**

ANSWER ONLY IF G29=1, 2, OR 3.

G29a. 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 G33.)**
- 3 – both
- 4 -- neither

G30. After the employee has met the full deductible 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.)

G30a. generic drugs? **(Note: we are interested in retail drugs, not mail order.)**

- 1 – co-payment **(continue to G30aa)**
- 2 – coinsurance **(skip to G30ab)**
- 3 – both **(continue to G30aa)**
- 4 – either co-payment or coinsurance, whichever is greater **(continue to G30aa)**
- 5 – none of the above (e.g. if firm pays full cost) **(skip to G30b)**
- 6 – don't know **(skip to G30b)**

ANSWER ONLY IF G30a=1, 3, or 4.

G30aa. _____ **(Enter \$ amount for co-pay. If greater than \$20 VERIFY.)**

ANSWER ONLY IF G30a=2, 3, or 4.

G30ab. _____ **(Enter % for coinsurance. If greater than 20% VERIFY.)**

IF G29=4 SKIP TO G33. RESPONSES TO G30b/c/d ARE THE SAME AS G30a.

G30b. preferred drugs?

- 1 – co-payment (**continue to G30ba**)
- 2 – coinsurance (**skip to G30bb**)
- 3 – both (**continue to G30ba**)
- 4 – either co-payment or coinsurance, whichever is greater (**continue to G30ba**)
- 5 – none of the above (e.g. if firm pays full cost) (**skip to G30c**)
- 6 – don't know (**skip to G30c**)

ANSWER ONLY IF G30b=1, 3, or 4.

G30ba. _____ (Enter \$ amount for co-pay. If greater than \$30 VERIFY. G30ba must not be less than G30aa.)

ANSWER ONLY IF G30b=2, 3, or 4.

G30bb. _____ (Enter % for coinsurance. If greater than 25% VERIFY. G30bb must not be less than G30ab.)

IF G29=3 SKIP TO G33. RESPONSE TO G30c/d IS THE SAME AS G30b.

G30c. non-preferred drugs?

- 1 – co-payment (**continue to G30ca**)
- 2 – coinsurance (**skip to G30cb**)
- 3 – both (**continue to G30ca**)
- 4 – either co-payment or coinsurance, whichever is greater (**continue to G30ca**)
- 5 – none of the above (e.g. if firm pays full cost) (**skip to G30d**)
- 6 – don't know (**skip to G30d**)

ANSWER ONLY IF G30c=1, 3, or 4.

G30ca. _____ (Enter \$ amount for co-pay. If greater than \$50 VERIFY. G30ca must not be less than G30ba or G30aa.)

ANSWER ONLY IF G30c=2, 3, or 4.

G30cb. _____ (Enter % for coinsurance. If greater than 50% VERIFY. G30cb must not be less than G30bb or G30ab.)

IF G29=2 SKIP TO G33. RESPONSE TO G30d IS THE SAME AS G30c.

G30d. tier four drugs, such as lifestyle drugs like Viagra or some self-administered injected drugs?

- 1 – co-payment (**continue to G30da**)
- 2 – coinsurance (**skip to G30db**)
- 3 – both (**continue to G30da**)
- 4 – either co-payment or coinsurance, whichever is greater (**continue to G30da**)
- 5 – none of the above (e.g. if firm pays full cost) (**skip to end of section**)
- 6 – don't know (**skip to end of section**)

ANSWER ONLY IF G30d=1, 3, or 4.

G30da. _____ (Enter \$ amount for co-pay. If greater than \$50 VERIFY. G30da must not be less than G30ca or G30ba or G30aa.)

ANSWER ONLY IF G30d=2, 3, or 4.

G30db. _____ (Enter % for coinsurance. If greater than 50% VERIFY. G30db must not be less than G30cb or G30bb or G30ab.)

G33. If your firm has been offering a high deductible plan with a savings account feature 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)

- 9999 – don't know
- 8888 – not applicable

(ASK IF G2a=2 or 3 AND G2b = 1)

(ASK IF G2b=1 and B8f=2 or 3)

(ASK IF G2c=2; ELSE SKIP TO G37)

G35. Does your firm offer employees the opportunity to make contributions to their HSA through payroll deductions?

1 - Yes

2 - No **(skip to G37)**

3 - Don't Know **(skip to G37)**

G36. What percentage of enrollees in HSA qualified high deductible health plans use payroll deductions to make contributions to their HSA? _____ %

(ASK ONLY IF G2a=1 AND G2b=1)

G37. 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)**

9999 - Don't know

(ASK ONLY IF G2a=1 AND G2b=1)

G38. 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 plan that is an HSA eligible health plan? Your best guess is acceptable.

_____ **(number of employees)**

9999 - Don't know

END OF SECTION G.

**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 end of section)**
 - 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 I1=1 and I1ab=1; else skip to end of section.

12. The Medicare program began offering a prescription drug benefit, also know as Medicare Part D, to all Medicare beneficiaries as of January 1, 2006. Employers had multiple options for responding to this change in drug coverage. When the new Medicare drug benefit started, how did your firm respond?
- 1 -- Continued to offer drug coverage and accept the tax-free government subsidy for each covered retiree (your firm's benefit would be the primary drug coverage).
 - 2 -- Offered 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 -- Sponsored your own Medicare Prescription Drug Plan for your retirees.
 - 4 --Discontinued drug coverage.
 - 5 -- Discontinued all retiree health coverage.
 - 6 -- Firm neither offered drug coverage then nor plans to offer it in the future.
 - 7 -- Continued to offer drug coverage but did not apply for the tax-free government subsidy.
 - 8 -- 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? When the Medicare prescription drug benefit went into effect on January 1st:
- 1 -- Your firm maintained the drug benefit levels you had in place at the time.
 - 2 -- Your firm reduced 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. Does 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)**

ALL FIRMS ANSWER K3 and K4.

- K3. Does your firm offer any of the following wellness programs to your employees? **(Note: do not count programs offered through any of the health plans.)**
- a. fitness programs or on-site health club facilities
 - 1 – Yes
 - 2 – No
 - 3 – Don't know
 - b. smoking cessation
 - 1 – Yes
 - 2 – No
 - 3 – Don't know
 - c. injury prevention
 - 1 – Yes
 - 2 – No
 - 3 – Don't know
 - d. weight loss
 - 1 – Yes
 - 2 – No
 - 3 – Don't know
- 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 feature
 - 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 or hospital stays?
 - 1 – Very likely
 - 2 – Somewhat likely
 - 3 – Not too likely
 - 4 – Not at all likely
 - 5 – Don't know

(If G2a=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 **NOT** the same thing as a flexible spending account or FSA--it is a medical care reimbursement account sponsored by an employer. HRAs are funded **ONLY** by an employer, not the worker, and 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 G2b=1, skip to K6)

- i. Offer a high deductible plan with a health savings account in the next year? Again, an HSA eligible plan is **NOT** the same thing as a flexible spending account or FSA--it permits a member of the plan to establish a health savings account to pay for medical expenses. **BOTH** employers and employees can put money into a health savings account. Employees own the account and can carry over funds in an HSA from year to year, and **ALSO** from job to job. An HSA qualified health plan **MUST HAVE** an annual deductible of **AT LEAST** \$1,050 for single coverage and \$2,100 for family coverage for 2006. (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 \$5,250 for single coverage and \$10,500 for family coverage in 2006.)

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

- K6. Does the largest health plan your firm offers 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.

(Note: this is not the same thing as case management programs that are aimed at high cost cases.)

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

- K6a. Does this plan include a disease management program for diabetes?

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

- K6b. Does this plan include a disease management program for asthma?

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

- K6c. Does this plan include a disease management program for hypertension?

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

- K6d. Does this plan include a disease management program for high cholesterol?

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

- K7. 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

**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 you provide will be kept strictly confidential and will not be reported or released in any way that allows identification of respondents. 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.